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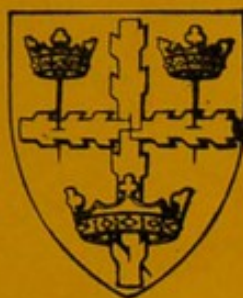


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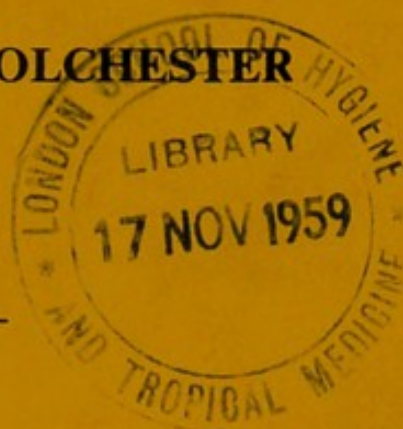
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BOROUGH OF



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

PORT MEDICAL OFFICER

DIVISIONAL SCHOOL MEDICAL OFFICER

AREA MEDICAL OFFICER

CONSULTANT IN INFECTIOUS DISEASES

MYLAND HOSPITAL, COLCHESTER

1958



BOROUGH OF



COLCHESTER

BOROUGH AND PORT HEALTH COMMITTEE, 1958

THE RIGHT WORSHIPFUL THE MAYOR

COUNCILLOR MRS. M. COOK

Chairman :

COUNCILLOR I. T. BROWN

Deputy-Chairman :

COUNCILLOR MRS. G. B. ENOCH

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COUNCILLOR W. C. LEE

COUNCILLOR MRS. E. H. SWAN

THE HEALTH DEPARTMENT, 1958

PART-TIME STAFF

Medical Officer of Health, etc. :

JOHN D. KERSHAW, M.D., B.S.(LOND.), D.P.H.

Assistant Medical Officers :

ELEANOR M. SINGER, M.SC., M.R.C.S., L.R.C.P., D.C.H.

R. E. BARRETT, M.B., B.S., D.T.M. & H., D.P.H.(LOND.)

Public Analyst :

J. E. WOODHEAD, B.SC., F.I.C., PH.C.

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Senior Public Health Inspector :

†* L. H. ENGLAND

Deputy Senior Public Health Inspector :

†* O. R. WARNER

Additional Public Health Inspectors :

†* C. J. JACOBI †* D. H. POOLE

† A. T. G. PEPPER † P. CUTTS

† Sanitary Inspector's Certificate.

* Meat Inspector's Certificate.

Clerks :

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L. G. NICHOLLS M. ROWLAND

Disinfector :

A. E. CUDMORE

Rodent Operators :

T. E. CROWE, W. I. HAWKINS

Telephone No.

Colchester 5101, Extns. 8 and 73

(Night line 3107)

HEALTH DEPARTMENT,
TRINITY STREET,
COLCHESTER.

October, 1959.

SIR, MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you my report on the health of the Borough of Colchester for the year 1958.

Vital Statistics

The year's vital statistics fall once again into the satisfactory pattern which has recurred over the last few years. The birth rate is slightly higher than the national average and the death rate appreciably lower, while the infant mortality rate, though it has risen to 17, is 3.5 below the national average. The proportion of deaths occurring at the age of 70 or over is again comparatively high, and 22 of the people who died during the year had reached or passed their 90th birthdays.

Infectious Disease

There has been nothing during the year to compare with the poliomyelitis epidemic of the previous year. Measles persisted substantially with 440 cases as against 573 in the previous year, but all the cases were mild. The number of pneumonia cases was down and though scarlet fever increased somewhat it appeared in a very mild form.

There were only six cases of poliomyelitis—one in the 15-19 age group, 4 in the 20-24 age group and one in the 35-44 age group. The last one was a distressing fatal case of sudden onset, but the others were not unduly severe. There were two reasons in 1958 for expecting a low incidence of poliomyelitis. One was that the summer was unusually wet and rather cool; poliomyelitis epidemics tend to occur in hot, dry summers. The second reason was that it was likely that many people would have picked up a certain amount of immunity from the 1957 epidemic without actually suffering from the disease. I should, however, have expected that such cases as there had would be distributed over the whole age range as usually happens, and it is interesting that no case occurred under the age of

15. Without jumping to hasty conclusions, I believe that this can be taken as perhaps a sign that vaccination against poliomyelitis, which was started in younger children late in 1957, was already exercising some effect in 1958.

The vaccination programme went exceptionally well during the year, so well in fact that it was almost an embarrassment. The public had good reason to be very "polio-minded" and the percentage of the child population coming up for vaccination was one of the highest in any part of the country. The work was shared between general practitioners and the staff of the Health Department, but even so, it considerably increased the load of work on the medical, nursing and clerical staff, so that certain other activities had to be reduced. I feel, however, that concentration on poliomyelitis vaccination was worth while and it will not be difficult to make up the leeway in other activities at a later stage. This concentration on poliomyelitis vaccination resulted in some reduction in immunisation against diphtheria and whooping cough, but the reduction was only slight. None the less there were signs that public interest had been so caught by poliomyelitis that other dangers, particularly those of diphtheria, were forgotten. I have commented in previous years that although diphtheria is apparently a "dead" disease in North-East Essex, it is dangerous to become complacent. The coming and going of holiday-makers and, of course, the movement of service personnel and their families, exposes us to the risk that at any time diphtheria might be brought into the area from some other place, and if it is so brought in children whose parents have not bothered to have them immunised "because there is no diphtheria about" will be the ones who pay the penalty. Though it is much less common, it can still be a killer and this must not be forgotten.

Clean Air

There are various types of problem in connection with clean air, some of them private and personal, some of them very much the concern of the community. New legislation in recent years has at least given Local Authorities the power to control smoke emission and some of the cities where smoke has been a plague for centuries are now dealing with it effectively. Colchester has never had a serious smoke nuisance problem, and there is no urgent or crying need to introduce smoke control zones in the town. The few individual concerns which have offended during the past few years have responded very well to persuasion and advice from this department, and it would be fair to say that there is no industrial smoke nuisance at the present time. Not very long ago the activities of British Railways at North Station caused considerable inconvenience if not statutory nuisance, and at that time it was not possible to take any action to compel a nationalised undertaking to cut down its smoke emission. The new law which has at last given us these powers has coincided with the electrification of the Clacton line and

the programme of replacement of steam locomotives by diesel locomotives, so that there is reason to hope that this particular occasional source of smoke will disappear spontaneously.

Industrial smoke billowing from a factory chimney is the sort of nuisance which rouses the anger of householders. What they are apt to forget is that in most English towns the amount of smoke produced by domestic coal-fires is considerably greater than all the industrial smoke put together. If 15,000 houses in Colchester emitted their smoke through 150 chimneys instead of 15,000, I have no doubt that the public would be demanding my head on a charger because I was not taking any steps against the offenders. Colchester produces its quota of smoke, but spreads it about and the winds, of course, carry it into the open country between Colchester and Ipswich, where it seems to cause active annoyance to no-one in particular. It is true that the open fire, apart from being an English tradition, is a very pleasant thing to have in the house. I would not for a moment criticise those who prefer it to central heating or closed stoves. I am, however, sure that the burning of soft coal in an open fireplace is an anti-social act which ought not to be permitted now that technical experiments are producing open fire-grates which very successfully burn smokeless fuel. The time will pretty certainly come when Colchester will become a smoke control area, and when those who prefer open fires will be compelled to burn smokeless fuel. It might, therefore, be a very good move if steps were taken to see that all new houses built in the area had grates which were so designed that they could burn smokeless fuel if required.

Colchester is famous for its gardens, and part of the business of maintaining a garden is the task of getting rid of garden rubbish. The Englishman stands by his inalienable right to have garden bonfires when it pleases him. The smoke from a garden bonfire can be every bit as unpleasant as the smoke from a power station or a cotton factory, and in its full concentration can be a considerable irritant to anyone who is a little "chesty." We do not receive many complaints of garden bonfire nuisance, but I am inclined to believe that this is because a large proportion of the population of Colchester are gardeners and are uncomfortably conscious that they will be doing next week what their neighbour has been doing today. Perhaps they even rub their hands when their neighbour's bonfire smoke pours into their house and decide to accumulate bonfire material ready for the day when the wind is blowing in the opposite direction. It is true that the Health Department has power to deal with garden bonfires provided that they constitute a nuisance within the meaning of the relevant Acts of Parliament, but this is always difficult to prove. A Public Health Inspector may be called to a smoking garden bonfire but finds when he arrives that already the amount of smoke which is being emitted is quite small. The problem is one which will be solved more by personal neighbourly consideration for others than by prosecution, but if it became

necessary to take action against someone who persistently forgets that he is a good neighbour I hope that we should not shrink from doing so.

A good deal of attention recently has been given to diesel engine fumes as a risk to health. There is no doubt that these fumes contain substances which are likely to irritate the air passages and the lungs, but as with tobacco smoke it is difficult to say that any particular constituent causes a particular illness. Diesel fumes in towns are emitted at quite low levels and tend to persist in the streets at a level at which they can be, and are, breathed in. In some Continental countries an attack has been made to improve matters by having vertical exhaust pipes which put out the fumes 10ft. or more above ground level. At this height the air is moving more rapidly and there is every reason to believe that the fumes are dispersed quickly without being inhaled to any great extent; perhaps something of the kind might be worth trying in Britain.

What comes out of the exhaust of a diesel engine depends on a number of things, including whether the engine is well looked after or neglected, whether it is being skilfully used and whether it is properly tuned. Quite often—much too often—one sees brown or even black smoke pouring out with thick fumes. This need not happen and should not happen. When it does happen it is due to someone's carelessness or selfishness. Unfortunately the Health Department has no effective powers to deal with this particular nuisance, but if the public protested it might have some effect, and I have no doubt that with public support the Police could probably do something.

It is small use the Health Department trying to keep air clean if the public persist in what can be called "private air pollution." I refer particularly to cigarette smoking. Since I last commented on this subject the evidence which connects it with lung cancer has not been in any degree weakened, but there is no sign of a fall in cigarette consumption. I do not expect the confirmed cigarette smokers to give up their habit; like all other forms of drug addiction it is hard to break. The hope, if there is any, would seem to lie in persuading those who have not yet contracted the habit to refrain from doing so, and it is interesting and rather shocking to look at the extent of the problem. Enquiries in local schools make it quite clear that a good many boys are regular and confirmed smokers at the age of 13 and 14, and there are quite a number of boys under 15 who are already smoking 10 or more cigarettes a day. The cost seems to be no deterrent. Some boys earn their cigarette money by delivering newspapers, groceries and other commodities, but others apparently get sufficient pocket-money to enable them to smoke on this sort of scale. I can understand—though not approve of—the parent who takes the line that since his 14 year old son earns his pocket-money by doing a part-time job he is entitled to spend it in any way in which he likes, but the parent who gives a child pocket-money enough to support cigarette consumption on this scale and who knows that

the money is being spent on cigarettes, is quite beyond my comprehension. One thing is quite certain, namely that if we are going to give young people a health education which will delay or prevent their developing the cigarette habit, that education will have to be given quite early in life, probably in the primary school, perhaps earlier still. The Health Department will try health education of this kind, but it will find it hard to compete with the millions of pounds which are being poured out by the tobacco companies in the hope of increasing the number of cigarette addicts.

Housing

The Housing problem remains substantial. The decision to remove from the waiting list all applicants living in self-contained accommodation was a realistic one and undoubtedly cancelled the applications of many people who were living in reasonably good conditions and had a far smaller claim on municipal housing than many of the people on the current list. Unfortunately some of the people in self-contained accommodation were living in most unsuitable conditions, were suffering in health because of their housing, or had houses which were grossly sub-standard, and during the year I have recommended a number of such hard cases for special consideration. The Housing Committee has met my recommendations in a generous spirit, but I never feel entirely comfortable about "cases for special consideration"; one never knows how many equally deserving cases may be unknown because the people concerned have been too shy or too discouraged to press their own claims and bring them to notice. Although I appreciate the difficulties of doing so, it might be worth while to see whether some kind of qualifying rules could be devised to modify the effect of the blanket ruling that no person in self-contained accommodation shall be taken on to the current list.

The Department has continued through the year to deal with individual unfit houses, and we have nearly reached the last of those which were put in the lowest grade at the time of our general survey of housing in the Borough. During the intervening period, of course, some of the houses in our Grade B have deteriorated to Grade C and are requiring action. I would, however, emphasise that the placing of a house in Grade B at the time of the survey did not necessarily mean that we regarded it as a completely fit house. The category was in fact one containing some houses which were very near the borderline of unfitness and which would be likely to deteriorate and come below the borderline within a few years. Some were houses which might or might not descend to Grade C according to whether their owner was prepared to spend a substantial sum on repairs and reconditioning. Some of these have been considerably improved and their life prolonged for perhaps ten or fifteen years, but others have been left neglected. We are now beginning to review any Class B houses on which we had any doubts, and I feel quite sure that official representations will continue to be made over a considerable period.

During the year the Dutch Quarter Scheme reached a point at which it was attracting considerable interest in various parts of the country, and at a Sessional Meeting of the Royal Society of Health a paper was read by Mr. W. A. Rapier, the Building Superintendent of the scheme. It has certainly been a social and aesthetic success and has provided useful housing at a moderate cost. It has also made some contribution—though a smaller one than was at one time expected—toward the provision of housing for elderly people who preferred the town centre to the outlying estates.

With our unusually high proportion of elderly people in the community, housing for the aged becomes an important matter. Both the Local Authority and the various voluntary organisations are alive to this and good work is being done. I am particularly pleased that interest is being shown in the deplorably common problem of the elderly person who wants to be independent but is not quite 100 per cent. fit. A good deal of help is given in cases like this by the Domestic Help Services and, of course, the District Nursing Service, but these cannot meet all the needs, and it is not always possible to bring them into action for the person who is fairly fit on the whole, but has occasional "off days." Various expedients have been tried in certain parts of the country—one is the grouping of such people in a cluster of bungalows or flatlets with some resident person who is half-way between a nurse and a help and who can give special care or assistance as needed. Another method is to provide, so to speak, "service flatlets" where the old people have their separate accommodation, but basic cleaning and any heavy domestic chores are done for them as a routine. Sometimes provision is made for the supply of meals in addition, even if this is only one main meal a day. There is no doubt that something of this sort can help old people to postpone the day when they lose their independence and enter hospitals or hostels, and it has of course the further benefit of relieving the hostels of pressure of applications from people who can be independent if they have a little support. I hope we can expect some development on these lines in Colchester before very long.

Operation of the National Health Service

The Minister asks that this report should contain some comment on the working of Local Health Services under the National Health Service during the first ten years of the N.H.S. The effects of the coming of the National Health Service on the Health Services of Colchester have been mainly negative. Those Services which the Borough formerly operated which came under the National Health Service were, of course, removed to County Council control, or in the case of the hospitals to the control of the Regional Hospital Board. With regard to the Hospital Services, I would say that the results of the change have produced more advantages than disadvantages and that both the Infectious Diseases Hospital and the Maternity Hospital have gained in scope and resources from being integrated into the Colchester Hospital Group, though in certain aspects of day-to-day management they have lost by the change.

It is difficult to compare the Health Services which have passed under County control with the corresponding services which Colchester might have had if the Borough had retained control, but it is fair to say that there has been no new provision and no increase in any existing provision which could not have been expected to come if the Borough had still been in charge of the Services. The pooling of staff over the North-East Essex area has involved a slight relative reduction of the staff working in Colchester with perhaps some weakening of the Services in the Borough as a result. On the other hand, I feel that many other parts of North-East Essex have gained from being brought within the larger unit with its area administration as against the distant control from County Hall which existed previously in respect of these Services. There is no doubt that North-East Essex as a whole is a practical, convenient and reasonably homogeneous area and that it is eminently suitable to function as a Health Service Unit. I therefore look with some mixed feelings on the proposed delegation to Colchester under the Local Government Act, 1958, of some Health Services which the Borough formerly had, but which have been under County control for some years. If the scheme of delegation is as liberal as was at one time forecast, I think that Colchester, given a chance to shape its own services to its own peculiar needs and not too strictly bound by a policy which must apply to the whole of Essex, will benefit. The area organisation, however, which has been built up over the last ten years and which really works, is likely to be disturbed and it remains to be seen whether the districts outside Colchester will gain or lose.

I hope that some working arrangements may be found by which Colchester and the remainder of the Health Services area though technically divorced will continue to work together and share key staff. It would seem a little foolish to have the equivalent of an Area Medical Officer for the Borough of Colchester together with a Borough Superintendent Health Visitor and a Borough Non-Medical Supervisor of Midwives and to have three separate corresponding officers for the rest of North-East Essex. It would seem equally undesirable to follow the suggestion which has been made in certain quarters and attach North-East Essex outside Colchester to the Mid-Essex Health Area; Clacton, Frinton & Walton and Harwich would be 40 miles away from the area office responsible for their services. Common sense and a little ingenuity would provide that even if the Borough administration and the area administration had to have separate book keeping, separate stationery and even separate managing committees they could with advantage share the key staff. I understand that some counties have already applied this solution to similar areas.

General

The co-operation of many people is necessary if the health of the town is to be maintained and improved, and once again I am

glad to record that such co-operation has been forthcoming in large measure. Occasional lapses do occur and are the more conspicuous because they are infrequent. Not all food handlers and sellers fully realise their obligations in respect of food hygiene, though many are ready and willing to do more than the letter of the law demands. Not all owners of house property comply with notices as quickly as they might, though the exceptions are few. The notification of infectious disease could sometimes be better and prompter, though I sympathise with the harassed general practitioner in the middle of an epidemic of, say, measles—he has many things to do with his time in addition to the filling in of forms. Perhaps the overhaul of notification procedure which the Ministry of Health is considering may make the position easier.

Other Corporation Departments, the County Council health services and the local hospitals are valued partners in our work and with every year that passes it is made clearer that good public health work consists of combined operations in which not only official bodies, but individuals too numerous to mention and various voluntary organisations must get together to help people to be healthy. When the need arises we never ask for help in vain.

I commend to your notice my colleagues in the Department, whose zeal and interest never seem to flag, however heavy may be the burden, and I would end by expressing my appreciation of the help of the Chairman, Vice-Chairman and members of the Borough and Port Health Committee who are always good friends to the Department and the cause which it serves.

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 1958

A Report as directed by Circular 22/58 of the Ministry of Health

STATISTICAL SUMMARY

Population (R.G. Estimate) with Military (at 30/6/58)	63,510
(Census 1951, 57,449)	
Area	12,037 acres
Number of inhabited houses (Census 1951) ..	15,069
Number of inhabited caravans (Census 1951) ..	69
Rateable Value (1/4/58)	£741,757
Product of a penny rate	£2,977 14s. 1d.
Birth Rate (1,012 legitimate births, 46 illegitimate)	
(Corrected)	16·8
(Crude)	15·65
„ „ England and Wales	16·4
Stillbirths (22) Rate per thousand live and stillbirths	20·4
England and Wales	21·6
Death Rate per 1,000 of the population (Corrected)	9·8
(Crude)	11·6
„ „ England and Wales	11·7
Percentage of total deaths occurring in Public Institutions	55·75
Women dying in, or in consequence of, childbirth	Nil
Infantile mortality rate per 1,000 related live births—	
Legitimate (16 deaths), 15·8. Illegitimate (2 deaths), 43·5. Total (18 deaths)	17·0
Infantile Mortality Rate, England and Wales ..	22·5
Pulmonary Tuberculosis Death Rate	0·06
Other Tuberculosis Diseases Death Rate	0·03
Cancer Death Rate	1·9
Neonatal Death Rate (12 deaths)	11·3
Neonatal Death Rate, England and Wales ..	16·2

DEATHS OF CIVILIAN RESIDENTS, 1958

<i>Cause of Death.</i>					<i>M.</i>	<i>F.</i>	<i>Total.</i>
Non-Pulmonary Tuberculosis	..	..	..	..	2	—	2
Respiratory Tuberculosis	..	..	..	..	4	—	4
Syphilitic Disease	..	..	..	..	1	1	2
Acute Poliomyelitis	..	..	..	..	—	1	1
Meningococcal Infections	..	..	..	..	1	—	1
Cancer, Stomach	..	..	..	..	8	9	17
„ Lung, Bronchus	..	..	..	..	14	2	16
„ Breast	..	..	..	..	—	18	18
„ Uterus	..	..	..	..	—	7	7
„ Other sites	..	..	..	..	30	28	58
Leukæmia	..	..	..	..	2	3	5
Diabetes	..	..	..	..	4	2	6
Vascular Lesions, Nervous System	..	..	..	..	39	63	102
Coronary Disease, Angina	..	..	..	..	78	36	114
Hypertension with Heart Disease	..	..	..	..	3	8	11
Other Heart Disease	..	..	..	..	52	103	155
Other Circulatory Disease	..	..	..	..	16	8	24
Influenza	..	..	..	..	—	4	4
Pneumonia	..	..	..	..	12	19	31
Bronchitis	..	..	..	..	24	9	33
Other Respiratory Diseases	..	..	..	..	2	2	4
Ulcer of Stomach and Duodenum	..	..	..	..	3	2	5
Gastritis, Enteritis and Diarrhœa	..	..	..	..	2	1	3
Nephritis and Nephrosis	..	..	..	..	—	1	1
Hyperplasia of Prostate	..	..	..	..	6	—	6
Pregnancy, Childbirth, Abortion	..	..	..	..	—	—	—
Congenital Malformations	..	..	..	..	1	3	4
Other defined diseases	..	..	..	..	38	34	72
Motor Vehicle Accidents	..	..	..	..	4	3	7
All other Accidents	..	..	..	..	9	8	17
Suicide	..	..	..	..	5	3	8
Homicide	..	..	..	..	1	—	1
					361	378	739

1958. 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	114	78	4	196
Female	125	104	18	247
Tota	239	182	22	443

Ten persons were aged 90, one aged 91, four aged 92, two aged 93, one aged 94, two aged 95 and two aged 97. The oldest man reached 93.

LABORATORY, 1958

Specimen and Examination.	Positive.	Negative.	Total.
Urine, abnormalities	11	308	319

Examination of oatmeal (mites present), fish (worm present), cooked vegetable (chromo-bacterium prodigiosum).

Identification of (1) Pubic Lice, (2) Lictus Beetle.

In addition 132 samples of water were bacteriologically examined, and 1 for presence of metals.

	Samples	Satisfactory	Unsatisfactory
Town Water Supply ..	130	130	—
Other Water	2	2	—

Six samples of well waters were submitted to the Counties Public Health Laboratory for chemical analysis. Three were satisfactory, two of poor organic quality, and one contained an objectionable amount of nitrate contents in the event of the water being used to prepare infant feeds, otherwise being considered satisfactory.

Examinations by the Public Health Laboratory Service (Ipswich) numbered 22 Bacteriological (10 satisfactory and 12 unsatisfactory).

NURSING HOMES

General and surgical beds available are 22.

There are three Homes registered in the Borough.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

Notifiable Diseases (other than Tuberculosis) during the
Year 1958

(Civilian and Military Cases)

Disease	Total Cases Notified	Total Cases in Age Groups												Cases admitted to Hospital
		Under 1 Year	1	2	3	4	5-9	10-14	15-19	20-34	35-44	45-64	65 and Over	
Measles	440	8	34	53	57	44	225	11	3	4	—	1	—	5
Typhoid Fever	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Acute Poliomyelitis ..	6	—	—	—	—	—	—	—	1	4	1	—	—	6
Meningococcal Infection ..	2	—	—	—	—	—	1	—	—	—	1	—	—	2
Pneumonia ..	31	2	1	1	—	—	2	3	4	8	3	4	3	15
Dysentery ..	2	—	—	—	—	—	—	1	—	—	—	1	—	—
Puerperal Pyrexia	21	—	—	—	—	—	—	—	2	18	1	—	—	—
Erysipelas	3	—	—	—	—	—	—	—	—	—	—	2	1	—
Scarlet Fever ..	42	—	—	2	3	7	25	3	2	—	—	—	—	—
Infectious Hepatitis ..	7	—	—	—	—	1	1	—	—	3	2	—	—	4
Food Poisoning	4	—	—	1	—	—	—	—	—	2	—	—	1	—
Whooping Cough	49	3	4	8	10	6	17	—	—	1	—	—	—	—
Totals ..	608	13	39	65	70	58	271	18	12	40	8	8	6	33

Deaths from notified diseases : Pneumonia 2. Acute Poliomyelitis 1.

Deaths from unnotified diseases : Pneumonia 9.

Total deaths from infectious diseases : 12.

Percentage of cases treated in Hospital—5·4 per cent.

During the year quite a number of various diseases and illnesses were treated in the Isolation Hospital from the Borough of Colchester, as can be seen from the table given below:

Cerebro Spinal Fever	..	..	..	..	..	..	1
Paratyphoid Fever	..	..	..	..	..	..	1
Pneumonia (2 transferred to other Hospitals)	..	..	..	..	..	3	
Poliomyelitis (1 transferred to another Hospital, 1 died)	..	..	..	..	..	6	
Measles	..	..	..	..	..	..	2
Rubella	..	..	..	..	..	..	1
Gastro-enteritis (1 transferred to another Hospital)	..	..	..	..	..	5	
Bronchitis and Potts Disease (died)	..	..	..	..	..	1	
Influenza	..	..	..	..	..	..	2
Upper Respiratory Infection	..	..	..	..	..	2	
Stomatitis	..	..	..	..	..	..	2
Gingivitis	..	..	..	..	..	..	1
Herpes Zoster	..	..	..	..	..	..	1
Tonsillitis	..	..	..	..	..	..	1
Pharyngitis	..	..	..	..	..	..	1
Tonsillitis and Otitis Media	..	..	..	..	..	1	
Scabies (1 of these died with senile heart failure)	..	..	..	..	..	10	
Traumatic Effusion of Left Hip	..	..	..	..	..	1	
Mumps-meningitis	..	..	..	..	..	..	1
Impetigo	..	..	..	..	..	..	1
Sub-arachnoid haemorrhage (transferred to another Hospital)	..	..	..	..	..	1	
Carbuncle	..	..	..	..	..	..	1
Pyrexia of Unknown Origin	..	..	..	..	..	1	
Allergy of Unknown Origin	..	..	..	..	..	1	
Undiagnosed	..	..	..	..	..	..	1

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	2	1	..	..	..	..	..	..
5-9	3	..	1	..	..	..	..	..
10-14	..	..	..	..	..	..	..	..
15-19	..	1	1	..	1	..	..	..
20-24	3	1	..	..	..	..	..	..
25-34	3	1	3	..	..	..	..	..
35-44	2	..	..	1	..	..	..	..
45-54	2	1	..	..	..	..	..	..
55-64	2	..	1	..	1	..	1	..
65 and upwards	1	1	1	..	2	..	1	..
Totals	20	6	7	1	4	..	2	..

Tuberculosis Register

	1955	1956	1957	1958
Pulmonary Cases	311	315	310	317
Other Forms of Tuberculosis ..	36	37	34	33

Prevention and Treatment of Tuberculosis.

Section 172, Public Health Act, 1936.

Prevention and Treatment of Blindness.

Section 176, Public Health Act, 1936.

National Assistance Act, 1948.

Section 47.

No action was required under any of these powers.

CREMATIONS, 1958

<i>Died in Month</i>	<i>Total</i>	<i>Residents</i>	<i>Non- Residents</i>	<i>Form F Signed by</i>		
				<i>Dr. Kershaw</i>	<i>Dr. Barrett</i>	<i>Dr. Singer</i>
January ..	83	24	59	Nil	78	5
February ..	62	18	44	25	37	Nil
March ..	65	18	47	54	10	1
April ..	54	19	35	40	14	Nil
May ..	45	12	33	39	6	Nil
June ..	54	14	40	49	5	Nil
July ..	43	11	32	21	2	20
August ..	47	9	38	31	Nil	16
September ..	44	12	32	26	18	Nil
October ..	51	14	37	37	12	2
November ..	64	17	47	47	15	2
December ..	65	23	42	57	8	Nil
Totals ..	677	191	486	426	205	46

Essex 643, Suffolk 16, London 10, Other Areas 8—Total 677.

Coroner's Cases :	January 9	April 7	July 8	October 4
78	February 6	May 1	August 5	November 9
	March 8	June 8	September 7	December 6

Essex County Council Act, 1933.

Eight establishments are registered under the above Act for massage or special treatment.

PET ANIMALS ACT, 1951

Five sets of premises were registered as at 1/1/59.

HOUSING APPLICATIONS, 1958

Number of applications accepted for re-housing supported by medical certificates	46
Number of such cases re-housed during year	91

MEDICAL EXAMINATIONS OF BOROUGH EMPLOYEES FOR SUPERANNUATION OR FOR ROAD TRAFFIC ACT PURPOSES DURING 1958

Primary Examinations	87 passed, 4 failed
Examinations after absences ..	9
Examinations for commuting pension	Nil
Examinations for other authorities ..	1

SANITARY CIRCUMSTANCES OF THE AREA

A minor extension of the foul sewer was carried out at Rowhedge Road, near the borough boundary. This provided for a group of houses formerly on cesspools.

Further catchpits at various points have been constructed to prevent silting in the main sewers.

Four new Cesspools were authorised to be built by the Borough Engineer's Department during the year, and fifteen were done away with.

One new well was constructed at Colliers Farm Cottages.

Water.

The consumption per head per day, including water supplied to the Military, was 39.72 gallons. The length of pumping distribution mains is 124.067 miles. There are 561 metered supplies of water.

Refuse Collection and Disposal.

No changes in this service during the year.

SANITARY INSPECTION

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

Defects found	2,586
Defects remedied	2,573
Factories and Workshops inspected	372

Housing.

Sinks, Waste Pipes, etc., provided or renewed ..	19
Floors or walls or ceilings repaired	211
Doors or windows provided or repaired	597
Ovens or firegrates repaired or renewed	50
Stairs repaired	25
Rooms cleansed	166
Roofs repaired (including rain-pipes and gutters) ..	168
Chimneys repaired or renewed	72
Damp houses remedied	39
Yards paved or repaired	16
Other housing repairs	58

Drainage.

Repairs and improvements	262
Water Closets provided or repaired	198
Cesspools : abolished (-), provided (-), repaired (3) ..	3

Other Sanitary Work.

Under Shops Act	11
Under Factories Act	44
Under Food and Drugs Act	181
Houses disinfected	4
Clothing and other articles disinfected	1,325
Mains supply provided to existing houses	6
Well water sampled	27
Dustbins provided	28
Re-visits in connection with Sanitary Notices	4,965
Offensive accumulations removed	3
Matters referred to other Departments	197
Other nuisances or matters attended to	57

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 Public Health 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	43	16	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	419	356	10	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
Total ..	462	372	10	—

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	1	—	—	—	—
(b) unsuitable or defective ..	23	16	—	16	—
(c) not separate for sexes ..	1	—	—	1	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total ..	25	16	—	17	—

PART VIII OF THE ACT

OUTWORK

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of outworkers 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 { Making, etc.	57	—	—	—	—	—
apparel { Cleaning and washing ..	—	—	—	—	—	—
Household linen	2	—	—	—	—	—
Lace, lace curtains and nets ..	—	—	—	—	—	—
Curtains and furniture hangings ..	7	—	—	—	—	—
Furniture and upholstery	4	—	—	—	—	—
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 ..	70	—	—	—	—	—

OFFENSIVE TRADES AND KNACKER'S YARD

	Number.	Inspections.
Gut Scraper	1	3
Tallow Melter	1	9
Rag, Bone and Skin Dealer	5	3
Bone Boiler	1	9
Tripe Boiler	1	18
Total	9	42
Horse Slaughterer	1	3

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

COMMON LODGING HOUSE

There is one Common Lodging House in the Borough, providing accommodation for 27 lodgers. Inspections have been made on various occasions and cleansing and maintenance have been attended to satisfactorily.

ERADICATION OF BED BUGS

Dwelling Houses Infested—Council 3, Others 12	15
Dwelling Houses Disinfested—Council 3, Others 12	15
Rooms in these—Infested and Disinfested	46

In addition 9 dwelling houses, including one Council house, were treated for the eradication of fleas.

Disinfestation of dwelling houses is carried out free of charge.

RATS AND MICE

During the year 4,847 inspections and re-inspections were made by the Rodent Operators.

Three hundred and twelve complaints of rat infestation were received and dealt with and altogether some 731 premises were cleared during the year.

The public sewers were treated during the year and poison laid in those manholes where takes of pre-bait had been recorded. Forty-nine manholes were poison baited as a result of the treatment.

WASPS' NESTS

Forty-two wasps' nests were destroyed during the year.

HOUSING

Statistics for the Year 1958.

New Houses completed—307.

New Flats completed—22.

Additional units of accommodation provided by conversions	5
---	---

I.—*Inspection.*

Number of dwelling houses inspected	1,075
---	-------

Number of dwelling houses found to be unfit for human habitation	13
--	----

Number of dwelling houses found not to be in all respects reasonably fit for human habitation ..	563
--	-----

II.—Number of defective houses rendered fit by Informal Action	455
--	-----

III.—*Action under Statutory Powers.*

A. Under Sects. 9 and 10, Housing Act, 1957—

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	—
---	---

B. Under Public Health Acts—

Number of dwelling houses in respect of which notices were served for repairs	34
---	----

Number complied with—

(a) By owners	37
-----------------------	----

(b) By Local Authority in default	—
---	---

C. Proceedings under Sections 16 and 17 of the Housing Act, 1957—

(1) Number of undertakings not to re-let given by owners	8
(2) Number of dwelling houses in respect of which Demolition Orders were made.. .. .	5
(3) Number of dwelling houses demolished in pursuance of Demolition Orders	9

D. Proceedings under Section 18 of the Housing Act, 1957.. .. .	—
---	---

RENT ACT, 1957

Part I—Applications for Certificates of Disrepair.

Number of applications for certificates	55
Number of decisions not to issue certificates	Nil
Number of decisions to issue certificates	57
(a) in respect of some but not all defects	48
(b) in respect of all defects	9
Number of undertakings given by landlords under paragraph 5 of the First Schedule	21
Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	Nil
Number of Certificates issued	25

Part II—Applications for Cancellation of Certificates.

Application by landlords to Local Authority for cancellation of certificates	15
Objections by tenants to cancellation of certificates	1
Decisions by Local Authority to cancel in spite of tenants' objection	Nil
Certificates cancelled by Local Authority	14

INSPECTION AND SUPERVISION OF FOOD

The number of inspections of food premises and the improvements recorded are shown in the following table :

	<i>Premises</i>	<i>Inspections</i>
Slaughterhouses	1,173
Bakehouses	56
Dairies and Milk Shops	99
Provision Shops	354
Fish Shops—Wet	71
Fish Shops—Fried	56
Butcher's Shops	179
Hotels and Restaurants	164
Canteens and Hospital Kitchens	95

Repairs or improvements carried out :

Constant hot water supply provided	18
Handbasins or sinks provided	15
Walls—Repaired, decorated or cleansed	45
Ceilings—Repaired, decorated or cleansed	43
Floors—New, repaired, decorated or cleansed	5
Water closets—New, repaired or cleansed	11
Water closets—" Wash your hands " notices	2
Refuse receptacles provided	5
Miscellaneous	37

MEAT INSPECTION

There are five licensed slaughterhouses in the Borough, four of which are in regular use. All animals slaughtered were examined for evidence of disease by the Public Health Inspectors.

Carcases and Offal Inspected and Condemned in whole or in part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	4,955	158	255	7,638	9,991	—
Number inspected ..	4,955	158	255	7,638	9,991	—
All diseases except Tuberculosis and Cysticercel :						
Whole carcasses condemned ..	4	—	—	7	19	—
Carcases of which some part or organ was condemned ..	954	12	1	44	287	—
Percentage of the number inspected affected with dis- ease other than tuberculosis and cysticerci	19.33 %	7.59 %	.39 %	.67 %	3.06 %	—
Tuberculosis only :						
Whole carcasses condemned ..	—	—	—	—	—	—
Carcases of which some part or organ was condemned ..	119	9	—	—	122	—
Percentage of the number inspected affected with tuberculosis ..	2.40 %	5.69 %	—	—	1.22 %	—
Cysticercosis :						
Carcases of which some part or organ was condemned ..	15	—	—	—	—	—
Carcases submitted to treatment by refrigeration ..	15	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Parts of Carcases or Organs Condemned

				Beasts including Cows	Calves	Sheep	Pigs	Total
				lb.	lb.	lb.	lb.	lb.
Parts of Carcases	..	..	..	616	—	—	1,986	2,602
Organs	..	..	..	13,396	3	74	766	14,239

In addition to the above, 368 lb. of Imported Beef, 17 lb. of Imported Beast's Liver, 8 lb. of Ox Liver and 37 lb. of Ox Tongues were condemned.

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

9 tons 11 cwts. 3 qrs. 24 lb.

Unsound meat was collected by a local firm engaged in the manufacture of commercial grease.

Other Food Inspection

<i>Type of Food.</i>								<i>Weight in lb.</i>
Margarine .. .. .	..	..	..	..	..	..	..	100
Butter .. .. .	..	..	..	..	..	..	..	49
Cooking Fat .. .. .	..	..	..	..	..	..	..	32
Cheese .. .. .	..	..	..	..	..	..	..	141
Bacon .. .. .	..	..	..	..	..	..	..	390
Miscellaneous Cooked Meats, etc.	..	..	..	..	..	..	..	516
Pork Luncheon Meat .. .. .	..	..	..	..	..	..	..	9
Pressed Pork .. .. .	..	..	..	..	..	..	..	17
Ham .. .. .	..	..	..	..	..	..	..	300
Sausages .. .. .	..	..	..	..	..	..	..	158
Corned Beef .. .. .	..	..	..	..	..	..	..	5
Tongue .. .. .	..	..	..	..	..	..	..	14
Sugar .. .. .	..	..	..	..	..	..	..	5
Liquid Whole Egg .. .. .	..	..	..	..	..	..	..	31
Potatoes .. .. .	..	..	..	..	..	..	..	57
Rice .. .. .	..	..	..	..	..	..	..	109
Bananas .. .. .	..	..	..	..	..	..	..	153
Grapes .. .. .	..	..	..	..	..	..	..	27
Oranges .. .. .	..	..	..	..	..	..	..	800
Apples .. .. .	..	..	..	..	..	..	..	80
Confectionery .. .. .	..	..	..	..	..	..	..	42
Fish.. .. .	..	..	..	..	..	..	..	1,177
Other Foods .. .. .	..	..	..	..	..	..	..	25
								4,237

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

11 tons 9 cwts. 3 qrs. 5 lb.

In addition the following foods were condemned:

Tinned Milk	..	..	..	..	..	..	201 Tins
Other Tinned Goods	..	..	..	..	..	..	1,845 Tins
Packeted Foods	..	..	..	..	..	..	1,497 Pkts.
Bottled Foods	..	..	..	..	..	..	167 Bots.
Flour Confectionery, Pies, etc.	..	..	..	..	..	..	2,977
Cakes	..	..	..	..	..	..	18
Jam Rolls	..	..	..	..	..	..	6
Chocolate Rolls	..	..	..	..	..	..	2
Swiss Rolls	..	..	..	..	..	..	3
Sponge Cakes	..	..	..	..	..	..	36
Hamburgers	..	..	..	..	..	..	16
Meat Pies	..	..	..	..	..	..	15
Chickens	..	..	..	..	..	..	4
Chicken Cutlets	..	..	..	..	..	..	13
Salmon Cutlets	..	..	..	..	..	..	13
Fish Cakes	..	..	..	..	..	..	13
Crabs	..	..	..	..	..	..	60
Winkles	..	..	..	..	..	..	1½ Galls.
Shrimps	..	..	..	..	..	..	4 Galls.

All condemned food other than unsound meat was destroyed by the Cleansing Department.

MILK AND DAIRIES ORDERS AND REGULATIONS

There are 7 dairies and 75 distributors on the register, and during the year 99 inspections of premises were made.

Milk (Special Designation) (Raw Milk) Regulations,
1949-1954

*Milk (Special Designation) (Pasteurised and
Sterilised Milk) Regulations, 1949-1953*

Licences issued for Sale of Graded Milk

Pasteurised	24
Tuberculin Tested	22
Pasteurised, Producer	2
Sterilised	35
Supplementary	17

Pasteurised and Sterilised Milk

During the year 147 samples of pasteurised milk and two samples of sterilised milk were submitted for examination. One of the pasteurised samples failed to pass the Phosphatase Test and one the Methylene Blue Test. These samples were followed up and subsequent samples proved satisfactory.

Of the 149 samples taken, 125 were of milk pasteurised in Colchester, the remaining 24 being of milk pasteurised or sterilised outside the Borough and brought in for retail sale.

MILK—BIOLOGICAL TEST

Twenty samples of milk were submitted to the biological test for the presence of tubercle bacillus. One sample was found to be positive and the Divisional Veterinary Inspector was informed. The milk concerned was already being delivered to an establishment for pasteurisation and no further action under Milk and Dairies Regulations was necessary.

CHURN RINSINGS

Fifteen samples of churn rinsings were taken during the year, four of which were not up to the required standard. Investigations were made and subsequent samples were satisfactory.

LIQUID EGG

Seventeen samples of liquid egg broken out in a local establishment were taken for examination. All were very satisfactory and no evidence of Salmonella was found.

FOOD AND DRUGS ACT, 1955

Samples	No. of Samples	Samples below Standard	Nature of Deficiency
Milk	33		
Condensed Milk	1		
Double Cream	1		
Cream, canned	4		
Butter.. .. .	6		
Margarine	3		
Lard	5		
Cheese.. .. .	1		
Buttered Cheese Spread ..	1		
Shredded Beef Suet	3		
Cooked (Fried) Fish	1		
Frying Oil	1		
Fish Paste	1		
Fish Cakes	2		
Pork Luncheon Meat	1		
Pork Sausage Meat	1		
Chopped Pork, canned	1		
Sausages	3		
Meat Pie	1		
Peas, canned	2		
Currants	2		
Sultanas	1		
Mincemeat	6		
Ground Almonds	1		
Marzipan	1		
Honey.. .. .	1		
Flour	4		
Creamed Rice Pudding	1		
Jam	4		
Marmalade	1		
Lemon Curd	1		
Tomato Juice	1		
Lemon Juice	1		
Lemon Squash	1		
Orange Squash	2		
Ice Cream	6		
Table Jelly	4		
Black Grape Jelly	1		
Blackcurrant Syrup	1		
Glacé Cherries	2		
Victoria Plums, canned	1		
Bread	3		
Soup	2		
Vinegar	3		
Olive Oil	1		
Jelly Creams	1		
Buttered Brazils	1		
	126	—	—

Ice Cream (Heat Treatment, etc.) Regulations

Visits to premises where ice cream is manufactured or sold	235
Samples taken	32
Results of samples—Grade I	25
Grade II	6
Grade III	1
Grade IV	—

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PUBLIC HEALTH DEPARTMENT,
TRINITY STREET.