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BOROUGH OF HARROW

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1956

CARYL THOMAS, M.D., B.Sc., D.P.H.

BARRISTER-AT-LAW



*Ackd. by PC
2.8.57.*

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ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

To His Worship the Mayor, Aldermen and Councillors of the Borough of Harrow.

Mr. Mayor, Ladies and Gentlemen,

I beg to submit the Annual Report on the Health and Sanitary Circumstances of the District for the year 1956.

The report for 1954 was a comprehensive one which set out in detail particulars of the various services. Some of these have not been repeated in this report.

1956 was a year for which the vital statistics of the country as a whole were satisfactory. Most of those for this district once more were that much better than the national rates. It will be seen that the Registrar General estimates that there has been a further fall in the population. The number of births was slightly higher and the number of deaths slightly below those of the preceding year. After the years of the rapid development of the district when the importation of a young population caused the birth rate to be well above that of the country as a whole, the figure declined and this year's figure of 12·9 is below that of the national rate of 15·7. On the other hand the local death rate of 8·8 is also well below the national rate of 11·7. The infections caused very few deaths, tuberculosis being responsible for 16 only, and there were none from diphtheria, scarlet fever, measles or whooping cough. The incidence of the more serious of the infections was not high. There was a gratifying fall in the number of new cases of tuberculosis, while in this district as in most of the country there was not much poliomyelitis.

Although the report refers to the various services which affect the health of the inhabitants of the district, most attention has of course been given to those services provided by the local authority, and more especially to those provided by the staff of the Public Health Department. A summary of the work of the Public Health Inspectors appears on pages 34 to 37. A study of these shows the very wide range of activity of these Inspectors, and the many ways in which they might either directly or indirectly help those living here. The Abstract of Accounts of the Borough Treasurer for 1955/1956 shows that these services are provided at a surprisingly small cost, more especially when compared with the cost of some other services essential to health. While they cost only £14,120, much the same as the public conveniences, the collection of house refuse costs the Council £120,000 and its disposal £15,000.

The report covers much the same ground as its predecessors, the only points calling for special comment this year being the effects of synthetic detergents on sewage, atmospheric pollution including a note on hazards of radiation, a summary of the food hygiene regulations and some reference to the growing importance attached to health education.

The earlier of the personal services, the product of this century, were made the responsibility of the larger of the county districts (in some

cases even rural districts), being administered by the County Councils only in those parts of the counties not falling into one of these larger areas. Later developments were made the responsibility of the County Councils, the only exception being the domiciliary midwifery service. Many of these personal services are administered best by those with intimate local knowledge of their districts. Nevertheless such considerations were pushed to one side by those who framed the National Health Service Act which transferred the responsibilities for administering these services to the major authorities. Even before the change came about, there was uneasiness at this decision. With knowledge of the actual operation, expressions of this uneasiness grew and many bodies have discussed what might be done to remove some of the disadvantages and weaknesses of the present arrangements. The aspect most affecting this Council perhaps is the administration of the Part III services of the National Health Service Act which include the maternity and child welfare service including the clinics and health visiting service, the midwifery service, the home nursing and the home help service. From 1948 the Council has not been directly responsible for these services, most of which they had built up for the whole district since 1934. While the transfer of responsibility to the County Council has quite possibly resulted in a raising of the standard of service provided in the areas of some of the smaller authorities, it is widely felt that the change did not benefit those in some of the larger districts just round London.

Many of these districts have populations far larger than a number of the major authorities, and are sufficiently large and possess sufficient financial resources to enable them to provide health services of the highest standard. Many of these areas are large enough and wealthy enough to be created County Boroughs, and to be made responsible for the administration of many of the local services, including those relating to health. This development in Middlesex would lead virtually to the extinction of the County Council. But to grant to these minor authorities the responsibility for providing these as of right and not by the unsatisfactory method of delegation would involve new legislation. In July the Government White Paper on local government was issued. This recognises the special problems of Middlesex, but rules out the question of the promotion of any district to County Borough status, and considers that the two-tier structure should be retained. It does, however, add that—"the desirability of some further delegation or transfer of functions within the county of Middlesex should be considered." The Council at their meeting in November accepted the following recommendation of the General Purposes Committee:—

- “ 1. That the Council are not convinced that the retention of the two-tier system of local government in the County of Middlesex, as envisaged by the Government's White Paper, is necessarily the best solution to the local government problems of the county, as the Council are of the opinion that certain of the functions at present administered by the County Council can, with efficiency and economy and in the best interests of the Burgesses of Harrow, be exercised at local level by the Council of the Borough.

- " 2. With this in mind, the Council deprecate the proposed embargo on the creation of County Boroughs in Middlesex as in their view it is inequitable that the Council and the Burgesses of a Borough of the size of Harrow should be deprived of their existing right of seeking County Borough status, without, in lieu thereof, the conferment of a greater measure of local autonomy than at present exists.
- " 3. That the Council note the reference in the White Paper to consideration being given to the desirability of some further delegation or transfer of functions within the County of Middlesex, and the Council urge that any new or transferred functions should be conferred by Parliament upon the Council of the Borough as of right and not be the subject of optional delegation by the County Council."

I have the honour to be,

Your obedient servant,

CARYL THOMAS,

Medical Officer of Health.

COUNCIL OFFICES,
KYNASTON COURT,
HARROW WEALD.

17th May, 1957.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres)	12,555
Registrar-General's estimate of resident population mid-year 1956	216,200
Rateable Value (1st April, 1956)	£2,180,275
Sum represented by a penny rate (1st April, 1956)	£9,563
Total number of occupied houses	55,180
Total number of occupied flats	8,880

Extracts from Vital Statistics for the Year

Live Births:—	Total	Male	Female	
Legitimate	2,674	1,365	1,309	Birth rate per 1,000 population 12·9
Illegitimate	117	53	64	
Total	2,791	1,418	1,373	
Stillbirths:—				
Legitimate	55	33	22	Rate per 1,000 births 20·4
Illegitimate	3	2	1	
Total	58	35	23	
Deaths ...	1,903	958	945	Rate per 1,000 population 8·8
Deaths of infants under one year of age				59
Infant mortality rate				21·1
Legitimate infant mortality rate				19·8
Illegitimate infant mortality rate				51·3
Deaths from pregnancy and childbirth: 2				Rate per 1,000 total births 0·7 0·7
Deaths from Cancer				420
" " Measles				0
" " Whooping Cough				0
" " Tuberculosis				16

Population

The mid-year population of the district was estimated to be 216,200. This includes members of the armed forces stationed in the district.

In each of the post-war years the population of the district increased to reach the highest figure of 222,300 in 1950. From that time there has been a slight fall each year in the estimated population, the mid-year 1956 figure being 216,200 a fall of 900 on that of the previous year. This fall took place in spite of the natural increase in population which is the excess of births over deaths and which last year was 888. Some at least of the fall is to be explained by the movement of some families out of the district to new and to expanded towns. Quite apart from these transfers though there is a steady movement of population in and out of such districts as this.

An indication of this is that of some 2,500 persons whose names were on the tuberculosis register at the beginning of the year, the names of 250 were deleted by the end of the year because they had moved out of the district. It might be thought that this is a selected population. The same factors though would not be present in the case of children suffering from scarlet fever. 66 out of the 137 children notified to be suffering from scarlet fever had not been born here. Most of these were between the ages of 5 and 15. Another factor pointing to this movement of population, one which suggests perhaps more movement out than there is in, is the reduction in the number of cases of overcrowding.

The age distribution of the population in the country has altered markedly in recent years. Last year 23 per cent. of the population were under 15 years of age, 66 per cent. were between 15 and 64, and 11 per cent. were 65 years of age or over. The corresponding proportions in 1901 were 32, 63 and 5. While in this period the proportion of those over 65 has more than doubled, the total burden falling on the producers has in fact fallen from 37 to 34 per cent. because of the small number of children born.

Births

The total number of live births registered during the year was 2,791 (1,418 male and 1,373 female). Of these 117 were illegitimate, being a percentage of total births of 4.2. The numbers of live births registered in the three years from 1953 onwards were 2,721, 2,747 and 2,755.

870 births occurred in the district (867 live, 3 stillbirths.) Of this number 82 were to residents of other districts. 2,235 (2,188 live and 47 still) birth notifications were transferred from other districts, being mostly of births occurring to Harrow mothers in hospitals in Middlesex or in London.

The birth rate was 12.9. The local comparability factor for births is 1.02. The corrected birth rate was therefore 13.1; that for the country as a whole was 15.7.

Deaths

The Registrar-General arranges that the information about those who have died outside the district in which they normally reside is transferred to the Health Office of those districts. These numbers are added to the deaths of those districts, corresponding deductions being made from the deaths allocated to any districts in respect of those who died in those districts, but who normally resided elsewhere.

Certain types of institutions are not regarded in ordinary circumstances as the usual residence of those living there. These include general, maternity and special hospitals, maternity homes, nursing homes, sanatoria, convalescent homes, homes for unmarried mothers, hotels, boarding houses, etc. On the other hand, there are many institutions which are regarded as the usual residence of their inmates. These include accommodation provided under Parts III and IV of the National Assistance Act, 1948, boarding schools, convents, nursing homes for the aged and chronic sick, nursing homes (mental) and residential nurseries.

1,275 persons died in this district in 1956. This figure includes those members of the Armed Forces stationed here. Of these 199 were of persons who were not resident in the area. 100 deaths took place in the various hospitals and 38 in the private nursing homes.

Of the 823 deaths of the local residents which occurred outside the district, most took place in institutions, 352 being at the Edgware General Hospital. 206 deaths took place in hospitals just outside the district, including 5 in nearby isolation hospitals, and 169 in various London hospitals. 17 deaths were of infants born in hospitals outside the district.

The total number of deaths was 1,903. The figure for 1955 was 1,945 and for 1954 was 1,790. The 2,094 of 1951 was the largest number of deaths recorded for this district.

The death rate was 8.8 per thousand population. The rates for the last four years were 8.9, 8.7, 8.8 and 8.2.

Liability to death varies at different ages. Any changes in the age-distribution of a population then affect the death rate; similarly, the death rates of the sexes are not the same. To offset the effects of these variations and so produce a rate which can be compared with that of other districts, or that of the same district at other times, the Registrar-General calculates a comparative mortality index based on the 1951 census population. When the death rate figure is multiplied by this, a figure is obtained which would have been the death rate for the district had the age and sex distribution of the population been that of the country as a whole in 1951. The index figure is 1.20; the adjusted rate is 10.5, a figure well below that of 11.7 for the country as a whole.

The following is the Registrar-General's abridged list of causes of death in this district:—

	<i>Male Female</i>			<i>Male Female</i>	
Resp. tuberculosis...	7	6	Hypertension ...	11	35
Other tuberculosis ...	1	2	Other heart disease ...	86	138
Syphilitic disease ...	6	0	Other circulatory disease...	48	52
Diphtheria ...	0	0	Influenza ...	1	4
Whooping cough ...	0	0	Pneumonia ...	43	46
Meningococcal infections	0	0	Bronchitis ...	65	41
Acute poliomyelitis ...	0	0	Other respiratory disease...	11	5
Measles ...	0	0	Peptic ulcer ...	21	9
Other infective diseases ...	1	6	Gastritis, Enteritis ...	3	4
Cancer of stomach ...	32	26	Nephritis ...	10	7
Cancer of lung ...	65	16	Hyperplasia of prostate ...	15	0
Cancer of breast ...	1	37	Pregnancy, etc. ...	0	2
Cancer of uterus ...	0	21	Congenital malformation...	12	8
Cancer of other sites ...	111	96	Other diseases ...	65	68
Leukaemia ...	3	5	Motor vehicle accidents ...	13	2
Diabetes ...	6	5	Other accidents ...	18	14
Vascular diseases of nervous system ...	87	151	Suicide ...	18	17
Coronary disease ...	164	121	Homicide ...	0	1

1,313 deaths were due to diseases of the circulatory system, vascular diseases of the central nervous system and to cancer, a percentage of 69 of the total deaths.

The following are the numbers of persons who were of different ages at the time of death; under one year 59, over one but under five years 11, five to fourteen years 14, fifteen to twenty-four years 12, twenty-

five to forty-four years 87, forty-five to sixty-four years 484, sixty-five to seventy-four years 499, seventy-five years and over 737.

Of these local deaths, 54 per cent. of those of males were persons of 65 or over, 29 per cent. of 75 and over, and 85 and over 5 per cent. The corresponding figures for females were 72, 49 and 19. Of the local residents who died last year, 33 per cent. had reached the age of 75 and 12 had reached the age of 85.

There has in this century been a remarkable increase in the expectation of life. Compared with figures in 1901 to 1910 of 49 for men and 52 for women, those for the country in 1955 were 68 and 73. This increase is largely the result of the saving of infant deaths and does not mean that people these days are living all that much longer; in fact the expectation of life of those of 65 has in this period increased for males by one year only and for females by three years.

Infant Mortality

The infant mortality rate is the number of infants dying under one year of age per thousand born. It is one of the vital statistics of special interest because it has for long been accepted as an index of the healthiness of the community, being influenced by so many of the factors which affect the health of the population.

The infant mortality rate for the country as a whole was about 150 in the early years of the century. The local rates have for many years been very satisfactory. The figure has not been over 25 since 1948.

Last year 59 infants living in this district or born to mothers ordinarily resident in this district died under one year of age. In the same year 2,791 infants were born. The infant mortality rate was therefore 21.1. The rate for the country as a whole was 23.8.

These 59 deaths were a sharp rise on the figures of recent years. The rise was accounted for mostly by an increase in those who did not survive one week. The distribution of deaths by quarters was 29, 8, 16 and 6. The increase in the number of deaths this year was the result of the rise in the third quarter. At one time this was a dreaded period of the year because of the occurrence of summer diarrhoea. This, however, is largely a thing of the past, and a rise in the third quarter due to this is not now seen. In any case the harm was done in the brighter summers with their high temperatures, not in summers such as that of 1956. Then too these adverse factors would not affect the infants in hospital.

Of these 59 deaths, 47 occurred in infants under one month old. The neo-natal rate was therefore 16.7, comprising 80 per cent of the infant mortality rate. The mothers of 38 of these 47 infants were confined in hospital. 14 of these infants failed to survive 24 hours, a further 21 died before they were a week old and only three of the deaths occurred amongst those who had survived one week, but failed to survive one month. In 20 instances the cause was prematurity of birth. While in a few cases there was some reason such as toxæmia which precipitated the onset of labour, in most there was no obvious cause. In nine, delivery had been difficult, resulting in cerebral haemorrhage in eight. In eight instances the death was the result of some developmental abnormality in the infant. Of those nine infants born at home who died within the month, four were

born prematurely, two suffered from congenital defects, two succumbed to pneumonia and in one the cause of death was ascribed to want of attention at birth.

The number of those who survived one month but failed to survive twelve months was in fact smaller than in the previous year when in all there were only 47 infant deaths. Of the 11, the cause of death of three was some developmental abnormality. Infections accounted for most of the remaining fatalities, bronchitis or broncho-pneumonia causing the deaths of four and gastro-enteritis of one.

Most of the saving in infant deaths which has been such a striking feature of the vital statistics of the country in this century has occurred in those who survived one month and even in those who survived one week. The proportion of deaths occurring in those in their first week of life is therefore now assuming much larger proportions. So many of the factors causing deaths of infants of this age are the same as those which result in stillbirths that in many it is almost a matter of chance whether the infant becomes viable and then dies or dies before birth. Because there are the same causes to so many, increasing attention is now being paid to perinatal mortality which is the figure representing the loss as stillbirths and as infants under one week of age. It is a measure of the birth loss due to circumstances before and during pregnancy and events during labour and delivery. The following figures show the success in the saving of infant lives in those who have lived one week, the improvement in the perinatal mortality for some years, but its present stationary position in the country as a whole:

	1928/29	38/39	48/49	'50	'51	'52	'53	'54
Stillbirths and deaths under								
1 week	61	58	38	37	38	37	37	38
1 week to 1 year	46	29	17	14	14	12	11	10

Stillbirths

58 stillbirths were registered last year. This was a rate per thousand population of 0.27 and a rate per thousand live and stillbirths of 20.4. The rate per thousand births for the country as a whole was 23.0.

Of the 54 stillbirths about which particulars are known, all but four were to mothers confined in hospital. Of these, two were born in an ambulance on the way to hospital; in one the mother had made no arrangements at all for her confinement and in the last, the only one occurring in a mother who had intended to be delivered at home, because of an ante-partum haemorrhage she had to be removed to hospital.

Of those stillbirths lost to mothers confined in hospital, in six labour was premature for no ascertained reason; in 11 labour was complicated. In many instances some condition of the mother either caused the death of the foetus, or resulted in a premature delivery; in 14 of these the mother suffered from toxæmia, one from nephritis, two from hydramnios, while four had ante-partum haemorrhage. Three of the stillbirths demonstrated some congenital abnormality and one was one of a twin delivery.

Death of Infants 1 to 5 years of Age

A child who survives the first year of life enters a period when the probability of dying is very small. Some survive their first birthday

in spite of suffering from congenital abnormalities which later become responsible for, or contribute to death. Weaker children, especially in the earlier years, might succumb to infections which older children can throw off.

Eleven survived their first but did not reach their fifth birthdays. Of these three were in their second, three in their third and three in their fourth years. Three of the deaths were due to respiratory complaints, two to other infections, two to congenital abnormalities and three were due to other diseases. No deaths were due to accidents.

Maternal Mortality

The total maternal mortality rate includes all deaths of women primarily due to, or associated with pregnancy or childbirth, expressed as a rate per thousand live and stillbirths registered in the year.

There were in the last year two deaths which resulted from pregnancy or delivery, the maternal mortality rate being 0.70. One of the deaths was the result of renal failure following a full-time confinement in hospital. The other followed on the deliberate introduction of a liquid into the pregnant uterus.

Deaths from Accidents

13 males and two females living in this district were killed on the roads in 1956. In all but one of these accidents a motor vehicle was involved. The victim was in a motor car in five instances, was on a motor cycle in four, was on a cycle in three; he was a pedestrian on one occasion. Four of the deaths were due to accidents which occurred in this district.

There were 32 deaths from other accidents, a rise on the 21 deaths in 1955. 18 of these were of males, 14 were of females. The commonest cause again was a fall of the elderly; this accounted for the deaths of two men and five women; in all instances the fall occurred indoors. A fall in an elderly person is especially serious because so commonly it causes a fractured thigh with the risk of subsequent hypostatic pneumonia. There seems to be a very great risk of the elderly person tripping over an object which causes no inconvenience to younger persons. Other falls accounted for four deaths, one of a baby. Poisoning was responsible for the deaths of one male and two women. Coal gas poisoning caused three female deaths. One child and two elderly persons died from burns. There were three deaths this year from drowning.

Accidents caused the deaths of four children under the age of fifteen. One was the result of a fall of a baby of four months; the other three deaths occurred in road accidents but in each case the child was a passenger.

A woman of 76 years was murdered.

The Heating Appliances (Fireguards) Act, 1952 and the 1953 Regulations require that efficient fireguards be fitted to gas fires, electric radiators and oil heaters before they are sold. During the year visits were made to premises retailing heating appliances and 25 tests were carried out. These showed that 14 radiators did not conform to the standard.

Home Safety

In February the General Purposes Committee considered a letter from the Harrow branch of the National Council of Women of Great Britain suggesting the formation of a Home Safety Committee in the borough. A borough which is not a health authority cannot itself set up such a committee, but can make a grant to assist the work of an independent Home Safety Committee. Pending any other action, the Public Health Committee assumed responsibility for any functions of the Council in regard to this matter.

Many of the deaths from accidents in the home are those which occur to old people as the result of falls. A proportion of these are preventable. The difficulty though is to make these people aware of the simple measures which they should take to reduce the numbers of these falls. Those living in residential institutions and those who are members of clubs who can be got in touch with, are but a small proportion of the population at risk. Unfortunately many of these falls are not preventable, as they seem to result from some sudden loss of power in the limbs which cannot be foreseen. Fatal poisonings from coal gas are increasing in numbers, especially amongst the aged. Most of these fatalities are the result of a gas tap being left on. The loss of sense of smell in old people prevents the escape of the gas being detected.

In regard to accidents suffered by children, there is more hope of something being done to reduce these by the attention of mothers being drawn to the various risks. This is essentially one of the duties of the health visitors and of those at the clinics. The Public Health Inspectors have their part to play by having this question of accidents in their minds whenever they are visiting a home. By advice, they can avert accidents being suffered by different members of the family.

Deaths from Suicide

18 men and 17 women committed suicide during 1956. The corresponding figures for 1955 were 14 and 8. Nine of the men and 13 of the women chose poisoning by coal gas. Five men and three women chose a form of poisoning other than coal gas. Two, one of each sex, drowned themselves. One man hanged himself, and one threw himself under a train.

There seems to be no set pattern of distribution of these occurrences. In some years the incidence is fairly even throughout the year. This year six took place in September, seven in October, five in June, four in April and three in May; the only two months free from such occurrences were August and December. Most of those who chose to end their lives were between 40 and 70 years of age: one was an adolescent, one in his twenties, four in their thirties, one seventy and two were over 80.

Deaths from Cancer

Of the 1,093 deaths of residents in this district, 420 were due to cancer, this causing 23 per cent. of the deaths of males and 20 per cent. of the deaths of females.

Of the 224 deaths from this cause amongst males, in 65 the site was

the lung, in 37 the stomach. Of the 196 deaths amongst females, the breast was the site in 37, the stomach in 26, lungs in 16 and the uterus in 21.

The 420 deaths from cancer this year were much the same as the number (414) of the previous year. The increase was the result of the larger number of deaths amongst men; this year's deaths amongst women (196) was smaller than the figure for 1955 (202). In spite of the increase in the number of deaths of males from cancer, the number due to cancer of the lung was less than the previous year (64 as against 79), while the figure for women remained much the same (16 this year as against last year's 17). Whereas the number of men who died from cancer of the stomach rose from 33 to 37, there was a fall from 32 to 26 in women. The improvement in the position with regard to cancer of the breast in women, 37 as against 43 was more than offset by an increase in the deaths from cancer of the uterus, this year's figure of 21 contrasting with 10 in 1955.

Although cancer does not cause the deaths of large numbers below the age of 45, it is nevertheless responsible for a very high proportion of the deaths that do occur among those of these ages. Of the 99 adults who died before reaching this age, 26 died of this complaint. Of the 484 who at the time of death were aged between 45 and 64, cancer caused the death of 153. It was responsible for 102 of the 499 deaths of those who at the time of death were between 65 and 74. On the other hand it caused only 101 of the 737 deaths of those who at death were 75 or over.

Deaths from Infectious Diseases

Infections accounted for very few deaths in this district in 1956. There were no deaths from measles or whooping cough, from poliomyelitis or meningococcal infections. There were only five from influenza and only 16 from tuberculosis. There were, of course, no cases of diphtheria to provide any fatalities, and it is many years now since scarlet fever became today's mild type with virtually no case mortality.

HEALTH SERVICES OF THE AREA

HOSPITALS

Although there is in the district a general hospital, the Harrow Hospital at Roxeth Hill, Harrow-on-the-Hill, with some 120 beds, that which serves most of the area is the Edgware General Hospital situated just outside the district on the Edgware Road. It has some 700 beds and maintains a very comprehensive out-patients department. It has three annexes in the district for elderly persons, one the old Stanmore Cottage Hospital, another at Orme Lodge, Stanmore, and the other the Roxbourne Hospital which was formerly the South Harrow Isolation Hospital.

Bushey Maternity Hospital, lying just outside the northern boundary of the district, is another annexe of this hospital which caters for uncomplicated maternity cases. Just over the boundary in another direction in Wembley is the Kingsbury Maternity Hospital, associated with the Charing Cross group of hospitals. A very high proportion of mothers are admitted to these hospitals and to London hospitals for their confinements. So many apply early in their pregnancy for admission that at times insufficient beds have been left for the admission of those who make later application and who have consequently to be refused, even though there may be special circumstances making admission desirable and even necessary. In his Annual Report for 1955 the Chief Medical Officer of the Ministry of Health says: "It is desirable where practicable that all primigravida over the age of 30, multiparae over the age of 40, those having their fourth or more confinement and all mothers with multiple pregnancies as well as special medical or social need cases should have their babies in hospital."

Infectious cases are admitted to the Hendon Isolation Hospital in Goldhawk Avenue, Hendon.

The other hospital in the district is the Stanmore branch of the Royal National Orthopaedic Hospital.

Particulars of the hospital services including details of out-patient facilities were set out in the Annual Report of 1954. No changes in these arrangements were made in this last year. The first stage of the erection of the Charing Cross Hospital at Northwick Park appeared in the 1957/58 programme which the Minister of Health announced in February, 1955.

NURSING HOMES

These are private establishments which provide accommodation for varying types of patients. Section 187 of the Middlesex County Council Act requires that these homes shall be registered.

At the beginning of the year there were 15 of these homes in this district. They had a total of 193 beds, of which 16 were for maternity cases. There were no changes during the year.

Before the war there were in the district a number of small nursing homes, each of which accepted a few elderly persons suffering from slight disabilities. The homes were mainly run by nurses living in their own houses. They met a very real need. It is unfortunate that today when

the need for this type of accommodation is so much greater there are now none of these establishments in the district. The result is that the needs of some of those who might have been well looked after in this way can now be met only by their being admitted to one of the nursing homes which, catering as they do for acute medical or surgical cases, have to be more elaborately equipped and more lavishly staffed. There is room for homes for these elderly persons who can contribute to their maintenance, of establishments which provide a standard of accommodation and of staffing not as high as those homes admitting maternity cases and acute surgical cases.

ESTABLISHMENTS FOR MASSAGE AND SPECIAL TREATMENT

Section 355 of the Middlesex County Council Act, 1944, prohibits any person carrying on in this district an establishment for massage and special treatment without a licence from the District Council authorising him to do so. There is a saving clause for registered members of the Chartered Society of Physiotherapy and for members of the medical profession.

There were 32 of these establishments at the beginning of the year. Two were licensed during the year, but the use of one was discontinued. Three practices changed premises during the year. At the end of the year 33 premises were licensed.

NURSING, MIDWIFERY, ETC., IN THE HOME

General Nursing

This is essentially a day-time service provided by a number of nurses, some whole-time, some part-time, working under the Superintendent, Mrs. Bromley. General medical practitioners get directly into touch with the nurses about the treatment of their patients.

At the end of the year there were 20 whole-time nurses and 8 part-time nurses who worked mostly in the mornings, an equivalent of 25 whole-time staff. During the year they paid in all 63,662 visits.

Midwifery and Maternity Nursing

There are 10 midwives living in their own homes in different parts of the district whose practices are largely round their homes. The Non-Medical Supervisor of the midwives is Mrs. Bromley (Tel. No. Pinner 5752).

Last year the midwives attended the confinements of 609 women in their own homes, being present in 505 instances as midwives and in 104 as maternity nurses. Of these mothers confined in their own homes, 521 had the advantage of gas and air analgesia, 237 of pethidene and 54 of trilene.

Home Helps

The Home Help Service continued last year on much the same lines as in previous years. Although essentially an emergency service or at

least one in which it is intended that help should be provided for short periods only, an increasing proportion of the time of home helps is being given to long term, including tuberculosis, cases.

The average number of home helps was 3 full-time and 44.5 part-time, being an equivalent of 31 full-time helps. They gave help in 974 households. In 265 of these the patient helped was a maternity case, in 41 was one suffering from tuberculosis, in 412 was one suffering from an acute condition and in 256 was a long term case.

GENERAL MEDICAL SERVICES

The number of general medical practitioners whose practice extends to the Borough of Harrow is learned of from notifications of infectious diseases or of births. This number of 157 includes some who live outside the district though visiting homes in this area and in some cases having surgeries here. According to the return of the Middlesex Executive Council in February, 1954, 130 doctors were taking part in Harrow in the general medical service under the National Health Service Act. 88 of these also take part in the maternity services provided under the Act.

An indication of the distribution of general medical practitioners throughout the district is obtained from the statistical review of the Middlesex Executive Council for the year ended 31st March, 1956. Areas are classified as "restricted," "intermediate" and "designated." The restricted areas are those in which the Medical Practices Committee has decided that the number of doctors practising is adequate. Normally applications to start new practices in those areas will not be granted. Designated areas are those in which there is a smaller proportion of practising doctors. Admission to the list to practice in intermediate areas is decided in the light of medical manpower and other circumstances prevailing at the time of application. On the 16th July, 1956, the combined wards of Roxbourne and Roxeth were classed as designated areas; Pinner South ward was designated a restricted area. The remaining wards in the district were classed as intermediate areas.

DAY NURSERIES, ETC.

The same two day nurseries provided for the admission of children whose mothers needed to go out to work, Headstone Drive Nursery with its 50 places, and the Walton Avenue, South Harrow, Nursery with its 60. All through the years since the Headstone Drive Nursery was first opened, it had been full, and of all the nurseries in the district was the one with the least turn-over. This confirmed the view that of all the nurseries this was the one most completely fulfilling the object of helping those mothers who most needed such assistance. It had been felt that there would be a continued demand for the number of nursery places in this locality. On the other hand the numbers at the Nursery at South Harrow fell, and it was at one time felt that possibly it would not again be accepting more than 40 children. The County Council in 1955 again reviewed the nursery position throughout the county. It felt that it was not necessary to have two nurseries serving the part of the county from which children went to the South Harrow Nursery and to the Nursery at Acol Crescent, Ruislip. They decided to close the Ruislip Nursery.

This resulted in a number of children from this locality attending the South Harrow Nursery. The transfer of these children was then followed by a steady stream of applications with a result that by the end of the year some 45 children were at this Nursery. But at just the time that the numbers at this Nursery were growing, those at the Headstone Drive Nursery started to fall, so, for the first time in its history, there were vacancies; and yet there are many children in the locality who would benefit by attendance at the Nursery.

CLINICS AND TREATMENT CENTRES

The following is a list of the clinics and treatment centres in, or serving the district:—

Infant Welfare Centres

The Clinic, Alexandra Avenue, South Harrow	Mon. and Fri. p.m.
Broadway Clinic, The Broadway, Wealdstone...	Wed. a.m. and p.m.
The Pavilion, Chandos Recreation Ground, Edgware	Thur. and Fri. p.m.
Elmwood Clinic, Elmwood Avenue, Kenton ...	Mon. and Wed. p.m.
The Rectory, Elstree	1st and 3rd Mon. p.m.
Greenwood Hall, Rickmansworth Road, Pinner	Wed. p.m.
Memorial Hall, High Road, Harrow Weald ...	Thu. p.m.
The Clinic, Honeypot Lane, Stanmore ...	Mon. and Wed. p.m.
The Clinic, Kenmore Road, Kenton	Wed a.m. and p.m.
Methodist Church Hall, Love Lane, Pinner ...	Fri. p.m.
Methodist Church Hall, Walton Avenue, S. Harrow	Thu. p.m.
St. Alban's Church Hall, Harrow	Thu. a.m.
St. Anselm's Hall, Hatch End	Thu. p.m.
St. George's Hall, Pinner View, Harrow ...	Tue. and Fri. p.m.
St. Hilda's Hall, Northolt Road, South Harrow	Tue. and Thu. p.m.
Spiritualist Church Hall, Vaughan Road, Harrow	Wed. p.m.
Stanmore Park (R.A.F.) Station	Thu. p.m.
The Clinic, Whittlesea Road, Harrow Weald...	Wed. p.m.

Ante-Natal Clinics

The Clinic, Alexandra Avenue, South Harrow	Wed. p.m.
Broadway Clinic, The Broadway, Wealdstone...	Tue. a.m. and Thu. p.m.
The Pavilion, Chandos Recreation Ground, Edgware	Fri. a.m.
Elmwood Clinic, Elmwood Avenue, Kenton ...	Tue. p.m.
The Rectory, Elstree	1st and 3rd Mon. p.m.
Memorial Hall, High Road, Harrow Weald ...	Tue. p.m.
The Clinic, Honeypot Lane, Stanmore ...	Tue. p.m.
The Clinic, Kenmore Road, Kenton	Fri. p.m.
76, Marlborough Hill, Wealdstone	2nd and 4th Mon. p.m.
Methodist Church Hall, Love Lane, Pinner ...	Mon. p.m.

Methodist Church Hall, Walton Avenue, S. Harrow... ..	Thu. a.m.
St. Alban's Church Hall, North Harrow ...	Tue. a.m.
St. Hilda's Hall, Northolt Road, South Harrow	Tue. a.m.
St. Anselm's Hall, Hatch End	Alternate Thu. a.m.
Spiritualist Church Hall, Vaughan Road, Harrow... ..	Wed. a.m.
The Clinic, Whittlesea Road, Harrow Weald...	Fri. p.m.

Toddler's Clinics

The Clinic, Alexandra Avenue, South Harrow	Mon. a.m.
The Pavilion, Chandos Recreation Ground, Edgware	Thu. a.m.
Elmwood Clinic, Elmwood Avenue, Kenton ...	Fri. a.m.
St. George's Hall, Pinner View, Harrow ...	1st and 2nd Tue. a.m.
The Clinic, Honeypot Lane, Stanmore ...	Mon. a.m.
Methodist Church Hall, Love Lane, Pinner ...	Mon. a.m.
The Clinic, Kenmore Road, Kenton	Thu. a.m.
Spiritualist Church Hall, Vaughan Road, Harrow... ..	1st Mon. a.m.
The Clinic, Whittlesea Road, Harrow Weald...	Wed. a.m.

These clinics are to enable children who are too old to be brought regularly to the infant welfare sessions to be kept under medical supervision and, as contrasted with the infant welfare clinics, only those who have been given an appointment can be seen.

Birth Control Clinic

A birth control clinic is held on Friday mornings at the Broadway Clinic. Advice can be given only to those in whose cases it is considered further pregnancy would be detrimental to their health.

School Minor Ailment Clinic

Sessions are held at a number of premises in the district:—

The Clinic, Alexandra Avenue, South Harrow	Mon., Fri. and Sat. a.m.
Broadway Clinic, The Broadway, Wealdstone	Mon., Thu. and Sat. a.m.
The Pavilion, Chandos Recreation Ground, Edgware	Thu. a.m.
Elmwood Clinic, Elmwood Avenue, Kenton	Fri. a.m.
The Clinic, Honeypot Lane, Stanmore ...	Mon. and Sat. a.m.
Methodist Church Hall, Love Lane, Pinner...	Mon. a.m.
The Clinic, Kenmore Road, Kenton ...	Thu. a.m.
The Clinic, Whittlesea Road, Harrow Weald	Wed. a.m.

Children attend at the request of the parents or of the teachers, or they are referred by school medical officers. Not only are those who need treatment for minor ailments seen at the clinics, but children are kept under observation for such conditions as cervical glands, cardiac murmurs, etc. Any children needing special examination, especially if these are likely to be prolonged, are referred to these clinics.

Ophthalmic Clinics

Sessions are held at the Honeypot Lane Clinic on Tuesday mornings, Marlborough Hill clinic on Tuesday afternoons and Friday mornings, and at the Alexandra Avenue clinic on Thursday mornings. The prescription is taken to an optician who provides the spectacles.

Arrangements are made to keep those children provided with spectacles under observation.

The ophthalmic surgeons at the clinic are now on the staff of the Regional Hospital Board.

The deflection of a squinting eye can sometimes be straightened by exercises. Mrs. Barrett, an orthoptist, treats children in this way at the Marlborough Hill clinic.

Child Guidance Centre

At the County Council's Child Guidance Centre at 2 St. John's Road, Harrow, the full-time psychiatrist, Dr. Margaret Saul, is helped by psychologists and psychiatric social workers.

Speech Clinic

A speech clinic is held at the Marlborough Hill clinic where two whole-time speech therapists are engaged. Those attending are mainly pupils of maintained schools who have been referred for treatment either by the school medical officers or by the teachers. Sessions are now being held at some of the peripheral clinics.

Dental Treatment

Dental treatment, apart from that provided under the National Health Service Act, is available for school children, children under five and expectant and nursing mothers.

The service is under the administration of the area dental officer, Mr. A. G. Brown.

There are dental surgeries at six premises: 76 Marlborough Hill, Elmwood Avenue clinic, Alexandra Avenue clinic, Roxeth clinic, Honeypot Lane clinic and Whittlesea Road clinic.

Apart from the sessions when the dental officers are examining children in the schools, treatment sessions are held every week-day, morning and afternoon.

The school children treated there are those found, at the routine dental inspection of children at the schools, to need treatment. Only those who attend by appointment can be seen, except those referred by the head teachers of the schools for urgent or emergency treatment.

Children under five, expectant and nursing mothers are referred by the medical officers at the clinics which they attend. Expectant mothers are also referred by their own doctors.

An orthodontic surgeon works at the Marlborough Hill clinic.

Care of the Feet

A limited chiropody service is provided by the local health authority for children attending maintained schools, for nursing and expectant

mothers, and for children under school age. Appointments are made at sessions held at the various permanent clinic buildings in the district.

Chest Clinic

The Chest Clinic serving most of this district is that at 199 Station Road, Harrow (Tel. No. Harrow 1075). The physician in charge is Dr. Grenville Mathers. Serving part of the district on the eastern side is the Chest Clinic at the Edgware General Hospital (Tel. No. Edgware 4467). The physician in charge is Dr. Trenchard.

PROVISION FOR SPECIAL CLASSES OF PERSON

The Deprived Child

The County Council as the local authority under the Children's Act has a duty to take into care children under the age of seventeen who are without parents or have been lost, or abandoned by, or are living away from their parents or when their parents are unable to take care of them, and the intervention of the authority is necessary in the interests of the welfare of the child. These children are placed in residential homes or are boarded out. In certain circumstances the authority may assume parental rights of a child. It may also act as a fit person under the Children and Young Persons Act, 1953, when the Court commits a child to their care. It has a further responsibility for the supervision of children who are maintained apart from their parents for reward.

The Children's Officer of the Middlesex County Council is Miss J. Rowell, of 10 Great George Street, S.W.1 (Tel. No. Trafalgar 7799). In this area the work is carried out by the Area Children's Officer, Miss Susan Boag, at Kynaston Court.

The Mentally Ill and the Mentally Defective

The mental health services are integrated with the other health services established under the National Health Service Act. The duties of the local health authority include responsibility for the initial care and conveyance to hospital of patients who need to be dealt with under the Lunacy and Mental Treatments Acts, and for the ascertainment and community care of mental defectives. The Health Committee of the County Council is responsible for the mental health functions of the Authority.

Harrow is part of the central division of the county which is served by Shenley Hospital. The Mental Welfare Officer, Mr. W. J. Pedel, and other officers, work at 249 Willesden Lane, N.W.2 (Tel. No. Willesden 6181).

Persons in Need of Care and Attention

The Welfare Department of the County Council deals with three distinct classes of person. It has a duty to provide living accommodation for persons who by reason of age, infirmity or other circumstances are in need of care and attention not otherwise available to them. Those in this group are distinguished from those others needing care and attention, but who are the responsibility of the hospital authority by their not

requiring medical or nursing care or attention. They are mostly elderly persons who are not suffering from any physical ailment or disability but who cannot manage by themselves in their own homes. The welfare authority helps such persons by arranging their admission to some of their homes. The County Council has over the years acquired premises for this use. Recently they have had to call a halt to expansion. This is particularly unfortunate because of the growing demand for this type of accommodation. There are people who are prepared to go to these homes and by doing so would release housing units which could then be available for the general population.

ENFORCED REMOVAL. The sanitary authorities have powers under Section 47 of the National Assistance Act, 1948, to move to suitable premises persons who (a) are suffering from grave chronic diseases or being aged, infirm or physically incapacitated are living in insanitary conditions; and (b) are unable to devote to themselves and are not receiving from others proper care and attention.

The original procedure was cumbersome and the amendment Act now provides, if the Medical Officer of Health and another registered medical practitioner certifies that it is necessary that a person shall be removed without delay from the place he is living in, that an application for a Removal Order may be made to the Court or to a single justice. Up to this, no action has been taken in this district under the powers given by this section.

LAUNDRY SERVICE. One of the big problems arising from the care of some who ought really to be in hospital or in an institution but who cannot be admitted there and therefore have to remain at home is the soiling of the bedding and the clothing of the incontinent. This is more particularly a problem of the aged but is not confined to them. There are difficulties in such persons being helped. Local sanitary authorities have very limited powers given them by Section 84 of the Public Health Act, 1936, which authorises authorities to cause articles to be cleansed in certain circumstances. The Hendon Group Hospital Management Committee agreed to arrange for the actual work of treating the articles of clothing to be done if the sanitary authority would meet the cost. The Harrow Council agreed to this within the limit of their powers as to the type of case to be helped. For the few who can be helped in this way, the help is really substantial.

The arrangements which started in 1954 have worked smoothly. At the beginning of the year 8 persons were being helped. There were during the year 7 new cases. Because of death or removal from the district the number provided with help at the end of the year was 6.

The period any patient had the help ranged from a month to a full year. A person once helped might not need that help to be continued because he has been admitted to hospital or has died. The average cost per week of each person being helped is about 3s.

The Welfare Department has two other main responsibilities apart from that of providing residential accommodation for some classes of person. One is to provide temporary accommodation for persons who are in urgent need of it. The other is to provide for the welfare of persons

who are blind, deaf and dumb and of other persons who are substantially or permanently handicapped by illness, injury, congenital deformity or other such disability as may be prescribed by the Minister of Health. For years before the Blind Persons Act imposed special responsibilities on major authorities for caring for the blind, voluntary effort had been very helpful, and in fact many authorities met their obligations by seeing that the work was continued through the agency of these organisations. The blind were registered and helped in different ways by the efforts of home teachers and by the setting up of workshops. There is room for similar help being given to those handicapped in ways other than by blindness.

For the administration of the welfare service the County is divided into the same ten areas as for the County Council's functions under Part III of the National Health Service Act. Acting under the supervision of the Chief Welfare Officer for the county, there is in each area a Welfare Officer. The one for this district is Mr. H. G. Plummer, Kynaston Court, Boxtree Road, Harrow Weald.

The Aged

The numbers of the survivors of the large numbers of babies born towards the end of the last century and the early years of this are creating special problems which will increase in size in the coming years. The elderly are, of course, that much more liable to need medical and nursing care than those of younger ages. They then become the responsibility of the hospital service. Special attention to this problem has been given by the Hendon Group Hospital Management Committee who appointed a Geriatric Officer at the Edgware General Hospital who not only has care of a number of beds but holds a geriatric out-patients department and follow-up clinic. There is another group of elderly persons who are not suffering from any ailment or disability which necessitates their having medical or nursing care and attention, but who nevertheless cannot look after themselves. They become the responsibility of the Welfare Department of the County Council which maintain homes for them.

Although the numbers of the aged are increasing it is, of course, only a small proportion of them who need the help either of the hospital authority or of the Welfare Department. The vast majority do not need any sort of help. Nevertheless there are many who do not fall into either of these two groups but who need help of one sort or another. Housing is a problem to some. A special class is those who are the sole occupants of the houses that they have lived in with their families. To help them to be housed in accommodation more suitable to their needs is not only a kindness to them but is a contribution to the relief of the housing difficulties of the district as the larger accommodation they live in becomes available for some other family. As a housing authority the Council has built numbers of houses specially designed for the aged. There is, however, a very long waiting list of applicants for whatever accommodation becomes available for letting. The Harrow Housing Society provides accommodation for a number of elderly at Pinner House, Church Lane, Pinner. For those occupants who become ill and need special

nursing and medical care, ward accommodation has been provided, being registered as a nursing home.

Another problem facing some of these elderly people, especially those living alone, is their feeding. There are arrangements by which some can be assured of a satisfactory meal at least on some days of the week. One of these arrangements is the Luncheon Club held at the Assembly Hall at North Harrow and at Belmont. Another is the Meals on Wheels Service organised by the W.V.S. by which meals are taken to some elderly persons confined to their homes.

Companionship is what so many of these particularly need. Some obtain this by becoming members of the Evergreen Clubs run by the British Red Cross Society or of the Darby and Joan Clubs provided by the W.V.S. A Home Visiting Service has been arranged by the Co-ordinating Officer of the Harrow Old People's Welfare Committee. This body, on which are representatives of the many agencies in the district that help the aged in any way, links up the work of these organisations.

THE AGED AND CHIROPODY. The local branch of the British Red Cross Society for some time have made arrangements for the treatment of the feet of members of their Evergreen Clubs. During the year they extended the range of this service to include persons in the district needing this treatment but who could not afford to obtain it by the usual agencies. A charge of 2s. 6d. per treatment is made.

The Harrow Old People's Welfare Committee applied to the Council for a grant in aid of the provision of a chiropody service for needy old people in the Borough, the intention being that the grant would be used to extend the chiropody service already provided by the Harrow branch of the British Red Cross Society. In May the Council applied to the Ministry of Housing and Local Government for approval to making a grant of £100 for the current financial year. On being informed that the Minister did not feel justified in giving his consent to the making of such a contribution, the Council instructed that further representation should be made.

Those authorities who have been enabled to provide this service for those in their districts have found there is a very great need of it. A failure to help in this way not only means that many elderly persons go through life with pain and disability, conditions which could be relieved or alleviated at comparatively little cost, but there is the other aspect that a successful service would make a substantial contribution to the services which ultimately have to look after these old people as their crippling foot conditions limit their mobility and bring nearer the day that they become bed-ridden. On these grounds alone it would seem to be a short-sighted policy not to make such a service easily available to those needing this attention.

LABORATORY SERVICE

The examination of clinical material of public health significance is carried out free of cost to the patient and to the doctor at the Central Public Health Laboratory, Colindale Avenue, London, N.W.9 (Tel. No. Colindale 6041 and 4081).

Many of the samples submitted are throat swabs which are examined for the presence of organisms of diphtheria or of the haemolytic streptococcus. Another group of samples is of dejecta for the presence of organisms of the typhoid fever, dysentery or food poisoning group. Specimens of sputa are submitted for examination for the presence of tubercle bacillus. Blood serum is sent for examination of the reaction indicating the infection of the body by the typhoid group. Cough plates are examined for the presence of the organisms of whooping cough. In general the examination is carried out of material which will be of aid in the early diagnosis of infectious conditions, one purpose of the laboratory being to carry out investigations of public health significance.

The laboratory also carries out the routine bacteriological examination of such foods as milk or ice-cream, and examines other foodstuff considered possibly to have been the source of food poisoning. The staff of the laboratory also carry out investigations in the field in the case of various forms of outbreak, however spread.

Another service provided by the laboratory is the issue of certain preparations such as lymph for vaccination against smallpox, and antigens for the immunisation of the population against diphtheria.

The clinical material is collected each day by a van from the laboratory calling about mid-day at the Harrow Hospital, "Kynaston Court," and the Central Fire Station, Pinner.

The following is a summary of the examinations of material from this district, carried out during the year: nose and throat swabs 115, faeces 426, sputum 28, miscellaneous 11.

AMBULANCE SERVICE

Although the County Council decided that the Fire and Ambulance Service should be run as one combined service, the combination of the two services is limited to organisation and administration. Fire appliances are manned by firemen especially enrolled and trained for that purpose, and ambulances are manned by ambulance driver/attendants and attendants.

Ambulances specially equipped to deal with accidents and similar emergencies are kept at 28 fire stations throughout the county. These ambulances and their crews, who are trained in first-aid, are always ready to respond immediately to accident and emergency calls.

The County Council development plan provides for the building of ten ambulance depots at various places throughout the county. All ambulances and sitting case vehicles are to be housed in these depots which will cater for the needs of the surrounding districts. They would also assist in accident work in an emergency. One of these buildings is in this district at Imperial Drive (Tel. No. Pinner 8900).

The hospital car service, operated jointly by the British Red Cross Society, the St. John Ambulance Association and the Women's Voluntary Services, provides cars and drivers, who give their services voluntarily, and by arrangement with the County Council takes many patients to and from hospitals and clinics.

LEGISLATION

The legislation passed in 1956 which is most directly aimed at improving conditions and so affecting health was the Clean Air Act. The Clean Air Act (Appointed Day) Order, 1956, made the 31st December, 1956, the appointed day for coming into operation of this Act except Sections 1, 2, 5-9, 16, 19 and 20, 22 (i) *a*, *c*, and *d* (iii), 35 (i) (ii) and the fourth schedule. The Smoke Control (Authorised Fuels) Regulations, 1956, made under this Act came into operation on 31st December, 1956. The model building byelaws were amended as to the arrangements in buildings for preventing smoke.

The Food and Drugs Act, 1955, came into operation on 1st January, 1956.

The Food Hygiene Regulations of 1955 came into operation on 1st January, 1956. The Food Hygiene (Amendment No. 2) Regulations, 1956, which came into operation on 31st December, 1956, postponed for twelve months the coming into operation in relation to shrimps, prawns and onions of Regulation 7 of the Food Hygiene Regulations, 1955, which restricts the giving out of food for preparation or packing for the purposes of a food business on or about domestic premises. This deferred action under the Amendment No. 1 Regulations of the 18th June, 1956.

The Ministry of Agriculture, Fisheries and Food issued model byelaws on the sanitary condition and management of private and of public slaughterhouses.

By the Sanitary Inspectors (Change of Designation) Act, 1956, which came into effect on the 2nd August, 1956, sanitary inspectors are now designated Public Health Inspectors.

The Middlesex County Council Act, 1956, received Royal Assent on the 2nd August, 1956. The sections which are of most concern to the Public Health Committee are:—

35. Supply of water to premises where supply cut off.
37. Exposed party walls to be weather proof.
38. Summary power to remedy stopped up drains, etc.
39. Power to repair drains and private sewers.
40. Power to require connection of premises with public sewers in certain cases.
41. Inspection chambers not to be covered.
42. Cleansing or destruction of filthy or verminous articles.
88. Further provisions as to movable dwellings.

SANITARY CIRCUMSTANCES OF THE AREA

WATER

Almost the whole of the area obtains its water from Colne Valley Water Company, coming from wells supplied by gathering grounds in the Chilterns. Full particulars of the places at which the water is collected and details of the purification processes carried out were set out in the Annual Report for 1954.

Responsibility for the wholesomeness of the water supply rests with the Water Company. Following the outbreak of typhoid fever in Croydon some years before the war, the result of pollution of the town's water supply, responsibility for ascertaining the wholesomeness of the water supplies in their districts was placed on District Councils by Section 111 of the Public Health Act, 1936. To this end the Council instructed that samples of water be submitted periodically for chemical and bacteriological analysis.

Apart from these routine analyses, samples are submitted for analysis of water collected from houses in which there are persons suffering from complaints which might have been water borne. Particulars of these cases are passed by the Public Health Department to the Water Company.

The following is a summary of the chemical analysis of a sample submitted in May (parts per million):

Appearance: Bright with a few mineral particles.
 Colour: 3. Turbidity: less than 3. Odour: nil.
 pH: 7.3. Free Carbon Dioxide: 14.
 Electric conductivity: 580 Total Solids: 390.
 Chlorine present as chloride: 43. Alkalinity as Calcium Carbonate: 190.
 Hardness: Total 235. Carbonate 190, Non-carbonate 45.
 Nitrate Nitrogen: 4.8. Nitrite Nitrogen: less than 0.01.
 Ammoniacal Nitrogen: 0.000 Oxygen absorbed: 0.45.
 Albuminoid Nitrogen: 0.027. Residual Chlorine: absent.
 Metals: absent.

“This sample is practically clear and bright in appearance, since it carries only a few particles of mineral matter in suspension. The water is neutral in reaction, hard in character but not unduly so and it contains no excess of salinity or mineral constituents in solution. It is free from iron and other metals. It is of very satisfactory organic quality.”

From the aspect of the chemical analysis these results are indicative of a pure and wholesome water suitable for drinking and domestic purposes.

The following, a copy of a bacteriological examination of a sample submitted for analysis in December, is typical of other reports—

Plate count. Yeastrel agar 2 days anaerobically: 2 per ml.
 Probable number of coliform bacilli: MacConkey 2 days 37°: not found.
 Probable number of faecal coli: not found.

Each year many householders suffer great hardship and material damage from burst pipes. The very severe weather in February magnified this problem last year. According to a reply by the Minister of Housing and Local Government, in a survey of nearly one million Council houses 18 per cent. were found to have been damaged by frost early in the year. Much of the trouble is the result of bad design of the plumbing system. So often the rising main is on the external wall, pipes in places especially

vulnerable are not lagged, while the outside w.c. is a regular sufferer. That there has been too great a tendency to place the blame on the weather rather than on this bad design is suggested by the decision of the Minister of Housing and Local Government to circularize local authorities suggesting that Water Companies should adopt the Minister's model byelaw requiring that wherever possible fittings should be placed where they are unlikely to freeze, or if that is not possible that they should be protected. Amongst the other suggestions made in circular 37/56 to water suppliers and housing authorities is that wider use could be made of polythene pipes for cold water services in new houses, particularly for outside w.c.'s, wash houses and similar buildings.

DRAINAGE AND SEWAGE DISPOSAL

The soil sewage from the district flows to the West Middlesex Drainage Works at Mogden. The surface water finds its way out of the district by the various water courses. The Annual Report for 1954 set out the details of the arrangements for the disposal and treatment of the sewage of the district and the drainage.

For some years low lying properties on the south side of Headstone Gardens have been subject to flooding during heavy storms because of the surcharging of the surface water sewers. At their October meeting the Council approved the construction of a surface water sewer relief overflow at Headstone Gardens running from the road to a nearby water course.

The especially heavy rainfall on some days in the summer led to a crop of complaints from the occupants of numbers of homes. The surface water drainage of Uxbridge Road, Stanmore at each side of Chartley Avenue proved to be inadequate, there being a length of 500 ft. on the southern side of the road without gulleys. The Council decided on the construction of a nine-inch surface water sewer complete with man-holes and road gulleys.

New properties on the south side of Cuckoo Hill Road, Pinner had also suffered from flooding, the surface water sewer being very shallow at this point. The remedy here would seem to be the construction of an additional surface water sewer from an existing manhole to the River Pinn.

During the heavy storms the sewer in Kenton Lane surcharged and caused the house drains to over flow, depositing quantities of obnoxious matter around the homes and gardens particularly of numbers 671 to 679. Water also flowed into the gardens of houses at Weald Rise. To avoid a recurrence of this trouble a 75 yard length of nine-inch overflow was to be constructed from the soil sewer in the Kenton Lane to the soil sewer in the Avenue.

The Council in August, 1955, authorised the invitation of tenders for the execution of the works involved in connection with the Pinner soil sewer relief scheme. At their meeting in January, 1956 a tender was accepted and the work was started in April.

SYNTHETIC DETERGENTS. Because of the very marked increase in the use of synthetic detergents both of the foaming and of the non-foaming

types, the Minister of Housing and Local Government in 1953 set up a Committee to examine and report upon the effect of the increased use of detergents.

The use of detergents was causing concern for four different reasons: There were fears that they might give rise to dermatitis and other dangers to health; there was some anxiety about their possible effect on domestic equipment and plumbing; there were suggestions that they were responsible for excessive foaming and possibly reduced operational efficiency, at a number of sewage works; and there was in consequence concern about the purity of the rivers, including some used as sources of public water supply, into which the effluents from sewage works are discharged.

In regard to the first point, the Committee's conclusion was that although when regularly used in contact with the skin, detergents can cause dermatitis, their widespread use has not led to any significant increase in the incidence of dermatitis, and is not likely to do so if they are used in a sensible way. While it is appreciated that household detergents can cause trouble in some plumbing systems and household appliances, these were not felt to be serious, irremediable or widespread. As to the possible effect on sewage disposal works, it was accepted that they do reach the works where they are not readily or completely destroyed. The foaming type of detergent can be a nuisance and in some cases could endanger public health and interfere with the purification processes, while the effluent again would contain some detergent. This could find its way to a river, affecting its ability to support healthy fish and plant life and result in offensive or toxic conditions. About the position at the West Middlesex disposal works which receives sewage from this district, the Chief Engineer expressed the opinion that the problem is so much a national one that nothing which individuals or establishments could do would prove of any help. His view that it was for the manufacturer to develop a type of synthetic detergent material which would be free from these adverse effects at sewage works. Alternatively, of course, it may be for those in charge of the works to find an answer.

Apart from the effect on plant and fish life in rivers to which these detergents are admitted is the fact that rivers below sewage treatment works are used as a source of water supply for about one quarter of the population of the country. The possibilities here are that they might lower the efficiency of the treatment of the sewage, might add to the difficulties of water purification, while traces of surface-active material might be present in the drinking water supply. Despite these possibilities, the Committee found no evidence of their causing any ill effect. The Chief Chemist of the Colne Valley Water Company is of the opinion that any water supplied by the Company throughout the Borough is unlikely to be affected by the discharge of waste products into rivers.

The Committee made the general observation that except as regards foam production at sewage works, the risks and difficulties to which the use of synthetic detergents appears to be giving rise at sewage works, in rivers and certain water works are limited and marginal rather than widespread and acute, and made recommendations: that regular determinations should be made of the concentrations of surface active material in sewage effluents discharged into rivers; that water under-

takings drawing water from such rivers should make regular determinations; that the information should be made available to the Health Departments; that the possibility of long term effects on health caused by drinking water containing such concentrations, or by the use of crockery washed with synthetic detergents and not rinsed be kept under permanent review; that investigations should be made at sewage works into the possibility of destroying the main ingredients of household synthetic detergents; that manufacturers of these detergents should investigate the feasibility of producing effective washing products based on materials which can be oxidised or eliminated and not cause foaming; and an advisory body be set up to facilitate research and keep progress under review.

PUBLIC CLEANSING

Much the same arrangements for the collection of refuse, its disposal and for street cleansing were continued last year as were described in the Annual Report for 1954.

Each week some 960 tons of refuse are collected by the 40 mechanical vehicles from some 70,000 premises in the district. Other arrangements are made for the collection of waste paper from shops and business premises.

For the last few years house refuse from this district has been conveyed to a tip at Harefield. The present agreement with the Uxbridge Council expires on the 31st March, 1959. The Urban District Council had contemplated erecting plants for the disposal of refuse on sites at Newton Farm and the Gt. Stanmore Sewage Farm. A scheme for a destructor at Newton Farm was submitted to the Minister in 1952 and an enquiry was held. No sanction to this proposal was received.

PUBLIC CONVENIENCES

The Annual Report of the Medical Officer of Health for the year 1935 contained particulars of the public conveniences in the district. The reference closed—"With the development of the district, further provision of sanitary conveniences will be necessary particularly in the neighbourhood of shopping centres. The two districts most urgently calling for attention are Kenton, near the station and Pinner."

The situation in Pinner has all these years been partially met by the arrangements entered into by the council with the owners of the Red Lion public house by which the urinal was made available to members of the public. At their meeting in January, 1956, the Council accepted a tender for the construction of a public convenience at Chapel Lane, Pinner. Unfortunately this project has had to be postponed because of the need to restrict capital expenditure.

Although there has all along been general agreement about the need for a convenience in the Kenton shopping area, it has not up to this been possible to reach agreement about its siting, the suggestion of any particular site being opposed by those living in the immediate vicinity. This is what happened again about the suggested site at the back of the

shops in Kenton Road, between Mayfield Avenue and Willowcourt Avenue. The proposal resulted in the holding of a local enquiry in October. The Inspector of the Ministry of Housing and Local Government who held it was sufficiently influenced by the volume of opposition that he did not approve the proposal with the result that the Council has to continue its search for an alternative site somewhere in the Kenton shopping area.

The Highways and Cleansing Committee considered the erection of a convenience on a site inside the grounds of the former Honeypot Lane Isolation Hospital. The Public Health Committee raised no objection to this.

The Council at its October meeting approved the recommendation of the Highways Committee for the acquisition from the Housing Committee of a piece of housing land situated at Kenton Lane near Belmont Circle.

Another shopping area for which up to this no provision has been made is in Hatch End. Here again it proved difficult to obtain a suitable site. At their October meeting the Council approved the recommendation of the Highways and Cleansing Committee about leasing from the County Council a piece of land at the side of the library building at Woodridings Close.

The Public Health Committee at their meeting in September considered a report on the number of persons using washing facilities at the five public conveniences in the borough at which these are available and asked the Highways and Cleansing Committee (1) whether notices drawing attention to the washing facilities available at these conveniences could appear in more conspicuous positions and (2) to consider the question of the provision of hot air dryers in the conveniences. On the latter point the Highways and Cleansing Committee felt that in view of the availability of free paper towels the provision of hot air driers is not necessary.

DISPOSAL OF THE DEAD

Burial Grounds

There were no changes during the year in the provisions for the burial of the dead, particulars of which were set out in the Annual Report for 1954.

Cremation

No further progress was possible during the year in regard to the Council's proposal to erect a crematorium at Harrow Weald because of the policy of restraint on capital expenditure.

Burial

Under section 50 of the National Assistance Act, 1948 the Council can arrange for the burial or cremation of any person who has died or has been found dead in their area if no other suitable arrangements are being made.

Each year there has been a small number of requests for these arrangements for burial to be made. In this last year the number was only two.

Mortuary

The district is served by the one mortuary at Peel Road which is under the care of a full-time mortuary attendant, Mr. C. Russell, of 30 Lorne Road, Wealdstone.

The arrangement by which bodies from the Wembley area should be received in the Corporation mortuary at a charge of £2 each pending the provision of a new mortuary in Wembley was continued.

During the year 423 bodies were received in the mortuary, 159 of these being from Wembley. Post-mortem examinations were carried out on all but 5 of the bodies admitted. Inquests were held on 108.

HOUSING

WEMBLEY BOROUGH

Inspection of Houses

(i) On complaint of damage or other housing defects	14
(ii) On complaint of other nuisances	20
(iii) Routine inspections	148
(iv) Reviews arising from defects found	91
(v) Surveys under S. 157 Housing Act, 1936	17
Conditions Found	199
(a) Number of dwellings or other premises where defects were found	128
(b) Number of cases of overcrowding investigated	147
	154

PUBLIC HEALTH

WEMBLEY BOROUGH

Inspection of Other Premises

(i) On complaint or request	14
(ii) Routine inspections of premises	20
(iii) Reviews arising from defects found	148
(iv) Surveys arising from health and defect complaints	91
(v) Inspection of Factories	17
(vi) Inspection of Workshops	17
(vii) Inspection of Outlets, Fountains	17
(viii) Inspection of Canteens and Places of Entertainment	17
(ix) Inspection of Licensed Premises	17
(x) Visits under Shop Act	17
(xi) Evening inspections under Shop Act	17
(xii) Surveys under Shop Act	17
(xiii) Observations made for Smoke Management	17

**SANITARY INSPECTION OF THE DISTRICT
AND
THE INSPECTION AND SUPERVISION OF FOOD
STATISTICAL SUMMARY**

PART I

Inspections Made and Conditions Found

HOUSING

Inspection of Houses

VISITS

(i)	On complaint of dampness or other housing defects ...	881
(ii)	On complaint of other nuisances	587
(iii)	Routine inspections	683
(iv)	Revisits arising from defects found	5,067
(v)	Surveys under S. 157 Housing Act, 1936	171

CONDITIONS FOUND

(i)	Number of dwellings or other premises where defects were found	1,327
(ii)	Number of cases of overcrowding revealed	30

PUBLIC HEALTH

Inspection of Other Premises

VISITS

(i)	On complaint or request	175
(ii)	Routine inspections of premises	682
(iii)	Revisits arising from defects found	865
(iv)	Surveys arising from Rat and Mice complaints	1,301
(v)	Inspection of Factories	415
(vi)	Inspection of Workplaces	38
(vii)	Inspection of Outworkers' Premises	334
(viii)	Inspection of Cinemas and Places of Entertainment... ..	63
(ix)	Inspection of Licensed Premises	93
(x)	Visits under Shops Acts	1,496
(xi)	Evening observations under Shops Acts	22
(xii)	Sunday observations—Shops Acts	13
(xiii)	Observations made for Smoke Nuisances	82

CONDITIONS FOUND

(i)	Premises visited as a result of (i) and (ii) where defects or unsatisfactory conditions were found	...	...	...	...	...	681
(ii)	Number of premises where action was taken by Rodent Operatives to deal with rats or mice	...	...	...	...	...	1,122
(iii)	Number of Factories, Workplaces and/or Outworkers' Premises where defects or contraventions were found	...	...	...	...	...	58
(iv)	Number of Cinemas and/or Licensed Premises where defects were found	...	...	...	...	...	36
(v)	Contraventions of Shops Acts—						
	(a) Failure to observe closing hours	...	...	...	...	...	11
	(b) Other contraventions (failure to exhibit notices, etc.)	...	...	...	...	...	275

FOOD HYGIENE

Inspection of Food: Food Shops, and Food Preparing Places

VISITS

(i)	Slaughterhouses	...	...	...	...	...	1,038
(ii)	Butchers' shops	...	...	...	...	...	341
(iii)	Cowsheds	...	...	...	...	...	10
(iv)	Dairies	...	...	...	...	...	75
(v)	Fish Shops	...	...	...	...	...	109
(vi)	Bakehouses	...	...	...	...	...	127
(vii)	Cafes and Restaurants	...	...	...	...	...	282
(viii)	Ice Cream Premises	...	...	...	...	...	295
(ix)	Provision Merchants	...	...	...	...	...	629
(x)	Greengrocers	...	...	...	...	...	334
(xi)	Other Food Premises	...	...	...	...	...	254

PART II

COMPLAINTS RECEIVED

Summary

Accumulations of refuse	...	...	...	...	...	94
Animals causing a nuisance	...	...	...	...	...	25
Dampness and Housing defects	...	...	...	...	...	492
Drains and sewers—choked	...	...	...	...	...	104
defective	...	...	...	...	...	156
Dustbins defective	...	...	...	...	...	96
Flooding—Gardens	...	...	...	...	...	19
Vermin	...	...	...	...	...	73
Insect infestations	...	...	...	...	...	114
Overcrowding, alleged	...	...	...	...	...	46
Smoke nuisances	...	...	...	...	...	46
Water course	...	...	...	...	...	21
Other complaints (wasps' nests, defective fences)	...	...	...	...	...	167
Food unfit (excluding requests received from shops to visit and inspect unfit food)	...	...	...	...	...	39

PART III

NOTICES SERVED

Under Housing Act, 1936

Statutory Notices served under S.9 requiring execution of repair work	13
Dwellings reported under S.11 and S.11 as amended by S. 10 L.G. Act, 1953, as being unfit for human habitation ...	31
Dwellings reported under S. 12 and closing orders made ...	2
Informal notices served under S. 9	73

Under Public Health Act, 1936

Statutory Notices under:—

(i) S. 24—work to a public sewer	161
(ii) S. 39—repair or renewal of drains	19
(iii) S. 45—repair or renewal of defective water closets ...	6
(iv) S. 56—undrained or badly drained yard area ...	—
(v) S. 75—renewal of a dustbin	17
(vi) S. 93—abatement of a nuisance	46
(vii) Informal notices served	1,789

ACTION TAKEN

Following Housing Act Notices

(i) S. 9—dwelling rendered fit:—	
(a) By owners	20
In 15 cases the notices were served during 1955	
(b) By local authority in default of owners ...	1
(ii) S. 11 and S. 11 as amended by S. 10 L.G. Act, 1953— demolition order made	8
(iii) S. 12—Closing order made	3
(One order relates to a property reported in 1955)	
(iv) Dwellings rendered fit by owners after receipt of informal notice	49

Following Public Health Act Notices

(i) S. 24—Public sewers repaired	31
(ii) S. 39—	
(a) By owners	11
(b) By local authority in default of owners ...	6
(iii) S. 45—	
(a) By owners	6
(b) By local authority in default of owners ...	0
(iv) S. 56—	
(a) By owners	—
(b) By local authority in default of owners ...	—

(v)	S. 75—		
	(a) By owners		16
	(b) By local authority in default of owners ...		2
	(c) By occupier		Nil
(vi)	S. 93—Nuisances abated (10 outstanding from 1955)		46
(vii)	Nuisances abated and/or other work carried out by owners on receipt of informal notice... ..		1,660

SUMMARY PROCEEDINGS

It was necessary on five occasions to apply to the Court for Abatement Orders; in each case where the work was outstanding at the date of the Hearing the Orders were granted and costs allowed.

A contravention of Section 13 of the Food and Drugs Act, 1938 was also referred to the Magistrates. In this case the occupiers of a bakehouse after repeated requests failed to maintain the premises and equipment in a satisfactory state of cleanliness. Fines totalling £105 were imposed. Action under the Food and Drugs Act was also taken following foreign matter (iron particles) being found in a bottle of milk. Under the Shops Act 1950, a tobacconist and confectioner was fined for failing to close his shop at the hour demanded by the law.

During the year an appeal was lodged in Willesden County Court against a Notice served under Section 9 of the Housing Act, 1936. The owners of the property concerned were of the opinion that it could not be repaired at a reasonable cost; the appeal was allowed and costs were awarded against the Council.

HOUSING

Inspection of Houses

The table on page 34 gives particulars of the inspection of houses in the district. Although it is the duty of an authority to cause inspections to be made with a view to finding those which are dangerous or injurious to health, this practice has not yet been resumed since the war because of the volume of work which follows on receipt of complaints from tenants about the state of the houses they are occupying. So many of these are found to be incapable of repair at a reasonable cost and have to be condemned. In each case the Public Health Committee recommends the rehousing of the occupants usually one family a house but sometimes two, each of these recommendations being an embarrassment to the Housing Committee. The claims of each of these families for immediate rehousing—and the matter is urgent because the houses have been condemned as being unfit for living in—have to be weighed against those of the many other applicants. The result is that there is often a very long delay before the family can be moved into its new house. In the meantime in most cases not unnaturally nothing is done by the owner to improve the state of the house. The fact is that although the Council's intervention will ultimately be to the advantage of the occupants, for a period their state might even be that much worse by such action having been taken. To carry out systematic housing inspection will only bring to light many

other houses which would have to be condemned. These it is presumed in the meantime are just that much better than those about which complaints have been received. As inspection could not be followed by early rehousing where necessary, the routine inspections of houses are not being made.

Slum Clearance Programme

The Council's proposals submitted to the Ministry in August, 1955, for dealing with unfit houses in the district referred to 577 properties. It was expected that the clearing and replacement of the unfit houses could be carried out in five years.

At the time the survey was completed in April, 1955, the 577 houses included 29 which were already the subject of confirmed Clearance Orders, 39 the subject of confirmed Demolition Orders and 115 about which action had already been started. The 115 included the 91 houses in the Northolt Road area, 4 in Pinner Hill Road, 10 in Palmerston Road, 4 in Crown Street and 6 at Little Common. In April, 1955, 183 of the 577 houses were the subject of some action. By the end of 1955 a further 63 of the balance of 394 were being dealt with.

The Clearance and Re-development Committee at their meeting in December, 1955, decided that the first year of the Council's slum clearance programme should be devoted to the clearance and re-development of the unfit houses in the Northolt Road clearance area. Stress was laid on this as it was felt that the Council's slum clearance programme hinged on the clearance of areas, some at least of which would provide sites on which could be built a greater number of houses than the number demolished on them. The development proposed for the Northolt Road area would provide 241 new dwellings on the cleared site of the 163 houses to be demolished. The only other site yielding a surplus would be that obtained on demolishing the 200 prefabricated dwellings at Rayners Lane; on this site 244 housing units could be constructed.

The overall picture throughout the rest of the district is of a deficiency, it being expected that only 76 units could be put up against the 180 demolished at Poet's Corner, and for the rest of the district 215 constructed against 367 demolished, the total figure being 776 new housing units against 910 demolished. Further progress, however, has been made in spite of the fact that even at the end of the year the public enquiry into the Northolt Road clearance proposals had not been held. The inspections of this area were made during 1954 and the first representations made in November 1954.

SLUM CLEARANCE SUBSIDY. The slum clearance arrangements which started in 1930 came to an end at the outbreak of the war from which time little progress had been made throughout the country up to 1955. The returns pointed to there being some one million houses in the country to be considered. The building of houses in the post war years had been encouraged by Government grants. The standard subsidy for an ordinary house was £35 12s. 0d. per annum for 60 years out of which the Exchequer contribution was £26 14s. 0d. These figures were later reduced to £29 8s. 0d. and £22 1s. 0d. for houses completed after March 31st, 1955. By the Housing Subsidies Act 1956 the subsidy on houses built for general

needs was to come to an end. On the other hand there was to be a subsidy of £22 per house for building as a direct result from slum clearance. This change is a substantial encouragement to local authorities to concentrate their efforts on the abolition of the slum house.

Up to this an owner of a house condemned by slum clearance procedure could obtain little in the way of compensation, receiving apart from site value only something for good maintenance. This could cause great hardship to those who, because they could not get any other house in which to live, bought a house in an area which was later to be dealt with by clearance, and who in addition to the initial cost had spent much on improving the house, but where in spite of all that had been done, the house could not be excluded from those to be dealt with. The Slum Clearance (Compensation) Act 1956 introduced certain amendments—

1. Owner occupiers who had purchased houses between the outbreak of the war and 12th December, 1955, and were still in occupation should receive compensation at the same rate as if their houses had not been declared unfit.

2. A similar arrangement for business premises.

3. Where accounts of expenditure could not be produced, the rates of compensation payable in recognition of good maintenance should be varied from time to time to make allowance for changes in the cost of repairs. Individual houses declared unfit would also qualify for these payments if in fact they had been well maintained.

Demolition of Houses

At the end of the year some of the following groups of houses which were the subject of earlier clearance orders were still occupied:

<i>Address</i>	<i>Date of Order</i>	<i>No. still occupied</i>
2-40 Headstone Drive	1939	8
Brewery Cottages	1939	4
High Street, Stanmore, No. 4	1939	—

During the year the Minister of Housing and Local Government confirmed the compulsory purchase order made under Section 29 of the Housing Act 1936 on 1, 3, 5, 7, Pinner Hill Road. At the end of the year all of these properties were vacant.

The following properties included in clearance areas were purchased by agreement during the year:—

<i>Address</i>	<i>Date of Official Representation</i>	<i>No. still occupied</i>
2-12 Palmerston Road	1953	5
31, 33, 35, 37 Crown Street	1954	2

The following properties were represented for action under the clearance provisions of the Housing Act:

- 15, 17, 19 Crown Street.
- 1 Albert Cottages.
- 8 & 9 Albert Place.
- 1, 3, 5, 7, 9 Waldron Road.

Of these the Waldron Road properties were purchased by agreement during the year.

The following groups of properties were represented for action under the clearance provisions of the Housing Act:

29-34 Little Common, Stanmore	...	...	1953	6
Northolt Road Area No. 1	...	...	1954	8
Northolt Road Area No. 2	...	...	1954	9
Northolt Road Area No. 3	...	...	1954	20
Alma Road and Alma Crescent	...	...	1954	54

During the year the following properties were made the subject of demolition or closing orders:

Demolition Orders:

- 101-103 Headstone Drive.
- Engadine, Devonshire Road.
- 13, 14 Chapel Lane.
- 17 West Street.
- 6 and 7 Marsh Cottages.

Closing Orders: Sec. 12

- 59/61 High Street, Edgware.

The following properties were demolished during the year:—
101-103 Headstone Drive; 99-101 Greenford Road; 33, 35, 37 Love Lane.

Repair of Houses

When a house is found to be unfit for human habitation and the owner on being approached will not do the work, the Public Health Committee may serve a notice under Section 9 of the Housing Act calling for the carrying out of the necessary work if it can be done at a reasonable cost. If the house is not worth saving, then the procedure under Section 11 is followed. Under this the owner attends at a meeting of the Public Health Committee to submit any proposals he might have for saving the house. In default of his submitting these or submitting only unsatisfactory proposals, a Demolition Order is made.

The Housing Act, 1949, contained provisions by which grants could be made to owners to modernise their houses by improvement or conversion. Very little advantage was taken of these powers. They were modified by the Housing Repairs and Rents Act, 1954. Rather more applications were received for help under this Act, though in 1956 the number of applications was only 21 against the 34 of the year before. Most of these applications were received from owner-occupiers who wished to improve the houses in which they lived. Only 2 related to houses where the landlords wished to improve conditions for the benefit of the tenants.

Before the war, when an owner appeared before the Committee under Section 11 procedure, it was with the object of saving his house. Since the war the position has so changed that very often the owners ask for an order to be made. So very often they have not the money to spend on the work necessary to save the house so that they cannot submit proposals for the work to be done which could save it and the Public Health Committee has in these circumstances been able to do nothing but make a Demolition Order. On many occasions this has resulted in the loss of a housing unit which should have been saved. At different times over the years the Public Health Committee have been faced with such a problem, and has suggested that the Council should consider acquiring these houses; but this suggestion has never been acted on. The issue was raised at the meeting of the Council on the 12th October, 1956, when the following motion was tabled:—

“That this Council, concerned with the problem of the sub-standard properties within the five year programme envisaged in the recent proposals of H.M. Government, resolves to acquire condemned properties in the Borough as and when opportunity offers, for improvements to a reasonable habitable standard; and thereafter to maintain them as Local Authority dwellings; this policy to be supplemental to the Clearance and Redevelopment schemes already proposed.”

The matter was referred to all the Committees which were interested. At their meeting on the 21st December, the Council resolved:—

“That this Council, concerned with the problem of the sub-standard properties within the five year programme envisaged in the recent proposals of H.M. Government, resolve to acquire certain of these sub-standard properties in the Borough as and when opportunity offers, for improvements to a reasonably habitable standard; and thereafter to maintain them as Local Authority dwellings; this policy to be supplemental to the Clearance and Redevelopment schemes already proposed.”

When a house which has to be condemned is one of a terrace, instead of a Demolition Order a Closing Order can now be made. This avoids the difficulties which follow on trying to demolish the premises. While subject to the Order, the house is not to be lived in. There is, however, now, nothing to prevent the owner submitting proposals of works which will make the house fit and if these are practicable, the Public Health Committee has to accept them. As long as the house is occupied, there is no question of the owners doing this work. Once the house has become empty however, usually by the family having been given a Council house, it often becomes profitable for the owner to carry out substantial work which can save the house and recoup himself by disposing of the house with vacant possession.

Overcrowding

The annual review of the state of overcrowding in the district shows that there has again been an improvement. As compared with 109 cases known on the 1st January, the number on the 31st December was 86.

The nett reduction of 23 is the difference between the 53 cases in which the overcrowding was abated and the 30 new cases.

In 16 instances the abatement of the overcrowding was brought about by families being rehoused in Council houses.

Of the 30 new cases, the overcrowding was caused in 16 by the increase in the size of the family or by the ageing of the children and in 10 by the marriage of one of the children. The fact that the Council is now unable to help those families whose overcrowding has occurred by the marriage of one of the younger members of the family means that until the general housing situation becomes easier, it can be expected that there will be many more of these cases. Two new cases of overcrowding which occurred during the year were the result of the taking in of lodgers; in both these the overcrowding was abated before the end of the year. Two other houses became overcrowded by the taking in of relatives; one of these cases of overcrowding was abated by the end of the year.

Of the 86 premises which were overcrowded, in 62 the overcrowding was by not more than one unit. Twelve families were living in premises overcrowded by $1\frac{1}{2}$ units, 4 in premises overcrowded by 2 units and 8 in accommodation overcrowded by $2\frac{1}{2}$ or more units.

New Housing

The total number of new dwellings provided in this district from the end of the war up to the 31st December, 1956 was 4,929. Of these 2,399 were new permanent Council dwellings and 200 were new temporary dwellings. 1,659 permanent dwellings have been provided by private enterprise. 338 dwellings destroyed by enemy action were rebuilt, and 333 existing houses were converted. At the end of the previous year the number of permanent Council dwellings provided was 2,301, and the number of buildings provided by private enterprise 1,488.

In addition 954 family dwelling units were provided in requisitioned premises. Of these, by the end of the year 662 had been released and 61 had been reduced from two to one unit dwellings, 231 in all being held at the end of the year.

Further use has been made of the arrangements for the removal of Harrow families to the new and expanded towns. 83 Harrow families were housed in one of the new or expanded towns during the year. By the end of the year the total number housed was 1,143. Of these 565 were from the normal waiting list. Most of these removals were to the new towns of Hemel Hempstead, Stevenage and Harlow and the expanded towns of Bletchley and Swindon. Smaller numbers went to Welwyn, Hatfield, Basildon, Bracknell and Aylesbury.

Section 9 of the Housing Subsidies Act, 1956, changed the basis of payment by the Corporation in respect of persons rehoused at the expanded towns of Swindon and Bletchley and at the eight new towns now in course of completion. Instead of the Council paying direct to the receiving authority, whether the local authority or the new towns development corporation, the sum of £8 8s. 8d. annually for ten years for each family nominated by them and rehoused, the Council will have to refund to the Minister a sum not exceeding £4 annually for ten years for every family transferred from Harrow after April 1st, 1956, whether or not

the family had been nominated by the Council on grounds of housing need. The Housing Committee agreed to this arrangement, and agreed to nominate automatically for such transfer all new applicants who at the time of application have a qualifying period of twelve months residence in the borough.

Allocation of New Houses

When the first of the housing units became available after the war the Council decided to allocate them on a points system, the points being earned by a variety of factors. Three groups of persons remained outside this scheme whose applications were dealt with independently. Of these three groups the overcrowded family was later brought into the points scheme by additional points being given because of the overcrowding. This left two groups outside the scheme. One was the family living in the condemned house. This family was helped by the Public Health Committee making an appropriate recommendation to the Housing Committee at the time it made an Order condemning the house. The other group was the family with a member suffering from tuberculosis. To meet the needs of those in this group, one-sixth of the housing accommodation which became available was allotted to them. Later when the families with the greatest claim to be rehoused on these grounds had been helped, the ratio was altered to one-tenth. Although many of the applications for rehousing are supported by medical certificates urging the need for an improvement in the living conditions of the family, these applications have not been considered by the Public Health Committee. Instead they are referred for consideration by the Subcommittee of the Housing Committee which deals with all applications based on hardship.

For each of the last few years the Housing Management Subcommittee has carried out a review of the housing situation to decide on the allocation of what new houses might become available in the coming year. Each year the Committee has been faced with the position that fewer houses had come along than had been expected and that the total numbers anticipated would be less than had previously been expected. Coupled with the smaller numbers of houses available for consideration, has been the increase in the number of commitments carried over from the previous period which considerably reduced the numbers to be available for allocation.

The Public Health Committee were becoming increasingly concerned at the situation facing them. Without there being any systematic housing inspection, particulars of houses were being brought to their notice following receipt of complaints from the tenants about the state of the houses they were living in. In so many of these there was no alternative but to the Committee making one of the Orders condemning the house. At the same time they made further recommendations to the already embarrassed Housing Committee about the rehousing of the occupants. In a report submitted in April, reference was made to the 17 houses the subject of confirmed Clearance Orders which were still occupied, 32 houses in areas the subject of official representations and 35 houses the subject of Closing or Demolition Orders, a total of 84. A further 44 units of

accommodation would be needed for the families from the 36 houses in respect of which preliminary action under the Housing Act had already been taken. It could be expected that similar numbers of complaints would continue to be received resulting ultimately in the making of a number of Demolition or Closing Orders. While there might be hope of obtaining a surplus of housing units on some of the sites the subject of confirmed Clearance Orders, not many of the sites of these houses dealt with by way of individual Orders would be suitable as sites for new Council houses. The concern of the Public Health Committee therefore was that there was piling up this number of houses from which the occupants would have to be rehoused, numbers far greater than any surplus there would be on developing the sites of confirmed Clearance Orders, and yet it was only too apparent that the Council would, because of the paucity of sites, in future be in a position to build only small numbers of new houses at any time.

Review of the Council's Housing Situation

When the Housing Management Sub-committee met for its annual review of the housing situation, they were faced not only with the smaller numbers of houses they would have to allocate but also with the need to make some provision for the rehousing of those in some of the houses included in the Northolt Road clearance areas so as to facilitate the phasing of the Council's proposed redevelopment in this year.

The Sub-committee met on the 17th April, 1956. At that time the total number of new dwellings anticipated during the period ended 28th February, 1958, was 568 as against a figure of 609 at the 1955 review. This 568 included 96 new aged persons dwellings. 194 new family dwellings had been built between the 28th February, 1955, and the 17th May, 1956. This reduced the number of new dwellings likely to become available to 278. 34 of these are the balance of the numbers originally allocated for the overspill from the Poets Corner area. Of the 244 new family dwellings left, 134 had already been earmarked to meet the outstanding commitments approved under the 1955 allocation. That left only 110 to be considered.

The Committee recommended that these be provisionally allocated:

(i)	Tuberculosis Cases (maintaining the agreed one-tenth allocation of all new dwellings becoming available) ...	11
(ii)	Eviction case outstanding	1
(iii)	Overcrowded families	8
(iv)	Families to be rehoused from individual insanitary dwellings (other than those in Poets Corner) ...	20
(v)	Hardship Cases	26
(vi)	Licensees from further requisitioned premises ...	—
(vii)	Housing list cases becoming eligible under the "points" scheme	17
(viii)	Miscellaneous	3
(ix)	Allocation for rehousing families, in due course, from the Northolt Road Clearance Areas to facilitate the phasing of redevelopment	24
		<hr/> 110

SUPERVISION OF OTHER PREMISES

Routine visits are paid by the sanitary inspectors to such premises as factories, licensed premises, cinemas and other buildings.

Factories

Sanitation. Earlier legislation was largely repealed by and to a certain extent re-enacted in the Factories Act, 1937. Under this a distinction is drawn between those factories in which mechanical power is used and those where it is not. The District Council has responsibilities in regard to the cleanliness, overcrowding, temperature, ventilation and drainage of floors of those factories where mechanical power is not used. In all factories, whether or not mechanical power is used, the District Council is concerned to see that sufficient and suitable sanitary conveniences are provided, maintained and kept clean. The standard of adequacy is set out in the Sanitary Accommodation Order, 1903. District Councils are also concerned with fire escapes at factories and with basement bakehouses. The Factories Act also lays a duty on District Councils about home workers. Lists of out-workers of those engaged in certain trades have to be kept and action taken if the persons are employed in unwholesome premises.

Supervision of conditions of work: The conditions of work at factories are supervised by the department of the Ministry of Labour and National Service. Under central direction the country is divided into areas for each of which a factory inspector is appointed. The office of the local inspector is 38/39 York Terrace, Regents Park, N.W.1.

In each district there is the appointed factory doctor, usually a part-time general medical practitioner. Amongst his duties are the examination of young persons under the age of eighteen within fourteen days of their first employment to determine whether they are fit for work or fit only for some kinds of work, or fit for work only under certain conditions. The surgeon for most of this district is Dr. D. V. Morgan-Jones, 7 Welbeck Road, West Harrow; for Edgware, Stanmore and Kingsbury he is Dr. E. E. Stephens, 3 Sefton Avenue, N.W.7.

At most of the factories in the district fewer than 50 persons are engaged. Of the 24 larger factories there are eleven at which over 50 but under 100 are employed, eight at which there are between 100 and 200, two engage between 200 and 500, and at three over 500 are employed.

There are 536 factories or premises which are supervised by the public health inspectors of the district. At 60 of these mechanical power is not used and these are therefore supervised not only as regards sanitary conveniences but also as to the general health provisions. To these premises 423 visits were made, with the result that 19 notices were served. 58 defects were found; of these 24 were due to want of cleanliness, 14 were in respect of sanitary conveniences (11 unsuitable or defective). Information is passed on to the local inspector of factories about matters found at these premises with which he is concerned. In the same way he draws the attention of the inspectors to points he has found which concern them.

There are 221 outworkers' premises in the district. At 130 of these wearing apparel is dealt with, being either made or cleaned; at 62 Christmas crackers and Christmas stockings were made.

Shops Acts

Local authorities are concerned with shops in different ways. The earliest of the Shops Acts related more especially to the hours the shops could remain open. Later legislation dealt mainly with the hours of employment of young persons. As a sanitary authority, the Council is concerned about such matters as the ventilation and temperature of shops and the satisfactoriness of the sanitary accommodation. As an authority responsible for administering the Shops Acts, the Council has further responsibilities about lighting, about facilities for washing and for the taking of meals.

There were at the end of the year 2,357 shops in the district, an increase of four in the number at the end of the previous year. During the year 1,496 visits were paid. Nearly 300 contraventions were found.

Most of the contraventions found were in respect of the keeping of records or of the failure to exhibit the notices required by the Shops Acts. It was necessary to take summary proceedings about one offence. Such proceedings are taken only if at least two warnings have been given and ignored.

Places of Public Entertainment

The Minister of Health many years ago suggested that the Sanitary Authority should arrange for all theatres, music halls, and other places of public entertainment to be visited periodically with regard to their sanitary condition. The Secretary of State also suggested that when considering an application for the grant or renewal of a licence of any theatre or other place of public entertainment, the licensing authority should require a certificate from the sanitary inspector that the condition of the building is satisfactory in sanitary and other respects.

There are 76 premises in the district licensed for public entertainment. These include 10 cinemas, 14 public houses, 13 church halls, 3 local authority assembly halls, 21 schools and 12 private dance and other assembly halls, clubs, etc.

In addition to the attention of those responsible for the maintenance of these premises being drawn to any unsatisfactory condition, reports on their state and especially that of the sanitary accommodation are forwarded each year to the Clerk of the County Council.

Licensed Premises

There are 57 licensed premises in the district. Although at most of them the state and adequacy of the sanitary conveniences are quite satisfactory, at some there is room for improvement. A report about the state of these premises is sent to the Clerk of the Justices each year just before the Brewster session.

Keeping of Pet Animals

The Pet Animals Act, 1951, requires any person keeping a shop for the sale of pet animals to be licensed with the local authority. Before

granting the licence, the local authority must be satisfied that the animals will be kept in accommodation that is suitable as to size, temperature, lighting, ventilation and cleanliness; that the animals will be adequately supplied with food and drink; that they will not be sold at too early an age; that all reasonable precautions will be taken to prevent the spread among the animals of infectious disease, and that appropriate steps will be taken in the case of fire or other emergency.

The number of licensed pet shops in the district is 15. All of them were inspected during the year; the conditions were found to be satisfactory in all but two which were dirty at the time.

Rag Flock

The Rag Flock and Other Filling Materials Act, 1951, makes it necessary for any premises using filling materials to which the Act applies to be registered with the local authority. There are four premises in the district registered under this Act. The persons concerned use materials carrying the Certificate of the British Standards Institution. In no case was any dirty filling material found at the premises which were all inspected during the year.

Marine Stores

In 1953 the Public Health Committee became responsible for the registration of marine store dealers. This term includes the dealer in old metal which under the Old Dealers' Metal Act of 1861 includes any person dealing in, buying, and selling old metal, scrap metal, broken metal or partly manufactured metal goods or defaced or old metal goods. At the end of the year four persons were registered with the Authority.

Hairdressers' and Barbers' Premises

Section 282 of the Middlesex County Council Act, 1944, enables a local authority to make byelaws for the purpose of securing the cleanliness of any premises in their district used for the purpose of carrying on the business of a hairdresser or barber and of the instruments, towels, equipment and materials used in the premises. Every person using any such premises shall keep exhibited in a suitable place a copy of the byelaws. There are in the district 125 such establishments. They are visited periodically to see that the requirements of the byelaws are being complied with; at most establishments a very high standard of cleanliness is maintained.

CONTROL OF NUISANCES

The Public Health Inspectors keep under supervision various buildings, water courses and parcels of land so as to be in a position to take action to prevent unsatisfactory conditions arising.

Atmospheric Pollution

The activities over many years of the small number of people who have been concerned at the extent to which the atmosphere was being steadily polluted aided by the dramatic effects of the smog in December, 1952,

resulted in the presentation of a Bill which in turn became the Clean Air Act of 1956. Although this received Royal Assent in July, none of it was to come into operation until such date as the Minister was to appoint. By the Clean Air Act, 1956 (Appointed Day) Order, 1956, most of the provisions came into operation on the 31st December, 1956. Because of the need to give industry sufficient notice of proposals which would involve changing boilers, furnaces etc., to enable the new legal requirements to be satisfied the provisions relating to industrial premises are not to come into force until early in 1958.

The Bill "to make provision for abating the pollution of the air" has four purposes:

- (i) to prohibit the emission of dark smoke from chimneys, railway engines and vessels, subject to certain qualifications;
- (ii) to prohibit the installation of new industrial furnaces unless they are capable, so far as practicable, of being operated without emitting smoke;
- (iii) to require that the emission of grit and dust from existing industrial furnaces shall be minimised and that new industrial furnaces burning pulverised fuel or large quantities of other solid fuel shall be provided with grit-arresting equipment;
- (iv) to empower local authorities, by order, subject to confirmation by the Minister concerned, to declare "smoke-control areas," in which the emission of smoke from chimneys will constitute an offence.

In a district such as this with its relatively small number of factories, what pollution does occur is due more to the domestic than to the factory chimney, although, of course, a single offending factory chimney might be more noticeable. Much attention then will have to be paid to the domestic chimney and consideration will have to be given to the establishing of smoke control areas. These are parts of districts in which when declared, it would be an offence to allow the emission of smoke from a chimney of any building in it, although it would be a defence to prove the emission of smoke was caused by the use of an authorised fuel. A number of local authorities have already defined smokeless zones in their areas. These are areas in which emission of smoke was prohibited. The intention had been that these zones, small to start with, would be enlarged, and in time that they would include areas in which there were industrial installations which it would be impracticable to turn on to any smokeless fuel. An entire absence of smoke then could not be obtained, but it could be reduced to a "negligible smoke emission." Even this, however, could hardly be accepted in a smokeless zone. It can, however, be tolerated in smoke control areas. In such areas all domestic premises would have to use smokeless methods of burning authorised fuels. The only way of eliminating domestic smoke is by ceasing to burn raw coal. For all practical purposes the solution is a solid fuel, and in domestic premises smokeless methods of burning authorised fuels must be used. The Smoke Control Areas (Authorised Fuels) Regulations, 1956, declared the following to be authorised fuels for the purposes of the Clean Air Act;

anthracite, briquetted fuels carbonised in the process of manufacture, coke, electricity, gas, low temperature carbonisation fuels and low volatile steam coals.

Local authorities may make a grant in respect of private dwellings, churches and buildings used by charities etc., for the cost of adapting fireplaces so as to enable them to comply with the regulations of a smoke-control area. The grant may be anything between seven-tenths and the whole of the cost. If it should be necessary, the local authority may order the necessary work to be done or carry it out themselves in which case they can recover three-tenths of the cost. The local authority may then claim from the Government four-sevenths of what they have to pay out in respect of privately owned houses, and two-fifths of what they have paid out for houses owned by themselves.

The very real obstacle to progress on these lines is the difficulties householders experience in the winter months in obtaining their supplies of smokeless fuels, difficulties which may be the result of inadequate amounts of the fuel in parts of the country or of difficulties in transport. "The practicability of much of the domestic aspect of our clean air policy depends on the supply, the price and the quality of smokeless fuels and especially of solid smokeless fuels." The Minister of Fuel and Power is setting up machinery to promote co-ordination between producers, distributors and local authorities to ensure that the smokeless fuel produced will be available at the right places.

Apart from anything that is to be done to improve conditions as they are now, the Act gives powers for steps to be taken which should result in the position not deteriorating. In regard to domestic premises by Section 104 (2) of the Public Health Act, 1936, building byelaws may require the provision in new buildings other than private houses of such arrangements for heating or cooking as are calculated to prevent or reduce the emission of smoke. Section 24 of the Clean Air Act enables local authorities to make building byelaws to extend the requirements to private houses, and the Minister has prepared model byelaws. As to industrial smoke, Section 3 of the Act requires all new furnaces (except domestic) to be capable of being operated continuously without emitting smoke when burning fuel of a type for which they were designed. Section 10 enables authorities to control the heights of chimneys (not of residences, shops or offices) so as to prevent as far as practicable the smoke, grit and dust and gases from being prejudicial to health or a nuisance.

The recommendation of the Beaver Committee accepted by the Government about the scheduling of further industries under the Alkali Act with the responsibility for smoke prevention from these falling to the Alkali Expectorate has led to some controversy. The case for the arrangement is that the problem of these special processes is not merely one of seeing that the particular works complies with the law, but it is a matter of devising and applying means for reducing the pollution in those cases where there are special technical difficulties. Local authorities will not be left out as they will still have concurrent powers in regard to smoke, grit and dust.

While much progress will no doubt be made under these new powers to reduce obvious atmospheric pollution, little perhaps will have been

achieved in reducing the contamination with the invisible oxides of sulphur, the component which possibly is the most damaging to the human system of the various pollutants. Other problems to be tackled will be those of fumes from motor transport, a matter possibly of real importance in large towns with their traffic congestion and concentration of toxic gases from the exhausts.

Smoke in the outer air is something which should be eliminated whether because it is a nuisance or because it touches the pocket or damages the health. The damage done to the lungs of the smoker is something which he might claim is a matter which he alone is concerned about. Non-smokers though are entitled to be free from the nuisance, if not from the possible risk of health, they are subjected by those smoking in theatres, cinemas and public transport. With an appreciation of the injury atmospheric pollution can bring about and with a knowledge of the definite relationship between consumption of cigarettes and the incidence of cancer of the lung, it is most improbable that the damage done by the smoke of the cigarette is confined to the smoker himself.

HAZARDS OF RADIATION: This is a subject to which these days increasing attention is being devoted. As yet only small numbers of people are especially exposed to radiation at their places of employment, but the general public is exposed to radiation beyond the normal background through x-rays at hospitals and in shoe shops, from the luminous dials of watches and clocks, from television tubes and at high altitude flying. Although each of these exposures is minute, the aggregate received by the population is greater than that received by radiation workers. The disposal of radio active waste is potentially the greatest public health problem in work with radio-active materials and in the development of nuclear power. Alternative methods of dealing with radio-active wastes are to dilute them to such a low concentration that they can safely be dispersed into the surrounding environment, or to concentrate them into conveniently small bulk and to store them until they decay to a sufficient level or in some cases indefinitely.

The problem as affecting the general public is dealt with in a Medical Research Council Report on "Hazards to Man of Nuclear and Allied Radiations." The following are extracts from this report—

"If the dose of radiation from natural sources to the gonads of the general population is expressed as 100, then the following percentage figures show the additional estimated doses that may be expected from artificial sources: diagnostic radiology, at least 22; radiotherapy, unknown; shoe fitting, 0.1; luminous watches and clocks, 1.0; television sets, much less than 1.0; high altitude flying, insignificant; occupational exposure to radiology, at least 1.6; Atomic Energy Authority, 0.1; fall-out from test explosions, less than 1.0.

In the meantime, we feel bound to state our opinion that it is unlikely that any authoritative recommendation will name a figure for permissible radiation dose to the whole population, additional to that received from the natural background, which is more than twice that of the general value for natural background radiation. The recommended value may, indeed be appreciably lower than this.

We consider that the time has come for a review of present practice

in diagnostic radiology, and of certain uses of radiation in the treatment of non-malignant conditions, particularly in children. Among the less important sources of radiation, we hope that the use of x-rays in shoe-fitting will be abandoned except when prescribed for orthopaedic reasons; that watches and clocks with radioactively luminous dials will be confined to necessary uses; and that the x-ray hazard from television tubes at present negligible, will be borne in mind if special types of high-voltage equipment come to be widely used."

Rats and Mice

The rodent operatives found rats or mice at 1,122 of the 1,301 premises they visited. Each of the infestations was small and localised. Most complaints were from private dwelling houses, 870 of these being in respect of rats, 96 of mice. Ten infestations of rats and four of mice were at Corporation properties, 93 and 49 at other premises. The numbers for Corporation properties and other premises are much the same as for the previous year, but those relating to private dwellings show a fall of about twenty five per cent. 9,864 visits were paid by the operatives.

Two sewer treatments were carried out. Of 523 manholes baited, only 49 showed signs of infestation. These 49 were treated in addition to others previously found to be infested. The treatment carried out in November showed that only 53 manholes were still infested. These figures confirm the findings of previous years that the sewers of the district are not seriously affected.

Wasps

The rodent operatives investigated 229 complaints of wasps nests during the year and destroyed 213 nests. The remaining 16 complaints were found to result from wild bees nests, and wasps nests in inaccessible places which could not be treated. The figure of 213 compares with 114 in 1953, 278 in 1954 and 345 in 1955.

Fouling of Footpaths by Dogs

This is a real nuisance in some parts of the district, perhaps more especially in those quiet roads near shopping centres where the occupants of flats above the shops own dogs. Occasionally action is taken under byelaw 25 of the Council's Good Rule and Government byelaws. A case was reported to the General Purposes Committee at their meeting in September where the owner allowed an animal whilst in his charge to foul a footway in Northolt Road; the offence was witnessed by a police constable; the offender when the case came before the Harrow Justices Court was fined £2 and one guinea costs. The Committee has at times discussed what might be done to give more publicity to this offence, and referred to the Public Relations Committee a suggestion from the Pinner South Residents Association that the Council should erect warning notices in the streets to remind dog owners of their responsibilities. This Committee decided that posters drawing attention of the public to prosecutions for these offences should be displayed on the Council notice boards.

INSPECTION AND SUPERVISION OF FOOD

(A) MILK

Production

The number of farms in the district, nine, is the same as last year. Two of the farms produce ungraded milk which is sold wholesale; at the other seven, tuberculin tested milk is produced.

Distribution and Licensing

Two dairies in the district are equipped with pasteurising plants and are licensed by the Middlesex County Council.

The following are particulars of the numbers of various types of licenses issued under the Milk (Special Designation) Regulations 1949-54:

(1) The number of premises from which pasteurised milk was sold	51
(2) The number of premises outside Harrow from which pasteurised milk was retailed in the district	21
(3) The number of premises from which T.T. milk was sold	47
(4) The number of premises outside Harrow from which T.T. milk was retailed in the district	21
(5) The number of premises from which sterilised milk was sold	49
(6) The number of premises outside Harrow from which sterilised milk was retailed in the district	20

Supervision

During the year 85 visits were paid by the Public Health Inspectors to dairies and cowsheds in the district.

Sampling

43 samples of milk were taken and submitted to the Colindale Laboratory for analysis. All were satisfactory.

Complaints

Fourteen complaints were received during the year about the condition of milk bottles. Six were about the presence of foreign matter; and eight about the dirty condition of the bottle. Summary proceedings were taken in one of the cases; warning letters were sent about the rest.

Many millions of bottles circulate in the district each year; the small number of complaints received testifies to the efforts of the Dairy Companies and the co-operation they receive from those householders who play their part by rinsing the milk bottles before returning them.

(B) MEAT

Slaughtering

SLAUGHTERHOUSES. The Government's long term policy for regulating the provision of slaughterhouses in England and Wales was published on the 9th May in a white paper Cmd. 9761. This policy is based on the recommendations of the Inter-Departmental Committee on slaughter-

houses published in 1955. From this it was concluded that central planning of slaughterhouses was no longer advisable; instead, subject to normal town planning requirements and to the premises reaching prescribed standards, there should be a limited period during which meat traders would be free to provide their own slaughterhouses of the type and in the place that best suited their individual businesses. After this period a measure of control would be re-imposed.

The Government proposes to prescribe statutory standards for slaughterhouses and aim at these being reached as quickly as possible. This should result in there being far fewer slaughterhouses than the 12,000 there were before the war, and probably fewer than the 4,375 (4,173 private and 202 public) in use today. The minimum statutory requirements to be prescribed for the construction, layout and equipment of slaughterhouses to secure humane treatment of animals, hygienic conditions for the handling of meat and satisfactory welfare facilities for the staff employed will apply to new buildings as soon as the new regulations are made, but not to existing premises until dates to be appointed. The Ministry of Agriculture, Fisheries and Food, in April issued Model Byelaws on the sanitary conditions and Management of Private and of Public Slaughterhouses.

This altered policy will probably not affect this district as there has been no suggestion of the establishment of a Government slaughterhouse anywhere near here and it is not likely that if the proposal of Yiewsley does materialise this will have any effect here.

Circular LSP. 1956/1 of the Ministry of Agriculture and Fisheries and Food indicated that it is the Government's intention that local authorities shall continue to be responsible for the licensing of private slaughterhouses and if appropriate for the provision of public slaughterhouses.

There has been a change in the arrangements for payments to be made by local authorities as compensation to those whose slaughterhouses are closed. There will be no Exchequer grant in respect of any slaughterhouses closed as a result of resolutions passed after the 9th May, 1956. This is because such closure will now be governed solely by local considerations whereas the procedure before contemplated that the numbers and the siting of slaughterhouses would be subject to central direction.

There are now four slaughterhouses in the district. At these 11,963 animals were slaughtered. Although this last slaughterhouse was brought into use only towards the end of the year, the volume of killing in this district last year was greater than that carried out in the eight licensed slaughterhouses before the war.

All the 11,963 animals were inspected. The entire carcasses of six of the 1,565 beasts of two of the 221 cows and 40 of the 6,053 pigs were condemned. Cysticercosis *Covis* was found in 18 beasts (1.1%) and in 4 cows (1.8 %).

Condemned meat is disposed of by burning in the destruction of the Borough of Wembley. 23,266 lbs. of meat were condemned.

(C) OTHER FOODS

Food premises

There were at the end of the year in the district 229 grocers shops, 144 fruiterers and greengrocers, 133 butchers, 63 fish shops, 36 dairies and 172 confectionery/cafes.

Condemned Food

During the year 10,486 lbs of food were found to be unfit and had to be destroyed. This was about ten per cent. more than the amount dealt with in the previous year, the increase being almost entirely of fruit.

Complaints

There were 25 complaints during the year about foreign matter in food. Ten of the complaints related to bread or cake and four to tinned or packet goods, seven to meat pies.

Warning letters were sent to those responsible.

Ice Cream

At the end of the year 365 premises were registered for the retailing of ice cream, an increase of 4 on the number on the register at the end of 1955, of these seven are manufacturers.

295 visits were paid. 54 samples were taken. Grades I and II are considered satisfactory; grades III and IV are not, and if repeated indicate faults in practice. 47 were either grades I or II; seven were grade III or IV. When unsatisfactory reports are received, enquiries are made with a view to the cause of the trouble being ascertained and subsequent samples are taken.

The 37 samples of ice lollies examined were all satisfactory.

Preserved and Pickled Foods

The Food and Drugs Act, 1938, requires premises where sausages or preserved or pickled foods are prepared or manufactured to be registered by the local authority. The number of premises now registered is 124, an increase of two over the previous year.

Registration of Hawkers

The Middlesex County Council Act 1950 requires that any person not being a shopkeeper retailing any food from a cart, barrow, basket or any other receptacle shall be registered by the local authority, and that the storage premises used by him should also be registered.

The number registered as trading in the district at the end of the year was 56. Of these 21 were trading from storage premises in Harrow and 35 from premises outside the district.

(D) ADULTERATION OF FOOD

The Food and Drugs Act, 1955, which came into operation in 1956 is of concern mainly to Food and Drugs Authorities. Sections 83 and 84 modified somewhat the position of Food and Drugs Authorities,

but they do not appear to open the door to the Council to renew its application to become such an authority.

The following information has been taken from the Annual Report of the Chief Officer of the Public Control Department of the Middlesex County Council for the year 1st April, 1955, to the 31st March, 1956:

The 9,380 samples procured during the year yielded 620 incorrect samples, much the same proportion as in the previous year. 1,593 samples were examined by the public analyst. Of the 590 samples of milk, 66 were incorrect; of the 936 samples of food other than milk 127, and one of the 67 miscellaneous drugs. 7,787 samples were examined or tested by officers of the Public Control Department. 334 of the 3,266 samples of milk were incorrect, 89 of the 4,091 samples of food other than milk, and three of the 430 samples of drugs.

The degree of watering of milk was found to be very small, such as there was being found to occur at the farm rather than at the premises of wholesale and retail dairymen. Most of the farmers milk delivered into the county is received in 24 collecting depots. During the year three farmers were found to be supplying watered milk. The attention given last year by the sampling officers to the sale of hot milk in restaurants and cafes appears to have borne fruit as in the current year there were only three prosecutions for watered milk compared with 7, 6 and 19 for the previous years. Only five samples of liver out of the 117 purchased were unsatisfactory (pigs liver being passed off as that of lambs), one of the 47 samples of wines and spirits, three of 48 purchases of plums and about four per cent. of the 5,027 samples of food other than milk. The only offence in which there was no decline was that in passing off one variety of fish for another. Out of a total of 497 samples of drugs procured, only four were found to be unsatisfactory.

Milk receives special attention with two objects: examination for the presence of tubercle bacillus, and the supervision of plants for pasteurising and sterilising milk and the testing of milk to ensure that it has been adequately heated. Three of the 384 samples of milk contained tubercle bacilli; the infected cows were slaughtered. Only seven of the 1,539 samples of heat treated milk failed to pass the prescribed tests, a ratio of something under 0.5 per cent.

Since October 1955 Middlesex has been an area in which only special designated milk may be sold by retailers, namely tuberculin tested, pasteurised and sterilised milk. The pasteurising and sterilising plants are all subject to licence by the County Council and to inspection by the Food and Drugs Inspectors.

(E) HYGIENE OF FOOD

The campaign for clean food in this last year followed on much the same lines as that in the previous year. The Public Health Inspectors continued to devote special attention to the premises at which food is dealt with and to the techniques of those engaged in the work at these places. The educational side of this campaign has expanded. Some 20 talks were given this last year to traders and to local organisations, and 42 talks at schools.

Each year has seen a widening of the range of subjects dealt with in these talks given to different audiences and in the various exhibits shown, so that although this work started essentially as part of the clean food campaign it is becoming part of a much larger programme of environmental health education, in which clean food now is only one of the subjects dealt with. 21 talks were given to audiences at the maternity and child welfare clinics and 12 to audiences who came to the Public Health Office. It has been the practice for the Public Health Committee to stage an exhibit of health subjects at the Delegate Conference. Much more on these lines is now being done as similar material has been shown at the public libraries, clinics and cinemas. Other cinema publicity was used on six occasions. The local press are being very helpful and 32 reports have been accepted in newspapers and in technical papers. This aspect of the work of those in the Health Department is something which must grow until perhaps it becomes their main activity.

Infections as such today are taking up that much less time although unfortunately there is still no fall in the incidence of the food borne infections; but even here although the Inspectors have their responsibilities in supervising the equipment and the cleanliness of the premises in which the food is handled, it is only an educated public opinion demanding high standards and enlightened personnel working at all premises that can ensure these desirable standards being reached. In regard to clean air, a subject to which much attention is likely to be given in these coming years, it is certain that no real action can be taken in advance of public opinion. Before there can be any question of authorities designating any particular locality as a smoke control area with the use of the compulsory powers given them by the Act, it is hoped that a knowledgeable public will already have done much towards ridding the district of the smoke from the domestic chimney because they will have learned the benefits of using smokeless fuels, not only to their neighbours but to themselves. It is expected that with the spread of this knowledge the time will come when anyone having to change the heating appliances in any room in his house will have this point in mind. In recent years particular attention has been given to the subject of accidents in the home. Many of these accidents are preventable. To bring about a reduction in these will not only save lives, and pain and suffering, but will also enable the hospital staffs and doctors to devote their time and attention to others in need of their help. This too is another matter about which the public must be made aware by having their attention drawn to the special risks of falls in the elderly, to the risks of children mistaking poisons for sweets, to the ways in which burns and scalds can be reduced. Public Health Inspectors, Health Visitors and Home Nurses, all who enter homes, have a part to play in this campaign to reduce these accidents. Although most of the vital statistics which are used as standards of the healthiness of a community or a country are improving, the years since the last war have seen a rapid deterioration in the position brought about by some diseases. The incidence of the so called psychosomatic illnesses is mounting rapidly. Coronary disease is responsible for steadily increasing numbers of deaths of men who should have many years of active life ahead of them. Deaths from cancer of the lung, especially

amongst men and more particularly amongst those who smoke, are mounting alarmingly. These cannot be fortuitous occurrences. There must be some reason for their happening. The statisticians are satisfied about the relationship between the figures of the deaths from lung cancer and the consumption of cigarettes, a relationship which is possibly causal. Many are studying the aetiology of coronary thrombosis, some feeling it to be related to diet and especially to the consumption of fat. When the answers have been found to the questions of why these things are happening, there will then be the responsibility for using that information, a responsibility which those in the Health Department must share. The foundations of the environmental health service were laid towards the end of the last century. Today water supplies are adequate and wholesome. The arrangements for removing and for treating sewage are satisfactory. Housing is now very much better and the major diseases have been controlled or are in the process of being. The first half of this century has seen the development of the personal services which now in general are probably adequate throughout the country. But whether these services are used is a matter which lies with the people. Local authorities have provided them; they have a further responsibility of letting people know not only of them but of the benefits of using them. Increasing attention will have to be given to this side so that all will know why some have elected to add fluorides to their drinking water, what the statisticians feel about the relationship between cigarettes and cancer of the lung, why tuberculin testing and B.C.G. inoculation is advisable for some members of the population in some districts. They will then be better able to evaluate the position about poliomyelitis and will realise the relationship between dirty hands and the transmission of intestinal disease. "Sanitary instruction is even more essential than sanitary legislation, for the best laws are waste paper if they are not appreciated and understood."

FOOD HYGIENE REGULATIONS, 1955. For years the chief powers to ensure the satisfactory state of rooms where food intended for sale is prepared for sale or is stored were contained in Section 13 of the Food and Drugs Act, 1938. The long awaited Food Hygiene Regulations modified and extended the hygiene requirements. While the section applied to premises, yards and forecourts, the Regulations include a number of provisions affecting stalls and vehicles and also certain general requirements that apply wherever food is handled. Furthermore, whereas Section 13 relates to sales actual or intended, the Regulations apply whether or not there is any question of sale. They apply to the supply of food in the course of a business which is defined so as to include canteens, clubs, schools and other institutions as well as undertakings carried out by public and local authorities.

The effects of the chief of the new provisions are that

1. No food business may be carried on in any insanitary premises. Food premises must comply with certain structural requirements and must be provided with—

(a) a constant supply of clean and wholesome water;

(b) wash-hand basins with an adequate supply of hot and cold

water for the persons engaged in handling food. Soap, nail brushes and towels must also be available;

- (c) first aid equipment readily accessible for the use of persons handling food;
- (d) suitable accommodation for clothing;
- (e) sinks for washing food and equipment;
- (f) "Wash Hands" notices exhibited in w.c.'s.

2. Food may not be placed where there is risk of contamination.

3. There is stricter control of personal cleanliness. Food handlers must refrain from smoking or from spitting while they are handling open food or are in a room where there is open food.

4. Care must be taken in the transport or wrapping of food. Only clean wrapping material should be used. Newspapers or other printed material must not come into contact with any food other than uncooked vegetables.

5. Certain foods that provide a particularly favourable medium for food poisoning organisms and which are for immediate consumption must be kept either at a temperature as low as that of a cool larder or not less than that at which heat susceptible organisms would be killed.

6. Notice must be given to the Medical Officer of Health of any persons who handle food and who are suffering from or are carriers of certain infections.

7. Stalls selling meat or fish must be suitably covered and screened at the sides and back in such a manner as to prevent contamination and must have suitable waste receptacles.

8. Stalls selling food for immediate consumption must be provided with washing facilities and there must be an adequate supply of hot and cold water for this purpose.

These Regulations do not deal with the handling of food at docks, wharfs, public warehouses and cold stores, carriers and wholesale vegetable merchants' premises, store houses and slaughter houses. These are to be the subject of separate regulations.

The regulations are not as powerful as many had hoped they would be. In general in a district such as this they will perhaps give legal sanction only to the level of those standards which had been reached by agreement. To achieve what is desirable, reliance will have to be placed not on the rigid implementation of these regulations as much as on the education and outlook of those who handle foodstuffs. As circular 19/55 of the Ministry of Health says:—

Food hygiene is recognised in the food and catering industries as sound commercial practice serving their own business interests as well as the public health, and the Minister is confident that local authorities will find that in applying these Regulations they have the support of the food and catering industries. Statutory regulations by themselves can never achieve the reduction in food-borne diseases that everyone hopes to see. The application of the Regulations will need continual supplementing with publicity and education in order that food handlers and the public may always have before them the importance of good food hygiene practice.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

PREVALENCE OF INFECTIOUS DISEASES (other than Tuberculosis).

Disease	Und. 1 yr.	1-4 yrs.	5-9 yrs.	10-14 yrs.	15-19 yrs.	20-24 yrs.	25-34 yrs.	35-44 yrs.	45-54 yrs.	55-64 yrs.	65 & over	Total
Scarlet Fever	—	24	84	14	1	1	2	2	—	—	—	128
Pneumonia	1	3	8	2	1	1	3	8	14	11	15	67
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	5	4	1	—	1	2	1	—	2	1	17
Erysipelas	—	—	—	1	—	—	3	1	3	3	3	14
Meningococcal Infection	—	—	1	2	—	—	—	—	—	2	—	5
Puerperal Pyrexia	—	—	—	—	—	—	1	—	—	—	—	1
Ophthalmia Neonatorum	1	—	—	—	—	—	—	—	—	—	—	1
Poliomyelitis, paralytic	—	1	3	1	1	—	1	—	—	—	—	7
Poliomyelitis, Non-paralytic	—	1	1	3	—	1	—	1	—	—	—	7
Encephalitis, Post-infective	—	—	1	—	—	—	—	1	—	—	1	3
Measles	16	242	342	3	2	—	5	—	—	—	—	610
Whooping Cough	9	43	28	1	5	—	1	1	—	—	—	88
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	1	—	1	—	—	—	—	—	2
Food Poisoning	1	16	17	4	1	2	11	11	7	5	2	77
Malaria	—	—	—	—	—	—	—	—	—	—	—	—

CONTROL OF INFECTIOUS DISEASES

Particulars of the various steps taken to limit the spread of the infections were set out in the Annual Report for 1954. These measures include: The notification of a number of diseases; investigations made at the homes of the patients and the advice given to the mother about the precautions to be taken; the various ways in which help is given in the early diagnosis of an infectious disease; the isolation of the patient whether in hospital or at home; the exclusion from work of the contacts of patients who might be carriers; and the arrangements for disinfection both of the premises and of articles.

Contacts

Because those in contact with an infectious person might be liable to spread the organism as incubating or as contact carriers, one of the accepted measures taken to limit the spread of infection is the control of the possible contact of these persons with those who are susceptible to contract the infection. With the lessening severity of some diseases and the application of other means of controlling the spread of others, the practice of excluding contacts from work has been steadily reduced. It is considered today that it is only very rarely necessary to prohibit a person carrying on his employment with a view to limiting the spread of infection. But while this change took place in regard to adults, school children were still being excluded for long times for many infections. Even here though, changes had been made in reducing the length of time of these exclusions and apparently with no resulting spread of infection in the schools. For many years the practice in most areas has followed the guidance set out in the Memorandum on the Closure of Schools and Exclusion from school on account of infectious illness, issued jointly by the Ministry of Education and the Ministry of Health. Advantage was taken in the 1956 edition to remove still more of these restrictions. The effect is that now school contacts

of those suffering from scarlet fever, german measles, mumps and chicken pox are not excluded. The apparently well contacts of cases of measles can continue to attend school though contacts under five years of age or contacts who are suffering from coughs, colds, chills or red eyes are excluded, though not if they are known for certain to have had the disease. A child under seven years of age who is a contact of whooping cough should be excluded for 21 days from the date of the occurrence of the last case in the house unless he is known with certainty to have had the disease. These recommendations apply to children attending day schools. More stringent standards are advisable about the return to school of children at boarding schools who have been in contact with a case of infection during the school holidays.

Disinfection

The proposal for the erection of a new disinfector had to be deferred because of the restriction on capital expenditure. Consideration was given to the question of whether a less costly plant in which disinfection was brought about by a chemical rather than by steam would meet the needs of the district. While this would be effective against surface contamination and would be efficient for most of the work being undertaken in this district, it would not afford the same measure of security in some other cases as steam treatment does. Unless then before the new disinfector is erected a plant has been devised which enables both forms of treatment to be carried out, the plant to be built will provide disinfection by steam.

DIPHTHERIA

Incidence

In none of the patients admitted to hospital suspected to be suffering from diphtheria was the diagnosis confirmed. The district has, therefore, now been free from diphtheria for six years.

In the country as a whole the number of notifications continues to fall, there being only 155 in 1955 compared with 962 in 1950 and an average of fifty five thousand in the years 1933 to 1942 before immunisation started. 1954 was the first year in which the number of deaths in the country could be recorded by a single figure. There was a slight rise to 13 in 1955. The outbreak that occurred that year showed once more that diphtheria infection can gain momentum if the proportion of unimmunised persons in a population is high.

During the year 2,336 children were treated for the first time, 1,109 by general medical practitioners and 1,227 at infant welfare centres. The number of births notified was 2,791. It is estimated that at the end of the year 62.1 per cent. of children under five years of age were protected and 93.9 per cent. of children aged five to fifteen years.

A.P.T. continues to be the antigen most used to immunise children against diphtheria, either alone or combined with pertussis vaccine. It is fortunate that each of these preparation when combined seems to boost the effect of the other and the combined preparation has been accepted as the preparation of choice, being given at earlier ages than A.P.T. alone because of the desirability of affording protection against pertussis

at the earliest ages. This may not necessarily be the case with tetanus vaccine which is incorporated in a triple vaccine which affords protection against diphtheria, pertussis and tetanus. The occasional case of poliomyelitis which seems to be associated with a previous inoculation may lead to some modification in the use of those preparations used for inducing immunity to diphtheria.

SCARLET FEVER

The number of cases of scarlet fever in this district has ranged from 707 to 125. The lowest figure in 1955 was followed by one almost as low, 128 in 1956. The rate per thousand population was 0.60; the corresponding rate for the country as a whole was 0.78. In only one week, that of week ending March 17th, were double figures of notifications received. The weekly average of notifications in the first quarter was 4.2 and in the succeeding ones 2.5, 1.7 and 2.5.

The prevailing type of scarlet fever is very mild and causes very few deaths. The last fatality from scarlet fever contracted in this district was in 1937.

Because of its mildness, parents are quite willing to nurse the patients at home. During the year, of the 138 notified cases only 14 were removed to hospital, all but one being to the Hendon Isolation Hospital. In spite of the mildness of the prevailing type of infection, scarlet fever is still an illness not to be treated too lightly. Even mild cases have been known to develop kidney trouble as a complication which makes it desirable that sufferers should not be considered to have recovered at too early a stage. The fact that the causative organism might be of a less toxic strain does not imply that it is less invasive. The clinical mildness of an attack does not mean that less needs to be done to reduce the possibility of spread of infection. It should be remembered too that an attack in a contact is not necessarily as mild as that in the infecting case. The possibility of the disease reverting to a virulent type is indicated by the outbreak in Minnesota in 1953 where infection with a particular strain of the streptococcus resulted in a number of patients suffering from acute nephritis.

There were only four households in which secondary cases occurred. In each case the primary case was nursed at home. In two of these instances though, the secondary case (in one household two secondary cases) was recognised at the time the illness of the primary case was diagnosed. In one of the other cases, the interval separating the onset of the illness in the primary case and the other case was six days; in the other 15 days.

There were no return cases this year.

Each year groupings of cases occur amongst the pupils at a school, sometimes in the same department and occasionally even in the same class. Although these groupings suggest a spread of infection in the school, this can very rarely be proved and most often attendance at school is felt not to be a factor as most frequently the cases occurring in the same department are not amongst pupils in the same class. Sometimes there is a co-existent tonsillitis which probably is due to the same organism as causes the scarlet fever in those affected. This happened at Stag Lane

infants school where spread out over the spring term there were seven cases, three of these occurring in one week. In the summer term six pupils in the infants department of Roxbourne School were notified and a further seven in the following term; but on two occasions only were there as many as two cases in any one week. The only other suggestive groupings were one of six cases spread over four weeks at Glebe School, and three cases in a fortnight at Grimsdyke School.

SMALLPOX

Although it is now rare for there to be a case of smallpox in the country, each year much work has to be done in following up the contacts of cases who have come into the country by aeroplane or less commonly by boat. Any such contacts are visited up to sixteen days from the date of their last known contact or possible contact, a length of time which covers the incubation period.

Although the vaccination of infants was at one time obligatory and special officers were appointed to see that this was done, the many parents who discovered they had consciences which did not enable them to approve of this practice resulted in only about one in three infants being treated. The situation deteriorated after the compulsory element was removed by the operation of the National Health Service Act, but it has since then started to improve. In this district the introduction of the arrangements by which treatment can be provided for babies brought to the infant welfare centres has considerably helped matters. In 1956, 1947 persons living in the district were vaccinated against smallpox for the first time. Of these 1,487 were under one year of age and 148 were over one but under two years of age; 702 persons were re-vaccinated. 2,791 babies were born in that year. The number of vaccinations of those under one year of age was therefore fifty three per cent. of the births. Of those under one year of age who were vaccinated, 672 were treated at the infant welfare centres.

ENTERIC FEVER

Each year small numbers of notifications of enteric infection are received relating to those living in this district. Very rarely is the disease typhoid fever; most often it is paratyphoid infection, the commonest organism being para B.

This year two notifications were received. The first was of a boy of fourteen who fell ill with typhoid fever in April. It was not possible to trace the origin of infection; the laboratory examination could not afford any clue as the organism was of a common type. The second case was that of a girl who came from Ireland in August already incubating the disease.

DYSENTERY

Although 28 persons were thought to be suffering from this complaint, in nine the diagnosis was changed to that of some other condition. In a number of the other cases, bacteriological examination did not confirm the diagnosis made on clinical grounds.

Five cases due to the Sonne organism occurred in one household, the illness of the first case, a boy of twelve, being followed 48 hours after by that of his younger brother and sister. In two other households infection had spread to two other members of the family from the original child patient.

The cases were irregularly distributed throughout the year, there being two single cases in March and in April, five cases in one household in May, six cases (three in one family, two in another) in June, two in July and one in each of the last three months of the year.

In 11 instances, including those in two families where more than one person was affected, the organism was the Sh. Sonnei.

FOOD POISONING

Although notifications that 72 persons were suffering from food poisoning were received during the year, a large increase over previous years, this number is probably still only a fraction of the number of persons who were affected by food infections.

In April 56 persons employed at a factory in this district who had a midday meal of steak and kidney pie at the works canteen fell ill some seven to nine hours later with diarrhoea. The meat had been cooked the day before and had been kept at ordinary room temperature. Laboratory examination of the faeces of one of the sufferers showed *Cl. Welchii*. The story of this occurrence is typical of this type of food poisoning, where meat is cooked on one day for consumption on the next. No notifications were received that any one of these persons was suffering from food poisoning. This might be because, as the illness was of such short duration, no doctors were called in.

Most of the notifications referred to one person in a household. In 13 instances more than one member was notified, there being a second in the household at 9, 3 in 3 households, 4 in one and 7 persons involved in one. On many occasions though there was a history of at least one other member of the family having suffered from similar symptoms as the notified case, but not having been notified.

There were no months in which no occurrences were notified, there being at least two in every month. The greatest number of instances occurred in October with 21 cases in 15 households. The month of next greatest frequency was May, 16 cases in 7 households. Seven households each with one case were attacked in June and 6 households with 8 cases in September.

In a number of cases notified, while clinically there was a gastrointestinal upset, the cases were probably not what are considered to be cases of food poisoning. In many patients admitted to hospital as suspected cases of food poisoning or even dysentery, laboratory investigations failed to confirm the diagnosis.

In few enough of the cases even of those where food poisoning organisms were recovered from the stools could it be felt that the origin of the illness had been detected. The possibility of detection is greater where there is more than one case in the household, or where many who have consumed the same meal have been attacked. In January two persons not resident here who had been admitted to hospital where a

diagnosis of food poisoning was made, *Salmonella Typhimurium* was recovered from the stools. Enquiries at the house in this district which they had visited showed that all six persons who shared a meal at this house on the 27th December fell ill at the same time with the same symptoms as these two who had been admitted to hospital. Three of a family of six fell ill simultaneously; each of them, but not one of the other three members of the family not infected, had eaten savoury biscuits. One man notified as suffering from food poisoning had eaten mouldy decomposing potted meat.

In a number of cases the affected person was an adult who had some of his meals out. In these cases, as no other members of the family were infected, the presumption is that the infection was the result of consumption of food not shared by the others in the household. One of the notified cases was an air hostess who fell ill while abroad. Two other notifications were in respect of local residents who had their meals at a works canteen outside the district where many of those who partook of that meal suffered similarly. Some other cases had apparently contracted their illness while out of the district on holiday.

All the members of one family except the baby fell ill a few hours after they all, except the baby, had eaten a meal which included turkey. Laboratory examination showed the infection to be a coagulase positive staphylococcus. A similar organism caused all the members of one family to fall ill simultaneously.

The organisms responsible for five family outbreaks were identified as the staphylococcus in three (causing 7, 4 and 2 cases), *Salmonella Typhimurium* in two, with 3 and 2 cases. Out of the 12 individual cases in which the organism was recovered, all were *Salmonellae*, being *Typhimurium* in 8 and *Newport* in 2. About this organism which is responsible for so many cases of food poisoning the Chief Medical Officer of the Ministry of Health in his report for 1955 said—"The common sources of *Salmonella Typhimurium* infection still remain to be discovered and until they are found and controlled, infection with *Salmonellae* are likely to continue at a high level."

ERYSIPELAS

This disease although now of very little public health significance is still notifiable.

The last year was again one of light incidence, there being only 16 cases, six being of males. In all but three of the patients, the face was the affected site. Eleven of the cases occurred in the first five months of the year.

Six of the patients were admitted to hospital. None of the cases was fatal.

MENINGOCOCCAL INFECTION

Four persons were notified in this last year to be suffering from meningococcal infection, a girl of five and a boy of thirteen both suffering from meningitis in March, a woman of 23 suffering from septicaemia in May and another woman of 50 suffering from meningitis in December. All cases made a complete recovery.

ENCEPHALITIS

This condition might occur primarily, but more often occurs as a complication to a number of infections such as measles, mumps and chicken pox. During the year one notification of the post-infective condition was received, that of a boy of seven whose encephalitis was secondary to mumps. A primary notification was received of a woman of 41 in June, and in another woman of 65 in July.

ACUTE ANTERIOR POLIOMYELITIS

Poliomyelitis in the country as a whole in 1956 ran in the earlier months of the summer at a slightly higher level month by month than in the previous year. There was a disturbing rise in the number of notifications in the week ending June 2nd and a similar number of cases in the next week, but that was followed by a week with fewer cases. In the main, 1956 proved to be a year of relatively low incidence, some compensation perhaps for the appalling weather in the summer months. The actual number of cases was 3,900, an attack rate per thousand population of 0.66.

Local incidence was light. There were two cases in January, the end of the higher incidence of the previous year. Although a number of patients were admitted to hospital on a provisional diagnosis of poliomyelitis, it was not until July that the first case of the year's local cases was confirmed. These were two sisters who came to the district for a holiday, one of them being ill for the previous two weeks. It was not until September that the first case contracted locally or at least while living locally fell ill. Of the four cases with onsets in September, two probably contracted the infection outside the district, one outside the country and in the other case the diagnosis was very doubtful. In a number of patients admitted to hospital suspected to be suffering from poliomyelitis, a diagnosis of aseptic meningitis was made. Clinically there is nothing to distinguish the signs and symptoms of this complaint from that of the illness of a person who might later enter the paralytic phase of poliomyelitis. Even the evidence of lumbar puncture may be inconclusive and virus isolation is not always practicable. The sex distribution of these cases is different from that of cases of poliomyelitis; in general, in those up to fifteen years of age there is a greater liability of males to poliomyelitis, this being more marked in the non-paralytic than in the paralytic type of illness; over the age of fifteen, cases are commoner in females. The absence of paralytic cases or an equal incidence of paralysis in both sexes might suggest a diagnosis other than poliomyelitis; so too would a marked familial incidence or the appearance of clinical cases in several close contacts as these are not common in poliomyelitis.

There were two confirmed cases in October, three in November and two in December. This persistence of cases to the end of the year was in keeping with the general experience in the country in which, contrary to what used to be the pattern when there would be a marked fall in the level of incidence, the fall was slight and more or less regular.

Of the fourteen cases, seven were paralytic and seven non-paralytic. Five of the cases, three of them paralytic, were amongst males, nine

amongst females of which five were paralytic. The age distribution of the cases was two under five, four of 5-10 years, four of 10-15 years, two of 15-25 and two over 25.

Cases occurred in all parts of the district and apart from the infection of the two sisters, no case seemed to be associated with any other.

INOCULATION. After controlled trials in the United States and other countries had showed that the Salk type vaccine which was a pure culture vaccine killed by formalin was eighty to ninety per cent. effective in preventing paralytic poliomyelitis in inoculated children and was also safe, the National Foundation of Infantile Paralysis made sufficient vaccine available to inoculate some nine million school children in the United States. The vaccine was prepared by a number of firms. The trial started early in 1955. Unfortunately the use of the vaccine prepared by one factory was followed by inoculation paralysis in a number of those treated. The investigations carried out led to the detection of the weakness in the process of manufacture. This was corrected and subsequently large numbers of children were vaccinated, with none of these unfortunate results. It had been decided that a trial of the Salk vaccine should be made in this country in 1955. The American experience led to its deferment. In the meantime those in this country modified their methods of preparing the vaccine. One change was the use of a less virulent strain of the type 1 virus, a change which would make the vaccine safer while it was hoped not impairing its efficacy. Supplies of this vaccine became available in the earlier part of the year and in March the Government announced that the limited supplies then available were to be used in the coming months. As supplies did not enable all those children whose parents wished them done to be treated, selection had to be made. It was decided to deal only with children of ages two to nine. In order that a statistical analysis of the efficacy of the preparation in protecting those treated could be carried out, the selection of children within those age groups was determined by the Minister. It was in fact determined by the month in which any child was born, the order chosen being March, November, August and October. Supplies were made available in April and children were treated in the two months May and June. The arrangements were then discontinued because of the expectation that the incidence of poliomyelitis would by then have become marked, and it would be inadvisable to carry out the practice while the disease was prevalent. The material available was used under arrangements made by the local health authority, there being not sufficient at the time to enable distribution to be made to the general medical practitioners. The parents of the children of the selected ages were told of the arrangements by means of letters sent out from the schools in the case of school children, other notices at the clinics and some information in the press. 7,186 requests were received by March 24th, the local closing date, a proportion much the same as that in the county and slightly above that of the country as a whole. Inoculations were started at the beginning of May, these being carried out at ordinary clinic sessions, or at special sessions held at the clinics. The material made available for children in this district enabled some 700 children to have the two doses and a small number to have the first doses only. The first 75 children treated were visited one week

after they had had their first doses and again one week after they had had their second doses. Apart from some minor local reactions in a few, none of these children appeared to have been affected by the inoculations. A few of the other 700 children had general reactions, some with rises of temperature; these might or might not have been the result of the inoculation and in any event there were no lasting effects. It seems that throughout the country there were no untoward reactions so that this first series of inoculations suggests that at least the preparation is safe. As to its efficacy it is too early to say. 1956 was a year of comparatively light incidence of this infection so that any variation between the incidence in those inoculated and those not treated would not have been as evident as if it had been a year of high prevalence. What information is available points to the incidence in the inoculated being quite appreciably less than amongst those not treated, but it is not known whether the difference is statistically significant.

At the end of November vaccine was issued for second doses to be given to those children who earlier in the year had had their first doses. Supplies issued in December were for the treatment of those who registered earlier in the year, but who had not been selected for inoculation in May and June. By the end of the year 724 children had received complete treatment.

Several laboratories in America have been developing a method of immunisation which depends on the oral administration of the living but relatively avirulent virus. When variants of reduced virulence prepared by adapting poliomyelitis virus to atypical hosts or by prolonged cultivation in tissue culture are given to human beings by mouth, an alimentary infection occurs which evokes a satisfactory production of antibodies.

MEASLES

This infection smouldered during the first quarter when in all only 27 cases were notified. It became more prevalent in the next quarter with 203 cases. The incidence in the next quarter was rather light with 128 cases. There was a sharp rise in October with 195 cases in that month, but this was followed by a rapid decline so that in the last quarter there were only 247 cases. In all 610 were notified. The outbreak in October was limited almost wholly to the Kenton area, 75 pupils at the infants department at Glebe school being attacked in September and October and 67 in Kenmore Park school.

The mildness of the illness is shown by the fact that only two sufferers were admitted to hospital. No deaths were attributed to this illness.

WHOOPIING COUGH

Only 88 cases of whooping cough were notified this year. Although the district was probably never wholly free from this infection, there were 20 weeks in which no notifications were received. In only one week were as many as ten cases notified. In the first quarter there were 29 cases, 18 in the second, 18 in the third and 24 in the last.

Only one child suffering from whooping cough was removed to hospital and this infection caused no deaths.

It was not until the end of the year that the County Council's arrangements for supplying general medical practitioners with pertussis vaccine, either alone or combined with A.P.T. the protective against diphtheria, came into operation. Nevertheless for years many children have been given this protection by their own doctors. It is known that 1,001 children were treated in this way by the combined preparation. It is probable that many more than this were in fact treated. At the infant welfare centres 1,183 were treated with the combined preparation so that during the year at least 2,184 children received protective inoculation against pertussis.

Almost all the sufferers in the country as a whole in 1955 were under fifteen years of age. Nearly ten per cent. were under one year of age, about half being between one and four and the other forty per cent. being between 5 and 14 years of age. The fatality rate was 0.11. Two-thirds of the deaths occurred amongst those of under one year of age, one-third of these being under three months of age. Although many of the children of these ages are not going to be protected by active immunisation, the growing practice of inoculating children against whooping cough should, by protecting the older children, reduce the likelihood of the introduction by his older brothers and sisters of this complaint into the house of an infant.

PUERPERAL INFECTION

Only one person delivered in this district was notified as suffering from puerperal infection, the result of a streptococcal infection.

OPHTHALMIA NEONATORUM

One infant was notified as suffering from ophthalmia neonatorum. The trouble was slight and recovery rapid and complete.

NON-NOTIFIABLE INFECTIONS

Knowledge of the prevalence of some of the infections which are not notifiable in this district is obtained from intimations received from the head teachers about the absence of children from school.

Chicken Pox

896 intimations of chicken pox were received from the schools during the year. The first term was that in which there was most cases, when at one school there were 170 children and at another 127. The illness was very general though throughout the whole year, and in the summer term one school had 82 cases and in the last term another had 90.

Mumps

Although there were small numbers of cases at a few schools in the spring and in the summer terms, 114 of the 295 cases occurred amongst the pupils of one school in the last term and 78 at another.

German Measles

This infection was rather more common in 1956 than usual, although the ordinary form of measles was not very prevalent. Many of the 138 cases occurred amongst the pupils at schools at which there were cases

of ordinary measles, but at five schools there were no cases of the ordinary type. Although there were cases throughout the whole year, most occurred in the summer term.

Influenza

The country was almost free from influenza in the early part of the year, there being only a localised focus of Virus A influenza at East Suffolk. In February there were scattered outbreaks due to Virus A but mild in character. March saw a spread of influenza and of influenza-like infection to various parts of the country, including the outer London area. In February and March influenza was responsible for the deaths of six inhabitants of this district, mostly elderly persons. Of the 67 notifications of pneumonia received during the year, 12 related to the influenzal type.

TUBERCULOSIS

In the years before the second world war the position in regard to tuberculosis in this country seemed quite hopeful and some were sufficiently optimistic to visualise the disease ceasing within the then foreseeable future to be a public health menace. The 46,000 notifications in 1939 were 4,000 less than in the preceding year. The numbers, however, rose each year to reach 54,000 in 1943. The reasons for these increases were not known; but the 1944 figure was almost the same as that of 1943. Then followed a fall in 1945, this being succeeded by another. At this stage, however, the figures started to increase again up to 1948. From the peak figure of 52,576 in this year, there was a gradual fall for a few years bringing the 1953 figure back to the level of that of 1939. Each of the next two years saw a welcome much larger fall to a figure of 38,000 in 1955.

The picture of the numbers of those dying from tuberculosis followed a very different pattern. As contrasted with an average of 25,000 deaths from pulmonary tuberculosis for the years 1931 to 1939, the average figure for the years 1940 to 1944 was under 22,000. After falls in 1945 and 1946, the numbers rose to a peak figure of 20,156 in 1947. Each year since then though has seen a very marked drop with the result that in 1955 the number of deaths from pulmonary tuberculosis was only 5,837.

The difference in the behaviour of the numbers of new cases and the numbers of deaths is thought to be due to a number of reasons. The fall in the number of deaths was considered to be partly and perhaps largely the effect of chemotherapy. Although for so many years much effort had been devoted to discovering a preparation which had a direct effect on the tubercle bacillus, it was not until recent years that any was discovered. The position now, of course, is that there is not only one, but a number. It may be that the increase in the number of notifications is not so much the result of an increase in the incidence of the disease, but is merely that the vastly improved technique for earlier diagnosis is resulting in cases being detected that much earlier.

Although there is this growing optimism that the disease might be brought under control within the next few decades, and although there have been such marked strides in the last few years, the fact remains that in 1955 tuberculosis caused 67 per cent. of all the deaths due to infections in

this country, no less than 78 per cent. of these being in age groups 15 to 39. In the country as a whole an average of 750 new cases are discovered each week, most of them in the age group of 15 to 39, and over 100 persons die each week. In this district an average of three new cases every week occur in persons who presumably contracted the infection while living here.

Notification

The following table gives the age and sex distribution of the persons resident in the district who were notified for the first time during 1956 to be suffering from tuberculosis, divided these into those suffering from pulmonary and from those suffering from non-pulmonary tuberculosis:

	Primary Notification				Brought to notice other than on a Form "A"			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	M	F	M	F	M	F	M	F
Under 1	—	—	—	—	—	—	—	—
1- 4	2	—	—	—	—	1	—	—
5- 9	—	1	1	—	—	—	—	—
10-14	3	—	1	—	—	1	—	—
15-19	7	10	—	1	1	3	—	—
20-24	9	12	—	2	7	9	—	2
25-34	11	6	1	4	28	25	1	1
35-44	21	9	1	1	7	6	—	—
45-54	19	8	4	1	4	2	—	—
55-64	15	4	—	—	5	—	—	—
65 and over	4	1	—	1	—	1	—	—
Totals ...	91	51	8	10	52	48	1	3

The combined figure of 264 compares with that of 287 for the previous year. The number of primary notifications 160 is the number sent to the Registrar General; there were 183 in 1955.

In a number of instances, although the person was notified for the first time to be suffering from the infection while resident here, he had in fact probably contracted his infection before coming to live in this district. This applied to 110 pulmonary cases (62 male and 48 female) and 3 non-pulmonary cases (1 male and 2 female). Of those notified then probably not more than 150 of the pulmonary cases contracted their infection while living here and 19 of the non-pulmonary cases. These figures which compare with 187 for 1955 mean that every week throughout the year an average of 3 persons in the district were stricken with the complaint.

What the source of infection was can be conjectured only in a small number of these cases. Tuberculosis is more common amongst those who are home contacts of a patient than amongst the rest of the population and many cases are detected as the result of examining the immediate contacts of those who have been recognised to be suffering from the disease. Where there is a sufferer in the house whose history of illness

dates back to before that of the next case occurring in the household, there is a strong suspicion that the original case was a source of the infection to the other. Out of the 102 patients who apparently contracted their infection while living in the district 22 gave a family history of tuberculosis.

The occupations of some people expose them to infection to a greater extent than are the rest of the population. Similarly those at some trades or places of work have a higher incidence of infection not necessarily associated with increased risk of exposure to infectious persons. There were seven instances this year of this type of case.

Some illnesses or other states seem to pre-dispose to the onset of tuberculosis to such an extent that it is possible that in some cases had there not been these pre-disposing causes, the patient would in fact not have suffered a clinical attack. There was only one such instance this year.

All these conditions which might have been important factors in leading to infection in some or in causing a break-down in others can be found in only about one quarter of the notified cases. In all the rest, no such cause could be found, and without any warning and for no known reason an average of two people in the district succumb each week, people who have not been especially exposed to infection, have not been engaged in occupations of special risk, who are living in good homes and who are not subjected to any special stress or poverty or ill feeding. Although so much is known about a number of diseases, what organisms are responsible for them and how they are spread, unfortunately so very little is known of what makes any person succumb and while in many cases the reason can be suspected, in very many more it is just not known.

Register

The tuberculosis register is a compilation of the names of those persons in the district who are suffering from the disease or have recently suffered from it. The names of those newly notified are added to it, and entries are made of those persons who have moved into the district suffering from tuberculosis. Names are deleted on the removal of persons from the district or on death or recovery, an accepted standard of recovery being a lapse of five years in the pulmonary cases and three years in non-pulmonary cases from the date the disease was arrested.

The following table is a summary of the changes which have taken place in the register during the year:—

	Pulmonary		Non-pulmonary	
	Male	Female	Male	Female
No. on register, January 1st, 1956	1,275	1,030	142	154
No. of new cases added	91	51	8	10
No. of cases other than on a Form "A"	52	48	1	3
No. of cases restored to the register	14	9	—	—
No. of cases removed	119	91	12	11
No. on register, December 31st, 1956	1,313	1,047	139	156

On the 233 deductions, 122 (116 pulmonary) were of persons who had left the district, 35 (33 pulmonary) were of persons who had died, 62 (49 pulmonary) were of persons who had recovered and 14 (12 pulmonary) were of persons who had been lost sight of.

The net increase in the number of cases on the register is 54, there being 55 more pulmonary cases and one fewer non-pulmonary case.

These are much the same figures as last year and a marked fall on those of the preceding years.

Deaths

13 persons (7 male and 6 female) died from pulmonary tuberculosis during the year and 3 (1 male and 2 female) from non-pulmonary tuberculosis. The number of deaths from tuberculosis in 1955 was 14.

This infection, then, accounted for a death rate per thousand population of 0.07, and for 0.6 per cent. of the total deaths. These figures are a marked contrast to those of 0.57 and 7.1 for 1934, and even of those of 0.42 and 4.9 for 1948.

Preventive Measures

The improvement in the position of tuberculosis which dates back to sometime in the last century was the result of the better conditions of living which brought about improvements in other vital statistics such as infant deaths. There was an acceleration in the progress shortly after the introduction of specific measures dealing with this disease in the second decade of this century. Since the war there has been a further acceleration in the fall of the death rates, the result largely of chemotherapy and antibiotics which attack the tubercle bacillus in the human system.

The specific measures aimed at this disease may be those which increase the resistance of the host and those which reduce the infectivity of the sufferers.

This latter group can be divided into those which result in earlier detection of the disease in the sufferers and those which make the patient less infectious, e.g. chemotherapy. The early detection of the disease not only means the recognition of the disease in the patient earlier so that that much sooner he knows he is a risk to others and can take precautionary steps, but by his being treated in the early stages he is saved from the disease progressing to the more advanced and infectious stage.

One of the means of early detection is mass radiography. The machine serving this district visits about once every three years; a visit was paid in the summer of 1956. As before arrangements were made for the examination of organised groups, these taking place mostly at the places of employment. The unit visited 12 such premises where altogether 8,230 persons were examined. Public sessions were held at a number of premises. This year the unit besides being at Grant Road School and Victoria Hall went to a number of districts for the first time with encouraging results especially as many of those who attended these sessions would probably not have attended anywhere before. 1,100 attended at South Harrow; 1,128 at Rayners Lane; 987 at Pinner; 942 at Streatfield Road; 2,595 at Grant Road and 1,702 at Victoria Hall.

Of the 8,454 who attended these public sessions, 3,021 were men and 5,433 women. Out of all those examined, 182 persons were referred to the chest clinics for further investigation. Out of the 102 who attended, 19 were found to be suffering from active tuberculosis.

In recent years mass miniature radiography has detected no fewer than eighteen per cent. of new cases. With the falling incidence less can be expected from the examination of the general public and more will be gained if surveys become more selective. More attention can now be given to detailed examination of areas with above average incidence and to social groups which have a relatively high infection rate.

Family contacts are urged to attend the chest clinic for examination and many fresh cases are discovered by this means.

When a school child is recognised to be suffering from pulmonary tuberculosis, the source of infection is first looked for amongst members of his family or other close contacts. If there is no such suspected source, then factors might point to a school infection. As the patient himself might have been ill for some time during which he might have been infective, it is sometimes desirable to examine his classmates to see if he has possibly passed on infection to any of them. What applies to a school child applies with still more force to the teacher at a school because of the greater liability of his transmitting the infection. There were several occasions this year when investigations at the school were felt to be necessary.

The first was when a pupil of a private school who had recently had an attack of measles was later recognised to be suffering from pulmonary tuberculosis. On this occasion it was felt wise to examine all the school; 71 pupils and six members of the staff were seen. Nine of the pupils were found to be tuberculin positive. Of these four were kept under observation for a time.

The next case was that of a teacher at a local school. Enquiries showed that it was unlikely that he was in fact a risk during the short period he was at the school in this district.

In September a girl who up to July had attended a local school was found to be suffering from pulmonary tuberculosis. On the schools re-opening after the summer holidays, the four girls in that class who were still at school were examined, all with negative results. Most of the others who live locally who had been in that class and who had left school attended for examination; again all with negative results.

In November a boy at a private school and in December another at a maintained school were discovered to be suffering from pulmonary tuberculosis. Investigations were carried out when the schools re-opened in January, 1957.

An unusual case of a person at risk was a midwife who contracted this infection. The mothers with whom she had been in contact and their infants all attended for examination, in every case with negative results.

Another means of discovering cases that might otherwise not have been recognised for quite a long time is the examination of the contacts of tuberculin positive reactors amongst school entrants, the theory being that a child of that age who has been exposed to infection will have had that exposure in his own home. 237 children were tested in this way

during the year, but in neither of the two positive reactors was an infective home contact discovered. Some doubt whether these tests with their subsequent follow up of the positive reactors is worth while. On the other hand as the test shows that the child has been exposed to infection and as the most likely place for him to have been exposed is his own home, it is perhaps a matter for the chest physicians to burnish up their techniques to enable them to discover the infectious persons that they are perhaps at present missing.

INOCULATION AGAINST TUBERCULOSIS. Although B.C.G. the vaccine prepared from a tubercle bacillus rendered avirulent by repeated sub-culture has been in use for some 30 years, it is only since the end of the war that it has been used to any great extent. In some countries it has been extensively used with apparently very gratifying results. Nevertheless it was not until the trial carried out by the Medical Research Council which started in 1950 and which was reported on earlier this year that there was any scientific evidence of its efficacy. The findings of this enquiry which was carried out on groups of school leavers in various parts of the county were that the injection of vaccine into tuberculin-negative children resulted in a marked reduction in the incidence of tuberculosis amongst the vaccinated children as compared with what they might have been expected to have had if they had not been vaccinated. ("The annual incidence of tuberculosis in the tuberculin-negative unvaccinated group was 1.94 per thousand; in the B.C.G. vaccinated group it was only 0.37 per thousand.") The trial also showed that the protection conferred by vaccine was evident soon after it had been given and was still substantial between two and two and a half years. "Supplementary incomplete information up to four years suggests that this is maintained for this period."

In 1949 the Ministry of Health approved of local health authorities arranging for B.C.G. vaccination to be given to persons known to be in contact with tuberculous infection. In 1953 they approved of these arrangements being extended so that authorities could offer B.C.G. vaccination to older school children.

The County Council at its meeting in April 1954 approved of arrangements being made to enable school children between their thirteenth and fourteenth birthdays being offered protection against tuberculosis by means of B.C.G. vaccination.

In three areas of the county advantage was taken of this approval to inoculate school children of the appropriate ages. In the other parts of the county nothing was done pending the findings of the Medical Research Council enquiry into the efficacy of the practice.

The County Council at its meeting on the 25th July agreed that the scheme should be extended so that all children in the county between their thirteenth and fourteenth birthdays might have the opportunity of being included in these arrangements.

At their meeting in November the local Area Committee agreed to these arrangements being made in this district. In the last weeks of the year general medical practitioners and the head teachers of the schools attended by children of the appropriate ages were told of what was intended with a view to a start being made early in the new year.





