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1972





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BOROUGH OF WATFORD

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# Annual Report

of the

MEDICAL OFFICER OF HEALTH

and

CHIEF PUBLIC HEALTH INSPECTOR

for the year

1972

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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





BOURGH OF WATFORD

# Annual Report

of the

MEDICAL OFFICER OF HEALTH

and

CHIEF PUBLIC HEALTH INSPECTOR

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1979

A. SHAW

Medical Officer of Health

Watford

E. H. MANDEN

Inspector

Chief Public Health Inspector

## BOROUGH OF WATFORD

### 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.

#### Members:

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 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

### PUBLIC HEALTH, WATER & LICENSING COMMITTEE

1972-1973

Chairman: Councillor R. S. Horner

Vice-Chairman: Councillor Mrs. J. H. G. Green

#### Members:

Alderman D. A. L. Eccleshall

Alderman J. S. Oliver

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

Alderman P. A. Wilson

Councillor A. W. Bonney

Councillor Miss R. Brian, B.Sc.(Econ.)

Councillor J. S. Bryden, F.Inst.L.Ex.

Councillor B. Cordell

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

Councillor R. W. Jackson

Councillor K. D. Moulds

Councillor A. H. Naylor

Councillor N. H. Tyrwhitt, B.Sc.(Lond.)



# BOROUGH OF WATFORD

## PUBLIC HEALTH, WATER & LICENSING COMMITTEE

1971-1972

Chairman: Mr. W. T. H. P. M. C. M. C. M. C.

Vice-Chairman: Mr. A. W. M. L. A. M. L. A. M. L. A.

Members:

Mr. J. H. P. M. C. M. C. M. C.  
Mr. R. H. P. M. C. M. C. M. C.  
Mr. K. H. P. M. C. M. C. M. C.  
Mr. A. H. P. M. C. M. C. M. C.  
Mr. H. H. P. M. C. M. C. M. C.  
Mr. G. H. P. M. C. M. C. M. C.

Mr. F. A. P. M. C. M. C. M. C.  
Mr. A. H. P. M. C. M. C. M. C.  
Mr. I. H. P. M. C. M. C. M. C.  
Mr. J. H. P. M. C. M. C. M. C.  
Mr. H. H. P. M. C. M. C. M. C.  
Mr. G. H. P. M. C. M. C. M. C.

## PUBLIC HEALTH, WATER & LICENSING COMMITTEE

1972-1973

Chairman: Mr. H. H. P. M. C. M. C. M. C.

Vice-Chairman: Mr. A. H. P. M. C. M. C. M. C.

Members:

Mr. J. H. P. M. C. M. C. M. C.  
Mr. R. H. P. M. C. M. C. M. C.  
Mr. K. H. P. M. C. M. C. M. C.  
Mr. A. H. P. M. C. M. C. M. C.  
Mr. H. H. P. M. C. M. C. M. C.  
Mr. G. H. P. M. C. M. C. M. C.

Mr. F. A. P. M. C. M. C. M. C.  
Mr. A. H. P. M. C. M. C. M. C.  
Mr. I. H. P. M. C. M. C. M. C.  
Mr. J. H. P. M. C. M. C. M. C.  
Mr. H. H. P. M. C. M. C. M. C.  
Mr. G. H. P. M. C. M. C. M. C.

## 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, F.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.
(Resigned 30.9.72)		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
(Resigned 28.8.72)	Geoffrey Norfolk
	(Appointed 18.9.72)

### 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.



# STAFF

## Medical Officer of Health

A. Goss, M.B., B.S., M.R.C.S.

## Public Health Department, Town Hall, Bristol.

Phone: 20000

## Deputy Medical Officer of Health

E. Goss, M.B., B.S., M.R.C.S.

## Chief Public Health Inspector

K. H. Menden, F.A.S.H.

## Deputy Chief Public Health Inspector

G. E. Wilson, F.A.S.H.

## Public Health Inspectors

J. L. Wilford	F.A.S.H.	1. 1. 1.
Joseph Brown, M.A., B.S.	F.A.S.H.	1. 1. 1.
(Resigned 10. 1. 71)		
John Wright, M.A., B.S.	F.A.S.H.	1. 1. 1.

## Senior Health Inspector

A. J. Menden

## Assistant Health Inspector

A. Goss

## Student Public Health Inspector

John Menden	(Resigned 10. 1. 71)
Andrew Brown	(Resigned 10. 1. 71)

## Chief Clerk

John Menden

## Senior Clerk

John Menden

## Clerks

John Menden, John Menden, John Menden

Continued, Royal Society of Health and Public Health Inspector John Menden  
 Deputy Public Health Inspector John Menden  
 Health and Public Health Inspector John Menden  
 Continuation of Public Health Inspector John Menden  
 Division of Public Health Inspector John Menden  
 Higher Continuation of the Public Health Inspector John Menden

## BOROUGH OF WATFORD

Public Health Department,  
Town Hall,  
Watford.

September 1973

TO THE WORSHIPFUL THE MAYOR, ALDERMEN AND COUNCILLORS

Ladies and Gentlemen,

**Vital Statistics** Taking into account the statistical variations which occur when calculating rates on relatively small populations, the vital statistics of the Borough were in line with national vital statistics. It is perhaps worthy of note that the percentage of illegitimate births was 6.02 compared with 9.1% in 1968, and this would seem to indicate that the Abortion Act is having an effect in preventing unwanted births. The total number of births decreased by over 10% compared to 1971.

Heart disease, cancers and cerebrovascular disease were the main causes of death during the year and a full commentary is given in the body of the report. A large proportion of the deaths from heart disease and cancers is directly attributable to the modern way of living. That is to say, the effects of obesity, lack of physical exercise, stress and cigarette smoking.

**Reorganisation of the National Health Service** Preparations for the reorganisation of the National Health Service have been proceeding throughout the year and on 1st April 1974 public health services, with the exception of environmental health services, will be administered by the National Health Service. This will mean that local authorities will no longer appoint medical officers of health and that the functions at present performed by the medical officer of health will be taken over by the community physician. I hope that the warm and cordial relationship which I have enjoyed with members in the past will continue under the new arrangement.

**Personal Health Services** The report this year again includes an account of some of the functions which are the responsibility of the South West Hertfordshire Health Executive, and in it I will make reference to the problems facing the community in respect of the elderly mentally confused, the young chronic sick and alcoholism.

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 throughout the year. I am especially grateful to Mr. K. H. Marsden, the Chief Public Health Inspector, for his unfailing help, friendship and diligence.

I have the honour to be

Your obedient Servant,

**A. SHAW**

*Medical Officer of Health*



## VITAL STATISTICS

**Births** There were 1,274 births to Watford mothers in 1972, giving a standardised birth rate of 15.7 compared with 14.8 for England and Wales. 79, or 6% of all births were illegitimate. The adequacy of the local maternity service is shown by the fact that 1,178 or 92.5% of births were in hospital, mainly, Shrodells Maternity Wing. As the hospital delivery rate rises so does the safety of childbirth for both mother and child. National figures show that death rates of mother and child are about the same whether the delivery takes place at hospital or at home and this is despite the fact that the hospital takes all the cases likely to be complicated and all of those which go suddenly wrong at home and are admitted in emergency.

Now that we have adequate hospital facilities any mother who chooses home delivery may be gambling with her own and her baby's health because it is well known that things can occasionally go wrong with alarming rapidity during childbirth and it is only wise to have the baby in a place fully equipped for all emergencies.

**Infant mortality** The infant mortality rate was 20 compared with a national figure of 17. 26 infants died before their first birthday and of the 26, 14 died in the first month, giving a neonatal mortality rate of 11 per 1,000 live births compared with a national figure of 12. There were 14 deaths in the first week of life giving an early neonatal mortality rate of 11 per 1,000. All of the children who died were either premature, had congenital abnormalities (usually of the heart or brain) or suffered respiratory failure. A large number of severely affected children have survived due to the excellence of the clinical services, but whether this is a matter for congratulation is debatable.

**Perinatal mortality** There were 17 stillbirths, giving a stillbirth rate of 13 per 1,000 births, live and still, compared with the national figure of 12. The perinatal mortality rate which is calculated by combining the stillbirth and early neonatal rates was thus 24 compared with the national figure of 22.

**Death rate** There were 895 deaths at all ages giving a standardised death rate of 11.4 per 1,000 population compared with the national figure of 12.1. Again, cancers, ischaemic heart disease and cerebrovascular disease accounted for a high proportion of deaths.

**Cancers** Nearly a quarter (49) of all the 203 cancer deaths were due to cancer of the lung; there were two deaths under the age of 45 and 26 under the age of 65. No impression on the soaring national rate has been made by health education measures, including warnings on cigarette packets. A league-table of tar contents of various cigarettes has been published by the Government and, at the time of writing this report, companies manufacturing low-tar-content cigarettes are having good sales, but if past experience is any guide this will be a temporary phenomenon. There were 26 deaths from cancer of the stomach and 25 from cancer of the intestines. Fairly high on the list was cancer of the breast with 21 deaths. Death rates from cancer of the breast have been showing an upward trend for the past ten years. Cancer of the cervix on the other hand, has had a death rate in Hertfordshire which has been stationary for the past ten years.

**Ischaemic heart disease** There were 191 deaths from ischaemic heart disease, six below the age of 45 and 48 below the age of 65. The interaction of causes of ischaemic heart disease is complex, but at least four preventable factors have been identified, and these are smoking, obesity, physical inactivity

and stress. All are susceptible to health education measures and a "coronary-prevention programme" is to be started in the area in 1973.

**Cerebrovascular disease** Stroke caused 122 deaths, mainly in the over 65 age group.

**Other causes** There were 13 deaths from motor vehicle accidents and 28 from other accidents. There were 5 deaths from suicide and other self-inflicted injuries, and 6 deaths from influenza, mainly in the over 65 age group.



## INFECTIOUS DISEASE

The number and age distribution of cases of infectious disease, excluding tuberculosis, notified in 1972 is shown in Table VIII.

**Measles** There were only 66 cases of measles in 1972 as against 303 in 1971.

The indications are that 1973 will show a higher incidence than 1972 and that a return to measles periodicity is imminent. The uptake of measles vaccination by parents for their children is not as high as is needed to eliminate the disease altogether. Undoubtedly this is due to the fact that the vaccine causes symptoms in a proportion of children and it may well be that the solution to eradication of measles lies in the development of an improved vaccine.

**Food poisoning** Ten cases were notified and in six of these the infection was picked up on a foreign holiday. Now that Tunisia is becoming increasingly popular as a winter holiday resort we can expect several exotic species of salmonellae from the African subcontinent. It is only a matter of time before cholera is imported and accordingly all reports of diarrhoea contracted abroad are investigated carefully.

**Rubella** As I mentioned in the 1971 report arrangements were made for rubella vaccine to be offered to people at special risk, e.g. teachers. It was necessary to arrange blood tests to ascertain whether prospective recipients of the vaccine were already immune because the vaccine occasionally causes reactions in adults. In the event four-fifths of those tested already had antibodies and it was not necessary to vaccinate them. The remaining one-fifth of the total were given appointments one month ahead so that there could be no possibility of vaccinating a pregnant woman.

**Typhoid** There was one case of typhoid, contracted in Spain in 1972 and unfortunately the patient died.

As long as holidays are taken in foreign countries with standards of hygiene inferior to our own there is an ever-present risk of serious and sometimes fatal illness. Travellers returning from abroad who become ill should immediately consult their medical adviser. People travelling abroad especially in Mediterranean and North African countries, should be encouraged to observe simple rules of hygiene, i.e. never drink raw water and raw milk, avoid salads and eat meat well-cooked.

**Infective hepatitis** There were 15 cases of infective hepatitis, compared with 14 in 1971 and 36 in 1970. The cases were distributed almost equally between children and young adults.

No cases of whooping cough were notified and there were only 13 cases of scarlet fever recorded.

**Tuberculosis** There were 30 cases of tuberculosis notified, a fair proportion of them being Asian patients; giving weight to the 1965 survey by the British Tuberculosis Association which showed that Indian-born persons had 12 times and Pakistani-born 26 times the rate of British born notifications. In Watford 26 were respiratory and 4 non-respiratory.

It is a pleasure to record my thanks to Dr. B. R. Eaton, Director of the Public Health Laboratory and Dr. P. Watney Roe, Chest Physician, for their co-operation, help and advice during the year. Dr. C. Karran, who for many years was physician for infectious diseases at Watford General Hospital has retired and our thanks and best wishes go with him. Dr. J. C. Farrow has assumed responsibility for treatment of infectious disease and we welcome him and look forward to a fruitful co-operation.

TABLE II  
TABLE SHOWING VARIOUS STATISTICAL DATA FOR WATFORD 1962 - 1971

Year	Population	Area in acres	Estimated mid-year population	Number of inhabited dwellings	Number of births	Crude birth rate (per 1,000 population)	Area covered by factor	Standardized birth rate	Number of illegitimate births	Percentage of illegitimate births	Number of deaths	Crude death rate (per 1,000 population)	Area covered by factor	Standardized death rate	Infant mortality rate (excess of births over deaths in year)	Number of deaths of infants under 1 year	Infant mortality rate (per 1,000 live births)	Number of deaths of infants under 1 month	Infant mortality rate (per 1,000 live births)	Number of deaths of infants under 1 week	Early neonatal mortality rate (deaths of infants under 1 week per 1,000 live births)	Number of stillbirths	Stillbirth rate (rate per 1,000 births live and still)	Perinatal mortality rate (stillbirths and early neonatal deaths per 1,000 births live and still)	Number of persons registered as blind	Number of persons registered as deaf
1962	15,000	11.4	15,000	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1963	15,100	11.4	15,100	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1964	15,200	11.4	15,200	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1965	15,300	11.4	15,300	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1966	15,400	11.4	15,400	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1967	15,500	11.4	15,500	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1968	15,600	11.4	15,600	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1969	15,700	11.4	15,700	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1970	15,800	11.4	15,800	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1971	15,900	11.4	15,900	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1972	16,000	11.4	16,000	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1973	16,100	11.4	16,100	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1974	16,200	11.4	16,200	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1975	16,300	11.4	16,300	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1976	16,400	11.4	16,400	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1977	16,500	11.4	16,500	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1978	16,600	11.4	16,600	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1979	16,700	11.4	16,700	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1980	16,800	11.4	16,800	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1981	16,900	11.4	16,900	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1982	17,000	11.4	17,000	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1983	17,100	11.4	17,100	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1984	17,200	11.4	17,200	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1985	17,300	11.4	17,300	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1986	17,400	11.4	17,400	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1987	17,500	11.4	17,500	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1988	17,600	11.4	17,600	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1989	17,700	11.4	17,700	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1990	17,800	11.4	17,800	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1991	17,900	11.4	17,900	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1992	18,000	11.4	18,000	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1993	18,100	11.4	18,100	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1994	18,200	11.4	18,200	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1995	18,300	11.4	18,300	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1996	18,400	11.4	18,400	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1997	18,500	11.4	18,500	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1998	18,600	11.4	18,600	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
1999	18,700	11.4	18,700	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
2000	18,800	11.4	18,800	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
2001	18,900	11.4	18,900	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
2002	19,000	11.4	19,000	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
2003	19,100	11.4	19,100	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
2004	19,200	11.4	19,200	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
2005	19,300	11.4	19,300	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
2006	19,400	11.4	19,400	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
2007	19,500	11.4	19,500	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
2008	19,600	11.4	19,600	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
2009	19,700	11.4	19,700	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6	10	13.4	17	17.8	20	14.0	12.8	0.1	0.1
2010	19,800	11.4	19,800	2,344	1,438	95.9	18.4	107	874	11.4	11.4	11.4	11.4	11.4	379	25	17.6									



TABLE I

## VITAL STATISTICS, NATURAL AND SOCIAL CONDITIONS

	1972	Average 1962/71
Area in acres .. .. .	5,275	
Estimated mid-year population .. .. .	77,690	
Number of inhabited dwellings .. .. .	26,344	
Rateable value .. .. .	£6,634,154	
Sum represented by 1p rate .. .. .	£65,310	
Number of births .. .. .	1,274	1,436
Crude birth rate (per 1,000 population) .. .. .	16.4	18.8
Area comparability factor .. .. .	0.96	-
Standardised birth rate .. .. .	15.7	18.4
Number of illegitimate births .. .. .	79	107
Percentage of illegitimate births .. .. .	6.0	7.5
Number of deaths .. .. .	895	874
Crude death rate (per 1,000 population) .. .. .	11.5	11.4
Area comparability factor .. .. .	0.99	-
Standardised death rate .. .. .	11.4	11.0
Natural increase of population (excess of births over deaths in year)	379	562
Number of deaths of infants under 1 year .. .. .	26	25
Infant mortality rate (per 1,000 live births) .. .. .	20	17.6
Number of deaths of infants under 1 month .. .. .	14	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 .. .. .	14	17
Early neonatal mortality rate (deaths of infants under 1 week per 1,000 live births) .. .. .	11	11.8
Number of stillbirths .. .. .	17	20
Stillbirth rate (rate per 1,000 births, live and still) .. .. .	13	14.0
Perinatal mortality rate (stillbirths and early neonatal deaths per 1,000 births, live and still) .. .. .	24	25.6
Number of maternal deaths (including abortions) .. .. .	-	0.3
Maternal mortality rate per 1,000 total births .. .. .	0.0	0.21



TABLE II

TABLE SHOWING VARIOUS STATISTICAL DATA FOR WATFORD 1962 - 1971

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
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
1971	78,010	1,427	18.3	0.98	17.9	876	11.2	0.95	10.6	551
Average		1,436	18.8		18.4	874	11.4		11.0	562

Year	Deaths under 1 year	Infants mortality Rate	Number of deaths 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
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
1971	20	14.0	16	11.0	13	9.0	14	10.0	19.0	1	0.70
Average	25	17.6	19	13.4	17	11.8	20	14.0	25.6	0.3	0.21

TABLE III

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

	Watford	Hertford County	England and Wales
Live birth rate .. ..	16.4	14.3	14.8
Area comparability factor .. ..	0.96	0.98	1.00
Standardised birth rate .. ..	15.7	14.0	14.8
Stillbirth rate .. ..	13	11.8	12
Infant mortality rate .. ..	20	13.4	17
Legitimate .. ..	19	12.8	17
Illegitimate .. ..	38	22.4	21
Neonatal mortality rate .. ..	11	9.1	12
Early neonatal mortality rate .. ..	11	8.0	10
Perinatal mortality rate .. ..	24	19.6	22
Maternal mortality rate .. ..	0.0	0.0	0.15
Death rate .. ..	11.5	9.5	12.1
Area comparability factor .. ..	0.99	1.11	1.00
Standardised death rate .. ..	11.4	10.5	12.1

TABLE IV

## MAIN CAUSES OF INFANT DEATHS 1972

Cause of death	Number under 4 weeks of age	Number between 4 weeks and 1 year of age	TOTAL
Pneumonia .. ..		6	6
Other diseases, respiratory system ..		1	1
Congenital anomalies .. ..	4	4	8
Birth injury, difficult labour etc. ..	7		7
Other causes (mainly prematurity) ..	3		3
Endocrine disease .. ..		1	1
TOTAL	14	12	26



TABLE V  
DEATHS 1972

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
Typhoid fever	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	1	-	-	-	-
Tuberculosis of respiratory system	M	5	-	-	-	-	-	-	-	1	1	1	2
	F	-	-	-	-	-	-	-	-	-	-	-	-
Other tuberculosis	M	1	-	-	1	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis and its sequelae	M	1	-	-	-	-	-	-	-	-	1	-	-
	F	1	-	-	-	-	-	-	-	-	1	-	-
Other infective and parasitic diseases	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	1	-	-	-	-	-	-	-	-	1	-	-
Malignant neoplasm, buccal cavity, etc.	M	3	-	-	-	-	-	-	-	-	-	-	3
	F	-	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm, oesophagus	M	3	-	-	-	-	-	-	-	1	1	1	-
	F	2	-	-	-	-	-	-	-	-	2	-	-
Malignant neoplasm, stomach	M	18	-	-	-	-	-	-	-	3	7	6	2
	F	8	-	-	-	-	-	-	1	1	-	-	6
Malignant neoplasm, intestine	M	14	-	-	-	-	-	-	-	-	7	4	3
	F	11	-	-	-	-	-	-	-	-	3	3	5
Malignant neoplasm, lung, bronchus	M	38	-	-	-	-	-	-	1	6	14	10	7
	F	11	-	-	-	-	-	-	1	-	4	5	1
Malignant neoplasm, breast	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	20	-	-	-	-	-	-	-	4	4	8	4
Malignant neoplasm, uterus	F	11	-	-	-	-	-	-	-	-	1	6	4
Malignant neoplasm, prostate	M	10	-	-	-	-	-	-	-	-	2	3	5
Leukaemia	M	3	-	-	-	-	-	-	-	-	1	1	1
	F	2	-	-	-	-	-	-	-	-	-	1	1
Other malignant neoplasms	M	20	-	-	-	-	-	-	-	4	5	5	6
	F	28	-	-	-	-	-	-	1	3	8	8	8
Benign and unspecified neoplasms	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	1	-	-	-	-	-	-	-	-	1	-	-
Diabetes mellitus	M	2	-	-	-	-	-	-	-	-	1	1	-
	F	5	-	-	-	-	-	-	-	-	-	2	3
Avitaminoses, etc.	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	1	-	-
Other endocrine etc. disease	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	3	-	1	-	-	-	-	-	-	-	-	2
Anaemias	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	3	-	-	-	-	-	-	-	-	-	-	3
Mental disorders	M	2	-	-	-	-	-	-	-	-	-	-	2
	F	9	-	-	-	-	-	-	-	-	-	-	9
Other diseases of nervous system	M	4	-	-	-	-	-	-	-	1	-	1	2
	F	2	-	-	-	-	-	-	-	-	-	-	2



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
Chronic rheumatic heart disease	M	3	-	-	-	-	-	-	-	-	1	1	1
	F	2	-	-	-	-	-	-	-	1	-	-	1
Hypertensive disease	M	5	-	-	-	-	-	-	-	1	-	1	3
	F	5	-	-	-	-	-	-	-	-	-	-	5
Ischaemic heart disease	M	105	-	-	-	-	-	1	5	12	21	39	27
	F	86	-	-	-	-	-	-	-	2	7	28	49
Other forms of heart disease	M	16	-	-	-	-	-	-	-	-	2	4	10
	F	25	-	-	-	-	-	-	-	1	1	4	19
Cerebrovascular disease	M	45	-	-	-	-	-	1	-	4	2	17	21
	F	77	-	-	-	-	-	-	1	2	2	11	61
Other diseases of circulatory system	M	18	-	-	-	-	-	-	-	-	5	4	9
	F	16	-	-	-	-	-	-	-	2	1	6	7
Influenza	M	4	-	-	-	-	-	-	-	-	-	1	3
	F	2	-	-	-	-	-	-	-	-	1	1	-
Pneumonia	M	40	-	3	1	-	-	-	-	1	4	12	19
	F	38	-	3	1	-	-	-	1	1	1	4	27
Bronchitis and emphysema	M	33	-	1	-	-	-	-	-	1	6	17	8
	F	9	-	-	-	-	-	-	-	-	-	4	5
Other diseases of respiratory system	M	4	-	-	-	-	-	-	-	1	1	2	-
	F	3	-	-	-	-	-	-	-	-	-	-	3
Peptic ulcer	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	2	-	-	-	-	-	-	-	-	-	-	2
Intestinal obstruction and hernia	M	2	-	-	-	-	-	-	-	-	-	2	-
	F	1	-	-	-	-	-	-	-	1	-	-	-
Cirrhosis of liver	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	-	-	2	-
Other diseases of digestive system	M	3	-	-	-	-	-	-	-	1	-	1	1
	F	3	-	-	-	-	-	-	-	-	-	-	3
Nephritis and nephrosis	M	5	-	-	-	-	-	-	-	-	1	3	1
	F	2	-	-	-	-	-	-	-	-	-	1	1
Hyperplasia of prostate	M	3	-	-	-	-	-	-	-	-	-	-	3
Other diseases, genito-urinary system	M	3	-	-	-	-	-	-	-	1	-	1	1
	F	2	-	-	-	-	-	-	-	-	-	-	2
Diseases of skin, subcutaneous tissue	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Diseases of musculo-skeletal system	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	7	-	-	-	-	-	-	-	-	-	2	5
Congenital anomalies	M	3	1	1	-	1	-	-	-	-	-	-	-
	F	6	3	3	-	-	-	-	-	-	-	-	-
Birth injury, difficult labour, etc.	M	6	6	-	-	-	-	-	-	-	-	-	-
	F	1	1	-	-	-	-	-	-	-	-	-	-
Other causes of perinatal mortality	M	2	2	-	-	-	-	-	-	-	-	-	-
	F	1	1	-	-	-	-	-	-	-	-	-	-

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
Symptoms and ill-defined conditions	M	3	-	-	-	-	-	-	-	1	1	-	1
	F	-	-	-	-	-	-	-	-	-	-	-	-
Motor vehicle accidents	M	9	-	-	-	-	-	2	-	1	3	-	3
	F	4	-	-	-	-	1	-	-	-	1	1	1
All other accidents	M	11	-	-	-	1	-	2	-	1	1	4	2
	F	17	-	-	-	-	-	-	-	-	1	1	15
Suicide and self-inflicted injuries	M	3	-	-	-	-	2	-	1	-	-	-	-
	F	2	-	-	-	-	-	-	1	-	1	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	5	-	-	-	1	-	-	1	1	1	1	-
TOTAL ALL CAUSES	M	456	9	5	2	2	2	6	7	41	88	144	150
	F	439	5	7	1	1	1	-	8	19	43	99	255



**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 1971 and vaccinated by 31.12.72		
	Whooping Cough	Diphtheria	Poliomyelitis
England	79	81	80
Hertfordshire	82	85	85



TABLE VIII

NUMBER OF CASES AND AGE DISTRIBUTION OF CASES OF INFECTIOUS DISEASES  
(EXCLUDING TUBERCULOSIS) NOTIFIED IN WATFORD 1972

Age Group	Measles	Whooping Cough	Scarlet Fever	Food Poisoning	Dysentery	Infective Hepatitis	Acute Meningitis	Typhoid
Under 1 year	5	-	-	1	-	-	-	-
1 -	16	-	-	-	-	-	1	-
2 -	4	-	-	-	-	-	-	-
3 -	8	-	3	-	-	-	-	-
4 -	10	-	2	-	-	2	-	-
5 - 9	21	-	7	-	-	1	-	-
10 - 14	1	-	-	-	-	3	-	-
15 - 24	1	-	1	2	1	3	-	-
25 & over	-	-	-	7	-	6	-	1
TOTAL	66	-	13	10	1	15	1	1

TABLE IX

## TUBERCULOSIS

Age Group	RESPIRATORY		MENINGES & CNS		OTHERS	
	M	F	M	F	M	F
Under 1 year	-	-	-	-	-	-
1 -	-	-	-	-	-	-
2 - 4	-	-	-	-	-	-
5 - 9	1	-	-	-	-	-
10 - 14	-	-	-	-	-	-
15 - 19	1	-	-	-	-	-
20 - 24	4	-	-	-	-	-
25 - 34	2	2	-	-	-	1
35 - 44	1	2	-	-	-	2
45 - 54	2	-	-	-	-	-
55 - 64	4	3	-	-	-	-
65 - 74	2	-	-	-	-	-
75 & over	2	-	-	-	-	1
TOTAL	19	7	-	-	-	4

TABLE X

## RAINFALL AND TEMPERATURE – 1972

MONTH	RAINFALL	DAY TEMPERATURES °C	
	mm	Highest	Lowest
January	61.0	11	0
February	69.4	10	1
March	59.0	18	5
April	64.8	16	9
May	53.7	20	12
June	28.2	21	12
July	31.6	26	15
August	24.4	25	17
September	29.2	22	13
October	23.4	20	9
November	81.6	16	4
December	86.2	14	3
TOTAL	612.5		

612.5mm equals 88% of average annual rainfall (695mm)

These measurements were taken at Watford Fields 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 & Manager, has kindly supplied the following information :—

1. The supply was satisfactory both in quality and quantity throughout the year.
2. 7,506,140 cubic metres were supplied during the year averaging 20,509 cubic metres per day and the supply on the maximum day (13th July 1972) was 23,180 cubic metres.
3. The population supplied was approximately 79,046, and the average consumption for domestic, trade and industrial purposes was 259 litres per head per day. 233 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. 147 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 :—

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 Capels 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 occupied for part of the year by one family, with one stand pipe and two Elsan toilets.

## REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

**Introduction** The fears that the unity of the environmental health services would be disrupted by the reorganisation of local government were dispelled with the passing of the Local Government Act 1972. It is in the best interests of the public that these services remain with the district councils who have an intimate knowledge of the problems in their areas and who are readily accessible to the public. There are two functions of the Public Health Department that will be transferred to the County Council namely, petroleum storage and food quality control and labelling: the latter lends itself to some agency arrangement to give a better service to the public.

The "Bains" report which was published in August gives guidance to the new local authorities on management and structure. One recommendation in the report is that the Environmental Health Officer be of Chief Officer status. It is important that the unique knowledge and experience of the public health inspector should be directly available to the new Council for as one health hazard in our environment is brought under control another takes its place. Also, if the public are to be well served by the new organisations a close liaison must be established between the environmental health services of the Council and the personal health services of the reorganised National Health Service.

The year under review in this report has been a busy one. During the latter months the Department was without one district public health inspector and it was necessary to curtail some of the routine inspections.

The satisfaction at resuming smoke control work with a renewed sense of urgency was offset by the inability to make progress on the establishment of general improvement areas.

The Secretary of State for the Department of the Environment declared his intention to expedite a new Noise Abatement Bill in which it is anticipated that local authorities will be given the power to declare noise control areas. It is mainly with this in mind that consideration is being given to the commencement in 1973 of a noise monitoring programme in Watford.



## HOUSING

**Unfit dwellings** The Council made demolition orders on six houses, Nos. 1 to 6 Railway Terrace, and these were demolished before the end of the year. Closing Orders were made on a first floor flat at 167 High Street and a basement dwelling at 179 Queens Road.

Attic rooms at 57 and 59 Chalk Hill and 45 Derby Road which formed separate lettings were found to be without adequate means of escape in case of fire. The owners gave undertakings to the Council under Section 60 of the Housing Act 1969 not to use the rooms for human habitation.

**Disrepair** The general state of repair of houses in Watford is good and, happily, it is now unusual for the Council to use their statutory powers to enforce repairs. Each year the number of rented houses diminishes for as these fall vacant they are, with few exceptions, sold for owner occupation. Some 74% of the privately owned dwellings in the Borough are now owner-occupied.

**Improvement of houses** A sample survey of the pre-1920 houses in the Borough was made by the public health inspectors during 1971; a report on the findings was included in my annual report for that year. It was pleasing to find that wherever comparisons could be made the figures in the 1971 Census report corresponded very closely with those in the sample housing survey. The census shows that, excluding Council houses, there were in Watford 1,390 households without a bath; 1,205 households without hot water and 1,860 households with an outside W.C. only. The improvement of these dwellings was accelerated (to a small extent) by the more attractive grant provisions in the Housing Act 1969.

### Improvement Grants

Applications for improvement grants are dealt with by the Director of Technical Services. During 1972 58 rented houses and 71 owner-occupied houses were improved by way of grant.

### Enforcement of Improvements

The tenants of thirteen houses made representations to the Council under Section 19 of the Housing Act 1964 with a view to the owner being enforced to improve their house. In all but one case Immediate Improvement Notices were authorised.

### Council Houses

Throughout the year work has proceeded on the modernisation to Parker Morris standard of 829 houses on the Harebreaks Estate.

### General Improvement Areas

The housing survey referred to above revealed areas in the town where substantial numbers of houses and their immediate environment are in need of improvement. Unfortunately, the preparation of improvement schemes was halted by staffing changes in the Director of Technical Services' design team. The Council, therefore, requested the National Building Agency to give advice on areas within the Borough which appear suitable for designation as General Improvement Areas.

- Overcrowding** The Census 1971 shows that some 95.8% of the dwellings in Watford are occupied by one household; it is in the 4.2% shared dwellings that overcrowding is most frequently found.
- The Council have made Directions under Section 19 of the Housing Act 1961 to control the number of persons who may live in 77 houses that are occupied by more than one household. From time to time these houses are inspected during the day and evening to ensure that there is compliance with the Directions. The occupiers of two of the houses were prosecuted for infringing the Directions and in each case a fine of £20 was imposed.
- Caravans** There are four licensed caravan sites in Watford each of which is licensed for one caravan; two of the sites are used by travelling showmen as winter quarters.
- The Council have granted permission for land in their ownership at Holywell to be used by the County Council as a temporary site for four "itinerant" caravans. Watford is largely a built up area and there is no land that is suitable for a permanent site.



## 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 bakery firm was convicted of the offence of exposing unwrapped bread rolls to risk of contamination (Table VI). They were left on the surface of a shop forecourt in an open tray.

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 during the year. Alterations were carried out to the slaughterhouse so that it could be approved for export of meat to other members of the Common Market.

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 food animals (except horses) were issued.

### **(b) Milk**

Eight complaints were received of dirt or foreign matter in milk. In four cases the foreign matter was glass. The Public Health Committee authorised legal proceedings in two cases (Table VI) and in another case caused a warning letter to be sent.

### **(c) Unsound Food**

Seventy-six complaints were received of food (other than milk) sold in an unsatisfactory condition. 45 complaints referred to foreign bodies, 23 of which were in bakery products. Staleness, mould growth or decomposition accounted for 27 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 VI) in 10 cases reported to them and instructed warning letters to be sent in 8 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 large tooth found in a packet of walnuts. A white 'curd' in tinned salmon was caused by coagulation of protein in the natural juices; this is wholesome and similar to the setting of egg white on boiling.

**Food Poisoning** Ten cases were recorded. In two cases the causative organism was not identified. Of four cases of infection by *Salmonella* Typhimurium, three were associated with holidays in Spain and a *Salmonella* Thompson infection contracted in Tunisia gave rise to serious illness. *Salmonella* Reading was apparently picked up in Austria and although persons infected respectively with *Salmonella* Infantis and *Salmonella* Livingstone had not left this country, their source could not be discovered.

**Composition of Food and Drugs** Informal samples were submitted to the Public Analyst, Mr. J. D. Curzon, B.Sc., A.R.C.A., M.Chem.A., F.R.I.C., as follows :—

Food Samples: 126 Drug Samples: 37

Routine food samples included tinned fruit salads, dried fruits, meat products, preserves, cream, spices, sauces, vegetable oils, ice-cream and ice-lollies.

Drug samples consisted of medicines for the relief of indigestion, colds, coughs and pain.

Canners were notified that two tins of fruit salad did not comply with the appropriate Code of Practice.

All the other routine food and drug samples were satisfactory. They included six samples of fish taken in connection with a national survey for pesticide residues. None was found.

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

Samples of bread contained respectively, charred starch and a trace of copper salts. Aluminium particles were found in batter. These complaints were dealt with informally, but warning letters were sent in respect of metal found in meat paste and grit in skim milk powder.

Metal found in an apple turnover gave rise to a prosecution (Table VI).

Business	Number of persons employed	Number of persons employed in the year	Number of persons employed in the year
Office	2,381	40	40
Retail shops	2,278	31	31
Wholesale shops and warehouses	774	2	2
Catering establishments and canteens	986	4	4
Fuel Storage Depots	6	1	1
Total	16,413	1,248	102



## 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 IX 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 1972, 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	40	512	9,381
Retail Shops	51	696	5,276
Wholesale shops and warehouses	7	61	774
Catering establishments and canteens	4	78	986
Fuel Storage Depots	Nil	1	6
<b>Total</b>	<b>102</b>	<b>1,348</b>	<b>16,423</b>
7,945 males and 8,478 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 342 general inspections of registered premises were made by the public health inspectors and 460 other visits and inspections.

#### 2. Accidents

Reported accidents increased from 37 to 40 — these were all from organisations large enough to have staff responsible for this duty. Nearly all the accidents were of a minor nature.

**Shops Act 1950** The public health inspectors are also appointed as Shops Act Inspectors. As a general rule the conditions of employment provisions of the Act are checked when shops are inspected under other legislation.

In my last annual report I recorded that a Sunday market was opened in November 1971 on the car park of the Watford Football ground. There were contraventions of the Sunday trading provisions of the Act and Town Planning legislation. Following successful prosecutions against ten of the traders and the market operator for illegal Sunday trading the market closed down on 6th February 1972.

The Sunday Closing Hour provisions of the Act are confused and difficult to enforce and the public have but little sympathy for them. There must be even less sympathy for the outdated conditions of employment provisions. For instance, they treat a 44-hour working week as the "normal maximum" for young persons under 16 years of age; shop assistants between 16 and 18 years of age are permitted to work a 60-hour week for some 4 weeks in a year. It is, of course, time this Act was amended.



## ATMOSPHERIC POLLUTION

**Industrial Pollution** There are no large furnaces in Watford emitting smoke, grit or dust in significant quantities. With few exceptions the boiler plants are modern installations burning oil or gas. Eleven excessive smoke emissions from chimneys were recorded during the year and action was taken on eight occasions to stop nuisances from frequent bonfires on factory and commercial premises.

The Council received eight notifications of the installation of new furnaces and five applications for the approval of the height of new chimneys under the provisions of the Clean Air Act 1968, these were approved subject to specified conditions.

**Smoke Control Areas** Prior to 1972 the Council's last smoke control order was made in 1968. In my report for 1970 I said that it was unlikely that the smoke control programme would be resumed "until the Council are satisfied that the shortage of smokeless fuels has been permanently resolved." Following assurances to this effect from the Department of the Environment and the producers of smokeless fuels, the Council, in February 1972, decided to implement their policy to free Watford from chimney smoke as soon as possible — which is programmed to be 1978.

In April the "St. Mary's" ninth smoke control order was made covering an area of 150 acres and containing 1,568 dwellings and 296 other buildings; the Order was confirmed to come into operation on 1st October 1973. Two other areas were surveyed with a view to Orders being made early in 1973.

Some 10,000 dwellings in 2,153 acres are now covered by smoke control orders.

1972/73	40	20	9,381
1971/72	51	20	5,276
1970/71	2	20	4,776
1969/70	4	20	936
1968/69	4	20	6
Total	101	100	18,423

## 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.

There has been a vast increase in the use of petroleum since 1928 and in the variety of low-flash point solvents derived from petroleum. From time to time Regulations have been made extending this safety legislation, more recently in relation to conveyance by road. Not only do these regulations cover the transport of some 200 flammable liquids but also corrosive substances which are an increasing hazard in bulk loads on the road.

150 premises are licensed by the Council for the keeping of petroleum spirit and petroleum mixtures. Every licensee must comply with the safety conditions laid down by the Council and endorsed on the licence and these conditions are kept up to date.

When the local government service is reorganised in April 1974 the responsibilities of the Borough Council under this legislation will be transferred to the Herts County Council.

One filling station was converted into overhead petrol dispensing units. This is the first filling station in Britain using overhead dispensers on a self-service system.

Permission was granted for the conversion of another filling station to self-service using remote submersible pumps.

**Nuisances — general** Almost 1,200 complaints were made and most of these concerned nuisances of one kind or another in the home environment. The campaign that has been mounted during recent years against pollution of the environment appears to be making an impact on the public but not where litter is concerned.

We are an untidy nation; streets become littered and cannot be properly swept because of parked cars. One source of the litter was the wrappings from take-away meals; the public health inspectors discussed the problem with the proprietors of all these shops who were handed a specially prepared poster requesting their customers to be litter-conscious when they removed the food wrappings; additional litter bins were provided by the Council.

Burning rubbish on bonfires removes one source of nuisance but often times creates another by way of smoke and fly ash.

The Council considered complaints about fouling of buildings and streets by feral pigeons but decided not to pay for a campaign for their destruction.

**Noise** Excessive noise is now recognised as a serious pollutant of the environment. Whenever the source of the noise is a factory or commercial premises nearby residents to whom it is causing a nuisance are quick to complain to the Town Hall. Twenty such complaints were investigated during the year. In one case it was necessary to serve a Recurring Nuisances Prohibition notice before improvements were made.

When compared to the noise from road, rail and air traffic all other noise in Watford pales into insignificance. The background noise of the town is now the rumble of heavy road traffic. With our present knowledge and statutory powers little can be done to lessen the noise and vibration in houses adjoining the main roads but the Government will be seriously in error if they add to the nuisance by allowing 40-ton "juggernauts" on our roads.

Consideration is now being given to starting a noise monitoring scheme during 1973 covering the whole of the Borough.



**Poisonous Wastes** The Deposit of Poisonous Wastes Act 1972 requires that local authorities and river authorities are notified of the collection of poisonous wastes from premises within their areas and of the sites on which the wastes will be disposed. To avoid unnecessary paper work a "season ticket" arrangement was introduced.

There are no tipping sites within the Borough but the notifications show that poisonous wastes have been removed from 21 factories.

Children were found to be salvaging mercury which had been deposited on land in West Watford. The contaminated earth was removed and the police toured the area warning parents of the dangerous nature of the metal. Where the metal came from remains a mystery.

**Swimming Baths** The pool at Leggatts Way School is under the control of the Council's Baths Manager and is available outside school hours for use by the public. Samples of water from this pool and also the Hempstead Road pool were taken at various times for bacteriological and chemical examination. The results established that the treatment plants were functioning satisfactorily.

#### **Prevention of Damage by Pests Act 1949**

Two hundred and thirteen rat infestations were dealt with during 1972, an increase of 37 over 1971. This was small compared with the increase in mice dealt with.

207 mice infestations were reported, 92 more than in 1971. The figure for 1970 was 64 and for 1969, 33, and there has, therefore, been a six-fold increase in four years.

The use of Warfarin for the destruction of mice is now very ineffective; one alternative, Alpha-chloralose, is a narcotic which kills by means of reducing body temperature and inducing a state of hypothermia. If a mouse narcotised by Alpha-chloralose is allowed to "sleep-off" the effects in an ambient temperature not below 60°F, it will recover and thereafter develop "bait shyness" towards Alpha-chloralose. The advent of central heating has, therefore, helped the mouse in its fight for survival.

The number of infestations treated by this Department depends to a large extent on the number of infestations reported by members of the public. In past years many householders would rid themselves of mice by means of a trap. Today the first impulse on seeing any alien animal (including rats, voles, badgers and moles) is to "ring the Council", thus increasing the number of reported infestations.

During the year 129 wasps nests were destroyed.

Sewers likely to be rat-infested are treated at least once a year by a commercial firm.

Details of rat and mice infestations treated during the year are set out in Table X in the Appendix.

# APPENDIX

## TABLE I

### RECORDS OF VISITS AND INSPECTIONS 1972

Complaints	..	..	..	..	..	1,189
<b>DWELLINGS</b>						
Public Health Act (disrepair)	..	..	..	..	..	426
Housing Act (disrepair)	..	..	..	..	..	355
Housing Act (improvement)	..	..	..	..	..	258
Housing Act (overcrowding)	..	..	..	..	..	280
Movable dwellings	..	..	..	..	..	62
<b>PLACES OF WORK</b>						
Power factories	..	..	..	..	..	87
Non-power factories	..	..	..	..	..	9
Building sites etc.	..	..	..	..	..	49
<b>Offices, Shops and Railway Premises Act 1963</b>						
(a) Offices	..	..	..	..	..	122
(b) Retail Shops	..	..	..	..	..	177
(c) Wholesale Shops, Warehouses	..	..	..	..	..	36
(d) Catering establishments and canteens	..	..	..	..	..	6
(e) Fuel Storage Depots	..	..	..	..	..	2
Revisits	..	..	..	..	..	459
Shops Act	..	..	..	..	..	140
<b>FOOD</b>						
Food inspection	..	..	..	..	..	287
Slaughterhouses	..	..	..	..	..	217
Food factories	..	..	..	..	..	60
Ice-cream premises	..	..	..	..	..	62
Restaurants, canteens, public houses	..	..	..	..	..	505
Retail food shops	..	..	..	..	..	494
Public market	..	..	..	..	..	22
Mobile shops, stalls	..	..	..	..	..	78
Other food premises	..	..	..	..	..	53
Food (adulteration) samples	..	..	..	..	..	152
Food (bacteriological) samples	..	..	..	..	..	17
<b>AIR</b>						
Industrial smoke control	..	..	..	..	..	97
Smoke control areas	..	..	..	..	..	320

Cont'd.



## PUBLIC HEALTH ACT

Drainage .. .. .	634
Refuse .. .. .	367
Insect pests .. .. .	60
Conveniences .. .. .	37
Nuisances .. .. .	876
Infectious disease .. .. .	241
Schools .. .. .	11
Swimming pools .. .. .	13

## OTHER ACTS

Pests Act .. .. .	99
Animals Acts .. .. .	8
Petroleum Acts .. .. .	184

## MISCELLANEOUS

Interviews .. .. .	293
Attendance at Court .. .. .	26
Lectures .. .. .	22
Unclassified visits .. .. .	297
Water samples .. .. .	47
	<hr/>
	8,047

TABLE II

## HOUSING

Number of new dwellings erected by the Council during 1972 .. .. .	207
Number of new dwellings erected by private enterprise during 1972 .. .. .	201
Total number of dwellings built by Council since 1945 .. .. .	5,530
Total number of dwellings built by private enterprise since 1945 .. .. .	3,634
Number of Council dwellings occupied on 31st December 1972 .. .. .	6,906

TABLE III

## FOOD

## Types of Food Premises within the Borough at 1st January 1972

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	..	..	3
Ice Cream Dealers	..	..	166
Preserved Food Manufacturers	..	..	42

## 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	17
Pasteurised Milk	56
Sterilised Milk	36
Ultra Heat Treated Milk	41

## 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 IV

INCIDENCE OF DISEASE IN ANIMALS SLAUGHTERED  
IN WATFORD DURING 1972

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected	12,204	512	265	19,650	57,197
All diseases except tuberculosis and cysticerci					
Whole carcasses condemned	1	11	10	2	98
Carcasses of which some part or organ was condemned	4,019	230	11	2,221	34,857
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	32.8	47.1	7.9	11.3	61.1
Tuberculosis only					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	2	-	-	-	238
Percentage of the number inspected affected with tuberculosis	0.016	-	-	-	0.41
Cysticercosis					
Carcasses in which cysticercosis was found	35	1	-	-	-
Carcasses submitted to treatment by refrigeration	35	1	-	-	-
Generalised and totally condemned	-	-	-	-	-

TABLE V

## LOCATION AND NATURE OF CYSTICERCUS BOVIS INFECTIONS

36 cases of cysticercus bovis were discovered in the 12,981 cattle slaughtered in Watford. This gives an incidence rate of 0.28%.

The location of the cysts were as follows :—

	Head	Heart	Skirt	Carcase
Viable cysts	9	21	5	2
Degenerate cysts	5	22	0	0

The cysts in 12 cases (33.3%) were viable indicating that the infections were of recent origin.



TABLE VI

## 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	Mouldy food in cans slashed with knife used for opening cartons (2 cases).	Conviction	£35	) £12
2	2		Conviction	£35	
3	2	Mouldy beefsteak pie	Conviction	£40	-
4	2	Metal in apple turnover	Conviction	£50	£13
5	2	Bread with cigarette end	Conviction	£20	£12
6	2	Maggots in milk	Conviction	£30	£12
7	2	Glass in milk	Conviction	£75	-
8	2	Paraffin in malt loaf	Conviction	£50	-
9	2	Overbaked pasty	Conviction	£30	£15
10	13	Bread rolls left outside shop exposed to contamination	Conviction	£70	£20
11	2	Mouldy pasty	Conviction	£30	-
12	2	Insects in biscuits.	Conviction	£40	£12

**TABLE VII**

**OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963**

**Infringements of Act in 342 premises inspected during 1972**

Uncleanly condition of premises	..	..	..	26
Inadequate provision for maintaining reasonable temperature	..	..	50	
Inadequate light or ventilation	..	..	20	
Unsatisfactory sanitary conveniences or washing facilities	..	..	42	
Defective condition of floors or stairs	..	..	23	
Inadequate fencing of dangerous parts of machinery	..	..	6	
Inadequate first aid equipment	..	..	55	
Other matters	..	..	84	
			<u>306</u>	

**TABLE VIII**

**Analysis of Causes of Accidents notified during 1972**

Machinery	..	..	..	2
Falls of persons	..	..	12	
Stepping on or striking against objects or person	..	..	4	
Handling of goods	..	..	8	
Struck by falling object	..	..	5	
Use of hand tools	..	..	2	
Not otherwise specified	..	..	7	
			<u>40</u>	



TABLE IX(i)

## FACTORIES ACT 1961

	Number on Register	Number of Inspections	Written Notices	Occupiers Prosecuted
<b>1. INSPECTIONS</b>				
Factories in which Sections 1, 3, 4 and 6 are enforced by Local Authorities	12	9	Nil	Nil
Factories not included in which Section 7 is enforced by the Local Authority	462	87	1	Nil
Other premises in which Section 7 is enforced by the Local Authority	26	49	Nil	Nil
<b>TOTAL</b>	<b>500</b>	<b>145</b>	<b>1</b>	<b>Nil</b>
	<b>Found</b>	<b>Remedied</b>	<b>Referred</b> <b>To H.M. Inspector</b>   <b>By H.M. Inspector</b>	
<b>2. CASES IN WHICH DEFECTS WERE FOUND</b>				
Sanitary conveniences (Section 7)				
Insufficient	1	1	Nil	1

TABLE IX(ii)

## OUTWORK (SECTIONS 133 AND 134)

Nature of Work	No. of outworkers in August list notified to Local Authority
Wearing apparel (Making, alterations, etc.)	8
Artificial flowers	1
Christmas crackers etc.	37
<b>TOTAL</b>	<b>46</b>
There were two cases of default in sending lists of outworkers as required by Section 133(i)(c).	

**TABLE X**  
**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 .. .. .	418
	(b) Number infested by :—	
	(i) Rats .. .. .	213
	(ii) Mice .. .. .	207
3.	(a) Total number of properties inspected for rats and/or mice for reasons other than notification .. .. .	15
	(b) Number infested by :—	
	(i) Rats .. .. .	4
	(ii) Mice .. .. .	Nil





HEALTH SERVICES  
IN  
SOUTH WEST HERTFORDSHIRE  
1972

REPORT OF THE  
DIVISIONAL MEDICAL OFFICER





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## SOUTH WEST HERTFORDSHIRE HEALTH EXECUTIVE

### MEMBERS

1972/73

#### *Chairman*

Councillor Mrs. G. Morison

Watford Rural District Council

#### *Vice-Chairman*

Mr. H. W. C. Lodder, J.P.

Watford Municipal Borough Council

#### *Members*

County Alderman F. G. Hunt

Hertfordshire County Council

County Councillor F. J. Cogan

H. L. Morbey

F. J. S. Hall

Mr. L. C. Johnson, J.P., F.R.S.A.

Councillor J. Casey

Bushey Urban District Council

M. A. Colin

J. M. Ellis

Chorleywood Urban District Council

S. R. Evans

Rickmansworth Urban District Council

Mr. N. C. Young

Councillor Mrs. O. E. Collingwood

Watford Rural District Council

E. H. Nimmo

Alderman Mrs. H. M. Dodd

Watford Municipal Borough Council

J. S. Oliver

W. T. H. Price

Councillor J. Bryden

Mr. P. H. Allan

Dr. P. Watney Roe

Dr. B. A. Black

Local Medical Committee

Mr. C. H. de Peyer, C.M.G.

West Hertfordshire Group Hospital  
Management Committee

Clerk to the South West Hertfordshire  
Health Executive

Mr. Gordon H. Hall

## 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.

### *Senior Clinical Medical Officer*

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

### *Medical Officers in Department*

Wendy A. B. Allen M.B., Ch.B.

Jane J. C. Bond, M.B., Ch.B. (Resigned 22.12.72)

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

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

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 (Left 14.9.72)

Mrs. C. Bissell (Appointed 9.10.72)

### *Senior Nursing Officers*

Mrs. D. Knight

Miss M. M. Draper

Mrs. K. M. Nicholls

### *Divisional Administrative Officer*

Miss J. E. M. Sherlock



## **SOUTH WEST HERTFORDSHIRE HEALTH EXECUTIVE**

Town Hall,  
Watford.

September 1973

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 the work of the staff of this Executive throughout the year. This report will again be included in the Annual Reports of the Borough of Watford and the combined districts of Bushey, Chorleywood, Rickmansworth and Watford Rural District.

The vital statistics of the Division are included in the body of the report as are details of the volume of work carried by your officers. The following paragraphs relate to subjects which, with the exception of alcoholism, have been discussed at your previous meetings. All of the three subjects mentioned, psychogeriatrics, the young chronic sick and alcoholism, are also the concern of the Social Services Executive.

### **Elderly Mentally Confused**

An examination of the census returns shows that in the division in 1971 there were 20,595 people over the age of 65 and of these 13,015 were over the age of 70 and 4,035 over the age of 80. In the upper age groups women outnumbered men by more than 2 to 1, this being the ultimate exposition of the greater viability of females throughout the whole lifespan.

As people become older their demands on the health service increase so that a small proportion of the population consumes a high percentage of the resources available and this is just, in that people who have borne the burdens of less prosperous ages should have their share of the country's present greater prosperity. Nowhere is this consumption of resources better exemplified than in the field of psychogeriatrics, that is to say that section of the elderly population suffering from senile mental confusion. Numerically this is a small problem but in terms of demands on resources and strain on families it is a serious situation of our age. We are all familiar with the forgetfulness which is a common feature of ageing; in a proportion of old people this progresses to a dementia in which familiar people and objects are not recognised, often there is depression or agitation and the sleep pattern may be disturbed and result in nocturnal wandering. If this pattern is combined with incontinence of the bowel or bladder then the burden on relatives in the home becomes well nigh intolerable.

The plain fact of the matter is that local facilities are not adequate to deal with the problem. With proper facilities many such patients could be maintained at home but at present we are limited to the services of the district nurse, health visitor, home help and social worker. Nearly four years ago the South West Herts Health and Welfare Executive recommended to the County Council that a site be sought for a purpose-built day centre for this category of patient so that for part of the day they could attend there to slow the rate of deterioration and for the remaining part could remain in the familiarity of their own homes. I am given to understand that in 1973 a church hall centre will be opened in Radlett for this purpose.



Some such patients, whose dementia has not reached such an advanced stage, are taken into County Council Welfare Homes. Obviously the proportion cannot be allowed to rise too high because of the demands on staffing and because the mentally alert residents have a right to finish their days in a homely atmosphere undisturbed by the mental aberrations of psychogeriatric patients. Similarly, geriatric wards have a well-defined role of taking elderly patients in for assessment, treatment and then discharge and if this role is to be fulfilled then the beds cannot be allowed to become blocked with psychogeriatric patients. The last resort is permanent care in a mental hospital and this is becoming increasingly difficult to obtain.

A first move towards containing the problem (for we cannot hope for a cure) is an expansion of County Council day centre facilities combined with a more realistic admission policy to mental hospitals.

#### **Young Chronic Sick**

Another numerically small but clamant problem is that of the young physically handicapped. In all communities there is a proportion of young or middle-aged people with severe chronic physical handicap, whether it be multiple sclerosis or other illness or total paralysis following an accident. With devoted care from relatives and nursing by the domiciliary nursing service many of these patients lead their lives at home. Their maintenance, however, rests on the knife edge of their relative's continued good health because a stable situation can break down suddenly and dramatically with the ill-health of spouse or other relative. When this happens it is only too plain that local residential facilities for the young chronic sick are non-existent. The nearest unit for such patients is at Barnet and the waiting list for admission there is two years. There are a number of voluntary homes including the Cheshire foundations and the Star and Garter Home at Richmond, but waiting lists there are even longer. This is a situation which needs to be remedied and a health care planning team will be looking into the problem.

#### **Alcoholism**

There are varying estimates of the number of alcoholics in the community but one widely-quoted figure is 500,000 in the whole of England and Wales. If this is a true figure and if South West Hertfordshire is typical of this country as a whole then we could expect to have in the region of 1,400-1,600 alcoholics in our community. Hard figures are difficult to obtain as most alcoholics do not go to their family doctors and their true diagnosis may only be arrived at after trouble with the police or finance companies, admission to hospital or an appeal to a body such as the Samaritans or Alcoholics Anonymous. It is known that many alcoholics in our community finish up seeking treatment at special units far from the area, some as far as Warlingham Park Hospital near Croydon or St. Bernard's Hospital in Southall. Local facilities are not very good in that there is not a special unit in the area. It is hoped however that a move will be made to create special facilities at Napsbury Hospital in the future.

This may well be a suitable subject for the creation of a health care planning team.

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

There are still no purpose-built health centres in the division. A site on the Watford-Bushey borders was investigated this year and as a result of public concern at the use of Green Belt land the project has been shelved and another site is being sought. A site is still being sought in the central Watford area but the high cost of land here is a severe deterrent. Investigations are still going on to define a site in Radlett, and the Rickmansworth health centre site has made only minor moves towards realisation.

### INFANT MORTALITY - 1972

Year of death	0-1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95-99	TOTAL
1972	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1971	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1970	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1969	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1968	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1967	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
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1965	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1964	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1963	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1962	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1961	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1960	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1959	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
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1949	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
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1946	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
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1941	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
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1938	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1937	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1936	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1935	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1934	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1933	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1932	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1931	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1930	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1929	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1928	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1927	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1926	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1925	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1924	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1923	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1922	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1921	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1920	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1919	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
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1917	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
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1915	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1914	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1913	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1912	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1911	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1910	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1909	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
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1904	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
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1902	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1901	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
1900	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43



## SECTION 22

### CARE OF MOTHERS AND YOUNG CHILDREN

**Vital Statistics** The statistics relating to births and deaths are shown in Table I.

**Births** There has been a decrease of 103 in the number of births over the last year with a parallel reduction of the crude birth rate from 14.3 to 13.7. The number of births was 2,693. The population has increased by 250 persons; the natural increase (births over deaths) numbering 682 persons.

**Infant Mortality** This is defined as the number of infant deaths per 1,000 births below one year of age. The 42 infant deaths are tabulated below with the conditions mainly responsible. These are over-whelmingly cardio-respiratory failure, problems associated with prematurity, congenital anomalies and lastly, cancer. The majority of deaths tend to occur in the first few days of life, with a considerable reduction in numbers, in later months, tailing off at 10 or 11 months of age. The infant mortality rate of 16 per thousand live births compares favourably with the national average of 17 per thousand. However, the decline in infant mortality rate over the past decade is minimal, indicating that we have reached a stage where medicine is doing all that it can to save life but that the causes of the conditions leading to infant death are not understood, so that no preventive action can be taken.

#### INFANT MORTALITY – 1972

Cause of death	Bushey U.D.C.	Chorley- wood U.D.C.	Rickmans- worth U.D.C.	Watford Rural D.C.	Watford Borough	Total S.W.Herts Division
Pneumonia	1	-	1	1	6	9
Other diseases of Respiratory System	-	-	1	-	1	2
Congenital Abnormalities	-	-	-	-	8	8
Birth Injury, Difficult Labour etc.	-	1	1	4	7	13
Other causes (mainly prematurity)	-	-	-	1	3	4
Endocrine Disease	-	-	-	-	1	1
Cancer	1	-	-	2	-	3
Other Heart Diseases	1	-	-	1	-	2
<b>TOTALS</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>9</b>	<b>26</b>	<b>42</b>

**Perinatal Mortality Rate** This rate combines those infants born dead (Still-births) and those dying within the first week of life (defined as early neo-natal deaths) and both usually contribute equally to the combined rate, which has remained almost unchanged over the past decade at 18, in spite of the now improved obstetric care available. The contributing factors are mainly, low birth weight, oxygen lack, injuries sustained during birth and malformations. The relationship between smoking during pregnancy and low birth weight has been clearly established and can be seen as a problem of health education, as has its relationship to poor living standards. It is unfortunate although unavoidable, that the prolonged and vigorous resuscitation required by some babies, will also tend to increase the percentage of those born with mental handicaps which may be only recognisable in the later months of life.



**Child Health Centres** 7,215 children made a total of 44,366 visits to child health centres during the year and the distribution of age groups attending is shown in Table II. Well over 80% of each age group up to the age of 3 years came to clinics during the year, an indication of their lasting value in an age of change.

**Developmental Paediatrics** Dr. Joan Leigh reports. The Assessment Clinic started as a single weekly session in March 1972, but increased to two sessions in September 1972 (and there is a current waiting list of about two months).

Children are referred to the clinic whenever there is concern over any aspect of the child's development (physical, mental or emotional) where the cause is not immediately apparent. Referrals are usually from the Paediatrician, General Practitioner, Medical Officer in Department or Health Visitor. The clinic is held at the Avenue Health Centre and only one or two children are seen per session. Every effort is made to make the atmosphere as relaxed as possible, and ample time is allowed so that the child will behave as normally as possible. A detailed assessment is done in each case, including vision and hearing, full physical examination and any difficulties or assets that the child may have. There is a monthly discussion with the Paediatrician, on the best course of action to help each individual child and family, and there is a close liaison with the Child and Family Psychiatric Clinic, the Educational Psychologists, Speech Therapists and often, also, with the relevant Playgroup leader. The Health Visitor concerned with the child attends the interview and a detailed report is always sent to the family doctor. Children are reviewed again as necessary, (because the situation with young children does not remain static) or are referred to the appropriate department. Where it seems advisable, individual children may be seen in hospital, or at home, in the first instance.

**Playgroup for Handicapped Children** Dr. Leigh reports. This is a playgroup for handicapped children which meets for two morning sessions per week (the second session having just started) at the South Oxhey Health Centre.

Its aim is to help in the pre-school training and social adjustment of children whose handicaps are such that they cannot successfully be integrated into a normal playgroup. This includes the younger children e.g. from 2 years old, who will benefit from the extra stimulation provided and the wide range of equipment and expertise of the staff. There is a broad, multi-disciplinary approach, as the regular staff comprise a trained teacher, a nursery nurse, health visitor and doctor, as well as voluntary helpers. There are frequent visits from the County Advisory Teacher for the Handicapped, and also the Educational Psychologist.

The ratio of staff to children is high, and all aspects of the child's needs are likely to be covered.

Each child is seen by the doctor when he has settled into the group and his difficulties assessed, so that he can be given help in learning to overcome them. The opportunity to observe how a child reacts in a group situation, and to see what progress he makes, is most helpful in deciding what school placement is going to be most suitable.

The transport is run entirely by a group of voluntary workers, who collect the children from a wide area. Each car has an escort as well as the driver so that the children are safely looked after.



## SECTION 23

### MIDWIFERY

The Divisional Nursing Officer reports :—

**Establishment** There are 14 District Nurse Midwives, 3 of whom are engaged in health visiting duties.

The establishment pre 1968 was 18 District Nurse Midwives, 2 of whom were engaged in health visiting duties.

The number of births in South West Herts totalled 2,728; of these 35 were stillborn; 33 in hospital — 2 domiciliary.

**Home confinements** Home confinements totalled 205 as compared with 330 in 1971 which represents a reduction of 38.0%.

**Hospital confinements** Hospital deliveries by Domiciliary Midwives in both the General Practitioner Unit and Consultant Unit totalled 484 as compared with 311 in 1971, representing an increase of 56%. Of these numbers 308 were delivered by Part II Pupil Midwives with hospital midwives whilst on the district.

**Early discharges** The total number of babies delivered in hospital by hospital midwives was 2,046, of these 1,554 were early discharges, i.e. 73 within 48 hours and 1,481 after 48 hours, all of whom were visited by our midwives who made a total of 8,749 home visits compared with a total of 8,312 visits in 1971. These figures illustrate the continuing trend over the past few years towards increased hospital confinements and early discharge of mothers and babies. We have no doubts as to the necessity and the inevitable movement towards a unification of midwifery services by a single authority directly responsible for the provision of all midwifery services and the employment of all midwives.

**Ante-natal visiting** The 6,228 ante-natal visits made by district midwives are comparable to 1971 figures, but Home Condition Reports for hospitals totalled 535 as compared to 631 in 1971, a decrease of approximately 15%.

**Ante-natal instruction classes** Ante-natal instruction classes totalled 95 as compared to 183 in 1971, a decrease of 48%. Shrodells Hospital are having a large proportion of patients booked for hospital confinement attend their ante-natal instruction classes.

**Part II Training School** "Tremona". The establishment 1972. 6 full-time teaching midwives, 2 part-time midwives. The number of pupils undertaking training remains constant with a high proportion of pupils from overseas. The syllabus, with emphasis on the social aspects and welfare benefits, continues. On 1st January 1972 all "Tremona" midwives were attached to general practices, thus completing the entire coverage of midwifery attachment to all practices in the South West Herts Division.

On 1st April 1972 Shrodells Maternity Unit commenced the 12 month continuity of training for pupil midwives. The old system Part I and Part II training has been discontinued. Pupils will spend the first 16 week period in hospital dealing with normal midwifery followed by a two week break. The next 12 weeks will be spent in the community and the following 19 weeks will be spent in hospital dealing with the abnormal aspects of midwifery.



## SECTION 24

### HEALTH VISITING

The Divisional Nursing Officer reports :—

The work of the health visitor today reflects as a social service, the object of which is to educate and help people towards physical and mental health. The statistics shown in the work content of 1972 clearly defines that health visitors are concerned with the health of the household as a whole, and that they have an important part to play in health education, the early detection of abnormalities in children, problems of behaviour, assistance to families with difficulties and the health needs of handicapped and elderly persons in the community. They work in close contact with their individual group practices. Liaison with the hospital service, particularly in the fields of paediatrics and geriatrics, is an important aspect of their work, and there has been a progressive shift from work with children towards more general family care.

**Establishment** 32 health visitors (1 part-time and 3 others involved with triple duties).

**Maternity and Child Health** Shortage of health visiting staff persisted throughout 1972. Nevertheless, a total of 35,286 home visits were paid to 13,343 children under the age of five, compared with 36,750 in the previous year to 13,915 children. A total number of 44,171 visits were made to Child Health Clinics by children under the age of 5.

**The Elderly** A total of 6,019 home visits were made to persons aged 65 and over. Of these numbers 1,034 were referred by the general practitioner and 184 by the hospitals.

**Other home visits of note** Persons aged 17–64 years — total number of home visits made 2,113. Of these 379 were requested by general practitioners and 44 at the request of the hospital.

**Nurseries and Childminders** The administrative responsibility for this service was finally transferred to the Social Services Department on 1st September 1972, more than 2 years after the passing of the Social Services Act. The number of visits paid by health visitors was, nevertheless, 828, a slight increase on the 1971 figures. It will obviously always be necessary to maintain surveillance of the health and development of young children in this vulnerable category.

**Ante-natal home visits** Total 1,544 compared with 1,380 in 1971 — approximately 12% increase.

**Mentally disordered** First visits — 157: revisits — 281: a decrease of approximately 33%. Case conferences attended by health visitors 329 compared with 117 in 1971, an increase of 180%.

#### Hospital liaison

**Paediatrics** A nursing officer attends a weekly ward round with the Consultant Paediatrician in the children's ward and the Special Care Unit for babies. The value of this arrangement is to inform the Consultant Paediatrician of the home background of the child from the health visitor's previous experience with the family and to ensure early follow-up by health visitor or district nursing sister on discharge home.



<b>Peace Memorial Hospital (Paediatric Out-Patients)</b>	Sessions are attended weekly by two health visitors, when they can assist with background information and follow-up reports on children who fail to keep their appointments.
<b>Ante-natal Booking Clinic</b>	Shrodells Hospital ante-natal booking clinics are attended twice weekly by health visitors. They give advice and the name and telephone number of the health visitor attached to their general practitioner. Health visitors regularly participate in the ante-natal instruction classes held in the hospital.
<b>Geriatrics</b>	A Nursing Officer attends weekly meetings with the Geriatrician and medical social worker and social worker. Requests for follow-up reports and completed reports are discussed. In addition the Nursing Officer attends a weekly ward round with the Geriatrician. The value of this arrangement is to inform the Geriatrician of home background and to ensure that the necessary services and early follow-up arrangements for patients are available before the patient is discharged home from hospital, thus allowing for continuity of patient care. Health visitors are very much involved with home visits and follow-up reports requested by the Geriatrician.
<b>Liaison with Social Services Department</b>	The Divisional Nursing Officer has a regular monthly meeting with the Divisional Social Services Officer and her Deputy. Health visitors referred a total number of 422 social problems to social workers as compared with 394 in 1971, a marginal increase of 7%. This does not imply that liaison with the Social Services Department remains static, or that we are complacent in believing that social problems are not on the increase. It is more likely that social problems are being referred direct from various agencies, i.e. general practitioners, hospital medical social workers, police, Councillors, neighbours, etc. Another possible factor is that health visitors may feel compelled to continue supporting families who have problems because of the shortage of staff and resources within the Social Services Department.
<b>Health Visitor and School Liaison</b>	<p>The health of the school child is a major concern of the health visitor who attends school medical inspections and works closely with the school medical officer and co-operates with head teachers. On request she will visit the home and report on family details and home background.</p> <p>16 health visitor assistants work in schools, testing vision, assisting at medical examinations, hygiene and immunisation sessions. Health visitor assistants are also involved with Child Health Clinics, minor ailment clinics, cytology sessions and audiology clinics.</p>
<b>Health Education</b>	<p>Group health education activities by health visitors continued as in previous years. A total of 533 sessions are recorded, 41 of which took place in schools. Other sessions were held in mothers' clubs, toddlers' clubs, ante-natal clinics, surgeries and local authority clinics.</p> <p>A meeting of health visitors with the Divisional Health Education Officer is arranged twice annually to discuss and plan various themes of health education to be displayed during the same period throughout the South West Herts Division.</p> <p><b>Requests for housing reports for rehousing on medical grounds</b></p> <p>These are becoming quite a significant addition to the day to day work of the health visitor.</p>



**Mothers' Club** Mrs. Seckington, health visitor, reports — Mothers' Club (Evening) known as "The Evans-Whitman" club. As usual, the club has met each month, on the second Thursday evening, except August. We have been pleased to welcome some of the newer young mothers to our membership. As the ages range from 20 — 50 years, there has been a happy exchange of new ideas and tried experience.

Talks on a wide variety of subjects have been arranged by the Committee, including pollution, meat, food mixers, Watford Consumer Association, town planning and jewellery. The health visitors keep in touch with the group, being available for help and advice on health and welfare matters. Support was given by the club to the petition of the Married Women's Association and others for Family Allowances or child tax credits to be paid direct to mothers. The club Chairman attended the presentation of the petition, with 400,000 signatures, to Mrs. Barbara Castle M.P. at the House of Commons.

Mrs. Bruce, health visitor, reports — Garston Mothers' Club continues to thrive happily and have had quite an eventful year. The year's "good cause" was Leavesden Hospital and £35 was collected and presented to one of the officers. Outstanding among many interesting evenings were talks by a member of the Samaritans, the headmaster of Colnbrook School on his special children and visits to the Gas Showrooms, flower arrangement exhibition, and behind the scenes at Littlewoods. Owing to the large number of members it was felt necessary to close the books for a while, and a sister club has been opened, known as the Tuesday Club — this has 24 members at present, and this year have enjoyed First Aid instruction, slides of Old Watford and Cookery and Crimplene demonstrations among many interesting topics.

Mrs. Crosti, health visitor, reports from the Avenue Clinic Mothers' and Toddlers' Club — Clubs of this sort are of vital importance and should be given more priority. It is the only place where groups of women can talk about their role of keeper of the next generation with someone other than those with opinions. The main difference between a health visitor and the general public is this. Everyone has children and everyone has an opinion about how children should be raised. Health visitors should be equipped to have factual information as opposed to "opinion".

**Toddlers' Club** Mrs. Seckington reports — Woodhall Toddlers' Clubs — These clubs, held on Monday and Thursday afternoons, continue to be fully attended. 8 — 15 mothers have attended with their 2 — 5 year old toddlers, on one of the afternoons each week. The clubs provide an opportunity for mothers to meet each other socially and introduce the children to their first experience of shared play. Each group of mothers organise their own register, tea-making and child supervising rotas with a health visitor being available for advice when needed. Suitable cheap toys and play materials are provided by the mothers.

**Abbots Langley** Mrs. Butler, health visitor, reports on various activities at Abbots Langley.

Opportunity Classes for mentally and physically handicapped children between the ages of 2—5 years old continued for one morning a week at the Youth Centre. Some normal children were accepted from 2—3 years old to help stimulate those who were handicapped. Several children were brought from Leavesden Hospital to join this group.

Handicraft Club for adults commenced with the help of Abbots Langley Good Neighbours one morning a week. Physically handicapped and those with special needs came and learnt various handicrafts such as basketry. Others requested to learn to cook or type and this was arranged. Any article that was made was eventually sold at a sale of work and after the cost



of the material had been deducted, the profit was given back to the individual who had made that particular article. Children under 5 years old who accompanied adults were looked after by the Good Neighbours.

The Mothers' Club at Abbots Langley had another successful year. A varied programme of talks and films was arranged by the health visitors. Day outings were organised throughout the year, finishing with a Christmas dinner at a local hotel.

The Day Centre for the Elderly continued twice a week at Abbots Langley Youth Centre. This is most popular and there is always a long waiting list.

Health Education was continued in the pre-school playgroup at the Health Centre. The children's ages ranged from 3 - 5 years old and they received weekly talks, films and puppet shows by the health visitors on the importance of basic safety first, health and hygiene.

Health Education and Mothercraft were taught in various forms in some infant, junior and comprehensive schools throughout the year. Health visitors also examined in the schools for the National Association for Maternal and Child Care Certificates.

**Training** In-service training lectures arranged by the Training Officer at County Hall were well attended by health visitors. As with the domiciliary nursing staff, all health visitors are becoming much more involved with providing community experience for the increasing numbers of students from all disciplines.

## SECTION 25

### HOME NURSING

The home nurse's principal function is to provide skilled nursing care under the clinical direction of the general practitioner, not only in the home but also in the surgery. The pattern of home nursing is changing to meet the demands placed upon it. Care of the elderly and the chronic sick is a major function.

**Establishment** A total of 38 nurses are employed, 37 of whom work full time, 14 combine midwifery with generalised nursing and 3 others are engaged in health visiting duties and three are male nurses.

Home visits made —	Medical first visits	2,791	
	Revisits	64,797	(a 5% increase on 1971 figures)
	Surgical first visits	573	
	Revisits	12,740	(over 12% increase on 1971 figures)

Of these total visits the male nurses contributed to —

Medical first visits	260	)	Total 7,619
Revisits	5,998	)	
Surgical first visits	54	)	
Revisits	1,307	)	

**Tuberculosis** The number of notified tuberculosis patients needing treatment at home was 15, involving a total of 632 visits.

**Night nursing** We have 5 State Enrolled nurses who are available to give night nursing care. The need to expand our night nursing service is becoming more and more apparent with the trend for more seriously ill patients requiring terminal care to be nursed in their own homes, rather than in hospital.

**District Auxiliaries** A total of 5 women are giving valuable service to the needs of the community. They made a total of 1,876 home visits to the frail and elderly, helping them with their personal toilet and dressing and also to those who live alone and have no relatives or friends nearby to undertake this type of care.

**Treatments in Surgery** A total of 16 nurses are involved in general practitioners surgery sessions. They carried out a total of 11,985 treatments — an increase of approximately 20% over the previous year.

Hospital liaison is gradually developing. A total of 475 hospital visits were made by district nursing sisters.

Liaison with the Social Services Department is developing well with particular reference to the assessment of home aids required for elderly and disabled persons, which is undertaken by both the district nurse and the occupational therapist in joint consultation.



**Training** Five nurses took the District Nurse Training Course and successfully passed the examination. "In-Service training lectures" arranged by the Training Officer at County Hall are well attended and very much appreciated by all members of staff.

There is a notable increasing trend for all members of staff to be involved with students from all disciplines requiring community experience. The new syllabus in the training of S.R.N.s requires each student to undertake a 10-week Community Option Experience.

## SECTION 26

### VACCINATION AND IMMUNISATION

#### Computer Immunisation Scheme

The application of the resources of a computer to help in the running of the immunisation procedure has been in operation for the past six years. Thus all children after 1965 resident in the County have particulars relating to their birth history and vaccination and immunisation recorded on the computer at County Hall.

The principal function of the computer scheme is to make successive appointments for vaccination and immunisation procedure at either general practitioners surgeries or at child welfare clinics as soon as the child becomes of age for the appropriate protection.

This method of recording information centrally which had previously been held at Divisional level only and in written form, has many advantages for health department staff, family doctors and parents as well.

The system comes into operation as soon as the baby's birth notification has been received from the midwife in the case of a home delivery, or obstetric ward in the case of a hospital delivery, whereupon the health visitor at her first home visit to the mother (12 days following the birth of the baby) obtains a written consent on a form in which a choice is made for the procedure to be carried out by the family doctor at his surgery, or by the health department staff at the child welfare centre. This information is then fed into the computer, including details regarding the baby's birth weight, possible prematurity, birth history, etc. The value of the scheme can be shown by the increased acceptance rates following its introduction — 90% or more for triple immunisations. Moreover, family doctors find they immunise more children on their practice lists with much less clerical work involved. Should the mother miss two appointments (appointment cards are sent out by the computer section) the health visitor, before another appointment is arranged, endeavours to discover the reason for the failure to attend, which might be illness, removal out of the area, or a change of mind by the parent.

Information when required urgently for medical reasons, on a child's immunisation state, can be obtained on request, usually at short notice.

The scheme is now, after some earlier difficulty and some later procedural modifications, operating smoothly and efficiently with the active co-operation of 70% of family doctors. Of the 34 group practices in the Division, only 11 are not taking advantage of the scheme.

#### Measles Vaccination

Measles notifications for the ten-year period are set out below, the biennial measles epidemic years (marked \*) 1963, 1965 and 1967, stand out clearly by comparison with the intervening years by being between two and three times as high.

Measles vaccination was introduced in 1967–68. The expected measles epidemic which should have occurred in 1969, was effectively aborted (see table) neither did it occur in the next expected 'measles' year, i.e. 1971.†. Moreover, since the introduction of measles vaccination, the measles figures continue to decline, albeit too slowly, partly as a result of its less than enthusiastic acceptance by mothers who are largely ignorant of the severe complications which can arise in the course of the disease. Unless continued effort to urge measles vaccination is maintained, it is possible that the biennial measles epidemics could reappear, or measles infection merely be postponed to a decade later in the child's life and in a possibly more severe form. The table shows the notified cases of measles since 1963.



Year	Number of notifications
1963	1,952 *
1964	994
1965	2,638 *
1966	1,020
1967	2,706 *
Introduction of measles vaccination	
1968	325
1969	458 †
1970	535
1971	482 †
1972	227

In this context Dr. Patricia Martin reports :—

“A mother at a clinic asked for her two children aged 4 and 6 years to have measles immunisation. She said she had been unwilling to have them done until she visited a former resident of Chorleywood in Scotland. Mrs. A. had known her friend's lively, active intelligent child at 11 months old and now was distressed and horrified to see a 3 year old vegetable. The child had had measles with encephalitis 18 months before. The mother made Mrs. A. promise to have her child immunised on her return immediately.”

**Immunisation state** The table below shows the immunisation state of children born in 1971 :—

Children born in the year 1971 and vaccinated by 31.12.72			
	Whooping Cough	Diphtheria	Poliomyelitis
England	79	81	80
Hertfordshire	82	85	85

## SECTION 28

### PREVENTION, CARE AND AFTER CARE

**Chiropody** 16,601 treatments were given throughout the year. The number of treatments at local authority clinics increased by over 800 due to chiropodists operating in Bushey and at Maple Cross, Rickmansworth. The number of home treatments increased slightly over the last year.

Chiropody is an underestimated but very valuable service. A survey in another part of the country revealed that 432 of all people over the age of 75 found it difficult to cut their own toenails and this personal task was most frequently mentioned as being difficult. At this age it is but a short step from difficulty in cutting toe nails to immobility because of the consequent painful feet. Elderly people should be encouraged to seek advice early.

**Chiropody in Schoolchildren** An extension of the chiropody service for schoolchildren has been operating for more than a year. It was originally started to provide the skilled advice of a chiropodist for those cases of verrucae which had proved resistant to the usual treatments but extension to other conditions was found desirable, as the following report from Mr. W. T. H. Price shows :—

“During the year 393 treatments were given to schoolchildren referred to the clinic from their doctor, school health visitor, or from the Verrucae Clinic. The majority of the 85 children seen were verrucae sufferers.

Five children were referred back to their doctors for inspection after the six normal treatments had been carried out. A letter was sent to the doctor explaining that the child had received six or more treatments and asking him to inspect the site and suggesting that an alternative treatment to that carried out at the Avenue Clinic was advisable. The method of treatment and frequency was described in the letter.

The most persistent verrucae were the mosaic type and they required a minimum of 15 treatments after being referred from the Verrucae Clinic. The ordinary large single stubborn lesion usually cleared rapidly after a change of treatment. High frequency was used on four cases with no notable result, the treatment without the necessary local anaesthetic being far too painful.

Five children were treated for corns on their fifth toes and sundry callouses, also several children were examined at the request of clinic doctors re their shoes. Advice and literature was given to the mothers re shoes and stockings.

Fourteen children have been treated for ingrowing nails. All were caused by the natural involution of the nail and the consequent lack of care when cutting the nails. Most cleared up rapidly. One was referred to the doctor for further treatment because of severe hyper-granulation. Two are still receiving treatment. In these cases, treatment is prolonged and the nail is gradually trained to grow out of the sulcus. One has re-appeared after a complete cure, the re-appearance due to cutting the nail down the side. Whenever a child is brought for nail treatment he/she is kept under constant supervision until the nail is clear and during this time it is explained to the child how important nail cutting is. Usually this condition does not recur because once the child is taught how to cut the nail, nails simply do not in-grow.



Two lectures were given during the year to health visitors and district nurses and one to auxiliary nurses. Care hygiene of the feet generally was discussed. Nails and their problems were discussed at length, with some explanation and demonstration on how to use the clippers provided by the County Council Health Department. Verrucae and their diagnosis was one of the points on which health visitors and nurses were most anxious to receive enlightenment.

The overall picture is that I am well satisfied with the treatment of the verruca at the Divisional Clinics and the co-operation between clinics, and feel that the scheme is a success."

#### **Cervical Cytology**

There was a fall in the number of cervical smears taken from 1,864 to 1,446, despite the facilities remaining the same. This could indicate a falling-off of interest or the fact that more smears are being taken in other places such as family planning clinics and doctors' surgeries.

#### **Recuperative Holidays**

Recuperative holidays are now the responsibility of the Social Services Department and their administration should have been taken over in September.

#### **Health Education**

Mr. P. L. Pretty reports —

**Ethics and Effectiveness in Health Education.** Liaising with the Divisional Nursing Officer, the Health Education Officer was involved in the training of pupil midwives and nurses, and the main methods of health education were discussed. Whether didactic, inductive or methods of suggestion are used, the need for an effective and ethical approach was stressed.

**Co-ordinators in Schools.** In co-operation with the Deputy Divisional Education Officer a meeting was held for senior representatives from secondary schools, to discuss the need for co-ordination of health education activities. Without an overall co-ordinator, it was decided, a number of things could go wrong. These were :—

- (a) One aspect could be covered too many times.
- (b) Without a sound basis of knowledge formed in early years, later discussion was not useful. For example, the Gloucestershire Scheme of Personal Relationships recommends that the basic facts of reproduction should be covered before the end of the first secondary year. Without this basis, later discussions about sexual morality was ill-founded.
- (c) As in all aspects of the curriculum there was a need for balance between the years. Some aspects were best covered in early years, some in later, but without co-ordination this principle was not necessarily observed.
- (d) A survey of further education students had shown there were large gaps in their health education.

**Safety.** Several projects were organised with regard to health education about safety.

- (a) The Watford Home Safety Committee ran a home safety competition for teams from social clubs. The competition was on a knock-out basis and great excitement was engendered in the final rounds. When the Garston Ladies reached the final every book on safety was out on loan from the North Watford Library. The newsworthiness



of the competition proved an excellent way of gaining publicity in the local press for home safety education.

- (b) A schools fibre project was promoted. Teams of pupils studied the properties of fibres, with particular regard to flammability, and the best teams submitted their projects to a judging panel at the Teachers' Centre.
- (c) An adult education course was launched concerning the role of grandparents. The thinking behind the course was that few accidents are entirely physical in nature — in most accidents there are two factors, the psychological and the physical. Psychological factors such as depression, frustration, boredom and anxiety predispose the accident victim to falling foul of the physical object which is commonly thought of as the sole cause of the accident.

One cause of psychological unease in elderly people is the lack of a clearly defined role. Previously they may have had a role in employment, or a maternal role at home. A good deal of attention has been paid to provision of leisure activities for the old, but little attention has been given to helping old people find a purpose in life.

The County Health Education Section decided to investigate various ways of tackling this problem, and in the South-West Division it was decided to consider the role of grandparent as one role which could be seen as valuable and purposeful. Added to the psychological aspect of the role was the specific content of one session which dealt with home safety with particular regard to young and old, and with life-saving first aid.

- (d) One member of the South West Herts Education Group, Miss I. C. Badcock, organised a course for teachers on first aid, resulting in a First Aid Certificate. This was followed by a shorter course dealing solely with life-saving first aid.

**Industry.** An industrial project concerned with heart disease was organised at Odhams Printers. This was not so successful as previous projects owing to the absence of nursing staff through illness. There can be no doubt that success in industrial projects depends on the availability and enthusiasm of staff within the factory. The Health Education Officer can only be a catalyst to the total required effort.

**Smoking.** An answerphone message about smoking by David Hemery was launched. The purpose of the message was to provide a stimulus to health education projects in schools. Projects involving pollution and mathematical concepts were circulated to all schools with details of Hemery's message.

**Attitude to Mental Disorder.** The Northamptonshire Mental Health Project (1963) and South West Herts Project (1968), showed that it is not fruitful to attempt to influence the attitude of the whole community to mental disorder, over short term projects. It should prove more effective to concentrate on particular groups. One group of workers which comes increasingly into contact with mental disorder is the home help organisation, and in-service training was arranged for health education about mental disorder. It is planned to evaluate this in 1973.



**Obesity Clinics** Two obesity clinics staffed by health visitors operate in the Division as a health education group activity with the object of educating on more sensible ways of correct eating in the hope of dealing not only with the problems of obesity in adults, but also the problem of obesity in children and babies.

Each clinic is programmed for a course of ten weekly sessions. Most of the clients attending are referred by general practitioners. The health visitors receive help and advice from the medical officer in department, the County Dietician, a psychiatrist and a physiotherapist. A variety of health education films are shown.

Many clients succeeded in reducing their weight and it is perhaps fair to say that the most valuable contribution to success comes from group discussions and the support which members of the groups give to each other.





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 ..	24,690	8,440	29,470	55,850	77,690	196,140
Number of births ..	348	70	394	607	1,274	2,693
Number of illegitimate births ..	15	5	13	32	79	144
Crude birth rate ..	14.1	8.3	13.4	10.9	16.4	13.7
Area comparability factor ..	0.94	1.18	1.13	1.01	0.96	-
Standardised birth rate ..	13.3	9.8	15.1	11.0	15.7	-
Infant deaths — under 1 year ..	3	1	3	9	26	42
under 4 weeks ..	-	1	2	5	14	22
under 1 week ..	-	1	2	5	14	22
Infant mortality rate ..	9	14	8	15	20	16
Number of stillbirths ..	7	1	3	7	17	35
Stillbirth rate ..	20	14	8	11	13	13
Perinatal mortality rate ..	20	28	13	20	24	21
Deaths — all ages ..	215	66	287	548	895	2,011
Crude death rate ..	8.7	7.8	9.7	9.8	11.5	10.3
Area comparability factor ..	1.15	1.07	1.10	0.96	0.99	-
Standardised death rate ..	10.0	8.3	10.7	9.4	11.4	-

TABLE II  
CHILD HEALTH CENTRES

Centre	Children attending				Attendances				Number of sessions held				Children referred else-where
	Born 1972	Born 1971	Born 1970	Total	Born 1972	Born 1971	Born 1970	Total	Medical Officers	Health Visitors	General Prac-titioners	Total	
Abbots Langley Health Centre, Popes Road (Thus.pm) (1st, 3rd, 5th Tues. pm. Imm.)	146	256	232	634	2253	1074	573	3900	75	1	-	76	38
Bedmond – Village Hall (1st, 3rd, Wed.pm)	36	67	61	164	455	252	118	825	24	-	-	24	7
Bushey Pine Ridge, Bushey Mill Lane (1st, 3rd, 5th Thurs.pm)	55	78	83	216	682	226	152	1060	28	-	-	28	9
St.Paul's Church Hall, Bushey Hall Rd. (2nd, 4th Wed.pm)	51	75	103	229	552	204	145	901	23	-	-	23	12
St.Peter's Church Hall, High Road. (Mon.pm)	150	131	154	435	1609	450	168	2227	48	-	-	48	16
Methodist Church Hall, King Edward Rd. (Weekly Fri.pm)	65	62	15	142	638	201	111	950	27	-	-	27	4
Chorleywood Baptist Church Hall (Wed.pm)	61	85	76	222	990	250	282	1522	51	-	-	51	4
Radlett Village Institute, Watling Street (Fri.pm)	74	80	231	385	997	409	545	1951	51	-	-	51	9
St.John's Church Hall, Willow Way (1st, 3rd Wed.pm)	24	35	95	154	338	165	189	692	24	-	-	24	-
Rickmansworth The Bury, Bury Lane (Thurs.pm)	76	102	174	352	1087	408	508	2003	52	-	-	52	1
Croxley Green, Malvern Way (Tues.pm)	125	116	113	354	1432	356	231	2019	51	-	-	51	1
Eastbury Farm, Bishops Avenue (1st, 3rd Fri.pm)	34	25	81	140	134	102	171	407	23	1	-	24	2
Maple Cross, Denham Way (2nd, 4th Fri.pm)	27	33	50	110	491	186	184	861	24	27	-	51	-
Mill End, Berry Lane (Mon.pm)	81	73	89	243	1064	384	212	1660	48	-	-	48	-
Sarratt – Village Hall (1st, 3rd Tues.pm)	21	29	75	125	242	166	352	760	2	-	22	24	-



TABLE II - Cont'd.

Centre	Children attending				Attendances				Number of sessions held				Children referred else-where
	Born 1972	Born 1971	Born 1970	Total	Born 1972	Born 1971	Born 1970	Total	Medical Officers	Health Visitors	General Practitioners	Total	
South Oxhey Community Centre, Hampermill Lane (2nd, 4th, Wed.pm)	37	41	9	87	423	99	48	570	23	-	-	23	-
Health Centre, Oxhey Drive (Mon. & Fri.pm; Tues am; Imm.)	144	85	305	534	2056	732	905	3693	142	6	-	148	2
Woodhall Annexe, Woodhall Lane (Tues.pm)	57	90	122	269	535	251	590	1376	50	1	-	51	5
Watford Avenue Health Clinic (Tues.am; Wed.pm; Wed.am Imm.)	304	207	78	589	3355	671	348	4374	149	2	-	151	1
Garston Congregational Church Hall, St. Albans Road (Wed.pm)	109	84	63	256	1124	200	134	1458	-	2	49	51	-
Garston Health Clinic, St. Albans Road. (Tues. Fri. pm; Thurs.am. Imm.)	397	209	32	638	5010	1049	697	6756	84	-	65	149	3
St. James' Church Hall, Elfrida Road. (Thurs.pm)	67	106	12	185	816	191	53	1060	51	1	-	52	-
Holywell Health Annexe, Tolpits Lane. (Fri.pm; 1st, 3rd, 5th Mon.pm. Imm)	107	328	97	532	1489	313	198	2000	72	1	-	73	27
Alban Wood Health Annexe, The Brow (Mon.pm)	101	105	14	220	869	288	184	1341	46	2	-	48	2
TOTAL	2349	2502	2364	7215	28641	8627	7098	44366	1168	44	136	1348	143
Attended for Immunisation only and not included in above statistics to avoid duplication	276	928	946	2150									

TABLE III

## SECTION 23: MIDWIFERY - HOME VISITS AND SESSIONS

	Abbots Langley	Bushey	Chorley- wood	Croxley Green	Radlett	Rickmans- worth	Sarratt	Watford Garston South Oxhey	Total
No: of cases delivered in hospital but discharged and attended by Dom. Midwives within -									
(a) 2 days	8	6	3	19	11	6	1	19	73
(b) 3-7 days	99	97	46	20	73	68	24	419	846
(c) 8 days or more	45	36	31	17	92	38	8	368	635
Domiciliary confinements attended	15	11	14	10	1	18	10	78	157
Hospital confinements conducted by Dom. Midwives	-	13	2	16	1	8	9	127	176
Home Visits:									
Deliveries	3	19	14	3	1	18	42	150	250
Visits after delivery	820	1221	415	429	14	402	262	4936	8499
Miscarriages - First visits	-	3	-	2	-	-	1	-	6
Revisits	-	4	-	10	-	-	-	1	15
Ante-Natal:									
First visits to exp.mothers	46	29	23	45	26	31	21	396	617
Revisits to exp.mothers	216	259	69	270	57	64	146	4530	5611
Home condition reports for hospitals	64	76	50	43	32	34	4	232	535
Phenylketonuria-Guthrie Test:									
First takes	62	57	12	12	12	26	22	337	540
Re-takes	4	12	5	7	1	6	2	31	68
Sessions:									
Ante-Natal:									
General practitioners	120	95	45	87	3	23	13	144	530
Instruction	39	-	-	2	7	47	-	-	95
Cytology:									
Local Authority	-	-	-	-	-	-	-	-	-
General practitioners	74	17	-	-	-	-	-	-	91



TABLE IV(A)  
ANTE-NATAL AND POST NATAL CLINICS

	Patients Attending	First attended 1972	Number of Sessions held by			Total Sessions
			Midwives	General Practitioners	Hospital Doctors	
South Oxhey: Health Centre, Oxhey Drive (2nd and 4th Wed.pm)						
Ante-natal	114	20	-	-		
Post-natal	15	11	-	-	23	23
TOTALS	129	31	-	-	23	23
Clinics held at General Practitioners' Surgeries for own patients						
Ante-natal	2,554	690				
Post-natal	93	33	23	295	-	318
TOTALS	2,647	723	23	295	-	318

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	2	15	47	10	57	34	-	34
Rickmansworth: The Bury, Bury Lane (Tues. and Fri.pm)	59	5	64	229	9	238	-	42	42
TOTALS	72	7	79	276	19	295	34	42	76

TABLE V

## SECTION 24: HEALTH VISITING — HOME VISITS

	Abbots Langley	Bushey	Chorley- wood	Croxley Green	Radlett	Rickmans- worth	Sarratt	South Oxhey	Watford incl. Garston	Total
<b>(1) VISITS TO INDIVIDUALS</b>										
Child Health:										
Children born in 1972										
First visits	242	394	95	100	80	255	51	313	1302	2832
Revisits	787	1164	181	202	589	384	168	1076	2995	7546
No. of above at request of —										
Hospital	2	-	1	-	-	-	-	38	11	52
G.P.	6	-	-	-	-	2	-	8	9	25
Children aged under 5										
First visits	838	988	296	305	503	1034	146	1506	4895	10511
Revisits	1297	1727	402	318	1127	1558	406	1531	6031	14397
No. of above at request of —										
Hospital	3	-	-	-	-	1	-	8	14	26
G.P.	51	2	-	2	-	1	-	72	40	168
No. of Commonwealth children included in total	-	-	-	1	-	2	9	2	217	231 *
Number of visits paid to Commonwealth families	2	3	-	-	-	2	6	-	633	646 *
Children 5-16 (not S.H. Service)										
First visits	136	9	19	19	5	51	4	37	132	412
Revisits	71	8	50	18	1	42	5	17	76	288
Number of above at request of —										
Hospital	18	-	-	-	1	-	-	5	8	32
G.P.	54	4	-	3	4	1	-	4	25	95
Persons aged 17-64										
First visits	300	32	23	14	5	69	7	128	320	898
Revisits	229	50	63	17	13	161	14	136	532	1215
No. of above at request of —										
Hospital	10	3	-	-	1	4	2	10	14	44
G.P.	160	22	1	11	4	14	-	40	127	379
Persons aged 65 and over										
First visits	438	149	49	77	33	132	27	563	897	2365
Revisits	706	286	53	117	92	334	84	711	1271	3654
No. of above at request of —										
Hospital	13	10	9	5	5	4	3	27	108	184
G.P.	206	94	11	30	14	35	6	202	436	1034



TABLE V — Cont'd.

	Abbots Langley	Bushey	Chorley- wood	Croxley Green	Radlett	Rickmans- worth	Sarratt	South Oxhey	Watford incl. Garston	Total
Number included in all age groups — Mentally handicapped First visits Revisits	43 83	6 14	- 3	- -	1 15	- 2	- 4	4 8	22 73	76 202
Number of above at request of Hospital G.P.	1 21	- 1	- -	- -	- -	- -	- -	- -	- 4	1 26
Mentally ill First visits Revisits	85 108	3 10	3 15	- -	- -	- -	1 3	18 43	47 102	157 281
Number of above at request of Hospital G.P.	- 37	- 2	- -	- -	- -	- -	- -	- 4	4 27	4 70
<b>(2) VISITS TO HOUSEHOLDS</b>										
Regarding T.B. — First visits Revisits	2 9	- -	- -	- -	- -	- -	- -	- -	662 2572	664 2581
Number of above at request of Hospital G.P.	- 1	- -	- -	- -	- -	- -	- -	- -	- 2	- 3
Other infectious diseases First visits Revisits	8 12	7 3	- -	- -	2 3	- -	- -	1 -	34 8	52 26
Number of above at request of Hospital G.P.	- 6	- 4	- -	- -	- 1	- -	- -	- -	7 8	7 19
Any other reason First visits Revisits	60 78	11 17	- -	18 21	- -	10 3	3 2	31 13	162 94	295 228
Number of above at request of Hospital G.P.	12 30	2 4	- -	- -	- -	- -	1 -	3 -	7 18	25 52
<b>(3) ANTE-NATAL</b>										
First visits Revisits	143 44	159 53	10 -	11 1	100 9	83 17	11 3	316 145	318 121	1151 393
<b>(4) NURSERIES AND CHILD MINDERS</b>										
First visits Revisits	16 59	46 72	6 66	14 24	6 30	23 50	2 1	37 80	142 154	292 536

TABLE V — Cont'd.

	Abbots Langley	Bushey	Chorley- wood	Croxley Green	Radlett	Rickmans- worth	Sarratt	South Oxhey	Watford incl. Garston	HVAs †	Total
<b>(5) PHYSICALLY DISABLED</b>											
First visits	17	5	1	4	1	4	1	32	72	-	137
Revisits	20	2	-	5	1	11	6	36	112	-	193
<b>(6) SOCIAL PROBLEMS</b>											
Referred to Social Workers	55	27	2	1	8	13	1	61	254	-	422
<b>(7) SCHOOL NURSING</b>											
Home visits — personal hygiene follow-up	7	39	3	-	-	10	-	22	305	-	386
Others including B.C.G.	25	18	42	6	-	3	5	156	339	2	596
Casual visits to schools	63	62	3	7	18	15	5	57	210	22	462
<b>(8) HEALTH EDUCATION SESSIONS</b>											
	146	12	-	7	-	14	-	43	238	73	533
<b>(9) CASE CONFERENCES</b>											
	12	85	5	31	6	4	-	39	147	-	329
<b>(10) MATERNITY &amp; CHILD WELFARE</b>											
Child Health (L.A.)	147	191	98	67	62	213	25	212	568	926	2509
Child Development and Assessment	2	27	2	3	1	18	-	69	136	55	313
Immunisation and vaccination	12	-	-	3	6	3	-	-	31	191	246
A.N. instruction classes	1	-	3	-	-	51	-	-	2	-	57
<b>(11) HOSPITALS</b>											
Tuberculosis	-	-	-	-	-	-	-	-	57	-	57
V.D.	-	8	-	-	-	16	-	5	3	-	32
Geriatric	-	1	-	-	-	1	-	2	-	-	4
Ante-natal	6	28	-	5	-	7	-	-	58	-	104
Paediatric	9	17	5	4	20	14	-	12	62	-	143
Rheumatic and others	-	-	-	1	-	-	-	2	3	-	6
<b>(12) GENERAL PRACTITIONERS</b>											
Geriatric	-	-	-	-	-	-	-	-	-	-	-
Child Health	4	92	-	4	-	38	-	-	33	59	230
Immunisation and vaccination	58	33	-	8	-	-	-	-	209	1	309
Other	67	17	41	-	-	16	-	20	54	-	215



TABLE V - Cont'd.

	Abbots Langley	Bushey	Chorley- wood	Croxley Green	Radlet	Rickmans- worth	Sarratt	South Oxhey	Watford incl. Garston	HVAs †	Total
<b>(13) SCHOOL NURSING</b>											
Medical inspection	34	58	19	19	17	41	3	74	280	253	798
Pre-medical inspection	-	7	-	1	13	-	4	-	39	514	578
Special Clinic	1	-	-	-	-	-	-	-	1	564	566
B.C.G. and other immunisation	1	-	-	-	-	1	-	-	7	103	112
Personal hygiene inspections	-	19	-	-	3	1	-	-	38	331	392
Number of children seen	-	1891	-	-	175	78	-	-	3186	44328	49648
Eye tests	-	-	-	-	-	-	-	-	7	254	261
Number of children tested	-	-	-	-	-	-	-	-	100	16237	16337
<b>(14) AUDIOLOGY</b>											
Staff meetings	1	7	-	-	-	-	-	1	29	38	38
In service training	3	41	-	-	1	-	-	-	35	10	48
<b>(15) CYTOLOGY</b>											
	-	-	-	-	-	-	-	-	-	5	85
	-	-	-	-	-	-	-	-	-	251	251

† 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 S.Oxhey	Total
<b>HOME VISITS</b>									
Medical:									
First visits	177	360	70	187	103	113	59	1722	2791
Revisits	4415	7689	1726	5896	2713	5118	1513	35717	64787
Surgical:									
First visits	36	47	5	16	49	17	9	394	573
Revisits	1663	1804	134	762	157	291	126	7803	12740
Infectious Diseases:									
First visits	-	1	-	-	-	-	-	2	3
Revisits	-	18	-	-	-	-	-	56	74
Notified tuberculosis cases:									
First visits	2	2	-	-	-	1	-	10	15
Revisits	22	137	-	-	-	68	-	390	617
Others:									
First visits	5	16	-	4	-	6	-	9	40
Revisits	94	47	4	-	-	-	-	99	244
<b>TOTAL VISITS</b>	6414	10121	1939	6865	3022	5614	1707	46202	81884
<b>VISITS BY AUXILIARIES</b>									
1876	-	128	19	82	84	22	30	1511	1876
113	41	3	-	-	-	-	-	69	113
<b>VISITS TO PATIENTS IN HOSPITAL</b>									
<b>PLACE OF FIRST TREATMENT</b>									
Patients Home:									
Under 5	4	10	1	1	4	-	1	13	34
5-64	90	129	18	62	64	32	21	753	1169
65 and over	125	-	54	130	83	103	46	1312	1853
G.P. premises									
Under 5	19	2	-	-	-	-	-	9	30
5-64	11	5	-	-	-	-	-	926	942
65 and over	12	2	-	-	-	-	-	170	184



TABLE VI - Cont'd.

	Abbots Langley	Bushey	Chorley- wood	Croxley Green	Radlett	Rickmans- worth	Sarratt	Watford Garston S.Oxhey	Total
Hospitals:									
Under 5	-	-	-	-	-	-	-	-	-
5-64	-	-	-	4	-	-	-	4	8
65 and over	-	-	-	2	-	-	-	4	6
Residential Home:									
Under 5	-	-	-	-	-	-	-	-	-
5-64	-	-	-	-	-	-	-	1	1
65 and over	-	-	2	3	1	1	-	39	46
Elsewhere:									
Under 5	-	3	-	-	-	-	-	1	4
5-64	-	-	-	1	-	1	-	9	11
65 and over	3	1	-	1	1	-	-	7	13
SPECIAL DUTIES									
Family case conferences	1	-	-	-	-	-	-	3	4
Meetings attended	44	34	-	20	17	6	17	65	203
In-service training	24	65	-	10	27	11	4	57	198
Teaching and group discussion	-	-	-	1	18	1	3	4	27

TABLE VII

## SECTION 28, PREVENTION OF ILLNESS, CARE &amp; AFTER-CARE – CERVICAL CYTOLOGY

First attendances	..	..	..	..	..	..	908
Results of tests:							
Negative	..	..	..	..	..	..	557
For re-test	..	..	..	..	..	..	346
Further investigation recommended				..	..	..	5
Subsequent attendances:	..	..	..	..	..	..	293
Results of tests:							
Negative	..	..	..	..	..	..	259
For re-test	..	..	..	..	..	..	34
Further investigation recommended				..	..	..	0
Re-test – 3 year:							
Attendances	..	..	..	..	..	..	204
Results of tests:							
Negative	..	..	..	..	..	..	129
For re-test	..	..	..	..	..	..	73
Further investigation recommended				..	..	..	2
Re-test – 4, 5 and 6 years							
Attendances	..	..	..	..	..	..	41
Results of tests:							
Negative	..	..	..	..	..	..	22
For re-test	..	..	..	..	..	..	19
Further investigation recommended				..	..	..	0

TABLE VIII

## CHIROPODY

Number of treatments given at –						
Clinics	..	..	..	..	..	4,794 (1971 – 3,962)
Surgeries	..	..	..	..	..	6,461 (1971 – 6,761)
Home	..	..	..	..	..	5,346 (1971 – 5,087)
Total number of treatments given	..	..	..	..	..	16,601 (1971 – 15,810)

TABLE IX

## 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















[illegible]