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Contributors

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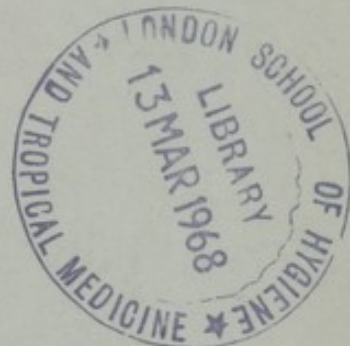
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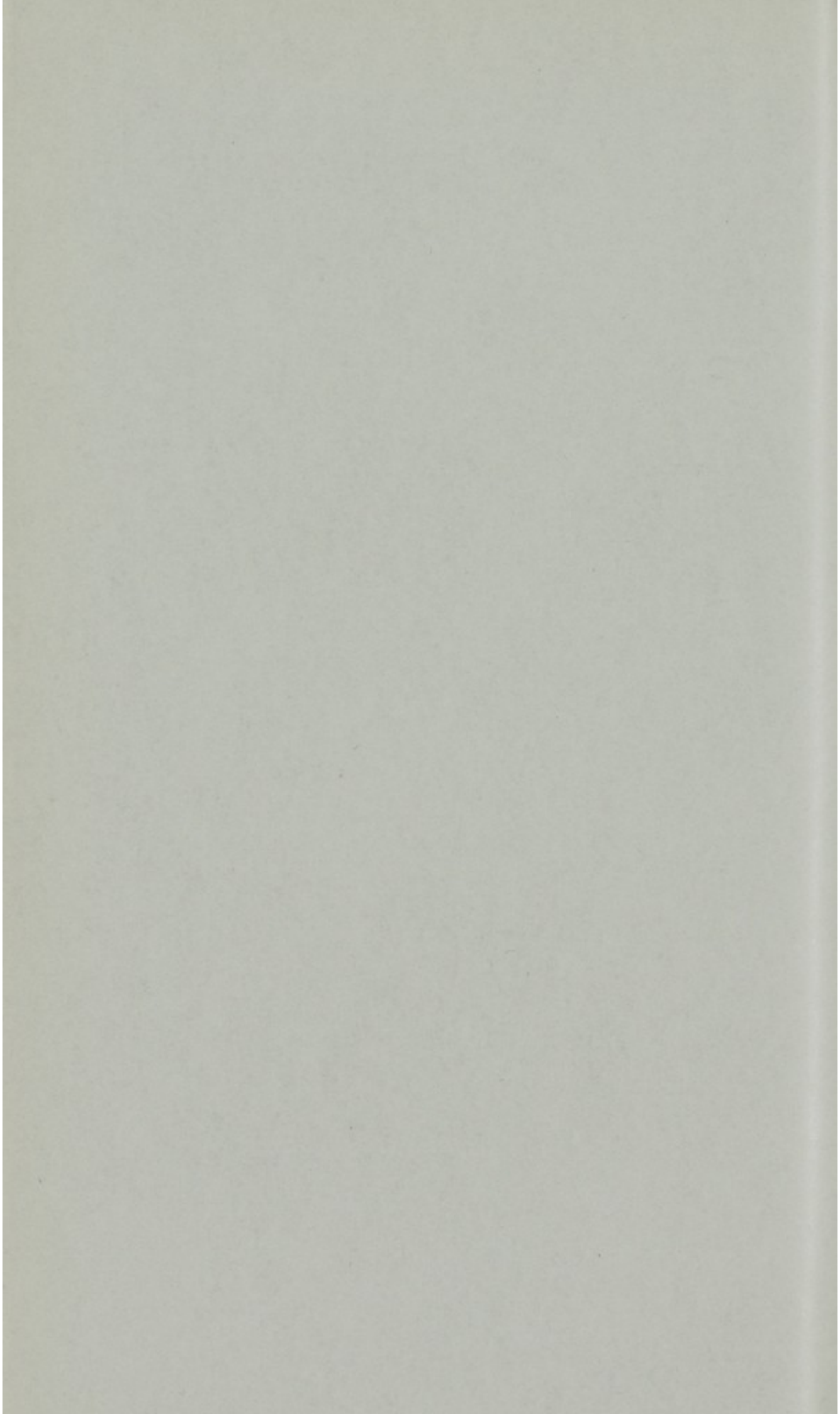
TWICKENHAM

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The Annual Report of the Medical Officer of Health

JOHN MADDISON, M.D., B.S., D.P.H.



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PUBLIC HEALTH DEPARTMENT,
ELMFIELD HOUSE,
HIGH STREET,
TEDDINGTON.

To the Mayor, Aldermen and Councillors of the Borough of Twickenham.

LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report for 1957 on the health and sanitary conditions of the Borough together with the supplement containing the statistical tables for 1956 as required by the Ministry of Health.

This is the jubilee year of the school health service. It was introduced by the Education (Administration Provisions) Act, 1907, after the Boer War had shown what a lot of sub-standard young men we had in the country. Up to 1948 the service performed a wonderful job in alleviating, correcting and preventing the numerous disabilities of our school children, especially those from homes which could not afford the fees for private doctors. But the service is changing. We are not now so concerned with the trivial disabilities which formerly afflicted a great number of our children; nowadays the aim is more and more to try to achieve in every child perfect health and physique, and still more that radiant happiness which comes from mental health based on sound principles coming to be more widely understood and acted upon.

This last year or two we have increased our services by the addition of more special places at Bedfont school; by a new school for the deaf, provision for the partially deaf, and the conversion of another school for the physically handicapped, in our neighbouring Borough at Hounslow; by extending the provision for the detection of children partially deaf; by ensuring that the children's eyesight is tested as near as possible to the age of five instead of later; by trying to make the principles of child guidance more widely known amongst the health visitors and medical officers; by the use of more specialised methods for the detection of disabilities in very young children; and by a constant critical attitude of mind to the types of medical examinations and their techniques and by diligent search for improved methods. Our facilities for dealing with the disabilities and handicap of pupils of all sorts and conditions are far wider than they were five or ten years ago. It is comforting to observe the continual improvement.

We have introduced vaccination against poliomyelitis and have also started the B.C.G. vaccination against tuberculosis. There is a note of these two later in the report.

We have improved our clinic facilities at Bedfont and we had the official opening in July, 1956. Those of you who have visited it must agree it is a beautiful place and I am very proud of it. This year we have begun to build the long-needed clinic at Shepperton which, I feel sure, will be equally attractive.

The problem of local self-government has again been shelved by referring the problem to a Royal Commission. I do hope, Mr. Mayor, that if we are invited to give evidence before the Royal Commission we shall continue to urge the desirability of local autonomy for most of our health services.

We have continued to give attention to housing repairs, the demolition or closing of individual unfit houses and progress in slum clearance. We are operating the clean food provisions of recent legislation. We are studying the new Clean Air Act in collaboration with the other districts of Middlesex and will keep you advised. The new designation of Health Inspector is more in keeping with the modern conception of the functions of this officer; we welcome this new title.

Earlier in the year we set up for the first time a local liaison committee of the three branches of the National Health Service—the hospital service, the practitioners, and the local authority health services. Even at the first meeting it was quite helpful in smoothing away certain difficulties over the question of medical services for old people and in the midwifery services.

I am indebted to the heads of all sections of the work at Elmfield House, and in particular to Dr. Cormack, Dr. Whitfield, Mr. Pugh and Mr. Easter for their zeal and enthusiasm; and also for the soundness of the work of the other 400 people on the staff of the department; I am glad to sing praises for them. I am specially indebted this year to a number of people in the department for contributions to this report. They are acknowledged in the articles themselves.

I beg to acknowledge my indebtedness to the Chairman and Members of the Public Health Committee for their helpfulness and support, which is always of the greatest encouragement. I desire, also, to acknowledge with thanks the friendly co-operation and help which I have always received from my colleagues in the other departments of the Corporation and the other members of the Council.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

JOHN MADDISON,

Medical Officer of Health.

MEMBERS OF THE HEALTH COMMITTEE

Ex-officio members:

THE MAYOR, COUNCILLOR R. F. E. HOWARD-HODGES, M.B.E., J.P.

THE DEPUTY MAYOR, ALDERMAN E. BOSTOCK

Chairman:

COUNCILLOR Mrs. M. B. DAVIES

Vice-Chairman:

ALDERMAN J. ALLINSON

| | |
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| Alderman F. J. Edwards, J.P. | Councillor G. H. Loman |
| Alderman J. H. Knaggs, J.P. | Councillor A. R. Melvin, F.R.I.C.S. |
| Councillor Mrs. C. C. Cunningham- Howie | Councillor N. Sheldon, A.R.C.S., F.R.I.C. |
| Councillor L. Defries-Porter, LL.B., A.M.I.A.A. | Councillor C. W. Sewell |
| Councillor Mrs. O. K. Hudson | Councillor Miss O. J. Wilkins |

STAFF OF THE PUBLIC HEALTH DEPARTMENT

| | | |
|---|------|---|
| Medical Officer of Health | .... | Dr. J. Maddison, M.D., B.S., D.P.H. |
| (Also Area Medical Officer, Twickenham, Feltham, Staines and Sunbury) | | |
| Deputy Medical Officer of Health | .... | Dr. W. Cormack, M.B., Ch.B., D.P.H. |
| (Also Deputy Area Medical Officer, Twickenham, Feltham, Staines and Sunbury) | | |
| Chief Public Health Inspector | .... | Mr. H. G. Easter |
| Deputy Chief Public Health Inspector | .... | Mr. H. D. Smith |
| Specialist Housing Inspector | .... | Mr. K. E. Evans |
| Public Health Inspectors.... | .... | { Messrs. J. W. Paine A. E. G. Walker, B. E. W. Gabb |
| <i>All the Inspectors hold the Certificate of the Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board, and the Meat Inspectors' Certificate</i> | | |
| Chief Clerk | .... | Mr. H. J. Pugh |
| (Also Area Chief Clerk, Twickenham, Feltham, Staines and Sunbury) | | |
| Senior Clerk | .... | Mr. R. N. Himson |
| Clerical Staff | .... | { Miss K. Dopson, Mrs. J. Hodgson Miss M. S. Baylis |
| Senior Rodent Operative.... | .... | Mr. H. T. Jackman |
| Rodent Operatives | .... | Messrs. C. H. Deacon, S. Jackman |
| Disinfector/Drain Tester | .... | Mr. E. G. Cooper |

ANY DAY MAY BE BRAIN-WASH DAY

Don't Stop me, Buy One

How do you deal with these persistent salesmen who come to your front door trying to sell you something? It may be a vacuum cleaner, a washing machine or an encyclopaedia. The salesman begins to tell you all the advantages of having this particular thing; if you stand and listen you are lost; you begin to feel your stomach flutter inside, your mind begins to wander a little, you think of a hundred things, the preparation of the dinner, what your husband will say, the reactions of the children, what your neighbour next door will think, the longing you have always had for this particular thing, and that you know quite well you can't afford it. All these things go racing through your mind. You know you should send the man away packing, yet you don't like to hurt his feelings and you are still tortured by the partial desire to have the article. Then your mind gets into a whirl of emotion; you wish the fellow would go away; you have lost control of the situation altogether. What you should have done at the very beginning was not to hesitate one moment; say politely but firmly "I am not interested in this today, thank you, goodbye".

The Evangelists

Still worse are these people who come round trying to persuade you to some other form of religion; they try to convert you to their beliefs. As the whole subject is one of intense emotionalism it is very easy to get involved in an upsetting experience which can leave you quite limp. All these people who call on you are quick to see when you are weakening, and they will be ready to follow it up in a short interval, if they see the possibility of persuading you.

Motivational Research

I read in a newspaper¹ that in America there are eighty-two motivational research firms. The biggest advertisers run campaigns based on motivation analysis. Millions of dollars are spent on schemes deliberately and delicately designed to play on the customers' hidden weaknesses, his anxiety, his loneliness, cupidity, and fears. These creepy-peepy studies poke their noses into your subconscious to find out why you behave as you do and why your decisions are so illogical. A concealed cine-camera registers how many eye-blinks a woman has when she selects some goods to buy. She ought to blink faster if she's under tension; but they find she blinks slower because she falls into a light trance, the first stage of hypnosis, mesmerized by the wonderful range of good things; therefore she buys one quarter as much again as she would have done. A married man about to buy a new car eventually decides to have a saloon; but what gets him into the showroom is the sports two-seater in the window; the symbol of excitement, romance, and adventure.

The advertisers trade on your emotions, your unfulfilled longings, your unrevenged hurts, your pride, your urge to be in good standing with your group, your desire to show off to your neighbour. Hence they point out the shame of

¹ KENNETH ALLSOP, Daily Mail, 26th October, 1957

having in your house a refrigerator more than nine months old. They invite you to worship at the shrine of materialism. Miss Scott, the headmistress of the Lady Eleanor Holles School has recently visited Canada and U.S.A. At the prize-distribution she said she was alarmed at the influence these techniques might have on adolescents. It is said that the Motivational Research Institute is to open a branch in London.

Their methods have long been known to religious fanatics and in our time to the secret police. And for our peace of mind and mental health it behoves us to understand what this technique is, and not be caught out unawares. Such knowledge will stand us in good stead, either in the self-help store or in the interrogation cell if ever we find ourselves there behind the iron curtain.

Brain Washing

The theory is quite simple. Our conduct, aided to some extent by our intelligence, is governed mainly by emotions such as love, hate, fear, envy, protectiveness, and so on. A threat to our well-being from any source and in any manner arouses an emotion. The most urgent demand is to keep in good standing with the group, otherwise the animal is in grave danger of either injury or death because of the lack of the group protection given by the herd. If the threat is continued and the emotion goes on and on, there comes a stage with all animals and humans where the stress can be withstood no longer. The mind then begins to react in one of three ways. (1) The stage when, for anyone who is paralysed by fear, extra scoldings or beatings produce no further effect; (2) the stage when a small stimulus produces a violent emotional reaction, and (3) the stage when a stimulus will produce conduct the very opposite of what you would expect.

Interrogation

The secret police know these stages. The victim is subjected to intense emotional strain prolonged beyond endurance. He is weakened physically by starvation, brutality, solitary confinement, lack of light, the attacks of insects and rats. Then come the prolonged interrogations under bright lights going on and on for hours and hours. The struggle of the victim to retain his original beliefs creates an emotional stress which, under intense severity and prolonged duration, becomes intolerable. Then the person passes to the stage in which the mind permits intense reaction and the behaviour and beliefs become the reverse of what you might expect. A conservative will become a communist; an eminent divine will sign a confession extolling the virtues of communism. A person will confess to crimes he never committed. It makes you wonder how many innocent persons have been convicted wrongly.

The prevention lies in trying to avoid getting emotionally upset. We do not get angry or frightened if our minds are on something else. If, during the interrogation the victim can think of other things, then the interrogator will make little progress.

So when you are tempted into buying something which ultimately you might regret, or when you are in danger of being converted to a faith which you know is not for you, or when your emotions are being played upon for the very purpose of converting you to a different way of thinking, take care that you try to remain master of the situation; you will come to little harm if you can divert your mind to some more immediate or pressing problem or some more fanciful or pleasant reverie whilst the brainwashing is going on. If you can remember this in times of stress it will make a contribution to our mental health well worth achieving.

PERSONAL HEALTH SERVICES

A NEW CLINIC FOR OLD PEOPLE

The Agencies

Two years ago I spoke about old people and the need for preventive services. There are probably about 12,000 people in this Borough over the age of 65. You may reflect that if you have not already done so you will inevitably join their ranks some day. There is a bewildering hotchpotch of agencies available for the welfare of the aged who are lonely, infirm, or sick. An old person can have the help of a general practitioner, the medical officer of health, or his deputy, a health inspector, a district nurse, a health visitor, a home help, and the loan of appliances; he can have a welfare officer from the County Council, an officer from the Ministry of Pensions and National Insurance, a man from the National Assistance Board, or he can turn for help to one of the old people's welfare societies. The health inspector may be concerned in giving advice on rehousing, on danger to health because of an insanitary dwelling, or dealing with an elderly person in need of care and attention because of helplessness. Occasionally an inspector has to arrange for fumigation and disinfection. The welfare associations make arrangements for the provision of a chiropody service and the County Council lend their clinics; the W.V.S., Red Cross and societies provide the meals-on-wheels service, run the clubs, distribute gifts, arrange holidays; one of them maintains a home for the aged. There are the hospital services where an old person can go for consultation as an out-patient or be admitted to an acute or chronic ward. For those in need of care and attention but able to look after themselves there are the County Council's old people's homes.

The Need for Prevention

But we showed in a previous survey that a good proportion of those living at home may easily be in a state of sub-standard health and need advice and assistance. The greatest danger is the deterioration in health which comes from the inability to provide proper food and care. I have said over and over again that I thought a clinic for old people would be one way of trying to help these people to live happier and healthier lives and I am so happy to report that at long last after over two years' of persuasion and perseverance we have got consent to go ahead with an experimental clinic for one year.

It is important carefully to select the clinic at which the sessions are to be held with a view to finding an area where such a service is clearly desirable; important factors are the ease of access of the local elderly population to the clinic, and the close working liaison the clinic has with the general practitioners in that district. After careful consideration it is intended to propose that the Church Road Clinic, Teddington, is the most suitable for that purpose in the Area.

I will do most of the clinical work myself, assisted by one medical officer together with the superintendent health visitor and the two health visitors at the clinic.

We have tried to foresee how the new geriatric health clinic could provide the best service for the people in the neighbourhood. It must be clearly understood at the very outset that the clinic is not there to provide treatment for the elderly sick. Its function will be to hold consultations with elderly people who come for a periodic check. The majority of these will be elderly people who can make their own way to the clinic. The clinic will be run on the lines of an infant welfare clinic where the persons attend not because they are complaining of any specific illness but so that the medical officer and health visitor can keep an eye on their progress; see that the person is getting along satisfactorily; and try to provide for early detection of deterioration in health. We can also have regard for the social conditions and family adjustments under which the old people are living.

One important measure is to keep track of the weights of the people so as to detect any increase or decrease which might be of significance. We can carry out simple tests for specific defects and general fitness as is done in the school health service without using any elaborate clinical tests. If a person is found to need treatment we propose to advise him to obtain the treatment through his general practitioner or dentist. If then further tests and consultations are necessary at the hospital, the general practitioner will be able to make appropriate arrangements and will be aware of what is happening from the outset. It is not proposed to carry out elaborate detailed technical investigations on patients, because these may not coincide with those needed by the practitioner or hospital consultant, and there is no point in initiating procedures which may have to be repeated elsewhere later.

In the clinic I will discuss the health and medical fitness with the people who attend and give advice where necessary on such things as diet, clothing, exercises, activity, social adjustments, family relationships, and kindred matters. It will happen that appointments will be missed and it may be necessary to get health visitors to call at houses to see if all is well with the old person. The clinic can also be used to keep an eye on the satisfactory progress of patients who have been in hospital or attending the hospital out-patient department and who merely need follow-up supervision to ensure that there is no deterioration. We may well be able with experience to correct and prevent the inroads of disease at an early stage, and so lessen the burden on relatives by keeping the aged person fit and healthy and if possible at work and helping the productive capacity of the country.

This clinic is the first to receive formal sanction under section 28 of the National Health Service Act in England, and I am so proud for it to have fallen to Twickenham to have the first.

NURSING THE AGED

By Miss J. L. GREENO, Area Superintendent of Home Nursing Service

Progress

During the past year much progress has been made in the care of the aged. Their relatives are becoming more and more aware that the local authority health services and the help of other organisations are available and ready to assist them with their day-to-day problems to the utmost of their ability.

The home nurses have the interests of all their patients at heart. Many of them are elderly people; it is amazing how much time the nurses give to them in addition to the routine work. Telephoning doctors, taking prescriptions to chemists, keeping in touch with relatives during unforeseen emergencies, returning late at night to see that all is well with a patient living alone—all these tasks are willingly and cheerfully undertaken. The aim is to try and make aged people as self-sufficient as possible.

Meals on Wheels

A balanced diet is essential to the maintenance of health. This is particularly so in the case of old people who frequently show evidence of lack of proteins and minerals. The voluntary associations with their meals on wheels services perform a very useful and much-appreciated service. The W.V.S. in Twickenham provide the old people with a proper meal on at least two days a week. Since August, 1956, the Sunbury and Shepperton Council has made strenuous efforts to launch a meals on wheels service. Arrangements were made to provide meals through the Industrial Catering Company and in June, 1957, a meals on wheels service was started and since then meals have been supplied twice weekly.

The chiropody service in the clinics helps to take the tired worn look from faces and leaves the individual with a much happier expression and lighter of foot.

This year the Teddington Old People's Welfare Committee made arrangements to send a number of old people away for a holiday at the seaside during the summer, a holiday they would not otherwise have had. The care of old people remains a major social problem, but more and more is being done to help them.

WE ARE PROUD OF OUR HOME HELPS

By Miss E. L. HORWILL, Area Home Help Organiser

The home help knocked at the front door of one of her patients one morning. The door was usually ready unlocked, but this morning it was locked and she could get no reply. She suspected something was wrong and with the help of the police she gained admittance. Her suspicions were confirmed by finding the old man on the floor helpless by his bedside.

This old man had been living with his daughter who was trying to look after him and run the home, but she was really critically ill. I was called in because she collapsed. When I called in the doctor she was sent at once to the hospital where she was found to be extremely ill and unlikely to live. I had the painful task of seeing the old gentleman and having to tell him that there was a chance that his daughter would be away a long time. Within a few days his daughter had died. When he heard this he lost interest in life. He just wanted to sit in his chair and not be disturbed. I engaged a capable home help who was very good to him; she came in every day and looked after him, but unfortunately, in spite of all her efforts he deteriorated and got into a bad state. He had a substantial pension and had always lived in fairly good circumstances up to the hilt of his income; but after a time he began spending a good bit on drink—much more than he could afford. Soon he was surrounded with debts which worried him considerably. Except for his extravagance, his income would have been sufficient to pay for the home help. He got into arrears, so I reduced the time given each

day by the home help to as low a figure as I possibly could, but still he decided that he could not afford to have her every day; I then reduced the help to three times a week. A kindly neighbour said she would try to help him to manage his accounts and look after the financial side. She did this very well so we managed to keep jogging along for well over a year.

Finally, one morning, the home help tried to get in and could not do so; she looked in the window, saw him lying on the floor, and heard a faint call. She decided that she must take action, and quickly called the police who helped to open the door. They found the old man had fallen down and was in a rather bad state. It was clear he ought to go to hospital, but he did not want to go. When the police said we must take you to the hospital he still clung very much to the idea of remaining in his home. When he got to the hospital he decided he would not stay and must leave. The hospital doctor said there was apparently nothing organically wrong with him—I mean by that no bones broken—and that he could return to his home. However, when he got back to his home he soon lost his assurance and became really afraid to move from his chair. After that he decided that he would go into a nursing home; he had a comfortable income and he could afford to do so. So, finally, he went into a nursing home and he is still doing quite well; I do not think he will come out, but he is there now and should be very much happier than living such a very lonely life in his own house.

The home help service operates to serve the needs of the aged and sick who are unable to manage without some assistance in their homes. The staff is carefully selected from women experienced in home management and the care of children.

A course of instruction was begun in 1956 to give home helps some training in, and further knowledge of their work. The talks cover general hygiene, cleanliness in the home, and the prevention of accidents; and the main principles of normal diet, with the special variations needed for the sick and elderly. The Area Superintendent of Home Nursing Service talks about the special home care of the aged and sick and the ways in which the nurse's care and treatment may be assisted by the home help. The Medical Officer talks on some emergencies more commonly met with in the home and home laundering.

The home help on duty is distinguishable by her golden yellow overall, the symbol of the service. A quarterly journal is issued to each one: we wish her to feel she belongs to an important body of workers. She must be encouraged to maintain the highest standard of work wherever she goes, so that the service will be esteemed and trusted by all those who need it.

THE ANTE-NATAL CLASSES AT WHITTON

By Miss N. M. BRINKLEY, *Health Visitor*

One of the most interesting things that has happened during the last few years has been the growth in popularity of the ante-natal classes, and the enthusiasm with which they have been attended. At first we had three or four mothers, now our average is 16—18, which could often be more if we had the room. They are held every Wednesday morning.

The first hour is spent on the exercises and relaxation. Cups of tea are then handed round and the class settles itself for the second half of the morning. This is devoted to a variety of topics of interest to expectant mothers. The health visitor starts with a talk on the particular topic for that day and this leads to an interesting discussion in which the mothers join with eagerness. Sometimes we show a film-strip or pass round a series of pictures and then have comments and questions.

The topics for the talks and discussions are decided by the doctor and health visitor and come under many headings. Examples of these are diet and exercise; how my baby grows; preparation for breast feeding; old wives' tales and how true or false they are. There is a great variety and sometimes the discussions take a very interesting turn as many of the mothers-to-be have read all the latest literature on the subject and wish to check up on the accuracy of what they have read.

Holding these classes has been a great help to the staff also, and we have gradually discovered that their importance to the mother has not been so much in the exercises, as in the talks and social contacts that have followed afterwards. We do not attempt to claim any marvellous results from the exercises, but explain the benefits of relaxation and breathing control. It is with the talks and general discussions that we find such excellent results and it is very gratifying to see young anxious girls gradually becoming sure of themselves. Taking part in the discussions and activities of a group of similar women gives mutual support and encouragement and brings out all their anxieties. This group therapy is used a great deal in religion, psychiatry, and education.

Quite often, after a mother has had her baby, she brings it back to show it to the class where she has made friends. After it has been admired she is always eagerly questioned about her experiences. Of course she is always asked what had helped her most from the classes. To this, the health visitor listens as eagerly as the class and it is nearly always that the fear is much less through knowing something of what is happening even if the knowledge is not wholly complete.

We all feel that this part of our work is some of the most valuable we do. We meet the mothers at a most receptive time, can make friends with them and gain their confidence, so that after the baby arrives we are already friends. This makes for a happy relationship straight away. All of us in the clinic have noticed that it has been much easier to help them in their early difficulties with the new baby and to give them the confidence so essential to successful motherhood.

WHAT DO YOU KNOW ABOUT CHILD WELFARE?

I sometimes get a letter from a parent as follows:

"To the Medical Officer of Health.

"Dear Sir,

"Please do not send any health visitor here. I do not want any of your pamphlets either. I shall not be bringing my baby to the clinic, I know all about babies.

Yours faithfully,

(Signed) Mrs. X."

Some people claim to possess the gift of omniscience; but most of us are more humble mortals who try to learn all we can when, where, and how we can, and it is a good thing to begin early. Mrs. Harper, the Matron of Gifford Lodge Day Nursery, sends me a report about the training we give to girl guides who train for the Child Nurse badge. She says that following the training course a girl guide attends the nursery for two days in order to pass her test for the Child Nurse badge.

"I expect a guide entering for this badge to have a high standard of personal cleanliness, a sense of responsibility and capable of taking charge of a child between the age of three to five, for any period of the day. I try to make the test as straight-forward as possible, and the girl feel comfortable and at home.

"I observe her for periods during the two days on how to wash a child before and after meals; how to manage the toilet, how to serve a meal; how to put him to bed; set out suitable play material and keep him generally amused; how to tell a story.

"I follow this at the end of the second afternoon by asking her questions about how a child should be clothed in summer and winter; what food is suitable for him; the different kinds of toys and material and how to improvise with everyday articles such as cotton-reels and cartons; how to prevent accidents in the house and garden; how to take his temperature.

"By this time, if I pass her as a Child Nurse, I am confident that she can go home and look after her young brothers and sisters and no harm can come to them".

I wonder how many mothers could pass this test. Nowadays most of the women's magazines print articles on child welfare. The clinics are always packed with mothers seeking information. There is no end to the demand for good advice. I wish child welfare or health could be made a subject in the General Certificate of Education examination. I guess it would be more use to our girls (and boys) than French.

THE MUDDLE OF THE MATERNITY SERVICES

The Growth of the Clinics

After the First World War ended in 1918 there was widespread recognition of the very great need for filling in the gap of the medical services for women and children. Since the introduction of the National Health Service Act in 1948, when most medical services are free or nearly so, we tend to forget that before this happy era they had to be paid for by the patients. In many parts of the country there was widespread alarm about the number of women who died in childbirth, and the appalling amount of illness and death amongst babies and young children. Hence the government encouraged local authorities to set up their maternity and child welfare clinics; between the two wars they grew up and spread to all parts of the country.

The Midwives

In those days most confinements were done by midwives, but some general practitioners also did so for fees. There was a scheme then, as indeed still, where a midwife could call in to aid a woman in childbirth, a practitioner whose fees were guaranteed by the local authority. Up to 1948 the vast majority of the ante-

natal work for expectant mothers was carried out in the clinics. This was natural because the service was free, it was good, it was done in well-designed and equipped premises, and with a staff who could give the proper time and devotion to it. On the whole the results were excellent. There was little inducement for practitioners to do the work as there was no pay in it for them. Only a minority who looked after their own booked patients provided ante-natal care for them.

The Practitioners Come In

When the new health scheme came into force in 1948 it made provision for practitioners who did ante-natal and confinement work to be paid for it. Since then the whole situation has changed. Now, of course, there is greater inducement for practitioners to attract the mothers to their care for the fees they bring. Hence the ante-natal work of the local health authority clinics has tended to become less and less. Trained midwives have always considered midwifery to be an independent profession. Before 1936, midwives received private fees from their patients, so they had to arrange to get proper ante-natal care for them. This was important to ensure all would go well at the confinement. After 1936 when the midwives came on to the staffs of the local authorities and were paid salaries, it was still important for their patients to receive ante-natal care at the clinics, but the incentive for midwives to book patients for themselves rather than work with general practitioners as maternity nurses was less than formerly.

Come to the Hospital

Some hospitals have always run obstetric departments. When the service of obstetricians to hospitals was free, they were not so keen to spend all their time inside the confines of the hospital, but relied a good deal on the prestige obtained from the hospital appointment to attract fee-paying patients to themselves outside. But when the service became nationalised in 1948 and hospitals began to employ full-time or nearly full-time obstetricians it became a matter of pride and prestige for them to attract to the hospitals as many patients as possible, because their standing and rank had a great deal to do with the number of doctors and beds they were in charge of. There thus grew up a sort of tripartite war. On the one side there was the traditional pull of the midwives booking their own cases and obtaining ante-natal care for their patients in the local authority clinics; second there was the new incentive for general practitioners to book patients because of the attraction of the fees; and third there was the pull of the obstetric units of hospitals wanting to book patients in order to extend their departments and build their hospital empires. And to this day this division of the services still obtains. Of course, one important attraction of the hospitals service is that patients admitted there get not only their medical services free but also their board and lodging, and this is quite a consideration nowadays with the high cost of living. If a woman can save a fortnight's board and lodging and obtain her rest and recuperation in pleasant surroundings and without detriment to her home arrangements, she is well favoured.

Liaison

Now with a view to trying to straighten things out a bit, we had a meeting a little while ago at the West Middlesex Hospital, which was attended by practitioners, hospital consultants, and local authority medical officers. We tried to thrash out what the basic principles should be. Eventually, after two long discussions, we arrived at the following principles. As soon as a woman becomes pregnant she should seek the advice of her family doctor who should advise her on the best course of action in her particular case. The alternatives for her are to

have her confinement at home, attended either by a midwife working on her own, or by a midwife and family doctor acting together; if her family doctor does not do midwifery he should refer her to a colleague who does; or if her circumstances demand it to refer her to a hospital for her ante-natal care and confinement. If the patient reports in the first instance to some other place like the ante-natal clinic or a hospital, she should be referred to her family doctor.

It was clear that the ante-natal clinic can provide many services not very easily provided in a doctor's surgery, as, for example, group teaching about the mother's health; teaching by special aids, such as projector, models and apparatus; by midwives and health visitors devoting special sessions to the teaching of health; and by supplementing these by talks with the clinic medical officer. The clinics can also provide vitamins and food supplements of various kinds; and education on infant welfare.

So at the conference it was agreed that when a family doctor refers a patient to a local authority clinic he should indicate whether he has booked the case; whether he wishes the patient to receive the facilities provided by the local authority; and whether he wishes the clinic to provide the medical ante-natal care in addition.

We also made up a list of medical items which should be carried out when doing the ante-natal routine of expectant mothers wherever held. We tried to make it clear as to the work which has to be done by the hospital ante-natal clinics, the local authority ante-natal clinics, the family doctor, and the midwife, so that each would know what was expected of them.

Each branch of the maternity service had to make arrangements for its own follow-up. We hoped that if everybody understood these principles it would get rid of overlapping and confusion and make far smoother and less costlier working and save time for the patients and everybody else. For instance, women patients were constantly grumbling about being compelled to go long distances for hospital ante-natal examinations which they could get just as well and under more comfortable circumstances in their local clinics. We managed to fix up an ante-natal session at Ashford clinic done by the hospital doctors, so saving the women from Ashford the long journey to the West Middlesex hospital.

These liaison arrangements are a long way off working perfectly yet. But slowly the doctors are realising they have everything to gain for themselves and their patients by co-operation. But we shall never have the perfect scheme until the three branches of the health service are united.

HEALTH VISITING TOPICS

By Miss G. M. FRANCIS, Area Superintendent Health Visitor

Making the Best Use of Resources

The report of a working party enquiring into Health visiting published during the year, emphasised the acute shortage of health visitors and the increasing scope of their work. It said that if they are to make the fullest use of their opportunities to prevent mental and physical ill-health their case-load must be reduced. Since 1948 the National Health Service Act has placed additional functions and responsibilities on health visitors, such as care and after-care for the adult population, especially the elderly. In 1956 there was a real shortage of health visitors even when reckoned according to requirements before the new Act came into operation.

In an effort to overcome this and leave health visitors as much time as possible to do work which requires their special training and experience, state registered nurses have been engaged, and now form a valuable section of the health depart-

ment staff, taking over many duties that need nursing knowledge but not health visitor training.

It is important to sort out from the many things which can reasonably be claimed as the rightful function of health visitors the things which they alone can do. The most important of these is still the routine visiting of families with young children. There are numerous officers from whom help can be sought for a variety of special problems. But only the health visitor has the opportunity to know the family in the home before the difficulties arise, to realise the existence of a situation that may cause a future mental or physical problem, and so to prevent it. The establishing of the right foundation in these early years can set the pattern for the way in which a person faces life, and can prevent many of the mistakes and failures of adjustment which lead on to breakdowns.

Liaison with Hospitals

For some years now we have been more alive to the need to deal with illness in relation to the whole person. It is not merely enough to set the fracture or relieve the blood pressure or cure the heart failure. Treatment must take into account the home circumstances, family relationships and mental outlook of the patient and the kind of life he will return to. It must aim to make him well enough to take his full share in family and community life again.

The National Health Service Act created a division in the total care of the individual by splitting the community, the home and hospital care amongst the local health authority, the practitioner's executive council and the hospital board. There is a lot of lip-service payed to liaison committees, but the only way to overcome this division of responsibility is for each person engaged in the service to get to know the other people in it and to try to understand fully the functions of the others, and to maintain close contact.

In this area there has always been exchange of information by letter or telephone between the hospital and local authority medical and nursing staffs. Nevertheless, believing there was room for improvement and that personal contact offered better opportunity for full co-operation, it was agreed that health visitors should attend the hospital on the days when the children's doctor was doing a round of the premature baby ward and the children's wards. They should also visit the almoners once a week to discuss problems related to the home circumstances of patients about to be discharged.

Each health visitor attends two rounds of the premature baby ward and one on each of the three medical wards for children. Those who have attended so far have all said how very helpful it has been. They have had an opportunity to meet the senior children's specialist and to ask about her particular methods of baby feeding and treatment. This has resulted in their being better able to help the mothers carry out her instructions after the children return home. They have also been able to explain to the hospital doctor some of the particular problems of a home they know and the difficulties which will arise when a convalescent child returns to it.

It is a long time since many health visitors have worked in hospital and in addition to the exchange of information it is interesting to know how treatment has changed and see up-to-date methods. The contact with almoners is maintained by one health visitor specially selected who acts as liaison officer. Personal discussion in certain circumstances can lead to a better understanding of the scope and limitations of each other's functions.

In order that nurses in training shall also understand the need for looking at all aspects of their patients' lives, the student nurses spend one week at the end of their first year of training observing the work of the health department, including

home visits with the home nurses, health visitors and home help organisers. It is hoped that this will give them a better understanding of their patients and a knowledge of the importance of their home background. They see, also, something of the services that are available to assist them outside hospital, and become aware of the value and possibility of preventing illness or breakdown.

POLIOMYELITIS VACCINATION

By Dr. W. C. CORMACK, *Deputy Medical Officer of Health and Deputy Area Medical Officer*

Thursday, 10th May, 1956, saw the initiation of a new weapon in the fight against infectious disease in this Area. On that day 200 children received their first injection of "poliviron"—the vaccine to protect against poliomyelitis. Since then the vaccination has proceeded as and when the material has been released by the Ministry of Health. Nearly 8,000 children out of a registered total of 19,500 have now completed their course of injections without any untoward effect. The extent of this scheme is limited only by the supply of vaccine. Thanks to the stringent safety tests conducted by the Ministry, this vaccine can be considered as completely safe and can be injected without fear of any harmful results.

How Effective is the Vaccine?

It is too early to say definitely, but preliminary reports indicate that the incidence of paralytic poliomyelitis is very much less in children protected with the vaccine.

How Long will the Protection Last?

Again, only time and much patient research work will give the answer. It is quite possible that booster doses will be required to keep the level of protection high; but surely that is a small price to pay in exchange for life free from crippling paralysis.

B.C.G. (BACILLUS CALMETTE GUERIN) VACCINATION

By Dr. W. C. CORMACK

Vaccination with B.C.G. is based on the principle that a primary infection with the tubercle bacillus confers a degree of protection against the more active and dangerous forms of tuberculosis. Some children acquire this "primary tuberculosis" naturally and so gain a measure of immunity. On the other hand, some children, and this number is increasing, have not acquired this protection. These are the ones offered B.C.G. vaccination in order to give them artificially what other children have acquired naturally. The first five years after leaving school are the most important in which children need some extra protection against tuberculosis.

In January, 1957, we started B.C.G. vaccination for the thirteen-year old children in all Area 10 schools. In the period January to July, 1957, the parents of 1,475 Twickenham children in this age group were sent a leaflet giving full details of the scheme and a consent form for completion if they wished their children protected with the vaccine. 1,118 consents were received and after initial skin testing had been carried out by a special team of doctors and nurses in the school health service, 928 of these children were vaccinated with B.C.G. The same procedure is now taking place in the South-West Middlesex Division schools.

On the whole the response to the scheme has been very good, but I would like to see every parent taking advantage of this protection for their children.

ENVIRONMENTAL HEALTH SERVICES

A CHANGE OF DESIGNATION

By Mr. H. D. SMITH, Deputy Chief Public Health Inspector

In August, 1956, the Royal Assent was given to the Sanitary Inspectors' (Change of Designation) Act, 1956, and the title of Sanitary Inspector in England and Wales was changed to Public Health Inspector. This was the result of a Private Member's Bill introduced in Parliament by Sir Wavel Wakefield. It was surprising what great interest was aroused during the various stages of the Bill in both the House of Commons and the House of Lords.

The origin of this office may be traced back to the Public Health Act, 1848. This was an adoptive Act, and because in those days authorities were inclined to think more of their purses than their health, very few inspectors were appointed. The Public Health Act, 1872, made it an obligation upon authorities to appoint inspectors, but even so it is recorded that in one rural area seventeen authorities engaged one part-time inspector between them. It was realised that this state of affairs could not go on indefinitely. In time, especially as the work became more involved, examination boards were set up and it became the duty of local authorities to appoint an adequate staff of properly qualified inspectors.

Although many people considered the change of designation unnecessary, it was generally felt that in these days the title of sanitary inspector did not truly reflect the nature of the work. The word "sanitary" has now a restricted meaning; has lost its former all-embracing connotation of "health"; it is generally applied to matters connected with drainage work, and yet the present-day inspector spends only about five per cent. of his time on such matters. He is much more occupied on the wider aspects of public health, such as inspecting meat and other foods, sampling food and water, supervising hygiene in food shops, restaurants, cafes and food factories; dealing with unfit houses; inspecting boiler plant and furnaces for the Clean Air Act; the investigation of food poisoning and other notifiable diseases, all these, together with other established duties, give some idea of the day-to-day work of the modern public health inspector.

Also the nature of the work has changed because many conditions existing in the last century do not exist today. Furthermore the need for good standards of hygiene and health is now accepted by most people and although there are still some averse to progress, most are prepared to co-operate. It is now possible for much to be achieved by advice and explanation rather than by enforcement and prosecution. This is a great help to the public health inspector as even in these days his task can be far from easy. The complexities of the job are numerous enough without having to battle with personalities. Co-operation, not only from his various colleagues, but from all interested in the promotion of good health is as essential today as ever. In this way progress can be more rapid, and lasting.

PEST DESTRUCTION

The service provided by the Health Department enables residents in the Borough to obtain advice as to the identification and method of eradication of a wide variety of insect pests. The British Museum (Natural History Section) are always willing to assist in the identification of unusual specimens, and I am most grateful to them for their assistance.

The normal work of the department connected with rodent destruction continued during the year, and the sewers were again treated during the months of March and September.

Twenty-eight premises were treated against bugs. In all cases complete clearance was effective.

KEEPING THE BOROUGH CLEAN

I am obliged to A. S. Knolles, Esq., B.Sc., M.Inst.C.E., M.I.Mun.E., Chartered C.E., the Borough Engineer and Surveyor, for the following report on Drainage, Sewerage, Public Cleansing and Refuse Disposal:

Drainage and Sewerage

The unusual maintenance works have been carried out during the year and repairs have also been necessary to one or two damaged sewers, chief of which is the surface water sewer in Clifden Road which had collapsed and became blocked and had to be entirely relaid.

Further investigations with regard to the East Twickenham sewers have been carried out and following the Corporation's proposals the Ministry of Housing and Local Government have approved of the Corporation proceeding with a portion of this scheme at an estimated cost of £100,000 and work will commence during 1957.

Public Cleansing

No special points arose during the year.

Refuse Disposal

Operation of the Charlton Plant is improving as the staff become more experienced and it is interesting to note that in the second year the income from salvage reached £29,960.

The system of tipping screenings into lagoons has continued and in one instance one of the lagoons was treated against sulphate reducers with chromate waste and this method of dealing with possible nuisance proved effective. It is anticipated that because of the tipping arrangements adopted, the use of chromate waste will not be necessary, but a supply will be kept in stock for use in case of unforeseen difficulties.

WATER SUPPLY

I am indebted to E. Windle Taylor, Esq., M.A., M.D., D.P.H., M.R.C.S., L.R.C.P., Barrister-at-Law, Director of Water Examination, Metropolitan Water Board for the following report:

The source of the water is the River Thames abstracted at the Wraysbury, Walton and Laleham intakes and stored in the Thames Valley reservoirs at Staines, Littleton and Walton. After storage the water is treated at the filtration works at Hampton.

The water is filtered by means of primary or rapid filtration followed by secondary or slow sand filtration. All water is finally chlorinated before it leaves the works. In order to provide adequate contact to ensure complete action by

the chlorine a contact tank is provided at the works. The water is treated by a method of controlled superchlorination by maintaining a fixed residual of free chlorine after a given period of contact. The chlorination process is now entirely automatic both in regard to changes in quality as well as changes in quantity of the filtered water.

Samples of water are collected at all stages of the purification process at least five times each week and analysed at the laboratories of the Metropolitan Water Board.

All new and repaired mains are disinfected with chlorine before being restored to supply and samples of water from them are tested to establish that its quality is up to that normally supplied.

The supply is not plumbo-solvent.

INDUSTRIAL HEALTH

Factories

Most of the 375 factories in the Borough are engaged in light industries such as the manufacture of electrical components, piston rings, aircraft parts, name-plates, and bakery furniture. The number of persons employed in these factories ranges from 500 in the largest to one or two in the smallest. All factories are visited to see that proper sanitary accommodation is provided; those factories which do not use mechanical power are inspected for cleanliness, avoidance of overcrowding, for adequate warmth and ventilation, and proper drainage of floors. During 1956 the inspectors paid 72 visits to factories; in one factory the attention of the management had to be drawn to contraventions of the regulations. The inspectors also paid one visit to out-workers' premises.

GENERAL MATTERS

Housing

The work of dealing with unfit houses under the Housing Acts was continued.

A second clearance order was confirmed by the Minister in August; this consisted of a group of old houses in Hampton.

In addition, demolition or closing orders were made on six individual unfit houses in various parts of the Borough and closing orders were made in respect of three basement dwellings.

Certificates of Disrepair

There has been a considerable falling off in the number of applications for certificates of disrepair; during the year five applications were received from tenants who had been served with notices of increase of rent by their owners, and four were granted. Eleven applications were received from owners for revocation of certificates and in nine cases the items specified on the certificates were completed and revocation was granted.

Complaints

During 1956 the number of complaints received by the department was 922.

Clean Air

Certain provisions of the Clean Air Act, 1956, came into operation on the 31st December, 1956. Among the more important provisions is a requirement that new furnaces shall be so far as practicable, smokeless; the Local Authority are also enabled to reject the plans showing proposed new chimneys unless they are satisfied that the height of the chimney will prevent as far as practicable the emission of smoke, grit dust from becoming a nuisance.

Local authorities may also declare the whole or any part of their district to be a smoke control area. If this is done, then, subject to certain exemptions and limitations which might be in force under the Act, if any smoke is emitted from a chimney of any building within a smoke control area, the occupier of that building is guilty of an offence.

The matter of smoke control areas is being considered at county level, and, pending full consideration from the constituent authorities, the Twickenham Corporation have not considered it desirable to make a smoke control area at this stage.

Certain other provisions are not yet in operation, and the full impact of this new Act has yet to be seen.

During the year 1956 247 smoke observations were made. The Byelaws prescribe that the emission of black smoke for more than 2 minutes in any period of 30 minutes shall until the contrary is proved be deemed a statutory nuisance and a smoke nuisance. These observations were taken over 30-minute periods, but each district inspector is constantly taking spot observations of factory chimneys in his district.

Shops

Section 38 of the Shops Act 1950 deals with provisions for the health and comfort of the staff.

Shops must be properly ventilated, adequately warmed and sufficiently lighted; they must have toilet and washing facilities; if the staff take meals on the premises there must be suitable arrangements. Occasionally it happens, as in the case of a small lock-up shop, it is impossible to provide a separate toilet on the premises. In these cases, the occupier may make an alternative arrangement to use a nearby toilet, and a certificate of exemption is granted from the requirement of the Act.

There are at present 20 exemption certificates in force.

Schools

Considerable improvements were carried out at the school canteens under the Food Hygiene Regulations, 1955, and the table on page 41 gives details of this work.

The majority of this work has now been completed and the general standard of these canteens is quite good.

It was not necessary to close any schools on account of infectious disease among the children.

Food and Drugs Act, 1955

Food Hygiene Regulations, 1955

During the year 1,158 visits were made to food premises under these regulations, and 189 contraventions were found. As a result of action taken, 43 contraventions were remedied and the table on page 41 gives details of the work.

Twenty-one complaints were received about unsound food brought from retailers. Details of the complaints are given below:

- | | |
|------------------------------|---|
| 1. Dirty milk bottle | 12. Dirty bread |
| 2. Glass in milk | 13. Staple in loaf |
| 3. Gnawed biscuits | 14. Maggot in chocolate |
| 4. Toffees containing glass | 15. Turkey—bad |
| 5. Goats milk—not fresh | 16. Cigarette portion in loaf |
| 6. Potatoes—causing sickness | 17. Fungoid growth in bottle of pineapple juice |
| 7. Unsound porage oats | 18. Cigarette end in packet of chips |
| 8. Beetle in loaf | 19. Glass in milk |
| 9. Mould on cornish pasty | 20. Dirty milk bottle |
| 10. Mouldy Cakes | 21. Rancid icing sugar |
| 11. Mildew on loaf | |

Five cases were reported to the Public Health Committee; 3 warning letters were sent to the offenders and 2 prosecutions were taken.

In the case of a metal staple found in a loaf, a fine of £10 was imposed and £2 2s. 0d. costs were awarded. In the second case, where a cigarette end was found between the wrapper and the outside of a loaf a fine of £2 was imposed and £2 2s. 0d. costs awarded.

Information was received that a firm of wholesalers in the district had received a consignment of tubes of icing sugar. An analyst's report stated that the icing sugar contained highly rancid fat; that the article was in such a rancid condition that it was nauseous to the taste, liable to cause vomiting, and was unfit for human consumption.

Visits were immediately made to 11 shops in the Borough where the tubes of icing sugar had been distributed by the wholesalers and any stock remaining was destroyed. The Chief Public Health Inspectors of 8 neighbouring local authorities were informed that certain shops in their areas had been supplied with the icing, and immediate steps were taken in each case to prevent its sale.

Resulting from information supplied from the Minister of Health, a careful watch was kept on Chinese egg albumen received in the Borough. This product was potentially dangerous because of the presence of Salmonella organisms—food poisoning germs. A circular letter was at once sent to the bakery trade pointing out the precautions to be taken when using the product. Samples were taken from 2 bakers who were using Chinese egg albumen. Both samples were satisfactory, but personal contact was made in each case to ensure that all precautions were being taken.

Petrol Filling Stations

During the year 1956, 420 visits were paid by the public health inspectors to premises where petroleum or carbide of calcium is stored, and 103 licences were issued.

A new type of petrol container is now being used at garages to meet the demands of the light-weight motor-cycle. This consists of a mobile tank called a Petroiler which contains about fifteen gallons of petroleum spirit mixed with a proportion of lubricating oil. During business hours the container is generally kept in the garage forecourt.

This method of storage was not in accordance with the Corporation's requirements, but, subject to certain conditions, it was approved by the Corporation and their regulations were amended accordingly.

Establishments for Massage, Chiropody, Electrical and Special Treatment

Thirteen licences in respect of establishments for these purposes were issued during the year 1956. The premises are all inspected regularly and are well run.

Registration of Hawkers of Food and their Premises

A strict watch is kept on street food traders. Both the persons and the premises where they store their food have to be registered. Registration can be refused if the conditions are unsatisfactory. During the year two persons were registered. The inspectors paid 10 visits.

Rag Flock and Other Filling Materials Act, 1951

Five premises have so far been registered under the Rag Flock and Other Filling Materials Act, 1951.

There are no premises requiring to be licensed as there is no manufacture or storage of rag flock in the Borough.

Pet Animals Act, 1951

No person is allowed to keep a pet shop except under the authority of a licence granted in accordance with the provisions of this Act.

These conditions have regard to the need for securing:

- (a) that animals will at all times be kept in accommodation suitable as respects size, temperature, lighting, ventilation and cleanliness;
- (b) that animals will be adequately supplied with suitable food and drink and (so far as necessary) visited at suitable intervals;
- (c) that animals, being mammals, will not be sold at too early an age;
- (d) that all reasonable precautions will be taken to prevent the spread among animals of infectious diseases;
- (e) that appropriate steps will be taken in case of fire or other emergency.

There are 11 licences in force in the Borough and 3 visits were made for the purpose of securing compliance with the conditions of licence.

Hairdressing Establishments

The Corporation have made Byelaws under the Middlesex County Council Act for "the purpose of securing the cleanliness of any premises used for the purpose of carrying on the business of a hairdresser or barber and of the instruments, towels, equipment and materials used in such premises".

During the year 4 inspections were made of these premises. It was not found necessary to take any action for contraventions.

Swimming Baths and Pools

Excellent facilities for swimming are provided at the Corporation's three open-air baths.

Water is supplied by the Metropolitan Water Board's main, and 14 samples for bacteriological examination were taken throughout the season, 12 of which were satisfactory.

The report on the two "unsatisfactory" samples which were taken from Teddington baths showed that the chlorination was "insufficient to ensure sterility".

Immediately before sampling, the bath had been emptied for cleaning and the incoming water had not had time to be sufficiently chlorinated.

The Borough Engineer at once gave instructions that cleaning and emptying must be done during the hours when the public do not use the baths.

Laboratory Work

The usual arrangements were continued during the year and worked satisfactorily.

| <i>Type of Sample or Specimen</i> | <i>No. Taken</i> | <i>Result</i> |
|---------------------------------------|----------------------|------------------|
| Ice Cream | 103 | 81 Grade 1 |
| | | 12 " 2 |
| | | 8 " 3 |
| | | 2 " 4 |
| | | } Satisfactory |
| | | } Unsatisfactory |
| Water | 37 | 32 Satisfactory |
| | | 5 Unsatisfactory |
| Faeces | 938 | |

Ambulance Facilities

The Middlesex County Council is the responsible authority for the provision of the ambulance service under the National Health Service Act, 1946.

National Assistance Act, 1948, Section 47

It was not necessary during 1956, to remove to suitable premises any persons in need of care and attention.

Health Education

Continued use is made of various health education methods, including propaganda by posters, leaflets and lectures illustrated by films or lantern slides.

Mortuary

Towards the end of the year, the Ministry of Housing and Local Government issued a memorandum prepared by a Departmental Committee regarding the planning of mortuaries and post-mortem accommodation. The mortuary at Hampton fell short of these recommendations in some respects, as there was no waiting accommodation for relatives and friends. Also, the office accommodation for the Coroner's officer, the doctor and the attendant was cramped and inadequate.

Members of the Health Committee visited the mortuary and the matter was discussed at length in Committee. It was decided to carry out extensive additions to the mortuary, and when completed the building will have separate offices for the Coroner's officer and attendant and for the doctor in charge of the post-mortem examination. There will also be a waiting room for friends and relatives with a separate viewing room. The W.C. accommodation will also be improved and there will be more cupboard space for storage of clothes and equipment. The doctor's office will be entered from the post-mortem room and the general lay-out will be more convenient and in keeping with the importance of the service.

The number of bodies admitted to the mortuary in 1956 was 457.

STATISTICAL TABLES
for the Year 1956

TABLES FOR STATISTICAL YEAR 1956

STATISTICAL TABLES

for the Year 1956

TABLE 1

Summary

| | |
|--|-----------------|
| Area in acres | 7,078 |
| Population (preliminary census return figure, 1951) | 105,645 |
| Civilian population—estimated to mid-year (as supplied by the Registrar-General) | 104,000 |
| Number of inhabited houses | 30,710 |
| Rateable value | £1,881,402 |
| Sum represented by a penny rate | £4,553 14s. 8d. |

| | <i>Total</i> | <i>M.</i> | <i>F.</i> |
|-------------------------|--------------|------------|------------|
| Live Births: Legitimate | 1,278 | 653 | 625 |
| Illegitimate | 50 | 32 | 18 |
| Total | <u>1,328</u> | <u>685</u> | <u>643</u> |

| | |
|---|-------|
| Birth rate per 1,000 of estimated civilian population | 12.77 |
| Adjusted birth rate | 13.15 |

| | <i>Total</i> | <i>M.</i> | <i>F.</i> |
|--------------------------|--------------|-----------|-----------|
| Still Births: Legitimate | 24 | 11 | 13 |
| Illegitimate | 1 | 1 | — |
| Total | <u>25</u> | <u>12</u> | <u>13</u> |

| | |
|--|-------|
| Still birth rate per 1,000 total (live and still) births | 18.48 |
|--|-------|

| | <i>M.</i> | <i>F.</i> |
|--------|-----------|-----------|
| Deaths | 628 | 554 |
| | | 1,182 |

| | |
|---|-------|
| Crude death rate per 1,000 of estimated civilian population | 11.37 |
| Adjusted death rate | 10.92 |
| Maternal deaths | Nil |
| Rate per 1,000 total (live and still) births | Nil |

Death rate of infants under one year of age:

| | |
|---|-------|
| All infants per 1,000 live births | 10.54 |
| Legitimate infants per 1,000 legitimate live births | 10.95 |
| Illegitimate infants per 1,000 illegitimate live births | Nil |

TABLE 2.

| Year | Population | Population trend | | | Migration excess | |
|------|------------|----------------------------|-----------------------|------------------------------|------------------|---------|
| | | Total increase or decrease | Percentage proportion | Natural increase or decrease | Inward | Outward |
| 1939 | 97,440 | + 890 | + 0.92% | +383 | 507 | — |
| 1940 | 94,070 | — 3,370 | — 3.46% | — 15 | — | 3,355 |
| 1941 | 91,820 | — 2,250 | — 2.39% | + 38 | — | 2,288 |
| 1942 | 92,460 | + 640 | + 0.70% | +450 | 190 | — |
| 1943 | 92,780 | + 320 | + 0.35% | +502 | — | 182 |
| 1944 | 88,660 | — 4,120 | — 4.44% | +507 | — | 4,627 |
| 1945 | 91,920 | + 3,260 | + 3.68% | +424 | 2,836 | — |
| 1946 | 102,850 | + 10,930 | + 11.89% | +835 | 10,095 | — |
| 1947 | 105,930 | + 3,080 | + 2.99% | +918 | 2,162 | — |
| 1948 | 106,700 | + 770 | + 0.73% | +621 | 149 | — |
| 1949 | 106,900 | + 200 | + 0.19% | +399 | — | 199 |
| 1950 | 107,600 | + 700 | + 0.65% | +246 | 454 | — |
| 1951 | 106,300 | — 1,300 | — 1.28% | + 91 | — | 1,391 |
| 1952 | 106,500 | + 200 | + 0.19% | +144 | 56 | — |
| 1953 | 105,300 | — 1,200 | — 1.13% | +250 | — | 1,450 |
| 1954 | 104,700 | — 600 | — 0.57% | +167 | — | 767 |
| 1955 | 104,300 | — 400 | — 0.38% | +105 | — | 505 |
| 1956 | 104,000 | — 300 | — 0.29% | +146 | — | 446 |

TABLE 3.

Causes of Death. Registrar-General's Official Returns

| Causes of Death | | Males | Females | Total |
|-----------------|---|-------|---------|-------|
| All causes | | 628 | 554 | 1,182 |
| 1. | Tuberculosis, respiratory | 13 | 2 | 15 |
| 2. | Tuberculosis, other | 1 | 1 | 2 |
| 3. | Syphilitic disease | 3 | 2 | 5 |
| 4. | Diphtheria | — | — | — |
| 5. | Whooping cough | — | — | — |
| 6. | Meningo-coccal infections | — | — | — |
| 7. | Acute poliomyelitis | — | — | — |
| 8. | Measles | — | — | — |
| 9. | Other infective and parasitic diseases | — | 2 | 2 |
| 10. | Malignant neoplasm, stomach | 14 | 14 | 28 |
| 11. | Malignant neoplasm, lung, bronchus | 47 | 11 | 58 |
| 12. | Malignant neoplasm, breast | — | 24 | 24 |
| 13. | Malignant neoplasm, uterus | — | 11 | 11 |
| 14. | Other malignant and lymphatic neoplasms | 59 | 43 | 102 |
| 15. | Leukaemia, aleukaemia | 3 | 4 | 7 |
| 16. | Diabetes | 5 | 1 | 6 |
| 17. | Vascular lesions of nervous system | 85 | 87 | 172 |
| 18. | Coronary disease, angina | 117 | 75 | 192 |
| 19. | Hypertension with heart disease | 20 | 15 | 35 |
| 20. | Other heart disease | 55 | 92 | 147 |
| 21. | Other circulatory disease | 18 | 28 | 46 |
| 22. | Influenza | 4 | 4 | 8 |
| 23. | Pneumonia | 30 | 34 | 64 |
| 24. | Bronchitis | 57 | 25 | 82 |
| 25. | Other diseases of respiratory system | 6 | 2 | 8 |
| 26. | Ulcer of stomach and duodenum | 4 | 4 | 8 |
| 27. | Gastritis, enteritis and diarrhoea | 2 | 2 | 4 |
| 28. | Nephritis and nephrosis | 5 | 4 | 9 |
| 29. | Hyperplasia of prostate | 9 | — | 9 |
| 30. | Pregnancy, Childbirth, abortion | — | 1 | 1 |
| 31. | Congenital malformations | 1 | 3 | 4 |
| 32. | Other defined and ill-defined diseases | 42 | 45 | 87 |
| 33. | Motor vehicle accidents | 5 | — | 5 |
| 34. | All other accidents | 14 | 11 | 25 |
| 35. | Suicide | 9 | 7 | 16 |
| 36. | Homicide and operations of war | — | — | — |

TABLE 4.

Main Causes of Death

An analysis of the death returns reveals the following main causes of death:

| <i>Disease</i> | <i>Percentage of total deaths</i> | <i>Death rate per 1,000 of the population</i> |
|---|-----------------------------------|---|
| Diseases of heart and circulatory system | 35.53 | 4.04 |
| Intra-cranial vascular lesions | 14.55 | 1.65 |
| Bronchitis, Pneumonia, and other respiratory diseases | 13.03 | 1.48 |
| Cancer | 18.87 | 2.14 |
| Violence | 3.89 | 0.44 |
| Tuberculosis | 1.44 | 0.16 |

TABLE 5.

Infant Mortality

(a) The following table, compiled from official registrations, gives details of the causes of death at various ages under one year of age:

| | Under 1 week | 1-2 weeks | 2-3 weeks | 3-4 weeks | Total under 4 weeks | 4 weeks and under 3 months | 3 months and under 6 months | 6 months and under 9 months | 9 months and under 12 months | Total deaths under 1 year |
|--------------------------------------|-----------------|--------------|--------------|--------------|------------------------|-------------------------------|--------------------------------|--------------------------------|---------------------------------|------------------------------|
| ALL CAUSES: Certified | 7 | 1 | — | 1 | 9 | 2 | 2 | — | 1 | 14 |
| Uncertified | — | — | — | — | — | — | — | — | — | — |
| Smallpox | — | — | — | — | — | — | — | — | — | — |
| Chicken-pox | — | — | — | — | — | — | — | — | — | — |
| Measles | — | — | — | — | — | — | — | — | — | — |
| Scarlet Fever | — | — | — | — | — | — | — | — | — | — |
| Diphtheria and Croup | — | — | — | — | — | — | — | — | — | — |
| Whooping Cough | — | — | — | — | — | — | — | — | — | — |
| Influenza | — | — | — | — | — | — | — | — | — | — |
| Enteritis | — | — | — | — | — | — | — | — | — | — |
| Tuberculous Meningitis | — | — | — | — | — | — | — | — | — | — |
| Abdominal Tuberculosis | — | — | — | — | — | — | — | — | — | — |
| Other Tuberculous Diseases | — | — | — | — | — | — | — | — | — | — |
| Congenital Malformations | — | — | — | — | — | — | — | — | — | — |
| Premature Birth | 4 | — | — | — | 4 | — | — | — | — | 4 |
| Atrophy, Debility and Marasmus | — | — | — | — | — | — | — | — | — | — |
| Atelectasis | 2 | — | — | — | 2 | — | — | — | — | 2 |
| Injury at Birth | — | — | — | — | — | — | — | — | — | — |
| Erysipelas | — | — | — | — | — | — | — | — | — | — |
| Syphilis | — | — | — | — | — | — | — | — | — | — |
| Ricketts | — | — | — | — | — | — | — | — | — | — |
| Meningitis (not Tuberculous) | — | — | — | — | — | — | — | — | — | — |
| Convulsions | — | — | — | — | — | — | — | — | — | — |
| Gastritis | — | — | — | — | — | — | — | — | — | — |
| Laryngitis | — | — | — | — | — | — | — | — | — | — |
| Bronchitis | — | — | — | — | — | — | — | — | — | — |
| Pneumonia (all forms) | — | — | — | 1 | 1 | 1 | 2 | — | 1 | 5 |
| Suffocation (overlying) | 1 | — | — | — | 1 | 1 | — | — | — | 2 |
| Other causes | — | 1 | — | — | 1 | — | — | — | — | 1 |
| TOTALS | 7 | 1 | — | 1 | 9 | 2 | 2 | — | 1 | 14 |

(b) An analysis of the mortality reveals that neo-natal deaths were responsible for 64.29 per cent. of the total deaths, viz.:—a decrease of 11.57 from the previous year.

| Under 24 hours | 1 to 7 days | 1 to 4 weeks | Total under 4 weeks | Percentage total infant deaths |
|-------------------|----------------|-----------------|---------------------------|--------------------------------------|
| 4 | 3 | 2 | 9 | 64.29 |

TABLE 6.

| Review of the Comparative Vital and Mortality Statistics for the Borough of Twickenham, together with those for England and Wales for years 1939-1956 inclusive | | | | | | |
|---|------------------------|-------------------|------------------------|-------------------|--------------------------|-------------------|
| Year | Birth Rate | | Death Rate | | Infantile Mortality Rate | |
| | Twickenham | England and Wales | Twickenham | England and Wales | Twickenham | England and Wales |
| 1939 | 14.2 | 15.0 | (a) 10.46 (b) 10.35 | 12.1 | 26.4 | 50 |
| 1940 | 14.67 | 14.6 | (a) 14.8 (b) 14.9 | 14.3 | 45.8 | 55 |
| 1941 | 13.4 | 14.2 | 13.0 | 12.9 | 70.95 | 59 |
| 1942 | 16.49 | 15.8 | 11.6 | 11.6 | 53.1 | 49 |
| 1943 | 17.7 | 16.5 | 12.3 | 12.1 | 47.99 | 49 |
| 1944 | 18.5 | 17.6 | 12.8 | 11.6 | 37.1 | 46 |
| 1945 | 16.76 | 16.1 | 12.15 | 11.4 | 48.02 | 46 |
| 1946 | 19.01 | 19.1 | 10.89 | 11.5 | 26.09 | 43 |
| 1947 | 19.72 | 20.5 | 11.05 | 12.0 | 40.21 | 41 |
| 1948 | 15.86 | 17.9 | 10.04 | 10.8 | 20.69 | 34 |
| 1949 | 14.99 | 16.7 | (a) 11.26 (b) 11.03 | 11.7 | 21.21 | 32 |
| 1950 | (a) 13.34 (b) 12.54 | 15.8 | (a) 11.05 (b) 10.72 | 11.6 | 20.10 | 29.8 |
| 1951 | (a) 12.82 (b) 12.05 | 15.5 | (a) 11.97 (b) 11.61 | 12.5 | 24.98 | 29.6 |
| 1952 | (a) 12.54 (b) 11.79 | 15.3 | (a) 11.18 (b) 10.84 | 11.3 | 20.22 | 27.6 |
| 1953 | (a) 13.26 (b) 13.53 | 15.5 | (a) 10.88 (b) 10.01 | 11.4 | 20.06 | 26.8 |
| 1954 | (a) 12.73 (b) 12.98 | 15.2 | (a) 11.14 (b) 10.25 | 11.3 | 14.25 | 25.5 |
| 1955 | (a) 12.13 (b) 12.37 | 15.0 | (a) 11.12 (b) 10.23 | 11.7 | 22.92 | 24.9 |
| 1956 | (a) 12.77 (b) 13.15 | 15.7 | (a) 11.37 (b) 10.92 | 11.7 | 10.54 | 23.8 |

RESULTS OF THE CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF THE WATER SUPPLY TO THE BOROUGH OF TWICKENHAM FOR 1956
 Parts per million (unless otherwise stated)

(a) Chemical

| Description of the Sample | Number of Samples | Ammoniacal Nitrogen | Albuminoid Nitrogen | Oxidised Nitrogen (Nitrate) | Chlorides as Cl | Oxygen abs. from Permanganate 4 hrs. at 27°C. | Turbidity, in terms of Silica | Colour, mm. brown, 2 ft. tube, Burgess's Tintometer | Hardness (total) | Hardness (Non-carb.) | pH. Value | Phosphate as P.O $\frac{11}{4}$ | Silica as SiO ₂ | Sulphates as SO ₄ | Electrical Conductivity (gemmos.) |
|---|-------------------|---------------------|---------------------|-----------------------------|-----------------|---|-------------------------------|---|------------------|----------------------|-----------|---------------------------------|----------------------------|------------------------------|-----------------------------------|
| River Thames water filtered at Hampton Works | 225 | 0.024 | 0.087 | 4.1 | 30 | 1.16 | 0.3 | 13 | 258 | 72 | 7.7 | 0.90 | 11 | 58 | 475 |

(b) Bacteriological

| Description of the Sample | Number of Samples | Plate count (average per millilitre) Colonies counted on agar after 20-24 hrs. at 37°C. | Bact. coli test | |
|---|-------------------|---|--|--|
| | | | Percentages of samples negative in 100 ml. | Average number of Bact. coli per 100 ml. |
| River Thames water filtered at Hampton Works | 985 | 3.7 | 100.0 | Nil |

TABLE 8.

Analysis of Complaints Received

| <i>Nature of Complaint</i> | <i>Number Received</i> |
|---|------------------------|
| Housing defects | 237 |
| Choked and defective drains | 253 |
| Accumulations of offensive matter | 19 |
| Unsound food | 106 |
| Verminous premises: | |
| (a) Bugs | 84 |
| (b) Rats and mice | 380 |
| (c) Other | 9 |
| Keeping of animals | 2 |
| Unsatisfactory milk supplies | 4 |
| Miscellaneous | 208 |
| TOTAL | 1302 |

TABLE 9.

Summary of Visits, Inspections, etc.

| | <i>Number</i> |
|---|---------------|
| Dwelling-houses for housing defects under Public Health Act: | |
| (a) After complaint | 1,134 |
| (b) Subsequent visits | 2,795 |
| Dwelling-houses under Housing Act: | |
| After complaint | 556 |
| Dwelling-houses: | |
| Housing applications, specially investigated | 68 |
| Infected dwelling-houses: | |
| (a) After notified infectious disease (other than tuberculosis) | 1,081 |
| (b) Contacts | 552 |
| (c) Fumigations after infectious disease | 16 |
| (d) Tuberculosis enquiries and fumigations | 9 |
| School and church halls | 13 |
| Swimming baths | — |
| Water sampling: | |
| (a) Swimming baths | 14 |
| (b) Dwelling-houses | 23 |
| Business premises | — |
| Cinemas, dance halls, billiard halls | 28 |
| Offensive trade premises | — |
| Stables, piggeries, keeping of animals | 25 |
| Houses let in lodgings | — |
| Factories Acts, 1937 and 1948: | |
| Factories with mechanical power | 71 |
| Factories without mechanical power | 1 |
| Outworkers' premises | 1 |
| Common lodging houses | — |
| Underground rooms | 1 |
| Hairdressing premises | 4 |
| Tents, vans and sheds | 4 |
| Smoke nuisances | 247 |
| Fairgrounds | 2 |
| Drainage: Testing by: | |
| (a) Smoke | 75 |
| (b) Coloured water | 60 |
| (c) Water | 38 |
| (d) Breaking down | 154 |
| Public sewers | 636 |
| Watercourses and ditches | — |
| Means of escape in case of fire | 65 |
| Land and tips | 1 |
| Septic tanks and cesspools | 17 |
| Sanitary conveniences—including public-houses | 1,730 |
| Miscellaneous visits | 1,983 |
| Visits not inspections | 7 |
| Rodent control | — |
| Verminous premises: | |
| (a) Rats and mice: After complaints or from survey | 63 |
| (b) Bug infestations: Number of premises visited | 60 |
| (c) Cockroaches | 2 |
| (d) Other vermin | 185 |
| (e) Scabies | — |

TABLE 9—continued

| | |
|---|--------|
| Inspections for supervision of food: | |
| Unfit foodstuffs other than meat | 215 |
| Slaughterhouses | — |
| Food and Drugs Act, 1955, Food Hygiene Regulations :- | |
| Bakehouses | 89 |
| Butchers' shops | 212 |
| Fish shops, grocers and greengrocers | 444 |
| Factory and school canteens | 137 |
| Restaurant kitchens, etc. | 401 |
| Hotel and beerhouse bars and cellars: | |
| (a) Day inspections | 13 |
| (b) Night inspections | — |
| Food and Drugs Act, 1955, Section 16: | |
| Ice-cream premises (Heat Treatment) Regulations, 1947 to 1951 | 67 |
| Sausage manufacturers | — |
| Preserved meat preparation premises | 3 |
| Preserved fish preparation premises | 4 |
| Milk and Dairies Regulations, 1949: | |
| Milk sampling for bacteriological examination | 2 |
| Contraventions of Milk and Dairies Regulations | 2 |
| Dairies | 7 |
| Shops Act, 1950, Section 38 | 7 |
| Game Licences | — |
| Middlesex County Council Act, 1950: | |
| Hawkers' vehicles | 9 |
| Hawkers' premises | 1 |
| Noise nuisances | 71 |
| Massage and/or special treatment establishments | 1 |
| Clean Food | 6 |
| Petroleum (Regulation) Acts, 1928 and 1936; Petroleum Spirit Regulations, 1929-1950 | 420 |
| National Assistance Act, 1948, Section 47 | 14 |
| Rag Flock and other Filling Materials Act, 1951 | — |
| Dealers in Old Metal and Marine Stores | — |
| Pet Animals Act, 1951 | 3 |
| Total number of visits and inspections | 13,849 |

TABLE 10.

Sanitary Improvements Effected

| | <i>Number</i> |
|---|---------------|
| Offensive accumulations removed | — |
| Nuisance from keeping of animals remedied | — |
| Chimney flues repaired | 5 |
| Chimney stacks repaired | 3 |
| Roofs repaired | 143 |
| Eavesgutters repaired | 47 |
| Downspouts repaired | 41 |
| Pointing renewed | 57 |
| Ditches requiring cleansing | — |
| Drains repaired | 11 |
| Drains unstopped | 20 |
| Dustbins provided | 9 |
| Fireplaces repaired | 6 |
| Filthy condition of premises remedied | 2 |
| Floors repaired | 42 |
| Gullies repaired | 6 |
| Pail closets renewed | 2 |
| Plaster to walls and ceilings repaired | 192 |
| Window frames and sashcords repaired | 43 |
| Public sewers repaired | 2 |
| Sinks provided | — |
| Sink waste pipes repaired | 12 |
| Soil pipes repaired | 8 |
| Stairs repaired | 6 |
| External walls repaired | 12 |
| Wash boilers defective | 1 |
| W.C.s repaired | 25 |
| W.C. cisterns and fittings provided | 26 |
| W.C. accommodation provided | 1 |
| Yard paving repaired | 1 |
| Unpaved Yards and Passages | 3 |
| Other works carried out | 258 |

TABLE 11.

Housing Statistics

| HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE Return for the Year ended 31st December, 1956 | | | |
|--|--------------------------------|--|-----|
| A. HOUSES DEMOLISHED | | | |
| In Clearance Areas: (Housing Act, 1936, and Housing Repairs and Rents Act, 1954) | <i>Houses Demolished</i> | <i>Displaced during year</i> <i>Persons Families</i> | |
| (1) Houses unfit for human habitation.... | Nil | 25 | 8 |
| (2) Houses included by reason of bad arrangements, etc. | Nil | Nil | Nil |
| (3) Houses on land acquired under Section 27, Housing Act, 1936 | Nil | Nil | Nil |
| Not in Clearance Areas: | | | |
| (4) As a result of formal or informal procedure under Section 11, Housing Act, 1936 | Nil | 21 | 5 |
| B. UNFIT HOUSES CLOSED | | | |
| | <i>Number</i> | | |
| (5) Under Section 11, Housing Act, 1936, and Sections 10(1) and 11(2) Local Govt. (Misc. Prov.) Act, 1953 | 4 | 3 | 2 |
| (6) Under Sections 3(1) and 3(2) Housing Act, 1949 | Nil | Nil | Nil |
| (7) Parts of buildings closed under Section 12, Housing Act, 1936 | 3 | 4 | 1 |
| C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED | | | |
| | <i>By Owner</i> | <i>By Local Authority</i> | |
| (8) After informal action by local authority | 270 | — | |
| (9) After formal notice under: (a) Public Health Acts (b) Housing Act, 1936 | 28 2 | — 1 | |
| (10) Under Section 5, Housing Repairs and Rents Act, 1954 | Nil | — | |
| D. UNFIT HOUSES IN TEMPORARY USE (Housing Repairs and Rents Act, 1954) | | | |
| Positions at the end of year: | <i>Number of houses</i> (1) | <i>Number of separate dwellings contained in column (1)</i> (2) | |
| (11) Retained for temporary accommodation: | | | |
| (a) under Section 2 | Nil | Nil | |
| (b) under Section 3 | Nil | Nil | |
| (c) under Section 4 | Nil | Nil | |
| (12) Licensed for temporary occupation under Section 6 | Nil | — | |
| E. PURCHASE OF HOUSES BY AGREEMENT | | | |
| | <i>Number of houses</i> (1) | <i>Number of occupants of houses in column (1)</i> (2) | |
| (13) Houses in Clearance Areas other than those included in confirmed Clearance Orders or Compulsory Purchase Orders, purchased in the year | Nil | Nil | |

TABLE 12.

Notices Served

Administrative action was taken during the year to secure abatement of nuisances and to enforce the appropriate statutory enactments, as follows:

| <i>Subject of Notice</i> | <i>Public Health Act</i> | <i>Food and Drugs Act</i> |
|---|--------------------------|---------------------------|
| Number of Informal Notices served | 402 | 189 |
| Number of Informal Notices complied with | 319 | 43 |
| Number of Statutory Notices served | 44 | — |
| Number of Statutory Notices complied with | 35 | — |
| Number of cautionary letters sent by Town Clerk | — | — |

TABLE 13.

Prevention of Damage by Pests Act, 1949

| | TYPE OF PROPERTY | | | | |
|--|----------------------------|---|--|--|---------------------------|
| | <i>Non-Agricultural</i> | | | | <i>Agri- cultural</i> |
| | <i>Local Authority</i> | <i>Dwelling Houses (incl. Council Houses)</i> | <i>All other (incl. Business Premises)</i> | <i>Total of Cols. 1, 2 & 3</i> | |
| Number of properties in- spected as a result of (a) Notification | 15 | 334 | 50 | 399 | Nil |
| (b) Survey under the Act | 44 | 3,330 | 466 | 3,840 | Nil |
| (c) Otherwise (<i>e.g.</i> , when visited primarily for some other purpose) | Nil | 8 | 4 | 12 | Nil |
| Total inspections carried out including re-inspections | 364 | 8,327 | 1,925 | 10,616 | Nil |
| Number of properties in- spected which were found to be infested by (a) Rats | 9 | 317 | 51 | 377 | Nil |
| (b) Mice | 2 | 79 | 15 | 96 | Nil |
| Number of infested proper- ties treated by L.A. | 11 | 389 | 63 | 463 | Nil |
| Total treatments carried out including re-treatments | 10 | 402 | 90 | 502 | Nil |
| Number of notices served under Section 4 of the Act: (a) Treatment | Nil | 17 | 6 | 23 | Nil |
| (b) Structural work | Nil | Nil | Nil | Nil | Nil |
| Number of cases in which default action was taken following the issue of a notice under Section 4 of the Act | Nil | Nil | Nil | Nil | Nil |
| Legal proceedings | Nil | Nil | Nil | Nil | Nil |
| Number of Block control Schemes carried out | 8 | | | | |

Eradication of Insect Pests. D.D.T. and Other Special Treatments
Number of Infestations Treated

| <i>Type of Premises</i> | <i>Ants</i> | <i>Bugs</i> | <i>Cock- roaches</i> | <i>Fleas</i> | <i>Flies</i> | <i>Moths</i> | <i>Wasps</i> | <i>Miscel- laneous</i> | <i>Totals</i> |
|-------------------------|-------------|-------------|--------------------------|--------------|--------------|--------------|--------------|----------------------------|---------------|
| Dwelling-houses | 1 | 28 | — | 3 | — | 1 | 25 | 4 | 62 |
| Workplaces | — | — | 1 | — | 1 | — | — | 1 | 3 |
| Food Shops | — | — | — | 1 | — | — | 2 | — | 3 |
| Miscellaneous | — | — | 2 | — | — | — | 1 | — | 3 |
| TOTALS..... | 1 | 28 | 3 | 4 | 1 | 1 | 28 | 5 | 71 |

Total income for D.D.T. and other special treatments, £50 8s. 1d.

Disinfections, etc.

TABLE 15.

| | <i>Number</i> |
|---|---------------|
| <i>Premises</i> disinfected after infectious diseases | 10 |
| <i>Premises</i> disinfected after other diseases | — |
| <i>Articles</i> disinfected after infectious disease | 193 |
| <i>Persons</i> (children and adults) treated for scabies at cleansing station | — |

TABLE 16.

Housing Act, 1936. Overcrowding

The known cases of overcrowding on the register of the department at the end of the year were as follows:

| | <i>Number</i> |
|--|---------------|
| (a) (1) Dwellings overcrowded at the end of the year | 203 |
| (2) Families dwelling therein | 275 |
| (3) Persons dwelling therein | 926 |
| (b) New cases of overcrowding reported during the year | 13 |
| (c) (1) Cases of overcrowding relieved during the year | 13 |
| (2) Persons concerned in such cases | 44 |

TABLE 17.

Milk and Dairies Regulations, 1949

Milk (Special Designation) (Raw Milk) Regulations, 1949

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949

The necessary registration of persons and premises, and the issue of appropriate licences, has been effected in accordance with the following table:

| | | |
|--|--------------------------|-------------------------------|
| <i>Milk and Dairies Regulations, 1949.</i> | | |
| Persons registered as distributors | | 30 |
| Premises registered as dairies (not being dairy farms) | | 16 |
| <i>Special Designation</i> | <i>Dealers' Licences</i> | <i>Supplementary Licences</i> |
| <i>Milk (Special Designation) (Raw Milk) Regulations, 1949.</i> | | |
| Tuberculin tested | 19 | 10 |
| Accredited | Nil | Nil |
| <i>Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.</i> | | |
| Pasteurised | 21 | 10 |
| Sterilised | 31 | 9 |

TABLE 18.

Food and Drugs Act, 1955

Public Health Act, 1936, Section 89

INSANITARY CONDITIONS IN FOOD PREMISES

| Number of premises found with insanitary conditions | .... | .... | .... | .... | 189 | |
|--|------|------|------|------|--------------------------|-----------------------------------|
| Number of premises remedied | .... | .... | .... | .... | 43 | |
| <i>Insanitary conditions found in premises above</i> | | | | | <i>Number of defects</i> | <i>Number of defects remedied</i> |
| Equipment not kept in good order | .... | .... | .... | .... | 84 | 11 |
| Food so placed as to involve risk of contamination | .... | .... | .... | .... | 49 | 7 |
| Food placed within eighteen inches of the ground and not adequately protected | .... | .... | .... | .... | 1 | — |
| Insufficient ventilation to W.C. | .... | .... | .... | .... | 25 | 3 |
| Absence of "Wash your hands" notices to W.C.s | .... | .... | .... | .... | 68 | 14 |
| Absence of suitable and sufficient wash-hand-basins | .... | .... | .... | .... | 70 | 13 |
| Absence of hot water at a suitably controlled temperature over wash-hand-basin | .... | .... | .... | .... | 99 | 17 |
| Absence of soap, nail brushes, clean towels, etc., near wash-hand-basin | .... | .... | .... | .... | 37 | 4 |
| Absence of first aid materials | .... | .... | .... | .... | 75 | 15 |
| Absence of accommodation for clothing not worn during working hours | .... | .... | .... | .... | 42 | 9 |
| Absence of suitable and sufficient sinks for the washing of food and equipment | .... | .... | .... | .... | 28 | 4 |
| Absence of hot water at a suitably controlled temperature over sinks | .... | .... | .... | .... | 32 | 4 |
| Absence of soap, clean cloths, etc., at sinks | .... | .... | .... | .... | 2 | — |
| Absence of suitable and sufficient lighting in food room | .... | .... | .... | .... | 8 | 1 |
| Absence of suitable and sufficient ventilation in food room | .... | .... | .... | .... | 3 | 1 |
| Walls, etc., not kept clean | .... | .... | .... | .... | 306 | 49 |
| Walls, etc., not kept in good order | .... | .... | .... | .... | 36 | 13 |
| Accumulation of refuse, etc. | .... | .... | .... | .... | 3 | 2 |
| Miscellaneous | .... | .... | .... | .... | 95 | 30 |
| TOTAL | .... | .... | .... | .... | 1,063 | 197 |

SCHOOLS

| | | | | | <i>Number of defects</i> |
|---|------|------|------|------|--------------------------|
| Equipment not kept in good order | .... | .... | .... | .... | 11 |
| Insufficient ventilation to W.C. | .... | .... | .... | .... | 9 |
| Absence of suitable and sufficient wash-hand-basins | .... | .... | .... | .... | 2 |
| Absence of hot water at a suitably controlled temperature over wash-hand-basins | .... | .... | .... | .... | 4 |
| Absence of accommodation for clothing not worn during working hours | .... | .... | .... | .... | 3 |
| Absence of suitable and sufficient sinks for the washing of food and equipment | .... | .... | .... | .... | 5 |
| Absence of suitable and sufficient lighting in food room | .... | .... | .... | .... | 1 |
| Absence of suitable and sufficient ventilation in food room | .... | .... | .... | .... | 5 |
| Walls, etc., not kept clean | .... | .... | .... | .... | 8 |
| Walls, etc., not kept in good order | .... | .... | .... | .... | 27 |
| Accumulation of refuse, etc. | .... | .... | .... | .... | 1 |
| Miscellaneous | .... | .... | .... | .... | 5 |
| TOTAL | .... | .... | .... | .... | 81 |

TABLE 19.

(a) Meat—Carcases Inspected and Findings at Private Slaughterhouses in the Borough

| | <i>Cattle excl. Cows</i> | <i>Cows</i> | <i>Calves</i> | <i>Sheep and Lambs</i> | <i>Pigs</i> | <i>Horses</i> |
|--|----------------------------------|-------------|---------------|--------------------------------|-------------|---------------|
| Number killed (if known) | — | — | — | — | — | — |
| Number inspected | — | — | — | — | — | — |
| All diseases except Tuberculosis and Cysticerci: | | | | | | |
| Whole carcases condemned | — | — | — | — | — | — |
| Carcases of which some part or organ was condemned | — | — | — | — | — | — |
| Percentage of the number inspected affected with disease other than tuberculosis and cysticerci | — | — | — | — | — | — |
| Tuberculosis only: | | | | | | |
| Whole carcases condemned | — | — | — | — | — | — |
| Carcases of which some part or organ was condemned | — | — | — | — | — | — |
| Percentage of the number inspected affected with tuberculosis | — | — | — | — | — | — |
| Cysticercosis: | | | | | | |
| Carcases of which some part or organ was condemned | — | — | — | — | — | — |
| Carcases submitted to treatment by refrigeration | — | — | — | — | — | — |
| Generalised and totally condemned | — | — | — | — | — | — |

(b) Other Carcasses Inspected

Four pigs were inspected after emergency slaughter. The carcase, including offal, of one was found to be affected with Swine Fever and was unfit for food. It was surrendered and disposed of by burning. The other three carcases were found to be fit for human consumption.

TABLE 20.

(a) Meat

Diseased and unsound conditions found in meat caused the detention and surrender for destruction of:

| | <i>lbs.</i> |
|----------------------|-------------|
| Beef | 1,047 |
| Mutton and lamb | 59 |
| Pork | 51 |
| Other meats | 239 |
| TOTAL | 1,396 |

(b) Other Foodstuffs

The following foodstuffs, other than meat, being unfit for human consumption, were voluntarily surrendered for destruction:

| | <i>lbs.</i> |
|-----------------------|--------------|
| Bacon | 39 |
| Cheese | 92 |
| Fish | 758 |
| Sausages | 74 |
| Soup Powder | 47 |
| Preserves | 42 |
| Vegetables | 23 |
| Poultry | 77 |
| | <i>Doz.</i> |
| Sweets—Lollipops | 6,020 |
| | <i>jars</i> |
| Preserves | 17 |
| Pickles | 5 |
| Paste | 2 |
| | <i>Tins</i> |
| Preserves | 10 |
| Cream | 30 |
| Fruit | 711 |
| Meat | 207 |
| Milk | 267 |
| Vegetables | 535 |
| Soup | 165 |
| Fish | 65 |
| Other | 50 |
| | <i>Tubes</i> |
| Icing Sugar | 48 |

TABLE 21.

Sampling

The Middlesex County Council is the food and drugs authority for the Borough. The Chief Officer, Public Control Department, has kindly supplied the following information relating to samples taken in the Borough during the year ended 31st December, 1956:

| <i>Article</i> | <i>Total Samples Procured</i> | <i>Unsatisfactory</i> |
|-------------------------------|-----------------------------------|-----------------------|
| Milk, various | 86 | — |
| Butter | 16 | — |
| Cakes | 3 | — |
| Cream | 7 | — |
| Cooked Meat | 1 | — |
| Cheese | 3 | — |
| Drugs | 13 | — |
| Fish and Fish Products | 20 | — |
| Fruit, fresh and canned | 6 | — |
| Fruit Drinks | 5 | — |
| Ice Cream | 4 | — |
| Jelly | 3 | — |
| Liver | 12 | — |
| Meat and Meat Products | 8 | — |
| Margarine | 2 | — |
| Non-brewed Condiment | 2 | — |
| Peas | 3 | — |
| Preserves | 7 | — |
| Sausages | 7 | 1 |
| Sweets | 5 | — |
| Vinegar | 21 | 1 |
| Wines and Spirits | 23 | — |
| Miscellaneous | 27 | — |
| TOTALS | 284 | 2 |

Regarding the two unsatisfactory samples I add the following comments:

Sausages

A sample of sausages obtained from a firm of retail grocers contained undeclared preservative. Follow-up samples were genuine and no further action taken.

Vinegar

A sample, purchased and sold as "vinegar", proved to be non-brewed condiment. An official caution was issued.

The Food and Drugs Act, 1955, in section 47, contains new provisions concerning the descriptions which can be applied to certain substances which resemble cream in appearance but are not cream. This has necessitated the making of many inspection visits and the giving of advice to all traders likely to be concerned to ensure that they were fully aware of these new requirements.

Merchandise Marks Acts, 1887-1926

298 inspections of shops were undertaken to ensure that the Marking Orders relating to certain foodstuffs made under the Merchandise Marks Act, 1925, were complied with. 1,927 separate displays of meat, apples, tomatoes, poultry, dried fruit and butter were examined. No serious infringements were disclosed, verbal cautions being given in respect of minor infringements not being found so serious as to warrant more stringent action.

The Labelling of Food Order, 1953

This Order requires that, in general, pre-packed foods shall bear on the label a clear statement of the designation of the food and, in the case of compound foods, the ingredients. It also requires that the name and address of the packer or labeller appears. At 166 premises 1,111 articles of pre-packed food were examined. No proceedings were taken in respect of any of the infringements detected and manufacturers took immediate steps to correct unsatisfactory labels as soon as their attention was drawn to them.

False or Misleading Descriptions

A considerable amount of work is carried out each year in scrutinising advertisements and the labelling of pre-packed food and taking such action as is possible to secure satisfactory amendments in those cases where a label or advertisement contains a false or misleading description of the food to which it relates. This work is of benefit to all districts of Middlesex, irrespective of where the offending advertisement or label is discovered, and during the year under review corrective action has been taken in respect of cherry wine, biscuits, chocolate Easter eggs, flour and sugar confectionery, imitation caviare, blackcurrant punch, fruit juice drinks and crème de menthe.

Special Designated Milk

No licences are issued by my Council in respect of Dealers/Pasteurisers or Dealers/Sterilisers in your area. Nine samples of special designated milk were taken from roundsmen in your Borough during the year and submitted to examination. They proved satisfactory.

TABLE 22

Factories Acts, 1937 and 1948. Part I of the Act

1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH:

| Premises | 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 | 38 | 1 | — | — |
| (ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority | 310 | 71 | 1 | — |
| (iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) | — | — | — | — |
| TOTAL | 348 | 72 | 1 | — |

2. CASES IN WHICH DEFECTS WERE FOUND:

| Particulars | Number of cases in which defects were found | | | | Number of cases in which prosecutions were instituted |
|---|---|----------|-------------------|-------------------|---|
| | Found | Remedied | Referred | | |
| | | | To H.M. Inspector | By H.M. Inspector | |
| Want of cleanliness (S.1.) | — | 1 | — | — | — |
| Overcrowding (S.2) | — | — | — | — | — |
| Unreasonable temperature (S.3) | — | — | — | — | — |
| Inadequate ventilation (S.4) | — | — | — | — | — |
| Ineffective drainage of floors (S.6) | — | — | — | — | — |
| Sanitary Conveniences (S.7): | | | | | |
| (a) Insufficient | — | 1 | — | — | — |
| (b) Unsuitable or defective | — | 1 | — | — | — |
| (c) Not separate for sexes | 1 | — | — | — | — |
| Other offences against the Act (not including offences relating to outwork) | — | — | — | — | — |
| TOTAL | 1 | 3 | — | — | — |

Part VIII of the Act. Outwork

| Nature of the work | Lamp-shades | Wearing apparel | Electric Fuse Makers |
|---|-------------|-----------------|----------------------|
| Section 110: | | | |
| Number of outworkers in August list required by Section 110 (1) (c) | 10 | 53 | 51 |
| Number of cases of default in sending lists to Council | — | — | — |
| Number of prosecutions for failure to supply lists | — | — | — |
| Section 111: | | | |
| Number of instances of work in unwholesome premises | — | — | — |
| Notices served | — | — | — |
| Prosecutions | — | — | — |

TABLE 23

Infectious Diseases. Incidence and Mortality

DIPHTHERIA, SCARLET FEVER AND ENTERIC FEVER

1939-1956

| Year | Diphtheria | | | | Scarlet Fever | | | | Enteric Fever | | | |
|------|--------------|--------------------------|---------------|---------------------------|---------------|--------------------------|---------------|---------------------------|---------------|--------------------------|---------------|---------------------------|
| | No. of Cases | Case Rate per 1,000 pop. | No. of Deaths | Death Rate per 1,000 pop. | No. of Cases | Case Rate per 1,000 pop. | No. of Deaths | Death Rate per 1,000 pop. | No. of Cases | Case Rate per 1,000 pop. | No. of Deaths | Death Rate per 1,000 pop. |
| 1939 | 25 | 0.25 | 3 | 0.03 | 93 | 0.95 | — | — | 2 | 0.02 | — | — |
| 1940 | 18 | 0.19 | 3 | 0.03 | 38 | 0.41 | — | — | 2 | 0.02 | — | — |
| 1941 | 25 | 0.27 | 3 | 0.03 | 78 | 0.85 | — | — | 7 | 0.07 | — | — |
| 1942 | 7 | 0.08 | 1 | 0.01 | 125 | 1.35 | — | — | — | — | 1 | 0.01 |
| 1943 | 4 | 0.04 | 1 | 0.01 | 238 | 2.56 | — | — | — | — | — | — |
| 1944 | 5 | 0.06 | 3 | 0.03 | 121 | 1.37 | — | — | — | — | — | — |
| 1945 | 4 | 0.04 | 1 | 0.01 | 97 | 1.06 | — | — | — | — | — | — |
| 1946 | 4 | 0.04 | — | — | 60 | 0.58 | — | — | — | — | — | — |
| 1947 | 4 | 0.04 | 1 | 0.01 | 60 | 0.58 | — | — | — | — | — | — |
| 1948 | 1 | 0.01 | — | — | 99 | 0.93 | — | — | — | — | — | — |
| 1949 | — | — | — | — | 128 | 1.20 | — | — | — | — | — | — |
| 1950 | — | — | — | — | 115 | 1.07 | — | — | — | — | — | — |
| 1951 | — | — | — | — | 64 | 0.60 | — | — | — | — | — | — |
| 1952 | — | — | — | — | 135 | 1.28 | — | — | — | — | — | — |
| 1953 | — | — | — | — | 100 | 0.95 | — | — | — | — | — | — |
| 1954 | — | — | — | — | 64 | 0.61 | — | — | — | — | — | — |
| 1955 | — | — | — | — | 97 | 0.93 | — | — | — | — | — | — |
| 1956 | — | — | — | — | 51 | 0.49 | — | — | — | — | — | — |

TABLE 24

Ophthalmia Neonatorum, years 1939-1956

The following table shows the number of cases notified and result of treatment:

| Year | Cases notified | Cases Treated | | Vision un-impaired | Vision impaired | Total blindness | Deaths |
|------|----------------|---------------|----------|--------------------|-----------------|-----------------|--------|
| | | At home | In hosp. | | | | |
| 1939 | 7 | 7 | — | 7 | — | — | — |
| 1940 | 4 | 3 | 1 | 4 | — | — | — |
| 1941 | 5 | 2 | 3 | 5 | — | — | — |
| 1942 | 4 | 4 | — | 4 | — | — | — |
| 1943 | 6 | 6 | — | 6 | — | — | — |
| 1944 | 8 | 8 | — | 8 | — | — | — |
| 1945 | 2 | 2 | — | 2 | — | — | — |
| 1946 | 3 | 2 | 1 | 3 | — | — | — |
| 1947 | 5 | 5 | — | 5 | — | — | — |
| 1948 | 4 | 4 | — | 4 | — | — | — |
| 1949 | — | — | — | — | — | — | — |
| 1950 | 2 | 2 | — | — | — | — | — |
| 1951 | 8 | 6 | 2 | 8 | — | — | — |
| 1952 | 4 | 3 | 1 | 4 | — | — | — |
| 1953 | 4 | 4 | — | 4 | — | — | — |
| 1954 | 2 | 2 | — | 2 | — | — | — |
| 1955 | 5 | 2 | 3 | 5 | — | — | — |
| 1956 | 4 | — | 4 | 4 | — | — | — |

Cases of Infectious Diseases Notified during the Year 1956

| DISEASE | CASES NOTIFIED AT VARIOUS AGES (YEARS) | | | | | | | | | | | | | | Total cases notified | Deaths |
|--------------------------|--|-----|-----|-----|-----|------|-------|-------|-------|-------|-------|-------|---------|---------------|----------------------|--------|
| | Under 1 year | 1-2 | 2-3 | 3-4 | 4-5 | 5-10 | 10-15 | 15-20 | 20-25 | 25-35 | 35-45 | 45-65 | Over 65 | Age not known | | |
| Dysentery | — | 5 | 1 | 2 | 3 | 27 | 7 | 1 | 2 | 9 | 9 | 7 | 3 | 1 | 77 | — |
| Encephalitis | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Erysipelas | — | — | — | — | — | — | 1 | — | — | — | 2 | 4 | 3 | — | 10 | — |
| Food Poisoning | — | 3 | 1 | 1 | — | 4 | — | 1 | 2 | 5 | 3 | 9 | 1 | 3 | 33 | — |
| Measles | 7 | 12 | 18 | 19 | 21 | 118 | 7 | 2 | — | 1 | — | — | — | 3 | 208 | — |
| Meningococcal Infections | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Ophthalmia Neonatorum | 4 | — | — | — | — | — | — | — | — | — | — | — | — | — | 4 | — |
| Acute Poliomyelitis | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | 1 | — |
| Pneumonia | 1 | 1 | — | 3 | — | 5 | 2 | 1 | 1 | 4 | 9 | 21 | 11 | — | 59 | 64 |
| Puerperal Pyrexia | — | — | — | — | — | — | — | — | 4 | 5 | — | — | — | — | 9 | — |
| Scarlet Fever | — | 2 | 2 | 6 | 5 | 26 | 7 | 2 | 1 | — | — | — | — | — | 51 | — |
| Typhoid & Para-Typhoid | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Whooping Cough | 5 | 8 | 11 | 7 | 6 | 43 | 4 | — | — | 3 | 1 | 1 | 1 | 1 | 91 | — |
| TOTALS | 17 | 31 | 33 | 38 | 35 | 223 | 28 | 8 | 10 | 27 | 24 | 42 | 19 | 8 | 543 | 64 |

Monthly Incidence of Infectious Diseases during the Year 1956

| DISEASE | NUMBER OF CASES | | | | | | | | | | | | TOTAL |
|---------------------------|-----------------|----------|-------|-------|-----|------|------|--------|-------|---------|------|------|-------|
| | January | February | March | April | May | June | July | August | Sept. | October | Nov. | Dec. | |
| Dysentery | 1 | 1 | 4 | — | 1 | 9 | 39 | 2 | 3 | 6 | 7 | 4 | 77 |
| Encephalitis | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Erysipelas | — | — | 2 | — | 1 | — | — | — | 2 | 2 | 1 | 2 | 10 |
| Food Poisoning | — | 2 | 2 | — | 5 | 4 | 7 | 2 | 4 | 4 | 2 | 1 | 33 |
| Measles | 19 | 69 | 61 | 21 | 12 | 7 | 5 | 7 | 4 | 1 | 1 | 1 | 208 |
| Meningococcal Infections | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Ophthalmia Neonatorum | — | 4 | — | — | — | — | — | — | — | — | — | — | 4 |
| Acute Poliomyelitis | — | — | — | — | — | — | — | — | — | — | — | 1 | 1 |
| Para-Typhoid | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Pneumonia | 13 | 13 | 13 | 5 | 1 | 2 | 2 | — | 1 | — | 8 | 1 | 59 |
| Puerperal Pyrexia | 1 | 1 | 2 | — | — | 1 | 1 | 1 | 2 | — | — | — | 9 |
| Scarlet Fever | 8 | 6 | 3 | 3 | 8 | 10 | 3 | 2 | 2 | — | 6 | — | 51 |
| Whooping Cough | 5 | 19 | 9 | 5 | 11 | 15 | 2 | 10 | 6 | 1 | 7 | 1 | 91 |
| TOTALS | 47 | 115 | 96 | 34 | 39 | 48 | 59 | 24 | 24 | 14 | 32 | 11 | 543 |

TABLE 26

Ward Distribution of Infectious Diseases Notified during the Year 1956

| Disease | Twickenham | | | | Heath-field | Whitton | Hampton | Hampton Hill | Teddington | | Hampton Wick | Total |
|-------------------------------|------------|---------|-------|------|-------------|---------|---------|--------------|------------|-------|--------------|-------|
| | East | Central | South | West | | | | | Upper | Lower | | |
| Dysentery | 5 | 2 | 9 | 34 | 1 | 2 | 1 | 9 | 4 | 7 | 3 | 77 |
| Encephalitis | — | — | — | — | — | — | — | — | — | — | — | — |
| Erysipelas | — | — | 1 | — | — | — | — | — | 5 | 2 | 2 | 10 |
| Food Poisoning | 2 | 1 | 1 | 2 | — | — | 19 | 4 | — | — | 4 | 33 |
| Measles | 2 | 1 | 6 | 7 | 5 | 6 | 86 | 33 | 42 | 7 | 13 | 208 |
| Meningococcal Infections | — | — | — | — | — | — | — | — | — | — | — | — |
| Ophthalmia Neonatorum | — | — | — | — | — | — | 4 | — | — | — | — | 4 |
| Acute Poliomyelitis | — | — | — | — | — | 1 | — | — | — | — | — | 1 |
| Para-Typhoid | — | — | — | — | — | — | — | — | — | — | — | — |
| Pneumonia | 3 | — | 2 | 8 | — | — | 9 | 17 | 9 | 5 | 6 | 59 |
| Puerperal Pyrexia | — | — | — | 1 | — | — | 7 | — | — | — | 1 | 9 |
| Scarlet Fever | 3 | — | 2 | 2 | 4 | 5 | 16 | 5 | 5 | 3 | 6 | 51 |
| Whooping Cough | 2 | 3 | 9 | 6 | 12 | 6 | 14 | 26 | 6 | 4 | 3 | 91 |
| Totals.... | 17 | 7 | 30 | 60 | 22 | 20 | 156 | 94 | 71 | 28 | 38 | 543 |

TABLE 28.

Tuberculosis

The following tables have been compiled from the notifications received:
NEW CASES AND MORTALITY

| Age Periods | New Cases | | | | Deaths | | | |
|-------------|-----------|--------|---------------|--------|-----------|--------|---------------|--------|
| | Pulmonary | | Non-pulmonary | | Pulmonary | | Non-pulmonary | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| Under 1 | — | — | — | — | — | — | — | — |
| 1—4 | 1 | 2 | — | — | — | — | — | — |
| 5—9 | 1 | 1 | — | — | — | — | — | — |
| 10—14 | 4 | — | — | — | — | — | — | — |
| 15—19 | 5 | 3 | — | — | — | — | — | — |
| 20—24 | 1 | 4 | — | — | — | — | — | — |
| 25—34 | 8 | 5 | — | 1 | — | — | — | — |
| 35—44 | 6 | 2 | 1 | 1 | 2 | — | — | — |
| 45—54 | 2 | 2 | — | — | 1 | 1 | — | — |
| 55—64 | 4 | 4 | — | — | 4 | — | — | 1 |
| 65 and over | 3 | — | — | — | 6 | 1 | 1 | — |
| TOTALS | 35 | 23 | 1 | 2 | 13 | 2 | 1 | 1 |

Public Health (Prevention of Tuberculosis) Regulations, 1925

It was not necessary to take any action under the above regulations concerning persons suffering from tuberculosis and employed in the milk trade.

Public Health Act, 1936 (Section 172)

No action was taken under this section for the compulsory removal to hospital of persons suffering from tuberculosis.

TABLE 29.

PRIMARY NOTIFICATIONS OF TUBERCULOSIS, 1939-1956 INCLUSIVE

| | 1939 | 1940 | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 |
|---------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Pulmonary | 106 | 114 | 127 | 112 | 119 | 133 | 118 | 120 | 132 | 117 | 115 | 96 | 107 | 79 | 105 | 88 | 70 | 58 |
| Non-Pulmonary | 19 | 12 | 14 | 18 | 18 | 18 | 18 | 19 | 11 | 17 | 5 | 15 | 14 | 20 | 14 | 12 | 11 | 3 |
| Totals | 125 | 126 | 141 | 130 | 137 | 151 | 136 | 139 | 143 | 134 | 120 | 111 | 121 | 99 | 119 | 100 | 81 | 61 |

TABLE 30.

Food Poisoning

| Food Poisoning Notifications: | | | | | | | |
|-------------------------------------|-------------|-------------|-------------|----------------------------|-------|-------|-------|
| 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter | TOTAL | | | |
| 4 | 9 | 13 | 6 | 32 | | | |
| OUTBREAKS DUE TO IDENTIFIED AGENTS: | | | | | | | |
| | | | Nil | Number of cases | ..... | ..... | Nil |
| Outbreaks due to: | | | | | | | |
| | | | — | Chemical Poisons | ..... | ..... | ..... |
| | | | — | Salmonella organisms | ..... | ..... | ..... |
| | | | — | Staphylococci (inc. toxin) | ..... | ..... | ..... |
| | | | — | Cl. Welchii | ..... | ..... | ..... |
| OUTBREAKS DUE TO UNDISCOVERED CAUSE | | | | | | | |
| | | | Nil | Number of cases | ..... | ..... | Nil |
| SINGLE CASES: | | | | | | | |
| Due to identified agents: | | | | | | | |
| | | | — | Chemical Poisons | ..... | ..... | 3 |
| | | | 1 | Salmonella organisms | ..... | ..... | ..... |
| | | | 2 | Staphylococci | ..... | ..... | ..... |
| | | | — | P. Morgani | ..... | ..... | ..... |
| Due to undiscovered cause | | | | | | | |
| | | 29 | ..... | Number of cases | ..... | ..... | 29 |
| Total all cases | | | | | | | |
| | | | | | | | 32 |

Premises concerned with Health Services in Area 10

A = Ante-natal and post-natal care of mothers.
 B = Baby Welfare.
 C = Chiropody (Old People—provided by Voluntary Organisation).

D = Dental.
 E = Eye testing.
 F = Distribution of Welfare Foods.
 G = Child Guidance.

H = Headquarters Personal Health.
 I = Vaccination and Immunisation.
 M = Mental Health.
 O = Orthopaedic.

P = Family Planning (provided by Voluntary Organisation).
 S = School Health.
 T = Talking and Speech Therapy.
 V = Environmental Health.

Enquiries should be made at the appropriate address for particulars as to persons eligible, special conditions as to services and the times the premises are open.

| | | | | | |
|---|-------------------|--|------------------------------|--|-------------------|
| Elmfield House, High Street, Teddington. | H V | Council Offices, Bridge Street, Staines. | V | Grove Crescent, Hanworth. | ABDEF IST |
| Church Road, Teddington. | AB C D F I O | Stanwell Road, Ashford. | AB C D E F I O S | Imperial Road, Bedfont. | AB D F I S T |
| Hospital Bridge Road, Whitton. | AB C D F I S | The Grange, Gresham Road, Staines. | AB D E F G I M O P S T | Council Offices, Green Street, Sunbury. | V |
| 20 Seymour Road, Hampton Wick. | AB D F I P S | Village Hall, Stanwell. | AB F I | Duddingston House, Green Street, Sunbury. | AB C D F I S |
| Stanley Road, Teddington. | C D E I S | Village Hall, Laleham. | B F I | Chertsey Road, Ashford Common. | AB C D F I S T |
| 24 Station Road, Hampton. | AB C D F I S | St. Anne's School, Ashford. | S | Sheep Walk, Shepperton. | B C D F I S |
| York House, Richmond Road, Twickenham. | AB C D E F I S | St. Mary's Church Hall, Bridge Street, Staines. | F | New Hall, Upper Halliford. | AB F I |
| 58 Hampton Road, Twickenham. | G T | Council Offices, Hanworth Road, Feltham. | V | Hawke House, Green Street, Sunbury. | F |
| Baptist Church Hall, Hounslow Road, Whitton. | F | Cardinal Road, Feltham. | AB D E F I S P | Bagster House, High Street, Shepperton. | F |

