

[Report of the Medical Officer of Health for Beckenham].

Contributors

Beckenham (London, England). Borough Council.

Publication/Creation

[1950?]

Persistent URL

<https://wellcomecollection.org/works/r73p9kmj>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

44 12(1) BECKENHAM

LIBRARY
BEC 16

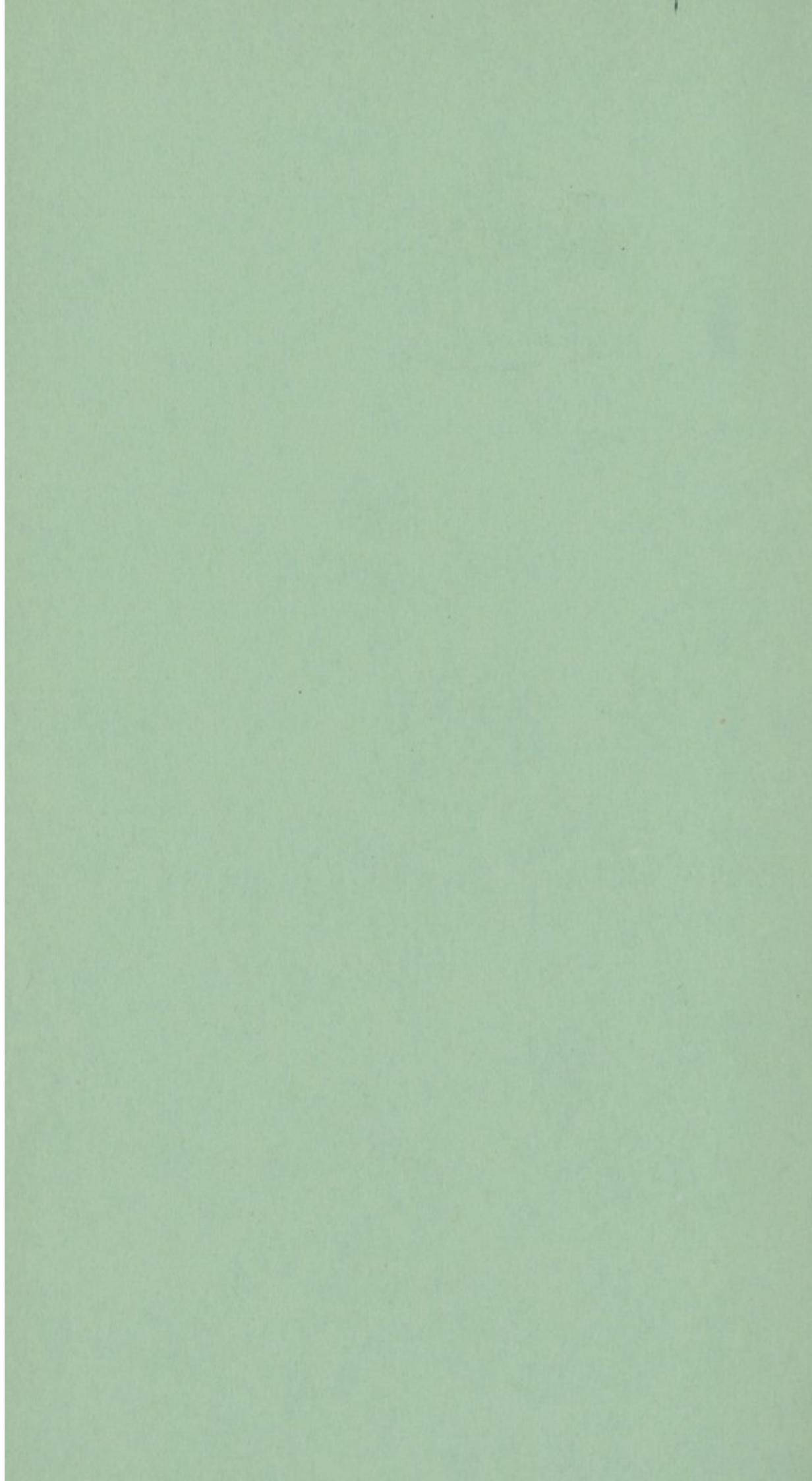


BOROUGH OF BECKENHAM



REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR 1949

BY
T. PHILIPS COLE, M.B., D.P.H.





BOROUGH OF BECKENHAM

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR 1949

BY

T. PHILIPS COLE, M.B., D.P.H.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1949

TABLE OF CONTENTS.

	PAGE
1. Members of Public Health Committee	3
2. Staff of the Department	3
3. Introduction	4
4. Vital Statistics	5
5. Infantile Mortality, 1949	9
6. Sanitary Circumstances of the Area	10
7. General Provision of Health Services in the Area	10
8. Local Clinic Services	11
9. Infectious Disease :—	
(a) Comments on Major Infectious Diseases	13
(b) Table of Cases	15
(c) Tuberculosis—Incidence and Deaths	17
10. Housing	18
11. Sanitary Administration of the District—Report by Mr. G. A. Webber, Chief Sanitary Inspector	23
(a) Introduction	23
(b) Nuisances found and remedied	24
(c) Housing Inspections	24
(d) Properties not possessing main drainage	24
(e) Moveable Dwellings	25
(f) Legal proceedings	25
(g) Food premises	25
(h) Food Sampling	26
(i) Manufacture and Sale of Ice Cream	27
(j) Factories Act	31
(k) Water Supply	31
(l) Shops Acts	31
(m) Rats and Mice (Destruction) Act	31

MEMBERS OF PUBLIC HEALTH COMMITTEE,
from MAY, 1949.

Chairman : COUNCILLOR C. P. CHRISTIE.

Deputy Chairman : COUNCILLOR C. B. CURTIS, M.B.E.

ALDERMAN R. S. JACKSON.

COUNCILLOR W. J. BROOKS.

COUNCILLOR R. C. CHEESEMAN.

COUNCILLOR MISS K. A. MOORE.

COUNCILLOR G. A. PETTY.

COUNCILLOR G. H. ROBERTSON.

COUNCILLOR F. R. TOOK.

COUNCILLOR R. A. WAYLETT.

Ex-Officio : THE MAYOR AND DEPUTY MAYOR.

C. ERIC STADDON, O.B.E.,

Town Clerk.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health .. T. PHILIPS COLE, M.B., D.P.H.

Chief Sanitary Inspector .. G. A. WEBBER, Cert. R.San.I. and
Sanitary Inspectors' Examination
Joint Board. Certificated Food
Inspector.

Deputy Chief Sanitary Inspector E. U. WILLIAMS, Cert. R.S.I. and
S.I.E.J.B., Cert. Food Inspector.

Sanitary Inspectors H. G. RICHARDS, Cert. R.S.I., Cert.
Food Inspector.

W. NEWMAN, Cert. R.S.I.

W. T. G. WOODARD, Cert. R.S.I.
and S.I.E.J.B., Cert. Food
Inspector.

V. C. JORDAN, Cert. R.S.I. and
S.I.E.J.B. (appointed May, 1949).

CLERICAL STAFF :

Senior Assistant C. V. MULLETT.

Assistants Mrs. E. BEST.
Mrs. D. FOSTER.

Miss J. FENN.

Miss C. MAWBAY.

INTRODUCTION.

THE Report for 1949 is naturally much restricted in scope, since the Health Services administered locally have been greatly reduced.

Most of the services remaining are those concerned with sanitary matters, environmental hygiene and the supervision of food : all of these matters are dealt with in detail in the report of the Chief Sanitary Inspector.

We are still responsible for investigating outbreaks of infectious disease, though active processes of immunisation which seem to me to be an integral part of disease prevention, are administered by the County Authority. There are also one or two minor matters, such as the supervision of registered Nursing Homes.

It would be idle to pretend that even before the transfer of services, the Health Departments of Local Authorities, who were not responsible for hospitals, received very much information respecting the amount of sickness, other than notifiable infections, which occurred in their districts : but we did have a comprehensive knowledge of the health of mothers, infants and young children ; and we did know the proportion of children protected against diphtheria, thereby being enabled to direct our efforts, without delay, in the required direction. Now we do not know how many babies are born in the district ; we do hear how many births have been registered with the local Registrar, but we do not know how many of them were the children of Beckenham residents. So, the first thing we hear of some infants is that they are dead. However, since we are in no way responsible for the care of infants, this is of no practical importance, and it is in keeping with the position which has always existed with respect to older children and grown up persons : we never knew what illnesses they suffered from during their lives—unless the illnesses were notifiable—but we were invariably told from what illnesses they died. It is true that death returns are an interesting study, but the information derived therefrom is mainly statistical, and in the absence of other information, any ideas of prevention must inevitably be purely speculative. There are of course, a few death certificates which tell their own story.

Naturally, we are aware of any environmental conditions which are likely to be prejudicial to health, and in this field alone it is possible to carry out any measures of Preventive Medicine. I do not wish in any way to appear to belittle their value.

I have felt for some time, that Preventive Medicine could progress but little further on the old lines. The services which have been built up with so much care and hard work have achieved very great results. No doubt they will continue to give results and to improve still further the conditions with which they were designed to deal. No doubt continued observations on the same lines will provide us with solutions for dealing with some conditions of which our knowledge is still incomplete. But our control over environmental factors and over notifiable infectious

disease has reached a very high state of development, and I doubt whether further refinement of these services could do much to advance the prevention of disease and illness. Obviously these services must be retained and improved wherever improvement is possible : but they do not go far enough. The principle of prevention must be extended to the ordinary illnesses which are not notifiable, and to begin with, to those illnesses whose incidence appears to be rising : illnesses such as peptic ulcer, coronary disease and the host of conditions which march under the banner of Rheumatism. This is the task of Social Medicine, which requires the co-operation of clinicians, laboratory workers and social workers.

I am glad to have had the opportunity of working in the Public Health Service during a period which has witnessed very marked reductions in maternal and infant mortality and the practical elimination of Diphtheria : during which there has been an appreciable increase in the expectation of life. But length of life is not in itself of such great importance : what matters is not mortality but morbidity.

I should like to express my thanks to the members of the Council and the Public Health Committee for their courtesy and assistance, and to the staff of the Department for their loyal and efficient service.

T. PHILIPS COLE,

Medical Officer of Health.

SUMMARY OF VITAL STATISTICS, 1949.

Area of District in acres	..	..	..	..	..	5,935
Civilian Population as estimated by Registrar-General at 30th June, 1949	..	..	..	..	..	75,630
Civilian Population per acre	..	..	..	..	..	12.7
Rateable Value at 1/10/49	..	..	..	..	..	£862,320
Births Registered :		MALE	FEMALE			
Legitimate	..	555	514			
Illegitimate	..	18	13	Total	..	1,100
Birth Rate per 1,000 of Civilian Population	..	..	..	..	..	14.54
DEATHS REGISTERED :		MALE	FEMALE			
		380	418	Total	..	798
Death Rate per 1,000 population	..	..	..	..	..	10.55
Infant Mortality Rate per 1,000 births	..	..	..	..	..	26.36
Maternal Mortality Rate per 1,000 births	..	..	..	..	..	0.91

29 Deaths of Infants under 1 year of age :

	MALE	FEMALE	
Legitimate	17	12	Total .. 29
Illegitimate	—	—	

Deaths from Enteritis under 2 years of age—(2 deaths)

Rate per 1,000 births	1.8
-------------------------------	-----

Still Births—

Rate per 1,000 population	0.31
Rate per 1,000 births	21.8

	MALE	FEMALE	
Legitimate	13	10	Total .. 24
Illegitimate	—	1	

Death Rate from Cancer (130 deaths)	1.71
---	------

Death Rate from Pulmonary Tuberculosis (22 deaths)	0.29
--	------

Death Rate for Non-Pulmonary Tuberculosis (1 death)	0.013
---	-------

TABLE A.

Birth rates, Civilian death rates, and Infant Mortality in the year 1949. Provisional figures based on Weekly and Quarterly Returns.

	England and Wales	126 C.Bs. and Great Towns including London	148 smaller Towns Resident Pop. 25,000-50,000 at 1931 Census	London Adm. County	Beckenham
RATES PER 1,000 CIVILIAN POPULATION :					
Births—					
Live ..	16.7 (a)	18.7	18.0	18.5	14.22
Still ..	0.39 (a)	0.47	0.40	0.37	0.31
Deaths ..	11.7 (a)	12.5	11.6	12.2	10.55
RATES PER 1,000 LIVE BIRTHS.					
Deaths under 1 year of age	32 (b)	37	30	29	26.36
Deaths from Diarrhoea and Enteritis under 2 years of age ..	3.0	3.8	2.4	1.7	1.8

(a) Rates per 1,000 total population.
 (b) Per 1,000 related births.

TOTAL DEATHS, 1949 (Registrar-General's Official Returns).

All causes—798 ; Male, 380 ; Female, 418.

CAUSES OF DEATH.	MALES	FEMALES
1. Typhoid and Paratyphoid Fevers	—	—
2. Cerebro-spinal Fever	—	—
3. Scarlet Fever	—	—
4. Whooping Cough	—	1
5. Diphtheria	—	—
6. Tuberculosis of Respiratory System	14	8
7. Other forms of Tuberculosis ..	1	—
8. Syphilitic Diseases	—	1
9. Influenza	5	5
10. Measles	—	—
11. Acute Poliomyelitis and Polio- encephalitis	—	1
12. Acute Inf. Encephalitis	—	—
13. Cancer of Buc. Cav. and Oesoph (M) ; Uterus (F)	5	4
14. Cancer of Stomach and duodenum	10	12
15. Cancer of Breast	—	17
16. Cancer of all other sites	47	35
17. Diabetes	1	2
18. Intra-cranial Vascular Lesions ..	31	49
19. Heart Diseases	138	143
20. Other Diseases of Circ. System	23	31
21. Bronchitis	18	18
22. Pneumonia	9	12
23. Other Respiratory Diseases ..	8	5
24. Ulcer of Stomach or Duodenum	9	1
25. Diarrhoea, under two years ..	2	—
26. Appendicitis	1	2
27. Other Digestive Diseases ..	4	11
28. Nephritis	6	12
29. Puerperal and Post-abort. Sepsis	—	—
30. Other Maternal Causes	—	1
31. Premature Birth	4	3
32. Congenital Mal : Birth Injuries :		
Infantile Diseases	8	6
33. Suicide	3	2
34. Road Traffic Accidents	3	3
35. Other Violent Causes	6	7
36. All Other Causes	24	26
TOTALS	<u>380</u>	<u>418</u>

VITAL STATISTICS FOR YEARS 1941 to 1949

THE COMPARATIVE RATES GIVEN REVEAL SOME INTERESTING TENDENCIES

Year	Population as estimated at mid-June by Registrar-General	Live Births Registered				Still Births			Deaths of Infants under one year			
		Legitimate	Illegitimate	Total	Rate per 1,000 of population	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total	Rate per 1,000 live Births
1941	53,310	548	33	591	10.898	10	3	13	17	3	20	36.70
1942	56,300	890	44	934	16.589	27	-	27	24	1	25	26.77
1943	58,080	950	45	995	17.131	25	1	26	29	1	30	30.15
1944	55,540	848	40	888	15.988	21	3	24	24	2	26	29.28
1945	58,850	836	50	886	15.055	26	2	28	18	4	22	24.94
1946	70,330	1,273	62	1,335	18.413	28	-	28	34	3	37	27.71
1947	74,030	1,278	36	1,314	17.749	36	3	39	33	4	37	28.15
1948	75,050	1,051	22	1,073	14.297	22	2	24	12	3	15	13.98
1949	75,630	1,046	30	1,076	14.227	23	1	24	29	-	29	26.36

Year	Deaths of Civilians from all causes (including enemy action)		Deaths of Mothers in Childbirth	Deaths from Pulmonary Tuberculosis		Deaths from all forms of Cancer	
	Number	Rate per 1,000 of population	Number	Number	Rate per 1,000 population	Number	Rate per 1,000 population
1941	726	13.637	NIL	28	0.525	92	1.725
1942	673	11.953	NIL	25	0.444	122	2.166
1943	663	11.071	NIL	17	0.292	121	2.083
1944	717	12.909	NIL	33	0.594	107	1.926
1945	650	11.045	NIL	31	0.520	109	1.852
1946	757	10.763	2	22	0.314	142	2.190
1947	736	9.975	3	19	0.256	136	1.775
1948	695	9.260	1	26	0.346	128	1.706
1949	798	10.551	1	22	0.296	130	1.718

INFANTILE MORTALITY, 1949.

The number of deaths of infants under the age of twelve months was 29 as compared with 15 in 1948. The Infantile Mortality Rate for the year was 26.36 per 1,000 live births.

The following table shows the causes of death in 28 cases for which full records exist.

Table of Infantile Mortality.

	Under 1 week	1-2 wks.	2-3 wks.	3-4 wks.	Total under 1 mth	1-3 mths	4-6 mths	7-9 mths	10-12 mths	Total under 1 yr.
<i>A. Congenital Malformation.</i>										
1. Congenital Heart Disease	1	—	—	—	1	—	—	—	—	1
2. Hydrocephalus and Spina bifida ..	—	—	1	—	1	—	1	—	—	2
3. Congenital abscess of Diaphragm ..	1	—	—	—	1	—	—	—	—	1
4. Congenital absence of kidneys	1	—	—	—	1	—	—	—	—	1
<i>B. Ante-natal and Intra-natal Conditions.</i>										
1. Prematurity	8	—	—	—	8	—	—	—	—	8
2. Atelectasis	2	—	—	—	2	—	—	—	—	2
3. Congenital Debility ..	1	—	—	—	1	—	—	—	—	1
4. Asphyxia	1	—	—	—	1	—	—	—	—	1
5. Sub-arachnoid Hæmorrhage ..	1	—	—	—	1	—	—	—	—	1
6. Birth injury—cerebral hæmorrhage ..	—	—	—	1	1	—	—	—	—	1
<i>C. Infections.</i>										
1. Gastro-enteritis ..	—	—	—	—	—	2	—	—	—	2
2. Broncho-pneumonia ..	—	—	1	—	1	—	—	—	—	1
3. Whooping-cough and Broncho-pneumonia ..	—	—	—	—	—	—	1	—	—	1
<i>D. Other Conditions.</i>										
1. Hæmorrhagic disease of the newly-born ..	2	—	—	—	2	—	—	—	—	2
2. Hæmorrhagic encephalopathy ..	—	—	—	—	—	1	—	—	—	1
3. Medullo-blastoma of the brain	—	—	—	—	—	—	—	—	1	1
4. Intestinal obstruction due to volvulus of the small gut ..	1	—	—	—	1	—	—	—	—	1
	19	—	2	1	22	3	2	—	1	28

The features of the table are the large proportion of the deaths which occurred in the first week of life, and the relatively small number which were due to infections.

SANITARY CIRCUMSTANCES OF THE AREA.

SEWERAGE AND DRAINAGE.

No major alterations or amendments require report.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

(a) PROVIDED BY THE REGIONAL HOSPITAL BOARD (SOUTH-EAST METROPOLITAN REGION).

1. *Isolation Hospital.* Accommodation is provided at The Lennard Hospital, Lennard Road, Bromley, Kent, for Beckenham and a number of other districts.
2. *Maternity Hospitals.* The Beckenham Maternity Hospital and a Maternity Ward at Farnborough Hospital are maintained for cases from this and other districts.
3. *General Hospitals.* Farnborough Hospital and Beckenham Hospital provide for the treatment of acute cases and the chronic sick. The Children's Hospital, West Wickham is provided for invalid children.
4. *Tuberculosis.* The Board provide Sanatoria and Hospitals for Tubercular patients, and Chest Clinics for diagnosis and treatment. The Chest Clinic for Beckenham and Penge is at 1, Westbury Road, Penge and for Wickham at 2, Park Road, Bromley.

(b) LOCAL HEALTH SERVICES PROVIDED BY THE KENT COUNTY COUNCIL.

1. *Local Clinic Services.* The Table on pages 11 and 12 shews the Centres and Clinics in operation in the Borough.
2. *Day Nurseries.* The County maintain two Day Nurseries in the Borough, with accommodation for 85 children.
3. *Ambulance Facilities.* The County Council provide motor ambulances for the removal of (1) Fever cases (2) Maternity cases and (3) Accident cases, to the appropriate hospitals.
4. *Nursing Arrangments.*
 - (a) *Midwifery.* The County Council remain the supervising Authority under the National Health Act, 1946.
 - (b) *General.* There are seven District Nurses operating in the Borough, all of whom are now under the authority of the Kent County Council.
5. *After Care and Mental Welfare.* These services are supervised locally by the District Officer of the Kent County Council.

(c) LOCAL SERVICES PROVIDED BY VOLUNTARY ORGANISATIONS.

1. *Homeless Children.* There are several voluntary institutions in the district which provide excellent care for orphans and homeless children.
2. *Homes for the Aged.* The County Council remains responsible for the care of old people, but it is extremely difficult to obtain accommodation in homes for the aged. The S.O.S. Society opened a Hostel in 1944 at 75, Bromley Road, Beckenham, which has met a real need and The Beckenham Old People's Committee has helped in many ways to provide extra comforts and furnishings for the occupants of this Hostel. The Salvation Army provide a Home for the aged in Crystal Palace Park Road, Anerley.
3. *Private Nursing Homes.* Most of the premises used for this purpose were damaged by bombing and had to be closed. At the end of 1949 there were 7 private homes registered in the Borough and these provided a total of 102 beds. These premises were inspected under the Nursing Homes (Registration) Act, and 11 visits were made to the premises.

DOMESTIC HELP SERVICE.

This Service was transferred to the Kent County Council on July 5th, 1948.

On the 1st January, 1949, for administrative purposes, there was an amalgamation of the Beckenham and Penge Services under one Organiser who is established at the Town Hall, Beckenham.

During 1949, there was a total of 744 applications for assistance received, and an average of 80 cases per week were covered by 45 workers who gave from the minimum of 3 hrs. to the maximum of 47 hrs. per week, according to the needs of the household.

There has been a great increase in the general demand for domestic help, particularly in respect of old people and tuberculosis cases, as Hospitals and Doctors have grown aware of the importance and need of this service. Unfortunately, however, the demand tends to outweigh the service which can be given up to the present time. The West Wickham and Coney Hall area is particularly badly served; owing to the difficulties of distance and transport, volunteers are few.

LOCAL CLINIC SERVICES.

ARRANGEMENTS IN FORCE.

<i>Service</i>	<i>Days and Times</i>	<i>Premises in Use</i>
ANTE-NATAL ..	1st and 3rd Fridays in each month, 2—4 p.m. (by appointment)	Clinic Block, Hawes Lane, W. Wickham
	Other Fridays in each month, 2—4 p.m. (by appointment)	Clinic Block, Town Hall, Beckenham

<i>Service</i>	<i>Days and Times</i>	<i>Premises in Use</i>
CHILD WELFARE	Monday, 2—4 p.m.	.. Clinic Block, Hawes Lane, W. Wickham
	Tuesday, 2—4 p.m.	(a) Baths Annexe, Beckenham Road (b) Coney Hall Club, W. Wickham
	Wednesday, 2—4 p.m.	(a) Church Hall Langley Road, Elmers End (b) Church Hall, Valley Road, Shortlands
	Thursday, 10—12 noon	} Church Hall, Lennard Road, Penge
	„ 2—4 p.m.	
	Thursday, 2—4 p.m.	(a) Clinic Block, Town Hall, Beckenham (b) Clinic Block, Hawes Lane, W. Wickham
	Friday, 2—4 p.m. . .	.. Church Hall, Langley Road, Elmers End
IMMUNISATION	Second Monday in each month, 2—4 p.m.	.. Clinic Block, Town Hall, Beckenham
	Every Thursday, 2—4 p.m.	.. Clinic Block, Hawes Lane, W. Wickham
(Immunisation is also carried out at most of the above Infant Welfare Centres.)		
VACCINATION . .	First Monday in each month (by appointment —up to 1 year of age), 2—4 p.m.	Clinic Block, Town Hall, Beckenham
	First Thursday in each month (by appointment) 2—4 p.m.	Clinic Block, Hawes Lane, W. Wickham
DENTAL (Infant Welfare Cases)	Fridays—By appointment	Clinic Block, Town Hall
	By appointment . . . .	.. Clinic Block, Hawes Lane, W. Wickham
OPHTHALMIC . .	Tuesdays, 2—4 p.m.	.. Clinic Block, Town Hall, Beckenham
AURAL . .	Alternate Fridays, 2—4 p.m.	Clinic Block, Town Hall, Beckenham
ORTHOPAEDIC	Wednesday mornings (twice per month) . . . .	.. Clinic Block, Town Hall, Beckenham
	<i>Surgeon in attendance.</i> Saturday mornings (once per month) . . . .	.. Clinic Block, Hawes Lane, W. Wickham
	<i>Surgeon in attendance.</i> <i>Treatment.</i> The Physiotherapist attends daily, by appointment as follows :— Mondays—All day Tuesdays—Afternoons Wednesdays—All day Thursdays—All day Fridays—Afternoons	} Clinic Block, Town Hall, Beckenham
Tuesdays—Mornings . . . .	.. Hawes Lane,	
	Fridays—Mornings . . . .	.. Clinic Block

NURSING MOTHERS AND INFANTS.

Supervision was carried out at the Infant Welfare Centres and by visits to the homes made by the Health Visitors who are now County staff.

There were seven Infant Welfare Centres in the Borough and during the period 9 sessions were held each week. A Medical Officer attended each centre weekly. The situations and other particulars of the Centres appear in the Table of Local Clinic Services.

INFANT WELFARE CENTRE ATTENDANCES, 1949.

- (a) The number of Sessions held during the year was 448.
- (b) Attendances during the same period, 29,863.

DIPHTHERIA IMMUNISATION.

All the Infant Welfare Clinics in the Borough carry out Diphtheria Immunisation.

- (a) The number of Sessions held during the year was 324.
- (b) Attendances during the same period, 1,838.

INFECTIOUS DISEASE.

The number of cases of Infectious Disease notified during the year are shown in the Table.

DIPHTHERIA.

No cases were notified during the year. This is the first year since notification of Infectious Diseases were instituted in which no case of diphtheria has been notified.

Active immunisation against diphtheria was started in 1928, just after the close of an outbreak of the disease which took a heavy toll of children's lives. Since that time no further outbreak of a similar nature has occurred in the district, and in the last few years the incidence of the disease has been very small : but there has never before been a year in which no cases were notified. It has taken twenty-one years—but that is a short time in Public Health matters.

I am satisfied that this has been achieved by the process of Diphtheria Immunisation, and freedom from the disease in the future depends on our maintaining the high level of individual and mass immunity which undoubtedly exists in the district to-day.

SCARLET FEVER.

The incidence was lower than in the previous year, 63 cases being notified against 107 in 1948. The incidence began to rise again in the last month of the year.

Cases were generally mild, and the only cases removed to hospital were those with complications, or those for whom it is not possible to provide proper isolation or treatment in their own homes. This practice is a consequence of the new regulations of the Regional Hospital Board, and I have no reason to object to it. Extensive enquiries in the past have satisfied me that the incidence of secondary cases is no greater in the instances of patients who are treated at home, than of those who are removed to hospital.

Cases occurred in every ward in the Borough, and as usual the majority of cases were children of school age.

ACUTE ANTERIOR POLIOMYELITIS.

Twelve cases of this disease were notified, and nine of them occurred in the last two months of the year. All of these nine cases were in the Coney Hall area of West Wickham. It is worth noting that no cases occurred in this particular part of the Borough during the period of increased incidence in the year 1947. It was surprising, when the disease was so prevalent in the rest of the Borough and in surrounding districts as well as in the country as a whole, to find a populous area entirely free : naturally, there may have been slight and abortive cases present, but abortive cases seldom occur in appreciable numbers without the appearance of cases showing definite signs of paresis. Although the precise mode of infection is not known, the prevalence or otherwise of the disease probably follows the general laws of epidemiology. One of these laws is that the prevalence of any infection in a locality is intimately connected with the degree of specific immunity among its residents : and another is that when any particular infection is present, the number of persons who acquire a degree of active immunity is very much greater than the number of persons who actually contract the disease.

This suggests that for some reason or another the Coney Hall area of West Wickham did escape infection in 1947, with the result that the general level of immunity there remained lower than in the rest of the Borough which had suffered rather severely.

It was not possible to establish any direct relation between the actual cases, though there were several suspected but unconfirmed abortive cases, which were associated with several of the established cases.

OVERSEAS CONTACTS.

Information was received from Ports and Air Ports of the arrival of 10 persons from areas where Smallpox existed. These cases were visited daily until it was certain that no infection existed.

INFECTIOUS DISEASE.

The following Table gives the number of cases notified during the year, the number removed to Hospital and the number of Deaths.

15

Disease.	Beck-enham	West Wick-ham	Total	0 to 1	1 to 5	5 to 10	10 to 15	15 to 25	25 to 45	45 to 65	Over 65	Age Un-known	Admitted to Hospital	Deaths
Whooping Cough ..	51	32	83	5	47	27	—	—	2	1	1	—	1	—
Chickenpox	10	18	28	—	2	22	4	—	—	—	—	—	—	—
Mumps	6	3	9	—	—	7	1	—	—	—	—	1	1	—
Poliomyelitis ..	3	9	12	—	1	6	1	—	3	—	—	1	11	—
Scarlet Fever ..	36	27	63	—	7	45	8	1	2	—	—	—	32	—
Measles	395	130	525	7	219	287	9	—	2	1	—	—	3	—
Pneumonia	27	6	33	—	3	3	1	1	9	10	6	—	4	2
Erysipelas .. .	11	3	14	—	—	—	—	1	9	6	4	2	3	—
Paratyphoid B. ..	2	1	3	—	1	2	—	—	—	—	—	—	2	—
Puerperal Pyrexia ..	10	1	11	—	—	—	—	6	3	—	—	1	2	—
Dysentery	3	—	3	—	—	—	—	—	—	1	2	—	2	—
Malaria (Relapse) ..	1	—	1	—	—	—	—	—	1	—	—	—	1	—

The figures given in the column headed "Deaths" relate only to deaths arising from cases of Infectious Disease notified to the Medical Officer of Health.

BACTERIOLOGICAL WORK.

The services of the Kent County Council Laboratories at Maidstone and the Public Health Laboratories recently established at the Park Hospital, Lewisham, are available for use by Beckenham Medical Practitioners.

It is not possible to give any factual statistics regarding this work for quite a large number of specimens are sent direct to the Laboratories by Medical Practitioners.

New Cases attending the Tuberculosis Dispensaries for the first time during 1949.

(INFORMATION FROM THE TUBERCULOSIS OFFICER)

	Adults		Children under 15 years	
	Male	Female	Male	Female
Pulmonary	45	21	—	1
Non-Pulmonary ..	—	1	—	—
Negative	73	75	13	9
	Negative	Positive		
Contacts Examined ..	106	1	—	—

Number of patients admitted to Sanatoria during the year : 73.

TUBERCULOSIS CARE COMMITTEE.

The Voluntary Tuberculosis Care Committee which was formed in 1938 has continued to raise considerable sums of money and used them for the benefit of local patients. This voluntary fund gives assistance to patients in ways which supplement the official schemes, and I feel that a word of congratulation is due to the Hon. Secretary and the Committee for their continued good work for the benefit of the Tuberculosis patient.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No occasion has arisen during the year to exercise the powers conferred by these Regulations of prohibiting any person engaged in the milk trade from continuing his employment.

PUBLIC HEALTH ACT, 1936 (SECTION 169).

It has not been necessary to apply for an Order under this Section for the removal of a patient to hospital.

TUBERCULOSIS—TABLE OF NOTIFICATIONS AND DEATHS, 1949, from LOCAL RECORDS.

	Sex		Total	Ages											Wards						
	M.	F.		0 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	over 65	L. PK.	K.H.	M.H.	C.C.	E.P.	PK. L.	Short-lands	W.W.
<i>NOTIFICATIONS</i>																					
<i>New Cases only</i>																					
Pulmonary ..	66	35	101	5	1	3	11	19	23	15	12	9	3	8	10	17	7	21	6	10	22
Non-Pulmonary ..	2	6	8	—	—	2	1	2	2	1	—	—	—	—	4	—	—	2	—	—	2
Totals ..	68	41	109	5	1	5	12	21	25	16	12	9	3	8	14	17	7	23	6	10	24
<i>DEATHS</i>																					
Pulmonary ..	17	8	25	—	—	—	1	—	7	4	5	5	3	3	1	4	3	6	1	3	4
Non-Pulmonary ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ..	17	8	25	—	—	—	1	—	7	4	5	5	3	3	1	4	3	6	1	3	4

17

HOUSING.

Nearly five years have elapsed since the end of the war, and it is possible to review the whole situation, to note the progress which has been made and to re-examine the need which still exists.

If one judged by the number of appeals for help still being made to this Department one would be satisfied that the needs are still very great and that considerable efforts will be needed for years to come if the housing of the people in the Borough is to be placed on a satisfactory basis.

To begin with it must be realised that the housing problem in Beckenham did not start with the war. There was a definite shortage of accommodation in the Borough for working class families before the war started. This need was recognised by the Council and proposals were approved for the erection of 118 houses, 34 in West Wickham and 84 in Beck Lane. The West Wickham houses were completed before the war, the outbreak of which prevented the development of the Beck Lane estate, on which work was expected to start in 1940. From which it is clear that the Beck Lane houses, forming a considerable proportion of the new permanent houses erected by the Council since the war, was really just the unavoidably delayed erection of houses to meet pre-war requirements.

The six years of war, during which no new houses could be built and a large number of small houses were destroyed, very seriously aggravated a situation which had never been satisfactory since the end of the first war.

During the war a special committee considered the post-war housing problem and advised the Council that, in their opinion, the probable need would be the provision of accommodation for 1,000 families, and that the first year's programme should be provision for 200 families. This estimate met with some criticism, but a Housing Survey conducted in 1947 showed that the figures put forward were, if anything, an underestimate.

In the latter part of 1943, the Health and Housing Committee, after surveying the district for suitable housing sites, recommended the purchase of three sites, which would have provided sufficient space for the erection of about 300 houses. The Council considered that two of the sites were not suitable, and that the price demanded for the third site was too high. A month later the Committee reaffirmed their previous recommendation and the Council deferred consideration: there was naturally some anxiety to learn what financial assistance, if any, would be forthcoming from the Government before embarking on the purchase of land for housing purposes.

In December 1943, approval was given to the practice of converting large houses into flats.

Nearly a year later the Health and Housing Committee again submitted their recommendation for the purchase of the three sites previously mentioned, and the Council approved the purchase of one of them—an area of about three and a half acres.

In February, 1945, the Housing Committee (in response to a request from the Council that all Committees should submit reports on the land which would be required for the work of their respective committees in the future) reported that, for Housing purposes, 100 acres of land would be required. After considering the reports of all committees, the Council accepted the view expressed by the Building Control and Town Planning Committee that, except for the pre-war housing site in Beck Lane and the three and a half acres in Balmoral Avenue, there was no land available in the Borough for the erection of Corporation houses. Subsequently, the Council decided to inform the Minister of Health that they were interested in the question of providing municipal houses outside the Borough, and to enquire of that Department as to the possibility of the Authority contributing towards the construction of one of the satellite towns : the Council also decided to consider again whether there were suitable sites available in the Borough for municipal houses.

In 1947 the Council approved the purchase of land in West Wickham which would provide space for the erection of 46 houses.

In 1947, the Public Health Department carried out a Housing Survey. Particulars of occupation were obtained from 94% of the dwellings in the Borough. The Survey shewed that there were still 626 families who had insufficient accommodation, and that there were a further 2,403 families occupying rooms in other peoples' houses and who were without separate facilities for cooking, washing and other domestic purposes.

As time went on the Balmoral Avenue and Beck Lane Schemes were completed, the conversion of large houses into flats was continued, a number of pre-fabricated bungalows had been erected and occupied, and more land was required for the erection of houses.

At the end of 1949, the Council had provided :—

165 Temporary Bungalows

126 Permanent Municipal houses (including flats for old people).

298 Flats by the conversion of large houses.

In addition, at the end of 1949, 883 families were housed in 510 requisitioned properties.

The provision of accommodation for 1,472 families since the end of the war can be recognised as representing a considerable achievement as an interim measure. But the outlook for the future is most disquieting.

1. It appears, from the decisions of the Council, that there are no more sites available in Beckenham for the provision of municipal housing estates, although it may be possible to find sites for a few houses, such sites will be too small to make any substantial contribution to the housing needs.

This has been appreciated by the Housing Committee, who have reported to the Council that there were a large number of applicants on the waiting list who had no chance of being provided for in the fore-seeable future.

2. The population continues to increase ; young people continue to get married, and the need for more housing units increases every year.

At one time the Council was interested in the question of erecting houses outside the Borough, but during the last year, they have informed the Ministry of Health that, circumstances having changed, they are no longer interested in this project.

3. A large number of families are at present accommodated in requisitioned houses—that is, in houses which actually belong to other people. It is fairly safe to assume that a considerable number of these houses will continue to be held under requisition so long as the acute shortage of accommodation persists.

But one might at any rate bear in mind that the day may come when these owners will try to assert their rights to occupy and dispose of what is their own property in their own way.

Meanwhile the need continues, and all the drawbacks and hardships to which I have referred in previous reports remain without alleviation, and almost without hope of alleviation. I have frequently emphasised that the foundation of a healthy life can only be laid in a healthy and happy home: while housing conditions remain unsatisfactory, much of the work of and advice given by the Public Health Department will be of limited value.

In these days, when so many of their previous functions are being taken from Local Authorities below County or County Borough status, the duty of dealing with unsatisfactory housing conditions remains: and a determined and successful effort to solve the housing problem would in the long run be a considerable compensation for the loss of control over other branches of the Health Services.

It is easy to see what is needed, but not so easy to see how it should be done.

The basic need is of course to build or provide in other ways additional housing units for the people of Beckenham.

1. If the Council adheres to the decision that there is no more land available for Corporation houses, it will not be possible to solve the problem by building Corporation houses in Beckenham.
2. If the Council is still not interested in building Corporation houses outside the Borough, no assistance can be looked for in this way.
3. So, as far as new construction is concerned, the only alternative lies in the redevelopment of certain areas in the Borough with a consequent increase in density of occupation in those particular areas.
4. The Council has been informed by the Ministry of Town and Country Planning that Beckenham was assumed to be an "Exporting" Authority and had been linked with the New Town at Crawley (Sussex).

The whole matter is somewhat vague, and it would not appear to offer any great help to local housing needs, unless the intention is to offer to the emigrants, work in approximately the same area. It was clear from the information obtained during the Housing Survey that over 90% of the residents of the Borough who were relatively employed worked either in the metropolis, or in the Borough and its immediate neighbourhood. For such people, removal into Sussex would be a very mixed blessing.

5. There remains the question of how far private enterprise could assist in dealing with the problem. Between the wars private enterprise did make a great contribution to housing, but most of the houses erected in this way were for sale. There is no doubt a proportion—though not a very large one—of the people on the Housing Waiting List who could solve their own difficulties by this means. But circumstances are different now from what they were after the first war. Increases in taxation and in the cost of living have been proportionately greater than increases in income, and unless the costs of building can be substantially reduced, there would not be a large number of families on the waiting list who could contemplate the purchase of new houses.

In this matter there is another point to be considered. Since the Council considers that there is no more land available in the Borough on which to erect Corporation houses, would not the reasons which led to this decision make it impossible for private enterprise to obtain land in the Borough on which to build ?

If no new houses can be built inside the Borough, and if there are objections to increasing the density of housing units in some parts of the Borough, the only possible solution is mass emigration. The number of houses will remain practically the same as at present and those who are now inadequately housed will have to leave Beckenham and find homes elsewhere—a very difficult matter, since most districts to-day are very fully occupied in trying to provide for their own residents.

One of the great difficulties to-day in this question of Housing, for all Local Government districts which are merely sections of an extensive area of urbanisation, is that families tend to move from one place to another in the hope of being able to secure accommodation. They find that nobody wants them, that they are in fact a population of "displaced persons." If more houses are being built in one area than in another they flock to that area, and, it is easy to see that such an area could have a permanent waiting list of considerable size. There appear to be only two answers to this particular difficulty. One is that every district should really look after its own people, and the other is that housing needs should be assessed and the provision of housing units carried out at a Regional level and not at a Local Authority level.

The Public Health Department has been closely engaged during the last few years in securing the satisfactory reinstatement of old dilapidated houses, many of which would soon have been completely beyond repair. With the assistance of the Public Health Committee and the Council they have achieved a great deal. But, though of great value, this work has not been in any way a positive contribution to the housing problem: it has not made the general position any better, but it has certainly prevented it from getting worse.

In 1945 the Housing Committee expressed the opinion that the amount of land in the Borough which would be needed for housing purposes was 100 acres. Translated into housing accommodation this represents approximately 1,000 houses or housing units.

It is doubtful, for reasons which I have given, whether a waiting list could ever be completely eliminated, but the provision of this 1,000 units would profoundly affect the present most unsatisfactory position, and would reduce the waiting list to manageable proportions.

REPORT ON THE SANITARY ADMINISTRATION
OF THE
DISTRICT FOR THE YEAR 1949

BY G. A. WEBBER,
Chief Sanitary Inspector, Borough of Beckenham.

Previous reports have drawn attention to the delay placed upon the work of Sanitary Inspectors by the various controls imposed by central authority. The raising of the "free" licence limit (in 1948) from £10 to £100 considerably eased the position, but the restriction on the use of materials, and particularly the suggested "war damage liability" for many structural defects arising in residential property, continued to delay the practical result of our efforts, and vastly increased administrative labour.

Despite this handicap, however, a considerable number of nuisances were remedied through the co-operation of property owners.

Continued attention has been paid to the older and more dilapidated residential properties in the Borough, and, where necessary, Notices in accordance with the terms of Section 9 of the Housing Act have been served on the persons responsible. The financial demands made upon owners in this connection have been heavy. Full rights of appeal, however, are given by the Housing Act to owners who feel aggrieved by the demands of a local authority, but, so far, no such right has been exercised by any owner.

During 1949 53 houses were completely reconditioned and work was proceeding on 19 other properties at the close of the year. This work does not, of course, increase the housing accommodation in the Borough, but the exercise of our very full powers to maintain properties in a reasonably habitable condition is surely a definite contribution to the housing problem, for otherwise many properties would speedily deteriorate to such an extent that complete demolition would provide the only solution. Such drastic procedure would add considerably to an already unmanageable burden.

There is one very pleasing aspect of the work which, I feel, should be recorded. It has been noticed that the complete structural repair and redecoration of properties, which many years ago had fallen into the lowest category of dwelling from a public health aspect, has engendered a new spirit of house-pride in the occupants. It should be remembered that the greater portion of the work we require could not be undertaken successfully by the ordinary occupier even if he or she so desired, but the completion of this technical work has in many instances been followed by the painting of interior woodwork by the man of the house, and much closer attention to domestic housework by the housewife when it was found that the renewed and solid construction of, say, the interior walls and floors made such work lighter and worth while. This enthusiasm, which extended in most cases to the provision of new curtains, and in some even to the purchase of new furniture, considerably brightened the erstwhile drab elevations and interiors of the properties and refreshed the outlook of many of the dwellers.

Statistical information is appended relating to the work of house inspection :—

Number of complaints received and investigated	1,799
Number of initial visits	3,939
Number of revisits	8,023
Number of Intimation Notices served	706
Number of Statutory Notices served	132

NUISANCES FOUND AND REMEDIED.

	FOUND	REMEDIED
Structural defects—external	1,786	1,618
Structural defects—internal	2,889	2,688
Insanitary conditions, other than vermin	130	99
Verminous conditions	15	13
Choked drains	186	181
Other drainage defects	219	212
Defective sanitary appliances	175	155
Insufficient or unsuitable water supply	12	12
Absence of dustbins	57	42
Offensive accumulations	2	2
	<u>5,471</u>	<u>5,022</u>

HOUSING—INSPECTION OF DWELLING HOUSES DURING THE YEAR.

Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1,660
Number of inspections made for the purpose	8,001
Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	118
Number of inspections made for the purpose	1,204
Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	0
Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	706
Number of dwelling-houses in respect of which informal notices were served	706
Number of dwelling-houses in which defects were remedied after service of informal notices	574
Number of dwelling-houses in respect of which formal notices were served requiring defects to be remedied	132
Number of dwelling-houses in which defects were remedied after service of formal notices :	
(a) by owners	118
(b) by Local Authority in default of owners	6

PROPERTIES NOT POSSESSING MAIN DRAINAGE SYSTEMS.

The position remains substantially the same as the details given in the 1948 Annual Report. Four domestic properties have been connected to main drainage during 1949, where previously cesspool drainage only was available. Details to the 31st December, 1949, may be summarised as follows :—

Number of cesspools in the area	17
Number of domestic properties connected to cesspools	24
Number of sports pavilions connected to cesspools	11
Number of properties having earth closet or chemical closet accommodation	7
(Not including moveable dwellings).	

MOVEABLE DWELLINGS.

Six families occupied moveable dwellings under licence from the Council during 1949. Frequent inspections were made, but no public health nuisance was discovered.

LEGAL PROCEEDINGS.

Proceedings were commenced in eight cases where persons responsible failed to comply with Statutory Notices served by the Authority. In four instances the summonses were withdrawn, the work required having been commenced. In other cases Nuisance Orders were made by the Bench together with the imposition of fines and/or costs. In all cases the nuisances were finally remedied.

FOOD PREMISES.

The control of premises on which food is prepared, stored, or sold, is a subject which in the public eye has been predominant in the matter of environmental hygiene. It has continued to engage the attention of local authorities and their Officers, and of equally well-informed trade organisations. Local organisations too, and through them the general public, have expressed opinions, though not always with the more logical approach which comes with a full knowledge of the subject.

Whilst in no way wishing to minimise the importance of the subject it does appear that publicity has frequently failed to discriminate between that which is necessary and that which is aesthetically desirable. The wrapping of bread, for instance, is desirable, but the consumption of unwrapped bread has not proved harmful to public health. Bread is not a medium for the growth of bacteria and no case of food poisoning due to contaminated bread has ever been known.

The feeling is abroad too, that this matter is now engaging the serious attention of public health authorities for the first time. Nothing could be further from the truth. For many years it has been our duty to inspect and control food premises. The law relating thereto has ambiguities in common with many other statutes, and its detailed interpretation has undoubtedly varied in different districts. There has not, for many years, been the least excuse for the continued existence of unhygienic food premises.

The danger of contamination which needs the greatest publicity today is that arising from persons and not from premises.

Personal hygiene on the part of the food handler is of first importance, and whilst the law can, and does, insist on the provision of adequate washing facilities, it has not, as yet, demanded their use at specified times. To obtain this, we must depend on the food handlers and encourage them by the exhibition of posters and personal conversation. Undoubtedly the constant 'plugging' of "Now Wash your Hands" must give good results. Nevertheless, the obvious place for this form of education is in the home and the school where the young may then early form the habit of strict personal cleanliness.

FOOD AND DRUGS SAMPLING.

ARTICLE	FORMAL SAMPLES	INFORMAL SAMPLES
Milk	177	8
Tomato Sauce	1	—
Olive Oil	1	—
Coffee and Chicory Extract	1	—
Salad Cream	3	—
Malt Vinegar	2	—
Whiskey	—	2
Custard Powder	1	—
Black Pepper	3	—
Sweets	1	—
Breakfast Sausage	1	—
Semolina	1	—
Sweet Pickles	1	—
Foie de Gaspe	1	—
Glauber Salts	1	—
Mustard Pickles	1	—
Fish Paste	2	—
Butter	5	—
Margarine	5	—
Chocolate Powder	1	—
Lime Juice	2	—
Cooking Fat	2	—
Lemon Squash	1	—
Jam Tarts	—	6
Cakes	—	2
Banbury Cake	—	2
Black Pudding	1	—
Ginger Wine	2	—
Sherry	1	—
Jelly Crystals	1	—
Apple Juice	1	—
Raisin Wine	1	—
Cherry Wine	1	—
White Pepper	2	—
Shredded Suet	1	—
Blended Chocolate	—	1
Chocolate Spread	1	—
Ground Cinnamon	1	—
Mustard	1	—
Horse Radish Sauce	1	—
Honey	1	—
Ruby Wine	1	—
Sausage	2	—

In my report for 1948 I gave in detail the results of an investigation into the circumstances responsible for the sale of milk which was not of the nature, substance or quality demanded by law. On that occasion the farmer was not wilfully adulterating milk, but the cows were failing lamentably to produce milk of the quality considered reasonably attainable in law. A similar investigation was necessary during 1949, and again the cows were at fault. Our enquiries went a little deeper on this occasion, and a sample of milk was taken from each cow in the herd. Of 26 cows, 7 were found to be producing milk containing less than the required 3% of fat. Of the remaining 19, 9 were found to be giving over 4% of fat. A previous report gave the probable reasons for the production in some cases of low fat content milk. It was again obvious, however, that the proper mixing of the bulk milk would result in the

vending of a standard quality article, and this time we were able to identify the actual cows responsible. The farmer will, in his own interests, gradually eliminate the offenders from the herd.

Beef and Pork sausages must contain at least 50% meat. A sample of beef sausage was found to contain only 34% meat, with 27% filler (e.g. rusk, bread) and 39% water. Legal proceedings ensued, and the manufacturer-vendor was fined £5 0s. 0d. with £2 2s. 0d. costs.

All other samples taken proved to be genuine.

A few cases of milk delivered in dirty bottles were again brought to our notice. The Public Health Committee fully investigated the circumstances of each case, and being assured of the complete absence of wilful neglect felt that the cases would be met by the issue of written warning to the vendors.

Many articles of alleged unsound food are brought to the Public Health Department during the course of a year. In some cases we are able to take action; in others no action is possible, the complaint being in no way justified, the food produced being quite fit for human consumption, although perhaps not palatable to the purchaser.

One purchaser submitted a sample of fat labelled 'Pure Lard' and complained of its bad taste. The purchase was made from premises in an adjacent Borough, to whose Officers the matter was referred. Lard is the fat of the pig, and we have had very little for many years, having to be satisfied with the substitute 'cooking fat.' The sample was in fact, wholesome and pure lard, and the consumer must have been so unused to the taste as to question its soundness.

It was not necessary, on any occasion, formally to seize unsound food, but nearly five tons of food was surrendered for destruction after having been certified as unfit for human consumption by the Sanitary Inspectors.

MANUFACTURE AND SALE OF ICE CREAM.

At the end of the summer season a report was given to the Health Committee in regard to the sale and manufacture of Ice Cream within the Borough.

With the exception of the Ice Cream (Heat Treatment) Regulations 1947, which made compulsory the 'pasteurisation' of all mixes (with minor exceptions) the powers of a Local Authority in regard to the manufacture, storage and sale of this commodity have not been altered. Each Authority has, for many years, been required to register, inspect, and enforce specified hygienic control in all premises used, in one way or another, in relation to Ice Cream. Certain Authorities (Beckenham is one) have, by local Act, power to register persons as well as premises in this connection.

There is *no* legal standard composition for Ice Cream. Almost any frozen 'mix' may be called Ice Cream. The Food and Drugs Act, 1938, defines it as "any similar commodity" and the Heat Treatment Regulations as "including water ices *and any article* which is so similar to Ice Cream as to constitute a substitute therefor." So that it is quite clear that whilst we may sympathise with the complaining purchaser regarding the absence of nutritive and palatable value of certain sales, we cannot *demand* anything better.

In this connection, and in an effort to improve the standard, the Ministry of Food, in April, 1949, advised local Authorities that additional supplies of sugar and fats had been made available to manufacturers, providing an undertaking was signed that their product would have a minimum fat content of $2\frac{1}{2}\%$. The Memorandum added that this figure must not be regarded as an interpretation of a proper standard. This 'gentleman's agreement' has worked satisfactorily so far as local manufacturers are concerned.

The renewed manufacture of Ice Cream following the end of the war, and the outbreak of typhoid fever at Aberystwyth in 1946 resulted in the introduction of tests to define Ice Cream in four grades of Bacterial cleanliness. These tests, still being applied, are, however, only provisional, and their statutory value at National Act level anyway, may be discounted. The indication is that no satisfactory test has yet been devised for this purpose.

The Methylene Blue reduction test is the one adapted. It is not easy to describe in simple terms, but briefly, after very important preliminaries, the Methylene Blue dye is added to the Ice Cream. Bacteria in the Ice Cream extract oxygen for survival and increase, and this chemical change causes the dye to lose its colour. Obviously, then, the number of bacteria present will bear relation to the speed of reduction of the dye. The four provisional gradings are as follow :—

Grade	Time taken to reduce Methylene Blue
1 ..	$4\frac{1}{2}$ hours or more.
2 ..	$2\frac{1}{2}$ —4 hours.
3 ..	$\frac{1}{2}$ —2 hours.
4 ..	0 hours.

It is of course, important to remember that all organisms are not disease producing, and it is very possible that a Grade 4 Ice Cream is completely harmless from that angle. Such a grading, however, does indicate that somewhere in the process either of manufacture, transport, storage or even in the actual serving, some unhygienic factor is present, and that factor could be dangerous.

The instructions, outlining the technique for examination of samples, state :—“Samples may be kept at atmospheric (shade) temperature for a period *not exceeding* two hours from the time of sampling. If the sample cannot be delivered to the laboratory by the end of that period, it should be well packed in ice in a carrying case, and should *always* reach the laboratory *within six hours from the time of sampling* . . . The test should be set up at 5 p.m. on the day on which the specimen is taken.”

Samples taken in Beckenham (in 1949) were examined by the County Pathologist and the Public Analyst, both of whom operate in Maidstone. Samples taken here can rarely be delivered to Maidstone within two hours, and are therefore packed in ice and always delivered within six hours; but the Maidstone laboratories do not operate at week-ends and consequently all samples are taken from Monday to Friday and then only in the early part of the day, in order that they may be delivered to laboratory on the same afternoon. This scheme operates very well, so far as our established manufacturers and vendors are concerned, but it makes no provision for the casual itinerant vendor who decides suddenly to explore Beckenham territory on a Saturday or Sunday afternoon. It is not possible to 'sample' those vendors in accordance with the scheme and we cannot, therefore, reliably check the bacterial cleanliness of their product. This is an unsatisfactory feature and in order to comply with Regulations cannot be rectified unless a laboratory service is made available seven days per week.

It should be mentioned, however, that recently some bacteriologists are expressing the opinion that samples taken on Saturdays or Sundays can safely be stored in refrigerators until such time as a laboratory service is available, without adversely affecting the results of examination.

Implementing the scheme so far as was reasonably practicable in 1949 we took 89 samples, of which 45 were obtained from Beckenham manufacturers, and it is satisfactory to note that *no* pathogenic organisms were cultivated in any sample.

Dealing first with the 45 samples from local manufacturers the following table gives the gradings obtained in the series of samples from each manufacturer, and the gradings are listed in the order in which the samples were obtained.

Manufacturer	Gradings
A ..	3, 4, 4, 1, 1, 4 (Ceased manufacturing in July, 1949.)
B ..	2, 2, 1, 2, 2, 1, 1, 2, 1,
C ..	1, 3, 3, 1, 2, 2, 1, 1, 1, 2.
D ..	4, 4, 4, 2, 2,
E ..	4, 1, 4, 4, 1, 1.
F ..	3, 3, 3, 3, 1, 1, 1, 1, 3.
G ..	4, 4, 1, 4, 4 (Ceased manufacturing in September, 1949).

It will be seen that, in the early stages of sampling, some manufacturers were producing an unsatisfactory standard, but by frequent visits and consultation, and the institution of sterile cleansing of

equipment etc., we were able to obtain the more satisfactory results shown to be achieved in the later stages. Manufacturers A and G ceased to manufacture mainly because the tests revealed that a bacteriologically inferior article was continuously being produced. In both cases, however, a Grade I sample was obtained which showed that sufficient care and attention to hygienic detail will produce the desired result ; but when Ice Cream sales are merely a side line this attention is often lacking.

The Methylene Blue test is a negative one in that a bad result gives no indication as to what stage in manufacture the contamination arises ; consequently a failure means that more careful attention has to be paid to every stage of procedure, and the human factor must not be overlooked. We have achieved improvement in some cases, not knowing which particular factor had been responsible for previous failures. In other cases insufficient care in equipment sterilisation was undoubtedly the cause of failure. In one or two cases contamination was caused by the metal server or scoop used to fill cones or wafers. These servers usually stand in glasses of water, and it is not generally realised that this water will, after an hour or so, become grossly contaminated. It has frequently happened that a Grade I Ice Cream in the refrigerator becomes a Grade 4 product by contact with the metal server. More frequent changes of water or the addition of a sterilizing agent can put the matter right.

Other samples taken were from vendors obtaining their supplies from a manufacturer outside the Borough. The majority of these samples were satisfactory, and no pathogenic organisms were cultivated. Unsatisfactory results were immediately reported to the Borough Council concerned.

The tests, although provisional, and having no statutory backing, have been of immense value both to trader and officials, and have generally enabled a finer article to be marketed.

It has not been necessary to make any special report on the structure and cleanliness of premises used for manufacture for it has been found that traders are fully alive to their responsibilities. Similar comment may be made on premises used only for sale. The itinerant vendor is a problem. In one instance, where we were fortunate enough to make contact, it was necessary to draw attention to principles of cleanliness, both with regard to the mobile van and the vendor. Others seen have been quite satisfactory, but it is probable that all vendors have not yet been contacted.

At the close of the year 116 premises and persons were registered for the manufacture and/or sale of Ice Cream, and nine casual vendors, trading from mobile vans, were also registered.

MEAT INSPECTION—SLAUGHTERING.

On only two occasions were animals slaughtered and dressed for food. The carcasses and offals of two pigs were passed as fit for human consumption.

FACTORIES ACT, 1937.

187 visits of inspection were made to factories in the area. The following nuisances were remedied following service of informal notice:—

Insufficient sanitary accommodation	2
Unsuitable and defective sanitary accommodation	15
Miscellaneous offences	1

WATER SUPPLY.

Water supply of the area has been satisfactory in quality and quantity, the Metropolitan Water Board supplying all properties by main.

Bacteriological examination of the supply has been regular, 41 samples being taken during the year. On two occasions when the County Analyst's report gave rise to some doubt as to the quality of the supply, repeat samples were taken and the Metropolitan Water Board notified. On both occasions the repeat samples and the check samples taken by the Metropolitan Water Board proved to be satisfactory.

SHOPS ACT.

Six-hundred and eighty-eight (688) visits were paid in connection with the Shops Acts.

Twenty-three (23) contraventions were discovered and remedied.

RAT AND MOUSE REPRESSION.

It will be recalled that the Council offers a free rat and mouse repression service to private householders in the District. The facility when extended to business premises has to be paid for.

During 1949, 463 complaints were received, 93 of these being on business premises. 135 visits and 931 revisits were paid to business premises, and 1,092 visits and 3,701 revisits were paid to private premises.

It will be seen from these figures that the complaints averaged more than one per day throughout the year, and although the problem is satisfactorily controlled in the Borough it does not appear to diminish. We do not, however, find the serious and intensified forms of infestation which were frequent in the early days of the operation of our scheme, but there is no doubt that the nuisance caused by this vermin is as widespread as ever. One hesitates to imagine what would be the position were our energies relaxed in any way. The opinion has been formed that many complaints received are unnecessary, for frequently it is found that the sight of one rat in a garden will result in a complaint being made. This one rat is frequently a marauder and the reason for its continued appearance in a garden is usually because the occupier is leaving an attraction for the rat, either by way of accumulation or food. I have found it necessary on occasion to draw the attention of complainants to the fact that, whilst the Council has, in everybody's interests, introduced set methods of repression, the onus for dealing with the matter, so far as the law is concerned, is mainly upon the occupier. Often the exercise of a little common sense would have obviated the need for making a complaint.

The keeping of chickens is the main cause of our widespread rat infestation. It appears that no matter how careful the chicken keeper is the rat will always be attracted to the spot where chickens are kept.

On two occasions during 1949 the sewers of the town were baited and infestation here is slight compared with a few years ago. This result is undoubtedly due to the fact that regular baiting has taken place twice in each year since 1945. I believe the opinion has been formed in other Districts that the degree of infestation at surface level depends entirely upon the degree of infestation in the sewers. That position does not apply, at the moment, in Beckenham. The infestation at surface level in Beckenham is, in fact, far more widespread.

Our work in this connection is subject to the supervision of the Ministry of Agriculture and Fisheries who make a grant towards the cost of our schemes, and who stipulate the methods of extermination to be employed. These methods were extremely successful at the time of their first introduction in the early 1940's but experience leads me to question whether the time has not come when new poisons and bait bases should be introduced. I believe this matter is engaging the attention of the Ministry's Research Officers.

In conclusion I would like to express my thanks to the Chief Officer of the Department, the Medical Officer of Health, for the assistance he has given me during the year under review ; and to my immediate colleagues my appreciation for the loyal co-operation and assistance they have so readily offered.