[Report 1948] / Medical Officer of Health, Colchester Borough.

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

BOROUGH OF COLCHESTER.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

JOHN D. KERSHAW,

M.D., B.S., London; M.R.C.S., England; L.R.C.P., London
D.P.H.

MEDICAL OFFICER OF HEALTH;

ACTING DIVISIONAL SCHOOL MEDICAL OFFICER;

ACTING AREA MEDICAL OFFICER;

MEDICAL SUPERINTENDENT OF THE ISOLATION HOSPITAL AND BOROUGH MATERNITY HOME.

1948.

Colchester:

WILES AND SON LTD., TRINITY STREET

BOROUGH OF COLCHESTER.

BOROUGH & PORT HEALTH COMMITTEE, 1948.

THE RIGHT WORSHIPFUL THE MAYOR,

COUNCILLOR L. E. DANSIE, J.P.

Chairman:

ALDERMAN H. H. FISHER, J.P.

Deputy-Chairman:

ALDERMAN MRS. R. L. BENSUSAN-BUTT, M.D.

Members:

COUNCILLOR S. E. HUNWICKE.

COUNCILLOR MISS L. B. IMPEY.

COUNCILLOR MRS. R. M. JOSLIN.

COUNCILLOR M. E. LAMPARD, M.D.

COUNCILLOR MISS K. E. SANDERS, R.R.C., J.P.

COUNCILLOR THE REV. P. WARWICK BAILEY.

Maternity and Child Welfare Committee:

(To 4th July, 1948)

The Health Committee with the addition of

MRS. W. W. TOWNSEND, J.P., and

MRS. M. PYE.

THE HEALTH DEPARTMENT, 1948.

Medical Officer of Health, etc.:
JOHN D. KERSHAW, M.D., B.S. (Lond.), D.P.H.

Deputy Medical Officer of Health, etc.:
R. W. CUSHING, M.A., M.B., B.Ch. (Oxon).

Assistant Medical Officer:
ELEANOR M. SINGER, M.Sc. M.R.C.S., L.R.C.P., D.C.H.

Dental Surgeon:
J. F. GODFREY, L.D.S., R.C.S.

Sanitary Inspectors:
†*L. H. ENGLAND. †*O. R. WARNER. †*C. J. JACOBI.

† Sanitary Inspector's Certificate. * Meat Inspector's Certificate.

Health Visitors:
*†‡MISS E. R. SMITH.
*†‡MISS E. BLANKS.
*†‡MISS D. H. L. WILDING.
*†‡MISS J. E. GILCHRIST.
*†‡MISS H. EDWARDS.

Clinic Nurse:
†MISS E. M. JEFFERY.

Chief Clerk and Laboratory Technician:
R. D. SARGEANT, A.C.C.S.

Disinfector:
H. EDWARDS.

Rat Operator:
E. J. V. FOXALL.

Matrons:

Isolation Hospital and Sanatorium:
*†MISS D. COPELIN.

Maternity Home:
*†MRS. F. DENNIS.

Day Nurseries:
†MISS D. HARRISON. †MRS. E. A. SINGLETON.

State Certified Midwife. † State Registered Nurse. ‡ Health Visitor's Certificate.

PART-TIME SPECIALISTS:

Surgeon, Isolation Hospital:
RONALD REID, F.R.C.S.

Orthopædic Surgeon:
T. ALEXANDER OGILVIE, F.R.C.S.

X-Ray Specialist:
J. ORD PENDER SMITH, M.B., Ch.B. (Edin.), D.M.R.E. (Camb.).

Medical Officer—Ante-Natal Clinic:
GWYNEDD HUGH-JONES, M.B., B.S. (Lond.), M.M.S.A.

Masseuse:
MISS M. TAYLOR, C.S.M.M.G., M.E., L.E.T.

Veterinary Surgeon:
C. T. MURPHY, M.R.C.V.S.

Public Analyst:
A. H. MITCHELL MUTER, F.I.C.

HEALTH DEPARTMENT,
TRINITY STREET,
COLCHESTER.

4th July, 1949.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you my report on the health of the Borough for the year 1948. Once again, comment on various special aspects of the health services' work is made in the appropriate sections of the report and this introductory letter deals mainly with general matters. One special point does, however, require comment here, and that the most spectacular item which the report contains; the infantile mortality rate for the year is 21.31, representing 20 infant deaths in 938 births. This compares with 26.2 in 1947 and the Borough's "low record" of 26.0 in 1929. My warning of last year, that single-year statistics in an area the size of Colchester may vary more widely than one would expect, must be borne in mind. I shall be greatly surprised if we equal or beat this new record within the next ten years or so. But, however modestly we regard it, the fact remains that in a year in which infantile mortality rates have fallen in many parts of the country, we have once again done considerably better than the average for comparable towns and for the country as a whole.

The year has, in general, been a healthy one. The total death rate, at 9.5, just fails to equal the Borough record of 9.4 in 1925. The various special death-rates remain comparable with those of previous years, that for cancer being the lowest since 1932. Statistical information on non-fatal disease is, of course, very limited, but there was certainly a fall in the incidence of serious infectious disease, a fortunate happening in view of the grave staffing difficulties which continually harassed the Isolation Hospital.

The major event of the year was undoubtedly the transfer of Maternity and Child Welfare Services to the County Council and of the Maternity Home and the Isolation Hospital to the Regional Hospital Board. I commented last year on the principles underlying the transfers and it is yet too early to comment upon their results. The administrative upheaval involved much extra work for the staff and many practical difficulties in the day-to-day work; had it not been for the exceptionally high quality of the staff the work might have temporarily suffered. I cannot speak too highly of the energy, unselfishness and resourcefulness of those on whom the burden fell.

I hope that the Council's loss of control over these transferred services will not result in a loss of interest in their working. Whatever the main administrative structure may be, the efficiency of any public health service depends upon co-operative community effort. Even though they may not be members of the official managing bodies, I trust that the elected representatives of the people of the Borough will continue to take an interest in the working of the personal health services and will still regard me as serving them in these matters.

Meanwhile, as I said last year, environmental health work will still be the task of the Borough and Port Health Committee and of the Corporation as Local Sanitary Authority. No part of this work is more urgent or important than that concerned with housing. It is clear that the national situation will make it impossible to catch up with our re-housing requirements for some years to come. Our slums, few though they may be, will degenerate further and border-line houses will become new slums. Overcrowding will persist, even if it does not temporarily worsen. It is, therefore clear that control over sub-standard and dilapidated houses will need to be maintained and intensified and that more responsibility than ever will fall upon the sanitary inspectors, in detecting housing defects and seeing that they are remedied.

Food hygiene has received due attention during 1948. Local standards are, at any rate, average. We cannot, however, stay content with average achievement and must seek ways and means by which those standards may be improved. There is no doubt that more legal powers are desirable to deal with some aspects of food hygiene—as witness the ludicrously inadequate powers which exist for dealing with that delectable but dangerous food, ice cream—but a great deal can be done by voluntary co-operation between the public, food traders and the officers of the health department. Some towns have obtained impressive results in this direction and the Chief Sanitary Inspector and I hope to profit by their experience.

Another side of environmental health work which seems certain to need attention during the next year or two is that of water supplies and sanitation in outlying parts of the Borough. It is natural that the water supply department should work in consultation with the health department; much difficulty and trouble is anticipated and avoided in that way. In addition, the powers of the water supply department, as a water undertaking, are limited by certain considerations of cost and in cases in which doubt arises on these grounds it becomes the responsibility of the health department and the health committee to consider the adequacy and suitability of the existing water supply in relation to health needs. The fall in the

water table in North-East Essex is beginning to affect private as well as public supplies and investigations are already in hand in some areas as to the state of private supplies.

These are only examples of what remains to be done. The scope of a health department or committee is as wide as the vision of its members. Those responsible for the Public Health Act of 1875 could not have foretold the extensions of public health work which were to take place during the succeeding fifty years and there may be things to come in public health which we cannot yet foresee. One thing, perhaps, we can realise: health is not merely a state of being but a way of life. That being so, nothing in human life is outside the province of the health worker.

I remain, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

JOHN D. KERSHAW,

Medical Officer of Health, etc.

Report of the Medical Officer of Health for the year 1948.

A Report as directed by Circular 3/49 of the Ministry of Health.

STATISTICAL SUMMARY.

Population (R.G. Estimate)	52,270
Area	12,020 acres
No. of inhabited houses	13,579
Rateable value	£383,570
Product of a penny rate	£1,529/19/1
Birth Rate (874 legitimate births, 64 illegitimate)	17.9
„ „ England and Wales	17.9
Death Rate per 1,000 of the population	**9.5**
„ „ England and Wales	10.8
Percentage of total deaths occurring in Public Institutions	34.4
Women dying in, or in consequence of, child-birth. From Sepsis,—. From other causes, 1	1
Infantile mortality rate per 1,000 live births Legitimate, 20.59. Illegitimate, 31.25. Total	**21.31**
Deaths from Measles	—
„ „ Whooping Cough	2
„ „ Diarrhœa (under 2 years)	—
Pulmonary Tuberculosis Death Rate	0.4
Other Tuberculosis Diseases Death Rate	0.038
Cancer Death Rate	1.4

DEATHS OF CIVILIAN RESIDENTS, 1948.

Cause of Death.	*M.*	*F.*	*Total.*
Typhoid Fever	–	1	1
Whooping Cough	1	1	2
Pulmonary Tuberculosis	9	12	21
Other Tuberculous Diseases	–	2	2
Infective Encephalitis and Poliomyelitis	–	1	1
Syphilitic Diseases	–	1	1
Influenza	3	–	3
Cancer of Buccal Cavities and Oesophagus	4	–	4
Cancer of Uterus	–	2	2
Cancer of Stomach and Duodenum	7	7	14
Cancer of Breast	–	7	7
Cancer of all other sites	24	23	47
Diabetes	1	–	1
Intracranial Vascular Lesions	28	39	67
Heart Disease	97	97	194
Other Diseases of Circulatory System	9	5	14
Bronchitis	4	6	10
Pneumonia	6	4	10
Other Respiratory Diseases	4	4	8
Ulcer of Stomach or Duodenum	8	5	13
Other Digestive Diseases	4	2	6
Nephritis	5	9	14
Premature Birth	4	5	9
Congenital Malformation, Birth Injuries and Infantile Diseases	6	2	8
Suicide	5	4	9
Road Traffic Accidents	3	–	3
Other Violent Causes	5	2	7
Maternal Causes	–	1	1
All Other Causes	11	18	29
	248	260	508

1948. DEATHS OF COLCHESTER RESIDENTS OVER 70 YEARS OF AGE.

	Aged 70 and under 80	Aged 80 and under 90	Aged 90 and over	Total
Male ...	83	45	—	128
Female ...	71	* 70	12	153
Total ...	154	115	12	281

Six persons were aged 90, one aged 91, three 92, and two 93. All were women.

More than half the deaths were of persons over 70 years of age and it should be noted that a number of persons died after reaching the age of 90.

BIRTH-RATES, CIVILIAN DEATH-RATES AND ANALYSIS OF MORTALITY IN THE YEAR 1948.

	England and Wales	126 C.Bs. and Great Towns including London	148 Smaller Towns Resident Pop. 25,000 to 50,000 at 1931 Census	London Adm. County	Colchester
	Rates per 1,000 Civilian Population				
Live Births	17.9	20.0	19.2	20.1	17.9
Still Births	0.42	0.52	0.43	0.39	0.51
Deaths—					
All Causes	10.8	11.6	10.7	11.6	9.5
Typhoid and Paratyphoid	0.00	0.00	0.00	0.00	0.02
Pneumonia	0.41	0.38	0.36	0.54	0.19
Whooping Cough ...	0.02	0.03	0.02	0.02	0.04
Diphtheria	0.00	0.00	0.00	0.01	—
Influenza	0.03	0.03	0.04	0.02	0.06
Tuberculosis	0.51	0.59	0.46	0.63	0.44
Acute Poliomyelitis and Polioencephalitis	0.01	0.01	0.01	0.00	0.02
		Rates per 1,000 Live Births :—			
Deaths under 1 year of age	41	39	32	31	21
Deaths from Diarrhoea and Enteritis under 2 years of age ...	3.3	4.5	2.1	2.4	—

– Signifies that there were no deaths.

Vital Statistics.

When I wrote last year's report I did not expect that I should this year be commenting upon an infantile mortality rate of 21.3, barely half that of the country as a whole. The credit for this must be given to a number of causes and does not lie entirely with the health department; none the less, such a figure cannot be achieved in an area in which the child welfare services are idle or ineffective.

Some years ago some research workers attached to Birmingham University carried out a long and detailed investigation of infantile mortality rates in relation to social conditions. So exact was their study that they found themselves able, given the unemployment rate, the over-crowding figures and certain

other social statistics, to forecast the infantile mortality rate for any area in a given year with considerable accuracy. One point which could be fairly inferred from their work was that even given social conditions such as only the well-to-do enjoyed an infantile mortality rate of approximately 21 was to be expected. Presumably a rate of 21 expressed the number of infant deaths arising from purely medical causes. If therefore, Colchester has achieved such a figure in a year in which housing conditions, to mention only one adverse social factor, leave a good deal to be desired, it is probable that recent advances in medical care have provided the means to combat the medical causes of death in infancy. We can, therefore, expect that with further social improvements the rate may be pressed down well below even the present striking level. We shall not see that happen within a year or two. As I said last year, luck may well have helped nearly as much as skill and care in any one particular year, and bad luck may very well assail us in 1949. I shall, however, hope to see a new record reached within a few years and I feel that the 1948 figure is less an achievement in itself than good evidence that a lower rate is possible.

The birth rate has fallen from 21.2 to 17.9. The number of live births is down by 122, and the new rate is equal to that for the country as a whole. The fall is only to be expected. The birth rate was inflated during the war years by an increased marriage rate at a lower age, the effect of which was that young couples who might have been expected, in peace time, to be starting their family now, had their first babies and sometimes their second a year or more ago. The birth rate, in fine, borrowed from the future and is now paying back. I do not propose to enter into discussion of the birth rate in detail, nor to instance all the factors which may be involved in the fall, but there is evidence that, apart from the consideration mentioned above, certain factors are operating actively to reduce the rate.

Prominent among those of local importance is inadequate housing acommodation. Though I meet only a proportion of the applicants for Corporation houses, I am gravely disturbed by the number who, though desiring children, remain childless or limit their family to one or two because it would be impossible to have and bring up children in their present circumstances. I realise that there are grounds of greater urgency than this for the giving of priority in re-housing and that these people can hope for relief only when the national housing situation improves; their plight is less a reason for special local consideration than one which should spur the national authorities on to greater efforts.

The fall in the death rate is gratifying. It cannot be attributed to any single specific cause but is rather the expression of a generally healthy year. The reduction is greatest in respect of cancer, heart disease and respiratory diseases. The tuberculosis death rate shows an increase over the previous year.

FOOD POISONING.

No notifications of cases of Food Poisoning were received during the year, and no outbreak in or around the town was reported.

LABORATORY, 1948.

Specimen and Examination.	Positive.	Negative.	Total.
Urine, abnormalities	37	2,680	2,717
Sputum for T.B.	–	2	2
Milk for T.B.	2	13	15
Hair ?Ringworm	–	1	1
Vomit for Chemical	1	–	1
	40	2,696	2,736

In addition 133 samples of water were bacteriologically examined.

	Samples	Satisfactory	Unsatisfactory
Town Water Supply	88	88	–
Well waters	42	30	12
Water from Bathing Pool	3	3	–

STAFF.

The Senior Sanitary Inspector changed during the year, Mr. L. H. England taking the place of Mr. A. Fisher in October.

DIPHTHERIA IMMUNISATION CLINIC, 1948.

Age.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
9/12—5 years ...	44	36	80	40	78	78	55	45	36	45	41	58	636
5—10 years ...	2	1	29	6	18	19	70	2	3	25	47	63	285
10—15 years ...	—	—	1	3	2	1	—	1	1	—	—	—	9
Adults	—	—	1	—	—	—	—	—	—	—	—	—	1
Total ..	46	37	111	49	98	98	125	48	40	70	88	121	931

Re-immunised—Under 5—111, 5-15—882, adult—1. Total—994.

No child has died from diphtheria in Colchester in the six years 1943-48 inclusive.

SANITARY CIRCUMSTANCES OF THE AREA.

Drainage work was carried out as part of the development of the All Saints Avenue housing site at Shrub End. Two new cess-pools were authorised to be built during the year and the use of one cess-pool was discontinued.

Water. Aldham Borehole.

Following an inspection of the Water undertaking by Dr. R. C. Hoather, of the Counties' Laboratory, it was decided on his advice to disconnect the original cess-pit near the pump-house and fill it in.

A water-tight septic tank and filter bed was constructed 150 feet from the pumphouse, and brought into operation on 4th February, 1948.

Refuse Collection.

The work of house and trade refuse collection has proceeded smoothly throughout the year and a weekly collection service of refuse and salvage has been maintained. Although employees engaged on this work now operate a 5-day week, certain essential work is still carried out on Saturdays (i.e., collection of refuse from Essex County Hospital and other establishments).

Refuse Disposal.

Refuse is disposed of by controlled tipping and every precaution is taken to obviate any nuisances. Tipping in layers to a depth of 6 ft. is practised and all refuse is covered with soil to a minimum depth of 9 inches at the end of each day, with a final minimum covering of 18 inches. During the year under review the disposal point for refuse has been transferred from the Hythe to Stanway, where the disposal depot consisting of a salvage sorting and baling shed, mess-room, garage, offices, etc., has been constructed and is now in operation.

Street Cleansing.

Street cleansing operations have been carried out mainly by manual labour, but a Mechanical Sprinkler-Sweeper-Collector was purchased in November and is in operation. Although street cleansing operatives work on the basis of a 5-day week, the central area of the town is swept every day.

SANITARY INSPECTION.

General Summary of Work carried out by Sanitary Inspector's Department under Public Health Acts, Housing Acts, By-laws, etc.

Defects found	1,502
Defects remedied	2,690
Factories and Workshops Inspected	50

Housing.

Sinks, Waste Pipes, etc., provided or renewed	41
Floors or walls or ceilings repaired	509
Doors or windows provided or repaired	421
Ovens or firegrates repaired or renewed	112
Stairs repaired	23
Rooms cleansed	120
Roofs repaired (including rain-pipes and gutters)	381
Chimneys repaired or renewed	64
Damp houses remedied	70
Yards paved or repaired	42
Other housing repairs	76

Drainage.

Repairs and improvements	242
Water Closets provided or repaired	387
Cess-pools:—abolished (1), provided (–), repaired (–)	1

Other Sanitary Work.

Under Factories Act	50
Under Food and Drugs Act	33
Houses disinfected	42
Clothing and other articles disinfected	4,714
Well water sampled	9
Dustbins provided	71
Re-visits in connection with Sanitary Notices	3,221
Offensive accumulations removed	4
Pig-keeping nuisances abated	—
Matters referred to other Departments	40
Other nuisances or matters attended to	151

FACTORIES ACT, 1937.

Prescribed particulars on the administration of the Factories Act, 1937.

PART I OF THE ACT

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

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	47	8	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	205	42	4	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	—	—	—	—
TOTAL ...	252	50	6	—

2.—CASES IN WHICH **DEFECTS** WERE FOUND

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1) ...	4	6	—	3	—
Overcrowding (S. 2)	—	—	—	—	—
Unreasonable temperature (S.3)	1	—	—	1	—
Inadequate ventilation (S. 4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(*a*) insufficient	—	3	—	—	—
(*b*) unsuitable or defective ...	4	5	—	4	—
(*c*) not separate for sexes ...	2	5	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	1	—	—	—
TOTAL ...	11	20	—	8	—

PART VIII OF THE ACT

OUTWORK

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome places	Notices served	Prosecutions
Wearing apparel { Making, etc.	127	—	—	—	—	—
Wearing apparel { Cleaning and washing	3	—	—	—	—	—
Household linen	—	—	—	—	—	—
Lace, lace curtains and nets	—	—	—	—	—	—
Curtains and furniture hangings	—	—	—	—	—	—
Furniture and upholstery	3	—	—	—	—	—
Electro-plate	—	—	—	—	—	—
File making	—	—	—	—	—	—
Brass and brass articles	—	—	—	—	—	—
Fur pulling	—	—	—	—	—	—
Iron and steel cables and chains	—	—	—	—	—	—
Iron and steel anchors and grapnels	—	—	—	—	—	—
Cart gear	—	—	—	—	—	—
Locks, latches and keys	—	—	—	—	—	—
Umbrellas, etc.	—	—	—	—	—	—
Artificial flowers	—	—	—	—	—	—
Nets, other than wire nets	—	—	—	—	—	—
Tents	—	—	—	—	—	—
Sacks	—	—	—	—	—	—
Racquet and tennis balls	—	—	—	—	—	—
Paper bags	—	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	—	—	—	—	—	—
Brush making	—	—	—	—	—	—
Pea picking	—	—	—	—	—	—
Feather sorting	—	—	—	—	—	—
Carding, etc., of buttons	—	—	—	—	—	—
Stuffed toys	—	—	—	—	—	—
Basket making	—	—	—	—	—	—
Chocolates and sweetmeats	—	—	—	—	—	—
Cosaques, Christmas crackers, Christmas stockings, etc.	—	—	—	—	—	—
Textile weaving	—	—	—	—	—	—
Lampshades	—	—	—	—	—	—
TOTAL	133	—	—	—	—	—

PREMISES AND OCCUPATION.

Premises and Occupations controlled by Bye-laws and Regulations, and Offensive Trades.

	Number.	Inspections.
Fish Frier	20	13
Gut Scraper	1	3
Tallow Melter	1	2
Rag, Bone and Skin Dealer	7	1
Bone Boiler	1	2
Tripe „	2	1
Total	32	22
Horse Slaughterer	1	4

All these occupations have been carried out satisfactorily and no complaints have been received during the year.

Common Lodging Houses.

There is now only one Common Lodging House in the Borough. The premises were conducted in a satisfactory manner.

Eradication of Bed Bugs.

Dwelling Houses Infested—Council 9, Others 34	43
„ „ Disinfested—Council 9, Others 34	43
Rooms in these—Infested and Disinfested	120

RATS AND MICE (DESTRUCTION) ACT, 1919.

The Infestation Order, 1943.

During the year 3,342 inspections and re-inspections were made by the Rodent Operator and 274 premises were freed.

One hundred and ninty-four complaints of rat infestation were received and dealt with. Sixteen informal notices were served.

The number of investigations made shows a slight increase on the previous year and in addition to the clearance of rats, a number of structural defects, including defective drains, have been found and corrected.

The public sewers treated in 1946 were again baited in June and November and in addition the more modern Southern Outfall System was test baited. Evidence of infestation was again found in the first mentioned but it is pleasing to record that although approximately 10% of the manholes on the Southern Outfall System were baited no evidence of rats was found.

In addition the refuse tips and other lands and premises likely to attract rats received attention and treatments were carried out where found to be necessary.

The method of destruction was in accordance with the recommendations of the Ministry of Agriculture and Fisheries: the estimated number of rats and mice killed is 3,058, and of these, 1,714 dead rats and mice were picked up.

HOUSING.

Statistics for the Year 1948.

New Houses completed—208. Temporary Bungalows—4.
Hutment Conversions—100.

I.—*Inspection.*

Number of dwelling-houses inspected	825
Number of dwelling-houses found to be unfit for human habitation	3
Number of dwelling-houses found not to be in all respects reasonably fit for human habitation	646

II.—Number of defective houses rendered fit by Informal Action 718

III.—*Action under Statutory Powers.*

Under Sects. 9, 10 and 16, Housing Act, 1936—

Number of dwelling-houses in respect of which notices were served for repairs	–
Number rendered fit—	
(a) By owners	–
(b) By Local Authority in default	–

Under Public Health Acts—

Number of dwelling-houses in respect of which notices were served for repairs	111
Number complied with—	
(a) By owners	127
(b) By Local Authority in default	8

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	3
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	4

D. Proceedings under Section 12 of the Housing Act, 1936 .... –

Housing.

Statistics relating to overcrowding are again omitted as reliable figures are still unavailable. In order to obtain this information a detailed survey would be necessary.

Housing and Health.

The health department has a close and direct concern with housing conditions in their relation to health. Apart entirely from the question of the remedying of sanitary defects in old houses, the department's aid is constantly being sought by persons who are applying for re-housing and who believe their health to be threatened or actually suffering in their existing circumstances.

The points scheme which the Housing Committee operates in connection with its house lettings provides for the allocation of a limited maximum number of points on health grounds. Applicants' medical certificates are submitted to me and after appropriate investigation a recommendation regarding the allocation of points on health grounds is made. No recommendation of this kind has been rejected by the Housing Committee and the co-operative attitude of the housing manager and his staff, together with the willingness of local doctors to assist, ensures that the arrangement, such as it is, works well.

I cannot, however, avoid asking the question " Is this present arrangement sufficient ? " The Housing Committee has, in fact, agreed to the making of a few exceptions; in a small number of very special cases, typically cases in which the patient was suffering from an infectious type of tuberculosis, so that the health of others as well as that of the patient was involved, a family has been taken right outside the points scheme and rehoused as a matter of urgency. As a rule, however, the allocation of points on health grounds, though it moves a family, so to speak, a few places further forward in the queue, has no immediate effect unless the applicant is already well up on the list and, having recommended points for health reasons, one has to sit by and watch the person's health continue to deteriorate for a considerable time. Again, it is not practicable, under a scheme of this kind, to recommend a points allocation unless actual illness arising out of or aggravated by housing conditions is present; the applicant must serve a probationary period of sickness. To see healthy people slipping toward and then into illness which is in theory preventable is something which a Medical Officer of Health finds it hard to bear.

The essential difficulty in a points scheme is that it tries to balance things which cannot be balanced. The points

allocated to John Jones because of his duodenal ulcer may fail to help him because Tom Smith, just above him in the list, has received as many or more points for service with the Forces or long residence in Colchester. That an ex-Service man's service should be borne in mind is reasonable. That Colchester residents of long standing should have priority over newcomers has some justification. But is a claim on either of these grounds as urgent as a claim on grounds of serious illness? The whole nature of the two claims is different and it is unfair to balance the one against the other. I hope that when the house allocation scheme is reviewed in the near future, something may be done to make it more flexible in this respect.

Another flaw in the present scheme is that the general condition of the applicant's house is not taken into consideration until he has already amassed enough points to qualify for early consideration. Repairable defects in a house need not affect the issue. Their repair is the owner's duty and it is the health department's job to see that he fulfils that duty. Defects beyond repair and structural faults, such as inadequate natural lighting and ventilation, are a different matter. They are so likely to produce ill health that it is eminently fair to take them into account. When a house is in such bad condition that the only way to deal with it is by the making of a demolition order, the Housing Committee has always been ready to consider the needs of the occupiers, but the problem is not always as simple as this. A house may be fit for a small family to live in but unfit for a large one. It may be reasonably safe for adults but a menace to the health of young children. I have discussed the subject with the housing manager and we both hope that any revision of the scheme will endeavour to meet this difficulty.

INSPECTION AND SUPERVISION OF FOOD.

Premises		Number	Inspections
Slaughter-houses		see note below	283
Bakehouses	28	29	16
„ Underground	1		
Dairies and Milk Shops		51	97
Cowsheds		34	106

The use of private slaughter houses is still discontinued.

MEAT INSPECTION.

The Co-operative Society Abattoir in Sheepen Road is still occupied by the Ministry of Food and all meat is supplied in Colchester and the surrounding area from this abattoir after inspection by the Borough Sanitary Inspectors.

Carcases Inspected and Condemned.

	Beasts excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.	Total
Number Inspected ...	4,374	640	1,907	5,090	410	12,421
Whole carcases condemned for T.B. ...	43	25	—	—	3	71
Other Conditions ...	2	7	4	2	7	22

Parts of Carcases or Organs Condemned.

	Beasts including Cows.	Calves.	Sheep	Pigs	Total.
	lbs.	lbs.	lbs.	lbs.	lbs.
Parts of Carcases	6,838	—	51	249	7,138
Organs	44,915	9	69	251	45,244

In addition to the above 457 lbs. of Imported Beef, 86 lbs. of Imported Sheep Liver, 14 lbs. of Imported Mutton and 26 lbs. of Imported Sweetbreads were condemned.

The total weight of meat condemned as unfit for human consumption was:—

45 tons 2 qrs. 5 lbs.

This is an increase of about 9 tons on the previous year.

The total number of carcases inspected decreased by 3,294, but the number of beasts excluding cows inspected increased by 179 and the number of cows by 289.

OTHER FOOD INSPECTION.

Type of Food.	*Weight in lbs.*
Margarine	5
Butter	54
Cheese	101
Bacon	139
Flour	189
Fish	6,306
Cereals and Cereal Substitutes	1,064
Sausages	212
Corned Beef	1,511
Corned Mutton	426
Dried Fruit	289
Jam	27
Rabbit	60
Grapes	200
Confectionery	81
Sugar	268
Cooking Fat	16
Dried Peas	1,808
Other Foods	50
	12,806

The total weight of meat and other foods listed above unfit for human food and condemned was:—

51 tons 10 lbs.

In addition the following foods were condemned:—

Tinned Milk	633 Tins
Other Tinned Foods	2,999 Tins
Packeted Foods	173 Pkts.
Shell Eggs	904
Bottled Foods	248 Bots.
Fish Cakes	108
Crumpets	120

MILK AND DAIRIES ORDERS AND REGULATIONS.

Cowsheds and dairies are regularly inspected and 203 inspections were carried out. All are well looked after but 28 contraventions of the orders were noted, and subsequently corrected.

Milk (Special Designations) Order, 1936 *to* 1943.
Licences issued for sale of Graded Milk.

Pasteurised	19
Tuberculin Tested	7
Tuberculin Tested (Bottling)	1
Pasteurised, Producer	3
Supplementary	5

Heat Treated Milk (Prescribed Tests) Order, 1944.

During the year 43 samples of milk pasteurised in Colchester were submitted for examination, and of these 36 satisfactorily passed the prescribed tests. Where unsatisfactory results were obtained investigations were made into the methods of operation and control of the pasteurising plants concerned. Subsequent samples were found to be satisfactory.

Food and Drugs Act, 1938.

Samples.	Number of Samples.	Samples below standard.	Nature of Deficiency.
New Milk	40	14	
Pasteurised Milk ...	12		(a) Fat deficient 4 per cent.
Dried Milk	2		(a) „ 4 „
Margarine	6		(a) „ 13 „
Butter	6		(a) „ 8 „
Cheese	6		(a) „ 3 „
Cooking Fat... ...	5		(a) Added water 9 „
Tea	5		
Sugar	6		(b) Fat deficient 10 per cent.
Baking Powder ...	3		(b) „ 16 „
Mustard	2		(b) Added water 12 „
Curry Powder ...	3		(b) „ 6 „
Golden Raising Powder...	2		(b) „ 13 „
Ground Ginger ...	3		
Cocoa	2		(c) Fat deficient 9 per cent.
Piccalilli	1		(c) „ 10 „
Fish Paste	4		(c) „ 9 „
Flour Mixture ...	1		
Cake Mixture ..	2		
Cake Flour Mixture ...	1		
Pudding Mixture ...	1		
White Pepper ...	2		
Sauce	3		
Custard Powder ...	1		
Scone Mixture ..	1		
Gelatine	1		
Cream of Tartar ...	1		
Olive Oil	1		
Mixed Spice... ...	1		
Pickles	2		
Cinnamon	1		
Ground Cloves ...	1		
Ground Nutmeg ...	1		
Brandy	1		
Unidentified Liquid ...	1		
	131	14	

(a) Original Samples. (b) Course of Transit Samples.
(c) Appeal to Cow Samples.

The samples of milk found to be below standard by reason of fat deficiency were also found to be in that condition in course of transit and " appeal to cow " sampling and no further action was necessary.

Proceedings were taken in the case of added water and a fine of £8 with £2/2/0 costs was imposed.

ICE CREAM (HEAT TREATMENT, ETC.) REGULATIONS, 1947.

The conditions under which Ice Cream was manufactured or sold continued to receive the attention of the Department. The Ministry of Health's provisional standard for the routine grading of ice cream was again the basis upon which the hygiene of production and distribution were judged and 81 samples were taken during the year in order to ascertain the bacteriological condition of ice cream manufactured or sold within the Borough. Unsatisfactory reports were followed by investigations into methods of manufacture, storage, etc., and further samples obtained. The results of the 81 samples were as follows:—

Grade I	Grade II	Grade III	Grade IV
13	24	26	18

These standards are " provisional " because of the practical difficulties involved in the examination of ice cream and the relation of test findings to risks of infection. They give no grounds upon which legal action may be based and there is no official ruling as to which grade should be considered satisfactory and which should not. In practice, we usually supplement the Ministry's grading tests by other bacteriological investigations. In general terms it may be said that an ice cream of Grade I or II has been produced under conditions and by methods which offer a reasonable assurance of safety, that a Grade IV sample indicates a strong probability of shortcomings on the part of the maker, the seller, or both, and that a Grade III sample is " borderline " and requires further consideration.

It is not possible to prohibit the sale of an ice cream of doubtful or unsatisfactory grade, but it is the custom of the department to supervise and advise the producer of such an ice cream until an improvement is effected. It is pleasant to record that advice is usually readily accepted and that in every case of this kind an improvement has been brought about within a reasonable time.

Altogether 128 visits to premises were made during the year and much useful work accomplished. It is a matter for regret that registration of premises includes neither vehicles nor

persons; their inclusion would provide an additional safeguard in the control of this popular commodity.

MATERNITY AND CHILD WELFARE.

(to 4/7/48)

Visits to Pre-school Children.

Under 1 month.	1-3 mths.	3-6 mths.	6-12 mths.	1-2 yrs.	2-5 yrs.	Total
508	359	270	467	772	896	3,272

HOME AND DOMESTIC HELPS.

(to 4/7/48)

Cases taken. Home Help in confinements	....		22
Domestic Help in Emergency Illness	....	....	20
Domestic Help in Old Age and Infirmity	....	....	15

CLINICS AND TREATMENT CENTRES.

Baby Clinics (6)— Place	Days	Time	M.O.'s
Wimpole Rd. Wesleyan Schoolroom	Mondays	2-4 p.m.	Dr. R. W. Cushing
Holy Trinity Parish Hall, Eld Lane	Wednesdays and Fridays	2-4 p.m.	
St. Paul's Parish Hall, Colne Bank Avenue	Wednesdays	2-4 p.m.	Dr. W. Walker
Recreation Hut, Old Heath Road...	Thursdays	2-4 p.m.	Dr. B. Howarth
Lexden Parish Hall, London Road	1st & 3rd Mondays	2-4 p.m.	and Dr. E. M. Singer
Congregational Hall, Harwich Road	Tuesdays	2-4 p.m.	
Antenatal Clinic—			
Health Dept., Trinity Street ...	Mon., Tues., & Thurs.	2-4 p.m.	Dr. G. Hugh-Jones
Diphtheria Immunisation Clinic—			
Health Dept., Trinity Street ...	Tuesdays	9.30-11.30 a.m.	Dr. E. M. Singer
Women's Welfare Clinic (Birth Control)—			
Health Dept., Trinity Street ...	1st & 3rd Thursdays	10-11.30 a.m.	Dr. G. Hugh-Jones
Tuberculosis Dispensary—			
Rebow Chambers, Shewell Road ...	Tuesdays & Thursdays	10.30-12 noon	Dr. F. Kellermann

SALES CENTRE.

This Centre is open 5¼ hours per day for five days, and for 3 hours on Saturday mornings. It has operated very successfully since 1944. The business before transfer was about the same as in the previous year.

WORK OF THE SALES CENTRE.

Number of days the Centre was open (to 3/7/48) 156

Cash taken in the Centre—	£	s.	d.	
Sale of foods, M. & C. W.	1,503	13	5	
Sale of foods, school children	34	14	5	
M. & C. W. dentures, etc.	4	8	0	
Lotion for Scabies treatment		4	0	
Miscellaneous (including splints)	12	3	10	
				£1,555 3 8

The Antenatal Clinic held 77 sessions to 1/7/48. 163 new cases attended from the Borough and 64 from County areas. Altogether 1,569 attendances were made, an average of 20 per session. Blood Group Rhesus Factor and Kahn tests were made for all new cases and some Wassermann Reactions.

In addition 49 cases from the Borough and 3 from County areas attended for postnatal examination.

The **Infant Welfare Clinics** were well attended. Figures for each clinic before transfer are given below:—

	New Cases.	Old Cases.	Total attendances.
Wimpole Road.			
Babies	65	1164	1229
Toddlers	9	570	579
	74	1734	1808
Old Heath.			
Babies	34	609	643
Toddlers	3	346	349
	37	955	992
St. Pauls.			
Babies	43	974	1017
Toddlers	6	380	386
	49	1354	1403
Holy Trinity.			
Babies	147	1654	1801
Toddlers	31	769	800
	178	1423	1601
Lexden.			
Babies	30	342	372
Toddlers	5	178	183
	35	520	555

Harwich Road.	New Cases.	Old Cases.	Total Attendances.
Babies	44	594	638
Toddlers	5	214	219
	49	808	857
Total (all clinics).			
Babies	363	5337	5700
Toddlers	59	2457	2516
	422	7794	8216

The Women's Welfare Clinic is now held twice a month. Before transfer it was open 12 times and 160 attendances were made. There were 38 new cases from Colchester and women from neighbouring areas made 62 attendances.

The Orthopædic Clinic was held eleven times during the year. At this clinic the specialist sees school children and pre-school children. These toddlers numbered 41 and they made 67 attendances. The Massage Clinic deals with all after-care.

The Dental Clinic, for M. & C.W. cases, saw 38 women and 19 pre-school children, who made 91 attendances, before the change-over.

Midwives Act, 1936.	As Midwives		As Maternity Nurses	
	1947	1948	1947	1948
Births attended by D.N.A. midwives	116	99	27	6
Private midwives	178	127	16	10
Births attended in Institutions	861	1043	446	329

Distribution of Institutional Confinements.

	1947	1948
Borough Maternity Home	925	970
Colchester Private Nursing Home	143	128
St. Mary's Hospital	112	104
Essex County Hospital	32	16
Military Families Hospital	85	145
Thornham Nursing Home	10	9

Altogether 1,372 cases were taken in Institutions, an increase of 65 over the figure for 1947.

The Midwifery Emergency Unit, before transfer, was called upon for eight cases, five from the Borough and three from the County. All cases made good recoveries.

Puerperal Pyrexia notifications were received in respect of Borough cases, including 1 from Military Families Hospital. The latter case was admitted to the Isolation Hospital.

REGISTER OF FOSTER MOTHERS AND BOARDED-OUT CHILDREN.

Children on Register—4th July	9
Names removed from Register	11
Additions to 4th July	5
Foster mothers on Register	8

ADOPTION OF CHILDREN (REGULATION) ACT, 1939.

Number of children removed from Register	7
Number of notices received	4
Number of children on Register, 4/7/48	nil

NURSING HOMES.

No new Nursing Homes were registered during the year, and St. Helena Nursing Home is in gradual process of closing down.

BOROUGH MATERNITY HOME.

Work of the Home (to 4/7/48).

	1947	1948
Admitted: Borough Patients 245, from County Council area 237, from Harwich 7, Private outside district cases 7, Clacton 5	933	501
Delivered in the Home	925	496
Admitted for Antenatal care only	8	5
Delivered by the Nursing Staff	604	355
Delivered by Doctors	321	141
Medical Aid Notice, Midwives Acts	208	152

Thirty-one emergencies were admitted. No maternal deaths occurred. Six still-births and eleven infant deaths were reported.

DISTRICT NURSING ASSOCIATION.

Under the agreement with the Borough Council 6 children and 5 adults were visited before transfer, and a total of 225 visits was made. The cases were attended for:—

Dressings (Cancer)	 2	Dressings (Umbilical stump)	 2
Discharge from eyes	 2	Otorrhœa	 1
Dressings (Eneucleation of Eye)	 1	Puerperal Pyrexia	 1
		Ruptured Perineum	 2

One Cancer case died.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

Notifiable Diseases (other than Tuberculosis) during the Year 1948.

(Civilian and Military Cases.)

Disease	Total Cases Notified	Total Cases in Age Groups											
		Under 1 Year	1	2	3	4	5-9	10-14	15-19	20-34	35-44	45-64	65 and over
Typhoid Fever ...	2	—	—	1	—	—	—	—	—	1	—	—	—
Scarlet Fever ...	54	—	1	2	5	4	17	13	7	2	1	2	—
Diphtheria ...	6	—	—	—	—	1	1	2	2	1	1	—	—
Acute Poliomyelitis	4	—	—	—	—	—	—	1	1	2	—	—	—
Puerperal Pyrexia	4	—	—	—	—	—	—	—	1	3	—	—	—
Pneumonia ...	29	1	1	—	1	—	4	1	1	6	2	8	4
Erysipelas ...	3	—	—	—	—	—	—	—	—	1	2	—	—
Cerebro-Spinal Fever	1	—	—	—	—	—	—	—	—	—	—	1	—
Dysentery ...	13	—	—	1	1	3	2	—	2	2	1	1	—
Measles ...	621	18	76	68	55	90	300	7	2	4	1	—	—
Whooping Cough	158	18	18	19	39	16	42	1	1	2	1	—	1
Epidemic Jaundice ...	123	—	—	3	1	10	41	17	7	29	12	3	—

The year saw a break in our excellent record in respect of diphtheria. After years without a case in a child under the age of fourteen, we had one in a child of four years old, one in the 6-9 age group and two in the 10-14 group. All these cases were comparatively mild ones, but past experience has amp

own that diphtheria can never be dismissed lightly. It is w generally agreed that immunisation in infancy—preferably the age of nine months or so—confers on the child a high gree of protection against the disease which lasts for several ars but tends to diminish with the passing of time. In a mber of children the fall in immunity by the age of five is fficient to allow of the contracting of a mild or moderate ack of diphtheria. This is consistent with the figures just oted.

Because this can happen, it is desirable that children should ve a " booster dose " of immunising material when they start hool, thus ensuring that protection is again brought up to a ally safe level, and such doses are available for all children hose parents are willing. It may be that because Colchester ildren have been free from diphtheria for so long parents e beginning to think that there will never again be any nger. I hope this is not the case, because complacency of is kind might give diphtheria a chance to spread and become real menace once more. Both primary immunisation and oster doses are still well worth while in the interests of safety d I hope that there will be no neglect of these simple and fective measures.

Measles and whooping-cough were both more prevalent than uring the preceding year. Measles tends to run in a two-year idemic cycle, an epidemic year being followed by a year with mparatively few cases. Neither the occurrence of an idemic nor its size was, therefore, at all surprising. Almost l the cases occurred in children under the age of ten and the st majority, as is usual, occurred in children under school e and in the first two years of school life. Few of the cases ere very severe or attended by dangerous complications and deaths arising out of measles were reported in Colchester ildren during the year.

Two children died of whooping-cough, a disease which is t only distressing but also dangerous, especially to the very ung child. Attempts to introduce immunisation against the sease have, in the past, been made with varying success. ecent large-scale trials of new immunising materials suggest at there is a likelihood of efficient immunisation becoming enerally available fairly soon, possibly within the next year so.

ISOLATION HOSPITAL.

Cases admitted to the Isolation Hospital, 1948 (to July 4th).

Authority sending in Cases	Scarlet Fever	Diphtheria	Typhoid Fever	Cerebro-Spinal Fever	Whooping Cough	Erysipelas	Measles	Miscellaneous	Total
Colchester Borough	18	2	1	—	3	—	5	16	45
Essex County Hospital ...	—	—	—	—	2	—	—	2	4
Mental Institutions	—	3	—	—	—	—	—	1	4
Service Depts.	3	—	—	—	1	—	2	18	24
Essex County Council... ...	—	—	—	—	—	—	—	9	9
Harwich Borough	—	—	—	1	—	—	1	2	4
Clacton U.D.	—	—	—	1	1	1	—	1	4
Sudbury Borough	—	1	—	—	—	—	—	—	1
Wivenhoe U.D....	1	—	—	—	—	1	—	—	2
Frinton and Walton U.D. ...	—	—	—	—	—	—	—	1	1
Tendring R.D.	3	—	—	—	—	—	—	2	5
Lexden and Winstree R.D. ...	7	2	—	—	—	—	—	2	11
Melford R.D.	5	2	—	—	—	—	—	—	7
Cosford R.D.	—	—	—	1	—	—	—	—	1
Braintree Joint Hospital Board	2	—	—	—	—	1	2	3	8
Halstead Joint Hospital Board	1	—	—	—	—	—	1	—	2
Witham U.D.	—	—	—	—	—	—	—	1	1
Maldon R.D.	—	—	—	—	—	—	1	—	1
Private Cases	—	—	—	—	—	—	—	1	1
Total Cases... ...	40	10	1	3	7	3	12	59	135
Deaths { Colchester ...	—	—	—	—	2	—	—	—	2
Deaths { Other Districts ...	—	—	—	1	—	—	—	2	3

The above table deals only with the half of the year during which the Isolation Hospital was the responsibility of the Corporation. The figures, compared with those for 1947, indicate a similar rate of admissions, except in regard to poliomyelitis and miscellaneous diseases. It was not to be expected that there would be any considerable amount of poliomyelitis in the year following a severe epidemic and this expectation was borne out in practice. The " miscellaneous " category normally includes a high proportion of cases of the minor infectious diseases admitted because of isolation difficulties at home. These cases continued to occur among the population but were not admitted because of staffing difficulties. The Armed authorities, formerly a prolific source of such cases, responded readily to a request to provide some isolation accommodation of their own for the minor diseases.

Cases of scarlet fever, measles and whooping-cough were admitted only when home circumstances were exceptionally bad, when a member of the household was engaged in employment which involved special risks of the transmission of infection or when complications were present. This policy is not wholly satisfactory. Given good home conditions, the vast majority of such cases can be nursed at home, but in 1948 admission had to be refused to many " borderline " cases which one's better judgement would have wished to admit. The sooner that a few more beds can be staffed and available for these cases, the better for both the patients and the public at large.

Tuberculosis.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 ...	...	...	...	1	...	...	...	...
1 ...	...	1	...	...	...	...	...	...
2-4 ...	...	...	...	...	...	...	...	...
5-9 ...	...	...	...	1	...	...	...	...
10-14 ...	...	...	2	1	...	...	...	1
15-19 ...	6	...	1	...	...	...	...	1
20-24 ...	3	4	...	2	1	...	...	...
25-34 ...	9	3	2	1	1	4	...	...
35-44 ...	6	5	...	1	4	5	...	...
45-54 ..	1	...	1	...	2	3	...	...
55-64 ...	2	...	...	...	1	...	...	...
65 and upwards...	2	...	...	...	...	...	...	...
Totals ...	29	13	6	7	9	12	...	2

The percentage of cases that have died of Tuberculosis during the past three years, without having been previously notified, were :—

1946	1947	1948
12.5%	26.6%	17.4%

Tuberculosis Register.

	1946	1947	1948
Pulmonary Cases	197	204	218
Other Forms of Tuberculosis	91	92	99

Prevention and Treatment of Tuberculosis.

Section 172, *Public Health Act*, 1936.

Prevention and Treatment of Blindness.

Section 176, *Public Health Act*, 1936.

No action was required under either of the above Sections.

JOHN D. KERSHAW, M.D., D.P.H.,

Medical Officer of Health, etc.,
of the Borough of Colchester.

PUBLIC HEALTH DEPT.,
TRINITY STREET.