

[Report 1950] / Medical Officer of Health, Burgess Hill U.D.C.

Contributors

Burgess Hill (England). Urban District Council. nb2010028436

Publication/Creation

1950

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BURGESS HILL URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

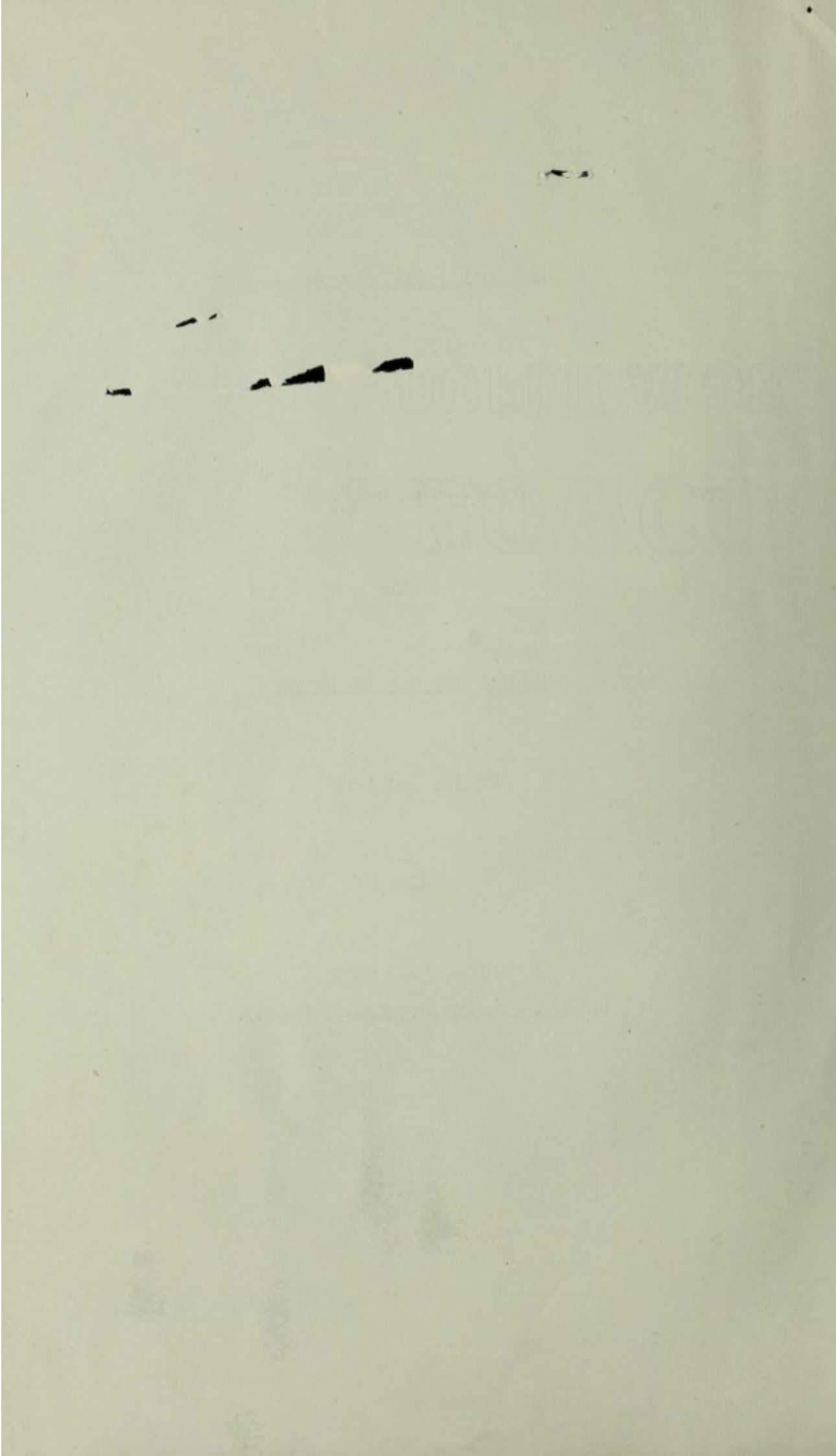
MEDICAL OFFICER OF HEALTH

For the Year 1950

by

WILLIAM B. STOTT

L.R.C.P. & S. (Edin.), D.P.H., (Camb.).



URBAN DISTRICT COUNCIL OF BURGESS HILL

R E P O R T

of

THE MEDICAL OFFICER OF HEALTH

To the Chairman and Members of the Burgess Hill Urban District Council.

I have the honour to submit my Annual Report for the year 1950.

The Crude Death Rate is 12.77 and this figure when adjusted gives a Corrected Death Rate of 9.70 which compares with 11.6 for England and Wales.

The Infant Mortality Rate is 20.83 as compared with 29.8 for the country as a whole and with 24.19 for 1949.

The Death Rate for tuberculosis is 0.36.

No deaths occurred during the year from Diphtheria, Scarlet Fever, Whooping Cough, Measles or Typhoid Fever.

INFECTIOUS DISEASE.

The district has been remarkably free from infectious disease, only twenty-six cases occurring -- 7 pneumonia, 5 measles, 14 whooping cough. For the sixth year running not a single case of diphtheria has occurred in this district -- an excellent tribute to the diphtheria immunisation scheme.

Scabies has been getting less every year since the end of the war and with only two cases notified in 1949 and none in 1950 it can be said that at the present time the district is free from the disease. Cleansing facilities which were established at the Clinic during the war have now been withdrawn.

DIPHTHERIA IMMUNISATION.

Since July 1948 the County Council has been responsible for the administration of this Scheme and the County Medical Officer of Health has delegated the duties in connection with local arrangements to your Medical Officer of Health.

Striking figures for the country as a whole were given in a recent article by a Medical Officer of the Ministry of Health. In 1941 over 50,000 cases of diphtheria were notified and of these 2,641 were fatal, whilst for the preceding ten years the average annual number of deaths was 3,115 and that of notifications around 60,000. During 1950 the number of cases had fallen to 980 with 49 deaths and this satisfactory position has been maintained into 1951. Concern was expressed that in England and Wales during the latter half of 1950 there was a falling off in the number of children immunised and it was considered that this was due to the fear that inoculations might bring on paralytic poliomyelitis. This problem is now being investigated and for the present all that can be said is that a prima facie case has been made out of the possibility, during the epidemic prevalence, of some occasional connection between recent immunisation and the onset of the paralysis. The risk, however, is extremely small and in 1950 with over half a million immunisations only 58 cases of poliomyelitis developed within four weeks of the injection, this, out of a total of 5000 cases of paralytic poliomyelitis.

In this area investigations since 1947 have failed to show a single instance of paralytic poliomyelitis following immunisation injections. As it had been reported that the occurrence of paralysis in the limb had invariably occurred when the injection was given intramuscularly it was decided in August to change our technique of giving .5 cc A.P.T. intramuscularly to .5 cc P.T.A.P. subcutaneously because the latter was reported to cause less discomfort when given by this route. Our experience of this method has been similar; in fact the reactions appear to be less frequent and less pronounced and the Schick conversion rate is equally good.

The falling off in immunisations in the country as a whole did not apply to this district and the position at 31st December, 1950 was that out of a total of 1985 children under 15 years of age, 1844 had been immunised -- a percentage of 93. Immunisation does not commence until the child is nine months old and if these are excluded from the figures the percentage of children immunised would be 98. I should like to emphasise once again that these figures are not estimates but are founded on fact, a card being made out for every child in the district and immunisations are recorded thereon.

As it is some years since the immunisation scheme as operated in this district was detailed I think it may be helpful if I were to explain our procedure. Details of children are received from various sources including the Registrar of Births (weekly return), the County Council through the maternity and child welfare department, and other districts and schools. A letter is sent to every parent when the child is eight months old advising immunisation and giving the option of their own doctor or a special clinic. This letter is followed by a personal approach by the district nurse or health visitor, and in a number of cases Dr. Duke, Deputy Medical Officer of Health, gives the injections at the child's home. Three to six months after the immunisation course, which consists of two injections at monthly intervals, an offer is made to the parent for the child to be Schick tested, and this is done by Dr. Duke at special clinics throughout the district.

As immunity wanes somewhat over a period of years all schools in the area are visited at regular intervals, children in primary schools being given a reinforcing injection on admission at the age of five years, while in the case of private school children the new admissions, of whatever age, are Schick tested and only those found to be Schick positive are given another injection. At ten years of age a Schick test is given, and where the test is positive additional immunisation injections are given. With this age group because of the possibility of reactions with A.P.T. or P.T.A.P. the antigen used is T.A.F. It is interesting to note that of all children tested at this age the percentage who are positive is only 8, showing the methods adopted do ensure immunity among the majority of school children. It is also probable that those who do react to the Schick test possess a latent immunity which would come into play if they were infected with the organisms of diphtheria.

All the testing and test reading throughout the area has been carried out by Dr. H. L. Duke, Deputy Medical Officer of Health, and he also gave the majority of the inoculations. It is mainly due to his efforts and those of Miss F.M. Dean, Immunisation Clerk, that the scheme runs so smoothly and efficiently.

NOTIFICATION OF MEASLES AND WHOOPING COUGH.

As it is now eleven years since the Ministry of Health made measles and whooping cough notifiable it would seem that the time is opportune to ask oneself if notification is serving any useful purpose. There is no doubt that a great deal of time has been taken up with these notifications which in the last four years has amounted to 330. The general practitioner has to complete a form in each case -- many complain bitterly of the form filling they now have to perform -- particulars have to be entered in a register and the form sent to the County Medical Officer of Health who keeps another register. In due course the general practitioner receives two shillings and sixpence for each notification. As far as this district is concerned I cannot see that notification has served any useful purpose as when a general practitioner wishes for the admission of a case to the isolation hospital he telephones the request to my office and notification plays no part in the matter. Whooping cough is a more serious disease than measles, especially in young children, but the same applies to this disease as far as notification is concerned and cases could be admitted to the isolation hospital without it.

VACCINATION.

The recent outbreak of smallpox at Brighton again demonstrated the value of vaccination and revaccination in preventing the disease from spreading and also that on the whole the longer the time since vaccination was performed the more severely persons were attacked. As Dr. Cramb, the Medical Officer of Health, states in his Report on the outbreak, no member of the public health department (medical, nursing, sanitary inspectorate, clerical or ambulance) contracted the disease, all being vaccinated at the beginning of the outbreak, and in the case of all the doctors and many of the sanitary inspectors further revaccinations were performed during the course of the outbreak. All known contacts were vaccinated as soon as ascertained and kept under daily observation and the efficacy of the procedure is shown by the fact that the outbreak was brought to an end less than four weeks from the time the first case was diagnosed. Without vaccination the outbreak could not have been controlled. Of the twenty-nine cases, ten died and of the latter seven had never been vaccinated while in the case of the other three all had been vaccinated in infancy but were over 50 years of age, by which time the immunity from vaccination had been lost. It is probable that if these three people had been revaccinated, say at school leaving age, they would be alive to-day.

There were a number of contacts in this district, and they were kept under observation during the incubation period. In the early days of the outbreak I advised the public in this area, through the local press, that those who were working in Brighton or visiting there should be vaccinated but that there was no need for mass vaccination. The public, however, were alarmed and flocked to the doctors' surgeries, over 4,000 people in this district being vaccinated.

Every child should be vaccinated during the first year of life, preferably about the third or fourth month but only a small percentage of infants are being vaccinated and I would like to make a strong appeal to parents in this district to have their children vaccinated at this age. At a later date, especially in the case of adolescents and adults, primary vaccination is not without risk, small though it may be. Medical opinion is somewhat divided on the need for revaccination in children, but for my part, because of the risk of smallpox being introduced to this country by air travel, I consider children should be revaccinated at school entry and on leaving school. I believe if this were done they would have a better chance of escaping the disease if they came in contact with a case, or at any rate they would have it in a milder form.

FOOD HYGIENE.

As will be seen from a table of inspections which appears later in the report more attention was given to the supervision of food premises than in previous years. Improvements to foodshops, restaurants and bakeries included the provision of glass screening of counters to protect food against contamination, reconstruction of kitchens, addition of sinks and washing facilities for the staff. The washing of hands is one of the most important factors in the prevention of outbreaks of food poisoning. Time and again outbreaks which have occurred in this country could have been prevented if this simple hygienic precaution had been taken by food handlers before starting work and after having been to the sanitary conveniences. At talks to food traders and their staff I emphasise this point more than any other. Sinks which are used for the preparation of vegetables or the washing up of crockery and utensils cannot be regarded as sufficient for hand washing as they may be in use when required for this purpose. Similarly a kettle on a ring cannot be regarded as meeting the requirement of "constant hot water".

Probably the next most important factor in preventing food poisoning is the keeping of food in a refrigerator. Even if food does become infected with disease-causing bacteria multiplication will only take place under warm conditions, so that it is of the utmost importance for food, after it has been prepared, to be kept at a very low temperature and this means a refrigerator or an ice-chest. It is only in recent years that caterers and food traders have begun to realise the importance of refrigeration of foods, although they have been thinking more in terms of keeping food fresh than preventing food poisoning. It is unusual for disease-causing bacteria to alter the smell or appearance of the food and this is of course unfortunate from the point of view of prevention. Food on display in shops should also be protected from contamination from persons, dust and flies, and this can be achieved by means of refrigerated display cabinets for cooked meats, ham, etc., and by glass for other food. Further attention is being given to this matter during the present year.

My thanks are due to Mr. Hobson, Sanitary Inspector, for his help and co-operation and for the particulars supplied for this report.

I should like to take this opportunity of expressing my appreciation of the consideration, support and assistance I have received from the Chairman and Members of the Public Health Committee.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

W. B. STOTT.

Medical Officer of Health.

PUBLIC HEALTH STAFF.

Medical Officer of Health: William B. Stott, L.R.C.P. & S. (Edin.),
D.P.H. (Camb).

Deputy Medical Officer of Health: H.L. Duke, O.B.E., M.D., Sc.D. (Camb),
D.T.M. & Hy.

Sanitary Inspector: J.W. Hobson, M.S.I.A.,
Certified Meat Inspector.

Clerks to the M.O.H.: Miss G.L. Everson
Miss G.J. Shuttlewood

Clerk to the S.I.: Miss S.M. Byrne

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Summary of Statistics for the years:

	1948	1949	1950
Area of District in Acres	2,024	2,024	2,024
Population estimated to middle of year	8,320	8,090	8,224
Rateable Value	£64,347	£67,852	£68,374
Sum represented by a Penny Rate	£256	£260	£271
Density of Population (persons per acre)	4.11	3.99	4.06
Number of Houses	2,420	2,539	2,546
Birth Rate per 1,000 population	13.34	15.33	17.51
Death Rate per 1,000 population	12.26	12.98	12.77
Infant Mortality Rate	36.04	24.19	20.83

CAUSES OF DEATH IN BURGESS HILL URBAN DISTRICT.

	Males	Females
1. Tuberculosis, respiratory	2	1
2. Tuberculosis, other	-	-
3. Syphilitic disease	-	-
4. Diphtheria	-	-
5. Whooping Cough	-	-
6. Meningococcal infections	-	-
7. Acute poliomyelitis	-	-
8. Measles	-	-
9. Other infective and parasitic diseases	-	-
10. Malignant neoplasm, stomach	1	4
11. Malignant neoplasm, lung, bronchus	2	-
12. Malignant neoplasm, breast	-	2
13. Malignant neoplasm, uterus	-	-
14. Other malignant and lymphatic neoplasms	5	2
15. Leukaemia, aleukaemia	1	-
16. Diabetes	-	1
17. Vascular lesions of nervous system	7	8
18. Coronary disease, angina	8	5
19. Hypertension with heart disease	-	1
20. Other heart disease	5	17
21. Other circulatory disease	2	2
22. Influenza	-	-
23. Pneumonia	4	-
24. Bronchitis	3	3
25. Other diseases of respiratory system	-	1
26. Ulcer of stomach and duodenum	1	-
27. Gastritis, enteritis and diarrhoea	1	-
28. Nephritis and nephrosis	-	1
29. Hyperplasia of prostate	1	-
30. Pregnancy, childbirth, abortion	-	-
31. Congenital malformations	-	-
32. Other defined and ill-defined diseases	3	8
33. Motor vehicle accidents	-	-
34. All other accidents	1	2
35. Suicide	-	-
36. Homicide and operations of war	-	-
Totals	<u>47</u>	<u>58</u>

BIRCH RATE, CIVILIAN DEATH RATE AND ANNUAL ANALYSIS OF MORTALITY
During the Year 1950 (Provisional Figures).

	Rate Per 1,000 Civilian Population	Annual Death Rate per 1,000 Civilian Population										Rate Per 1,000 Live Births	
England and Wales	15.8	0.37	11.6	0.00	0.01	0.00	0.36	0.10	-	0.02	0.46	1.9	29.8
126 County Boroughs and Great Towns, (including London)	17.6	0.45	12.3	0.00	0.01	0.00	0.42	0.09	-	0.02	0.49	2.2	33.8
148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census)	16.7	0.38	11.6	0.00	0.01	0.00	0.33	0.10	-	0.02	0.45	1.6	29.4
London	17.8	0.36	11.8	0.00	0.01	0.00	0.39	0.07	-	0.01	0.48	1.0	26.3
Burgess Hill Urban	17.51	0.12	12.77	-	-	-	0.36	-	-	-	0.48	7.0	20.83
	#18.38		#9.70										

* Corrected death rate; Corrected birth rate.

The Maternal Mortality Rates for England and Wales are as follows: Per 1,000 Total Births
 The Maternal Mortality Rates for Burgess Hill Urban District are as follows

Puerperal Sepsis	0.03	Others	0.15	Total	0.18
	Nil		Nil		Nil

BIRTHS AND DEATHS

Births and Birth Rate:

The following table shows the Births registered for the year 1950:-

	Male	Female	Total
Legitimate	68	71	139
Illegitimate	<u>3</u>	<u>2</u>	<u>5</u>
Totals	<u>71</u>	<u>73</u>	<u>144</u>

This gives a rate of 17.51 per 1,000 population.

	Male	Female	Total
Total Stillbirths	1	-	1
Legitimate	1	-	1
Illegitimate	-	-	-

Deaths and Death Rate:

The following table shows the Deaths registered for the year 1950:-

Male	Female	Total
47	58	105

This gives a mortality rate of 12.77 per 1,000 population.

The corrected death rate is 9.70.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Laboratory Facilities:

Arrangements are made for the examination of specimens for diphtheria, typhoid, etc., with the Public Health Laboratory, Royal Sussex County Hospital, Brighton (Tel. No. Brighton 23506). Medical practitioners send the specimens direct to the Laboratory, and they receive the report by telephone, a copy of such report being sent to this office.

Sputum for tuberculosis - specimens are also sent to the Public Health Laboratory, Royal Sussex County Hospital, Brighton.

Bacteriological examinations of milk, water, bathing pools, etc are carried out by the Public Health Laboratory.

Ambulance Facilities:

Cases of infectious diseases are now removed by one of the two British Red Cross Society's ambulances stationed at Lavender's Garage, Sussex Road, Haywards Heath.

Hospital Accommodation for Infectious Diseases:

Twenty-six beds are available at the M.I.-Sussex Isolation Hospital for the treatment of cases of infectious disease, twelve of these beds are in a cubicle block and the other fourteen in a block consisting of two main wards and side wards.

Alterations were carried out during the year to the block which formerly dealt with cases of diphtheria and it now accommodates fourteen cases of pulmonary tuberculosis.

A table on page 10 gives particulars of admissions during the year.

Smallpox.

Sedgebrook Smallpox Hospital, Plumpton has accommodation for ten cases. The South-East Metropolitan Regional Hospital Board state that cases of smallpox occurring in this district should be sent to the River Hospitals (Long Reach), Dartford, Kent.

CLINICS AND TREATMENT CENTRES.

Infant Welfare Centre:

Burgess Hill E.S.C.C.Clinic 1st and 3rd Thursday
 Mill Road, Dr. on 1st Thursday
 Burgess Hill

Clinics:

Diphtheria E.S.C.C.Clinic 1st Friday 2 - 3.30 p.m.
Immunisation Mill Road
 Burgess Hill

Tuberculosis E.S.C.C.Clinic Every Thursday except
 Oaklands, 2nd Thursday
 Haywards Heath

Orthopaedic E.S.C.C.Clinic Tuesday 1.30 - 5 p.m.
 Mill Road, B.Hill Friday 9 a.m. - 5 p.m.
 Dr. attends 4th Wednesday
 at 10.30 a.m. (by appointment)

Speech Therapy E.S.C.C.Clinic, Wednesday 2 p.m.
 Mill Road, B.Hill (by appointment)

Child Guidance East Grinstead: Every Friday 10 a.m.
 Moat Road (by appointment)

Lewes: Every Wednesday 10 a.m.
 Eastgate Baptist (by appointment)
 Church Room, Lewes

Hove: Tuesday at 10 a.m.
 33 Clarendon Villas Thursday at 2 p.m.
 Hove 3.

Minor Ailments E.S.C.C.Clinic, Weekdays (Mondays to Fridays)
 Mill Road, B.Hill 9 - 10 a.m.

Dental E.S.C.C.Clinic, Mondays and Fridays 10 a.m.
 Mill Road, B.Hill (by appointment)

School Clinic E.S.C.C.Clinic, 1st and 3rd Thursdays 10 a.m.
 Mill Road, B.Hill Dr. Douglas.

Family Planning E.S.C.C.Clinic, 2nd and 4th Wednesdays 2 p.m.
 Oaklands, Dr. each session (by appointment)
 Haywards Heath

Venerereal Diseases Facilities available at Royal Sussex County Hospital,
 Brighton:-

Men Monday 1.30 - 4.30 p.m.
 Thursday 1.30 - 4.30 p.m.
 Saturday 1.30 - 4.30 p.m.

Women and Tuesday 1.30 - 4.30 p.m.
Children: Thursday 10 a.m. - 1 p.m.
 Saturday . . . 10 a.m. - 1 p.m.

New cases must attend at least one hour before the Clinic closes.

- 2 -
CASES OF INFECTIOUS DISEASE IN AGE GROUPS

Disease	Total Cases Notified	Under 1 year											Cases admitted to Hospital	Total Deaths	
		1 - 2	2 - 3	3 - 4	4 - 5	5 - 10	10 - 15	15 - 20	20 - 35	35 - 45	45 - 65	65 and over			
Pneumonia	7	1	-	-	1	-	-	1	-	-	1	1	2	-	-
Measles	5	-	-	2	-	-	1	1	1	-	-	-	-	-	-
Whooping Cough	14	2	1	1	3	1	5	1	-	-	-	-	-	1	-
Totals	26	3	1	3	4	1	6	3	1	-	1	1	2	1	-

TUBERCULOSIS - NEW CASES AND MORTALITY, 1950

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	Males	Females	Males	Females	Males	Females	Males	Females
0 - 1	-	-	-	-	-	-	-	-
1 - 5	-	-	-	-	-	-	-	-
5 - 15	-	-	-	-	-	-	-	-
15 - 25	-	1	-	-	1	-	-	-
25 - 35	1	1	-	-	-	-	-	-
35 - 45	1	3	-	-	-	1	-	-
45 - 55	2	-	-	-	-	-	-	-
55 - 65	-	-	-	-	-	-	-	-
65 and over	-	-	-	-	1	-	-	-
Totals	4	5	-	-	2	1	-	-

INFECTIOUS DISEASE.
Notification Rates per 1,000 of the Population

Notifications	England and Wales	Burgess Hill Urban
Typhoid Fever	0.00	-
Paratyphoid Fever	0.01	-
Meningococcal Infection	0.03	-
Scarlet Fever	1.50	-
Whooping Cough	3.60	1.70
Diphtheria	0.02	-
Erysipelas	0.17	-
Smallpox	0.00	-
Measles	8.39	0.61
Pneumonia	0.70	0.85
Acute Poliomyelitis (including Polioencephalitis)		
Paralytic	0.13	-
Non-paralytic	0.05	-
Food Poisoning	0.17	-

THE MID-SUSSEX ISOLATION HOSPITAL

I am indebted to the Matron, Miss J. M. Reid, for the following particulars of cases admitted during the year.

The Cubicle Block allowed thirty different diseases, observation cases or diseases with complications to be dealt with.

Disease	Cuckfield Rural District	Cuckfield Urban District	Burgess Hill Urban District	East Grinstead Urban District	Uckfield Rural	Other Districts	Total
Poliomyelitis	6	-	-	1	7	1	15
Observation Poliomyelitis	-	-	1	-	-	-	1
Scarlet Fever	28	11	-	16	7	3	65
Scarlet Fever and Otitis Media	-	-	-	1	-	-	1
Scarlet Fever and Chickenpox	-	-	-	-	-	1	1
Observation Scarlet Fever	1	-	-	-	-	-	1
Paratyphoid	-	-	-	-	1	-	1
Observation Typhoid	-	-	-	-	1	-	1
Typhoid "Carrier"	-	-	-	-	-	1	1
Measles	-	1	-	10	1	2	14
Measles and Broncho Pneumonia	2	1	-	-	-	-	3
Rubella	-	-	-	1	-	-	1
Whooping Cough	-	1	-	-	3	-	4
Whooping Cough and Pneumonia	1	-	1	-	-	-	2
Whooping Cough and Epilepsy	-	-	-	-	-	3	3
Dysentery	-	-	-	-	-	4	4
Observation Dysentery	-	-	1	-	-	-	1
Erysipelas	2	-	-	-	-	1	3
Observation Erysipelas	-	1	-	-	-	-	1
Cellulitis	-	-	-	-	-	1	1
Cellulitis with Generalised Urticaria	-	1	-	-	-	-	1
Chickenpox	2	-	1	5	5	4	17
Chickenpox and Extensive Burns	-	-	-	1	-	-	1
Mumps	-	-	-	2	-	-	2
Observation Mumps	-	-	-	-	1	-	1
Mumps and Oophoritis	-	-	1	-	-	-	1
Mumps and Orchitis	1	-	-	-	-	-	1
Streptococcal Throat	1	-	-	-	-	-	1
Tonsillitis	2	1	1	-	-	1	5
Quinsey	1	-	-	-	-	-	1
Vincent's Angina	3	-	-	-	-	-	3
Laryngitis	1	-	-	-	-	-	1
Influenza	-	-	-	1	1	-	2
Broncho Pneumonia	1	1	-	-	-	-	2
Febrile Catarrh	-	-	-	-	1	-	1
Infective Jaundice	-	-	-	2	-	1	3
Glandular Fever	-	-	-	-	1	-	1
Mastitis	1	-	-	-	-	-	1
Tuberculosis (Pulmonary)	-	-	-	-	-	5	5
Totals	53	18	6	40	29	28	174

DIPHTHERIA IMMUNISATION
0 - 15 Years of Age

Number on Roll 1985 Percentage 93
 Number Immunised 1844 Percentage excluding children under
 nine months 98

The table below shows the immunisation figures for every school in the district.

Schools:	On roll	Immunised	Percentage
Primary and County Secondary			
Junction Road Junior and Infants	363	357	98
London Road Junior and Infants	235	232	99
Burgess Hill County Secondary	415	403	97
	1013	992	98
Not yet at School, or at school outside our area	141	136	96
Schools, Private	282	274	97
	1436	1402	98

SANITARY SUPERVISION OF THE AREA

Mr. Hobson, Sanitary Inspector, has furnished the following report on the sanitary supervision of the district.

Summary of Inspections

<u>HOUSING:</u>	Under Housing Acts	34	
	Under Public Health Acts	514	
	Re-visits	454	
	Rehousing visits	<u>167</u>	1169
<u>PUBLIC HEALTH ACTS:</u>	Infectious Disease	41	
	Premises disinfected	7	
	Infestations dealt with	13	
	Movable dwellings	<u>11</u>	72
<u>FOOD PREMISES:</u>	Bakehouses	51	
	Slaughterhouses	13	
	Ice-cream	43	
	Catering Establishments	52	
	Foodshops	93	
	Licensed premises	2	
	Dairies	<u>6</u>	260
<u>TRADE PREMISES:</u>	Factories - Mechanical Power	8	
	Factories - Non Mechanical	-	
	Petroleum Acts	<u>84</u>	92
<u>MISCELLANEOUS:</u>	Rats and Mice (made by Rodent Operator)	3000	
	Unclassified	51	
	Swimming Pool	<u>7</u>	3058
	Total visits		<u>4651</u>

<u>SAMPLES TAKEN:</u>	Drinking Water (Mains) Chemical and Bacteriological	4	
	Drinking Water (Well water)	1	
	Swimming Pool -- Bacteriological	1	
	Swimming Pool (tested on spot)	4	
	Ice-cream -- Bacteriological	12	
	Milk -- Bacteriological, Biological and Phosphatase	<u>35</u>	57

COMPLAINTS

During the year 160 complaints were received (not including reports of rats and mice). The complaints concerned:-

Housing Defects	51
Drainage	68
Infestations (various)	11
Miscellaneous	30

NOTICES

Number of notices outstanding at end of 1949 ..	210
Number of notices served during 1950	
(a) Preliminary	76
(b) Statutory	11
(c) Verbal	<u>57</u>
	354
Number of notices complied with during 1950 ..	134
Number of notices outstanding at end of 1950 ..	220

SUMMARY OF WORK CARRIED OUT DURING THE YEAR.

1. No. of dwellinghouses at which structural repairs were carried out	58
2. No. of dwellinghouses at which cleansing and redecoration were carried out ..	11
3. No. of premises at which accumulations and obstructions were removed	10
4. No. of dwellinghouses at which renewals, repair or extension of drainage systems were carried out	42
5. No. of dwellinghouses at which obstructed drainage systems were cleared ..	73
6. No. of dwellinghouses at which drainage system was connected to main sewer and cesspools abolished	32
7. No. of dwellinghouses at which new dustbins were supplied	38
8. No. of dwellinghouses at which flooding was dealt with	4
9. No. of W.C.s repaired, renewed, or additionally provided	51
10. No. of W.C.s to which fixed wooden seats were abolished	8
11. No. of drains tested	62
12. No. of cesspools emptied	70
13. No. of bakehouses and other food preparing premises to which improvements were carried out	9
14. No. of factories, offices and shops to which improvements were carried out ..	3
15. Public buildings at which improved sanitary accommodation was provided ..	2

WATER SUPPLY.

- (1) The water supply of the district, provided by the Burgess Hill Water Company, has continued to be satisfactory in quality. Further engineering works have been carried out by the Company to ensure a satisfactory supply for a considerable time to come.
- (2) The Company carries out monthly bacteriological examination of the raw water and all were satisfactory. The water was chlorinated.
- (3) The supply is not liable to plumbo-solvent action.
- (4) There was no evidence of the supply being contaminated.
- (5) With the exception of three houses, all are provided with a piped supply direct to the house.

SEWAGE DISPOSAL AND DRAINAGE.

The Sewage Disposal Works continue to function satisfactorily, although it is evident that the works are loaded to full capacity. Very careful operation is required in order to maintain a satisfactory effluent during times of heavy flow. Preparatory work is progressing for planning an enlargement of the works.

The new sewer in Folders Lane has been in operation for some time and most of the properties in this area are now connected to main drainage. The resulting improvement in the conditions in this area is most noticeable, there being no longer the all-pervading smell of decomposing sewage along this road.

CESSPOOL EMPTYING SCHEME.

A scheme was put into operation during the year for the emptying of cesspools. This was previously carried out by private firms to order, and in many cases was done only at infrequent intervals. The Council has made arrangements with an adjoining authority to hire a cesspool emptier periodically and undertakes the emptying of cesspools for owners and occupiers at a very modest charge. Many householders have placed standing orders for emptying at regular intervals and others order as and when necessary. This new service has been well received and is working very satisfactorily. Seventy-three cesspool emptyings have been carried out in 1950.

RATS AND MICE.

The Council employs a full-time operator to deal with rats and mice destruction. A free service is provided for the treatment of infestations in private dwelling houses and work is carried out at cost price in the case of business premises. A continual house-to-house survey is carried out, the fourth of such surveys is now in progress over the whole district.

The Council's refuse tip has received regular attention and has remained free from serious infestation.

A further test-baiting of the whole system of sewers again revealed no infestation.

During the year 167 complaints were received and 3000 visits were made to 1219 separate premises; 113 infestations of rats and 117 of mice were found and dealt with. The estimated kill being 1135 rats and 2321 mice. Actual bodies found were 320 rats and 201 mice.

The operator, Mr. S.W.Cook, is to be complimented on his thorough and conscientious work in connection with this branch of the service.

INSPECTION AND SUPERVISION OF MILK AND FOOD SUPPLIES

RETAIL DAIRIES.

Number of distributors	7
Number of retail dairies on register ..	6
Number of inspections	6

LICENCES GRANTED UNDER MILK (SPECIAL DESIGNATIONS)
REGULATIONS, 1949.

Tuberculin Tested (Dealers)	..	..	..	5
Tuberculin Tested (Supplementary)	..	..	..	1
Pasteurised	..	..	..	5
Pasteurised (Supplementary)	..	..	..	1

SAMPLING.

(a) <u>Bacteriological Examination:</u>				
Number of samples taken	..	..	..	27
Number satisfactory	..	..	..	26
Number unsatisfactory	..	..	..	1
(b) <u>Biological test for T.B.:</u>				
Number of samples taken	..	..	..	3
Number satisfactory	..	..	..	3
(c) <u>Phosphatase test for pasteurised milk:</u>				
Number of samples taken	..	..	..	8
Number satisfactory	..	..	..	6
Number unsatisfactory	..	..	..	2

ICE CREAM.

Number of Manufacturers	..	..	..	1
Number of Retailers	..	..	..	31

Bacteriological Examination:

Number of samples taken	..	..	..	12
Number satisfactory	..	..	..	10
Number unsatisfactory	..	..	..	2

MEAT AND FOOD INSPECTIONS.

Meat:

One slaughterhouse only is licensed, and is used for the occasional slaughter of pigs under Ministry of Food licences.

Twenty-two pigs were slaughtered during the year.

FOOD

Sixty visits were made to various premises for the purpose of food inspection, and the following list shows the amount of foods of various kinds condemned:-

										<u>lbs.</u>
Fish	..	..	..	..	..	..	..	..	..	281
Butchers' meat	..	..	..	..	..	..	..	..	..	73
Sugar	..	..	..	..	..	..	..	..	..	92
Flour and cereals	..	..	..	..	..	..	..	..	..	342
Biscuits	..	..	..	..	..	..	..	..	..	9
Cheese	..	..	..	..	..	..	..	..	..	7
Sausages	..	..	..	..	..	..	..	..	..	28
Bacon	..	..	..	..	..	..	..	..	..	4
Salt	..	..	..	..	..	..	..	..	..	9
Marmalade, jam, etc.	..	..	..	..	..	..	..	..	..	3711
Pickles and sauces	..	..	..	..	..	..	..	..	..	46
Tinned milk	..	..	..	..	..	..	..	..	..	29
" spaghetti	..	..	..	..	..	..	..	..	..	8
" fruits	..	..	..	..	..	..	..	..	..	41
" vegetables	..	..	..	..	..	..	..	..	..	37
" fish	..	..	..	..	..	..	..	..	..	6
" meat	..	..	..	..	..	..	..	..	..	176
" soup	..	..	..	..	..	..	..	..	..	5
Hydrol	12	cwts.								
Emulsion	3	cwts.								

TOTAL = 2 tons, 18 cwts, 3 qrs, 4 lbs.

HOUSING.

During the year under review very little additional housing accommodation has been provided. The last house of the West Park Estate scheme was completed and occupied early in 1950.

The erection of the 24 single bedroomed flats proposed for 1950 was not commenced in that year owing to difficulties over the acquisition of sites. It was finally decided to build 12 flats at the corner of Livingstone Road and 12 on a site in Clifton Road. Work actually commenced in 1951 and no flats have yet been completed.

The Council's 1951 building programme is the erection of 18 dwellings on a new site off St. Andrew's Road. Six of them will be single bedroomed flats in one block and the remainder will be built as semi-detached pairs of 2-bedroomed houses. It does not seem probable that building on this site will be commenced much before 1952.

There has thus been a gap of almost 2 years in the production of new houses, and in this period the waiting list, which had been almost cleared of urgent cases, has greatly increased in size and now contains a number of cases of serious housing need. No new applications have been added to the waiting list unless they have had a definite housing need, and association with Burgess Hill, but despite this restriction, the number has increased from 40 to 70. A small number of houses have become available for re-letting through deaths or removals but this does not appreciably affect the situation. No further action has been possible with regard to the unfit houses in the district, as until alternative accommodation is available, the occupants cannot be moved.

Some consideration has been given to the question as to whether the best use is being made of existing council houses. It has been reported that 28 houses of 2 or 3 bedrooms are being occupied by 1 or 2 persons, and it would seem possible, by making a few transfers, to make more efficient use of the existing accommodation. The difficulty is that most tenants do not wish to move from their present houses and the Council has decided at present not to bring any pressure to bear on tenants to move against their wishes.

FACTORIES.

1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

Premises	No. on Register	Number of		
		Inspec- tions	Written Notices	Occupiers prosecuted
(i) Factories in which sections 1,2,3,4 and 6 are to be enforced by Local Authorities	4	2	-	-
(ii) Factories not included in (i) in which section 7 is enforced by the Local Authority	10	8	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	-	-	-	-
Totals	14	10	-	-

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	No. of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspec- tor	By H.M. Inspec- tor	
Want of cleanliness (S.1.)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7)					
(a) Insufficient	1	1	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
Totals:	1	1	-	-	-

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