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THE URBAN DISTRICT OF DISS

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND THE
PUBLIC HEALTH INSPECTOR FOR THE YEAR 1960



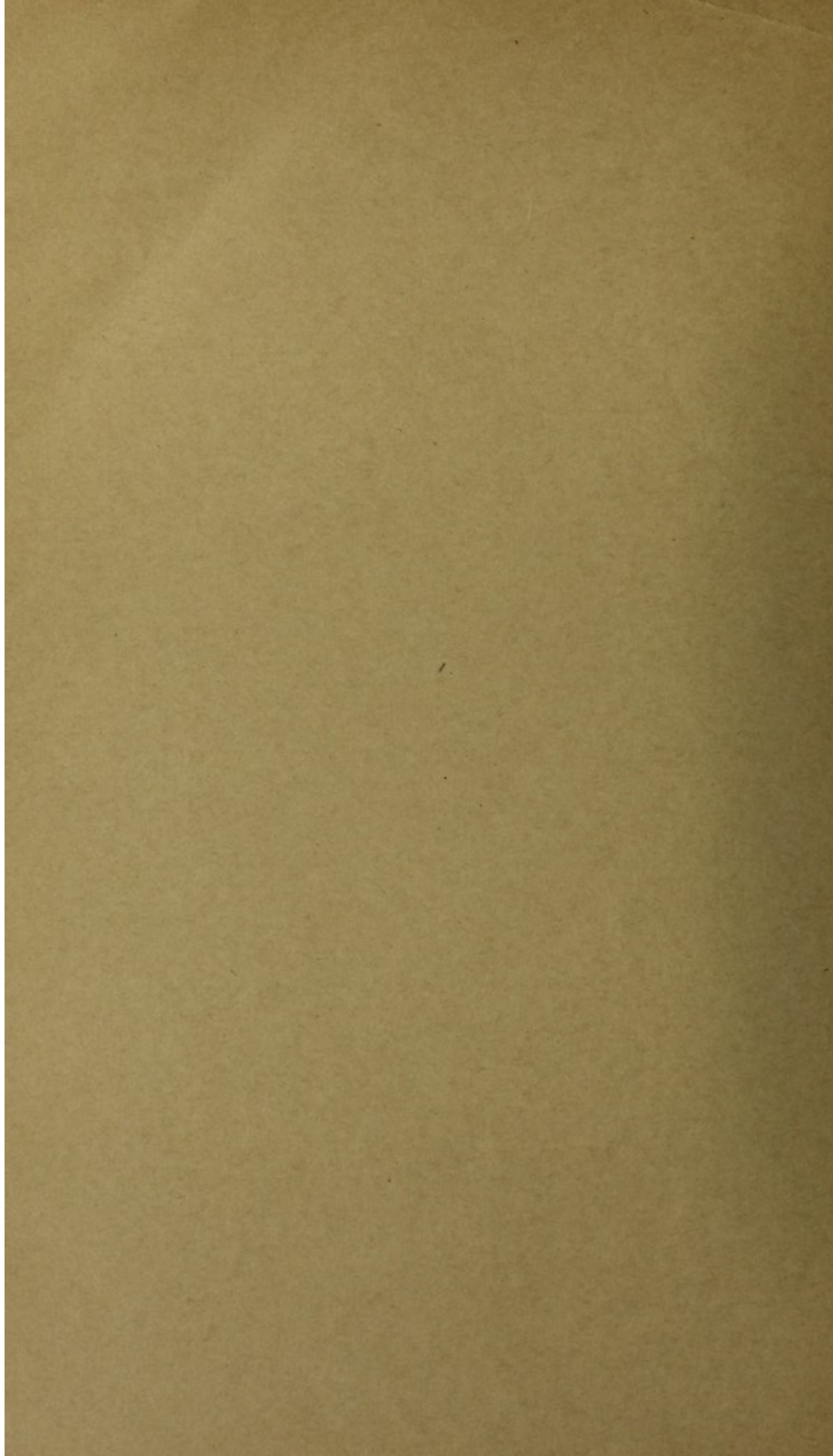
HEALTH COMMITTEE 1960/61

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/ Chairman of the Council

ø Vice-Chairman of the Council



THE URBAN DISTRICT OF DISS

THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1960.

Mr. Chairman, Miss Oakes, and Gentlemen,

I have the honour to present my Annual Report for the year 1960.

LOCAL HEALTH (1960)

The estimated population of Diss District increased from 3,610 in 1959 to 3,630 in 1960. The corrected birth rate 16.0 was lower than that of England and Wales (17.1) while the corrected death rate (8.9) was also lower than that of England and Wales (11.5). The infant mortality rate was 53.6 (three infant deaths) compared with 21.7 (a new low record) for England and Wales as a whole.

The health of the District continued to remain very satisfactory: there were only two notifications of communicable diseases, i.e. one case of measles and one of tuberculosis.

School Immunisations.

The periodic "prick" by the school medical officer is fast becoming accepted as a routine item in the activities of the term rather than an annual black day tolerated by pupils and teachers alike.

Primary inoculations and boosters for diphtheria, poliomyelitis and tetanus together with skin tests and B.C.G. vaccinations have been established as preventive measures in schools for many years to come. Something approaching 7,000 single injections were given in the 63 schools of Area 5 last year. The inconvenience caused to teachers and their classes by this work is not inconsiderable. Our primary schools, in particular, were never intended as locales for these demonstrations of scientific achievement. It is to be hoped that when the new primary schools materialise proper provision will be made permitting pupils to face official visitors in privacy without causing complete disruption of school routine. Head teachers showed remarkable forbearance when their schools were constantly used as vaccination centres during the anti-poliomyelitis campaign.

The other problem is the attitude of the pupils towards immunisation sessions. The younger children are delightfully calm and co-operative; the "prick" is merely a punctuation mark in the chatter about holidays or presents. Tears are quite exceptional and are shed on occasions by those disappointed because they are NOT on the list. How pleasant to work with children who have learnt to be sensible about it all! Unfortunately, this bright scene unaccountably darkens when it is staged in the Secondary Modern School.

Does failure in the "eleven-plus" signify loss of confidence and self-control in all difficult situations? Why must older school-children delight in creating unnecessary apprehension in their school friends? Remembering his time in the Services does Dad tell Doreen and Dan about his "appalling experiences" when he found himself on the inoculation conveyor-belt? There must be some explanation for the reluctant arrival of these pupils in a state of quivering unwillingness; appearing, as the nurse remarked, not in the order of inclination but disinclination.

How can these children become self-confident and learn self-control? It is very hard to find an answer to this problem. The emotional relationship between the majority of parents and teenage children is so often charged with parental anxiety and a hypercritical attitude on both sides that teenage self-confidence is difficult to acquire at home; failure in the eleven-plus doesn't help the situation. Furthermore, there are still plenty of parents who instinctively over-protect their children when they could render them a far greater service by helping them to face reality with courage. It is also doubtful whether the relationship between teacher and teenage pupil can be depended upon to create self-confidence in the child.

It must now be said that there are senior schools where the self-control and good manners of the pupils are a pleasure to medical workers.

Poliomyelitis.

The following figures show the decline in notifications of poliomyelitis in England and Wales during the past four years:

<u>Year</u>	<u>Cases</u>	<u>Deaths</u>
1957	4,481	226
1958	1,992	129
1959	1,022	91
1960	528	36 (uncorrected)

A study of the incidence of poliomyelitis in the vaccinated and the unvaccinated population (under 15 years) for the year 1959 has brought the following facts to light:

- (a) The incidence of poliomyelitis was 16.9 per 100,000 in the unvaccinated compared with 2.7 in the vaccinated.
- (b) The success of vaccine in preventing paralysis has been confirmed; the rate for paralytic polio in the unvaccinated was 12.2 while the corresponding figure for the vaccinated was 1.8.
- (c) The risk of contracting paralytic poliomyelitis diminishes with each dose of the three-dose course of vaccine.

In Area 5 the approximate vaccination rate of school children is 90%; the number of pre-school children vaccinated is as high as can be expected in any voluntary system of vaccination. On the other hand it is estimated that the vaccination rate of young adults is no more than 40%.

Details of vaccinations carried out since the vaccination scheme was introduced five years ago are shown in Table 20 in the appendix to this Report.

Tetanus Immunisation (Area 5)

Routine tetanus immunisation of children continued throughout 1960. 1,823 primary immunisations (three injections) and 56 booster doses were given to school children.

Primary immunisations of infants were maintained at a high level. Many employees of local councils (particularly those at special risk) were included in immunisation programmes.

Particulars of all tetanus immunisations carried out during the period 1958 to 1960 are shown in Table 22 of the appendix to this Report.

Attention must again be drawn to the low position of tetanus in relation to the incidence and death rates of the more serious diseases. In the administrative county of Norfolk there were only two cases of tetanus in 1960; true to the expected fifty per cent fatality rate, one of these was fatal.

Influenza Vaccines.

1. Modern techniques have improved influenza vaccines and they are reasonably safe: troublesome reactions may occur in those allergic to the protein in the vaccine.
2. The protective efficiency of an influenza vaccine is about 60 per cent.
3. The duration of immunity given by vaccination is seldom more than one year.
4. The best time for vaccination for preventing winter influenza is the latter part of the preceding autumn, providing always that the vaccine contains the strain of virus implicated in the anticipated outbreak.
5. The prediction of influenza outbreaks cannot be made with certainty and there is always the possibility that new variants of the virus may make the pre-existing vaccines ineffective.
6. There is still uncertainty about the best use of influenza vaccines apart from the fact that there are persons suffering from certain diseases and disabilities whose lives might be greatly endangered by an added influenzal infection.

Radiography Surveys and Vaccination in the Control of Tuberculosis (Area 5)

The Mass Radiography Unit visited a number of towns and villages in Area 5 during the year. The object in visiting

villages was to determine to what extent small rural communities (hitherto omitted from surveys) contribute to the general tubercular infection rate of local populations. Results suggest that villages contribute no more and no less than the larger centres.

The response to appeals for volunteers for X-ray was very satisfactory: 3,511 chest X-rays were carried out. Three active cases of lung tuberculosis were detected and seven cases were recommended for Chest Clinic observation. Eleven inactive post-primary cases of tuberculosis were found and the recorded number of other diseases and abnormalities was fifty. Included in "other diseases" was one case of lung cancer.

The mass radiography scheme is valuable in bringing to light symptomless cases both of tuberculosis and malignant disease of the lung.

As in previous years skin testing of children aged 13+ was carried out in senior schools to detect those who had had some contact with the germ of tuberculosis during their lives. Such contact gives a naturally acquired protection. However, there is always some suspicion that a very strong reaction to the test suggests the presence of an active tubercular lesion; strong reactors are therefore advised to have a chest X-ray as a precaution.

Modern methods of treatment and prevention have produced a steady decline in the national incidence of tuberculosis; it is logical, therefore, to look forward to a similar decline in the percentage of "positive reactors" to the skin test. In 1959 the national figure for "positive reactors" amongst school children aged 13+, was 17%. In Area 5 the percentage during the past 4 years is as follows:-

1957	34%
1958	30%
1959	21%
1960	17%

Once the results of the (tuberculin) skin test are known vaccination of those children showing no result from the skin test ("negative reactors") is carried out with the consent of parents. The response of parents to the offer of this vaccination ("B.C.G") is reasonably good, but the acceptance rate (64% in 1960) is not as high as the rate for protective injections provided for school children against other diseases.

Food Hygiene.

Food poisoning incidents increase each year in England and Wales; in 1959 there were 7,846 recorded incidents. Certain

foods are rarely implicated in the outbreaks; other foods are frequently involved. Stringent hygienic control of potentially dangerous foods under trained supervisors (from production to special retail premises) might be a policy in the future. The vast amount of effort and legislation which has given us clean milk could cover a wider field. We have a Dangerous Drugs Act, why not a "Dangerous" Foods Act?

Council Housing.

Tree felling demands tree planting. The great obstacle to quick slum clearance is the need for building replacement to re-house persons displaced from unfit houses. Demolition and re-building are as inseparable as ways and means.

Imported Disease.

As international transport is speeded up we become more vulnerable to imported disease. Typhoid fever may not be very prevalent but no less than one third of the cases notified in this country in 1959 occurred in patients who contracted the disease while abroad. In this connection the official memorandum "Notice to Travellers" which advises on vaccination against the enteric fevers assumes a special importance.

A further aspect of imported disease is the danger of the introduction of tuberculosis (and other diseases) by immigrants reaching the shores of this country. This is a problem which is receiving attention not only from the medical profession but also from interested authorities such as the Rural District Councils' Association.

Old Age.

At the present time persons aged 65 years and over amount to nearly 12 per cent. of the total population of England and Wales; of these nearly half a million are house-bound through infirmity. The need for purpose-designed houses for the elderly, incorporated within housing estates, is greater than ever.

11. STAFF

Mr. D. Newson, C.R.S.I., S.I.E.J.B., was appointed Public Health Inspector to your Council in April 1960 in succession to Mr. D.E. Coldham, and continued duty throughout the year.

III. VITAL STATISTICS

(a) Population

The Registrar General estimates the population of Diss Urban District, in 1960, at 3,630 compared with 3,610 in 1959.

(b) Births

There were 56 live births recorded during the year: 35 boys and 21 girls. The crude birth rate was 15.4 compared with 14.3 in 1959.

(c) Deaths

Deaths numbered 38 compared with 48 in 1959; the crude death rate was, therefore, 10.5 compared with 13.3 in 1959. There were only 6 deaths of persons under 51 years of age (three of these were infants). The greatest number of deaths occurred in the age group 70-80 (14 deaths); there were 9 deaths between the ages 80-90.

The principal cause of death was from diseases of the heart and circulation (21). Cancer accounted for 7 deaths; there was only one death from accidents - a motor vehicle accident.

(d) Comparability Factor

The comparability factor makes an approximate allowance for the way in which the sex and age distribution of the local population differs from that of England and Wales as a whole. Allowing for this factor the adjusted birth rate for Diss District thus becomes 16.0 compared with 17.1 for England and Wales and the death rate 8.9 compared with 11.5 for England and Wales.

(e) Infant Mortality

The infant mortality for Diss District (deaths of infants under one year per 1,000 live births) was 53.6 compared with a rate of 21.7 for England and Wales. This is a much higher rate than in previous years, but it has to be remembered that in a relatively small number of births a single infant death can affect the rate considerably. Of the 14 infant deaths in 1960, two (of the same parentage) were caused by prematurity and one by birth injuries.

IV. COMMUNICABLE DISEASES

(a) Except for occasional measles, Diss remains remarkably free from outbreaks of infectious diseases. During 1960

the only notification received was one case of measles; there is no reason to suppose that there is any defect in the notification system.

(b) Diphtheria

Occasional small outbreaks continue to occur in the more heavily populated areas of England and Wales indicating the necessity for a high immunisation rate in the community. The national immunisation rate for pre-school children is approximately 56 per cent. The immunisation rate in Area 5 compares favourably with this figure and lies between 80 and 90 per cent. Booster doses given to school children in Area 5 in 1960 were double the average figure for previous years (1,233 inoculations); the back-log caused by the anti-poliomyelitis campaign has now been made up.

(c) Dysentery

Diss District remained free from this common infection throughout 1960.

It may again be said that the spread of this disease is often related to defects in the personal hygiene practices of those who are infected and of their immediate contacts; experience has shown that hand carriage is the main factor in transmission.

(d) Scarlet Fever

No cases were notified.

(e) Whooping-cough

We have now built up a large population of immunised children with a high degree of protection consequently whooping-cough notifications have declined considerably in recent years. There were no notifications from Diss District in 1960.

(f) Poliomyelitis

No cases were notified from Diss District. The total number of primary immunisations given to children in Area 5 from 1956 to 1960 is 8,174; in addition total booster doses are recorded at 7,180 (the child population of Area 5 is approximately 9,000).

(g) Tuberculosis

In England and Wales the fall in the number of annual deaths from tuberculosis continues. Since 1950 the death rate from respiratory tuberculosis has fallen by 79 per cent. Living conditions of notified cases are investigated; contacts of cases are offered chest X-ray examination and vaccination is given where necessary. Control measures within the community included mass radiography and B.C.G. vaccination of school leavers (13+) where a tuberculin test shows this to be advisable.

One case of pulmonary tuberculosis was notified from Diss District in 1960.

(h) Cancer

The number of cancer deaths in Diss District was 7 compared with 19 in 1959, or 18 per cent of the total deaths. Of the total cancer deaths, one was caused by cancer of the lung (5 in 1959); all of these, were males. The national deaths from lung cancer continue to rise.

During the past five years there have been no female deaths from lung cancer in Diss District whereas there have been eleven male deaths.

V. HOUSING

Detailed information of work under the Housing Acts is contained in the Public Health Inspector's Report (appended).

The recently constructed Mere Manor Council Housing Estate consists of thirty-nine dwelling units; twenty houses, eighteen bungalows and a warden's house. The eighteen bungalows provide a grouped scheme for the elderly who enjoy the security of having a warden to look after their interests. This scheme, like similar schemes elsewhere, is showing every indication of success.

VI. WATER SUPPLIES

Bacteriological tests of your Council's water supply continued to give satisfactory results during the year.

Your Council's public swimming pool was also satisfactorily maintained; the standard of purity of the water judged by bacteriological examinations was good throughout the swimming season. Further details are contained in the Public Health Inspector's Report (appended).

VII. SEWAGE & REFUSE DISPOSAL

Matters of interest under this heading are contained in the appended Report of the Public Health Inspector.

Your Council's problem of the future system of refuse disposal is serious and urgent; the statements made by your Public Health Inspector in his appended Report deserve careful attention.

PERSONAL

I wish to thank the Chairman and the Clerk of the Council, and the Chairman and members of the Public Health Committee for their continued support and kindness. I wish also to thank the Public Health Inspector, the Council staff, and the Clerical staff at the Health Office, Norwich, for the efficient and generous help they have given me throughout the year.

I have the honour to be, Mr. Chairman, Miss Oakes and Gentlemen,

Your obedient servant,

Local Health Office,
Aspland Road,
Norwich.

B. E. Holmes

The number of cases of disease in the United States in 1959, compared with 1958, was 100 percent of the total. Of the total cases, one was caused by diphtheria. Of the total cases, one was caused by diphtheria. Of the total cases, one was caused by diphtheria. Of the total cases, one was caused by diphtheria.

During the past five years there have been no large outbreaks of disease in the United States. There have been several small outbreaks, but none of them have been of a serious nature.

VI. PUBLIC HEALTH

The Public Health Service is the principal agency for the control of disease in the United States. It is responsible for the collection and dissemination of information on disease, for the control of communicable diseases, and for the control of occupational diseases.

The recently completed National Health Survey has provided a comprehensive picture of the health of the American people. It has shown that the health of the American people is generally good, but that there are still many areas in which improvement is needed. The survey has also shown that the health of the American people is closely related to their living conditions, and that the health of the American people is closely related to their economic conditions.

VII. PUBLIC HEALTH

Public health is the science and art of preventing disease, prolonging life, and promoting the physical, mental, and social well-being of the community. It is a branch of medicine that deals with the prevention of disease and the promotion of health.

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PERSONAL

I wish to thank the Chairman and the Clerk of the Council, and the members of the Public Health Committee for their continued support and kindness. I also wish to thank the Public Health Inspector, the Council staff, and the Council members for their assistance and cooperation. I am sure that their help will be of great value to the Council.

I have the honor to be, Sir, your obedient servant.

Local Health Officer,
Public Health Department,
Washington, D.C.

DISS URBAN DISTRICT

Table 1. GENERAL STATISTICS

Area (in acres) (including water)	3,628
Estimated Resident Population	3,630
Rateable Value	£45,758
Sum produced by a Penny rate	£186

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	35	21	56
Illegitimate	-	-	-
Totals	35	21	56

Live Birth Rate per 1,000 of estimated Resident Population = 15.4

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate	1	1	2
Illegitimate	-	-	-
Totals	1	1	2

Still Birth Rate per 1,000 total births = 34.5

Table 4. TOTAL BIRTHS

	Males	Females	Total
Live	35	21	56
Still	1	1	2
Totals	36	22	58

Table 5. INFANT DEATHS

(a) Infant Mortality (Deaths of Infants under 1 year)

	Males	Females	Total
Legitimate	2	1	3
Illegitimate	-	-	-
Totals	2	1	3

Infant Mortality Rates:

Total = 53.6 (per 1,000 live births)
 Legitimate = 53.6 (per 1,000 legitimate births)
 Illegitimate = 0.0 (per 1,000 illegitimate Births)

(b) Neo Natal Mortality (Deaths of Infants during first four weeks)

	Males	Females	Total
Legitimate	2	1	3
Illegitimate	-	-	-

Neo Natal Mortality rate (per 1,000 live births) = 53.6

(c) Early Neo-Natal Mortality (Deaths of infants under 1 week)

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	-	-

Early Neo-Natal Mortality rate (per 1,000 live births) = 17.8

(d) Perinatal Mortality (Still births and deaths under 1 week)

	Males	Females	Total
Legitimate	1	2	3
Illegitimate	-	-	-

Perinatal Mortality rate (per 1,000 total births) = 51.7

Table 6. ILLEGITIMATE BIRTHS

NIL

Table 7. MATERNAL DEATHS (including abortion) - NIL

Maternal mortality rate per 1,000 total births = 0.0

Table 8. DEATHS (All ages)

	Males	Females	Total
	18	20	38

Crude Death Rate per 1,000 of estimated Resident Population = 10.5

Table 9. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR

Cause	Males	Females	Total
Birth Injuries	-	1	1
Prematurity	2	-	2
Totals	2	1	3

Table 10. NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR
(According to Age Groups)

	Males	Females	Total
Under 1 year	2	1	3
1 and under 5	-	-	-
5 " " 10	-	-	-
10 " " 20	-	1	1
20 " " 30	-	-	-
30 " " 40	-	1	1
40 " " 50	-	1	1
50 " " 60	1	4	5
60 " " 70	4	-	4
70 " " 80	7	7	14
80 " " 90	4	5	9
90 " " 100	-	-	-
100 and over	-	-	-
Totals	18	20	38

Table 11. CAUSE OF TOTAL DEATHS (Registrar - General)

Cause	Males	Females	Total
1. Tuberculosis, respiratory.	-	-	-
2. Tuberculosis, other.	-	-	-
3. Syphilitic disease.	1	-	1
4. Diphtheria.	-	-	-
5. Whooping Cough.	-	-	-
6. Meningococcal infection.	-	-	-
7. Acute poliomyelitis.	-	-	-
8. Measles.	-	-	-
9. Other infective and parasitic diseases.	-	-	-
10. Malignant neoplasm, stomach.	-	-	-
11. Malignant neoplasm, lung, bronchus.	1	-	1
12. Malignant neoplasm, breast.	-	2	2
13. Malignant neoplasm, uterus.	-	-	-
14. Other malignant and lymphatic neoplasms.	2	2	4
15. Leukemia, Aleukemia.	-	-	-
16. Diabetes.	-	-	-
17. Vascular lesions of nervous system.	1	2	3
18. Coronary disease, angina.	5	5	10
19. Hypertension with heart disease.	-	-	-
20. Other heart diseases.	3	3	6
21. Other circulatory diseases.	-	2	2
22. Influenza.	-	-	-
23. Pneumonia.	1	-	1
24. Bronchitis.	-	-	-
25. Other diseases of respiratory system.	-	-	-
26. Ulcer of stomach and duodenum.	1	-	1
27. Gastritis, enteritis and diarrhoea.	-	-	-
28. Nephritis and nephrosis.	-	-	-
29. Hyperplasia of prostate.	-	-	-
30. Pregnancy, childbirth and abortion.	-	-	-
31. Congenital malformations.	-	-	-
32. Other defined and ill-defined diseases.	3	3	6
33. Motor vehicle accidents.	-	1	1
34. All other accidents.	-	-	-
35. Suicide.	-	-	-
36. Homicide and operations of War.	-	-	-
Totals	18	20	38

Table 12. SUMMARY OF BIRTH AND DEATH RATES

	1954	1955	1956	1957	1958	1959	1960
<u>Live Births (per 1,000 pop)</u>	(50)	(64)	(53)	(64)	(68)	(69)	(56)
Diss U.D.	14.1	17.8	14.8	17.8	18.7	19.1	15.4
Area 5.	13.4	14.3	14.2	13.3	14.9	13.7	14.1
England & Wales (provisional)	15.2	15.0	15.7	16.1	16.4	16.5	17.1
<u>Still Births (per 1,000 total births)</u>	(1)	(Nil)	(Nil)	(1)	(Nil)	(1)	(2)
Diss U.D.	19.7	0.0	0.0	15.4	0.0	14.3	34.5
Area 5.	26.0	20.8	23.7	22.0	9.9	19.9	20.7
England & Wales (provisional)	24.0	23.1	23.0	22.4	21.6	20.7	19.7
<u>Crude Deaths (per 1,000 pop)</u>	(45)	(34)	(44)	(42)	(45)	(48)	(38)
Diss U.D.	12.7	9.5	12.3	11.7	12.5	13.3	10.5
Area 5.	11.6	11.8	11.4	11.1	12.1	12.4	11.8
England & Wales (provisional)	11.3	11.7	11.7	11.5	11.7	11.6	11.5
<u>Infant Mortality (per 1,000 live births)</u>	(Nil)	(Nil)	(1)	(Nil)	(2)	(1)	(3)
Diss U.D.	0.0	0.0	18.9	0.0	29.4	14.5	53.6
Area 5.	7.1	19.0	20.8	15.0	8.3	25.4	14.1
England & Wales (provisional)	25.5	24.9	23.8	23.0	22.5	22.0	21.7

NOTE: 1. Figures in brackets are the actual numbers for Diss U.D.

2. Area 5 comprises Depwade & Loddon R.Ds. and Diss & Wymondham U.Ds.

Table 13. DEATHS DUE TO CANCER - Diss U.D.

	1954	1955	1956	1957	1958	1959	1960
Number of deaths.	8	5	9	10	5	19	7
Percentage of total deaths.	17	14	20	23	11	39	18

Table 14. CANCER DEATHS DURING LAST FIVE YEARS - Diss U.D.

Year	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1960	18	3	1	20	4	-
1959	30	11	5	18	8	-
1958	25	2	1	20	3	-
1957	18	5	2	24	5	-
1956	20	5	2	24	4	-
Totals	111	26	11	106	24	-

Table 15. NOTIFICATION OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) ACCORDING TO AGE GROUPS - Diss U.D.

	Under 1	1 - 4 yrs.	5-14 yrs.	15-24 yrs.	Over 25	Total
Measles	-	1	-	-	-	1

Table 16. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) DURING LAST FIVE YEARS - Diss U.D.

	1956	1957	1958	1959	1960
Scarlet Fever	1	2	-	1	-
Measles	9	141	2	5	1
Whooping Cough	9	22	-	-	-
Pneumonia	1	-	-	2	-
Erysipelas	-	-	1	-	-
Dysentery (Sonne)	-	1	-	-	-
Food Poisoning	-	-	-	-	-
Infective Jaundice	-	-	-	2	-
Puerperal Pyrexia	-	-	-	1	-
Totals	20	166	3	11	1

Table 17. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS - Diss U.D.

		1956	1957	1958	1959	1960
Pulmonary	Male	3	-	-	-	1
	Female	-	-	-	-	-
Non-Pulmonary	Male	-	-	1	-	-
	Female	-	-	-	-	-
Diss U.D.	Totals	3	-	1	-	1
Area 5.	Totals	17	18	8	7	13

Table 18. DIPHTHERIA IMMUNISATION

The following is the number of primary immunisations and booster injections given during the last five years in respect of Area 5.

	Primary Injections			Booster Injections		Total
	Under 1	Total Under 5	Age 5-14	Under 5	Age 5-14	
1960	357	472	314	27	1,233	2,046
1959	302	466	23	20	74	583
1958	283	401	60	28	416	905
1957	347	447	76	54	773	1,350
1956	390	523	139	62	886	1,610

Table 19. VACCINATION AGAINST SMALL-POX

Vaccination of children (under five years of age) during the last five years resident in the District and Area 5, are shown in the following table.

	Diss U.D.					Area 5.				
	1956	1957	1958	1959	1960	1956	1957	1958	1959	1960
Number of live births registered.	53	64	68	62	56	576	533	599	551	567
Number of vaccinations recorded (0-4 years)	62	43	31	63	47	500	410	445	472	508
Percentage vaccinated.	100	67	46	100	84	87	77	74	86	89

Table 20. VACCINATION AGAINST POLIOMYELITIS

The following is the number of primary immunisations and booster injections given in Area 5 during the last five years.

	Primary			Booster			Totals
	Age 0-4	Age 5-14	Adults	Age 0-4	Age 5-14	Adults	
1960	397	227	853	660	566	1,636	4,339
1959	593	677	2,220	1377	3,261	864	9,492
1958	1,648	3,159	154	32	1,284	2	6,279
1957	197	1,115	-	-	-	-	1,312
1956	40	121	-	-	-	-	161

Table 21. IMMUNISATION AGAINST WHOOPING COUGH

The following is the number of whooping cough primary immunisations recorded in Area 5. Although whooping cough was included in the County Council's immunisation scheme in May 1953, notification was on a voluntary basis until August 1957, when the combined vaccine (diphtheria/whooping cough) was officially approved. A very high percentage of the immunisations recorded were given by means of this combined antigen.

Year	Under 1	Age 1-4	Age 5-14	Totals
1960	368	100	124	592
1959	318	227	16	561
1958	265	106	8	379
1957	329	89	7	425
1956	329	117	-	446

Table 22. IMMUNISATION AGAINST TETANUS

The following is the number of tetanus immunisations recorded in Area 5 during the last two years. Immunisation against this disease was included in the County Council's immunisation scheme in September 1958.

Year	Primary				Booster		
	Age Under 1	Age 1-4	Age 5-14	Age 15+	Age 1-4	Age 5-14	Age 15+
1960	374	198	1,823	691	22	56	87
1959	307	258	218	144	11	27	39

NEWBOLD, CONSUMPTION AND DISEASE

I have the honour to submit my Annual Report for the year 1960.

Your Council were without the services of a Public Health Inspector for the first quarter of last year and the report submitted to you covers the period from the 7th April to 31st December.

I would like to take this opportunity to thank the members of the Council, particularly the Chairman and Members of the Health Committee, for their interest and co-operation during the year and to the other members of the Council staff for their assistance.

Public Health Inspector.

SEWERAGE, CONSERVANCY AND DRAINAGE

The supervision of the construction of main sewers is the responsibility of the Council's Surveyor and Engineer, who is also responsible for their ultimate maintenance along with that of the sewage works.

Undoubtedly the most important decision taken during the past year was to lay a new sewer from the bottom of Uplands Way, through land to the north and east of the new Mere Manor Estate and thence to Victoria Road. This will serve the dual purpose of relieving existing sewers which tend at certain times to be surcharged and will also open up further land for development. It was regrettable that it was necessary to delay the commencement of this work but the Council's decision to readvertise the contract was justified by more realistic prices being submitted at the second time of asking. The end of 1960 saw the contractors battling against waterlogged ground conditions but making steady progress towards the completion of another major step forward.

No major works of repair had to be carried out on any of the existing sewers during the year but the possibility of serious defects arising in the older sewers has always to be borne in mind.

The sewage disposal works continue to function quite satisfactorily as is shown in the following Certificate of Analysis submitted by Dr. Eric C. Wood, Ph.D., A.R.C.S., F.R.I.C., Analytical Chemist, on samples of Crude Sewage and Sewage Works Effluent.

CERTIFICATE OF ANALYSIS

Nature of Sample - Crude Sewage and Effluent

Received 25th May, 1960 from Diss U.D.C.

	<u>Crude Sewage</u>	<u>Effluent</u>
Appearance	turbid; gray deposit	clear; brown deposit
Colour	grey/green	brown
Odour	offensive	inoffensive
pH	7.1	6.4
Reaction	neutral	faintly acid

Parts per million

Ammoniacal nitrogen	70	20
Albuminoid nitrogen	12	4
Nitrate nitrogen	2.5	37.5
Nitrite nitrogen	0.2	0.24
Chlorine as chlorides	164	170
Perrnanganate value	126.4	26
B.O.D.	330	9.5
Suspended solids	152	16

The crude sewage is a typical raw sewage of strength somewhat above the average for an ordinary town. The effluent is satisfactory from the point of view of B.O.D. and suspended solids. This is a little surprising as rather less than two-thirds of the

nitrogenous organic matter has been fully oxidised. In our opinion the condition of the effluent could be improved still further by reduction of the high ammoniacal nitrogen. The strength of this effluent appears much greater than that sent to us in March, 1959.

The flow into the works over the 13 hours sampling period would result in a B.O.D. load of 350 lbs. We do not know what the B.O.D. would be for the remainder of the flow but it would certainly be lower than that of the sample taken during the day and may bring your total B.O.D. load in pounds per day to about 400. The introduction of 10,000 gallons of an effluent having an assumed B.O.D. of 400 parts per million would increase your load by 40 lb. per day, i.e. an increase of 10%.

The concluding remarks as to the strength of sewage effluent are important, for it must be borne in mind that many types of industrial development could cause problems with the disposal of sewage effluents. The Council exercises the powers given it under the Public Health (Drainage of Trade Premises) Act, 1937, to control such effluents but it would be unwise to assume that, even with such control, additional trade effluents can be accepted indefinitely into the existing works.

It is rather unfortunate that much of the private residential development which takes place in Diss has to be carried out in areas in which sewers are not yet available. This necessitates septic tank drainage being provided to such properties and, whilst this is a big improvement on the pail closet, it is possible that in years to come septic tanks, cesspools and the like will be viewed with the same repulsion that pail closets are today. Naturally it will be a slow and costly business to sewer the whole of the U.D.C. area and until such a state is reached one has to accept second best or else severely restrict present and future development. Conversely, of course, it is to be much regretted that in one particular area of the town existing sewers and the auxillary pumping station are not used at anything like their full potential because land which is suitable for development is not being made available for that purpose. Nobody would wish to see all the best farming land built on but the use of any land must surely be considered in relation to the overall needs of the community.

The number of pail closets in the area (excluding the remote rural parts) was reduced during the year from 154 to 129. Of this latter number 56 could be connected to existing sewers and of those, 11 properties have schemes in hand for connecting up to existing sewers, whilst another 20 of the properties with pail closets are such poor dwellings that it is not reasonable to expect money to be spent on them.

Pail closets are emptied weekly under contract and cesspools and septic tanks are emptied twice a year if required without charge to the property owners.

WATER SUPPLIES

The demand for mains water again increased during the year and the biggest percentage increase in demand was from the domestic consumers. It is inevitable that with more houses being built and older properties modernised that this should be so and is, of course, a most desirable trend. Even so it is rather surprising to see, by comparing the amount of water used by domestic consumers in the last quarter of 1959 with that used

in the last quarter of 1960, that there has been an increase of over 50%.

Of the 1,362 dwellings in the District, all but 35 now have mains water available. Unfortunately too many houses only have that water available from a standpipe, and efforts will be made to get water inside the majority of these 100-150 houses.

The Council has during the year given active consideration to increasing the supply of water by means of a new bore hole and pumping plant and at the end of the year were awaiting tenders for the sinking of a new 18" bore. The Consultant Engineers have put to the Council for their consideration the suggestion of a new water tower of about 200,000 gallons capacity and this suggestion, if acted upon, should be of great value to the town's water supply. Such tower would ensure a more adequate supply of water being held in reserve in case of any mechanical breakdown and would also increase the pressure in those parts of the town where it tends to be rather inadequate.

The proposed water board threat still hangs over the Council's head and it is difficult to see what immediate benefit this would bring to Diss other than the certainty of paying more for no extra water.

The quality of the water has continued to be very satisfactory and the result of a sample submitted for analysis is set out below.

CERTIFICATE OF ANALYSIS OF WATER

Sample received 25th May, 1960 from Diss U.D.C. Taken from Waterworks, Louies Lane, Diss.

Appearance when received - clear

Nature of deposit - nil

Colour - nil

Odour - nil

Reaction - alkaline

pH - 8.9

Taste - satisfactory

RESULT OF CHEMICAL ANALYSIS IN PARTS PER MILLION

Ammoniacal nitrogen 0.01

Albuminoid nitrogen 0.04

Nitrate nitrogen 1

Nitrite nitrogen nil

Chlorine as chlorides 58

Oxygen absorbed 0.35

(4 hrs. 27°C)

Hardness as CaCO₃

Total 110

Carbonate (temporary) 35

Non-carbonate (permanent) 75

Alkalinity as CaCO₃ 35

Free carbon dioxide nil

Total solids (@180°C) 435

Iron (total) 0.130

Metals in solution other than

iron nil

OPINION

This water is of very good organic quality and there is no chemical evidence of pollution. The hardness figures show that the water has been partially softened to about 7.7° Clark total hardness, of which just over 5° are permanent. Metallic contamination is absent apart from a trace of iron. The water is alkaline in reaction, and the taste, odour and appearance are all very satisfactory. In our opinion, from the chemical evidence, this water is fit for drinking and general purposes.

REFUSE COLLECTION AND DISPOSAL

A weekly collection of refuse was maintained throughout the year except in the more remote rural areas where either a fortnightly or monthly collection was made.

The total weight of refuse collected during the year has again increased and one wonders why some of the matter found in bins has to be put there at all. Vegetable matter could be composted down to enrich garden soil, ashes can be used for lightening heavy soil or for making garden paths, and much of the waste paper, cardboard, etc., could be burned or given to local voluntary societies who collect waste paper. If people helped the Council by cutting down on the volume of refuse to be collected they would also help themselves by enabling this important service to be run with less charge on the rates. Even without any further increase in the amount of refuse to be collected from existing premises your Council will ultimately have to consider providing additional labour for this service if the weekly collection is to be maintained. With further private and Council development taking place more bins will have to be emptied and the collecting limit of the present operators has been almost reached. Full credit should be given to the refuse collectors who do an excellent job in all sorts of weather and sometimes under very trying conditions.

Their working conditions are not improved by the facilities available for the disposal of refuse. During the year refuse disposal has been having a very much hand-to-mouth existence and, if it had not been for the kind co-operation of a neighbouring authority in loaning their tip for a few weeks, the refuse collection service would have been in very real danger of being temporarily suspended because of having nowhere to carry out the disposal of refuse. Fortunately a piece of land became available and this site, whilst far from ideal, has tided your Council over a very difficult period.

The ponds and ditches which have been filled on farms etc. during the last few years have been invaluable to your Council but such sites cannot be found indefinitely and this source of refuse disposal seems to be well-nigh at an end within the Urban District area. The past year was made more difficult by the very wet summer and autumn months which meant that small pits in the middle of a field were virtually inaccessible. On numerous occasions the refuse vehicle has been bogged down yards from any road and on several occasions the collectors have had to rely on the good nature of farmers to use their tractors to pull the vehicle out of a boggy morass. Such working conditions are hardly ideal for either man or machine.

It is extremely difficult to carry out anything like controlled tipping for great difficulty is encountered in getting sufficient covering material for the purpose even if the Council were prepared to purchase such covering material.

No Public Health Inspector feels particularly proud of a foul-smelling heap of semi-decaying household refuse even if it be in the middle of a field well away from the public eye. When suitable areas of land become available for tipping is it altogether surprising that violent opposition from the nearby residents is encountered considering some of the "tips" which they have seen about ?

This problem of refuse disposal is one which faces other local authorities and the satisfactory answer is not easy to find. It may well be that the problem may eventually be solved by resorting to the pulverisation and composting processes used in conjunction with reclaiming low lying areas of land and fertilization of farm land. But whatever the ultimate answer, it will considerably add to the cost of refuse disposal but the answer will have to be actively and vigorously sought in the very near future.

HOUSING

(a) Total Housing Accommodation Available

During the year the Council built 21 houses and 18 bungalows whilst another 2 bungalows were incorporated in the scheme as replacements for the old, worn-out almshouses. The bungalows are intended for occupation by elderly persons and a communal room is provided for their use. A resident warden is employed by the Council and lives on the site. This scheme seems to be quite a successful one and appears to be very much appreciated by the majority of the elderly persons living in the bungalows.

A further thirteen houses or bungalows were built privately in the town and two additional units of living accommodation made available by the splitting up of existing large houses.

These new properties bring the total number of separate units of living accommodation in the town to 1,362 (including flats etc. over business premises). Of this total 365 are Council-owned permanent houses, bungalows or flats.

The list of applications for Council accommodation again lengthened during the year. Ninety new applications were received whilst the numbers on the list were reduced by fifty-six by rehousing, applications withdrawn etc.

(b) Unfit Properties

During the year formal action was taken in respect of 19 unfit dwelling houses. Twelve were made the subject of Demolition Orders and seven subject to Closing Orders. An undertaking not to re-let for habitation was accepted in respect of one property. At the end of the year notice of intention to make a Closing Order had been served on the owner of another unfit house.

An extensive survey has been carried out of all sub-standard properties with a view to submitting to the Ministry of Housing and Local Government further proposals for dealing during the next five years with more unfit properties. As a result of such survey your Council submitted to the Ministry a figure of 109 houses to be dealt with up

to the end of 1965. I must stress that this figure was kept as low as possible and there are probably a further 75-100 houses which, with a further five years wear and tear, may also have to be formally dealt with as unfit properties. The magnitude of the problem still to be tackled can probably be most easily appreciated by stating that in the five years ending the 31st December, 1960, the total number of unfit properties dealt with was 58 and that 14 of those are still being occupied.

The problem of dealing with the listed properties is only part of the answer to the question of sub-standard properties in the U.D.C. area. It is perhaps even more important in a town with a fair proportion of the older type cottage property to carry out a vigorous policy of repair and improvement of such houses to avoid having a more or less continual slum clearance programme to deal with over the next 20-30 years.

During the year 17 families with a total of 43 persons were rehoused from properties already dealt with as unfit.

(c) Improvement Grants

Your Council is still not operating the Discretionary Grant Scheme but the Standard Improvement Grant Scheme continues to attract a steady flow of applications. A further 17 were approved during the year bringing the total number agreed since the inception of the scheme to 34. Sixteen properties approved for grants had the works completed during the year and payments totalling £1,666.17.8. were made. In two other cases the works were completed but the owners decided not to proceed further with the grant approvals. This leaves the number of applications approved but not yet completed at 15.

There are many older type houses which are structurally in quite good condition but lacking in modern amenities and such houses could well be improved with the financial assistance provided by such grants. It seems likely that applications for grants may well continue to be received for some time yet and, indeed, it is to be hoped that this will be so.

(d) Rent Act, 1957

During the year no applications have been received for the issue of Certificates of Disrepair. This would be a very desirable state of affairs if it meant that tenants were getting repairs carried out by their landlords without having to resort to the Local Authority for assistance. But when one looks around at the majority of privately-owned, rented properties one is forced to wonder if many tenants are aware of the provisions in the Rent Act available to them for getting repairs carried out to the house in which they live.

As far as Diss is concerned the only result of this Act during the past year has been one application for a certificate to state that repairs which an owner had undertaken to carry out had, in fact, not been done. If this is the experience of local authorities' generally, it is a poor result to an Act which was much publicised at its' inception.

FOOD HYGIENE

Routine visits were made to food shops during the year and the premises generally are satisfactory although there is still room for improvement, particularly in a few of the older shop premises.

Several premises would ideally require extensive internal refitting to bring them completely up to modern standards and this is often a difficult procedure in shops where space is already very restricted. Owners of such premises generally agree that improvements are necessary and it is hoped that the necessary works will be carried out by stages. The year generally has seen appreciable improvements carried out at one or two really unsatisfactory premises and reasonable conditions have been maintained at the others.

The displaying and handling of food generally requires rather more improvement. A habit still far too prevalent is that of displaying far too much open food on shelves, in windows etc. where it is liable to contamination from flies, dust and dirt, as well as from customers. Prepacking of food has brought much improvement in this respect and this, together with properly designed refrigerated display counters, will eventually bring about ideal conditions. In the smaller shops this ideal is still a long way off but with thought (and the spending of a little money) conditions could be much improved.

The serving of many foods by hand is still far too common and the hygienic and easily cleansed forks and servers all too rarely used. All too frequently does one see a shop assistant fingering dirty coins one minute and serving cooked meats or cream cakes the next minute without the slightest suspicion that he or she may be doing something dirty and possibly dangerous. We still have a long way to go in educating the food handlers - and that includes many of the housewives, too!

SECTION 16, FOOD AND DRUGS ACT, 1955

22 retailers and 1 manufacturer of Ice Cream have their premises registered as suitable for the storage and sale of Ice Cream. A further 12 premises are registered for the manufacture and sale of preserved foods.

MEAT INSPECTION

The total number of animals slaughtered during the year is seen from the comparative table for the last three years.

	Cattle	Pigs	Sheep	Calves	Total
1960	725	862	378	5	1970
1959	698	869	235	2	1804
1958	692	1024	299	3	2018

Meat and offal condemned has amounted to 6 cwts. 0 qtrs. 24 lbs.

This small amount of meat condemned as unfit for human consumption is tribute indeed to the work which has gone on

since the war in an effort to stamp out disease (particularly tuberculosis) in cattle and pigs. The efforts of the Ministry, the vets. and the local authorities, together with the co-operation of the farming community, have been well worth while. Very little T.B. has been encountered in meat animals at the slaughterhouse during the last year and what little there has been was confined almost entirely to pigs. No cases of cysticercus bovis were recorded. The meat and offal rejected as unfit were condemned chiefly because of parasitic infections, pneumonia, actinomycosis and extensive bruising or injuries.

SLAUGHTERHOUSE (HYGIENE) REGULATIONS AND SLAUGHTER OF ANIMALS (PREVENTION OF CRUELTY) REGULATIONS, 1958.

A comprehensive report was prepared during the year for the consideration of your Council on the condition of the privately owned slaughterhouse in Chapel Street.

After consultations with the interested parties your Council were of opinion that there was a real need for the continuance of slaughtering facilities within their area. The present premises could serve that need and it would be possible for them to be brought up to a standard to satisfy the requirements of the regulations. To do so, however, would entail extensive and costly works or reconstruction, repair and re-equipping. The owner is giving his serious consideration to this matter and to the expenditure likely to be incurred before finally deciding whether to carry out all the required works.

CLEAN AIR ACT

In an area such as this, one does not anticipate any great problems with excessive amounts of black smoke being emitted. There are one or two small factory chimneys which have been seen on odd occasions to belch forth for a short period but there have been no serious or persistent offenders. With the advent of the diesel powered engine the railway authorities are not such frequent polluters of the eastern end of the town and it is to be hoped therefore that railway transport is soon 100% diesel powered - always providing they do not develop the hateful exhaust gasses that heavy road vehicles emit on occasions.

There have been a few occasions when it has been necessary for an informal approach to be made to the owners of business premises as a result of the burning of certain trade refuse in such a way and in such a place as to cause nuisance to nearby residents.

The worst single source of air pollution in Diss is still the household open fire. Have the members of the Council ever stood, for example, in the middle of any housing area on a still, damp, autumn night and watched smoke from about 200 chimneys creep out of the pots, slowly find its way down to bedroom window level and there hang about until it eventually disappears some time after the fires have all gone out for the night?

RODENT CONTROL

Thirty-six visits and inspections were made in connection

with complaints of rat or mouse infestations. All these complaints were of slight infestations only and treatment was carried out as found necessary and all infestations were satisfactorily cleared.

There is very little rat trouble in the town sewers but when it is considered that these are running at full bore for much of the time it is hardly surprising that few rodents survive in them.

PETROLEUM REGULATIONS

Forty visits were made to premises licenced to store petroleum spirit. Several contraventions of the Home Office Model Codes for petrol storage installations were detected and the owners approached for the necessary matters to be righted. Five existing tanks were tested during the year as also were two newly installed tanks.

SWIMMING BATH

Your Council own the "Blue Wave" swimming pool and during the 1960 season it was well patronised in spite of rather adverse weather during the second part of the season.

It is an open air pool 100 ft. long and 42 ft. wide and varying in depth from 3ft. 2ins. to 5ft. 9ins. (7ft. under the diving boards). The water is circulated by pumping via a grating in the floor of the pool at the deepest point and a screen for the removal of solid matter is situated in the pipe line. The water is chlorinated prior to passing through the sand filters and the water re-enters the pool by way of an aerator in the form of a cascade at the shallow end of the pool. With this plant a good standard of purity of water is maintained, although it would be more readily achieved if less "foreign matter" gained access to the water. There are too many grassed areas adjacent to the bath from which grass and dirt get into the pool and whilst trees form a windbreak their leaves add to the problem of water cleanliness. Adequate footbaths and showers would also ultimately prove beneficial towards keeping up the standard of water cleanliness.

Throughout the season the water was maintained in a clear, clean condition but this high standard might be somewhat more difficult to keep up in a lengthy period of hot, sunny weather with the extra use of the pool and the greater difficulty in keeping a residual chlorine content in the water for any length of time.

FACTORIES ACT, 1957

Thirty-five visits were made to factory premises in the district and one written informal notice was served requiring the provision of extra sanitary accommodation. Notification has been received of only two outworkers - one being employed in brushmaking and one in the making of gloves.

PUBLIC HEALTH ACT, 1936

SECTION 75 - PROVISION OF DUSTBINS

During the year the Council's hire scheme for dustbins

has operated smoothly and more persons are availing themselves of this service. Twenty complaints were received of the lack of, or the defective condition of, dustbins and in all cases new bins were quickly provided.

SECTION 83 - FILTHY OR VERMINOUS PREMISES

Three premises were disinfested during the year and in each case the property concerned was being occupied by an elderly person living alone. In one case the person had to be removed to hospital and the property made subject to a closing order. In another case conditions were improved by arranging for regular assistance from the County Council Home Help Service. The third case remains a problem - the person concerned refusing help which is offered and obstinately refusing to accept any offer of rehousing from the condemned property which is occupied.

SECTION 92 - NUISANCES

Sixty-five complaints were received during the year and all were to some extent justified. The complaints were of such things as smells from drains, sewers and other sources, nuisance from the keeping of animals, occasional nuisance from the burning of trade waste, minor housing disrepairs, etc. etc. In all cases it has been possible to get these nuisances abated without having to resort to the service of legal notices.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

This Act came into force on the 29th August, 1960, and, as a result, a standard set of conditions were approved by your Council to be laid down on any licences issued for the stationing of caravans to be used for human habitation. Three sites which had been formerly licensed had new licences issued for an initial period of three years each and subject to the new conditions of licence. On several occasions caravans have arrived on the Fair Green. These caravans are often occupied by persons of the sort who could well be a nuisance if permitted to remain long on such land and it is usually possible to get these caravans "moved on" within a few days after making personal approach to the occupiers.

PET ANIMALS ACT

Only one shop is licensed under this act and no contraventions of the licence have occurred.

PREScribed PARTICULARS REQUIRED BY

SECTION 126 (3) FACTORIES ACT, 1937.

Inspections for purposes as to health:-

Premises	Number on Register	Number of Inspections	Number of written notices	Occupiers prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities.	8	4	Nil	Nil
(ii) Factories not included in (i) in which section 7 is enforced by the Local Authority.	52	30	1	Nil
(iii) Other premises in which Section 7 is enforced by the Local Authority.	4	1	Nil	Nil

SUMMARY OF VISITS MADE BY THE PUBLIC HEALTH INSPECTOR

(A) GENERAL

Nuisances.....	65
Factories.....	34
Game Licences..	2
Pet Animals Act	1
Petroleum Regulations....	40
Rodent Control.	36
Shops.....	26
Water Supplies.	9
Smoke Nuisances	6
Swimming Pool..	6
Schools.....	3

(B) HOUSING

Under Public Health & Housing Acts.....	175
Rent Act.....	2
Council House Repairs.....	651
Caravans.....	18
Improvement Grants.....	100
Overcrowding.....	3
Housing Survey.....	193

(C) INFECTIOUS DISEASES

Investigations.....	Nil
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(D) FOOD PREMISES

Dairies.....	6
Under Food Hygiene Regs.....	49
Market Stalls....	30
Inspections of Unsound Foods	11

(E) MEAT INSPECTION

Slaughterhouse...	235
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(F) DRAINAGE AND CONSERVANCY

Drains inspected and tested.....	151
Obstructed drains cleared.....	36
Drains found defective.....	15
Conversions to W.C.....	48
Night Soil Collection.....	14

(G) REFUSE COLLECTION

Visits re collection and disposal	119
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