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ETON RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

Medical Officer of Health

and the

Chief Public Health Inspector

FOR THE YEAR 1956

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Public Health and Cleansing Committee, January to May, 1956

Chairman :
E. R. NEVILLE

Vice-Chairman :
F. W. A. SMITH

Councillor T. BARTLETT
„ T. A. BENNETT
„ Dr. GLADYS H. BLISS
„ J. R. V. DUTTON
„ P. G. HANNON
„ Mrs, D, W, HARRIS
„ Mrs. G. HEATON
„ Mrs. G. A. JENNERY (Chairman of the Council)
„ W. JONES
„ H. W. ROWLAND
„ Dr. LINA SAWYER
„ R. S. SIKES

Public Health and Cleansing Committee, May to December, 1956

Chairman :
E. R. NEVILLE

Vice-Chairman :
Dr. LINA SAWYER

Councillor T. BARTLETT
„ T. A. BENNETT
„ Dr. GLADYS H. BLISS
„ E. T. CHILDS
„ Lt.-Col. W. R. CORFIELD
„ J. R. V. DUTTON
„ P. G. HANNON (Resigned)
„ Mrs. D. W. HARRIS
„ Mrs. G. HEATON
„ W. JONES
„ R. S. SIKES (Chairman of the Council)
„ F. W. A. SMITH

STAFF OF THE PUBLIC HEALTH DEPARTMENT, 1956

Medical Officer of Health :

G. M. HOBBIN, B.Com., M.B., Ch.B., D.P.H.

Chief Public Health Inspector :

A. W. G. CORNER (Cert.R.S.I.), M.S.I.A.
Cert. Inspector of Meat and Other Foods

Deputy Chief Public Health Inspector :

A. H. V. MARSDEN, M.S.I.A.
Cert. Inspector of Meat and Other Foods

Additional Public Health Inspectors :

N. F. COLLIER, M.S.I.A.
Cert. Inspector of Meat and Other Foods

S. PAPE, M.S.I.A.
Cert. Inspector of Meat and Other Foods

Rodent Officer :

J. R. SNELL

General Assistants :

H. W. FRY
R. A. WARD

Clerk to the Medical Officer of Health :

Miss E. M. SMITH

Shorthand Typist :

Mrs. C. E. PARSONS

Junior Clerk :

Miss J. D. M. SAMWORTH (Resigned 17/11/56)
Miss J. BIGNELL (Appointed 31/12/56)

ETON RURAL DISTRICT

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH
For the Year 1956

To the Chairman and Members of the Council :

MR. CHAIRMAN, LADIES AND GENTLEMEN,

It is once again my privilege to present the annual report on the state of health and sanitary circumstances of the district.

In general the statistical information in the report is in accordance with the Ministry of Health Circular 19/56 which specifies certain items to which reference should be made. Other matters which may concern the Council or be of interest are mentioned, and I have taken this opportunity of discussing some matters of Public Health which have a wider or general application rather than purely local.

The tables and statistics have been presented in the same form as previous years for practical and economic reasons. Actual figures as well as rates per 1,000 of population, etc., are shown where appropriate and these give a more realistic appreciation when the numbers are small.

The Registrar-General's estimation of the mid-year population is 50,460, which represents an actual increase over the previous year of 3,270. The natural increase in population viz., births minus deaths was 496. The difference between the actual increase and the natural increase represents the number of immigrants into the district which in this instance was 2,774.

To make an approximate allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole, the crude birth and death rates for the area are multiplied by the appropriate area comparability factor. When local crude birth and death rates have been so adjusted, they are comparable with the crude rate for England and Wales or with the corresponding adjusted rate for any other area.

During 1956 there was an enormous drop in Measles notifications from the figure of 711 the previous year to 71. This of course was anticipated as heavy epidemics usually recur at recognised intervals. There was likewise a slight drop in the number of cases of Scarlet Fever, Whooping Cough and Poliomyelitis. Food Poisoning and Dysentery viewed together showed little change

but individually there was an increase in Food Poisoning and a fall in Dysentery. There was an increase in the number of notifications of Puerperal Pyrexia but it will be seen that there was also a considerable increase in the number of births at risk.

The number of deaths from several principal causes shows a degree of constancy over a period of years. There were 21 deaths in infants under one year of age which gives a rate per 1,000 live births of 22.6 compared with the national rate of 23.8 and the rate in the district for the previous year of 26.0. The total number of births viz., 931 is considerably higher than in previous years.

The standard of health would compare well with that in other districts but from time to time we are reminded that the infectious diseases which at one time caused social disruption and left behind a trail of permanent ill-health have not entirely disappeared and are still liable to flare up if not kept under control.

The marked decline in tuberculosis in recent years has been a great encouragement to those engaged in this field of work. Tuberculosis has for long been recognised as a "social" disease, closely allied to poverty, overcrowding and inadequate nutrition. Surveys from time to time have endeavoured to show that there is also an association between high mortality rates from tuberculosis and such matters as high unemployment rates, low average weights of school children and hazardous occupations, etc., but none of these factors are found to exist independently of the social background with which the disease has in the past been associated. In this area housing standards are good, malnutrition is seldom seen, and as in all parts of the country the social services make real poverty during the working years a thing of the past. One might easily find a correlation between the social factors which obtain in the district and the mortality rates from this disease. The fall in mortality rates during the recent years has made studies of their relation to social conditions less urgent, but we are not yet out of the wood and more people still die from tuberculosis than from any other infectious disease. With the fall in mortality the connection between controlable environmental conditions and "morbidity" becomes correspondingly more important. We still know too little about the precise influence of the individual environmental and economic factors on the extent and spread of this disease in any community. Case finding is the key to prevention, and in the process of control the major emphasis will have in the course of time to move from therapeutics to prevention. In the meantime preventive measures and chemotherapy are complementary and the latter may be credited with having tipped the biological balance against the tubercle bacillus after thousands of years.

Attention has been directed during the course of the year to the appearance of an illness which is not yet adequately defined but which has occurred in sufficient numbers in certain districts to lead to the belief that this is a new and at present ill-defined infection. Reference has been made to this new disease by the Chief Medical Officer of the Ministry of Health and one outbreak has been fully

described. The disease is stated to have certain features which resemble encephalitis lethargica, also non-paralytic poliomyelitis, while at first it was described as Infectious Mononucleosis, and in other cases Glandular Fever. It is stated to have a bizarre pattern which does not fit in with any known clinical entity. The disease is at present described as Encephalomyelitis of Unknown Origin. Similar cases with unusual meningitic symptoms have been described by some Medical Officers of Health and it is quite likely that cases may have occurred in this area. In this respect it is worthy of note that one of the Isolation Hospitals to which cases are admitted from this area found that during the past year they have had only two positive virology reports from the laboratory on samples submitted from between 40 and 50 patients who were admitted to hospital with the provisional diagnosis of non-paralytic poliomyelitis. These cases were not all of course admitted from this district but the results are interesting and may apply in all districts. The similarity in many respects to non-paralytic poliomyelitis makes it almost essential to have the assistance of one of the larger laboratories equipped for the investigation of virus infections. There are only a few such laboratories and they are generally unable to accept samples from patients who are not admitted to hospital, while on the other hand it would not automatically follow that all cases of suspected non-paralytic poliomyelitis admitted to hospitals will have samples submitted for virological examination. Some of those well versed in this subject are unwilling to accept the diagnosis of "non-paralytic poliomyelitis" without laboratory confirmation that the virus has been isolated. It has been apparent for some time that the work of the Public Health Laboratory Service in future is likely to be concerned more and more with virus diseases. For this reason every attempt has been made by the laboratories, subject to inevitable restrictions, to develop the technical methods of diagnosing infections caused by the different groups of viruses. It is to be hoped that before long all laboratories will be in a position to offer a full virological diagnostic service both cultural and serological, which would greatly facilitate the diagnosis of infections which do not conform with the usual clinical patterns.

Progress has continued to be made in the field of immunisation. The quest for a satisfactory vaccine against whooping cough has been long and tedious, but important progress is shown in the second report to the Medical Research Council which was submitted during the year. Although the experimental work does not refer to this district, the results have a wide application and are of sufficient importance to warrant the inclusion of a very brief outline on the work being done. Previously, the experience of the vaccinated and the unvaccinated exposed to infection in their homes had been compared. With the demonstration that vaccination reduced the incidence of the disease by nearly four-fifths, it was neither practical nor ethical to deny it for children from whom it was sought, so more indirect methods of assessment had to be used. The trials were to compare the value of different antigens and

correlate this with laboratory tests. Between 1948 and 1951 twelve vaccines were used. They differed in the strains of organism used, the media in which they were grown, the methods used to kill the organisms and the dose injected. For "home exposures" the attack rates were found to be disappointingly high, and so later a vaccine provided by the Michigan Department of Health was used as a yardstick by which four vaccines made in this country could be measured. In each of twelve different areas the Michigan vaccine and one of those to be tested were used for comparable groups of children between six and eighteen months, the attack rates for "home exposed" children were obtained during the succeeding two years. Field tests are laborious and take a long time to give the evidence required. Furthermore they involve the risk of using weak and ineffective antigens, so denying adequate protection and bringing vaccination into disrepute. If the laboratory can establish the probable value of any antigen, then progress will be quickened, and in this regard the results announced in the report have considerable promise. The position is reassuring and we can look forward to the widespread development of vaccination against this disease in the near future.

In January, 1956, the Minister of Health announced that a British vaccine giving protection against poliomyelitis had been developed. A limited amount of the vaccine became available to health authorities for use between May and the end of June for the inoculation of children between the age of two and nine years. The Salk vaccine used in the U.S.A. is made from approximately equal quantities of pools of the three known types of poliomyelitis virus. The Salk type vaccines manufactured in this country are similar but the component strains of virus are different, and particular emphasis has been placed on low virulence by the two firms who are manufacturing in Great Britain. The most stringent safety tests are applied in the preparation of the vaccine including testing by tissue culture methods of serial samples, as well as tests on sensitised rhesus monkeys. Other tests for pathogenic agents and virus infections as well as routine sterility tests are carried out. I think there are good grounds for expecting it to reduce substantially the incidence of poliomyelitis among those vaccinated. Initially, several factors will remain unknown, such as the duration of immunity following vaccination, but as has happened in the past in the case of other preventive inoculations now well established the answers to the various questions will appear in the light of experience. Apart from organised schemes for vaccination, one has to remember that natural immunisation has always occurred and will continue to do so as the result of infection of the population with living virus, and that such infections may be apparent, or in other words become a clinical entity, or they may remain inapparent or sub-clinical. The inapparent largely outnumber the clinically apparent ones but both confer immunity.

The Food Hygiene Regulations 1955, were made in accordance with the Food and Drugs Act, 1955, and came into operation on

1st January, 1956. They replace Section 13 of the Food and Drugs Act, 1938, which was repealed by the Food and Drugs Amendment Act, 1954. The Regulations are of considerable interest to local authorities and have meant a notable increase in the amount of work to be done by the Public Health Inspector in that the supply of food as a business is now defined so as to include schools as well as canteens, clubs and other institutions. Among the Regulations, those which may be regarded as of special importance in raising the standard of hygiene are :—as to personal cleanliness of kitchen staff (Regulation 9) ; as to sanitary conveniences (Regulation 14) ; provision of water supply (Regulation 15) ; provision of wash hand basins with a supply of hot water (Regulation 16) ; facilities for washing food and equipment (Regulation 19) ; and those concerned with the temperature at which certain foods, which are particularly liable to transmit disease, are kept in food premises (Regulation 25). The principal factors involved in all food hygiene fall into three main categories, viz., the environmental, the personal and the administrative. These are of course closely associated but it can be said that environmental factors comprise the basic necessities which every undertaking must aim to provide and include all the features of satisfactory premises, adequate equipment and good management. The personal factors are of prime importance in preventing outbreaks of disease due to organisms of intestinal origin. Careful observation of the Regulations should do much to reduce the incidence of all infections which are communicable by food. Occasionally, however, one may encounter an outbreak of disease due to contamination of food by an organism with such special characteristics that a higher standard of kitchencraft than normally acceptable might be required to stop its transmission. I refer here to an outbreak of the type more fully described in the pages of this report. The organism in this case was heat resistant and in the course of laboratory investigation it withstood over five hours of boiling. Any lack of hygiene which in the first place permitted contamination of the food could not be remedied thereafter by many of the more usual processes of cooking.

The last event of the year and one of great importance was the Clean Air Act, 1956 (Appointed Day) Order, 1956, laid before Parliament on 21st December by the Minister of Housing and Local Government, which brought into operation on 31st December, 1956, certain provisions of the Clean Air Act. Among those which came into force is the requirement that all new furnaces other than domestic must as far as practicable be smokeless, and other Sections in force provide for the formation of Smoke Control Areas for the whole or any part of the district. The memorandum issued on Smoke Control Areas is of great value to local authorities which are anxious to make a start with the abolition of air pollution. The flexibility of the provisions in the Act allows for completely smokeless areas or areas in which certain classes of buildings only are controlled and others exempt. With the introduction of these new measures there is a necessity for gradualness and proceedings by

stages, governed by the supply of smokeless fuels, rate of conversion or replacement of appliances and the ability of the Local Authority to formulate and carry through its plan. A useful suggestion is to commence with the selection of a locality where the effect may be most noticeable, e.g. in the centre of the district or alternatively on the windward side, or in a new housing estate. Small beginnings afford experience in the administration and technique.

The extent to which this legislation may have to be applied in this district is not yet finally determined. Meanwhile, research continues into the chemical nature of various atmospheric pollutants, their characteristics under differing meteorological conditions and also their action on the human body in health and in disease. Not only have the acute effects of atmospheric pollution during short periods of dense fog to be investigated but also the more intractable problems associated with the chronic effects of pollution on the human body.

The introduction of the new legislation will give a new impetus to research into the causes of such diseases as chronic bronchitis, and cancer of the lung, and will stimulate further enquiry into the methods of protecting those who already suffer from disease of the heart or lungs and who in that respect must be regarded as particularly susceptible to the effects of polluted air.

Another kind of smoke with regard to which there is as yet no preventive legislation but which is attracting ever increasing public interest is tobacco smoke. The extent and rapidity of the increase in lung cancer has stimulated research in this direction and there are already notable indications that this type of smoke may be at least equally as dangerous as the others which commonly pollute the atmosphere. The pattern of incidence of lung cancer rules out any possibility that the increase can be due, in a substantial degree, to special conditions such as occupational hazards affecting only limited groups. It has therefore been necessary to seek some factor or factors distributed generally throughout the population, bearing in mind that a very long period, 20 years or more may elapse between exposure to a carcinogenic agent and the production of a tumour. The evidence that heavy cigarette smoking causes cancer and hence death has become increasingly difficult to ignore. This evidence is not based on the observation that the substantial increase in the national mortality followed an increase in the national consumption of cigarettes. It has been derived from two types of special enquiry. In the first, patients with lung cancer have been interviewed and their previous histories in relation to smoking and other factors that might be relevant have been compared with those similarly obtained from patients without lung cancer. The results of nineteen such enquiries in seven countries have been published. They agree in showing more smokers and fewer non-smokers among the patients with lung cancer and a steady rising mortality as the amount of smoking increases. In the second type of enquiry information has been obtained about the smoking habits of each member of a defined group in the population and the causes of the

deaths occurring subsequently in the group have been ascertained. The investigation in this country which has now been in progress for more than five years has shown with regard to lung cancer in men :—

(1) A higher mortality in smokers than in non-smokers.

(2) A higher mortality in heavy smokers than in light smokers.

(3) A higher mortality in cigarette smokers than in pipe smokers.

(4) A higher mortality in those who continued to smoke than in those who gave it up.

The highest mortalities were found among men who were continuing to smoke cigarettes and heavy smokers in this group showed a death rate nearly 40 times the rate among non-smokers. Based on current death rates it is estimated that among life-long heavy cigarette smokers 1 in 8 may die of lung cancer whereas the corresponding figure for non-smokers would be of the order of 1 in 300.

Two matters of interest which I have not had occasion to mention in any previous report are the change in designation from the old and well known title of Sanitary Inspector to the more modern conception of the Public Health Inspector, which I am sure is in keeping with the times and more descriptive of the duties performed by the Officer.

The other related to the appointment of Public Health Inspectors and the recommendation of the Working Party on the recruitment, training and qualifications of inspectors, that the system of paid pupillage should be extended with the prospect of its ultimately becoming the normal avenue of entry, except for ex-service candidates. The Minister has supported the view that the best training is obtained by those students who are engaged by a local authority specifically as pupils or student public health inspectors.

In conclusion I should like to say that throughout the year work has been a pleasure, which I attribute to the spirit of co-operation which I have found among fellow-officers and staff, and the knowledge that support from members will always be readily given where the health of the public is concerned.

I am,

Your obedient Servant,

G. M. HOBBIN.

Medical Officer of Health.

SECTION I

GENERAL STATISTICS

Area (Land and Inland Water)	35,537 acres.
Number of inhabited houses at end of 1956 (According to Rate Books)	14,250
Rateable value at 1.4.56	£882,381
Product of Penny Rate 1955/1956	£1,974. 6s. 11d.
Population	
Registrar-General's estimate for mid-year 1956 ..	50,460

VITAL STATISTICS

Live Births	*Male*	*Female*	*Total*
Legitimate	457	442	899
Illegitimate	18	14	32
Totals	475	456	931

Birth Rate per 1,000 Population	18.5
National Rate	15.7
Comparability Factor	0.91

Still Births	*Male*	*Female*	*Total*
Legitimate	13	4	17
Illegitimate	1	-	1
Totals	14	4	18

Still Birth Rate per 1,000 Total Births	18.97
Still Birth Rate per 1,000 Population	0.36
National Rate per 1,000 Population	23.0

Deaths	*Male*	*Female*	*Total*
Total	241	194	435

Crude Death Rate per 1,000 Population	8.6
Corrected Death Rate—allowing for sex and age (comparability factor=1.13)	9.71
National Death Rate	11.7
Ratio of Corrected Death Rate to National ..	0.83

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

	Male	*Female*	*Total*
Legitimate	11	8	19
Illegitimate	1	1	2
	12	9	21

Death Rate for all Infants per 1,000 Live Births	22.6

National Rate	23.8
Death Rate for Legitimate Infants per 1,000 Legitimate Births	23.36
Death Rate for Illegitimate Infants per 1,000 Illegitimate Births	31.25

Neo-Natal Mortality (Deaths of Infants under 4 weeks of age)

	Male	*Female*	*Total*
Legitimate	6	6	12
Illegitimate	1	1	2
	7	7	14

Death Rate for Illegitimate Infants under 4 weeks per 1,000 Live Births 15.0

Mortality of Children under 2 years from Enteritis and Diarrhoea

Total Deaths	Nil
Death Rate per 1,000 Live Births	Nil

Maternal Mortality (Deaths due to or associated with pregnancy and childbearing)

Total from all causes	Nil
Death Rate per 1,000 live births and still births ..	Nil
National Rate	0.56

CAUSES OF DEATH in the Eton Rural District during 1956

		Male	*Female*	*Total*
	All Causes ..	241	194	435
1.	Tuberculosis, Respiratory	1	2	3
2.	Tuberculosis, other	1	–	1
3.	Syphilitic disease	2	–	2
4.	Diphtheria	–	–	–
5.	Whooping Cough	–	–	–
6.	Meningococcal Infections	1	–	1
7.	Acute Poliomyelitis	–	–	–
8.	Measles	–	–	–
9.	Other Infective and parasitic diseases..	–	1	1
10.	Malignant neoplasm, stomach ..	6	1	7
11.	Malignant neoplasm, bronchus ..	22	4	26
12.	Malignant neoplasm, breast	–	7	7
13.	Malignant neoplasm, uterus	–	4	4
14.	Other malignant and lymphatic neoplasm	31	23	54
15.	Leukaemia, aleukaemia	1	–	1
16.	Diabetes	–	2	2
17.	Vascular lesions of the nervous system	30	34	64
18.	Coronary disease, angina	32	28	60
19.	Hypertension with heart disease ..	5	6	11
20.	Other heart disease	29	34	63
21.	Other circulatory disease	11	8	19
22.	Influenza	1	–	1
23.	Pneumonia	12	6	18
24.	Bronchitis	13	1	14
25.	Other diseases of the respiratory system	1	–	1
26.	Ulcer of the stomach and duodenum ..	4	–	4
27.	Gastritis, enteritis and diarrhoea ..	1	2	3
28.	Nephritis and nephrosis	1	1	2
29.	Hyperplasia of prostate	–	–	–
30.	Pregnancy, childbirth abortion ..	–	–	–
31.	Congenital malformations	5	2	7
32.	Other defined and ill-defined diseases ..	18	22	40
33.	Motor vehicle accidents	8	3	11
34.	All other accidents	4	2	6
35.	Suicide	1	1	2
36.	Homicide and operations of war ..	–	–	–
		241	194	435

Deaths from Cancer

Year	1951	1952	1953	1954	1955	1956
Population	42,990	43,870	44,170	45,240	47,190	50,460
Malignant Neoplasm, Stomach	8	13	12	10	8	7
Malignant Neoplasm, Lung, Bronchus	17	20	13	16	12	26
Malignant Neoplasm, Breast	8	10	10	6	10	7
Malignant Neoplasm, Uterus	7	3	3	3	2	4
Other Malignant and Lymphatic Neoplasm	41	46	49	52	38	54
TOTALS	81	92	87	87	70	98
Rates per 1,000 Population						
E.R. District	1,89	2.00	1.96	1.92	1.48	1.94
England and Wales	1.92	1.99	1.94	1.98	2.00	2.02

TABLE I

Deaths and Death Rates per 1,000 Population from Principal Causes, 1952—1956.

Disease	1952		1953		1954		1955		1956	
	No. of Deaths	*Death Rate*	*No. of Deaths*	*Death Rate*	*No. of Deaths*	*Death Rate*	*No. of Deaths*	*Death Rate*	*No. of Deaths*	*Death Rate*
T.B. Respiratory	9	0.20	5	0.11	1	0.02	–	—	3	0.05
Acute Poliomyelitis	1	0.01	1	0.02	–	—	–	—	–	—
Malignant Diseases of all types	92	2.00	87	1.96	87	1.92	70	1.48	98	1.94
Diseases of the Heart, all types	128	2.92	123	2.76	129	2.85	151	3.20	134	2.66
Pneumonia	10	0.23	20	0.44	15	0.33	17	0.36	18	0.36
Bronchitis	20	0.46	19	0.43	13	0.28	20	0.42	14	0.28
Suicide	5	0.11	3	0.07	4	0.09	4	0.08	2	0.04
Diabetes	2	0.04	–	—	1	0.02	8	0.16	2	0.04
Vascular Lesions of the nervous system	80	1.82	41	0.93	59	1.30	68	1.44	64	1.27

TABLE II

Comparison of Local and National Birth Rates, Death Rates and Infant Mortality Rates from 1946 to 1956.

Year	*Birth Rates per 1,000 Population*		*Death Rates per 1,000 Population*		*Infant Mortality Rates (i.e. under 1 year of age) per 1,000 Live Births*	
	Eton Rural District	*England and Wales*	*Eton Rural District*	*England and Wales*	*Eton Rural District*	*England and Wales*
1946	18.06 (705)	19.1	10.1 (393)	11.5	45.4 (32)	43.0
1947	19.4 (776)	20.5	10.4 (417)	12.0	33.5 (26)	41.0
1948	16.07 (681)	17.9	9.9 (421)	10.8	29.3 (20)	34.0
1949	16.64 (684)	16.7	10.2 (420)	11.7	10.2 (23)	11.7
1950	15.6 (649)	15.8	10.0 (415)	11.7	21.6 (14)	29.8
1951	14.74 (634)	15.5	10.77 (463)	12.5	28.39 (18)	29.6
1952	14.59 (640)	15.3	10.25 (450)	11.3	28.13 (18)	27.6
1953	15.80 (698)	15.5	9.40 (414)	11.4	33.00 (23)	26.8
1954	16.8 (732)	15.2	8.95 (405)	11.3	27.29 (20)	25.5
1955	16.29 (769)	15.0	9.24 (436)	11.7	26.00 (20)	24.9
1956	18.5 (931)	15.7	8.6 (435)	11.7	22.6 (21)	23.8

NOTE : The actual numbers are given in parenthesis for the purpose of clearer comparison.

TABLE III

Causes of Death of all Infants under 1 year, and Analysis of Age and Death.
(From local returns before correction to place of residence)

Cause	0–1 *day*	1–7 *days*	1–4 *weeks*	*Total under 4 weeks*	1–3 *months*	3–6 *months*	6–9 *months*	9–12 *months*	*Total under 1 year*
Pneumonia	–	1	1	2	1	–	–	–	3
Congenital Malformation	1	–	–	1	–	–	–	–	1
Prematurity	8	3	–	11	–	–	–	–	11
Other Developmental Conditions ..	2	–	1	3	–	–	–	–	3
All other causes	2	1	–	3	–	–	1	–	4
Totals	13	5	2	20	1	–	1	–	22

SECTION II
TUBERCULOSIS
TABLE IV

Age Periods	New Cases and Hospital Admissions								
	Pulmonary			Non-Pulmonary			Combined Totals	Number Admitted to Hospital	
	Male	Female	Total	Male	Female	Total		New Cases	Previously Notified
0–1	2	–	2	–	–	–	2	1	–
1–5	1	–	1	1	1	2	3	–	1
5–15	1	2	3	–	–	–	3	1	1
15–25	3	2	5	–	–	–	5	3	2
25–35	1	7	8	–	2	2	10	4	1
35–45	3	2	5	1	–	1	6	2	1
45–55	2	1	3	1	–	1	4	1	2
55–65	1	1	2	–	–	–	2	1	–
65 and over ..	1	–	1	–	–	–	1	–	–
Totals ..	15	15	30	3	3	6	36	13	8

TABLE V

NOTIFICATION REGISTER

	Pulmonary			*Non-Pulmonary*			*Combined Totals*
	Male	*Female*	*Total*	*Male*	*Female*	*Total*	
No. on Register at 1st January, 1956	320	263	583	71	61	132	715
No. entered by Notification	17	13	30	2	4	6	36
No. entered other than by Notification	12	30	42	–	–	–	42
No. removed from Register due to :—							
(*a*) Death	1	2	3	1	–	1	4
(*b*) Removal from District	6	5	11	–	1	1	12
(*c*) De-Notification	1	2	3	–	–	–	3
No. remaining on Register at 31st December, 1956	341	297	638	72	64	136	774

TABLE VI

MORTALITY

Comparison of Deaths from Tuberculosis during 1956 with Previous Years

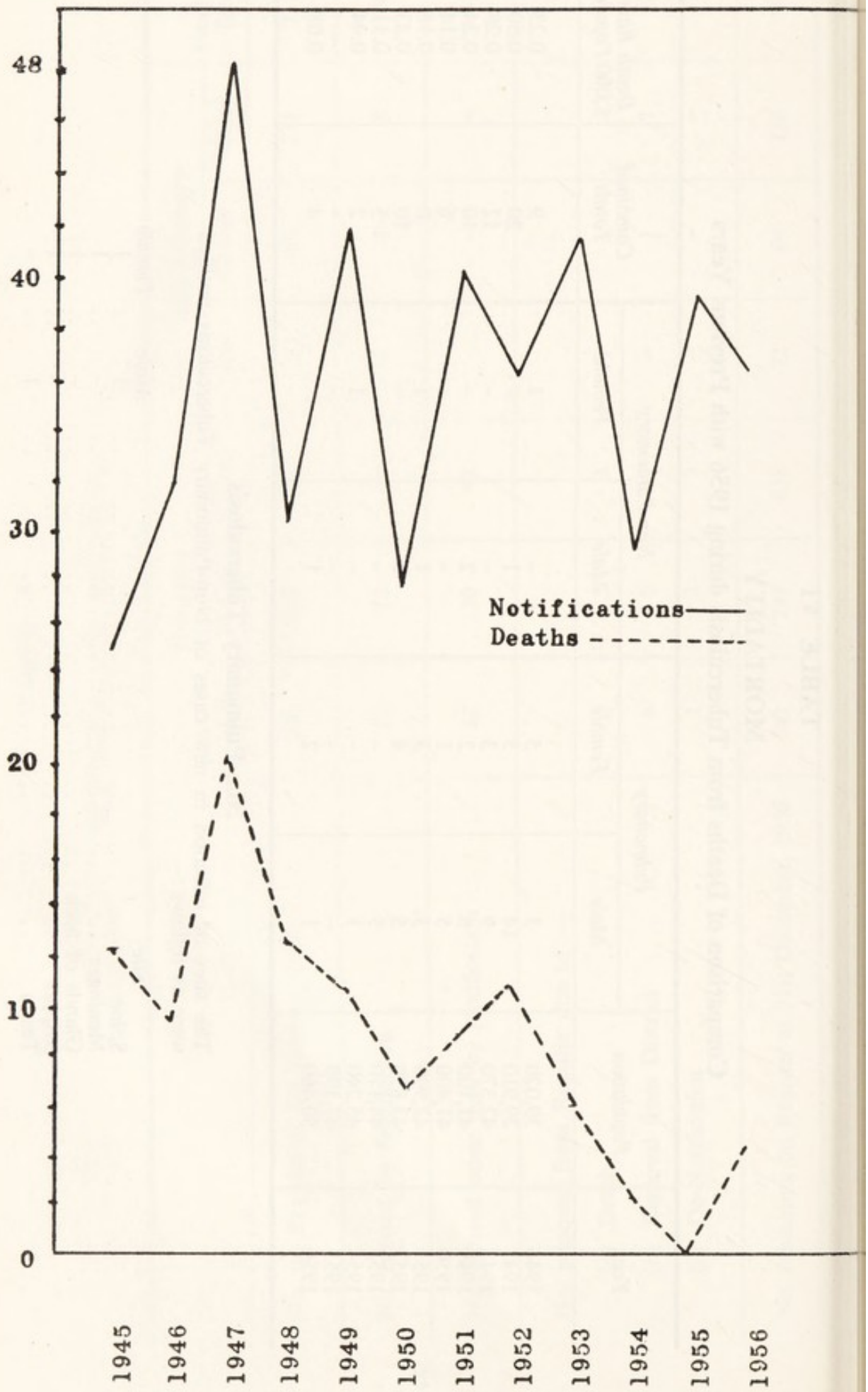
Year	*Population*	*Pulmonary*		*Non-Pulmonary*		*Combined Totals*	*Death Rate Per 1,000 Population*
		Male	*Female*	*Male*	*Female*		
1946	39,020	3	5	–	1	9	0.23
1947	39,910	14	5	1	–	20	0.50
1948	42,370	9	3	–	–	12	0.28
1949	41,100	6	2	2	–	10	0.24
1950	41,400	5	1	–	–	6	0.14
1951	42,990	3	3	1	1	8	0.18
1952	43,870	5	4	1	–	10	0.23
1953	44,170	5	–	–	–	5	0.11
1954	45,240	1	–	–	1	2	0.44
1955	47,190	–	–	–	–	–	—
1956	50,460	1	2	1	–	4	0.08

Non-Pulmonary Tuberculosis

The sites of infection in new cases of Non-Pulmonary Tuberculosis notified were as follows :—

Site	*Male*	*Female*
Spine	1	1
Meninges	–	1
Glands of neck	–	1
Salpinx	–	1
Testes	1	–

TUBERCULOSIS (ALL FORMS)



SECTION III

LABORATORY

The following specimens have been examined at the Public Health Laboratory, Reading :—

Throat swabs	11
Nasal swabs	11
Faeces	186

SECTION IV

MISCELLANEOUS

Staff Examinations (Superannuation, etc.)	24
Rehousing on Medical Grounds (Number of cases investigated)	18

National Assistance Acts, 1948 and 1951

Section 50 — Number of burials arranged	Nil
Section 47 — Number of cases investigated as in need of care and attention	1
Number of cases removed to hospital or other Institutions by Court Order ..	Nil

Milk and Dairies Regulations, 1949, Article 20.

Number of investigations	8

SECTION V

TABLE VII

Prevalence of Notifiable Diseases

Showing cases notified during 1956, numbers admitted to hospitals and deaths. Also notifications for 1946–1956

Disease	*Cases Notified* 1956	*Cases Admitted to Hospital*	*Deaths* 1956	*Notifications*									
				1955	1954	1953	1952	1951	1950	1949	1948	1947	1946
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	18	8	—	28	39	153	78	11	39	54	33	37	59
Diphtheria	—	—	—	—	—	—	—	—	—	—	1	2	—
Paratyphoid	—	—	—	1	1	—	—	—	—	—	—	—	—
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	77	75	—	57	42	37	62	35	—	—	—	—	—
Pneumonia	19	16	18	26	33	51	16	24	—	2	4	2	2
Erysipelas	4	—	—	2	4	4	1	–	10	7	19	8	26
Opthalmia Neonatorum ..	1	1	—	—	—	—	1	—	—	—	—	—	—
Measles	71	—	—	711	29	670	411	663	155	255	450	297	377
Whooping Cough	53	—	—	43	32	72	22	109	58	74	157	69	77
Meningococcal Infection ..	—	—	1	2	1	1	2	—	2	—	6	5	—
Poliomyelitis—													
(Paralytic)	4	4	—	12	1	7	10	—	3	6	8	8	1
(Non-Paralytic)	5	3	—	3	3	2	4	2	7	—	—	—	—
Acute Encephalitis—													
(Infective)	1	1	—	—	—	—	—	—	—	—	—	—	—
(Post Infectious)	—	—	—	3	—	—	—	—	—	—	—	—	—
Dysentery	10	8	—	14	8	3	—	1	17	1	2	1	—
Food Poisoning	14	3	—	6	1	5	1	—	4	33	—	—	—
Malaria (Contracted abroad)	—	—	—	—	1	—	—	—	—	—	—	—	—
Tuberculosis—													
(Pulmonary)	30	11	3	32	23	36	32	30	24	39	27	42	20
(Non-Pulmonary)	6	2	1	7	6	5	4	10	3	3	3	6	12

TABLE VIII

Analysis of Notifiable Diseases in Age Groups

Disease	*Ages in Years of Cases Notified*												
	Under 1 year	1–2	2–3	3–4	4–5	5–10	10–15	15–25	25–35	35–45	45–65	*Over 65*	*Age unknown*
Scarlet Fever ..	–	–	1	2	3	5	2	1	2	–	1	–	1
Whooping Cough..	7	3	3	6	5	26	3	–	–	–	–	–	–
Measles	6	9	6	11	4	34	1	–	–	–	–	–	–
Pneumonia ..	–	–	–	–	–	1	–	–	2	1	7	7	1
Poliomyelitis—													
(Paralytic) ..	–	1	–	1	–	1	–	1	–	–	–	–	–
(Non-Paralytic) ..	–	–	–	–	–	1	–	2	2	–	–	–	–
Puerperal Pyrexia ..	–	–	–	–	–	–	–	40	26	11	–	–	–
Erysipelas	–	–	–	–	–	–	–	–	–	1	2	1	–
Food Poisoning ..	–	–	1	–	–	–	–	1	2	3	2	–	5
Dysentery	–	–	2	–	–	4	–	2	2	–	–	–	–
Acute Encephalitis—													
(Infective) ..	–	–	–	–	–	1	–	–	–	–	–	–	–

N.B.—Tuberculosis is shown in separate table.

TABLE IX

Showing Monthly Incidence of Notifiable Diseases

Disease	*Jan.*	*Feb.*	*Mar.*	*April*	*May*	*June*	*July*	*Aug.*	*Sept.*	*Oct.*	*Nov.*	*Dec.*
Scarlet Fever ..	2	2	2	–	4	2	–	1	–	3	1	1
Whooping Cough .	1	–	2	7	1	–	–	2	5	9	13	13
Measles	2	1	–	10	27	7	10	6	6	1	1	–
Pneumonia ..	2	4	2	2	1	–	1	–	1	1	2	3
Poliomyelitis—												
(Paralytic) ..	–	–	–	–	–	–	1	2	–	–	1	–
(Non-Paralytic) .	–	–	–	–	–	–	–	–	2	2	1	–
Puerperal Pyrexia . .	5	5	9	5	11	1	8	7	8	6	7	5
Erysipelas ..	1	–	2	–	–	–	–	1	–	–	–	–
Food Poisoning ..	–	–	–	–	1	2	–	–	11	–	–	–
Dysentery ..	1	–	2	1	–	1	3	2	–	–	–	–
Tuberculosis—												
(Pulmonary) ..	1	5	4	2	1	3	1	2	1	1	5	4
(Non-Pulmonary	–	1	–	–	2	–	1	–	1	1	–	–
Acute Encephalitis–												
(Infective) ..	–	–	–	–	–	–	–	–	–	–	–	1

Showing Cases of Notifiable Diseases occurring in each Parish

Disease	*Burnham*	*Datchet*	*Denham*	*Dorney*	*Farnham*	*Fulmer*	*Gerrards Cross*	*Hedgerley*	*Horton*	*Iver*	*Stoke Poges*	*Taplow*	*Wexham*	*Wraysbury*
Scarlet Fever ..	–	–	2	1	1	1	1	–	1	4	2	1	3	1
Whooping Cough .	1	2	2	–	3	–	–	–	1	43	–	–	3	–
Measles	5	2	3	–	1	1	4	1	3	–	–	4	5	42
Pneumonia ..	1	–	1	–	–	–	–	–	–	14	–	1	1	–
Poliomyelitis—														
(Paralytic) ..	1	–	1	–	1	–	–	–	–	–	–	–	1	–
(Non-Paralytic) .	1	–	–	1	–	–	–	2	–	1	–	–	–	–
Puerperal Pyrexia .	–	–	–	–	21	–	–	–	–	–	–	56	–	–
Erysipelas ..	–	–	–	–	–	–	2	–	–	1	1	–	–	–
Food Poisoning ..	–	–	9	–	–	–	1	–	–	4	–	–	–	–
Dysentery ..	–	–	2	1	–	–	–	–	–	3	–	2	2	–
Encephalitis—														
(Infective) ..	–	–	1	–	–	–	–	–	–	–	–	–	–	–
Tuberculosis—														
(Pulmonary) ..	3	2	1	–	1	1	4	–	–	7	2	1	7	1
(Non-Pulmonary)	–	–	1	–	1	–	–	–	–	2	1	1	–	–

Estimated Population :														
	Burnham	8,500	Datchet	4,100	Denham	6,000	Dorney	850	Farnham Ryl.	3,150	Fulmer	650
	Gerrards X	5,000	Hedgerley	800	Horton	950	Iver	10,500	Stoke Poges	2,750	Taplow	1,850
	Wexham	5,500	Wraysbury	3,650								

NOTIFICATIONS
MEASLES and WHOOPING COUGH, 1951—1956

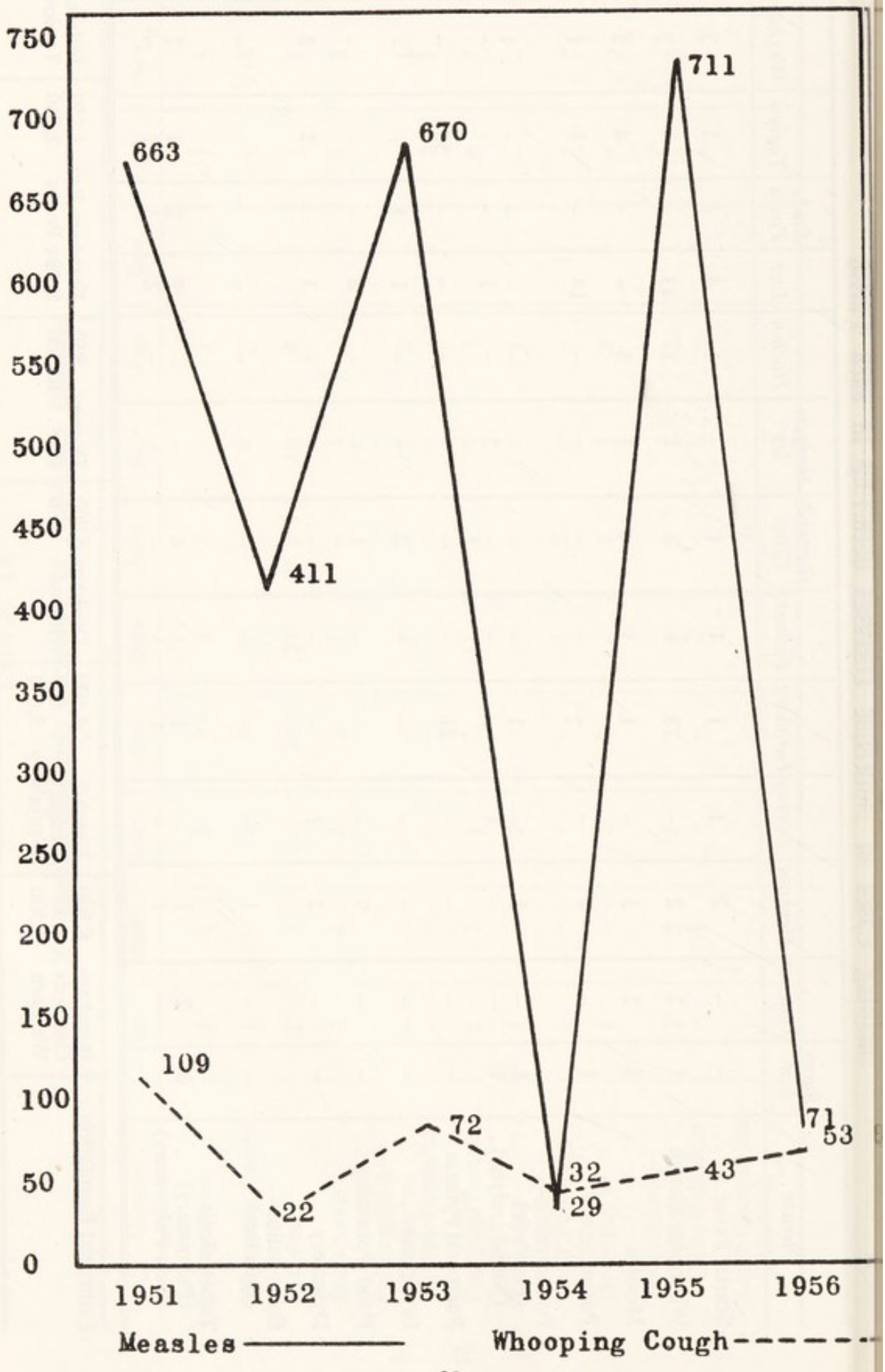


TABLE XI

Immunisation and Re-immunisations

Under Section 26 of the National Health Service Act, 1946, local health authorities may organise immunisation schemes with ministerial approval. Such a scheme offering protection against whooping cough (and other diseases) has been in operation in this district for several years.

When protection is being offered against several diseases it may be possible to reduce the number of inoculations by using a combined vaccine. In this area a combined Diphtheria/Whooping Cough vaccine is in use at Local Authority Clinics which reduces the number of injections to three.

The following table shows the number of immunisations carried out in this district against Diphtheria and Whooping Cough individually and in combination.

Type	*Primary Immunisation*				*Re-Immunisation*
	Age at date of final injection			*Total*	
	Under 1 year	*1—4 years*	*5—14 years*		
Diphtheria only	5	8	4	17	741
Diphtheria/Whooping Cough combined ..	402	263	3	668	—
Whooping Cough only ..	—	—	—	—	—

Vaccination against Smallpox

During the year there were 509 primary vaccinations against smallpox carried out and 140 re-vaccinations.

FOOD POISONING

An outbreak of Food Poisoning was reported on 14th September, 1956, and after the initial survey and enquiries a thorough and detailed investigation into the whole circumstances was carried out by the Chief Public Health Inspector and his deputy.

In order to conserve space only the salient facts are reported.

Of the 124 employees including the executive and canteen staff who had midday dinner in the factory canteen on Thursday, 13th September, 96 became ill between 7 and 19 hours thereafter.

Fortunately both the factory doctor and the Public Health Inspector had acted promptly and it was possible to recover part of the meal which was suspected before it was all disposed of. The menu was studied and then staff and management and canteen workers were thoroughly questioned. The meat dish appeared to be the common factor among those infected, but samples were obtained not only of the meat but also of gravy powder, custard powder, marrowfat peas and cheese. Bacteriological results of all these were negative except the meat from which Cl.Welchii. were isolated in large numbers. This organism occurs normally in the large intestine of man and animals and different strains vary greatly in virulence. The strain isolated in this case was heat resistant and had no doubt been able to withstand a considerable amount of cooking.

Apart from meat cooked separately for the executive staff at the factory, all had been prepared and cooked the previous afternoon and after boiling for one hour allowed to cool slowly. Next day it was re-heated for one hour before being served. This process of cooking—slow cooling and then re-heating—is always dangerous and in this case what was done was particularly suitable for the multiplication of the organism in question.

None of the canteen staff had suffered any illness recently and in order to try to trace the source of infection further investigations were carried out at the butcher's shop from where the meat had been obtained. The results revealed no evidence that the organisms were present on the meat in its raw state but the possibility was not ruled out.

Reverting to the investigations at the factory, faeces specimens were obtained from 55 employees and taken to the Public Health Laboratory for examination. All were positive for Cl.Welchii. except for two. Of a later batch of 28 specimens 10 were positive and 18 negative, including 4 canteen staff. Five out of 6 canteen staff examined in the first batch were positive. After discussing the outbreak with the Public Health Laboratory further sampling was discontinued.

The outbreak was fully investigated by this department because the factory is situated in this area but the employees live in the area of several different authorities. In all, 14 of the employees live in the Eton Rural District and of these 11 were notified. The other three cases it is believed did not seek medical advice and therefore were not officially notified.

SECTION VI

WATER

Apart from the several extensions of a total of 5,979 yards (1955—15,389 yards) as detailed below no material change in the arrangement for the supply of piped water generally has to be noted.

The outstanding question of the Wraysbury water supply, however, had, by the end of the year, reached the stage when only comparatively minor issues needed to be resolved, and commencement was in the forseeable future. Earlier in the year, however, and following more adverse reports on samples of water taken from properties outside the area of the last extension at Hythe End, it was found advisable to station a portable tank there. This emergency tank was later superseded by a standpipe to which certain householders were given keys. These emergency measures were made possible by the ready co-operation of certain private owners, the Water Undertaking and the Council's Engineer and Surveyor and staff.

The following details were given by the Water Undertakings :—

Borough of Slough

Mains laid—

Datchet (a new road)	190 yds. of 4-in.

Apart from indicating that the general supply which receives chlorination treatment had been sufficient in quantity and quality as borne out by weekly bacteriological examinations reference was made to a ring main scheme. The major part of this 18-in. ring main had been completed, making it possible to reduce the area supplied via high level reservoir at Hedgerley. Increase of pressure has resulted in parts of the Stoke Poges area and will be further extended in the near future.

Rickmansworth and Uxbridge Valley Water Company

Mains laid—

Denham (Middle Road and Denham Green Lane)	230 yds. of 4-in.
,, (off Middle Road—Green Tiles Lane)	71 yds. of 2-in.
,, (off Green Tiles Lane)	44 yds. of 3-in.
Gerrards Cross (Packhorse Road)	53 yds. of 3-in.
,, ,, (High Beeches)	401 yds. of 4-in.
,, ,, (High Beeches)	126-yds. of 2-in.
Fulmer (Howards Wood)	347 yds. of 4-in.
,, (Howards Wood & Fulmer Drive) ..	225 yds. of 2-in.
Iver (Iverdale Close, etc.)	174 yds. of 4-in.

Concluding remarks indicated adequate and good quality supplies, chlorine treatment and frequent sampling.

Burnham, Dorney and Hitcham Waterworks Co. Ltd.

Mains laid—

Farnham Royal	(Scotlands, Black Pond Lane)	372 yds. of 3-in.
,, ,,	(Egypt Lane to Beaconsfield Road)	317 yds. of 6-in.
Burnham	(To L.C.C. Britwell Estate) ..	833 yds. of 9-in.
,,	(L.C.C. Britwell Estate)	973 yds. of 9-in.
,,	(L.C.C. Britwell Estate)	777 yds. of 4-in.
,,	(L.C.C. Britwell Estate) (crossings)	363 yds. of 4-in.
,,	(L.C.C. Britwell Estate) (crossings)	51 yds. of 3-in.

Remarks indicated maintenance of an adequate supply throughout the year.

BURNHAM, DORNEY AND HITCHAM WATERWORKS COMPANY

Analysis of Water

Chemical Results in parts per million

Appearance : Bright with a few particles.

Colour : Nil.
Turbidity : Less than 3.
pH. 7.2.
Odour : Nil.
Electric Conductivity : 555.
Free Carbon Dioxide : 21.
Chlorine present as Chloride : 24.
Total Solids : 370.
Hardness : Total 305.
Alkalinity as Calcium Carbonate : 240.
Non-carbonate : 65.
Nitrate Nitrogen : 5.6.
Nitrite Nitrogen : Absent.
Ammoniacal Nitrogen* : 0.000.
Oxygen Absorbed : 0.10.
Albuminoid Nitrogen* : 0.000.
Residual Chlorine : ——
Metals : Absent.

* To convert Ammonia, multiply by 1.21

This sample is practically clear and bright in appearance, neutral in reaction and free from iron and other metals. The water is hard in character but not to an excessive degree and it contains no excess of salinity or mineral constituents in solution. It is of the highest standard of organic and bacterial purity.

These results are indicative of a pure and wholesome water suitable for public supply purposes.

SAMPLES COLLECTED FROM SWIMMING POOLS AND BATHING PLACES

(1) Name of Swimming Pool or Bathing Place	(2) Controlled by	(3) Bacteriological Samples		(4) Chemical Samples		(5) Remarks
		Date	Result	Date	Result	
Farnham Park Recuperative Home (Outlet)	Privately owned	12/1/56	Satisfactory	—	—	—
Farnham Park Recuperative Home (Outlet)	Privately owned	1/3/56	Satisfactory	—	—	—
Farnham Park Recuperative Home (Outlet)	Privately owned	6/6/56	Satisfactory	—	—	—
Burnham Beeches Pool (Outlet)	Privately owned	6/6/56	Satisfactory	—	—	—
Burnham Beeches Pool (Inlet)	Privately owned	13/6/56	Satisfactory	—	—	—
Burnham Beeches Children's Pool (Inlet) ..	Privately owned	13/6/56	Satisfactory	—	—	—
Canadian Red Cross Memorial Hospital (High Level)	Windsor Group Management Committee	5/7/56	Satisfactory	—	—	—
Canadian Red Cross Memorial Hospital (Low Level)	Windsor Group Management Committee	5/7/56	Satisfactory	—	—	—
Canadian Red Cross Memorial Hospital (Outlet)	Windsor Group Management Committee	17/7/56	Satisfactory	—	—	—
Burnham Beeches Pool (Inlet)	Privately owned	17/7/56	Satisfactory	—	—	—
Farnham Park Recuperative Home (Inlet) ..	Privately owned	17/7/56	Satisfactory	—	—	—
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Committee	31/7/56	Satisfactory	—	—	—
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Committee	13/8/56	Satisfactory	—	—	—
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Committee	5/9/56	Satisfactory	—	—	—
Farnham Park Recuperative Home (Inlet) ..	Privately owned	13/9/56	Satisfactory	—	—	—
Burnham Beeches Pool (Inlet)	Privately owned	13/9/56	Satisfactory	—	—	—
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Committee	26/9/56	Satisfactory	—	—	—
Canadian Red Cross Memorial Hospital (Outlet)	Windsor Group Management Committee	24/10/56	Satisfactory	—	—	—
Farnham Park Recuperative Home (Outlet)	Privately owned	24/10/56	Unsatisfactory	—	—	—
Farnham Park Recuperative Home (Outlet)	Privately owned	30/10/56	Satisfactory	—	—	*
Farnham Park Recuperative Home (Outlet)	Privately owned	7/11/56	Satisfactory	—	—	—

Total samples collected=21

SAMPLES COLLECTED FROM WATER UNDERTAKINGS

(1) *Parish*	(2) *Water Undertaking*	(3) *Bacteriological Samples*		(4) *Chemical Samples*		(5) *Remarks*
		Date	*Result*	*Date*	*Result*	
DORNEY ..	Burnham, Dorney & Hitcham Water Co. ..	12/1/56	Satisfactory	—	—	
TAPLOW ..	Burnham, Dorney & Hitcham Water Co. ..	12/1/56	Satisfactory	—	—	
FARNHAM ROYAL	Burnham, Dorney & Hitcham Water Co. ..	2/2/56	Satisfactory	—	—	
BURNAHM ..	Burnham, Dorney & Hitcham Water Co. ..	1/3/56	Satisfactory	—	—	
HEDGERLEY ..	Rickmansworth & Uxbridge Valley Water Co.	1/3/56	Satisfactory	—	—	
TAPLOW ..	Marlow Water Co.	1/3/56	Satisfactory	—	—	
DATCHET ..	Slough Borough Water Department	8/3/56	Satisfactory	—	—	
WRAYSBURY ..	Rickmansworth & Uxbridge Valley Water Co.	8/3/56	Satisfactory	—	—	
WEXHAM ..	Slough Borough Water Department	11/4/56	Satisfactory	—	—	
WEXHAM ..	Slough Borough Water Department	11/4/56	Satisfactory	—	—	
IVER	Rickmansworth & Uxbridge Valley Water Co.	17/4/56	Satisfactory	—	—	
DENHAM	Rickmansworth & Uxbridge Valley Water Co.	13/6/56	Satisfactory	—	—	
DENHAM	Rickmansworth & Uxbridge Valley Water Co.	13/6/56	Satisfactory	—	—	
DATCHET ..	Slough Borough Water Department	13/6/56	Satisfactory	—	—	
WRAYSBURY ..	Rickmansworth & Uxbridge Valley Water Co.	13/6/56	Satisfactory	—	—	
BURNHAM ..	Burnham, Dorney & Hitcham Water Co. ..	19/6/56	Satisfactory	—	—	
IVER	Slough Borough Water Department	9/8/56	Satisfactory	—	—	
WRAYSBURY ..	South West Surburban Water Co.	9/8/56	Satisfactory	—	—	
WRAYSBURY ..	Rickmansworth & Uxbridge Valley Water Co.	5/9/56	Satisfactory	—	—	
GERRARDS CROSS	Rickmansworth & Uxbridge Valley Water Co.	12/9/56	Satisfactory	—	—	
BURNHAM ..	Burnham, Dorney & Hitcham Water Co. ..	26/9/56	Satisfactory	—	—	
WRAYSBURY ..	Rickmansworth & Uxbridge Valley Water Co.	26/9/56	Unsatisfactory	—	—	*
DATCHET ..	Slough Borough Water Department	3/10/56	Satisfactory	—	—	
WRAYSBURY ..	Rickmansworth & Uxbridge Valley Water Co.	3/10/56	Unsatisfactory	—	—	†
FARNHAM ROYAL	Burnham, Dorney & Hitcham Water Co. ..	25/10/56	Satisfactory	—	—	
WRAYSBURY ..	Rickmansworth & Uxbridge Valley Water Co.	30/10/56	Satisfactory	—	—	
DATCHET ..	Slough Borough Water Department	30/10/56	Unsatisfactory	—	—	‡
IVER	Rickmansworth & Uxbridge Valley Water Co.	7/11/56	Satisfactory	—	—	
BURNHAM ..	Burnham, Dorney & Hitcham Water Co. ..	7/11/56	Satisfactory	—	—	

Total Mains Samples Collected=29.

* Standpipe—Colne Way, Wraysbury. † Standpipe—Colne Way, Wraysbury. ‡ Standpipe—Polo Ground, Datchet.

SAMPLES TAKEN OTHER THAN MAINS

Type of Sample Taken	*Unsatisfactory*	*Satisfactory*	*Doubtful*	*Total*
Bacteriological	40	75	11	126
Chemical	1	6	2	9

SECTION VII

GENERAL SANITATION

The lack of main drainage to which reference has been made in previous reports, remains a matter of concern. With the general economic needs of the country directed towards an overall restriction on capital expenditure the prospects of early implementation of the Council's policy to provide main drainage and sewage works throughout the district appeared vague. It is encouraging, however, to record that a delegation in July to the Ministry of Housing and Local Government was sympathetically received and afterwards approval given for work very much according to the Councils programme.

The year's progress can be summarised as under :—

Iver

Iverdale Close.
146 yds. of gravity sewer commenced and completed.
Extension of existing sewer in Mansion Lane.
Bangors Road North Housing Site.
430 yds. of gravity sewer laid during year, work not yet complete.
Extension of existing sewer in Bangors Road North.

Burnham

Piperscroft
410 yds. of gravity sewer commenced but not completed.
Extension of existing sewer in Green Lane.
Dropmore Road.
400 yds. of gravity sewer completed during year, commenced in 1955.
Extension of existing sewer in Dropmore Road.
Gore Lodge Estate.
180 yds. of gravity sewer commenced and completed.
Extension of existing sewer in Lent Rise Road.

Fulmer

Howard's Wood Estate.
360 yds. of gravity sewer commenced and completed.
Extension of existing sewer in Fulmer Drive.

Denham

Denham Green Estate—Stage III.
1,060 yds. of gravity sewer completed during year.

Proposed major schemes due to commence during 1957 :—

Stoke Poges and Wexham

(a) *Stage* 1 : Provisional Ministry permission to commence in April—June.
(b) *Stage* 2 : Contract let. Starting date anticipated in near future.

Denham—*Stage III.* Provisional Ministry permission to commence Tatling End/Skylark Road/Bakers Wood/Southlands Road/Willetts Lane areas.

Sewer connections = 161.

SECTION VIII

LEGISLATION AND DIRECTIVES

The following official publications were received during the year which related to the work of the public health department :—

Ministry of Food Circular MF.14/55—
Food and Drugs Act, 1955.

General Registrar's Office Circular 1/1956—
Infectious and Other Notifiable Diseases—Weekly Return.

Ministry of Agriculture, Fisheries and Food, FSH2/56—
Model Byelaws for Private and Public Slaughterhouses.

Ministry of Health Circular 4/56—
Diphtheria Prophylaxis Publicity Campaign.

General Registrar's Office Circular 3/1956—
Annual Report of the Medical Officer of Health—Vital Statistics

Ministry of Agriculture, Fisheries and Food, FSH.3/56—
Milk and Dairies Regulations 1949—1954. Approved Oxidising and Preservative Agents.

Ministry of Health Circular 11/56—
The Food Hygiene (Amendment) (No. 1) Regulations, 1956.

Ministry of Health Circular 93005/12/22.R—
Diphtheria Immunisation Publicity Campaign—Order Form.

Ministry of Agriculture, Fisheries and Food, FSH/8/56—
Milk and Dairies Regulations 1949—1954. Approved Oxidising and Preservative Agents.

Ministry of Health Circular 19/56—
Annual Reports of Medical Officers of Health, 1956.

Ministry of Health Circular 23/56—
The Food Hygiene (Amendment) (No. 1) Regulations, 1956.

Ministry of Housing and Local Government Circular 64/56—
Clean Air Act, 1956.

SECTION IX

CLINICS AND TREATMENT CENTRES

Maternity and Child Welfare Clinics

Centre	*Location*	*Session*	*Session with Medical Officer*
Burnham	Village Hall, Gore Road	1st and 3rd Tuesday	1st Tuesday
Datchet	Working Men's Club	2nd and 4th Wednesday	2nd and 4th Wednesday
Denham	Health Centre, Oxford Road	Weekly Wednesday	1st, 2nd and 4th Wednesday
Dorney	Village Hall	1st Tuesday	1st Tuesday
Gerrards Cross	British Legion Hall	1st and 3rd Friday	3rd Friday
Hedgerley	Memorial Hall	1st and 3rd Wednesday	3rd Wednesday
Horton	Champney Hall	1st and 3rd Wednesday	1st Wednesday
Iver	Village Hall	1st and 3rd Wednesday	3rd Wednesday
Iver Heath	Village Hall	2nd and 4th Wednesday	4th Wednesday
Richings Park	Church Room	2nd and 4th Monday	2nd Monday
Stoke Poges	Village Hall	2nd and 4th Tuesday	4th Tuesday
Wraysbury	Scout Hut	2nd Thursday	2nd Thursday

CLINICS

Tuberculosis

The Chest Clinic is at Kipling Memorial Buildings, Alma Road, Windsor, where appointments may be made with the Chest Physician in Charge.

Venereal Diseases

King Edward VII Hospital, Windsor.
Hillingdon Hospital, Hillingdon.
Royal Berkshire Hospital, Reading.

Married Women's Advisory Clinics

Slough : Social Centre, Farnham Road : Wednesdays 2–4 p.m.
Health Centre, Burlington Road : Fridays 2.30–4 p.m.

High Wycombe : Health Centre, The Rye : Weekly, Tuesdays, 2 p.m.

ANTE- AND POST-NATAL CARE

Facilities are provided by the Regional Hospital Board and Clinics are conducted at all the main general hospitals and maternity homes in the surrounding districts as follows :—

King Edward VII Hospital, Windsor	Ante-Natal	Monday mornings
King Edward VII Hospital (Old Windsor)	Ante-Natal and Post-Natal	Friday mornings Tuesday afternoons
Canadian Red Cross Memorial Hospital, Taplow	Ante-Natal	2nd and 4th Thursday mornings each month
Colinswood Maternity Home, Farnham Common	Ante- and Post-Natal	Every 3rd Monday morning (monthly) and every Wednesday morning
Upton Hospital, Slough	Ante- and Post-Natal	Monday morning and Thursday afternoon (Ante-Natal) Monday afternoon and Friday morning (Post-Natal)

REGISTERED NURSING HOMES

There are a number of registered nursing homes in the Eton Rural District. Location and further particulars may be obtained from the Medical Officer of Health.

HOSPITALS

The area is served by the following hospitals :—

General Hospitals :

The Canadian Red Cross Memorial Hospital, Taplow.
King Edward VII Hospital, Windsor.
Old Windsor Hospital, Crimp Hill Road, Old Windsor.
Upton Hospital, Slough.
Iver, Denham and Langley Cottage Hospital, Iver.
Maidenhead General Hospital, Maidenhead.

Infectious Diseases Hospitals :

Maidenhead Isolation Hospital, Maidenhead.
St. John's Hospital, Uxbridge, Middlesex.

Chronic Sick :

St. Mark's Hospital, Maidenhead.
Old Windsor Hospital, Old Windsor.

Part III Accommodation :

Old Windsor Hospital, Old Windsor.
Upton Hospital, Slough.

Maternity Accommodation :

Upton Hospital, Slough.
Canadian Red Cross Memorial Hospital, Taplow.
Old Windsor Hospital, Old Windsor.
Colinswood Maternity Home, Farnham Common.
Princess Christian Nursing Home, Clarence Road, Windsor.

ANNUAL REPORT

OF THE

CHIEF PUBLIC HEALTH INSPECTOR

For the Year 1956

To the Chairman and Members of the Eton Rural District Council.

LADIES AND GENTLEMEN,

In presenting another contribution to the Annual Report of the Medical Officer of Health, I have reflected on the tone of the introduction to past sectional reports. These have been, in the main, of a somewhat pessimistic character relating to the absence of this or that service.

This year, however, has seen positive and heartening progress in the Council's programme for the extension generally of essential services in the district. Future prospects seem equally bright and will, it is anticipated, lead to the abolition of most conservancy types of drainage and closets within a forseeable period. For the time being the Public Cleansing Officer has his immediate problems of collection and disposal but as illustrated both in his period reports and annual report to you (latter submitted separately) these are resolved as far as reasonably practicable.

The effects of new and impending legislation will be far reaching and from a practical side future consideration will probably indicate the necessity for additional inspectorial staff to cope with increased responsibilities and the larger family of over 50,000.

To the Chairman of the Council and Members, the Clerk to the Council, all other Chief Officers and their Staffs, I say 'thank you' for the understanding and co-operation given to me. To the Public Health Department my appreciation of loyal support.

I am, Ladies and Gentlemen,

Your obedient servant,

A. W. G. CORNER,

Chief Public Health Inspector.

SECTION X

INSPECTION AND SUPERVISION OF FOOD

Food and Drugs Act, 1955—Food Hygiene Regulations, 1955.

I attended several meetings of Chief Sanitary Inspectors early in the year at Aylesbury which had been convened by the County Health Department to discuss the application of the new Regulations to County Council School canteens.

Fairly good progress has been made generally in the application of the Regulations and every effort is made when plans of new buildings (shops, cafes etc.) are seen to ensure that the applicant has taken requirements of Regulations fully into account.

Three Certificates of Exemption were granted for a limited period.

Observations etc. on various classes of food as under :—

Milk

Whilst the remarks of last year could apply here as to general supervision, one feature, i.e. the cases reported of crates of empty milk bottles being left around the highway caused concern to the Public Health & Cleansing Committee. With this matter was the associated one of the misused bottle of which several cases occurred leading to complaints. The attention of thirteen distributors, including the larger London firms, was drawn to the first-mentioned practice and their replies indicated agreement and steps being taken to enforce (in several cases) standing instructions.

Most of the replies also gave exhaustive details of their washing routine, including scrutiny before and after by special staff.

Practically all were unanimous in condemning the filthy state in which bottles were received back at the dairies following misuse by the public, and including use for paint, cement, oil, permanent wave solutions, petrol, paraffin, turpentine, ceiling white, fireworks, and tiddlers, etc.

Although in war-time legislation covered this practice this suffered the general fate and nothing, despite the opportunity afforded in the passing of new Food & Drugs Acts, has replaced this.

Members of the Committee were afforded an opportunity of inspecting a large dairy plant outside the district whilst the Sanitary Inspectors by invitation visited other plants outside the district in connection with complaints of a similar character.

Fifty-seven samples of milk, were taken and submitted to the Public Health Laboratory, Reading, with results comparable with last year, as under :—

Milk Samples

Designation	*Number taken*	*Satisfactory*	*Unsatisfactory*	*Test Incomplete*
Pasteurised	32	24	—	8
Pasteurised T.T.	24	15	—	9
Sterilised	1	1	—	—

In addition a sample of Pasteurised Milk was submitted on account of a foreign body (piece of rubber) being found in a bottle. The result did not represent failure to conform with the standard for this milk—cultural results supported phosphatase figure pointing to adequate pasteurisation.

Milk Special Designation Orders

Licences for designated milks were granted as follows :—

Dealers' Licences

Pasteurised	12
Tuberculin Tested	11
Sterilised	13

Dealers' Supplementary Licences

Pasteurised	15
Tuberculin Tested	15
Sterilised	9

Ice Cream

Ten premises were registered for sale of ice cream making a total of 115 on Register.

One hundred and four samples of ice cream and one lolly were submitted to the Public Health Laboratory, Reading, with undermentioned results :—

Grade 1 ..	75	Grade 3 ..	3
Grade 2 ..	25	Grade 4 ..	1

Ice lolly was satisfactory.

Percentage of Gradings 1 and 2 at 96% show great improvement on last year of 88%.

Meat and Other Foods

(a) Meat

No alteration occurred in the arrangements for the supply of home-killed meat and slaughtering was, in the main, restricted to three slaughterhouses. Total number of visits to slaughterhouses was 330 and animals examined 1,747 as against corresponding figures for 1955 of 470 and 3,589 respectively. The most noticeable reduction occurred in the number of cows and pigs killed but against this more sheep and lambs were killed. The incidence of cysticercosis increased.

Tabulated figures are given elsewhere.

	Cattle except Cows	*Cows*	*Calves*	*Sheep and Lambs*	*Pigs*	*Horses*
Number killed	162	8	110	468	999	Nil
Number inspected ..	162	8	110	468	999	Nil
All Diseases except Tuberculosis and Cysticerci Whole carcases condemned	Nil	Nil	Nil	Nil	15	Nil
Carcases of which some part or organ was condemned..	13	Nil	1	6	105	Nil
Percentage of the number inspected affected with disease other than tuberculosis and Cysticerci ..	8.02	Nil	0.91	1.28	12.01	Nil
Tuberculosis only Whole carcases condemned	Nil	Nil	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned.	12	3	Nil	Nil	16	Nil
Percentage of the number inspected affected with Tuberculosis	7.41	37.50	Nil	Nil	1.60	Nil
Cysticercosis Carcases of which some part or organ was condemned	3	1	Nil	Nil	Nil	Nil
Carcases submitted to treatment by refrigeration ..	3	1	Nil	Nil	Nil	Nil
Generalised and totally condemned	Nil	Nil	Nil	Nil	Nil	Nil

Total weight of condemned meat and offal, 18 cwt. 2 qrs. 22 lbs.

(b) Other Foods

The following samples of food were submitted for examination:

Dried Milk Powder (gift from U.S.A.F. to a Charitable Institution).

This was found to be satisfactory.

One main meal from a household in Wraysbury.

Part of each item was sent for bacteriological report at Public Health Laboratory, Reading, and was found satisfactory.

Part of each item was also submitted to Public Analyst—result, antimony was found.

One tin of orange juice concentrate and a special sample bottle were submitted to Public Analyst—result, satisfactory.

Following an advice from a Port Health Authority exhaustive enquiries were made of traders in respect of a particular brand of Italian apples which had been found to be contaminated by Arsenic and Lead. This particular brand was not found.

The following articles of food were dealt with as unsound or unfit for human consumption and without recourse to formal action :—

1 4-lb. tin Luncheon Meat

16½-lbs. Luncheon Meat

42-lbs. Mutton

2 6-lb. tins of Corned Beef

1½-lbs. Corned Beef

1 15-lbs. Danish Ham

20½-lbs. Dripping

4-stone Dog Fish

1-lb. Salmon

1 7-lb. box of Fish Cakes

1 12/16-lbs. Tinned Vegetables

1 12/16-lbs. Tinned Milk

24-lbs. Tinned Fruit

SLAUGHTERHOUSES AND KNACKER YARDS, ETC.

Slaughter of Animals Act, 1933

Renewals	10
New Licences	1

Game licences

Renewals	16

The Slaughter of Animals (Prevention of Cruelty) (No. 2) Regulations, 1954

As required by Article 30, the following Annual Return for the year 1956 was received from the occupier of the Knacker's Yard operating in the District :—

Horses slaughtered	4 (9)
Horse Carcases received ..	35 (25)

Frequent visits were made to the premises which were always found to be kept and operated in a satisfactory manner.

SECTION XI

RODENT INFESTATIONS AND DESTRUCTION, ETC.

No sewer test baiting was required during the year but as will be noted from the previous year's figures in brackets the work has decreased. Whether this trend will persist is debatable but having regard to the prolific breeding rate of rats no relaxation of destruction or control measures can be visualised.

	Primary	
Visits	491	(603)
Treatment (baiting, gassing and trapping)	2,023*	(3143)
Dead rats found	279	(466)
Dead mice found ..	102	(166)

* Including 7 Business premises for which charges were made.

DISINFECTIONS AND DISINFESTATIONS

Disinfection of Premises

In respect of :—

Tuberculosis ..	19	Poliomyelitis ..	10
Removal of bedding for steam disinfection ..			19

(including cases above, two cases of Scabies and in respect of a flea infestation.)

Only one disinfestation was necessary in respect of bugs. Assistance and advice was given in several instances where other forms of infestations (e.g. wasps, ants, etc.) occurred.

Whilst the number of disinfections in respect of Tuberculosis increased from that of the previous year this had no relation to the incidence of the disease itself but indicates that the facilities offered to householders have been more readily accepted.

One certificate was given in respect of clothing being sent abroad to Russia.

SECTION XII

1. INSPECTIONS for Purposes of Provisions as to Health

(including inspections made by Public Health Inspectors.)

Premises (1)	*Number on Register* (2)	*Number of*		
		Inspections (3)	*Written Notices* (4)	*Occupiers Prosecuted* (5)
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	18	28	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	135	99	2	—
(iii) Other premises in which Section 7 is enforced by by the Local Authority (excluding outworkers premises)	—	5	1	—
Total	153	132	3	—

2. CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases".)

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*	
(1)	(2)	(3)	(4)	(5)	(6)
Want of Cleanliness (S.1.)	1	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	7	6	1	2	–
(*c*) Not separate for sexes	–	–	–	–	–
Other offences against the Act (not including offences relating to outwork)	3	3	–	–	–
Total	12	10	1	2	–

Outworkers inspections 52
Workplaces inspections 23

Three notices "Approval of Water Supply" were given in respect of factories at Denham, Iver, and Wraysbury, (Factories Act, 1937, Section 41).

SECTION XIII

MOVEABLE DWELLINGS

Despite the activities of local housing authorities and private enterprise in the provision of traditional houses there appears to have been little or no change in the number of caravans used for residential purposes. This could be said to be true of the Council's district in 1956 where it was estimated there existed a ratio of one person in every twenty-three living in caravans as against a national average of one in one hundred and sixty-four.

As in previous years co-operation continued in the associated planning and policy considerations and evidence was given at a number of Public Inquiries.

Unauthorised gypsy encampments made up principally of modern type trailer caravans continued to give considerable trouble and their removal occupied much officer time.

Transit camps set up on road verges, lay-bys, abandoned highways and unfenced private land tended to take on a degree of permanence signified by collections of assorted junk, cannibalised motor vehicles and fence wire washing. It was only by energetic action in co-operation with the police that these camps were removed only to turn up elsewhere. For the first time, powers under the Council's own Act were invoked, and successfully, to secure the removal of one particularly bad encampment.

SECTION XIV

HOUSING

Progress in respect of provision of new houses and action taken in respect of unfit houses is summarised below :—

(a) New Houses

Houses completed during the year :—

		1955	1954
1. By Council	114*	(199)	(182)
2. By private enterprise ..	283	(270)	(148)

*Does *not* include those built by Slough Borough Council and/or London County Council.

(b) Unfit Houses

Returns continue to be submitted quarterly to the Ministry of Housing and Local Government relating to Clearance Areas, demolition, closing and repair, etc. of houses under the Housing Act, 1936, Housing Act, 1949, Local Government (Miscellaneous Provisions) Act, 1953 ; Housing, Repairs and Rents Act, 1954, and Public Health Act, 1936, and detailed information is not therefore required in this report.

The following is, however, a brief summary :—

Houses demolished as a result of formal action under Housing Act (Demolition Orders etc.)	10
Houses closed in pursuance of Closing Orders and/or Undertakings	7
Parts of buildings closed	1
Houses made fit following formal action under Housing Acts or Public Health Act.	6
Houses made fit following informal action under Housing Act and Public Health Act.	118*

*This figure does not include those properties made fit where, as a result of Improvement Grant applications, repairs, as distinct from improvements, have been requested.

The Unfit Houses Sub-Committee of the Housing Committee following the practice that has been established made four tours when some 83 houses were seen.

The Council passed the appropriate resolutions in respect of fourteen Clearance Areas (Nos. 84—97 inclusive) affecting some 45 houses.

Formal individual action was also taken in respect of 22 properties as a result of which nine Demolition Orders and one Closing Order (part of Building) were made and twelve Undertakings accepted. In addition an Undertaking (in lieu of formal action) was accepted from owner of a property that this would be demolished on vacation by the then tenant.

Housing, Repairs and Rents Act, 1954

(c) Improvements Grants, Housing Act, 1949

Applications under investigation at beginning of year	9
Received	25
Approved and work commenced	21
Withdrawn after formal approval	—
Withdrawn prior to formal approval	7
Rejected	5
Under investigation at end of year	1

SECTION XV

OTHER MATTERS

Petroleum (Regulation) Acts, 1928 and 1936

Licence Applications

Renewals	122
New	3

Total Licence Capacity

Petroleum Spirit ..	.. 213,839 gallons
Petroleum Mixtures ..	.. 1,969 gallons

Pet Animals Act, 1951

Two applications were received and granted.

Public Health Acts (Amendment) Act, 1907. Section 86.

No new registrations during the year.

Miscellaneous Matters

The following were received for information and observations:

Local Land Charge Search Enquiries ..	1,257	(1,281)
Plans and Applications (Building Byelaws and Town and Country Planning) ..	1,471	(1,490)

SECTION XVI

NOTICES

Formal

Housing Act, 1936 (Section 9)	Nil
Public Health Acts	14
Informal	280

Visits and Inspections

Housing (including Public Health)	1,774
Water Supplies	274
Drainage	867
Miscellaneous Sanitary Visits and Nuisances (animals, dust, noise, burials)	153
Factories :	
(1) Motive power	99
(2) Non-motive power	28
(3) Other premises	5
Workplaces	23
Outworkers	52
Food Premises, Shops, Restaurants, etc.	1,081
Swimming Pools	19
Schools	42
Infectious Disease	187
Moveable Dwellings (including sites)	488
Hutted Camps	131
Gypsies	11
Refuse (including Tips)	62
Petroleum	154
Infestations	63
Shops Act	47
Smoke Abatement	39
Stables and Piggeries	100
Slaughterhouses and Knacker Yards	342
Licensed Premises	110
Bakehouses	74