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Contributors

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URBAN DISTRICT OF BOLSOVER DERBYSHIRE





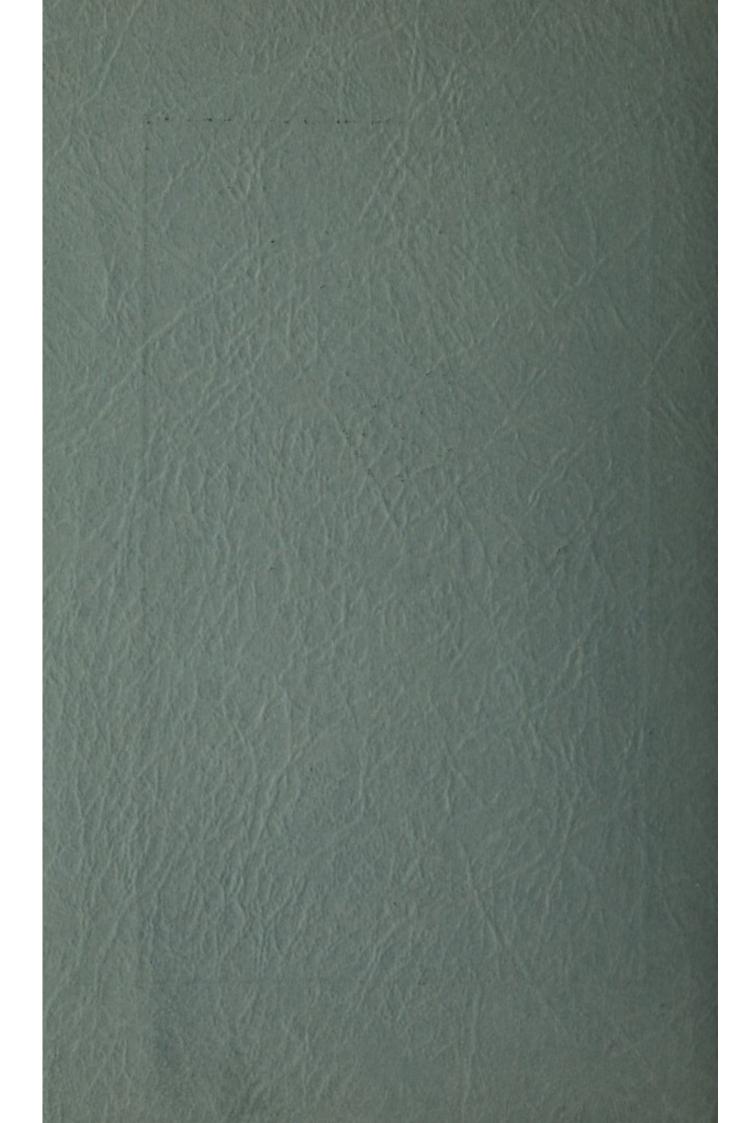
ANNUAL REPORT

OF THE

Medical Officer of Health and the Public Health Inspector

FOR THE YEAR

1960



URBAN DISTRICT OF BOLSOVER DERBYSHIRE



ANNUAL REPORT

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Medical Officer of Health and the Public Health Inspector

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BOLSOVER URBAN DISTRICT COUNCIL

PUBLIC HEALTH COMMITTEE

(As at 31st December, 1960)

Councillor J. W. Savage (Chairman)

Councillor J. W. Bluff

Councillor S. J. Clarke,

Councillor Mrs J. Colledge, Councillor W. B. Revill, J.P.

Councillor F. Cross,

Councillor F H. Cutts

Councillor S. T. Fisher

Councillor T. Fulleylove

Councillor E. Griffiths

Councillor M. W. Simpson,

B.E.M.

Councillor J. Spray

PUBLIC HEALTH STAFF:

Medical Officer of Health:

Dr. A. R. ROBERTSON, M.B., Ch.B., D.P.H. 'Dale Close,' 100, Chesterfield Road South, Mansfield, (Tel.: Mansfield 811/2)

Clerk: Miss P. M. WILSON.

Deputy Medical Officer (Part time)

Dr. R. R. LANE.

Public Health Inspector and Cleansing Superintendent:

JOHN F. H. WALTON, M.R.S.H., M.A.P.H.I. (Tel.: Bolsover 3255/6)

Council Offices.

Clerk: C. F. THOMSON.

PREFACE

To the Chairman and Members of the Bolsover Urban District Council

Mr Chairman, Madam and Gentlemen,

I am proud to have the privilege of submitting another Annual Report to you. I hope you will find it to be interesting and useful. I must thank all of you for your encouragement and for the interest you have shown in my department throughout the year. I must also thank Mr Margerrison (Engineer and Surveyor) for his contribution to this report.

I would also like to thank everyone on the staff of Bolsover U.D.C. for their help and courtesy throughout the year. And, of course, I owe many thanks to Mr Wright (Clerk of the Council) who is always willing to help and advise.

I feel I cannot end without paying tribute to County Alderman Mr Colledge, who was Chairman of Bolsover Health Committee for many years. He helped the Health Department greatly during his long term of office and it was always a pleasure to work with him. Fortunately, his loss has been minimised by his successor, whom I must also thank for carrying on where Mr Colledge left off.

I am,

Your obedient Servant,

A. R. ROBERTSON, Medical Officer of Health.

'Dale Close', 100, Chesterfield Road South, Mansfield.

NOTIFICATION OF DISEASE

Later in this report, you will find a table showing the notifications of infectious disease in 1960. I would like to consider notification of disease generally in this part of the report. The following table shows the notifications received for Blackwell, Bolsover and Clowne in 1960.

| | Blackwell | Clowne | Bolsover | Total |
|--------------------------|-----------|--------|----------|-------|
| Diphtheria | | | | |
| Erysipelas | 1 | - | 1 | 2 |
| Scarlet Fever | 170 | 30 | 27 | 227 |
| Encephalitis lethargica | | | | |
| Puerperal Pyrexia | 1 | 1 | - | 2 |
| Pulmonary T.B. | 16 | 8 | 6 | 30 |
| Other forms of T.B. | 1 | 2 | , , | 3 |
| Pneumonia | 7 | - | 4 | 11 |
| Cerebro Spinal Fever | | | | |
| Dysentry | 3 | - 4 | 10 | 13 |
| Polio-paralytic | | | | |
| Polio-non-paralytic | | | | |
| Whooping Cough | 25 | 8 | 90 | 123 |
| Measles | 81 | 36 | 12 | 129 |
| Para. typhoid fever | | | | |
| Gastro enteritis | | | | |
| Food Poisoning | 1 | | | 1 |
| Meningococcal meningitis | | | | |
| Total | 306 | 85 | 150 | 541 |

Right away, you will see that 541 notifications were received. But what you do not see is the expense time and trouble involved in this. Perhaps I can explain. First, the notifying doctor receives 2/6d. for each notification (a doctor practising in hospital receives 1/- only). So in payment to doctors we have spent some £65. After these notifications are received in my office, a copy is made and sent to the County Medical Officer. Each

week, a return of notifications is made to the General Register Office and to the County Medical Officer. Each quarter, a quarterly return is made to the same two; Finally, each year a report is made on food poisoning notifications. This of course takes up the time of my clerk and myself-so more expense is incurred. Similarly, the Register Office sends weekly and quarterly returns to every M.O.H.-again, more expense. Finally, cases of infectious disease are visited by me or by a Public Health' Inspector at my discretion-still more expense. And, specimens may have to be sent to the laboratory; again expense is incurred. Then, too, we must remember that 1960 was a lean year for measles. 1961 will be a year of plenty and I guarantee that the number of notifications will be doubled, as will the payment made to the notilying doctors. So, I think you will agree that notification is time consuming and expensive.

I do not mind spending if I get my money's worth. Do we get our money's worth as far as notification, is concerned? I do not think we do, and I believe that we should make some changes in notification. For instance, many of the diseases shown in the table are not the terrors they were.. Therefore, should we not consider removing them from the list? I think we could remove erysipelas, encephalitis lethargica, cerebro spinal fever, pneumonia and measles. Puerperal Pyrexia I feel could be removed but I would bow to the opinion of obstetricians on this. Scarlet Fever I would also remove except where a close contact was a food handler.

On the other hand, there are several things I think could be added. Let me quote some with my reasons:—

- 1. HOME ACCIDENTS. I am certain that notification is desirable (and I am sure you will agree when you read my report on these). From notifications we can learn what targets we should aim at with education and we can see how houses should be designed to prevent accidents.
- 2. GERMAN MEASLES is not important in itself. However, if a pregnant woman develops the disease dur-

ing the early part of her pregnancy, her baby can be seriously affected. There is a serum available which may abort or alleviate the illness. By notification we could make sure that this serum was offered to all those expectant mothers in need of it.

- 3. CORONARY THROMBOSIS is on the increase and it kills far too many people every year. The cause has been held to be excess animal fat in the diet, lack of exercise, etc By notification and subsequent investigation I feel we could hope to find out more about the cause of this killer.
- 4. CANCER is I am sure the most feared illness of all. Many people are violently in favour of notification and probably just as many are violently against. The 'antis' feel that it would do much more harm than good by creating cancer phobia and even hysteria. There is something in this view. On the other hand, much good could come of it. We could hear much more of those who were cured, we could learn just how good the facilities were for treatment (as an eminent surgeon said recently, there is no use in early diagnosis if the patient then has to wait for treatment) and we may even be able to help discover the cause of some of the cancers.

I have given some suggestions but I look on them as the equivalent to a service in tennis, i.e. they could set the game going. I am sure some Medical Officers of Health would agree and many would disagree and put forward their own suggestions. However, what I would really like to suggest would be the formation of a high-pewered Committee to meet regularly on notifications. I envisage it being made up of representatives from the Ministry, the Universities, the Royal College of Physicians, Surgeons and Obstetricians, the College of General Practitioners, the Society of Medical Officers of Health and the British Medical Association. Surely from them we could reach a state where every notification served a purpose and was never just routine. I would like to

see different diseases being notifiable from time to time and even from place to place. It seems to me that the pattern of illness is always changing. If I am correct, surely the pattern of notification should also change.

One other change I would suggest. The notification fee of 2/6d, has remained constant. Should we not think about raising it?

Earlier, I spoke about expense. I grudge some of the expense incurred at the present time. I quite see that my suggestions would involve a lot more spending but that I would not grudge because I would feel it, was money well spent.

THE ENGLISH DISEASE

Long ago, diseases used to be called by the name of the country in which they originated. For instance; Columbus and his sailors are said to have brought a very nasty disease back to Spain when they returned from America. When the disease spread to Italy, it was cailed the Spanish disease, in France it was called the Italian disease and in England it was called the French disease. Nowadays, there is a disease called the English disease, to wit, chronic bronchitis. About 30,000 peopple die from this every year. What is the cause of this vile illness? Dr P. J. Lawther gave the Dawes Memorial Lecture on 'Air Pollution and its effects on Man' to the 1960 Annual Conference of Public Health Inspectors. This was printed in the November 1960 edition of the Sanitarian and I would like to quote one paragraph from it :--

'Air pollution is only one of several unpleasant features of urban life which merit consideration as causes of the excess bronchitis found in towns; industry, over-crowding, poor diet, frequent infections, all may play a part. But recent researches on standardised populations incriminate air pollution as one of the most serious factors in the aetiology of this dread disease. Cigarette smoking appears to be of roughly equal importance Epidemiological research is complex and sometimes many

years must elapse before large experiments begin to yield valid results'.

Later in his address Dr. Lewther said that on the present evidence, air pollution is responsible for a small proportion of the lung cancer in our midst. Remember, lung cancer kills about 20,000 people per year so even a small proportion of these could easily come to thousands.

So, we have air pollution indicted as being one of the most serious factors in the aetiology of chronic bronchitis and as a factor in lung cancer. It is obviously a serious danger to health. But, these are the illnesses caused by chronic air pollution as it were. However, there is also acute air pollution as shown by smog. It also damages health. The following list of disasters is quoted from the Clean Air Year Book for 1961:—

'London, 1873. Rise in bronchitis deaths compared with the previous week of 268.

London, 1880. Rise in bronchiti3 deaths compared with the previous week of 692.

London, 1891. Rise in bronchitis deaths compared with the previous week of 572.

Glasgow 1909. Average number of deaths in the 3 weeks prior to the fog were 57 per week. During 5 weeks of fog or haze the deaths per week were:—138, 233, 171, 198 and 137.

Manchester & Salford, 1930-31. In December, with no fog, there were 137 respiratory disease deaths. In January there were 9 days heavy fog and 592 deaths.

Meuse Valley, 1930. 60 deaths attributed to fog, the death rate rising to 10.5 times the normal. Many cattle had to be slaughtered.

London, 1948. Bronchitis deaths in week before fog 73: in the week of fog 148.

Donora, U.S.A., 1948. 18 deaths in a population of 14,000 42 per cent of the population were estimated to have suffered from illness.

London, 1952. The fog developed on Friday, 5th December and continued until 8th December. Estimated total of 4,000 deaths in the Greater London area. In the Administrative County only deaths from bronchitis rose from 121 to 872, and from heart and circulatory diseases, from 318 to 801.

London, 1956. 1,000 additional deaths attributed to January fog in the Greater London area'.

Knowing the above, is it any wonder that I regard air pollution as one of the most serious and pressing public health problems facing us to-day? What are we doing about it? We have the Clean Air Act which was passed in 1956 and the Dark Smoke Permitted Regulations passed in 1958. To me, they are only nibbling at the cherry. I think they should be a lot stronger. For instance, I believe it should be mandatory to prosecute any intringement of the Act. Also, I would make the creation of smoke control areas mandatory in the 'black areas' listed by the Minister. Finally, I would tighten the Dark Smoke Regulations. To me, the emission of any black smoke should be an offence (believe me, a few seconds of black smoke is an awful lot of smoke). After ail, the Clean Air Act is five years old, yet we still have our 50,000 deaths from chronic bronchitis. In the Central Industrial plain of Scotland for example, very little progress has been made in cleaning the air (according to a recent report) even though the death rate from chronic bronchitis is very high. Can you wonder that I wish the Act to be stronger?

I cannot understand why the N.U.M. does not lead the fight for clean air. Miners have seen many of their comrades killed by a chest disease caused by polluted air in the pit. So, surely they should be all the keener to have clean air when they get up on top again. Besides, what about their pride in their work? They must know by new that many of the domestic fires in this country

are grossly inefficient (some are only 20% efficient) In other words, in many cases 80% of their work is wasted. I should love to hear what our dustbin men would say if, after they got ten bins ready for emptying, eight were wheeled back again—I am sure we should see, or rather hear, some air pollution of a different sort. As well as domestic fires, the colliery chimneys show how coal can be wasted. It often seems to me that they could not cause more smoke if they tried. If I were a miner I would be dead insulted to think that while the workers below were getting coal, those on top were just as busy wasting it.

Marching along with the N.U.M. should be the housewives. Surely by now they should have had their fill of the dirt and nuisance caused by smoke and soot. I wish they would all become smoke conscious. I would like to see them castigate neighbours because they caused smoke rather than because they were noisy or loud, etc.

I have pointed out the evils caused by air pollution. I believe it to be a task worthy of the utmost priority. Perhaps some others may be convinced and act accordingly. I would like to end with a parable. Once upon a time a young ostrich wandered down to the seashore. Suddenly the tide turned, and, as it came in, it made a noise. This frightened the ostrich. But, he was not worried. You see, he had listened to his mother and he knew exactly what to do when frightened. He buried his head in the sand. Before long he felt his tail wet because the tide had continued to come in. The tide of air pollution is coming in; I trust we do not keep our heads down too long.

Notes.

- 1. Clean air can cut down deaths. It has been very successful in lowering death rates from chronic bronchitis in Japan.
- 2. Smoke Control Areas can cut down fog. During recent fog in Glasgow the 'Sunday Post' reported no fog over the smoke control areas. This paper urged the creation of many more smoke control areas.

3. Many people are going to say to me that we cannot afford to tackle clean area. I can only reply that I do not see how we can afford not to do so. Think of the money spent on treating chronic bronchitis. Think of the money spent on replacing clothes and furnishing and repairing damage to buildings. Think of the money wasted in smoke. No, cleasing of the air will save, not cost us money, and it will save misery and ill health for many.

4. Just to make it plain that I am not throwing stones from a glass house—we have used a smokeless form of heating in our house for some years now.

UNITED NATIONS CHILDREN'S FUND

Last Xmas my wife and I bought our Xmas cards from UNICEF. The purpose of this organisation is 'to secure a future in which every child may enjoy its right to grow up in health and understanding in a community free from want, the Governments and Peoples of 80 nations have joined in partnership in the United Nations Children's Fund'. Everybody must hope that this aim can be achieved. There can be very few people who would wish to do deliberate harm to a child.

Along with the cards was supplied a list of things which a given number of cards would provide. For instance, so many cards would provide so much dried milk, or a number of penicillin injections to cure yaws or B.C.G. vaccinations against tuberculosis, etc. When you read this sort of thing, you realise just how lucky we are in this country. But, I do not feel we are in a rose garden just yet. Indeed, sometimes I think that our very progress has tended to make some people careless. I would just mention a few instances where some peopple are failing their children.

1. Immunisation is available and is free to all. I am chiefly concerned about immunisation against diphtheria, poliomyelitis and whoeping cough. I have no doubt that it is very effective against diphtheria and poliomyelitis. Against whoeping cough it is not quite so effective but it is held that an immunised child is 10 times less likely to develop the disease and 50 times less likely.

to have it severely, if it should develop whooping cough. Well now, what do we find? The acceptance rate is too low. When there is the odd outbreak of diphtheria we find many parents rushing to have their children immunised. They could have been done before in more comfort and with a greater safety margin. As for polio, the Minister of Health recently gave a list of Local Health Authorities where the acceptance rate was under 50%. If these illnesses were still prevalent, I am sure the acceptance rate would be much higher. Has progress made us careless?

(I must stress that I am not referring here to people who have conscientious objections to immunisation. I may not agree with their view but that does not prevent me from respecting it. I am referring to those who say 'We just did not bother to have him immunised'. I have met too many who fall into this group).

- 2. Nutrition. When I was a boy in Glasgow I used to see many who had or had had rickets. Similarly, I saw many undernourished children. The position has altered now. It is very seldom that malnutrition is found in a child. But obesity is becoming much more common. Many Medical Officers of Health refer to this in their Annual Reports. Yet obesity is just as bad as malnutrition. Indeed, I would rather be underfed than overfed. It seems as though progress has pushed some people too far here.
- 3. School Attendance. I remember sceing an article in the UNESCO Courier which showed how hard they were working to teach illiterate adults to read and write. The photos showed adults who were obviously putting all they had into it because of their keenness to learn. In a similar vein, it is worth reading about the struggle the reformers had in this country before education was made available to all children. I feel we do not all take advantage of our facilities now. Wherever I go I can see children who should be at school. And I believe I see too many of them. In our local paper we can see reports of prosecutions against parents who have not sent

their children to school. I quite expect that figures can be thrown at me to make me look wrong. But, we must remember that statistics never prove anything. Just to give a very crude example, I could be told that the school attendance rate was 95% over a year. Fair enough, but suppose it is the same 5% which is away all the time. Again, I feel that carelessness has tended to creep in now that we have progressed to free education for all.

4. Discipline. Nowadays, you read something about juvenile delinquency virtually every time you lift a paper. Some people say things are no worse now than they were ages ago. Well, I have not yet lived long long enough to compare many different generations. But I think things are pretty bad when one of my councils has had to close public conveniences because of consistent damage by vandals. And many of these still open take a fortune in maintenance and repairs. Again, look around you when you are amongst a lot of children. Do you think a lot of them are ill-disciplined? I do. Noone would seriously suggest a return to the system portrayed by Dickens in 'Dotheboys Hall' nor to the dictum 'Children should be seen but not heard'. Still, I would suggest that this is just like nutrition, too much is as bad as too little and I would suggest that too much freedom is bad. Apart from vandalism I feel that the nation's mental health would also be improved with a little more discipline. A well balanced mind is one which can give and take. I submit that you are more likely to be able to do this if you have been conditioned to a system of give and take as a child-and is that not what discipline is?

I have given some examples of what I feel are ways in which parents can fail. It has been said that we live in an affluent society. In such a society I believe sins of omission to be commoner than sins of commission. I just wonder if all parents remember the difference between omission and commission?

Finally may I commend the United Nations Children's Fund to you? Do not forget it, if you wish to help a good and worthy cause.

ACCIDENTS IN THE HOME

During the year Blackwell R D.C. formed a Home Safety Committee. The Committee felt that they would be able to do more if they could discover the number and causes of accidents which took place in the home. Accordingly, I wrote to the General Practitioners in Blackwell, Bolsover and Clowne to ask if they would notify home accidents to me. The great majority answered in the affirmative. For this purpose the following form was designed:—

Name

Age

Sex :- Male/Female

Address

Cause

Date

Type of injury

Degree of injury:-trivial moderate severe Do you wish H.V. or M.O.H. to visit? Yes/No

Doctor's Signature

It was made clear that the name and address need not be notified. The reason for a visit being offered was that I felt that I could help if the accident had been caused by disrepair. Similarly, a Health Visitor could advise parents when the accident was due to faulty household management. From these notifications I compile a report for the Home Safety Committee. This report describes the accident and the injury which resulted. The name and address of the person concerned is never given to the Committee.

The notifications began towards the end of Septerber. In all, 53 home accidents were notified to me between September and the end of 1960. The degree of injury was as follows:—

Trivial Moderate Severe Fatal 10 32 9 2

The ages at which these accidents occurred were as shown in the following table:—

Under 1. 0 4. 0 25-44. 7
1. 7 5-9. 3 45-65. 5
2. 7 10-14. 3 65 plus 7
3. 4 15-24. 5
Age not notified:—5.

I feel that the above figures give some idea of the problem caused by accidents in the home. 53 is a lot of accidents to be notified between September and December. The accidents occurred in Blackwell, Bolsover and Clowne (total estimated population 75,339). It must be remembered, too, that notification is purely voluntary and I am certain that many more accidents actually occurred.

As to the causes, they varied considerably. Perhaps as easy a way as any is to quote from the reports made to the Home Safety Committees. There is always some humour to be found in every field of human activity so let's quote two 'funny' (to the bystander) ones first:—

'A lady of 40 trapped her finger when a sash window fell quickly. A neighbour came to help. She opened the window sharply and hit the lady in the face with the window'.

'A man of 40 stood on a dog which was eating a bone. The dog bit him'.

Both of these would cause a laugh if seen on T.V. or at the cinema. If only all the accidents were like this. Unfortunately, we also have the following:—

'A boy of $2\frac{1}{2}$ crushed his forearm in an electric mangle'.

'A girl age 2 suffered concussion when she fell from her bedroom window on the first floor

'A man of 67 stepped on a chair to put up curtains and then fell off. He dislocated his right shoulder'.

'A girl of 7 scalded her chest. She ran into the kitchen and ran into her mother who was carrying a cup of hot coffee'.

'A lady, age unknown, fell and fractured her femur. she had previously had strokes and apparently she tried to go upstairs while alone and fell'.

'A little girl age 2 was fed medicine by her elder sister age 6. Luckily most of the medicine was spilt. The mother had left the bottle in the elder child's reach'.

'A boy of 21 months received burns on his upper arm and forearm. He removed the fireguard and then fell into the coal fire'.

'A girl of $3\frac{1}{2}$ fractured the base of her skull. She opened a window on the first floor and then jumpout'.

'A boy of 3 upset a pail of boiling water, while trying to get to the cold water tap for a drink. His buttocks and legs were severely scalded'.

'A lady of 80 fractured her leg when she fell off a chair'.

These I feel are eleven good examples of the causes of moderate to severe injury in the home.

There were also two fatal accidents as shown below. Isn't it shocking that two lives were brought to an end because of such trivial things as a shiny floor and wet paint?

'An old man tripped on polished linoleum. He broke his femur and died'.

'A lady of 76 fractured her leg and wrist and died in hospital. She fell on the path to her outside toilet. Apparently, the outside of her house had been painted and, therefore, she did not hang on to the door and window ledge as she usually did'.

I feel that these notifications emphasise the importance of accidents in the home. Until now, road safety has been all the rage but I believe home safety to be just as important, indeed, I shall go further and say I believe it is more important. I submit that the above figures support my belief. I would like to see a national concentrated attack being made upon accidents in the home.

STATISTICS OF THE AREA

| Area (acres) | 4,526 |
|--|-----------|
| Population (census), 1951 | . 10,817 |
| Population mid-year (Registrar General) 19 | 60 11,730 |
| Number of inhabited houses (end of 1960) | 3,706 |
| Rateable value (end of 1960) | £115,300 |
| Sum represented by a Penny Rate 1960 | £458 |

SOCIAL CONDITIONS

The chief occupations of the inhabitants are coal mining and agriculture. Fruit is grown in the district in large quantities. The general standard of social condition shows little change from previous years.

VITAL STATISTICS

| Total Male | Female |
|---|-----------|
| Live Births 226 121 | 105 |
| Rate per 1,000 population 19.3 (C | orrected) |
| Illegitimate Live Births (per cent of total live bi | rths) 4.9 |
| Still Births 3 1 | 2 |
| Rate per 1,000 total live and still births | 13.1 |
| Total Live and Still Births 229 122 | 107 |
| Infant Deaths (deaths under 1 year) 10 9 | 2 |
| Infant Mortality Rates | |
| Total infant deaths per 1,000 total live births | 44.2 |
| Legitimate infant deaths per 1,000 legitimate | |
| live births | 37.2 |
| Illegitimate infant deaths per 1,000 illegitimat | |
| live births | 181.8 |
| Nec-natal Mortality Rate (deaths under 4 weeks' | |
| per 1,000 total live births) | 26.5 |
| Early Neo-natal Mortality Rate (deaths under | |
| 1 week per 1,000 total live births) | 26.5 |
| Perinatal Mortality Rate (stillbirths and deaths | |
| under 1 week combined per 1,000 total | |
| live and stillbirths) | 39.3 |
| Maternal Mortality (including abortion) | Nil |
| Number of deaths | Nil |
| Rate per 1,000 live and still births | Nil |

Comments.

The number of live births and the corrected birth rate are both slightly lower than last year. However, the fall is very slight.

On the credit side, the number of stillbirths and the stillbirth rate are both lower than last year.

Unfortunately, for the second year running, the Infantile Mortality Rate has increased but the Neonatal Mortality Rate has decreased considerably. For the last 2 years we had no illegitimate infant deaths but this year we had two—the small numbers involved explain the very high rate. Let us compare these figures with the national ones.

| В | olsover | England & Wales (provisional |
|--------------------------|---------|---------------------------------|
| Inlant Mortality Rate | 44.2 | 21.9 |
| Nec-Natal Mortality Rate | 26.5 | 15.6 |
| Perinatal Mortality Rate | 39.3 | 32.9 |

It is sad to see our figures so much worse than the National ones.

Six infants died under the age of 4 weeks—two less than last year. The causes of death were:—

| Haemolytic disease of newborn | 1 |
|----------------------------------|---|
| Bronchopneumonia and prematurity | 2 |
| Prematurity | 2 |
| Intracranial Haemorrhage | 1 |

Last year, prematurity did not play a great part in our nec-natal deaths. Usually it does and this year it has. As you can see it played a major part in four out of these six deaths.

Four infants died between the age of four weeks and one year. The causes of death were:-

| Acute | lymphatic | leukaei | mia | 1 |
|-------|-----------|---------|------------|---|
| Acute | purulent | tracheo | bronchitis | 3 |

The death from leukaemia is unusual in a person so young. The other three deaths are from respiratory

infection. This emphasises that, even with all our new drugs, respiratory infection at this age can be a serious condition and medical care should be sought.

Again, I continue to stress the value of ante-natal care. Every mother to be should go to any lengths of trouble in order to receive ante-natal care.

DEATHS.

| Total | Male | Female | |
|-------|------|--------|--|
| 101 | 64 | 37 | |

Death rate per 1,000 of the estimated resident population 11.3 (Corrected). National Death Rate 11.5.

There has been very little change in the total number of deaths and the death rate. In point of fact, there was one more death than last year. However, there have been four more male deaths and three less female deaths.

| | Causes of Death | Male | Female |
|---------|----------------------------------|------|--------|
| Tubero | eulosis, respiratory | 1 | - |
| Cancer | (stomach) | 3 | 1 |
| Cancer | (lung) | 3 | - |
| Cancer | (Breast) | - | 1 |
| Cancer | (Other sites) | 3 | 3 |
| Leukae | emia, aleukaemia | 1 | - |
| Diabet | es | - | . 2 |
| Vascul | ar lesions of Nervous System | 2 | 5 |
| Corona | ary disease, angina | 14 | 6 |
| Hypert | ension with heart disease | 1 | 1 |
| Other | Heart Disease | 8 | 2 |
| Other | circulatory disease | 5 | 5 |
| Pneum | onia | 4 | 1 |
| Bronch | iitis | 6 | 3 |
| Other | respiratory diseases | 1 | - |
| Ulcer | of stomach and duodenum | 1 | - |
| Gastrit | is, enteritis and diarrhoea | - | 1 |
| Other | defined and ill defined diseases | 6 | 3 |
| Motor | Vehicle accidents | 1 | 2 |
| All oth | ner accidents | 3 | |
| Suicide | | 1 | 1 |
| | | | |

Comments.

Again, it is pleasing to record the absence of any maternal death.

I am sorry to see one death from tuberculosis. I cannot help feeling that even one death from this is a death too many. Generally, the pattern of deaths is similar to previous years. I am sorry to see a total of six accidental deaths and two deaths from suicide. I look upon these as being avoidable deaths and I think a total of 8 such deaths is too high.

Causes of death 1954-1980

| | 1960 | 1959 | 1958 | 1957 | 1955 | 1955 | 1954 |
|--|------|------|------|------|------|------|------|
| Tuberculosis, respiratory | 1 | 2 | - | 2 | - | - | 2 |
| Tuberculosis, other | - | - | - | - | - | - | - |
| Syphilitic disease | - | | - | 1 | - | - | - |
| Diphtheria | - | = | - | - | - | - | - |
| Whooping Cough | - | - | - | - | 1 | - | - |
| Meningococcal infections | - | - | - | | - | - | - |
| Acute Poliomyelitis | | - | - | - | - | - | - |
| Measles | - | - | - | - | - | - | - |
| Other infective and parasitic diseases | | - | - | - | - | - | - |
| Cancer, stomach | 4 | . 2 | 3 | 4 | 2 | 4 | 3 |
| Cancer, lung | 3 | - | 2 | 1 | 1 | 1 | 5 |
| Cancer, breast | 1 | 2 | 5 | - | 2 | 3 | - |
| Cancer, uterus | - | _ | 2 | 2 | 1 | 3 | 1 |
| Cancer, other sites | 6 | 6 | 17 | 6 | 7 | 5 | 14 |
| Leukaemia, aleukaemia | 1 | - | 1 | 1 | 2 | - | - |
| Diabetes | 2 | 1 | 1 | 1 | 1 | 2 | 1 |
| Vascular Lesions of Nervous System | 7 | 19 | 14 | 12 | 15 | 15 | 8 |
| Coronary disease, angina | 20 | 17 | 25 | 7 | 15 | 8 | 10 |
| Hypertension with heart disease | 2 | - | 1 | 2 | 7 | 3 | 3 |
| Other heart disease | 10 | 14 | 14 | 10 | 30 | 23 | 22 |
| Other circulatory disease | 10 | 6 | 7 | 11 | 8 | 5 | 5 |
| Influenza | | - | 1 | 1 | - | - | 1 |
| Pneumonia | 5 | 3 | 7 | 5 | 3 | 2 | 4 |
| Bronchitis | 9 | 5 | 9 | 8 | 6 | 9 | 7 |
| Other respiratory diseases | 1 | 3 | 2 | - | - | 1 | - |
| Ulcer of stomach and duodenum | 1 | 1 | 1 | - | 3 | - | 1 |
| Gastritis, enteritis and diarrhoea | 1 | 1 | - | - | - | - | 1 |
| Nephritis and Nephrosis | - | | 2 | - | 1 | 2 | 1 |
| Hyperplasia of Prostate | - | - | 2 | - | - | 3 | - |
| Pregnancy, childbirth, abortion | - | - | - | 1 | 1 | - | 1 |
| Congenital Malformations | - | 4 | 2 | 2 | - | 2 | 2 |
| Other defined and ill defined diseases | 9 | 8 | 9 | 12 | 9 | 12 | 3 |
| Motor Vehicle Accidents | 3 | 1 | 2 | 4 | 2 | 3 | - |
| All other accidents | 3 | 4 | 6 | 2 | 5 | 4 | 4 |
| Suicide | 2 | 1 | - | 1 | 1 | 1 | - |
| Hemicide and operations of war | - | - | - | - | - | - | 7 |

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA

Maternity and Child Welfare and School Clinics.

These are provided by the Derbyshire County Council

Ambulance.

This service is provided by the County Council.

Laboratory Facilities.

- 1. Analytical-provided by the County Council.
- Bacteriological—provided by the Public Health Laboratory Service.
- I thank both for their courtesy and efficiency.

Chest Clinic.

The nearest Clinic is in Chesterfield, under the auspices of the Sheff.eld Regional Hospital Board. Another Clinic is held at the Victoria Hospital, Worksop (Watson Road Clinic) and Mansfield hold one at Kings Mill Hospital.

Venereal Disease.

Treatment and advice can be obtained at Derby Royal Infirmary, Chesterfield Royal Hospital, Victoria Hospital, Worksop, and Mansfield and District General Hospital.

SANITARY CIRCUMSTANCES OF THE AREA

Water:

This is supplied by the Chesterfield, Bolsover and Clowne Water Board and is satisfactory in quality. All the houses in the district are supplied direct from the town's mains. These houses are all supplied directly and there are no standpipes in the district.

Report from Chemist for Year 1960.

Monthly samples for Chemical and Bacteriological analysis were collected from the softening plants at Bolsover Moor and Hillstown. Both plants supply a treated water with an average hardness of 150 p.p.m. CaCO3 and all treated water samples gave satisfactory bacteriological results.

Regular samples for bacteriological and physical analysis were taken from the following distribution points:

HILLSTOWN TOWER.
HILLSTOWN STORAGE TANKS.
TAP, GAS WORKS, BOLSOVER.
TAP, STRATION ROAD, BOLSOVER.

All samples gave satisfactory bacteriological results and with the exception of one occasion, when a fault at Hillstown automatic plant resulted in a high concentration of chlorides and consequent taste, all physical results were satisfactory.

Hillstown Storage Tanks were out of service for a period during the year to facilitate renovations and routine precautions were taken before returning them to service.

Results of Examination of Sample of Water.

Taken from Tap, Stratton Road, Bolsover on 11th October, 1960.

Bacteriological Examination.

Agar plate counts per 1 ml.

2 days at 37° C 0

3 days at 20° C 0

Coliform counts per 100 ml.

2 days at 37° C 0

Bact. Coli type 1 (44° C) 0

Fhysical and Physico-Chemical Examination.

Appearance—Clear T.S.M.
Taste—Normal.
Electrical Conductivity770 units.
Odour—Nil.
pH. 8.0.

Chemical Analysis (Expressed in mg. per litre.)

| Carbonate Hardness (CaCO ₃) | 119 |
|--|----------|
| Non-Carbonate Hardness (CaCO ₃) | 0 |
| Total Hardness (CaCO ₃) | 119 |
| Total Alkalinity (CaCO ₃) | 185 |
| Excess Alkalinity (Na ₂ CO ₃) | 70 |
| Chlorides (Cl) | 68.5 |
| Monochloramine | trace |
| Dichloramine | nil |

Residual Chlorine.

Free nil. Combined trace.

Closet Conversions

One conversion (as part of an improvement grant) was carried out in 1960.

Sewerage and Sewage Disposal

Generally—there are three main sewage disposal plants at Bolsover, Shuttlewood and Stanfree, together with two small septic tanks and filters in the Village of Whaley. The Bolsover Urban District Council carry out sampling of effluents which are analized by the County analysts. In addition the Rivers Board Inspector does independent sampling.

Although samples are normally maintained to Royal Commission Standards, the Bolsover Works is overloaded in regard to humus treatment and attention is being given to this problem as the amount of suspended humus solids in the effluent is difficult to keep down.

At Bolsover also a system of disposal of sewage sludge by deposit in the town refuse tip is about to commence. The sludge will be carried from the Bolsover Sewage Disposal Works in a 1'000 gallon motor tanker and run into the tip by a method of windrowing the refuse and immediate burial.

North Ward—the scheme for drainage of properties on Chesterfield Read, Shuttlewood has now reached the stage where the Contract is let, the Minister's Approval has been received and work is about to commence.

One of the sites for sewage disposal plant is subject to compulsory purchase.

Valley Estate—this development is proceeding slowly, sewers are adequate for the initial development and a scheme for drainage of further development is being prepared.

Public Swimming Baths

This establishment is operated by the Bolsover Urban District Council and was originally erected by the Miners' Welfare and leased to the Council.

There is a 20 yard by 10 yard tiled plunge bath covered by a traditional building, the wall of which have been re-tiled to 7'6" high this year. In 1958-59 new changing accommodation complete with lavatories, showers, etc. was constructed by the Council, so that at this time, the service is at a good standard.

Water is supplied from the mains of the Chesterfield, Bolsover and Clowne Joint Water Committee. The treatment within the baths consists of rapid filtration and chlorination together with heating. The period of turn over of the plunge bath water is approximately 4 hours.

The water is subjected to periodic check for bacteria and chlorine content. Samples are taken by the Public Health Department and analized by the County Analyst. Results of these analyses have been consistently good.

This year it is proposed to provide a new chlorinator for this bath.

Four samples of water from the inlet and outlet ends were submitted for bacteriological examination. They were all reported as being satisfactory for bathing purposes.

Housing

In 1960, 20 new houses were completed by the Council and 15 were completed by private development. This is quite a lot less than in 1959. However, I expect the total for 1961 to be a lot higher.

FACTORIES ACTS, 1937 to 1959

There are 29 Factories registered in the Bolsover Urban District which are inspected from time to time, and action taken as it is necessary. Conditions generally were found to be satisfactory.

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

| | Number | Nur | nber of | | |
|---|----------------|------------------|--------------------|------------------------|--|
| Premises. | on Register | Inspec- tions | Written notices | Occupiers proseuted | |
| (i) Factories in which Sections 1, 2, 3, 4, and 6, are to be enforced by Local Authorities | | 18 | _ | | |
| (ii) Factories not included in (i in which Section 7 is enforce by the Local Authority. | | 50 | 1 | _ | |
| Other Premises in which Sec 7 is enforced by the Local Authority. | | | | | |
| excluding outworkers' Premises. |) 3 | 11 | 1 | - | |
| Total | 29 | 79 | 2 | - | |

2. Cases in which DEFECTS were found

| | Number of cases in which pros- ecutions | | | | |
|---|--|----------|---|----------------------|---|
| Particulars. | Found | Remedied | | By H.M. Inspector | |
| Ineffective Drainage of Floors Sanitary Conveniences. | - | - | | - | - |
| (a) insufficient | - | _ | - | _ | _ |
| (b) unsuitable or defective | e 2 | 2 | - | - | |
| (c) not separate for sexes | - | - | - | - | |
| Other offences against the Ac (not including offences relat- | t | | | | |
| ing to Outwork.) | | - | - | - | - |
| Total | 2 | 2 | - | - | - |

3. Outwork.

Nature of Work

Lace, lace curtains and net

No. of Cases of default in sending lists to the Council 10 nil.

INSPECTION AND SUPERVISION OF FOOD.

Milk, Meat and Other Foods

An account of the supervision of milk, meat and other foods will be found in the Public Health Inspector's report.

NATIONAL ASSISTANCE ACTS, 1948 and 1951.

Action was taken under the emergency procedure of this Act on one occasion. This involved an old lady who had lived as a recluse for many years. Her condition became worse rapidly and suddenly. However, when we went to remove her to hospital we found that she had died during the night. Her death (after a post

mortem) was found to be from toxaemia due to acute pyelonephritis and cystitis.

| | Meningococcal Meningitis | Food Poisoning | Gastro Enteritis | Para-Typhoid Fever | | Measles | do. (Non-Paralytic | Poliomyelitis (Paralytic) | Dysentery | Cerebro-Spinal Fever | Pneumonia | Other forms of Tuberculosis | Pulmonary Tuberculosis | Ophthalmia Neonatorum | Puerperal Pyrexia | Encephalitis Lethargica | Scarlet Fever | Erysipelas | Diphtheria | Notifiable Disease | | |
|-----|--------------------------|----------------|------------------|--------------------|----|---------|--------------------|---------------------------|-----------|----------------------|-----------|-----------------------------|------------------------|-----------------------|-------------------|-------------------------|---------------|------------|------------|-------------------------------|--------|-----------|
| 150 | | | | | 90 | 12 | | | 10 | | 44 | | 6 | | | | 27 | 1 | | At all Ages | | |
| 12 | | | | | 9 | 3 | | : | | | | | | | | | | | | Under 1 | | |
| 15 | | | - | | 10 | 4 | | | | | | | | | : | | _ | | | 1 to 2 | | |
| 14 | | | | : | 11 | _ | | | | | | | | | | | 2 | | | 2 to 3 | | z |
| 13 | : | | | | 00 | _ | | | _ | | | | | | | | w | | | 3 to 4 | - | Number of |
| 00 | | | | | 5 | | | | | | | | | | | | w | | | 4 to 5 | At Ag | er of |
| 61 | | | | : | 39 | 2 | | | 4 | | | | | | | | 16 | | | 5 to 10 | Ages - | Cases |
| 10 | : | | | : | 5 | _ | | | 2 | | | | | | | | 2 | | | 10 to 15 | years | = |
| 2 | | | | | 2 | | | | | | | | | | | | | | | 15 to 20 | | otified. |
| 6 | | | | | | - | | | ω. | | _ | | _ | | | | | | | 20 to 35 | | 1. |
| 2 | | | | | | | | | | | _ | | 1 | | | | | | | 35 to 45 | | |
| 4 | | | | | | | | | | | | | 4 | | | | | | | 45 to 65 | | |
| 3 | | | | | | | | | | | 2 | | | | | | | - | | 65 and up | | |
| 2 | | | | | | | | | | | | | | | | | 3. | | | Total cases re to Hospital | m'a | |
| | | | | | | | | | | | | | | | | | | | | Total Deaths | | |

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

Measles.

You may remember that last year I commented about the failure of measles in Bolsover to be high in number one year and low the next. Well, this year is more as you would expect. There have only been 12 cases this year. So, we should have a lot in 1961.

Wheeping Cough.

This was a bad year. We had three years previous to 1960 with only a few cases. This year we had 90. There were three cases between the ages of 15 and 20 and one case in adult woman who was over 25 years old Some of these were not very ill, but some had a rough time. I definitely advise immunisation against whooping cough. It is interesting that the doctors in Bolsover found that most of these children had not been immunised. They also felt that an immunised child who developed whooping cough did not have it so badly as a non-immunised sufferer.

Peliomyelitis.

Again, there was no case of poliomyelitis. I can only repeat that it is my belief that all who are eligible for vaccination against this illness, should accept vaccination as soon as possible.

Scarlet Fever.

At 27 cases we are at pretty much the same as last year when there were 31. The great majority suffered only a trifling illness.

Diphtheria.

There has not been a case in Bolsover since 1948. I am happy that 1960 did not break this record. I believe

that the easiest way to keep this going is by continuing to have our children immunised. Dr Morgan (County M.O.H. has kindly supplied the following figures regarding diphtheria immunisation:—

| | 1960 | 1959 | 1958 | 1957 |
|--------------------|------|------|------|------|
| Under 1 year | 107 | 109 | 83 | 81 |
| 1—4 years (incl.) | 28 | 42 | 18 | 39 |
| 5—14 years (incl.) | 11 | 14 | 55 | 11 |
| | 146 | 165 | 156 | 131 |

These figures relate to primary immunisations. I feel these numbers could and should be a lot greater. I use all parents to have their children immunised against diphtheria.

Food Poisoning

Again no case was notified nor came to our knowledge.

Dysentry

Towards the end of the year, many people developed diarrhoea with or without vomiting. Ten of these had some dysentry. Clinical recovery came quite soon after treatment.

Tuberculosis.

The following table gives particulars of new cases of tuberculosis and of all deaths from the disease during the year:—

| | | LN | EW C | ASES | DEATHS | | | | |
|------|-----------------------|----|-------|------|--------|----|-------|-------------------|----|
| Pe | ige riods years | | onary | | onary | | onary | Non- Pulmonary | |
| | | M. | F. | M. | F. | M. | F. | M. | F. |
| 0 | | | | | | | | | |
| 1 | | | | | | | | | |
| 5 | | | | | | | | | |
| 10 | | | | | | | | | |
| 15 | | | 1 | | | | | | |
| 20 | | | | | | | | | |
| 25 | | | | | | | | | |
| 35 | | 1 | | | | | | | |
| 45 | | 2 | | | | | | | |
| 55 | | 1 | 1 | | | | | | |
| 65 a | nd wards | | | | | 1 | | | |
| Tota | ıls | 4 | 2 | | | 1 | | | |

The death rate from tuberculosis is $0.08~{\rm per}~1,000$ of the population.

This has been a better year. There has been one death against two last year. Also, there were six new cases against eleven in 1959.

Mass Miniature Radiography

The South Yorkshire Area Mass Radiography Unit held a session at Bolsover this year. I give below details of the survey carried out along with the comments of the Medical Director.

| | Males | Females | 'Total |
|---------------------------------|-------|---------|--------|
| "Total radiographed | 239 | 387 | 626 |
| Passed on miniature film | 223 | 367 | 595 |
| Recalled for large film | 11 | 19 | 30 |
| Failed to attend for large film | - | 1 | 1 |
| Passed on large film | 5 | 13 | 18 |
| Recalled for medical interview | | | |
| after large film | 6 | 5 | 11 |
| Recalled for medical interview | | | |
| without large film | - | 1 | 1 |
| Referred to Chest Clinic | 5 | 4 | 9 |
| Referred to own Doctor | - | 2 | 2 |
| No action after interview | 1 | - 1 | 1 |

I am sure you will be as disappointed in the response as we were In spite of all the assistance we received from Mr Walton with publicity—everything was done to ensure the general public were aware of the visit—we only examined the rather pathetic total of 626. This is even lower than the 745 we had in 1955, and we considered this to be rather poor for a place with a population of Bolsover.

It may be that our preceding visits to Bolsover Coalite (743 examined) and Bolsover Hosiery Co. (374) includes quite a number of Bolsover residents, but even so I feel that we should get more at the public sessions".

I cannot help but feel that the Medical Director is right. It seems a great pity that attendances should be poor. The examination is free, the inconvenience is negligible, yet the benefits can be inestimable. I do hope attendance will be better in the future.

ANNUAL REPORT

of the

PUBLIC HEALTH INSPECTOR AND CLEANSING SUPERINTENDENT

To the CHAIRMAN and MEMBERS of the BOLSOVER URBAN DISTRICT COUNCIL.

Mr Chairman, Madam and Gentlemen,

I have the honour to submit my report for the year 1960.

1960 was a year of steady progress in the protection and promotion of the health of the inhabitants of this Urban District. It is not often that the public health service reaches the headlines, and when that does occur it is usually as a result of an outbreak of food poisoning, an increase in polio cases or some similar unfortunate occurrence. Nevertheless, over the years good solid progress has been, and is being made in safeguarding the health of the community and improving the conditions under which people live.

I should like to thank the Council for the help and encouragement which has always been given in carrying out my duties.

I am, Mr Chairman, Madam and Gentlemen,

Your obedient servant,

JOHN F. H. WALTON,

Public Health Inspector & Cleansing Superintendent.

General Inspection of the Area

Table showing inspections, etc. undertaken during the year 1960.

| Inspection of houses for nuisance and def | fects. | 493 |
|---|----------|--------|
| Revisits to houses | | 516 |
| Visits in connection with improvement of | of house | es 176 |
| Visits re water supply | | 4 |
| Visits to infectious disease cases | | 43 |
| Milk Distributors and Dairies | | 51 |
| Slaughterhouses-Meat Inspection | | 311 |
| Butchers Shops | | 86 |
| Bakehouses | | 15 |
| Fried Fish Shops | | 12 |
| Other Food Preparing Premises | | 61 |
| Food Shops | | 136 |
| Market Stalls | | 48 |
| Ice Cream Premises | | 79 |
| Inns and Other Public Buildings | | 6 |
| Factories and Workplaces | | 113 |
| Knacker's Yard | | 28 |
| Schools | | 5 |
| Controlled Refuse Tips | | 87 |
| Colliery Spoil Banks | | 9 |
| re Atmopheric Pollution | | 39 |
| Moveable Dwellings | | 39 |
| re Keeping of Animals | | 22 |
| Shops Act | | 30 |
| Petroleum Licensing | | 64 |
| Drainage Works | | 185 |
| to Public Baths | | 8 |
| Miscellaneous Visits | | 39 |
| Interviews with owners, contractors, etc. | | 312 |

Housing and Public Health Act Defects.

The following table shows the defects remedied as a result of action under the Housing and Public Health Act.

Defects in connection with-

| House roofs | | | | 73 |
|--------------------|-------------|----------|------|-----|
| Chimney stacks | | | | 12 |
| Eaves gutters and | rain wat | er pipes | | 29 |
| Pointing and bric | kwork of | f walls | | 17 |
| Yard paving | | | | 12 |
| Waste pipes | | | | 13 |
| Internal wall and | ceiling p | laster | | 112 |
| Windows and sas | sh cords | | | 30 |
| Doors | | | | 12 |
| Floors | | | | 16 |
| Staircases | | | | 3 |
| Cooking ranges a | ind firepla | aces | | 42 |
| Sinks | | | | 10 |
| Washing coppers | S | | | 7 |
| Rising or penetra | ting dam | pness | | 31 |
| Outbuildings | | | | 26 |
| Dirty houses | | | | 1 |
| Drains and inspe | ction cha | mbers | | 53 |
| Water closet ped | estals | | | 16 |
| Closet flushing ci | sterns | | | 27 |
| Walls and fences | | | | 4 |
| Dilapidated dust | oins | | | 231 |
| External decorat | ion | | | 14 |
| | | | | |

In connection with the foregoing defects 171 informal notices and 4 statutory notice were served.

Housing Development

Last year's report referred to the start made by the Council to erect 60 houses and 4 bungalows on the Vallev Estate in the West Ward of the Urban District, this being a portion of an area of some 70 acres scheduled for housing development in the future. To the end of 1959, 40 houses and the 4 bungalows were completed, and the remaining 20 houses, all being three bedroom type, were finished during the first few months of 1960. The Council's building programme for 1960 provided for a further 52 houses and bungalows on the Valley Estate, made up of 12 two bedroomed houses, 16 three bedroomed houses, 16 one bedroomed bungalows and 8 two bedroomed bungalows. In addition it is hoped to erect a number of dwellings in the central area of the town on land made available by the clearance of unfit houses, and negotiations for the acquisition of sites were commenced. Although no work had been begun on these schemes at the end of 1930, I am very pleased that the proportion of houses suitable for older people has been substantially increased, and especially as some of these should be near the central area of the town, quite close to shops, buses and the Elder Citizene Club which was completed just over a year ago.

During 1960, private developers built 15 houses in the District and a local builder commenced roadworks, etc., preparatory to building a number of houses in the development area, and progress with this scheme is now being made. At the end of the year there were 6 other privately built houses in course of erection throughout the Urban District.

It has been claimed that one family in four throughout the country enjoys the benefit of living in a new post war house. At the end of the Second World War there were 2,705 houses in the Urban District providing homes for a population of 10,100; now there are 3,703 houses to accommodate a population which has increased to 11,730. During the past 15 years 1,142 houses have been built so that 30.9%, or almost one third, of the occupiers now live in quite new houses, and in this respect

the percentage is somewhat higher than the national average. This increase in the total number of houses available has very markedly contributed to the general wellbeing, health and happiness of the inhabitants of the area, overcrowding has almost disappeared, the sharing of houses is not nearly so common and it has been possible to make quite good progress in the clearance of houses which have become no longer fit for habitation.

Clearance of Unfit Houses

The action taken to secure the removal of unfit houses during 1960 is summarised below:—
Clearance Area3

Hill Top (No. 2) Clearance Area

This area was declared in 1959 and comprised the six houses 45, 47, 49, 51, 53 and 55 Hill Top. The Council decided to attempt to negotiate purchase of these houses with the intention of redeveloping the site for housing purposes, but agreement with the owners could not be reached. A clearance order was subsequently made in 1960 and was confirmed without modification by the Minister of Housing and Local Government, a claim by the owners for well maintained payments being disallowed.

Bentinck Road (No. 1) Clearance Area

This area comprised the sixteen houses, 99, 101, 103, 105, 107, 109, 111, 113, 115, 117, 119, 121, 123, 125, 127 and 129 Bentinck Road, Shuttlewood in the North Ward of the Urban District. A clearance order in respect of these houses was made in September, 1960 and this has since been confirmed without modification by the Minister of Housing and Local Government after the holding of a public inquiry.

Hill Top (No. 4) Clearance Area

High Street (No. 3) Clearance Area

When these areas were declared in the previous year the Council decided to negotiate the purchase of the

houses for extending an open space in the Hill Top case and for housing redevelopment on the High Street site. Progress in acquiring these houses has been made and in the High Street area the houses are now being demolished.

Individual Unfit Houses

2, 4, 6, Chapel Walk Demolition order made
The Bungalow, Charlesworth
Street, Carr Vale Demolition order made

During the five years of the Council's Clearance Programme to the 31st December, 1960, 119 houses had been demolished or closed and action was in progress in respect of a further 42 houses, a number of these having been vacated were awaiting demolition. During the year 1960, 13 families (in all 48 persons) were rehoused from unfit houses, these being in the early part of the year coinciding with the completion of the first housing scheme on Valley Estate.

The task of clearing unfit houses and providing new houses for the families concerned is essentially a human one, and, as in previous years, the Council's Officers endeavoured to approach this duty with courtesy and understanding. Experience has shown that a number of unfit houses were owned by the occupiers, many having been purchased at a time when it was virtually impossible to rent a house except from the Council, and a married couple needed to have at least two children and to be living in rooms to qualify for a Council house in the days of acute housing shortage. The compensation provisions which were first introduced in 1956 have helped to diminish the hardship which inevitably arises, and it is somewhat significant that the vast majority of owner occupiers have welcomed the opportunity of living in a much better house.

The Housing Act contains a standard below which houses are regarded as being unfit for human habitation, and Local Authorities have the duty to secure the demolition, closure, or repair of all such houses. This task will be pursued until all unfit houses have been dealt with, but as the years pass by an ever increasing percentage of the population will be living in better houses with modern amenities and those remaining in the poorer houses will justifiably be demanding better homes and the modern amenities which the majority enjoy. Of course this is a national problem, and progress being made in the removal of houses unfit by present standards is much slower in those parts of the country where the number is particularly great. It is hoped however, that as the country makes progress in increasing the standard of living, the standard of unfit houses will progressively be raised to enable the benefits of modern homes to be extended to an ever increasing percentage of the population; and that action in this direction will not be unduly delayed by reason of the acute problems which confront some of the older industrial areas.

Improvement of Houses

For quite a number of years the Council have encouraged the improvement of housing accommodation under the 1949 Act (later the 1958 Act) provisions. In 1959 the Government introduced a new Standard Grant scheme to provide five standard amenities in houses with an expectancy of life of at least 15 years, the local authorities being compelled to give grants in such cases up to a maximum of £155.

The table below summarises progress made in recent years, giving the number of houses improved with grant aid:—

| | Owner-Occupied Houses | Tenanted Houses | Total Houses Improved |
|-----------------------------------|--------------------------|--------------------|--------------------------|
| 1954 | 3 | _ | 3 |
| 1955 | 25 | 40 | 65 |
| 1956 | 23 | 6 | 29 |
| 1957 | 15 | 4 | 19 |
| 1958 | 19 | 6 | 25 |
| 1959 | 32 | _ | 32 |
| 1960 (Standard ((Discretional | | - | |
| Grants) | 3 | 6 | 24 |
| | 135 | 62 | 197 |

At the end of 1960 there were 12 further cases where applications had been approved but where the works had not been completed—these being 5 discretionary grants (1 tenanted and 4 owner occupied houses) and seven standard grants (1 tenanted and 6 owner occupied houses).

One of the standard amenities contained in the 1959 Act relates to a water closet and grant can only be paid where the existing closet is not joined on to the house. This provision has given rise to a good deal of criticism and there is reason to believe that it will be amended to allow a grant on an internal water closet in every case. I certainly hope that this will result, as an inside W.C. is an essential amenity to the full enjoyment of a house.

I am very disappointed with the progress being made in providing modern amenities in tenanted houses. The above table shows the rather poor proportion being improved each year, and although it is claimed that nationally the introduction of the standard grant scheme has greatly increased the number of houses being improved, this has not been the case in Bolsover where improvement of houses was encouraged before the compulsory scheme was introduced. It is understood that an attempt is to be made to encourage more landlords to improve tenanted houses by allowing a somewhat greater increase in rent. There are in this district, and throughout the whole country, very many middle aged houses, which, though soundly built, do not possess those amenities which we all now regard as essential to a decenand healthy life. The task of providing those amenities is in most cases quite simple, and the tenants, practically without exception, are anxious to have hot water and bathrooms .etc. and are willing to pay a somewhat higher rent. I earnestly hope that landlords will face up to this challenge and that a growing proportion of the population will be able to live in really good homes.

Heusing-The Future

After the Second World War we were all acutely aware of the "housing problem" and at that time it was certainly a big one. Although the acute stage has passed, there remains, and always will remain a problem in try-

ing to ensure that every family has the benefit of a good home where they can enjoy a decent and healthy life. Initially the main attack on the problem was in the erection of new houses to make good the lack of building in the war years and to provide homes for those who had married in the war and immediate post war period. Nowadays the problem is being attacked from at least three sides, (a) by building new houses, (b) by pulling down those which are no longer fit to live in, and (c) by ensuring that middle aged houses are kept in satisfactory repair and as many as possible are modernised to match up to present day requirements.

Some limited new building will continue to be required as couples are marrying earlier, older peopple are living longer, and families desire and most can afford a home of their own, resulting in much less sharing of accommodation. Houses will continue to wear out and become unit for occupation, and standards will probably be raised to keep abreast of current opinion, thereby including more houses in clearance procedure. It is however the third aspect which presents the greatest challenge, for as a nation it is vital that we make the very best use of the older houses. We have long passed the days when a man's ambition was to own a row of houses to keep him in his old age-now the average man aspites to ewn his own house and has no desire to own any others. The days of the private landlords are passing, and most of them are taking every opportunity to sell their houses, only rarely is a privately owned house relet. This is allowing an ever increasing number of younger couples to own their own homes and many are modernising them, at a total cost which compares quite favourably with the rent of new Council houses; Improvement grants are of course extremely attractive to owner occupiers but so far the private landlord has not become very enthusiastic. It may well be that some measure of compulsion may have to be introduced to secure more progress in the modernisation of tenanted houses if the results of persuasion are not good enough; or, alternatively, local authorities might consider acquiring houses which are suitable for improvement and where owners are unable or unwilling to carry out this

work. Many of the middle aged houses are capable of being improved to offer the occupants a much higher standard of comfort than at present and it is the national interest that great strides in this direction be made in the not too distant future if we wish to avoid creating a gigantic slum clearance problem in the years ahead. We may not have arrived yet, but we are approaching the day when every house without hot water, bathroom and internal water closet will be regarded as unfit for human habitation; the sooner we can reach that goal the happier we shall be.

Many serious thinking people feel that we regard our houses in too permanent a way, expecting that they should last almost indefinitely; the result being that they are obsolete in design and equipment long before we consider pulling them down. It could be that in the years ahead, prefabrication and the use of the amazing new alloys and plastics could revolutionize house building. In the interests of road safety we have recently introduced a scheme whereby cars over 10 years old must satisfy a certain standard if they are to be kept in use, perhaps one day in the interests of health and happiness a similar scheme will be devised for houses, whereby those over a certain age must comply with a realistic standard if they are to remain fit for occupation. Although I must admit that age alone is no criterion of fitness for habitation, such a scheme would at least encourage progressive modernisation of older houses.

Caravans and Moveable Dwellings

About 6 years ago the Council established a caravan site which has since been extended and now provides standings for 23 caravans. The site was fully occupied throughout the year and its existence has done much to prevent the growth of a serious caravan problem in the district; though its existence may also have tended to encourage caravan occupation to a rather limited degree.

In the autumn of 1960 the Caravan Sites and Control of Development Act came into operation, the new legislation being designed to give a more realistic approach to the use of caravans especially for permanent residential occupation. The Act provides that no land can be used as a caravan site without a site licence granted by the local authority and planning permission must be granted before a licence can be issued. It was intended that planning permission should be granted on a permanent basis in cases where caravans could be properly sited, and so do away with the temporary permissions, which had been granted so frequently in the past. Local authorities can attach conditions to site licences to secure improved conditions on sites by requiring good standards of lay-out, equipment and maintenance.

When the Act came into operation there were, in addition to the Council's site, 9 other sites in the Urban District, 8 of them having only individual caravans and 1 site in the central area of the town having 4 caravans—some of these were awaiting vacancies on the Council's site. A number of these individual sites had been in use for several years and proper provisions had been made for water supply, drainage and refuse disposal. Applications for site licences were obtained from all the owners and these were referred to the planning authority. No further action was taken during 1960 as the planning authority's decisions were not received until early 1961.

No serious nuisances resulted from the occupation of caravans during 1960 in the Urban District. There are families who occupy caravans from choice though I cannot feel that a caravan offers a full and happy life for families with small children. We must however face the fact that couples with limited capital assets have been able to obtain a furnished home by purchasing a caravan, at a cost far cheaper than acquiring a traditional house. The new legislation requires the establishment of properly equipped grouped sites with a fairly high standard of amenities, and standings on these sites will command quite high rents; it may well be that would be caravan dwellers will, in future, think twice before purchasing a caravan for permanent occupation.

Infectious Diseases and Disinfection

Particulars will be found in the report of the Medical Officer of Health of the number of cases of infectious diseases notified during the year and 43 visits were paid to houses where cases had occurred.

The Council own a rather old steam disinfector which has not been used for a number of years. Terminal disinfection is not normally carried out, but disinfectant is available free of charge.

Vermineus Premises

There was again virtually no evidence of bed bug infestation of houses, though several houses experienced trouble from cockroaches and control measures were carried out; suitable powder and liquid insecticides are available free of charge to affected properties.

Water Supply

Every house in the district is supplied with water from the main supply of the Chesterfield, Bolsover and Clowne Water Board. Three samples of tap water were submitted for bacteriological examination and were reported as suitable for drinking purposes.

Premises used for the Preparation or Sale of Food

During 1960, 245 visits were paid to premises used for the preparation of food (excluding slaughterhouses)—these comprised two bakehouses, five fish frying premises, two ice cream manufacturers, ten manufacturers of sausages, etc., and one small cafe. The local jam and canning factory closed down during the year.

243 visits were paid to food shops and market stalls, including 41 shops registered under the Food and Drugs Act for the sale of ice cream, this being an increase of 8 during the year.

Apart from 5 fish frying establishments there are 78 shops selling food, 4 being bakers and confectioners, 9 concentrating on the sale of fruit and vegetables, 10

predominently grocers and 46 general dealers. The vast majority are combined house and shop premises of restricted size where the hygienic storage and display of differing type of food present numerous problems.

During the year action was taken to secure compliance with the requirements of Food Hygiene Regulations and to impress on food traders and their staff, the vital importance of strict attention to cleanliness and hygienic practices in all aspects of the preparation and handling of food. Most of the shops in the central area of the town are in old buildings which have been adapted to shop premises, and the shortage of ample storage and display space for food is a serious handicap, especially in those premises selling a very wide variety of articles of food.

There was again no case of food poisoning resulting from food manufactured or processed in the district.

Slaughterhouses

At the end of the year there were four licensed small slaughterhouses in the district providing slaughtering facilities for 6 local butchers and 2 from adjoining districts.

In last year's report I referred to the provision of the Slaughterhouses Act of 1958 and to the requirements of the Slaughterhouses (Hygiene) Regulations and the Slaughter of Animals (Prevention of Cruelty) Regulations which, except for certain specific provisions, came into operation on the 1st January, 1959. During the latter part of 1959 and the early months of 1960 the Council undertook a detailed review of the slaughtering facilities in the Urban District in consultation with the slaughterhouse owners, all local butchers and branches of the National Farmers Union. As required by the Slaughterhouses Act the Council submitted their report to the Minister of Agriculture, Fisheries and Food and this was subsequently approved. The report provides that three slaughterhouses will be modernised and improved to

comply with all the requirements of the Hygiene and Cruelty Regulations by the 1st October, 1961, one of the slaughterhouses has already closed down and its licence has not been renewed for the present year.

The effect of the new Act and Regulations is to ensure the lairing, handling and slaughtering of animals in a humane manner, and to secure hygienic conditions for the handling of carcases and offal and for efficient inspection of meat. One of the serious public health problems of our times is the incidence of food poisoning, and meat is known to be the most frequent cause of food poisoning. It is of course, right that animals should be prepared for food in a hygienic manner, and strict observance of the new Regulations can go a long way towards ensuring that meat is clean when it leaves the slaughterhouse.

Inspection of Meat and other Foods

The following table gives particulars of meat inspection carried out during the year, and although guite a fair amount of the slaughtering is done in the evenings or at weekends, once again all the carcases were inspected. Carcases and Offal inspected and condemned in whole or in part.

| | 0 | r in p | art. | | | |
|--|-----------------------------|--------|--------|-----------------------|------|--------|
| | Cattle excluding Cows | Cows | Calves | Sheep and Lambs | Pigs | Horses |
| Number killed | 427 | 47 | 1 | 932 | 146 | |
| Number inspected | 427 | 47 | - 1 | 932 | 146 | _ |
| All diseases ex- cept Tuberculcsis and Cysticerci Whole carcases con- demned | _ | | | 1 | _ | |
| Carcases of which some part or organ was condemned | 21 | 4 | _ | | _ | _ |
| Percentage of the number inspected affected with dis- ease other than tuberculosis and cysticerci | 4.92 | 8.51 | | 0.12 | _ | |
| Tuberculosis only Whole carcases con- demned | _ | _ | _ | _ | | _ |
| Carcases of which some part or organ was condemned | 9 | 1 | _ | _ | _ | _ |
| Percentage of the number inspected affected with tub- erculosis | 2.11 | 2.13 | _ | _ | _ | |
| Cysticercosis Carcases of which some part or organ was condemned | _ | _ | - | _ | _ | _ |
| Carcases submitted to treatment by refrigeration | | - | - | _ | | _ |
| Generalised and tot- ally condemned | - | _ | _ | _ | _ | - |

During the year an estimated 1,014 lbs. of meat and offals found to be unfit for food were voluntarily surrendered by the butchers to the local authority. For most of the year such meat and offals were stained and subsequently sold to the local knacker's yard with an arrangement whereby part of the proceeds were returned to the butchers concerned in certain circumstances. On the 1st November, 1960, the Meat (Staining and Sterilization) Regulations came into operation and these required that all unfit meat from slaughterhouses or butchers shops should be sterilized. As from that date the proprietor of the local knacker's yard undertook collection of all unfit meat and subsequent sterilization.

The quantity of meat rejected at the slaughterhouses has declined steadily during recent years, as shown below:—

| 1954 (six months enly) | - | 4,232 lbs. re | ejected |
|------------------------|---|---------------|---------|
| 1955 | - | 3,754 lbs. | " |
| 1956 | _ | 4,501 lbs. | ,, |
| 1957 | - | 3,293 lbs. | ,, |
| 1958 | _ | 2,312 lbs. | ,, |
| 1959 | _ | 1,708 lbs. | ,, |
| 1960 | - | 1,014 lbs. | ,, |

I should however, point out that the number of animals passing through the slaughterhouses has declined by some 41% during the period; nevertheless the amount of rejected meat shows a most pleasing reduction. In recent months there has been a somewhat higher activity in local slaughterhouses but the fall in rejected meat is being well maintained.

The most striking trend in meat inspection in recent years has been the very sharp reduction in the number of bovine animals found to be affected by tuberculcsis. The success of the Government's scheme to eradicate this disease for the cattle of this country is now becoming increasingly obvious in the meat inspection service. The striking reduction is shown by the following table which gives the percentage of bovine animals found to be affected by tuberculosis.

| 1954 | - | 16.40% |
|------|-----|--------|
| 1955 | · | 10.39% |
| 1956 | - | 7.82% |
| 1957 | - | 5.71% |
| 1958 | - | 5.51% |
| 1959 | - 4 | 3.06% |
| 1960 | - | 2.11% |

During the last three years there has been no case sufficiently serious to warrant rejection of the whole carcase, and those animals now found to be tuberculous have the disease to a very limited degree.

An agreement exists with the Chesterfield Corporation Public Health Department whereby one of their inspectors undertakes meat inspection in this district during my absence.

The following amount of food, apart from fresh meat, was found to be unfit for human consumption and voluntarily surrendered, being disposed of by burial at the Council's tip.

| Sausages | 152 lbs. |
|----------------------|----------|
| Bacon | 34½ lbs. |
| Cooked Meats | 40 lbs. |
| Canned Meats | 16 tins |
| Canned Fruits | 163 tins |
| (including tomatoes) | |
| Canned Vegetables | 18 tins |
| Canned Milk & Cream | 4 tins |
| Canned Soup | 7 tins |
| Canned Fish | 2 tins |
| Cakes | 3 lbs. |
| | |

Sampling of Food.

Sampling of food under the provisions of the Food and Drugs Act is carried out by the Derbyshire County Council and Mr R. W. Sutton, O.B.E., B.Sc., F.R.I.C., F.C.S., the County Analyst, has kindly supplied the following report:

"54 samples, including 12 Milks, were taken under the above Act in the area of the Bolsover Urban District Council during the year 1960.

One informal sample of Lobster Spread was somewhat deficient in fish content. A further sample was classed as satisfactory.

With the above exception the samples were found to comply with the Regulations and were returned as genuine".

Milk and Dairies Administration.

The sale of non-designated milk is prohibited in this district by virtue of the Milk (Special Designations) (Specified Areas) (No. 3) Order, 1953 which came into operation on the 1st January, 1954.

One producer of Tuberculin Tested milk bottles his milk at the farm and retails it locally, but from all other dairy farms the milk is collected by dairy companies for pasteurisation or sterilisation.

The Milk and Dairies Regulations

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

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations

The registrations and licences granted as at the 31st December, 1960, were as follows:—

| Registered distributors of milk | | 10 |
|--|----|----|
| Licensed Dealers in Tuberculin Tested mi | lk | 6 |
| Licensed Dealers in Pasteurised milk | | 6 |
| Licensed Dealers in Sterilised milk | | 4 |

Bacteriological Examination of Samples

There are two small manufacturers of ice cream in the Urban District and five samples were submitted for examination with results as follows:—

| Grade 1 | | | 3 |
|---------|------|------|---|
| Grade 2 | | | 2 |
| Grade 3 | | | - |
| Grade 4 | | | - |

Four samples of water from the inlet and outlet ends of the Public Baths were submitted for bacteriological examination and all were reported as suitable for bathing purposes.

Three samples from the main supply of the Chesterfield, Bolsover and Clowne Water Board were reported as being satisfactory.

Three samples of orange juice bottled locally were submitted for examination and found to be free from coliform organisms.

Slaughter of Animals Act, 1958

At the end of 1960, 11 persons held licences to slaughter or stun animals in Slaughterhouses or Knacker's yards.

Knacker's Yard.

28 visits of inspection were paid to the Knacker's Yard. This is a rather small business in a very remote part of the district, and it was conducted in as satisfactory a manner as its nature and location permits.

Sheps Act, 1950.

30 visits were paid to shop premises regarding sanitary conveniences, washing facilities, closing hours and the employment of young persons.

Petroleum Licensing.

64 inspections were made of premises used for the storage of petroleum spirit.

At the end of 1960, 20 licences were in force involving a maximum storage capacity of 306,150 gallons.

During the previous year detailed inspections of all storage installations were undertaken to secure strict compliance with Home Office Model Codes and all licencees were allowed a reasonable time in which to carry out improvements and alterations. As from 1st January, 1961, several licences were not renewed and a new form of licence based on the Model Code was introduced.

Rodent Control

The Department has two trained rodent operatives and one of these men undertakes rodent control work regularly.

The Council undertake free treatment of domestic premises infested with rats or nice, but business premises are charged with the cost of treatments carried out. Five business premises were the subject of annual contracts and systematic inspections, and treatments as and when required, have resulted in these premises being kept well under control. Most of the other industrial and agricultural premises in the district have annual contracts with a private operator who was once an employee of the Ministry's rat and mouse destruction service.

The systematic survey of the district for rats and mice was continued throughout the year and the treatment of the sewers revealed very little evidence of infestation. Permanent baiting points were maintained at the refuse tips and sewage works and this method of treatment has been found to be highly successful.

Rodent Control Report for year ended March 31st, 1960

| | Type of Proper | | | |
|-------------------------------------|--------------------|--------------------|----------------------|-------------------|
| | Local Authority | Dwelling houses | Business Premises | Agricul- tural |
| Total properties inspected | 18 | 1837 | 138 | 52 |
| Number of treatments carried out | | | | |
| Rats | 6 | 21 | 4 | 4 |
| Mice | | 7 | . 2 | - |

The number of treatments carried out shows little variation from the previous year. There was no major infestation, and those found were of a minor character. The general public now realise that a free service is offered for rodent control and co-operate wholeheartedly in the task of exterminating rats and mice.

Conversion of Pail Closets, etc.

During 1960 one pail closet was converted into a water closet, this was at The Bungalow, Oxcroft Lane, and was part of an improvement grant scheme.

Reports for recent years have referred to the schemes to provide sewers to serve a number of houses in Chesterfield Road, Shuttlewood. The schemes have been approved and the contractor is expected to start work quite scon. It is hoped that the next annual report will give details of further progress to reduce the number of houses served by pail closets and cesspools.

Atmospheric Pollution

The measurement of atmospheric pollution in this district was commenced on the 1st February, 1959 and the instruments were sited with the co-operation of officers of the Warren Spring Laboratory of the Department of Scientific and Industrial Research. One deposit gauge was sited at Hall Farm in fairly close proximity to the Bolsover Colliery and the carbonising plant of Coalite and Chemical Products Ltd., which are the main sources of industrial pollution in the Urban District; the second gauge was sited in Moor Lane, to the east of the town centre, to give records of deposited matter in the residential area. Two lead peroxide instruments were sited in Cundy Road and Moor Lane.

The results obtained since 1st February, 1959, are set cut below:—

Deposited Matter

(Total solids, tons per square mile)

| | Hall | Hall Farm | | Lane |
|-----------|-------|-----------|-------|-------|
| | 1959 | 1960 | 1959 | 1960 |
| January | - | 14.44 | _ | 11.24 |
| February | 8.54 | 12.65 | 12.15 | 11.41 |
| March | 13.11 | 12.45 | 12.86 | 10.67 |
| April | 16.49 | 14.74 | 12.58 | 9.87 |
| May | 16.10 | 8.33 | 10.60 | 17.89 |
| June | 19.74 | 17.39 | 16.01 | 13.49 |
| July | 16.73 | 17.29 | 11.78 | 8.49 |
| August | 16.79 | 15.63 | 10.60 | 10.59 |
| September | 17.22 | 13.74 | 11.00 | 10.60 |
| October | 13.14 | 11.29 | 10.17 | _ |
| November | 16.43 | 13.18 | 12.45 | 9.36 |
| December | 12,22 | 20.86 | 11.38 | 9.96 |
| | | 22 22 | | 100 |

Hall Farm—1959 monthly average—15.32 tons per sq. ml. 1960 monthly average—14.43 tons per sq. ml. Moor Lane—1959 monthly average—11.93 tons per sq. ml.

1960 monthly average-11.23 tons per sq. ml.

As was expected the level of pollution proved to be somewhat higher closer to the industrial premises and there was a slight reduction in deposited matter at both stations during the year 1960

Estimation of Sulphur by Lead Peroxide Method (M.g. of SO, per day collected by 100 sq. cm. of Batch

A PbO,) (Louvered cover)

| | Cundy | Road | Moor | Lane |
|-----------|-------|------|------|------|
| | 1959 | 1950 | 1959 | 1960 |
| January | _ | 2.21 | - | 2.30 |
| February | 2.28 | 2.62 | 2.11 | 2.51 |
| March | 1.56 | 1.22 | 1.43 | 1.07 |
| April | 1.87 | 1.90 | 1.62 | 1.63 |
| May | 1.17 | 0.98 | 0.98 | 1.10 |
| June | 1.43 | 0.33 | 0.88 | 0.83 |
| July | 0.87 | 0.97 | 0.69 | 0.90 |
| August | 1.13 | 1.12 | 0.84 | 0.95 |
| September | 1.20 | 1.03 | 1.05 | 1.12 |
| October | 1.58 | 1.18 | 1.49 | 1.39 |
| Nevember | 2,32 | 2.12 | 2.57 | 2.27 |
| December | 2.47 | 2.87 | 2.59 | 2.88 |
| | | | | |

Cundy Read—1959 monthly average—1.62

1960 monthly average-1.55

Moor Lane—1959 monthly average—1.48

1960 monthly average-1.58

With regard to pollution from industrial sources, the local jam and canning factory which had coal burning plant, closed down early last year and the premises are to be opened up by a company which will not burn solid fuel. The National Coal Board have plans for improvements at Bolsover Colliery, and Messrs Coalite and Chemical Products Ltd. are actively engaged on replacing obsolete carbonising retorts to materially reduce pollution during the cooling process and in the charging and discharging of the batteries. It is expected that these plans when fully implemented, should materially reduce pollution from industrial sources in this district.

With regard to pollution from domestic sources the immediate future is not quite so bright. The Bolsover Urban District is essentially a mining area and the vast majority of its adult male population are employed in the mining industry or in the processing of coal and its derivatives. Consequently a high percentage of the householders receive concessionary fuel, and this gives rise to special problems in implementing the Clean Air Act provisions regarding pollution from domestic sources. Nevertheless there has been a considerable reduction in the degree of pollution from domestic sources in recent years. There has been a rapid increase in the percentage of new houses with modern and more efficient firegrates, the old obsolete ranges are being replaced, coal fired wash coppers are vanishing, and there is an increasing use of gas and electricity for cooking and space heating. The amount of coal burned in each house per year must be considerably less than in pre war days and probably easily outweighs the increase in the number of houses. The progress that has already been made has resulted from the march of time and the introduction of labour saving equipment in the home; the continuance of this progress to secure smokelessness by legislative action will be far from easy to achieve. In recent months there have been reports of an impending agreement between the National Union of Mineworkers and the National Ceal Board on the question of concessionary coal, and it has been suggested that this would remove the obstacles to the establishment of smoke control areas in mining districts. This is an area where "buy back" ar-

rangements have been in force for a long time and I very much doubt whether appreciable progress in the predominently mining areas can be made on the basis of the miner surrendering his concessionary coal for money in order to buy smokeless fuels. I feel that much more could be done to reduce domestic pollution if the National Coal Board would undertake large scale and widespread manufacture of free burning solid smokeless fuels thus enabling mineworkers living in smoke control areas to be supplied with such fuels in place of coal. I know that the National Coal Board are taking a much greater interest in the production of processed fuels and I hope this will continue and expand. We should be prepared to treat coal, which is one of our great national assets, as a valuable and complex chemical substance, which is capable of being processed to provide smokeless fuel and a host of other everyday commodities, ranging from petrol to drugs.

I look forward to the time when the benefits of clean air can be enjoyed by all the mining areas. Of course the effects of air pollution are mecifully not always so evident as the disastrous London fog of 1952, but I should like to see people clamouring for cleaner air to reduce the incidence of chest troubles and to save cleaning costs. Already progress has been made in some of the larger cities, and it seems to me to be every bit as important, that the air in those districts where men are employed long hours underground away from the sunshine, should be every bit as pure and free from pollution as anywhere else in the land.

Public Cleansing Service

At the beginning of the year under review the Council employed 14 workmen and 3 vehicles on the collection and disposal of refuse, the emptying of pail closets and cesspools and the collection, sorting and baling of salvaged materials. Two vehicles—a 12 cubic yard S & D Freighter and a 7 cubic yard Karrier Bantam were employed whole time on refuse collection emptying some 3,950 dustbins regularly each and every week. The third vehicle, another 7 cu. yard Karrier Bantam, was employed on collection of waste paper from shop and

commercial premises on one day each week, and for the remainder of the week was used to empty cesspools and pails, towing a trailer mounted 3" mud pump discharging into a 300 gallon tank fitted inside the vehicle. The S and D Freighter had been in daily use since 1948, was rapidly approaching the end of its useful life and had become uneconomic to maintain. Similarly the older of the two Bantams was approaching the time for replacement.

Early in the year a detailed report on public cleansing transport was submitted to the Council, the opportunity being taken to consider the purchase of a combined gully/cesspool emptier which would empty cesspools much more speedily than the existing equipment and would be available for cleansing street gullies and undertake the disposal of sludge from the sewage works without any increase in the labour force. Trials with vehicles kindly loaned by the manufacturers were quite successful, and the Council subsequently approved the purchase of an 18 cubic yard rear loading Karrier Dual Tip for refuse collection duties and a 1,000 gallon combined gully/cesspool emptier. The new refuse collection vehicle was delivered late in 1960 and the new gully / cesspool emptier arrived early in 1961-both vehicles are now operating quite satisfactorily.

The collection and disposal of refuse is a service of vital public health importance, a weekly collection was maintained throughout the year and the almost complete absence of complaints from the public pays tribute to the efficiency and devotion to duty of the workmen who perform this far from pleasant task The removal of refuse from our homes presents problems which this age of mechanisation and automation has done very little to reduce. Admittedly, we now have more hygienic galvanised dustbins for storage purposes in place of a variety of open containers, new refuse collection vehicles are a vast improvement on open horsedrawn carts; but the basic pattern remains of storing refuse at the house, emptying the container into a vehicle in the roadway and then conveying it for final disposal. Some local authorities are experimenting with expendable paper sacks in place of dustbins, thus saving a journey in returning empty dustbins from the roadway, but refuse collection and disposal is a costly and not very pleasant duty especially in mining areas where the ash content is higher than normal. There are of course devices which by grinding waste material allow it to be disposed of down the sink, but these are not the whole answer in this type of area. One day we may have a much better system but the solution appears to be a long way off, and for the present this rather dirty and far from glamourcus job must be carried out. The average cost of refuse collection and disposal is 19/11\frac{1}{4}d. per house per year, which is money well spent considering the amount most of us pay for cigarettes each week.

No undue labour difficulties were experienced during the year and the men engaged on public cleansing continued to receive a plus rate of 3½d. per hour. This plus rate was introduced a number of years ago at a time of acute labour difficulties and without it, it is very doubtful whether the service would be able to recruit or retain decent workmen. An ever increasing number of local authorities have been forced to introduce collection and salvage bonus schemes to attract suitable workmen, but these involve increased clerical and administrative work and are not very easy to apply in smaller areas where workmen cannot always be employed on the same work all the time.

The disposal of all refuse is now undertaken in a disused portion of the clay pit at the New Byron Brick Company's works just outside the boundary of the Urban District. A new long term agreement was negotiated with the new owners of the brickworks and they also agreed to sludge from the Bolsover Sewage Works being disposed of with the refuse. There is ample tipping space for very many years and disposal of refuse should present no difficulties in the foreseeable future.

The Council provide a free service, except in one special case, for the emptying of pails and cesspools, and the contents are disposed of into suitable manholes near the various sewage works. In recent years there has been some reduction in the number of pail closets -but

there has been a greater increase in the number of cesspools to be emptied. Nowadays all householders desire
the benefits of modern sanitation and amenities and an
increasing number of isolated cottages now have larger
cesspools to empty. There have also been cases of new
development beyond the town's public sewers and these
add to work to be done. The use of the new 1,000 gallon machine has been of great benefit and enables this
work to be carried out in only a little over half the
time required by the old equipment.

Salvage

(Referring to the financial year ended 31st March, 1961)

Sales from the 1st April, 1960 to the 31st March, 1961, were as follows:—

| Waste paper and | | Tons | Cwts | Qrs | £ | s. | d. |
|-----------------|------|------|------|-----|------|----|----|
| cardboard | | 145 | 16 | 3 | 1192 | 18 | 4 |
| Textiles | | 1 | 0 | 3 | 10 | 7 | 6 |
| Scrap metals: | | 7 | 14 | 3 | 58 | 10 | 0 |
| Loose tins | | 19 | 19 | 2 | 33 | 2 | 6. |
| | | 174 | 10 | 3 | 1294 | 18 | 4 |

Compared with the previous year, the amount sold rose by over 30 tons and the income was £100 greater. No difficulty was experienced in disposing of waste paper, and the Council's contract with the Board Mills was renewed for a further five years. A report was presented to the Council on the cramped and very unsatisfactory arrangements for the storing and baling of waste paper and cardboard. If new premises of adequate size and incorporating a powered baling press were brought into

use, the cost of handling and baling paper and cardboard could be well-nigh halved, giving a bigger profit to the rate fund. I am hopeful that progress in this direction can be made quite soon.

In conclusion, I should like, once again, to pay a very sincere tribute to all the workmen engaged on public cleansing. Their's is not a soft, clean job and the services they perform are all too often taken for granted; this is of course to their credit, for if the dustbins were not emptied regularly every week the public would be very conscious of an inefficient service and have plenty of critiscism.





