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**Contributors**

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*2 Wansley*  
*WANSLEY*  
*+ WOODFORD*  
BOROUGH OF WANSLEY

WANSTEAD AND WOODFORD

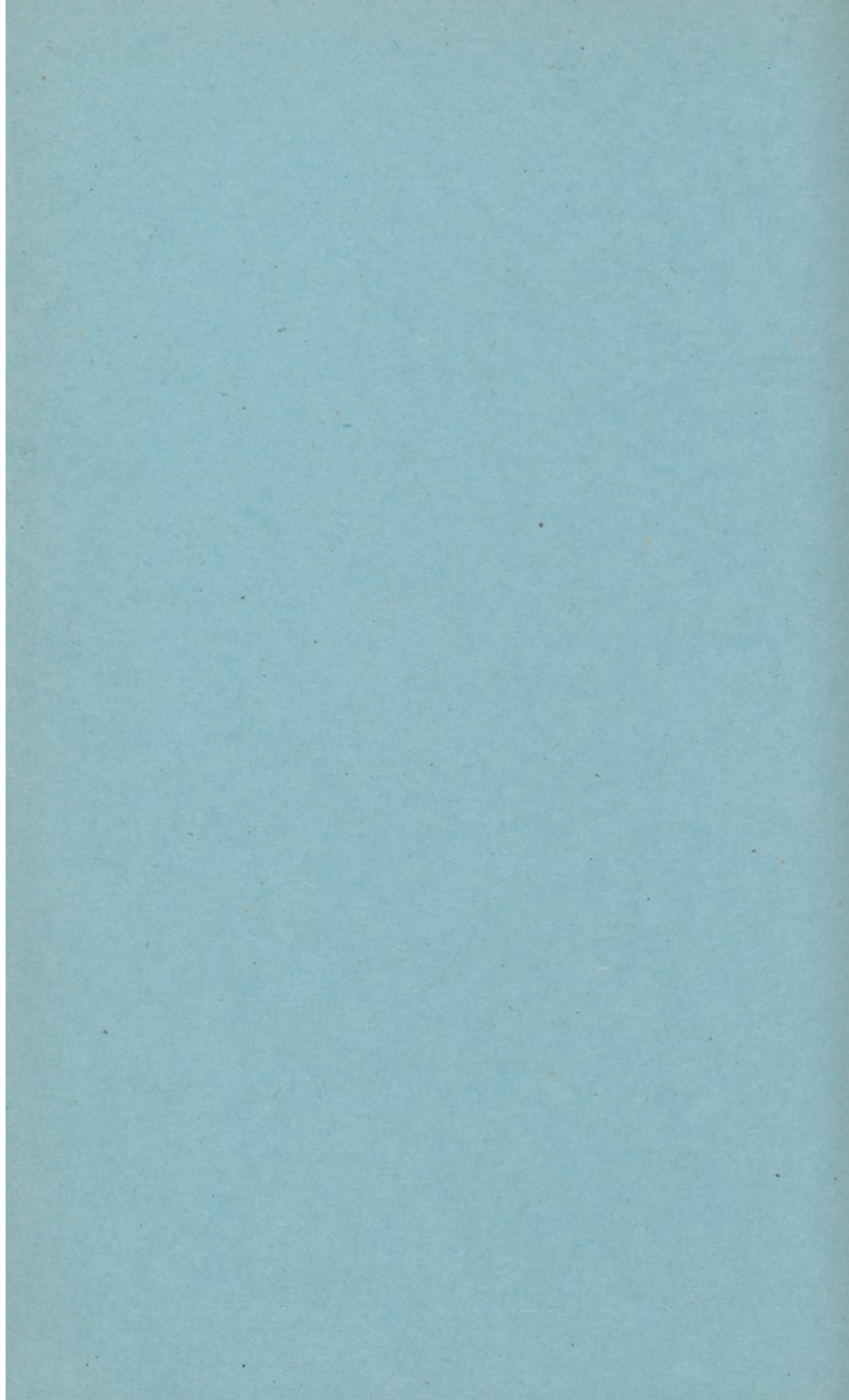


# Annual Report

of the  
MEDICAL OFFICER  
OF HEALTH

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For the Year Ending 31st December,  
1953





**PUBLIC HEALTH COMMITTEE**

COUNCILLOR R. A. DALTON (*Chairman*)

COUNCILLOR MRS. S. V. F. ASHTON (*Vice-Chairman*)

ALDERMAN R. W. DALE

ALDERMAN H. HANN

ALDERMAN H. E. SIMPKINS

ALDERMAN V. E. STEVENS

COUNCILLOR F. B. BAVERSTOCK

COUNCILLOR N. E. BRITTON

COUNCILLOR S. J. RELPH



## STAFF OF PUBLIC HEALTH DEPARTMENT

*Medical Officer of Health:* F. G. BROWN, M.B., B.Ch., D.P.H.

*Senior Sanitary Inspector:*

M. G. CROOK, M.S.I.A. (a) (b) (c) (d) (g)

*Deputy Senior Sanitary Inspector:*

J. T. S. TEMPLEMAN, M.S.I.A. (a) (b)

*Sanitary Inspectors:*

A. J. STORER, M.S.I.A. (a)

G. F. DOWNING, M.R.San.I., M.S.I.A. (a) (b) (d) (f) (h)

*Clerks:*

A. M. ROWLATT

Mrs. V. BIRKETT

- 
- 
- (a) Royal Sanitary Institute and Sanitary Inspector's Examination Joint Board Certificate.
  - (b) Royal Sanitary Institute Certificate of Meat and other Foods.
  - (c) First Class Certificate in Laboratory Technique of Meat Inspection of Smithfield Technical Institute.
  - (d) Diploma of the Royal Institute of Public Health and Hygiene.
  - (e) Diploma in Public Administration.
  - (f) Diploma in Sanitary Science as applied to Buildings and Public Works.
  - (g) General Instructors (Special) Certificate, Home Office Civil Defence School, Falfield, Glos.
  - (h) Associate Member, Institute of Sanitary Engineers.



# Wanstead and Woodford Borough Council

To THE MAYOR, ALDERMEN AND COUNCILLORS,  
BOROUGH OF WANSTEAD AND WOODFORD.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit my Annual Report on the Health Services in the Borough for the year 1953. As in former years, a section of this report is given to those services under the National Health Service Act which are administered by the Essex County Council and decentralised to the Forest Health Area Sub-Committee of the County Health Committee. An account of the work of the School Health Service is also included.

## Vital Statistics.

The total number of live births for the year was 791, an increase of 40 as compared with the previous year. The Birth Rate per thousand of the population is 12.9, as compared with 15.5 for England and Wales. The number of deaths was 643 as compared with 666 for 1952, this giving a Death Rate per thousand of 10.4 as compared with 11.4 for England and Wales.

The infant mortality rate, i.e. the death rate of infants under one year of age per thousand live births was 25.2 as compared with 26.8 for England and Wales.

## Causes of Death.

The main causes of death were diseases of the heart and arteries and cancer. The number of deaths from the latter cause shows little change during the past four years, the figures varying between 124 and 130.

## Infectious Disease.

### (a) Diphtheria.

Two cases of diphtheria occurred during the early part of the year, the first to have been reported for over five years. Both were very mild infections in young adult males living in different parts of the Borough. No common source of infection could be traced. Recovery was rapid in each instance. These cases, mild though they were, serve as a grim warning that diphtheria is still a disease to be reckoned with, and that we must continue our campaign for the immunisation of children with the utmost vigour.



#### **(b) Poliomyelitis.**

Thirteen cases of poliomyelitis were confirmed, as compared with eight in the previous year. During the latter part of July and early August four members of the nursing staff of Wanstead Hospital contracted the disease in a severe form. A note on this outbreak is given in Section F of my report. The remaining cases were of a mild nature and there was little or no residual disablement. The behaviour of this disease appears to have changed during recent years. Whereas, formerly, cases occurred sporadically and it was unusual to establish a connection between any two cases, cases are now being notified where direct contact either within the same family or otherwise can be traced. Evidence has proved that Poliomyelitis is often spread by the bowel, and the importance of hand washing after using the lavatory and before handling food cannot be too strongly emphasised.

#### **(c) Tuberculosis.**

52 new cases were reported, as compared with 51 during 1952. There were 5 deaths compared with 10 in 1952.

#### **(d) Scarlet Fever.**

82 cases occurred, a decrease of 29 compared with the previous year. All were mild.

#### **(e) Measles and Whooping Cough.**

These continue the commonest of the infectious diseases. Figures were 677 and 173, these being almost identical with those notified in 1952. Infections were usually not severe and there were no deaths from either disease.

#### **Old People's Welfare.**

The problem of the increasing number of aged people, more especially of those who live alone, continues to grow. In my report of two years ago I made reference to the work of the Old People's Welfare Association. I would like to pay particular tribute to the many voluntary workers who are visiting old people in their homes. These visits are being made regularly to nearly 200 homes, and are greatly appreciated by very many lonely people. Towards the end of the year a scheme to provide chiropody treatment for persons of pensionable age was approved and was commenced early in 1954. I hope to report fully on this work next year.

I would express my thanks to the Senior Sanitary Inspector and all members of the Public Health Department for their work throughout the year.



My sincere indebtedness is due to the Chairman, Vice-Chairman and Members of the Public Health Committee for their continued support and for the great interest which they have taken in the work of the Department.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

F. G. BROWN, M.B., B.Ch., D.P.H.

23rd July, 1954.

Legitimate	Males	415	Females	354
Illegitimate	Males	14	Females	8
Total	Males	429	Females	362
Total				791

Birth-rate per 1,000 of the estimated resident population—12.8

Legitimate	Males	6	Females	4
Illegitimate	Males	1	Females	0
Total	Males	7	Females	4
Total				11

Rate per 1,000 total (live and still) births—13.7

Deaths: Males—318. Females—325. Total 643.  
 Death-rate per 1,000 of the estimated resident population—10.4

Deaths from puerperal causes	—
Puerperal and post-abortion sepsis	—
Other maternal causes	—
Total	—

Rate per 1,000 total (live and still) births—Nil

Deaths of infants under one year of age:—  
 All infants per 1,000 live births  
 Legitimate infants per 1,000 legitimate live births  
 Illegitimate infants per 1,000 illegitimate live births

Deaths from Cancer	124
Messles	Nil
Whooping Cough	Nil
Diphtheria (under 2 years of age)	Nil
Road Traffic Accidents	3
Suicide	7
Other violent causes	18



## SECTION A.

### STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres) .....	3,824
Population—Registrar-General's estimate mid-year 1953 .....	61,540
Registrar-General's estimate mid-year 1952 .....	61,880
Rateable value .....	£634,410
Sum represented by penny rate .....	£2,560

#### Extracts from Vital Statistics of the Year

##### *Live Births:*

Legitimate	Males	415	Females	354	Total	769
Illegitimate	Males	14	Females	8	Total	22
Total	Males	429	Females	362	Total	791

Birth-rate per 1,000 of the estimated resident population—12.9

##### *Stillbirths:*

Legitimate	Males	6	Females	4	Total	10
Illegitimate	Males	1	Females	0	Total	1
Total	Males	7	Females	4	Total	11

Rate per 1,000 total (live and still) births—13.7.

##### *Deaths:*

Males—318.      Females—325.      Total 643.

Death-rate per 1,000 of the estimated resident population—10.4

##### Deaths from puerperal causes:—

Puerperal and post-abortion sepsis .....	—
Other maternal causes .....	—
Total .....	—

Rate per 1,000 total (live and still) births—Nil.

##### Deaths of Infants under one year of age:—

All infants per 1,000 live births .....	25.2
Legitimate infants per 1,000 legitimate live births .....	24.7
Illegitimate infants per 1,000 illegitimate live births .....	45.4

	1953	1952
Deaths from Cancer .....	124	127
"    "    Measles .....	Nil	1
"    "    Whooping Cough .....	Nil	1
"    "    Diarrhoea (under 2 years of age) .....	Nil	Nil
"    "    Road Traffic Accidents .....	3	4
"    "    Suicide .....	7	3
"    "    Other violent causes .....	18	10

## Population

The Registrar General's estimate of the population for 1953 (mid-year) was 61,540, a decrease of 340 on the figure for 1952 (mid-year).

## Extracts from vital statistics of the year

Statistical tables have been included in this report to show the health of the community in the Borough over the past twenty years.

Deaths per 1,000 (Live and Still)				Births per 1,000 (Live and Still)			
18.23	24.23	12.46	28.61	62.79	62.79	62.79	62.79
Puerperal Fever and Pyrexia				Puerperal Fever and Pyrexia			
1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
Diphtheria and				Diphtheria and			
1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
Enteritis and				Enteritis and			
1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
All causes under 1 year of age				All causes under 1 year of age			
1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
All causes under 15 years of age				All causes under 15 years of age			
1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
All causes under 65 years of age				All causes under 65 years of age			
1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
All causes				All causes			
1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
Deaths				Deaths			
1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
Wood Poisoning				Wood Poisoning			
0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04
Non-Paralytic				Non-Paralytic			
0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04
Paralytic				Paralytic			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
(Including Polio-encephalitis)				(Including Polio-encephalitis)			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Acute Poliomyelitis				Acute Poliomyelitis			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Pneumonia				Pneumonia			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Measles				Measles			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Scarlet Fever				Scarlet Fever			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Infection				Infection			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Meningococcal				Meningococcal			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Paratyphoid Fever				Paratyphoid Fever			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Typhoid Fever				Typhoid Fever			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Notifiable				Notifiable			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Pneumonia				Pneumonia			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
End Polio-encephalitis				End Polio-encephalitis			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Acute Poliomyelitis				Acute Poliomyelitis			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Smallpox				Smallpox			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Erysipelas				Erysipelas			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Diphtheria				Diphtheria			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Whooping Cough				Whooping Cough			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Scarlet Fever				Scarlet Fever			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Infection				Infection			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Meningococcal				Meningococcal			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Paratyphoid Fever				Paratyphoid Fever			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Typhoid Fever				Typhoid Fever			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Notifiable				Notifiable			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Pneumonia				Pneumonia			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Measles				Measles			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Smallpox				Smallpox			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Erysipelas				Erysipelas			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Diphtheria				Diphtheria			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Whooping Cough				Whooping Cough			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Scarlet Fever				Scarlet Fever			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Infection				Infection			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Meningococcal				Meningococcal			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Paratyphoid Fever				Paratyphoid Fever			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Typhoid Fever				Typhoid Fever			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Notifiable				Notifiable			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Pneumonia				Pneumonia			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Measles				Measles			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Smallpox				Smallpox			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Erysipelas				Erysipelas			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Diphtheria				Diphtheria			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Whooping Cough				Whooping Cough			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Scarlet Fever				Scarlet Fever			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Infection				Infection			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Meningococcal				Meningococcal			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Paratyphoid Fever				Paratyphoid Fever			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Typhoid Fever				Typhoid Fever			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Notifiable				Notifiable			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Pneumonia				Pneumonia			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Measles				Measles			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Smallpox				Smallpox			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Erysipelas				Erysipelas			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Diphtheria				Diphtheria			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Whooping Cough				Whooping Cough			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Scarlet Fever				Scarlet Fever			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Infection				Infection			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Meningococcal				Meningococcal			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Paratyphoid Fever				Paratyphoid Fever			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Typhoid Fever				Typhoid Fever			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Notifiable				Notifiable			
0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Pneumonia				Pneumonia			



**Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality, and  
Case-rates for certain Infectious Diseases in the year 1953.  
England and Wales, London, 160 Great Towns and 160 Smaller Towns.  
(Provincial Figures based on Quarterly Returns).**

	England and Wales	160 County Boroughs and Great Towns including London	160 Smaller Towns (Resident populations 25,000 to 50,000 at 1951 Census)	London Administrative County	Borough of WANSTEAD and WOODFORD
<b>Births:</b>	(Rates per 1,000 Home Population)				
Live	15.5	17.0	15.7	17.5	12.9
Still	0.35	0.43	0.34	0.38	0.18
<b>Deaths:</b>					
All Causes	11.4	12.2	11.3	12.5	10.4
Typhoid and Paratyphoid	0.00	0.00	—	—	—
Whooping Cough	0.01	0.01	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	—	0.00
Tuberculosis	0.20	0.24	0.19	0.24	0.08
Influenza	0.16	0.15	0.17	0.15	0.22
Smallpox	0.00	0.00	0.00	—	—
Acute Poliomyelitis and Polioencephalitis	0.01	0.01	0.01	0.01	0.00
Pneumonia	0.55	0.59	0.52	0.64	0.52
<b>Notifications:</b>					
Typhoid Fever	0.00	0.00	0.00	0.00	—
Paratyphoid Fever	0.01	0.01	0.01	0.01	—
Meningococcal Infection	0.03	0.04	0.03	0.03	—
Scarlet Fever	1.39	1.50	1.44	1.02	1.33
Whooping Cough	3.58	3.72	3.38	3.30	2.81
Diphtheria	0.01	0.01	0.01	0.00	0.03
Erysipelas	0.14	0.14	0.13	0.12	0.11
Smallpox	0.00	0.00	0.00	—	—
Measles	12.36	11.27	12.32	8.09	11.00
Pneumonia	0.84	0.92	0.76	0.73	0.66
Acute Poliomyelitis (including Polio- encephalitis):					
Paralytic	0.07	0.06	0.06	0.07	0.16
Non-Paralytic	0.04	0.03	0.04	0.03	0.05
Food Poisoning	0.24	0.25	0.24	0.38	0.06
<b>Deaths:</b>	(Rates per 1,000 Live Births).				
All causes under 1 year of age	26.8	30.8	24.3	24.8	25.2
Enteritis and Diarrhoea under 2 year	1.1	1.3	0.9	1.1	—
<b>Notifications:</b>	Rates per 1,000 Total Births (Live and Still)				
Puerperal Fever and Pyrexia	18.23	24.33	12.46	28.61	82.29



# Maternal Mortality

	Abortion with Sepsis	Other Abortion	Complication of Pregnancy	Sepsis of Childbirth and the Puerperium	Other
England and Wales	0.06	0.05	0.18	0.10	0.37
Wanstead and Woodford	—	—	—	—	—

## Causes of Death as given by the Registrar-General, 1953.

Causes of Death	Males	Females	Total
1. Tuberculosis (Respiratory) .....	2	1	3
2. Other forms of Tuberculosis .....	2	—	2
3. Syphilitic Disease .....	4	1	5
4. Diphtheria .....	—	—	—
5. Whooping Cough .....	—	—	—
6. Meningococcal Infections .....	—	—	—
7. Acute Poliomyelitis .....	—	—	—
8. Measles .....	—	—	—
9. Other Infective and Parasitic Diseases .....	—	1	1
10. Malignant Neoplasm—Stomach .....	11	6	17
11. Malignant Neoplasm—Lung and Bronchus .....	20	4	24
12. Malignant Neoplasm—Breast .....	—	17	17
13. Malignant Neoplasm—Uterus .....	—	3	3
14. Malignant Neoplasm—Others .....	33	30	63
15. Leukæmia .....	3	—	3
16. Diabetes .....	2	—	2
17. Vascular Lesions—Nervous System .....	31	51	82
18. Coronary Disease, Angina .....	51	36	87
19. Hypertension with Heart Disease .....	3	6	9
20. Other Heart Disease .....	25	56	81
21. Other Circulatory Disease .....	18	13	31
22. Influenza .....	7	7	14
23. Pneumonia .....	19	13	32
24. Bronchitis .....	27	21	48
25. Other Respiratory Diseases .....	4	2	6
26. Ulcer of Stomach or Duodenum .....	7	2	9
27. Gastritis, Enteritis and Diarrhoea .....	3	1	4
28. Nephritis and Nephrosis .....	2	3	5
29. Hyperplasia of Prostate .....	1	—	1
30. Pregnancy, Childbirth, Abortion .....	—	—	—
31. Congenital Malformations .....	2	4	6
32. Other Diseases .....	24	36	60
33. Motor Vehicle Accidents .....	1	2	3
34. All Other Accidents .....	12	5	17
35. Suicide .....	4	3	7
36. Homicide and Operations of War .....	—	1	1
Totals, 1953	318	325	643
Totals, 1952	329	337	666



### Infant Deaths, Neo-Natal Mortality and Stillbirths

Year	Live Births	Birth Rate	Stillbirths		Neo-Natal Deaths		Infant Deaths		
			No.	Per 1,000 Live Births	Per 1,000 Population	No.	Per 1,000 Live Births	No.	Per 1,000 Live Births
1953	791	12.9	11	13.9	0.18	12	15.2	20	25.2
1952	751	12.1	10	13.3	0.16	15	20.0	17	22.6
1951	768	12.4	21	27.3	0.34	6	7.8	11	14.2
1950	847	13.5	22	25.9	0.35	14	16.5	16	18.9
1949	839	13.5	22	26.2	0.35	12	14.3	31	36.9

### Maternal Mortality

The maternal mortality rates (per 1,000 total births) for the past five years have been as follows:—

Year	Total Births Registered	Deaths			Rates per 1,000 Births (Live and Still)		
		Puerperal Sepsis	Other Maternal Causes	Total	Puerperal Sepsis	Other Maternal Causes	Total
1953	802	—	—	—	—	—	—
1952	761	—	1	1	—	1.31	1.31
1951	789	1	1	2	1.27	1.27	2.54
1950	869	—	1	1	—	1.15	1.15
1949	861	1	—	1	1.2	—	1.2

### Maternal Mortality, Stillbirths and Neo-Natal Deaths

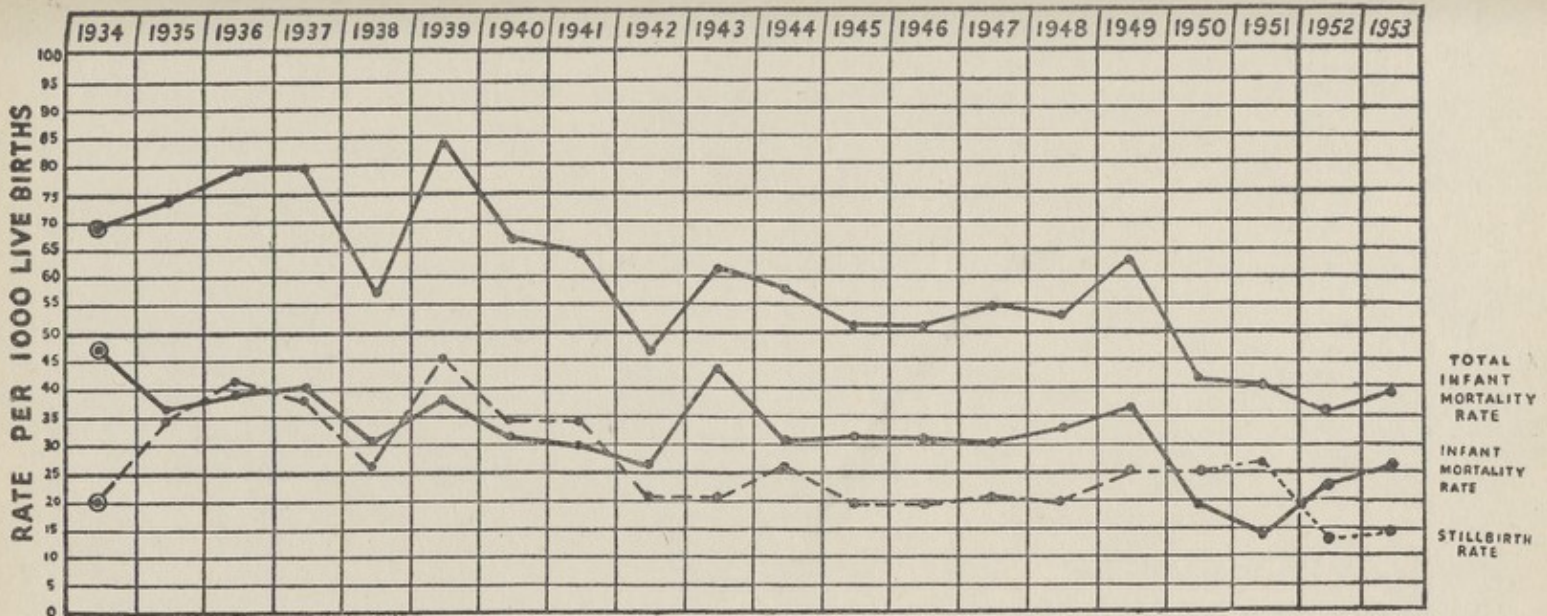
Rate (per 1,000 Live Births)	1953	1952	1951	1950	1949
Maternal Mortality	—	1.33	2.60	1.18	1.19
Stillbirths	13.9	13.3	27.3	25.9	26.2
Neo-Natal Mortality	15.2	20.0	7.8	16.5	14.3

During 1953 there were no deaths classified as being due to pregnancy, childbearing or associated therewith.

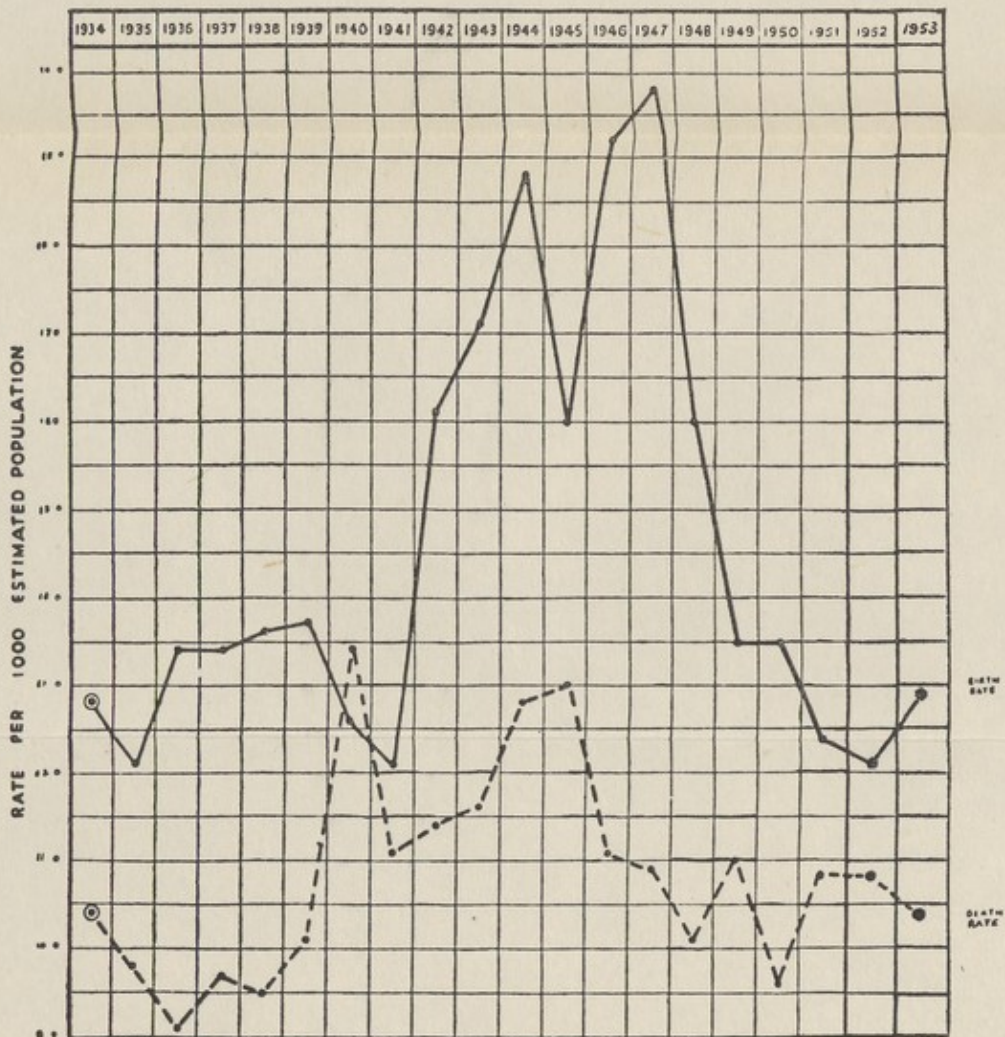


### TOTAL INFANT MORTALITY, 1934 to 1953.

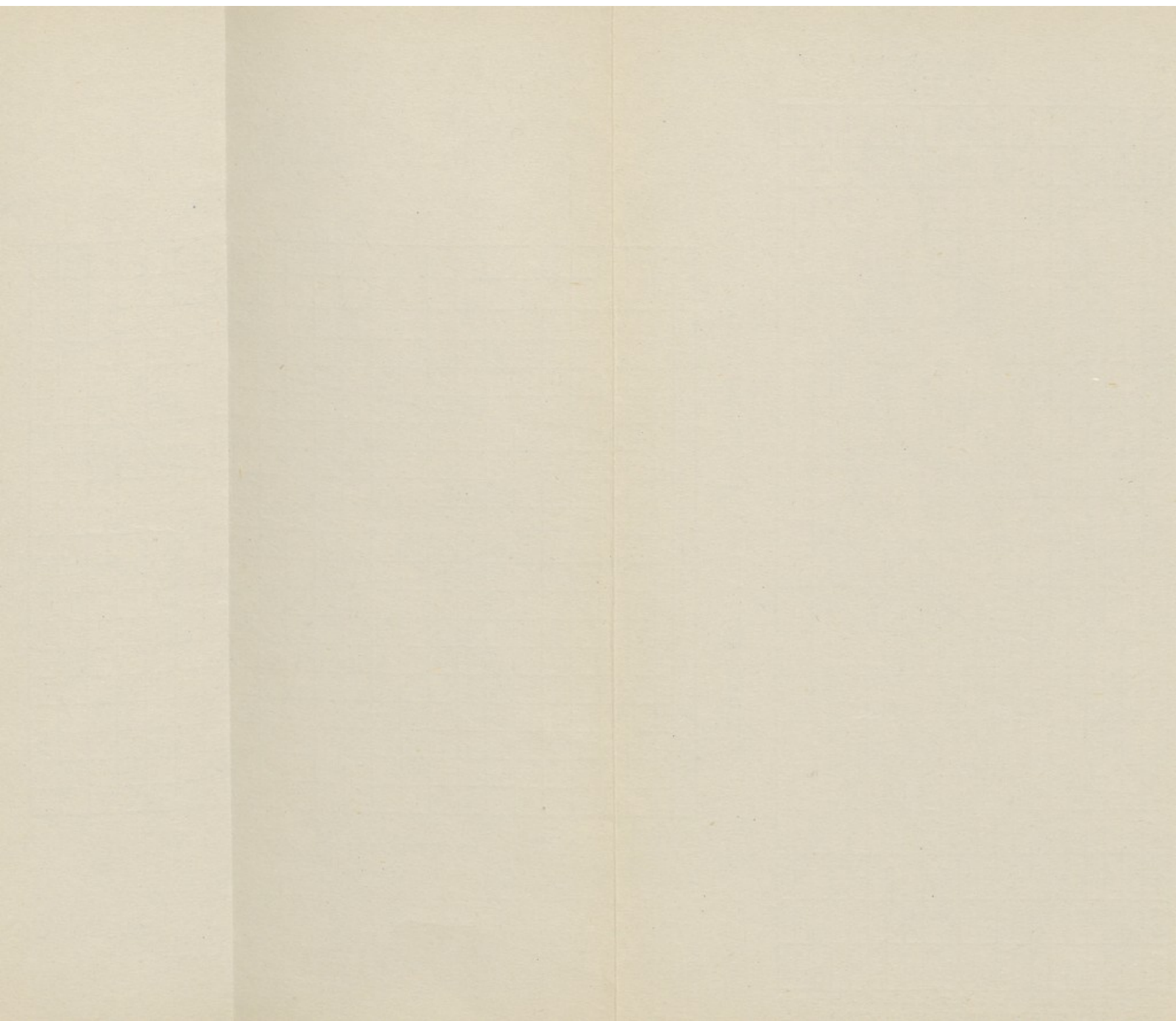
This is defined as the sum of the deaths that occur during child-birth and during the first year of life.  
This graph shows the position in the Borough since 1934.



### TREND OF BIRTH AND DEATH RATES, 1934 to 1953.







# Comparative Statistics of Births, Mortality, etc., 1934 to 1953.

Year	Population	Live Births		Still Births		Deaths		Infant Deaths		Maternal Deaths	
		No:	Rate*	No:	Rate†	No:	Rate*	No:	Rate§	No:	Rate†
1953	61540	791	12.9	11	13.7	643	10.4	20	25.2	—	—
1952	61880	751	12.1	10	13.1	666	10.8	17	22.6	1	1.31
1951	61850	768	12.4	21	26.6	668	10.8	11	14.2	2	2.54
1950	62460	847	13.5	22	25.3	605	9.6	16	18.9	1	1.15
1949	62010	839	13.5	22	25.5	687	11.0	31	36.9	1	1.2
1948	61150	977	16.0	20	20.1	618	10.1	32	32.7	1	1.0
1947	60280	1199	19.8	29	23.6	660	10.9	37	30.8	1	0.8
1946	57570	1117	19.2	22	19.3	611	11.1	35	31.3	3	2.6
1945	48230	759	16.0	15	19.3	627	13.0	24	31.6	1	1.29
1944	46670	878	18.8	24	26.6	591	12.8	27	30.7	—	—
1943	50010	857	17.1	18	20.5	583	11.6	37	43.1	3	4.57
1942	49850	803	16.1	17	20.7	572	11.4	21	26.1	1	1.2
1941	46640	566	12.1	20	34.1	551	11.1	15	30.2	1	1.7
1940	48620	611	12.6	22	34.7	653	13.4	18	31.8	—	—
1939	55880	763	13.7	36	45.1	555	10.1	28	37.8	2	2.7
1938	54810	744	13.6	20	26.2	521	9.5	23	30.9	—	—
1937	53840	720	13.4	29	38.8	522	9.7	29	40.3	—	—
1936	52010	699	13.4	30	41.1	471	9.1	27	38.6	2	2.7
1935	50010	605	12.1	23	36.6	488	9.8	22	36.4	3	4.8
1934	47885	612	12.8	13	20.8	500	10.4	29	47.4	5	8.0

\*Per 1,000 Population    †Per 1,000 Total Births    §Per 1,000 Live Births



## SECTION B.

### GENERAL PROVISION OF HEALTH SERVICES

#### 1. Public Health Officers of the Authority

See page two.

#### 2. Laboratory Facilities

Pathological and bacteriological services are provided at the Pathological Laboratory, St. Margaret's Hospital, Epping.

The analysis of water, milk and food is carried out by Dr. J. H. Hamence and Mr. George Taylor, Public Analysts for the Borough, and by the Counties Public Health Laboratories.

#### 3. Infant Welfare Centres

There are six infant welfare centres in the Borough, sessions being held as under:—

Baptist Church Hall, Aldersbrook, E.12.

Monday, 2.30—4 p.m.

Ashton Playing Fields Pavilion, Woodford Bridge.

Tuesday, 2.30—4 p.m.

St. Barnabas Church Hall, Snakes Lane, Woodford Green.

Wednesday, 2.30—4 p.m.

Fullers Road Sunday School, South Woodford, E.18.

Wednesday, 2.30—4 p.m.

Cromwell Hall, Nightingale Lane, Wanstead, E.11.

Thursday, 2.30—4 p.m.

Holy Trinity Church Hall, Hermon Hill, South Woodford, E.18

Friday, 2.30—4 p.m.

#### 4. Ante-Natal Clinic

118, Hermon Hill, Wanstead.

Thursday, 2.30—4 p.m.

#### 5. School Clinic, 93 High Road, Woodford.

Dental—*By appointment only.*

Minor Ailments—Every Friday morning.

†Ophthalmic—Wednesday mornings, *by appointment only.*

†Orthopaedic—First Thursday afternoon in each month.

*By appointment to see Surgeon only.*

All day Tuesday and Thursday afternoon.

*For after-treatment by appointment only.*

Speech Therapy—Monday and Wednesday only during school term

*By appointment only.*

†Controlled by the North East Metropolitan Regional Hospital Board and delegated to the Forest Group Hospital Management Committee.



#### 6. Chest Clinic

Harts Hospital, Woodford Green.

Sessions: Wednesday, 9.30—11 a.m.

5.0—6.0 p.m. (appointment only).

Friday, 9.30—11 a.m.

Refill sessions: Tuesday and Thursday, 2 p.m.

B.C.G. Vaccinations—Saturday morning, once monthly.  
(by appointment only).

#### 7. Ambulance Facilities

These facilities are available through the local depot at Wanstead, the service being administered centrally by the County Council from Chelmsford.

#### 8. National Assistance Act, 1948 (Section 47)

No action became necessary to secure the removal of persons in need of care and attention to suitable premises during 1953.

#### 9. Funeral arrangements

In three instances the Local Authority was required to make arrangements for the burial of persons during the year 1953.

### SECTION C

#### SANITARY CIRCUMSTANCES OF THE AREA

##### 1. Water Supply

The water supplied throughout the Borough by the Metropolitan Water Board was satisfactory both in regard to quality and quantity.

Regular monthly bacteriological examinations are carried out by the Metropolitan Water Board, the examinations being of raw and treated water. The results obtained from treated water were satisfactory. Copies of these reports are received regularly from the Board.

##### 2. Refuse and Salvage Collection

(a) *Refuse Collection.* A fleet of modern vehicles is operated for the collection of refuse and disposal is by the controlled tipping method.

(b) *Salvage Collection.* The collection of waste paper for salvage has been continued.

(c) *Kitchen Waste Collection.* The collection of kitchen waste in the Borough is by means of individual container system.



### 3. Sewerage and Sewage Disposal.

(a) *Sewerage.* The very old sewers in Whitehall Lane and across the forest from near Whitehall Road to Western Sewage Disposal Works, which had in the past been a frequent source of trouble, including discharge of sewage on to the forest at times of surcharge, have been completely re-laid.

(b) *Eastern Sewage Disposal Works.* Experimental work on the old circular filters in an endeavour to avoid heavy expenditure in the complete renewal of the media has continued. It has not yet been possible to arrive at definite conclusions. Essex River Board take frequent samples of effluent for analysis and have been advised of the experimental work.

Valve chambers have now been provided at both primary sludge digestion tanks. These will greatly facilitate access to the pipe system at the sludge digestion tanks where difficulties due to blockages had previously seriously interfered with the working of the tanks.

(c) *Southern Sewage Disposal Works.* The Ministry of Housing and Local Government have given approval in principle to the Council's scheme for improvements at these works and is prepared to entertain proposals for the carrying out of the first stage of the scheme on the basis of a likely starting date for the work not earlier than 1955.

(d) *Western Sewage Disposal Works.* It has still not yet been made possible to carry out the intended diversion of the western drainage area sewage into the East Middlesex system at Chingford, to be followed by abandonment of the obsolete disposal works. Negotiations have continued, in particular on the question of financial contributions towards the cost of the necessary relief sewer at Chingford. Meanwhile careful supervision continues to ensure the discharge of a reasonably satisfactory effluent.

### SANITARY INSPECTION OF THE AREA

*The Senior Sanitary Inspector reports as follows:—*

#### Housing Act, 1936

##### Insanitary Houses.

The Members of the Public Health Committee have always been mindful of the need to deal with houses which were not capable of being rendered fit at a reasonable cost, and have supported officers of the Public Health Department in their efforts. This support has been appreciated and encouraging, and has continued throughout the year.

Some five years ago a list of insanitary houses was drawn up and classified on grounds based on the suggested life of the properties.

The Public Health and Housing Committees appointed sub-committees to deal with this list. They met as a Joint Sub-Committee, and because of their action the Medical Officer of Health and the Senior Sanitary Inspector were able to deal with many unfit properties.



In the early part of the year this Joint Committee dealt with 109, 111, 113, and 115, High Road, Woodford Green, 64, High Road, Woodford Bridge, 1, 2, 3, 4, 5, 6, 7 and 8, Back Church Row, Woodford Bridge and 114, 116, 118, 120, 122, and 124, High Road, Woodford Bridge, in consequence of which the Back Church Row and High Road, Woodford Bridge, properties were the subject of an official representation by the Medical Officer of Health, the remainder being reported to the Public Health Committee by the Senior Sanitary Inspector.

1, 2, 3, 4, 5, and 6, Woodbine Place, Wanstead, were considered and referred to the Housing Committee with a request to consider the possibility of rehousing the tenants. These properties were later the subject of another official representation by the Medical Officer of Health.

No action was taken in regard to East Row and East Cottages, Wanstead.

One must congratulate the General Purposes Committee on the decision it made in November with regard to the future housing policy, and in particular with reference to unfit houses. Good relationship has existed in the past between the Public Health Committee and the Housing Committee, consequently there has been no difficulty in rehousing tenants from such properties. The General Purposes Committee made a bold step when they had before them a request from the Housing Committee to consider the whole question of the future available Council dwellings as a matter of policy. The resolution quoted below made it possible for the Housing Committee to allocate one third of their future supply of houses to the rehousing of tenants from unfit houses.

"To inform the Housing Committee that, having regard to the limited housing accommodation available in the Borough, all new Council dwellings and all Council dwellings becoming vacant hereafter be allocated in the following ratio: as to one-third for rehousing occupants of sub-standard dwellings and as to two-thirds to rehousing families in other categories, such allocation not to affect individual allocations already approved or present arrangements for exchange or transfer of tenants."

Those connected with the Public Health service can readily appreciate what a great help this resolution can be when a Local Authority is doing its best to cope with sub-standard dwellings. Because of the good progress made in clearing away many of the sub-standard houses and further because of the terms of the resolution quoted, it was found unnecessary to keep going the meetings of the Joint Sub-Committee already referred to. At its meeting in November the Public Health Committee appointed a further sub-committee from its members to continue the study of unfit houses and placing them in order for further action. The sub-committee were the Chairman and Vice-Chairman (Councillor R. A. Dalton and Councillor Dr. S. V. F. Ashton) and Councillor Relph, who, together



with the Medical Officer of Health, Senior Sanitary Inspector and Deputy Senior Sanitary Inspector, met very soon after its formation and discussed a suggested order for dealing with properties, and carried out inspections. Since then much good work has been done and is continuing.

Some reference can be made to properties dealt with during the year, and details are given hereafter:—

98 and 100 High Road, Woodford Bridge were dealt with under Section 11 of the Housing Act, 1936. The owner wished to execute repairs to No. 98, but subsequently withdrew his offer, and Demolition Orders were made on both properties.

1, 2, and 3, Whitehall Lane were also dealt with under Section 11. They were reported upon in 1952, and after delays during which time the owner suggested works of repair, Demolition Orders were made. The dwellings were demolished during 1953.

171, Chigwell Road, the subject of a Demolition Order in 1952, was demolished by the Council in 1953.

1—16, (consecutive), Gladstone Cottages, Woodford Green. These cottages have been dealt with by co-operation with the owners over a considerable period of time, the owners closing the dwellings after the Council had rehoused the tenants. During 1953 the Medical Officer of Health made an Official Representation to the Council with the result that the properties were demolished by the owners.

Because of consideration by the Joint Sub-Committee the following houses were dealt with as indicated.

109, 111, 113, and 115, High Road, Woodford Green. After some delay because of illness and death of the owner undertakings were given in accordance with Section 11.

64, High Road, Woodford Bridge. An undertaking was given by the owners, and the tenants rehoused.

13, Manor Road was dealt with in a similar manner to 64, High Road, Woodford Bridge, both premises to be used in connection with existing businesses.

74, New Wanstead (basement), was dealt with under Section 12. The flat was rendered waterproof and an undertaking made unnecessary. 1—8, (consecutive) Back Church Row and 114—124 (evens) High Road, Woodford Bridge. The Medical Officer of Health made an official representation in connection with these properties. There was an appeal to the Minister in connection with the High Road properties, which was not upheld. Later the Council decided to acquire the dwellings so as to complete an adjacent housing estate.

2, 3, and 4, Wallers Cottages, Woodford Bridge, were reported to the Committee under Section 11. After some delay an undertaking was given in respect of No. 4. The Housing Committee were asked to rehouse the occupants of Nos. 2 and 3.



1—10, Burlington Place. Because of the age of most of the occupants, the Public Health Committee arranged for the Town Clerk and Medical Officer of Health to interview the owners with a view to the latter not reletting before making contact with the Council. Consideration will again be given to these properties during 1954. 67 and 69, Cowslip Road. These properties were demolished during 1953 after splitting badly after settlement. A Demolition Order was placed on No. 69; an undertaking in connection with No. 67 had been given previously.

1—5, Slaters Cottages. After protracted negotiations with the owners, the Council decided to obtain estimates for demolishing the properties. Unfortunately it is not possible to report the demolition of this block of property in 1953. The Clearance Order in respect of these cottages was confirmed near the end of 1952 and became operative on 14th November, 1953.

1—6, Woodbine Place. The Medical Officer of Health made an official representation in respect of these dwellings. As this was done near the end of 1953 it is not possible to report the Minister's confirmation of the Clearance Order.

99—125 and 129—169, Chigwell Road. This property known locally as Oxford Terrace, was the subject of a Town Planning appeal. The houses are very dilapidated, distorted and generally worn out, and have behind them disused land belonging to the Council, ultimately to be used as an open space (sports ground). The Council wisely decided that by using some of the ground (some 2½ acres out of 30 acres) they could erect flats to accommodate the occupiers and others awaiting satisfactory living accommodation. The County Council, in their wisdom, decided against the development mainly on the grounds that it would encroach by a small amount on the Green Belt. Strangely to say, the space concerned is shut in at one end by a garage and filling station, a small decrepit stream known as the River Roding at the back, a factory at the other end, and on the opposite side of the road are situated a large dairy depot, a plant nursery and a cafe. The Ministry, after the enquiry, decided to support the County Council, much to the amazement of all concerned locally. The effect of this is to cause a much smaller number of flats to be erected, reducing the number by about half.

This reduction in the number of dwellings is a serious matter for the Council, because it is faced with the difficulty of finding sufficient land for building purposes. When one looks around the Borough, one can hardly appreciate this fact for there are many open spaces, and large ones at that, but all this land is Epping Forest land and cannot be built on. The Council is now faced with a big problem to provide accommodation for the Oxford Terrace residents. The way in which this matter will be dealt with must remain to be described in the Annual Report for 1954.

5—12, Wallers Cottages, Woodford Bridge, were considered by the Public Health Committee, and as their condition did not warrant immediate action, they were left to be reported when a survey is made of the Borough.



1—7, Inman's Row are to be reported on again in 1954.

9—11, Radley's Lane and 11—17, Voluntary Place. These properties are to be reported upon fully when they become vacant after the occupants have been rehoused by the Council.

1, Wallers Cottages. The remarks in the preceeding paragraph apply also to this property.

117, Chigwell Road. This is a property referred to in the report on Oxford Terrace, and was reported to the Public Health Committee for action under Section 11. Further details will be given in the 1954 Annual Report.

### **The Croydon Experiment and the Stockton Test.**

The Public Health Committee were given details regarding the above, and it was gratifying to note that the members were interested in the provision of baths and internal water closets, etc. in the older houses. Their interest was such that they agreed to the Chairman, Vice-Chairman, Medical Officer of Health, Senior Sanitary Inspector and Deputy Senior Sanitary Inspector visiting Croydon to see the improvements to the houses. The action of Federated Foundries Ltd., in so kindly arranging the visit was greatly appreciated, the visitors gaining first hand information on the subject.

### **Preliminary Survey.**

To assist the Sub-Committee of the Public Health Committee in their work, a preliminary survey of many of the 200 properties earmarked for future action under the provisions of the Housing Act was made by the Senior Sanitary Inspector and his Deputy. This survey enabled those officers to regroup the properties, and the Council to deal with the worst ones first. A report on the regrouping was made early in 1954.

### **Overcrowding.**

It was necessary to report one case of overcrowding to the Public Health Committee. This was a case where the family concerned occupied one room with a small section screened to provide a "make shift" kitchen. Proceedings were authorised but avoided because the occupier made arrangements for alternative accommodation for his children.

Needless to say quite a number of complaints were received during the year alleging overcrowding, but these when investigated were found not to be overcrowded. It is quite common these days to find not overcrowding but cramped conditions due to the newly married part of the family living in with the parents. The room or rooms become overloaded with furniture purchased by the young married members of the household. Again it is not uncommon for the parents to deliberately cramp these young folk; this leads one to believe that (perhaps wrongly) it is done in the hope of forcing the hand of the Local Authority to provide alternative accommodation. These efforts, however, meet with little success.



It is to be hoped that the revival of building by private enterprise will eliminate much of the cramping of people referred to above.

### **Public Health Act, 1936**

It was necessary to take legal proceedings against the owners of a block of flats for not complying with a Statutory Notice served in connection with settlement.

Abatement Orders were made by the Court and the work was subsequently executed by the owners.

Forty-one premises were redrained and two Public Sewers were repaired; this work involved expenditure on the part of the owners to close on £1420.

### **Smoke Abatement.**

This Council is a Contributor to the National Smoke Abatement Society and it is pleasing to record that the Public Health Committee accepted the invitation from that Society to send delegates to a meeting at Caxton Hall, Westminster, held on 26th June 1953. Councillor Relph and the Senior Sanitary Inspector attended on behalf of the Council, the Conference being convened with a view to the formation of a South-East Divisional Council of the Society.

The motion submitted to the Conference by Dr. A. J. Shinnie, Medical Officer of Health for Westminster, was

'THAT this general meeting of Members and Representatives of Members of the National Smoke Abatement Society in the South East Division agrees to establish a South East Divisional Council of the Society and to appoint a provisional Committee to prepare rules and constitution for consideration at a further general meeting.'

It was seconded by Sir Ernest Smith, Hon. Treasurer of the Society, and approved by the Conference.

A provisional committee was elected, whose function was to draft rules and constitution, including rules relating to the composition and mode of election of a committee and honorary officers for submission to a further general meeting of the members and representatives.

The provisional committee was as follows:—

Mr. N. Bastable, Chief Sanitary Inspector, Barking Borough Council.

Mr. H. G. Clinch, M.B.E., Chief Sanitary Inspector, West Ham Borough Council.

Miss M. Godby, Technical Officer, Women's Gas Federation.

Dr. R. Lessing, Consulting Chemist and Chemical Engineer.

Mr. J. J. Matthews, Chief Sanitary Inspector, Borough of Acton.

Mr. G. Nonhebel, Chemical Engineer and Fuel Technologist, Imperial Chemical Industries, Ltd.

Dr. A. J. Shinnie, O.B.E., Medical Officer of Health, Westminster City Council.

Mr. H. L. Snowden, Chief Sanitary Inspector, Farnborough Urban District Council.

Mr. L. A. Stroud, Chief Sanitary Inspector, Borough of Slough.



## Rodent Control.

In regard to the treatment of premises for rat and mice infestation, there is no change in staffing to report. The Council still give a treatment at householder's dwellings for which no charge is made; a charge is still made, however, for the treatment of business premises. One operator is still engaged for this work.

Whilst the operator works conscientiously, records do not indicate the eradication of these pests. If the recorded number of complaints can be accepted as a guide, then one can only conclude that the rat is still holding his own and is far from being beaten. Although this is not the result we anticipated we can safely conclude that had the work of the operator been suspended or been non-existent, the rat population would be much greater than it is. The Borough is fortunate in not having any infestations of great size.

The number of complaints received in the past is as follows:—

1946 — 346	1947 — 139	1948 — 210
1949 — 287	1950 — 284	1951 — 290
1952 — 330	1953 — 316	

Comment was made in last year's Report about Warfarin and its use for rodent destruction. It can again be reported as being most useful in this work and consequently is used together with the other poisons.

Sewer treatment was again carried out twice during the year and as in previous years the work was supervised by the Deputy Senior Sanitary Inspector. The Borough Engineer and Surveyor must be thanked for arranging for the necessary staff to perform the work.

Two tables show the result of the baiting of sewers for the two treatments made in 1953.

A table is also given of the summaries for the years since 1948. When comparing the figures for 1953, one must notice the jump in the number of complete takes and partial takes for 1952. Figures for 1953 show some easing in this respect. The number of "no takes" recorded shows a reduction.

One can conclude that, as with surface treatment, the work, whilst not producing the results desired, is worth while in that the population of rats is kept down. That in itself from the public health angle compensates for the efforts put into the work.

### *Surface treatment:*

The following table shows the result of the year's work.

Number of inspection made by the Sanitary Inspectors .....	165
Complaints received .....	316
Retreatments .....	4
Revisits to premises .....	268
Visits to adjacent premises .....	115
Total premises visited .....	703
Number of baiting points .....	3309
Rats found dead .....	88



**Sewer Treatment**  
**First Treatment**

1 Section	2 No. of Manholes	3 No. not baited	4 No. baited	6 Average Pre-bait Takes			8 N.T.
				5 Complete	Partial	7 Total takes	
1	69	—	69	28	14	42	27
2	85	—	85	29	27	56	29
3	75	—	75	28	26	54	21
4	77	—	77	28	18	46	31
5	72	—	72	28	14	42	30
6	81	—	81	28	19	47	34
7	79	—	79	38	11	49	30
8	65	—	65	29	11	40	25
9	80	—	80	30	15	45	35
10	73	—	73	28	17	45	28
11	72	—	72	30	15	45	27
12	70	—	70	27	17	44	26
13	72	1	71	25	14	39	32
14	78	—	78	30	16	46	32
15	75	—	75	26	13	39	36
16	71	—	71	25	13	38	33
17	68	—	68	27	13	40	28
18	75	2	73	31	9	40	33
19	72	—	72	35	12	47	25
	1409	3	1406	550	294	844	562



# Sewer Treatment

## Second Treatment

1 Section	2 No. of Manholes	3 No. not baited	4 No. baited	5 Average Pre-bait Takes			8 N.T.
				Complete	Partial	Total takes	
1	70	2	68	11	16	27	41
2	86	1	85	24	28	52	33
3	74	—	74	14	28	42	32
4	78	1	77	19	30	49	28
5	74	1	73	26	22	48	25
6	80	4	76	23	28	51	25
7	78	—	78	24	30	54	24
8	66	2	64	24	15	39	25
9	80	2	78	30	20	50	28
10	78	7	71	9	—	9	62
11	72	4	68	19	22	41	27
12	70	1	69	15	27	42	27
13	71	1	70	26	11	37	33
14	69	1	68	29	16	45	25
15	76	15	61	20	12	32	29
16	71	7	64	27	12	39	25
17	68	1	67	22	12	34	33
18	76	—	76	28	16	44	32
19	71	2	69	17	22	39	30
	1408	52	1356	407	367	774	582



*Summary of Treatments*

Year		No. of Manholes	No. NOT baited	No. baited	Average Pre-bait Takes			N.T.
					Complete	Partial	Total takes	
1953	1st treatment	1409	3	1406	550	294	844	562
	2nd „	1408	52	1356	407	367	774	582
1952	1st treatment	1419	5	1414	604	276	880	534
	2nd „	1418	—	1418	460	337	797	621
1951	1st treatment	1419	619	800	240	115	356	444
	2nd „	1419	19	1400	284	141	425	975
1950	1st treatment	1405	12	1393	210	85	295	1098
	2nd „	1396	33	1364	280	140	423	942
1949	1st treatment	1415	462	953	409	242	651	302
	2nd „	1417	123	1294	158	143	301	993
1948	1st treatment	850	3	847	200	221	421	426
	2nd „	1415	105	1310	550	350	905	405



### **Pet Animals Act, 1951.**

Four registrations of pet shops were renewed and one new registration made during the year. Six inspections of the premises were made during the year, the shops all being maintained in a satisfactory condition.

### **Rag Flock and Other Filling Materials Act, 1951**

No additional registrations have been made under this Act, the number of premises registered in the Borough remaining one.

### **Petroleum (Regulation) Acts, 1928 and 1936**

Sixty licences were renewed at the beginning of the year, and one licence was amended during the year. This was due to the fact that the E.C.C. Fire Brigade changed the storage at Snakes Lane Fire Station from a can store to the more usual storage of petrol in an underground tank, and increased the amount licenced from 100 to 500 gallons.

Additional pumps were fitted to existing tanks at two garages.

### **Game Licences.**

Sixteen licences to deal in Game were renewed in 1953.

### **The Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949 and Raw Milk Regulations.**

The following licences were issued:—

#### *Dealers Licences*

Pasteurised 11	Sterilised 19	Tuberculin Tested 11.
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*Dealers (Pasteurisers) Licence 1*

#### *Supplementary Licences*

Pasteurised 9	Sterilised 9	Tuberculin Tested 9.
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### **Shops Act, 1950.**

Seventy-eight visits were made under this Act.

Hours of closing. No difficulty was experienced in this direction, shops close well before the time specified in the Act.

It was necessary to require the provision of water closet accommodation in a lock-up shop.

### **Essex County Council Act, 1933,**

### **Massage and Special Treatment Establishments**

As in previous years, the Sanitary Inspectors carried out the usual routine inspections to these premises. They were all found to be quite satisfactory. Nine visits were made during the year.

### **Inspections carried out by Sanitary Inspectors**

Infectious disease enquiries, including enquiries in respect of	
scabies	85
Visits in connection with contacts, disinfection, etc.	40
Enquiries in connection with food poisoning	4
Verminous premises	7



## General Environmental Public Health

Drains and Sewers inspected.....	1432
Drain tests applied .....	340
Stables and manure pits inspected .....	14
Public Conveniences .....	2
Overcrowding .....	9
Factories (mechanical) .....	109
Factories (non-mechanical) .....	28
Hairdressers' premises .....	8
Schools .....	28
Ditches, Streams and Ponds .....	15
Open spaces and playing fields .....	7
Tents, Vans and Sheds (including gipsy encampments) .....	2
Petrol Installations .....	97
Fairgrounds .....	1
Cesspools .....	1
Shops Act inspections .....	78
Outworkers premises .....	23
Massage establishments .....	9
Pet Animals Act .....	6
Merchandise Marks Act .....	7
Swimming Baths .....	2
Smoke observations .....	2
Miscellaneous visits .....	116

## Inspection of Food Premises

Meat Shops .....	185
Bakehouses .....	34
Fishmongers .....	51
Grocers .....	106
Restaurants and Cafes .....	90
Dairies and Milk Shops .....	15
Greengrocers .....	15
Ice Cream premises .....	70
Hotels, Boarding Houses, and Public Houses .....	3
Street Vendors .....	9
Mobile Canteens .....	2
Food and Drugs Sampling .....	56
Ice Cream Sampling .....	51
Milk Sampling .....	21

Total	3,180
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## SECTION D. HOUSING

No. of dwellings erected during 1953: 77 Council; 61 Private enterprise; 1 Cost of Works (rebuild).

### 1. Inspection of Dwelling Houses during the year:—

(1) (a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) .....	1341
(b)	Number of inspections made for the purpose .....	2388

### VISITS

(2) (a)	Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 .....	Nil
(b)	Number of inspections made for the purpose .....	Nil
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .....	8
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation .....	149

### 2. Remedy of Defects during the year without service of formal notices:—

	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers .....	163
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### 3. Action under Statutory Powers during the year:—

(a) *Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:*

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs .....	3
(2)	Number of dwelling-houses which were rendered fit after service of formal notices:	
(a)	By owners .....	1
(b)	By Local Authority in default of owners .....	—



(b) *Proceedings under Public Health Acts:—*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .....	94
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:	
(a) By owners .....	35
(b) By Local Authority in default of owners .....	7

(c) *Proceedings under Sections 11 and 13 of the Housing Act, 1936:—*

(1) Number of dwelling-houses in respect of which Demolition Orders were made .....	6
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders .....	5

**Nuisances Abated and Improvements Effected**

Roofs repaired .....	81
External walls and chimney stacks repaired .....	35
Gutters and spouts repaired or renewed .....	35
Damp-proof courses provided .....	3
Dampness remedied .....	102
Yards paved or repaired .....	7
Internal walls and ceilings repaired .....	118
Doors and frames repaired or renewed .....	7
Windows repaired or renewed .....	69
Floors repaired or renewed .....	24
Sub-floor ventilation provided or improved .....	4
Rooms cleansed or redecorated .....	4
Stoves repaired or renewed .....	1
Staircases repaired and handrails provided .....	2
Fireplaces and flues repaired or renewed .....	27
Washbasins and sinks provided or renewed .....	4
Wastepipes repaired or renewed .....	11
Dustbins provided or renewed .....	8
Water supply improved or reinstated .....	7
Wash coppers repaired or renewed .....	2
Water closet pans repaired, renewed, or cleansed .....	10
Water closet cisterns repaired or renewed .....	10
Water closet lighting and ventilation improved .....	1
Additional water closets provided .....	2
Drains cleansed from obstruction .....	160
Drains repaired or renewed .....	86
Miscellaneous .....	6

**Disinfection and Disinfestation**

Number of rooms disinfected .....	56
Premises from which bedding removed for steam disinfection .....	84
Number of rooms disinfested .....	35



## Essex County Council Act, 1933

Approval was given in one case to an application to place a caravan on land in the Borough under the powers conferred upon the Council by the above Act. The caravan was to be used to house a young couple who required their own accommodation after their wedding.

Such an application again brings home to everyone the difficulties experienced by such couples who seek accommodation on getting married. The use of caravans for permanent residence is by no means desirable, but the vehicles do allow such people to enjoy their married life away from their parents and in-laws.

## Essex County Council Act, 1952.

The new County Council Act allows the Medical Officer of Health or Sanitary Inspector to serve notices in connection with choked drains. This section was operated in one case where the Council executed the work in default, and charged the owner for so doing.



## FACTORIES ACT, 1937

### 1. Inspections for the purposes of provisions as to health (including Inspections made by Sanitary Inspectors).

Premises (1)	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. ..	47	28	—	—
(ii) Factories not included in (i) to which Section 7 applies ..	—	—	—	—
(a) Subject to the Local Authorities (Transfer of Enforcement) Order, 1938 .. ..	174	109	—	—
(b) Others .. ..	—	—	—	—
(iii) Other Premises under the Act (excluding out-workers' premises)	—	—	—	—
TOTAL .. ..	221	137	—	—

### 2. Defects found.

Particulars	Number of Defects			Number of defects in respect of which Prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	
Want of Cleanliness .. ..	2	2	—	—
Overcrowding .. ..	—	—	—	—
Unreasonable temperature .. ..	—	—	—	—
Inadequate Ventilation .. ..	—	—	—	—
Ineffective drainage of floors	—	—	—	—
Sanitary Conveniences:—				
1 Insufficient .. ..	—	—	—	—
2 Unsuitable or defective ..	—	—	—	—
3 Not separate for sexes ..	—	—	—	—
Other Offences .. ..	1	1	—	—
Total .. ..	3	3	—	—



### 3. Outwork

*Number of out-workers in August list required by Section 110(1)(c).*

Wearing apparel—making, etc.	.....	.....	.....	.....	73
Furniture and Upholstery	.....	.....	.....	.....	1
File making	.....	.....	.....	.....	3
Artificial Flowers	.....	.....	.....	.....	1
Paper Bags	.....	.....	.....	.....	16
Boxes	.....	.....	.....	.....	4
Brushes	.....	.....	.....	.....	2
Stuffed Toys	.....	.....	.....	.....	3
Xmas Crackers	.....	.....	.....	.....	1
					<hr/>
					104
					<hr/>

Certificates of means of escape in case of fire under Section 34 were issued in three cases.

One notice was served because of dirty walls and ceiling in a factory. This was complied with and further action was unnecessary.

A report had to be made in connection with a factory set up in a dilapidated building which was used for opening mattresses and sorting the feathers. In addition to the condition of the building, lack of washing and water closet facilities, the neighbourhood was showered with feathers.

The Town Planning section of the Borough Engineer and Surveyors Department co-operated with their powers, and because of their action the factory closed, thus obviating the need for any action under the Factories Act.



## SECTION E. FOOD AND DRUGS ACT, 1938

1953 did not provide anything outstanding to report upon. There are however several items of some interest to mention, and these are given below.

**Sausages.** A sample of pork sausages was reported to be deficient in meat by 13%. Because of the requirements of a Ministry of Food order, the case was reported to that Ministry. No further action was taken by them.

Another sample of pork sausages was reported by the Public Analyst to consist of 40% fat, 29% lean meat. The attention of the butcher was drawn to this fact.

The officers' action in both cases was confirmed by the Public Health Committee in their report to the Council.

Two prosecutions were made on account of foreign matter in bread—one specimen contained portions of a mouse, the other a cigarette end. Penalties were imposed in both cases, £10 in connection with the first, and £5 for the second.

Other cases reported to the Public Health Committee were (i) a piece of metal in a toffee, (ii) foreign matter in a milk bottle and (iii) a dirty milk bottle.

In the first case no action was taken because of the long time between the purchase of the toffee and the complaint to this Department. The Town Clerk wrote to the dairies concerned in connection with the other two cases.

*A list of food sampled is given below:—*

Whisky	...	...	1	Ice Lollies	...	...	18
Rice	...	...	1	Milk	...	...	14
Ground Almonds	...	...	1	Cream	...	...	4
Malt Vinegar	...	...	1	Baking Powder	...	...	1
Coffee	...	...	1	Glycerin	...	...	2
Ham	...	...	2	Saccharin Tablets	...	...	2
Jellied Veal	...	...	1	Olive Oil	...	...	2
Sausage Rolls	...	...	1	Eucalyptus Oil	...	...	2
Mince Pies	...	...	1	Sulphur Tablets	...	...	1
Pork Sausages	...	...	3	Boracic Powder	...	...	2
Beef Dripping	...	...	1	Epsom Salts	...	...	1
Flour, Self Raising	...	...	1	Syrup of Figs	...	...	1
Sponge Mixture	...	...	1	Cascara Sagrada	...	...	1
Desiccated Coconut	...	...	1	Friars Balsam	...	...	2
Minced Beef	...	...	4	Glaubers Salts	...	...	2
Luncheon Meat	...	...	1	Bisurated Magnesia	...	...	2
Pork Pie	...	...	2	Cream of Magnesia	...	...	1
Tongue	...	...	1	Glycerin of Thymol	...	...	2
Fish Cakes	...	...	1	Zinc Ointment	...	...	2
Steak Pies	...	...	2	Siedlitz Powder	...	...	1
Meat Pies	...	...	1	Tincture of Iodine	...	...	2
Prawns	...	...	1	Camphorated Oil	...	...	2
Ice Cream	...	...	8	Quinine Bisulphate	...	...	2
				Total	...	...	107



Eight samples of ice-cream were submitted to the Public Analysts to ascertain the fat content of the mixture. These samples contained fat to the following extent:—

11.3 per cent, 11.7 per cent, 11.2 per cent, 12.5 per cent,  
12.8 per cent, 11.9 per cent, 11.2 per cent, 12.6 per cent.

Three samples of double cream and one sample of single cream were submitted to the Public Analysts to ascertain the fat content of the mixture. These samples contained fat to the following extent:—

Double cream — 50.7 per cent, 48.5 per cent, 48.9 per cent.  
Single cream — 18.0 per cent.

**The following is a list of foods surrendered in 1953 because of unsound conditions.**

*Fish, Fresh*

Whiting ..... 7½ stone  
Plaice ..... 4 stone  
Skate ..... 6 stone  
Lemon Soles ..... 2 stone

*Fish, Tinned*

Herring Roes ..... 2 tins  
Sardines ..... 40 tins  
Salmon ..... 2 tins  
Pilchards ..... 3 tins  
Lobster ..... 1 tin  
Crab ..... 1 tin  
Cape Fish ..... 1 tin  
Fish Cutlets ..... 1 tin

*Fruit, Fresh*

Raspberries ..... 552 lbs.

*Fruit, Tinned*

Blackberries ..... 1 tin  
Apples ..... 26 tins  
Blackcurrants ..... 9 tins  
Plums ..... 151 tins  
Pineapple ..... 4 tins  
Grapes ..... 1 tin  
Peaches ..... 9 tins  
Apricots ..... 7 tins  
Raspberries ..... 12 tins  
Oranges ..... 8 tins  
Damsons ..... 2 tins  
Pears ..... 7 tins  
Greengages ..... 1 tin

Cherries ..... 13 tins  
Strawberries ..... 2 tins  
Fruit Salad ..... 5 tins  
Grapefruit ..... 3 tins  
Prunes ..... 1 tin

*Vegetables, Tinned*

Peas ..... 27 tins  
Beans ..... 16 tins  
Carrots ..... 1 tin  
Tomatoes ..... 20 tins  
Vegetables, Mixed ..... 2 tins  
Beetroot ..... 6 tins  
Celery Heart ..... 1 tin

*Milk, Tinned*

Evaporated ..... 16 tins  
Condensed ..... 26 tins  
Full Cream ..... 1 tin

*Meat, Tinned*

Luncheon Meat ..... 49 tins  
Meat Loaf ..... 41 tins  
Veal, Jellied ..... 82 tins  
Pork Butts ..... 276 tins  
Corned Beef ..... 21 tins  
Corned Beef ..... 12 lbs.  
Ham ..... 53 tins  
Ham ..... 83½ lbs.  
Pork ..... 6 tins  
Sausages ..... 1 tin  
Corned Mutton ..... 1 tin  
Chopped Pork ..... 5 tins



Tongue .....	6 tins
Stewed Steak .....	23 tins
Braised Liver .....	18 tins
<i>Meat, Fresh</i>	
Beef .....	1998½ lbs.
Mutton .....	61 lbs.
Liver .....	413½ lbs.
Lamb .....	13 lbs.
Pigs Maws .....	1120 lbs.
Pork Chops .....	26 lbs.
Pork .....	16½ lbs.
Rabbits, Frozen .....	40 lbs.
Bacon .....	11¾ lbs.
Sausages, Beef .....	16 lbs.
Sausages, Pork .....	73 lbs.
Pigs Rinds .....	410 lbs.
Sweetbreads .....	17 lbs.
Minced Meat, Cooked ...	60 lbs.

#### *Miscellaneous*

Cheese .....	6 lbs.
Cheese .....	2 pkts.
Mincemeat .....	2 jars.
Soup .....	3 tins
Cream .....	1 jar
Potted Meats & Pastes ...	4 jars
Pease Pudding .....	1 tin
Jam and Marmalade .....	7 jars
Salad Cream .....	1 jar
Horseradish Sauce .....	1 jar
Pickles .....	3 jars
Baby Foods, Strained ...	4 tins
Grapefruit Juice .....	2 tins
Biscuits .....	29 lbs.
Rice .....	48 lbs.
Nescafe .....	1 tin
Lime Juice .....	1 bot.

### MANUFACTURE, STORAGE AND SALE OF ICE-CREAM

Seventy registrations of premises were in force at the beginning of the year, and a further eight were added during the year.

Seventy visits to premises were made during the year, in addition to fifty-one visits for the purpose of obtaining ice-cream samples.

**Ice Cream Samples** (Bacteriological examinations).

One cannot but note the drop in the number of ice-cream samples obtained in 1953 as compared with previous years. This drop must not be considered as indicating a decrease in vigilance or interest. The chief reason for the reduced number of samples is the increase in the number of agencies for the large manufacturers, and the subsequent decrease in the number of small manufacturers.

A glance at the table given below indicates an improvement in the bacterial quality of the ice-cream; the Grade I percentage has gone up from 71.8 per cent in 1952 to 80 per cent in 1953. Percentages for Grades II and III have dropped, and it is pleasing to note that none of the samples fell into the Grade IV category.

For the 35 samples taken, the results are as follows:—

Grade I	—	28 samples,	80.0%
Grade II	—	6 samples,	17.1%
Grade III	—	1 sample,	2.9%
Grade IV	—	Nil	0.0%



A comparison is given below covering results of the last four years:—

	1953 %	1952 %	1951 %	1950 %
Grade I	80.0	71.8	66.0	46.3
Grade II	17.1	18.2	22.4	28.7
Grade III	2.9	6.4	8.9	16.7
Grade IV	0.0	3.6	2.7	8.3

### **Bulk v. Wrapped**

Referring to the table below, which deals with some comparisons between the bacteriological condition of bulk and wrapped supplies, it would appear when comparing percentages for 1953 with those for 1952 that the bulk supply is either improving or that the advice given by the Sanitary Inspectors as to the keeping and cleansing of the servers is showing a dividend. Either or both explanations are welcomed.

	Bulk Supply		Wrapped Supply	
	1952 43 samples	1953 8 samples	1952 67 samples	1953 27 samples
Grade I	65.1%	87.5%	76.1%	77.7%
Grade II	18.6%	12.5%	17.9%	18.7%
Grade III	14.0%	—	1.5%	3.6%
Grade IV	2.3%	—	4.5%	—

In addition to the samples referred to above, 17 samples were taken of Ice Lollies, all of which proved to be satisfactory.

### **Food and Drugs and Bacteriological Examinations**

As in former years, the Food and Drugs samples were submitted to Messrs. Bernard Dyer and Partners Ltd., (George Taylor, Esq., F.R.I.C. and Dr. J. H. Hammence, F.R.I.C.) of 20 Eastcheap, London, E.C.3, and samples for bacteriological examination to The Counties Public Health Laboratories (Roy C. Hoather, Esq., B.Sc., Ph.D., F.R.I.C., F.R.San.I., W. A. Bullough, Esq., C.B.E., M.Sc., M.B., Ch.B., D.P.H., and Gordon Miles, Esq., B.Sc., F.R.I.C., M.R.San.I.), 66, Victoria Street, London, S.W.1. The Department is appreciative of the help given by these two Laboratories during the year.



## **Milk and Dairies Regulations, 1949**

It is not unusual to find dairymen crossing boundaries to serve new customers, and it is not unusual for them to neglect to register with the second authority.

One case of this nature was found where the dealer concerned came from Chingford.

Suitable approaches were made to him to register with the Wanstead and Woodford Borough Council, but as he failed to do so a report was made to the Public Health Committee, who agreed to information being laid against him. The case was, however, never taken to Court because the Town Clerk decided that there was insufficient evidence to support a prosecution. The dealer did eventually register as required.

## **NEW LEGISLATION and other official publications.**

### **Essex County Council Act, 1952**

This Act came into effect in April, 1953 with the exception of certain sections, and consisted of 239 sections and seven schedules, dealing with many aspects of Local Government, such as land, new streets, improvements, repair of streets, parks, pleasure grounds, public order and public safety, sewers, drains, etc.

The General Purposes Committee of the Council decided that the Public Health Committee and the Department under their control should be responsible for sections dealing with sewers and drains etc., food storage accommodation, approaches to tenements, extension of powers under Section 9 of the Housing Act, 1936, filth, noise and smoke nuisances, infectious diseases and food matters.

Details of some of the Sections of the new Act which are of interest to Public Health Officers are given below.

S.87 gives the Local Authority power to require a house built after April, 1953 to be provided with sufficient and suitable storage for food. (Does not this provision come a little late in the day? Such a provision would be helpful if it applied to all houses).

S.89 extends Section 9 of the Housing Act, 1936 by providing that a house occupied, or suitable for occupation by persons of the working classes is not in all respects fit for human habitation (i) if it is not kept repaired and painted sufficiently to prevent the dilapidation thereof, and to secure the reasonable amenities for the occupiers thereof, or (ii) if the interior surface of the walls thereof is not papered or painted with paint or washable distemper sufficient as aforesaid. There is of course right of appeal to the County Court.

S.93 and 94 deal with the silencing of exhausts from stationary internal combustion engines, and any unreasonable and unnecessary noise which is prejudicial or a nuisance to health.



S.95 makes it necessary for installations with furnaces for steam raising or for manufacturing or trade purposes installed after the appointed day (1st July, 1953) to be capable as far as is practicable of operating without emitting smoke

Provision is also made for plans and specifications to be submitted to Local Authorities for consideration as to their suitability. In such cases action may not be taken (a) where the Local Authority serves a notice stating they are satisfied with the plans and specifications, or (b) if they do not serve a notice within six weeks.

S.100 makes it possible under certain circumstances for the Medical Officer of Health to apply to a Justice of the Peace for a warrant to enter premises to examine a person who is or has been suffering from an infectious disease.

S101 makes it possible for the Medical Officer of Health or any other person authorised in writing by the Local Authority to request a person suffering from tuberculosis of the respiratory tract and who is in an infectious condition to discontinue work. Provision is made for compensation and for an application to a Court of Summary Jurisdiction to order the compliance with the request. A penalty may be imposed for non-compliance with the order.

S.103 gives powers to Local Authorities to require the registration of hawkers of food.

S.105 makes it an offence, without giving to the Local Authority fourteen days notice to use any premises which were not used before the appointed day (1st July, 1953).

- (a) for the sale or offer or exposure for sale or
  - (b) for the storage for the purpose of sale, or
  - (c) for the preparation for sale,
- of any food (other than milk) intended for human consumption.

Exceptions are cinemas, theatres, etc., and premises with a Justices Licence to sell intoxicating liquor for consumption on the premises.

Certain sections of interest to the Public Health Department could only operate from the appointed day, 1st July, 1953 being appointed by the Council for this purpose.

### **Statutory Instruments.**

During the year Statutory Instruments were issued dealing with: Food Standards for soft drinks, saccharin tablets, preserves, meat products, ice cream and artificial sweeteners.

Labelling. Statutory Instrument 536, consisting of 18 sections and 4 schedules, dealt with the labelling of prepacked foods, intoxicating liquors, etc.



## Local Government (Miscellaneous Provisions) Act, 1953

This Act is quite a short one, consisting of 19 sections and one schedule, and is divided into four main divisions. The first deals with the finances of Local Authorities and consists of 3 sections, the second with the powers of Local Authorities in respect of omnibus shelters, etc.

The third division, having some nine sections and headed "Miscellaneous Powers and Provisions," concerns Public Health Officers, particularly Section 8.

This deals with the vexed question of dustbins, but not in the way one would wish, because it does not specify who should provide the receptacle. Sub-section 1 amends sub-section 3 of Section 75 of the Public Health Act, 1936 (which enables Local Authorities to provide and maintain dustbins for the reception of house refuse and to make annual charges not exceeding two shillings & sixpence in respect of each dustbin as provided) shall have effect as if for the words five shillings and sixpence there were substituted the words five shillings. Sub-section 2 allows Local Authorities making an annual charge of less than 5/- to increase that amount to not exceeding five shillings.

The part most interesting to Sanitary Inspectors is that dealing with appeals brought under Section 75 of the Public Health Act, 1936, and is given below in full.

"Where an appeal is brought under sub-section (1) of the said section seventy-five in respect of a notice requiring one of two persons who are respectively the owner and the occupier of a building to provide a dustbin, and the grounds upon which the appeal is brought include the ground that it was not equitable that the notice should have been served on the appellant—

- (a) the appellant shall serve a copy of his notice of appeal on the other of the two said persons; and
- (b) on the hearing of the appeal the court may make such order as it thinks fit with respect to compliance with the first mentioned notice either by the appellant or by the said other person;

and in exercising its powers under this subsection the court shall have regard, as between an owner and an occupier; to the terms and conditions, whether contractual or statutory, of the tenancy of the premises concerned.

Section 10 gives a new light on Closing Orders. This new section gives Local Authorities powers to make a Closing Order on a house in place of a demolition order where they consider it inappropriate to make such a Demolition Order, having regard to the effect of the demolition of the house upon any other house or building.

This section will be useful particularly where there are houses sheathed in wood.



Power is given to the Local Authority to revoke at any time the Closing Order and make a Demolition Order under section 11 of the Housing Act, 1936, without further compliance with sub-section (1) to (3) of that section.

Section 11 amends Section 2 of the Housing Act, 1949, which provides for the quashing of certain outstanding Demolition Orders on request under certain conditions. The new Act substitutes the words "not later than twelve months" for the words "within the period of twelve months from the commencement of this Act" (1949).

Powers are given to revoke Demolition Orders and substitute Closing Orders in certain circumstances similar to that mentioned in Section 10, the difference being that under Section 11 the Demolition Order has been made whereas in Section 10 it could have been made.

The fourth division is headed "Supplemental" and deals with some financial provisions, interpretations, short title and commencement, etc.

### **Houses the Next Step.**

Two interesting publications were available towards the end of the year, one the White Paper—Houses the Next Step, and the other, issued at the same time was entitled "Operation Rescue" the latter being a brief outline of the former. Both were forerunners of the Housing Bill, so long awaited by those interested in Public Health.

In the opening section an outline of the housing position is given and the Minister's view is given that "Housing" should now be looked at in its widest sense, so as to embrace new houses, older houses, dilapidated houses and slum clearance. In consequence the White Paper is divided into four main sections which deal with (1) the mass of essentially good houses, (2) the worst—slum houses, (3) dilapidated houses, and (4) houses which would give good service if improved, provided with bathrooms, hot water, etc.

It is impossible in a report such as this to give much more than a quick look at the contents of the White Paper, hence the following must be looked upon as a very sketchy outline.

1. This section is confined to the houses which require repairing or year by year require some attention, and the way in which the Minister suggests rents could be increased in order to meet the cost. The suggestion put forward is that the increase, if any, should be based upon twice the difference between the gross and net rateable values, usually known as the statutory deduction. Examples are given in "Operation Rescue". Important safeguards are given, e.g., the landlord cannot claim an increase unless the house is in good general state of repair and he must show that he has recently spent a sum of money on repairs.

2. Slum Houses. Here the Minister believes that a start should be made in pulling down many of the bad houses which have been kept going because of the housing shortage.



It is therefore proposed that local housing authorities should send to the Minister a statement of the number of unfit houses in their area and a programme showing, among other things, how many they can pull down and replace in say the next five years.

3. Dilapidated houses. It is here suggested that the Ministry have in view some alterations in the Housing Act, whereby it will be simpler for Local Authorities to carry out work on houses because of the default of the owners. Where works of repair have been executed in this way the landlord may find difficulties in obtaining an increase in rent as authorised in Section 1.

4. Improvement and conversion. This section of the White Paper suggests alterations in the arrangements whereby landlords may obtain grants in order to improve their properties, e.g., by providing baths, hot water, etc.

In concluding these very brief remarks, it can be recorded that all interested in this work, local authority officers, surveyors, architects, etc., are awaiting the passing of the new Housing Act, which it is expected will become law in 1954.

### **Clean Catering.**

A most interesting book was published during the year by the Ministry of Food with the title "Clean Catering."

Acting upon the instructions of the Public Health Committee all caterers were informed that the book was available from H.M. Stationery Office and advised to obtain a copy for reference. As is usual with the many excellent books published by the Stationery Office the price was low (2s. 6d.)

It covered such items as suggested areas for kitchen layouts, construction details, e.g., materials for floors, walls and ceilings, and ventilation. A part of the book is set aside for discussing equipment.

The final section is divided into parts dealing with welfare and control of staff, accidents and their prevention, storage of food, and use of the refrigerator, preparation of food (including re-heated and made-up dishes), display and serving of food, storage of swill and waste, washing up and cleansing of premises and equipment.

This publication is printed on good paper, is well presented and illustrated with drawings and photographs. It is interesting to caterers, public health officers, and yes, even to the housewife.

### **Report of the Working Party on the Recruitment, Training and qualification of Sanitary Inspectors.**

In September the Report of the Working Party set up by the Government to investigate the whole problem of the recruitment, training and qualifications of Sanitary Inspectors was published by H.M. Stationery Office.



It is not possible to deal adequately with all the details of the Report in this resume, for it contains no less than six chapters and ten appendices closely printed on 145 pages.

The Report deals very fully with the origin and development of the office of Sanitary Inspector, and the obligations placed upon the various types of Local Authority by Acts of Parliament.

Considerable space is devoted in Chapter II to the nature of the duties performed by Sanitary Inspectors, and separate sections are drawn up to deal with the inspection of dwellings, drainage, moveable dwellings, canal boats, Shops and Factories Acts, food inspection, inspection of water supplies and under milk regulations, sampling under the Food and Drugs Act, cleansing and refuse removal, etc.

Charts are included in that part of the Report dealing with organisation and conditions of service. The Report refers to the title of Senior Sanitary Inspector and considers it to be ambiguous, but usually it is synonymous with Chief Sanitary Inspector, although in some cases it denotes an intermediate rank below the Chief Sanitary Inspector.

This Chapter also deals with security of tenure, Port Health, Inspection, etc.

Chapter III deals with sources of recruitment, educational arrangements, standard of education required before entry for the Sanitary Inspectors examination, etc.

Part III of this Chapter deals with future recruitment and covers approximately 6 pages. Briefly speaking the prospects of being able to recruit 250 annually are poor, for in 1951 the number of qualifying certificates issued was 153, and in 1952, 150. The anticipated number for 1953 is poor, for the number of students completing their training is about 81, that for 1952 was 197 and for 1951, 243. The question of salaries was not in the scope of the Working Party, but a section nevertheless is given to salaries paid.

The Working Party were of the opinion that the salary paid is a factor in the decline of recruitment, and one that merits attention by the appropriate bodies.

Considerable space is given to the question of status and title. The Working Party were of the opinion that the meaning of the word "Sanitary" had been narrowed down over the period of years, whilst the scope of the duties of the Sanitary Inspector had widened, so that there now appeared good grounds for substituting Public Health for "Sanitary."

Because of the wide use of the word "Inspector" even for more important posts they could not see the need to substitute any other term for it. They recommended that the present designation should be replaced by that of Public Health Inspector.

Chapter IV covers training. A review in 13 pages is given of present training in all its aspects, and the Chapter concludes with the recommendations included in the summary hereunder.



Chapter V deals with examinations. This Chapter is also a review, but this time of the present system of examinations, and covers 14 pages, concluding with the recommendations given below.

Chapter VI gives a history of examinations and of the constitution of the examining board. Criticism of the Technical Institutes is included and a large part of the Chapter is devoted to suggestions for a thorough reorganisation.

### **Summary of Recommendations.**

#### *Recommendations requiring Legislation*

- (i) Evidence of having passed a qualifying examination should be made obligatory for all new appointments in England and Wales.
- (ii) The designation of a sanitary inspector should be altered to "Public Health Inspector".

#### *Recommendations requiring amendment of the Minister of Health's regulations*

- (iii) A sanitary inspector should not be eligible for appointment by an authority which employs only one inspector until he has had two years experience as a qualified inspector.

- (iv) The Minister's recognition of the Certificate of Competency for the Office of Sanitary Inspector issued by the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board should be withdrawn and given instead to the Diploma of the proposed new authority.

#### *Recommendations concerning the constitution and powers of a new Examining Authority*

- (V) A new independent body should be established, to be known as the Public Health Inspectors Education Board, with power

- (a) to examine for and issue a Diploma in Public Health Inspection as the basic qualification to be recognised by the Minister's regulations

- (b) to examine for other certificates it may consider necessary for Sanitary Inspectors to possess.

- (c) to approve courses of education for all its examinations.

- (d) to approve local authorities for the purpose of practical training.

- (e) to keep under review all questions relating to the recruitment, training and examination of sanitary inspectors.

- (vi) The Board should be composed of 24 members selected as follows:—

- 10 appointed by the Sanitary Inspectors Association.

- 3 appointed by the Society of Medical Officers of Health.

- 1 appointed by the Royal Sanitary Institute.

- 2 appointed by the Association of Principals of Technical Institutes



4 appointed one each by the Association of Municipal Corporations, the Standing Joint Committee of Metropolitan Borough Councils, the Urban District Councils Association and the Rural District Councils Association

1 appointed by the Institute of Municipal Engineers.

1 appointed by the Royal College of Veterinary Surgeons.

2 independent persons appointed by the Minister of Health of whom at least one must be associated with a university.

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(vii) The Chairman of the Board should be selected from among its members by the Minister of Health.

(viii) The Minister of Health and other government departments should be represented by liaison officers.

(ix) Representatives of professional organisations concerned in the work of sanitary inspectors who do not appoint members should be invited to advise the Board as required.

(x) The Board should have its own secretary but delegate the administration of its examinations to some other body by way of a freely negotiated agency agreement; such other body might be the Royal Sanitary Institute, the Local Government Examination Board, a university, or a professional association which already holds examinations.

(xi) The Minister of Health should have power to alter the Composition of the Board at the Board's request.

(xii) Specialist examinations in smoke, and in meat inspection at slaughterhouses as well as any new examinations which may be required in the future, should be administered by the same body as the qualifying examination.

#### *Recommendations concerning examinations for Sanitary Inspectors*

(xiii) The scope and standard of the qualifying examinations should be that of the present basic and meat and other foods examinations combined, and, in addition, more attention should be given to smoke, insect pests, local government administration and public health in general. The standard in smoke need not be up to that of the present smoke examination.

(xiv) In the conduct of the examination the practical inspection and report should be retained but should be marked by an examiner who has himself inspected the premises.

(xv) The written papers should be increased in number and each one devoted to a related group of subjects.



(xvi) The practical examinations should cover a more extensive range of foods.

(xvii) Greater uniformity should be sought in the assessment of examination results.

(xviii) Examiners should be drawn from a smaller panel and paid a fee.

(xix) There should be an intermediate examination for students after the first two years of study.

*Recommendations concerning the conduct and policy of the Examining Authority*

(xx) Theoretical instruction should normally comprise a four year course including instruction in meat and food inspection to a standard not lower than that now required for the Certificate for Inspectors of Meat and Other Foods.

(xxi) Inspectors qualified under the present arrangements who have not obtained the present Meat and Other Foods Certificate should be permitted to sit for the food inspection part of the new examination.

(xxii) Practical training should be obtained in the service of local authorities approved for the purpose by the examining authority and should be taken concurrently with theoretical training.

(xxiii) The examining authority should register but not select students.

(xxiv) Entrants from Trades should be required to have reached the same standard of education as other entrants, but should be allowed to demonstrate their attainment of that standard by taking examinations suited to older men.

(xxv) The examining authority should give special attention to the position of Royal Naval sick berth attendant ratings wishing to qualify as sanitary inspectors while in the Navy.

(xxvi) Subject to the essential needs of the local government service the examining authority should endeavour to meet the requirements of non-commissioned officers who have qualified as Hygiene Assistants or Hygienists while in the Army or Royal Air Force and who wish to qualify as sanitary inspectors after discharge. It may be necessary for the War Office and Air Ministry to amend their own training courses for this purpose.

(xxvii) The normal standard of preliminary education required of recruits to sanitary inspection should be the General Certificate of Education at Ordinary level in four subjects, to include English, Mathematics and a scientific subject.

(xxviii) The Board should give special attention to the maintenance of proper liaison with teaching establishments.



*Miscellaneous recommendations*

(xxix) The system of paid pupillage should be extended with the prospect of its ultimately becoming universal.

(xxx) The provision in this country of any examinations specially intended for sanitary inspectors by any other body than the Board should be discouraged.

(xxxi) The Minister of Health should direct regular inspections of the Board's examinations.

To conclude the report covering the activities of the Sanitary Inspectors' section of the Department, one must express appreciation for the support given by the Chairman and Members of the Public Health Committee and the Medical Officer of Health, and for the co-operation received during the year from other Departments of the Council, and in particular from the Housing Manager and his staff. Mr. Perry, the Housing Manager, has greatly assisted in the work under the Housing Act, and by his co-operation it has been possible to go ahead with the closing and demolition of unfit properties.



## SECTION F.

### PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

The following table shows the incidence of infectious disease during the year, together with the number and percentage of cases admitted to hospital and the number and percentage of deaths:—

Disease	Total Notified	Removed to Hospital	Per cent Removed to Hospital	Deaths	Deaths per cent. of cases Notified
Smallpox	—	—	—	—	—
Scarlet Fever	82	8	9.7	—	—
Diphtheria	2	2	100	—	—
Pneumonia	41	3	7.3	6	14.6
Cerebro-Spinal Fever	—	—	—	—	—
Acute Poliomyelitis	13	13	100	—	—
Acute Polioencephalitis	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—
Dysentery	2	1	50	—	—
Puerperal Pyrexia	66	65*	98.5	—	—
Paratyphoid Fever	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—
Erysipelas	7	2	2.8	—	—
Malaria (contracted abroad)	1	1	100	—	—
Measles	677	16	2.3	—	—
Whooping Cough	173	7	4.0	—	—
Ophthalmia Neonatorum	—	—	—	—	—
Food Poisoning	4	1	25	—	—

\*These cases all occurred in Hospital.



These cases of infectious disease have been divided into age incidents and set out in the accompanying table:—

Disease	All Ages	Under 1 year	1-5 yrs.	5-10 yrs.	10-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65 & over
Scarlet Fever	82	—	13	53	13	3	—	—	—
Pneumonia	41	—	2	2	1	2	3	19	12
Diphtheria	2	—	—	—	—	2	—	—	—
Acute Poliomyelitis	13	—	—	4	3	3	3	—	—
Dysentery	2	—	—	—	—	1	—	1	—
Puerperal Pyrexia	66	—	—	—	—	28	38	—	—
Erysipelas	7	—	—	—	—	—	—	4	3
Measles	677	11	331	324	3	4	4	—	—
Whooping Cough	172	12	83	70	3	—	2	1	1
Malaria (contracted abroad)	1	—	—	—	—	1	—	—	—
Food Poisoning	4	1	—	2	—	—	—	—	1
TOTALS	1067	24	429	455	23	44	50	25	17

### Poliomyelitis

During 1953 thirteen confirmed cases of poliomyelitis were notified. The accompanying table shows the cases notified in previous years classified under age groups:—



**POLIOMYELITIS INCIDENCE IN WANSTEAD AND WOODFORD, 1934—1953.**

Year	Population	No. Notified	Notification Rate	Age Group						Deaths	Death Rate
				Under 1	1-5	5-10	10-15	15-25	25-45		
1934	47885	2	0.041	—	—	1	—	—	1	—	—
1935	50010	2	0.039	—	2	—	—	—	—	—	—
1936	52010	2	0.038	—	1	1	—	—	—	—	—
1937	53840	3	0.055	—	2	1	—	—	—	—	—
1938	54810	2	0.036	—	—	—	—	2	—	—	—
1939	55880	—	—	—	—	—	—	—	—	—	—
1940	48620	—	—	—	—	—	—	—	—	—	—
1941	46640	1	0.021	—	—	1	—	—	—	—	—
1942	49850	—	—	—	—	—	—	—	—	—	—
1943	50010	—	—	—	—	—	—	—	—	—	—
1944	46670	—	—	—	—	—	—	—	—	—	—
1945	48230	4	0.082	—	—	4	—	—	—	—	—
1946	57570	1	0.017	—	—	—	1	—	—	—	—
1947	60280	10	0.165	2	—	1	1	2	4	—	—
1948	61150	1	0.016	—	—	—	—	1	—	—	—
1949	62010	9	0.144	—	1	—	4	3	1	—	—
1950	62460	14	0.224	—	5	2	3	3	1	—	—
1951	61850	—	—	—	—	—	—	—	—	—	—
1952	61880	8	0.129	—	1	1	4	—	2	—	—
1953	61540	13	0.211	—	—	4	3	3	3	—	—



### **Report on Poliomyelitis among members of the Nursing Staff at Wanstead Hospital.**

On 26th July, a sister in charge of a medical ward at Wanstead Hospital (Sister T.) became ill. On 29th July she was transferred to Ilford Isolation Hospital as a suspected case of Poliomyelitis, this diagnosis being subsequently confirmed.

On 29th July a student nurse (Nurse O.) on the same ward became ill, showing signs of weakness and paralysis. She was transferred to Ilford Isolation Hospital on the following day and notified as a case of paralytic Poliomyelitis.

At this stage the Ministry of Health was informed and every possible effort made to trace the source of infection which, it was believed, was from within the ward concerned. During the incubation period none of the patients had shown symptoms which could have been attributed to Poliomyelitis, apart from one baby who had been nursed by both Sister T. and Nurse O. This child had been transferred to the London Hospital on 23rd July and had died on the 26th July. Enquiries from the London Hospital showed it most improbable that the child had been the source of infection.

All admissions to the ward concerned were stopped at once, and, on the advice of the Ministry, it was decided not to discharge any cases for the time being.

On 7th August, after consultation with the Ministry, it was decided that the embargo on discharges should be lifted, but that each patient discharged should be reported to the Medical Officer of Health of the district concerned and be kept under surveillance for a period of three weeks from the date of discharge.

On the same day another student nurse (Nurse S.) was admitted to Ilford Isolation Hospital for investigation and subsequently notified as a case of paralytic Poliomyelitis.

On 10th August, Sister O, a sister tutor, became ill and was admitted to Ilford Isolation Hospital on the same day. After a period of observation she was diagnosed as paralytic Poliomyelitis on 17th August, the infection being less severe than that of the previous cases. It was found that Sister O had been in contact with Nurse O on or about 29th July.

No further cases took place among the nursing staff, but a non-resident ward maid, residing in the Chigwell area, was admitted to the Isolation Hospital on 18th August and on 24th August was notified as non-paralytic Poliomyelitis.

On 19th August, Medical Officers of the Ministry of Health visited the hospital.

No further cases took place, the outbreak being confined to members of the staff, none of the patients having been infected.

Sister T, Nurse O and Nurse S were transferred to the Royal National Orthopaedic Hospital at the end of September for orthopaedic treatment. Sister O was discharged from hospital on 7th September and was able to resume full duties at Wanstead Hospital later in the year.

Sister T, Nurse O, and Nurse S all had a moderately severe degree of paralysis. Despite this at the time of writing, all three are back on duty at Wanstead Hospital. Sister T and Nurse S are performing full duties and Nurse O is doing part-time work.



# **Tuberculosis**

The following table shows particulars of new cases of tuberculosis and of deaths from the disease in the Borough during 1953:—

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	1	—	—	—	—
1-5 years	2	4	—	—	—	—	—	—
5-10 years	1	2	—	—	—	—	—	—
10-15 years	3	1	—	—	—	—	—	—
15-20 years	—	1	—	—	—	—	—	—
20-25 years	3	1	1	—	—	—	—	—
25-35 years	4	6	—	2	—	1	—	—
35-45 years	3	5	—	—	1	—	—	—
45-55 years	6	1	—	—	—	—	1	—
55-65 years	3	1	—	—	—	—	—	—
65 and over	1	—	—	—	1	—	1	—
TOTALS	26	22	1	3	2	1	2	—
	48		4		3		2	
	52				5			

The 5 deaths represent a death rate of 0.08 per 1,000 of the population.

A comparative summary over the past 20 years for the Borough is set out in the following table:—



	Notifications				Total Notifi- cation Rate	Deaths				Total Deaths	Total Death Rate	
Year	Pulmonary		Non-Pulmonary			Pulmonary		Non-Pulmonary				
	No.	Rate	No.	Rate		No.	Rate	No.	Rate			
1934	33	0.68	18	0.37	51	1.06	18	0.37	3	0.06	21	0.43
1935	35	0.69	13	0.25	48	0.95	19	0.37	2	0.03	21	0.41
1936	33	0.63	12	0.23	45	0.86	16	0.30	3	0.05	19	0.36
1937	37	0.68	10	0.18	47	0.87	26	0.48	5	0.09	31	0.57
1938	37	0.67	22	0.40	59	1.07	24	0.43	5	0.09	29	0.52
1939	28	0.50	9	0.16	37	0.66	22	0.39	3	0.05	25	0.44
1940	24	0.49	7	0.14	31	0.63	22	0.45	3	0.06	25	0.51
1941	46	0.98	15	0.32	61	1.30	16	0.34	—	—	16	0.34
1942	42	0.84	21	0.42	63	1.26	33	0.66	4	0.08	37	0.74
1943	38	0.75	14	0.27	52	1.39	19	0.37	5	0.09	24	0.47
1944	43	0.92	13	0.27	56	1.19	16	0.34	4	0.08	20	0.43
1945	47	0.97	11	0.22	58	1.22	14	0.29	5	0.13	19	0.39
1946	50	0.86	7	0.12	57	0.99	28	0.48	4	0.06	32	0.55
1947	39	0.64	7	0.11	46	0.76	20	0.33	1	0.01	21	0.34
1948	38	0.62	5	0.08	43	0.71	16	0.26	3	0.04	19	0.34
1949	50	0.80	14	0.22	64	1.03	19	0.30	2	0.03	21	0.34
1950	41	0.65	4	0.06	45	0.72	14	0.22	1	0.02	15	0.24
1951	42	0.68	7	0.11	49	0.79	10	0.16	3	0.05	13	0.21
1952	47	0.76	4	0.06	51	0.82	10	0.16	—	—	10	0.16
1953	48	0.78	4	0.06	52	0.84	3	0.05	2	0.03	5	0.08

Rates per 1,000 population.

The register shows that at the end of the year:—

48 (47) Pulmonary and 4 (4) non-Pulmonary cases were notified for the first time during the year.

13 (8) cases were transferred into the district.

No (No) cases were restored to the register.

3 (10) Pulmonary and 2 (No) non-Pulmonary cases died during the year.

11 (29) other cases were removed from the register.

474 (425) cases remained on the register at the close of the year.

The figures in brackets are the comparable figures for the year 1952.



## SECTION G. PART III SERVICES.

### FOREST HEALTH AREA SUB-COMMITTEE

*Chairman:* County Councillor Mrs. E. F. M. Hollis.

*Vice-Chairman:* Councillor Mrs. L. M. Scott.

#### *Membership:*

Chingford Borough Council:	Councillor W. J. Bowstead. Councillor Dr. J. Wagstaff. Alderman Mrs. S. L. Oakes.
Wanstead and Woodford Borough:	Councillor Mrs. S. V. F. Ashton Councillor Mrs. I. C. Haseldon Councillor J. Relph. Councillor R. Drew.
Chigwell U.D.C.:	Councillor Mrs. J. Edmondson Councillor Mrs. M. Smith Councillor Mrs. L. M. Scott.
Epping U.D.C.:	Councillor A. J. Hyde. Councillor A. G. Verrall.
Waltham Holy Cross U.D.C.:	Councillor Mrs. D. R. E. Dye. Councillor C. O. Gabriel.
Epping R.D.C.:	Councillor Mrs. H. Howard. Councillor Mrs. P. N. Fox- Edwards.
Hospital Management Committee:	G. Gray, Esq.
Executive Council for Essex:	G. F. Deeth, Esq., M.P.S.
Local Medical Committee for Essex:	Dr. H. Grylls.
Essex County Council:	Alderman Mrs. M. Ball. Alderman C. E. S. Blackmore. Councillor Mrs. E. F. M. Hollis Alderman Mrs. B. K. Lowton. Councillor P. Powell. Councillor Dr. C. Skinner. Alderman F. D. Smith, J.P.,
British Red Cross and St. John Ambulance Organisations:	Mrs. M. Tucker. Mrs. J. Broome.
Tuberculosis After-Care Association:	Mrs. A. C. Murray.



## Care of Mothers and Young Children.

### Ante-Natal and Post-Natal Services.

The following table summarises the attendances of the Ante-natal Clinic, 118, Hermon Hill, Wanstead:—

Ante-Natal	Post-natal	Gynæcological	Birth Control
651	Nil	Nil	312

Ante-natal clinics are now conducted by the midwives and a medical officer no longer attends. Persons visiting the clinic fall into three categories.

- (a) Those booked for hospital confinement and who are receiving intermediate supervision. These attend the hospital at the beginning and end of their pregnancies.
- (b) Those who have engaged a doctor for home confinement.
- (c) Those to be confined at home by the domiciliary midwife.

As all three midwives work in very close liaison with the general practitioners in the Borough and can always call upon their services should the smallest abnormality become manifest, it was felt that the attendance of another medical officer at the clinic was not warranted. The present arrangement is working to the satisfaction of all concerned and attendance at these clinics has increased.

### Birth Control Clinics.

At these clinics contraceptive advice is given for medical or socio-medical reasons. During the year attendances increased by over 50% and additional sessions were arranged. A medical officer with special experience in gynæcology advises.

### Vital Statistics

These are given in Section A of this report. The birth rate of 12.9 is below that for England and Wales. The infant mortality rate was 25.2, as against 26.8 for England and Wales, and the neo-natal mortality rate was 15.2 per 1,000 live births.

The deaths of infants under one year were:—

	Males	Females	Total	Rate per 1,000 Live Births
Legitimate	11	8	19	23.94
Illegitimate	—	1	1	1.26

11 Stillbirths were notified, giving a stillbirth rate of 13.7 per 1,000 total births and 0.18 per 1,000 population.

### Care of Premature Infants

During 1953, 51 premature infants were born to residents of the Borough, 8 of these births taking place at home and 43 in hospital or nursing home. Of those born at home 6 were alive at the end of one month; 39 of the 43 born in hospital or private nursing home survived.



## Child Welfare Centres

Attendance at the six Child Welfare Centres has been well maintained. Although some of the Centres are conducted in old buildings, it can be said that the Borough is well catered for, as apart from the northern area with its more scattered population, generally there is a Centre within a mile radius of every home.

Attendance figures were made up as follows:—

Baptist Church Hall, Aldersbrook .....	1358
Ashton Playing Fields, Woodford Bridge .....	2253
St. Barnabas Church Hall, Snakes Lane .....	3955
Fullers Road, South Woodford .....	3781
Cromwell Hall, Nightingale Lane, Wanstead .....	2386
Holy Trinity, Hermon Hill, South Woodford .....	3097
<b>TOTAL .....</b>	<b>16,830</b>

## Provision of Nutrients and Medicaments

The supply of nutrients and medicaments in accordance with the County Council's scheme and the facilities provided by the Ministry of Food for the distribution of orange juice, cod liver oil and Vitamin A and D tablets from the child welfare centres has continued to operate throughout the year, this work being undertaken by voluntary helpers.

It is fitting here to record an appreciation of the excellent work carried out by voluntary helpers in this branch of the work.

## Dental Treatment and Dentures

As more dental surgeons are now available, it has been possible to increase the treatment of priority cases as defined by the National Health Service Act, i.e. nursing and expectant mothers and children of pre-school age.

The following table shows the extent of treatment which it has been possible to provide:—

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
Expectant Mothers	3	3	2	1
Nursing Mothers	4	4	4	1
Pre-school Children	33	32	19	22



## FORMS OF DENTAL TREATMENT

	Extractions	Anaesthetics		Fillings	Scalings, etc.	Silver Nitrate Treatment	Dressings	Dentures Provided	
		Local	General					Complete	Partial
Expectant Mothers	Nil	Nil	Nil	2	Nil	Nil	1	Nil	2
Nursing Mothers	15	2	3	21	1	Nil	3	2	2
Pre-school Children	14	Nil	11	25	Nil	31	21	Nil	Nil

### Day Nursery

As a result of an increased scale of charges which came into operation in January, attendances at the Wanstead Day Nursery fell considerably, the average daily attendances being 22.3 as compared with 35.9 for the previous year. Experience shows that there is still a need for some form of nursery provision for the children of widows, unmarried mothers, separated and divorced women and where the mother is the sole support of the family.

The following table shows the attendances made, together with the daily average:—

Quarter Ending	Attendances					Days Open	Average Daily Attendance
	Under 1 year	1-2 years	2-3 years	Over 3 years	TOTAL		
31st March	63	349	368	874	1654	64	25.8
30th June	59	389	327	697	1472	62	23.7
30th September	109	445	456	785	1795	64	28.0
31st Decemebr	104	427	407	790	1728	63	27.4
TOTAL	335	1610	1558	3146	6649	253	22.3



## Nurseries and Child Minders Regulation Act, 1948.

Under this Act any person who receives into her home for reward three or more children under the age of five years to be looked after for the day or a substantial part of the day, and premises, other than those wholly or mainly used as a private dwelling, are required to be registered with the Local Health Authority.

At the end of the year the number of premises and child minders in the Borough registered with the County Council were:—

	Premises	No. of Children
Premises	1	15
Child Minders	3	9

The Daily Guardian scheme in operation in the Borough has been continued and at the end of the year one guardian was registered with and subsidised financially by the County Council.

## Health Visiting

For some time it has been felt that there is a need for a greater co-operation between general practitioners and health visitors. The general practitioner comes into contact with the midwife and the home nurse in the course of his work, but he does not normally meet the health visitor.

At the Annual Representative Meeting of the British Medical Association in 1953, the following resolution was passed:—

“That the Association welcomes health visitors working under the guidance of general practitioners as a means by which such practitioners may increase the help they can give to their patients, and that the Council be requested to conduct ways whereby the help given by health visitors to general practitioners may be increased.”

It is difficult to describe in a few words the work which the health visitor performs. In addition to the duties she carries out appertaining to the care of expectant mothers and young children, she advises the family generally on a host of social and medical problems.

To increase the co-operation between general practitioners and health visitors in the Borough, two meetings were held to which all general practitioners were invited. The main object of these meetings, which were well attended was to enable the general practitioners to meet the health visitors and get to know them. Each general practitioner was given a list of roads covered by each health visitor and of the clinics which she attended. Times at which the health visitor could be contacted by telephone were also given, and general practitioners were asked to state the most suitable hours for health visitors to get in touch with them.

Various problems affecting the Local Health Authority were discussed and it is felt that these meetings were well worth while. They will be repeated from time to time.



The following table sets out statistically the work of the Health Visitors in the Borough during 1953:—

Expectant Mothers (first visits)	132
Expectant Mothers (re-visits)	44
Infants under 1 year (first visits)	786
Infants under 1 year (re-visits)	1516
Infants 1 to 5 years (first visits)	52
Infants 1 to 5 years (re-visits)	2551
Stillbirth enquiries	6
Infant Deaths	9
Tuberculosis Patients	1571
Aged and Infirm	16
Day Nursery Applications	17
School Children	393
Other Visits	654
<b>TOTAL</b>	<b>7747</b>

### Midwifery and Home Nursing

The number of domiciliary confinements in the Borough attended by the County Council's midwives was 202, 139 in their capacity as midwife and 63 as maternity nurse. Of this total 177 received gas and air analgesia, a percentage of 87.6.

### Puerperal Pyrexia Regulations, 1951

During the year 66 cases of puerperal pyrexia were notified, 65 of them following hospital confinement, and 1 domiciliary. This figure of 66 gives a notification rate of 82.29 for the Borough as compared to 18.23 for England and Wales.

The discrepancy here shown is not considered to be of any great significance. Very many of the notifications under the above regulations were in respect of raised temperatures caused by conditions such as colds and influenza which have no connection with child bearing.

It should be pointed out, also, that this notification rate does not present a true picture of the position so far as it affects the residents of the Borough, for 39 of these cases occurred in patients who reside outside the Borough but whose confinement took place in a hospital within the Borough. The regulations provide that the notification must be accepted by the Authority in whose area the hospital is situated, since the disease occurs at that address. So far as residents of this district are concerned, 27 cases occurred, which would produce a true notification rate to residents per 1,000 total births of 33.66.



## Maternal Mortality.

No deaths occurred as a result of pregnancy, child-bearing or associated therewith.

## Opthalmia Neonatorum

No cases of opthalmia neonatorum occurred in the Borough during the year 1953.

## Home Nursing

The work of the general nurse in the Borough has further increased, approximately 50% more visits having been made than in the previous year. The prevailing tendency is for patients to be discharged from hospital earlier and to continue their treatment at home under the supervision of the general practitioner. This results in a considerable saving of hospital beds and a consequent reduction in expense to the National Health Service. So far it has been possible to meet the demands, but, owing to a shortage of nurses generally, it is becoming increasingly difficult to fill vacancies in this branch of the service.

During the year the following visits were paid by the Home Nurses:—

	1953	1952
Number of New Cases .....	1028	938
Number of Visits .....	20014	13512
Last Offices performed .....	21	18
Advisory or Casual Visits .....	419	224

## Vaccination and Immunisation.

The following are particulars of children who have been immunised and vaccinated. The figures given are not considered to be strictly accurate as some general practitioners do not trouble to claim the fee due to them for recording. In addition to being given by general practitioners, vaccination and immunisation are now also carried out at the Infant Welfare Centres.

The number of children who completed a full course of primary immunisation against diphtheria during the year is set out below:—

Under 5 years of age .....	531
5 to 15 years of age.....	32
	<hr/>
	563



The number of children who received a secondary or re-inforcing injection was 328.

The number of persons vaccinated or re-vaccinated during the year 1953 was:—

	Under 1	1-4 yrs	5-14 yrs	15 or over	Total
Primary	382	67	47	65	561
Re-vaccination	1	8	15	134	158

The following information shows the total number of children under 16 years of age who have at any time received a course of immunisation against diphtheria, as at 31st December, 1953:—

Year of Birth	Number	Year of Birth	Number
1953	217	1945	854
1952	397	1944	584
1951	450	1943	484
1950	499	1942	616
1949	626	1941	731
1948	887	1940	660
1947	812	1939	575
1946	781	1938	423
TOTAL 9596			

### Preventative Medicine, Care and After-Care

This work can largely be divided into two classes of patient, those suffering from Tuberculosis and those suffering from other forms of illness. The prevention of tuberculosis must be looked upon as one of the most urgent problems of preventative medicine and includes both direct and indirect help. The main preventative measures in operation are the close supervision of patient and contact, Mass Radiography Surveys, B.C.G. vaccination and Health education and propaganda.

Each case of tuberculosis notified is visited at regular intervals by the Tuberculosis Visitor who arranges for all members of the family to visit the Chest Clinic for examination and advises the patient and contacts on measures to be taken in the home to prevent the spread of infection.

Open air shelters and extra nourishment are provided for tuberculosis patients, and where possible child contacts of patients are boarded out.

### Rehabilitation of Tuberculous Patients

During the year the Area Sub-Committee accepted financial responsibility in one case for a patient undergoing re-habilitation at Preston Hall Settlement. No charge is made to the patient.



### **Recuperative Holidays**

The Local Health Authority are empowered to provide recuperative holidays for persons not in need of medical or nursing attention, and during the year 17 cases from the Borough have been sent away. The length of convalescence was:—

Two weeks	.....	.....	.....	16
Three weeks	.....	.....	.....	1

### **Domestic Help Service**

The demands on the Domestic Help service have been maintained during the year.

Cases assisted have been maternity, acute sick, chronic sick, aged, tuberculous and other infectious cases.

All applications are supported by a medical certificate and in the case of the chronic sick, which are long term cases, they are reviewed every three months by the Area Sub-Committee.

## **SECTION H. SCHOOL HEALTH SERVICES**

Two new schools were opened in the Borough during the year, the Oakdale County Primary Junior and the Oakdale County Primary Infant Schools, which replaced Cowslip Road County Primary School destroyed by fire in 1950.

In addition the following schools were re-organised:—

Wanstead C. of E. School:

Junior and Infant Departments combined under the headship of Miss G. E. Riches.

North Woodford County Primary School:

Junior and Infant Departments became separate schools.

There are now fifteen schools in the Borough (including Woodford Garden City Temporary County Primary School which accommodates children from Loughton only) and, at the end of the year the population of these schools was approximately 6,300 pupils.

### **School Medical Inspections**

A School Medical Officer visited all the schools in Wanstead and Woodford during the year to carry out the medical inspection of pupils who were due for routine examination, in accordance with the provisions of section 48(1) of the Education Act, 1944. Additional visits were made to some schools to see other children who had been referred for special examination by the Head Teacher, parent or other officer of the Education Committee.



2,271 children were seen at routine inspections, as follows:—

Age group	No examined	No. referred for treatment	No. referred for observation
1st group (5-7 years)	1029	120	85
2nd group (10-11 years)	517	78	41
3rd group (14-16 years)	725	65	51
<b>TOTAL</b>	<b>2,271</b>	<b>263</b>	<b>177</b>

### Minor Ailments Clinic.

432 children made 663 attendances at the Minor Ailments Clinic which is held at the School Clinic at 93, High Road, South Woodford, every Friday morning.

### Cleanliness Surveys.

The School Nurses visited every primary and secondary modern school in the Borough as soon as possible after the commencement of each school term to carry out a cleanliness survey of every child in attendance. 141 pupils were found to have a slight infestation in their hair, which was remedied by the parents on being brought to their notice. There were, however, four instances in which the children were not cleansed satisfactorily by the parent and arrangements were made by the Education Authority for them to be cleansed.

### Dental Treatment

I am pleased to report that as a result of an increase in the number of Dental Officers that became available, it was possible to effect a reorganisation of their duties at clinics in the Forest Division and thereby improve the services provided at the Woodford Clinic by increasing the number of sessions held there each week from seven to eleven, thus constituting a whole-time service.

A Dental Officer also visited four schools in the Borough to carry out the routine dental inspection of children's teeth.

A summary of the work done at the Woodford Clinic during 1953 is given in Appendix 'A.'

### Specialist Services.

As mentioned in my report for last year, the ophthalmic and orthopaedic (including physiotherapy) services are the responsibility of the Regional Hospital Board and by arrangement with that Authority sessions continue to be held at County Council clinics. One of the Board's Ophthalmologists attends at the Woodford clinic each week and an Orthopaedic Surgeon visits once a month to supervise treatment given to schoolchildren by the physiotherapist.



Although these arrangements are entirely satisfactory, especially from the point of view of convenience to the patients, I have to report that early in the year the Regional Hospital Board notified their intention of transferring the orthopaedic service to the out-patients department at Whipps Cross Hospital, Leytonstone. This proposal was vigorously opposed by the County Council and I am pleased to report that the Regional Hospital Board eventually agreed to the present arrangement being continued.

### **Poliomyelitis**

Four children of school age contracted this disease during 1953. None suffered any severe disability and all were able to resume attendance at their usual school.

### **Diphtheria Immunisation.**

It was considered advisable to suspend immunisation during the period when poliomyelitis was prevalent in the area. The immunisation of schoolchildren at Local Authority clinics was therefore discontinued for practically the whole of the Autumn term. However, despite this setback, a good response was received from parents following receipt of a propaganda leaflet distributed by the Head Teachers, urging them to have their child immunised. Many took their child to their own general practitioner.

### **Tonsils and Adenoids.**

The waiting list of children in need of operative treatment for the removal of their tonsils and/or adenoids has continued to grow throughout the year. The position has been worsened by the cessation of this type of operation at hospitals in the area due to the incidence of poliomyelitis. However, I understand that every effort is being made to provide additional sessions at hospitals to deal with this type of case.

### **B.C.G. Vaccination.**

The Medical Research Council's Tuberculosis Unit again visited Woodford for the purpose of X-raying and skin testing those volunteers (nearly all of whom have left school) who are participating in the Council's investigation into the value of B.C.G., an anti-tuberculosis vaccine. In addition to the X-ray and skin test, the Health Visitor/School Nurse visited every volunteer during the year to record any changes in his or her employment and any illnesses since the date of the last examination.

### **Mass Miniature Radiography**

The Mass Miniature Radiography Unit visited Wanstead and Woodford in December. By arrangement with the Unit's organiser, separate sessions were devoted to the examination of school children of the age of 14 years and over.

At the time of writing this report the detailed results of these examinations are not available.



# **Defects found by medical examination of school children.**

The following table shows the defects found in school children as a result of examination by Medical Officers at the Clinic:—

Defect	No. found to require treatment	No. treated at Clinic	No. to be kept under observation
Skin .....	26	4	—
Eyes (a) Vision .....	57	—	—
(b) Squint .....	—	—	1
(c) Other .....	2	—	—
Ears (a) Hearing .....	6	1	—
(b) Otitis Media .....	—	—	—
(c) Other .....	2	—	—
Nose or Throat .....	6	—	—
Speech .....	31	—	—
Cervical Glands .....	1	—	—
Heart and Circulation .....	3	—	—
Lungs .....	8	—	—
Developmental (a) Hernia .....	—	—	—
(b) Other .....	—	—	—
Orthopaedic (a) Posture .....	7	—	2
(b) Flat Foot .....	8	—	—
(c) Other .....	3	1	—
Nervous system (a) Epilepsy .....	—	—	—
(b) Other .....	2	—	—
Psychological (a) Development .....	7	—	—
(b) Stability .....	8	—	—
Other .....	44	1	—



## APPENDIX "A"

### Dental Inspections and Treatment

Number of pupils inspected (Periodic and Specials) .....	.....	1112
Number found to require treatment:		
(a) Periodic .....	.....	413
(b) Specials .....	.....	476
Total .....	.....	889
Number of individual pupils actually treated .....	.....	483
Attendances made by pupils for treatment .....	.....	2597
Fillings:		
Permanent teeth .....	.....	1847
Temporary .....	.....	239
Total .....	.....	2086
No. of Teeth Filled:		
Permanent teeth .....	.....	1716
Temporary .....	.....	226
Total .....	.....	1942
Extractions:		
Permanent teeth .....	.....	60
Temporary .....	.....	700
Total .....	.....	760
Administration of anaesthetics:		
(a) Local .....	.....	91
(b) General .....	.....	321
Total .....	.....	412
Other operations:		
(a) Permanent teeth .....	.....	770
(b) Temporary .....	.....	320
Total .....	.....	1090



Defects found by medical examination of school children.

The following table shows the defects in school children as found by medical examination of school children as a result of examination by Medical Officers at the Clinics.

# APPENDIX "A"

Dental Inspections and Treatment			
Number of pupils inspected (Periodic and Specials)	Number found to require treatment:	Defects	Tested
1112	(a) Periodic	413	
	(b) Specials	476	
	Total		889
Number of individual pupils actually treated			
2082	Exams (a) Vision	2082	
	(b) Squint		
	(c) Other		
	Permanent teeth		
	Temporary		
	Total		2082
	Other (a)		
	(b) Other		
	Total		
	No. of Teeth Filled:		
	Permanent teeth		
	Temporary		
	Total		
	Other (a) Hernia		
	(b) Other		
	Total		
	Orthopedic (a) Posture		
	(b) Flat Foot		
	Other (a) Other		
	(b) Epilepsy		
	Total		
	Psychological (a) Development		
	(b) Stupidity		
	Other		
	Total		1090