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ANNUAL REPORT

of the

Medical Officer of Health

and the

Chief Public Health Inspector

FOR THE YEAR 1957

ETON RURAL DISTRICT COUNCIL

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ETON RURAL DISTRICT COUNCIL

Public Health and Cleansing Committee, January to May, 1957

Chairman :
E. R. NEVILLE

Vice-Chairman :
Dr. LINA SAWYER

Councillor T. BARTLETT
,, T. A. BENNETT
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,, Lt. Col. W. R. CORFIELD
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,, Mrs. D. W. HARRIS
,, Mrs. G. HEATON
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,, S. LEWIN
,, R. S. SIKES (Chairman)
,, F. W. A. SMITH

Public Health and Cleansing Committee, May to December, 1957

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Vice-Chairman :
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,, T. A. BENNETT
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,, Dr. LINA SAWYER
,, R. S. SIKES (Chairman)
,, F. W. A. SMITH

STAFF OF THE PUBLIC HEALTH DEPARTMENT, 1957

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.A.P.H.I. (Died 25.8.57)
Cert. Inspector of Meat and Other Foods

Deputy Chief Public Health Inspector :
(Appointed Chief Public Health Inspector 8.10.57)
A. H. V. MARSDEN (Cert. R.S.I.), M.A.P.H.I.,
Cert. Inspector of Meat and Other Foods

Additional Public Health Inspectors :
N. F. COLLIER (Cert. R.S.I.), M.A.P.H.I.
Cert. Inspector of Meat and Other Foods
S. PAPE (Cert. R.S.I.), M.A.P.H.I.
Cert. Inspector of Meat and Other Foods
K. A. CHESTER (Cert. R.S.I.), M.A.P.H.I., M.R.I.P.H.H.
Cert. Inspector of Meat and Other Foods
(Appointed 18.11.57)

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ETON RURAL DISTRICT

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1957

To the Chairman and Members of the Council :

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my annual report for 1957.

The number of cases of infectious diseases notified during the year, the number admitted to hospital and the deaths from that cause are shown in tables in the report. Measles has once again risen to the expected high level with a total of 663, while most other infectious diseases have varied very little from the previous year, but in the case of Scarlet Fever, Whooping Cough and Puerperal Pyrexia the variation is noticeably upwards. The above named infectious diseases with the exception of Puerperal Pyrexia generally recur at intervals following a recognised cycle. Puerperal Pyrexia is not associated in the same way with the state of immunity of the population, but might be expected to vary with the number of births or with the population of the district.

It is gratifying to note the small number of new cases of Tuberculosis in spite of the upward trend of the population, but there are in addition to these a number of others not classified as "new cases" who have immigrated into this district from other Local Authority areas. These have been diagnosed and treated elsewhere and are registered as transfers. Advances in the treatment of tuberculosis have altered the whole picture. Sanatoria although still providing a healthy and restful environment have faded out as a "sine qua non" in the treatment of pulmonary tuberculosis and I have no difficulty in recalling the extent to which artificial pneumothorax (collapse therapy) was carried out just prior to the outbreak of World War II. Collapse therapy is now also becoming a thing of the past and nationally the number of patients awaiting admission to institutions has fallen to a very low level, probably only one tenth of the figure of five years ago with the result that the hospital waiting list is no longer a significant problem.

While the danger of cigarette smoking in association with cancer of the lung has become an accepted fact and common knowledge, attention has been drawn in medical literature to the association of X-ray examinations of the abdomen and the occurrence in children of Leukaemia which is a malignant disease of the blood. In this connection one's thoughts turn to the tuberculous patients who are periodically X-rayed, and it appears that the occurrence of leukaemia and pulmonary tuberculosis in the same patient has long been recognised. Although it would be quite wrong to come to any hasty conclusions there is obviously scope for further investigation into the causes of blood cancer.

In another part of the report I have referred to four cases of Paratyphoid B. in one family and to the fact that one member remained a carrier although the degree of infection was stated to be mild. In this case it is fortunate that the carrier is a baby and not an adult and in particular that it is not the breadwinner, as in such cases, difficulties with regard to employment and hardship might follow, and also the danger to public health would undoubtedly be greater. It seems that the time is long overdue for a realistic approach to the ever menacing problem of the adult chronic carrier. Medically the difficulties seem as great as ever they have been and legally although some protection has been afforded to catering establishments (viz. Section 149 of the Public Health Act, 1936, and Section 11 of the Food Hygiene Regulations) this by no means covers the great variety of other occupations in which various degrees of risk must be present. I need scarcely mention the danger of employing a carrier by Water Undertakers. The Ministry of Health Memorandum 221/1948 deals with this subject and helpfully details how the carrier can be detected by the Widal (blood test) and stool and urine tests, but it is impossible to force a man to have a blood or stool test. Generally the responsibility is placed on the carrier himself to find another occupation which may merely result in him seeking employment of the same description in a new area where his condition is not known, but where it will probably remain unknown only until he infects someone else. Denmark, Norway and several other countries appear to be a step ahead of us in that they have already established a National Register of Typhoid Carriers, and possibly the introduction of something similar in this country would in the long run benefit the carrier and the rest of the community alike.

Last year I commented on the development of new vaccines against Whooping Cough and Poliomyelitis. Further progress has been made since then necessitating certain alterations in the programme of immunisation. In the Ministry of Health Circular 8/57 dated 4th July, changes in procedure are detailed following advice from the Central Health Services Council, which in turn is the result of extensive research carried out by the Medical Research Council. Research has shown that inoculation with certain of the prophylactics used against diphtheria or whooping cough involves some risk of provoking paralysis due to poliomyelitis.

The risk varies according to the time of year and the prophylactic used, being greatest in the second and third quarters of the year and when combined vaccines are used. It is less at other times of the year and when alum-free vaccine is used singly. Therefore very briefly the adjustments consist of replacement of alum-containing vaccines by other types and the use of single vaccines against the individual diseases. The Minister is now satisfied that an effective plain whooping cough vaccine can be produced and urges its use by local health authorities. In December 1957 the County Health Department announced the introduction of immunisation against Tetanus as part of the revised programme. Immunisation against tetanus has of course for long been available to individual patients from their private doctors but has not previously been offered in this district by the health authority as one of the personal health services. It was proposed to make it available for active immunisation of young children commencing in January, 1958. In September 1957 the Government announced plans to offer vaccination against Poliomyelitis before the summer of 1958 to all children under 15 and to expectant mothers. All children born in 1943 to 1956 inclusive, and those born in 1957 who were over 6 months of age therefore became eligible as well as expectant mothers under the revised programme. To carry out this programme it was decided that the supply of British vaccine would be supplemented by Salk vaccine which would be imported as a temporary measure, and arrangements were made for the imported vaccine to be subjected to the same stringent tests of safety, potency and purity as our own vaccine. In addition to those mentioned above who were eligible for poliomyelitis vaccination certain other categories of people whose work involved special risk were also to be included.

Vaccination against tuberculosis, viz. B.C.G. is offered only to the 13 year old age group and is carried out through the School Health Service whereas the rest of the immunisation programme has been carried out principally at Maternity and Child Welfare Clinics.

Vaccination against smallpox is one of the personal health services arranged by the health authority under the National Health Service Act through the general practitioners and not at clinics.

During the year an Asian type of influenza which had spread from the Far East reached this country and by September a vaccine designed to give protection against this disease had been commercially produced. No mass vaccination scheme was undertaken but vaccination was offered free of charge to certain groups of people who were specially exposed to infection. Large numbers suffered but the disease was not notifiable and exact figures could not be obtained. A general picture of its distribution and extent was obtained through the kind co-operation of general practitioners and the headteachers of schools who in spite of difficulties passed

certain information to the health department. On the advice of the Ministry of Health contact was made with the Ministry Public Health Laboratory Service at Reading and Colindale and arrangements made for the collection and examination of specimens. Fortunately the disease was clinically mild although incapacitating and sometimes left a good deal of malaise and general debility in its track. The onset was accompanied by severe headache, generalised pains and fever but the patient had usually recovered in a few days and after a short convalescence was fit for duty. The outbreak might be described as explosive in character but the epidemic wave was short. Virus strains from other areas examined at the World Influenza Centre, London, showed that they belonged to a group markedly different from strains isolated during past influenzal outbreaks, and it was considered that the antigenic variation was the largest that had taken place since 1946.

The development of the new L.C.C. Britwell Estate at Burnham might have been expected to introduce into the district many new public health and social problems. This has occurred only to a very minor extent so far, having regard to the size of the estate, and it is believed that most families appreciate the better conditions and their new surroundings. As might be expected personal health problems appear to have been an important consideration in the allocation of new housing accommodation, and a number of households have been found to have one member in the family with some disability. Several households on the new estate have consulted us about dampness in their new homes and they have generally been very concerned about the apparent extent of this and the possible effects it may have on their health. On investigation this has always been found to be condensation and not penetrating dampness, but it has been very difficult to convince the occupants that this is so. The weather is usually an important contributing factor when there is severe condensation but the short period between the completion of new houses on the estate and their occupation is probably also a point of some relevance. Other considerations in dealing with such complaints were the lack of proper ventilation due to keeping the windows closed, steam from the kitchen or bathroom gaining access to the house owing to communicating doors being left open, the use of oil heaters which in operation generate moisture, and crowding too many large articles of furniture into too little space which impedes the circulation of air.

I should like to mention a matter which is primarily the responsibility of the Food and Drugs Authority but has public health aspects which might concern this authority and those they represent. As we have a certain amount of farm land in this district it is likely that potato crops are grown and sold. The spraying of crops with toxic chemicals is common practice on most farms and there are of course regulations controlling their application.

Sulphuric Acid has been used for many years and although it has associated dangers to those handling it, the worst that is likely to happen is superficial acid burns. Although I have no statistics relating to this district it has been reported that sodium and potassium arsenite is being widely used now in place of sulphuric acid elsewhere. Arsenites are of course extremely toxic and capable of causing acute poisoning as well as dermatitis while they are stated to be no more efficient but easier to handle than sulphuric acid. The possible hazard concerns chiefly the agricultural worker while to the consumer it is only slight, but in another district a public analyst has reported finding sodium arsenite in the skins of five out of seven samples of potatoes examined. The residue of arsenic on potato skins is extremely small when expressed in parts per million but it might be misleading as so many more potatoes are consumed than other crops such as soft fruits which may be likewise sprayed. The simple precaution of peeling all potatoes before cooking them should normally eliminate any real danger to the consumer, but the agricultural worker who has a picnic lunch in the field without facilities for washing may be taking a greater risk. The possibility of chemical poisoning must be borne in mind when investigating obscure cases of food poisoning.

Statisticians have forecast that the proportion of elderly persons in the community will continue to rise for the next eight or ten years probably until 1975 and will remain at a high level for some years thereafter. This naturally gives rise to certain problems with regard to the care of old people, as the younger members of the community have practically all got to go to work and have little time to devote to the care of elderly relatives. The younger people generally have homes of their own to look after and cannot accommodate their parents who eventually reach the stage when they cannot manage without assistance. The Home Help Service does good work and can usually alleviate the position but it is frequently inadequate both in numbers and the amount of time the average Help can give to the particular case. In certain cases the services of a Help are required mainly at night and in my experience this has never been available. It is not suprising therefore that reports are received at the health department from time to time of old people living alone in a state of neglect and in need of care and attention. Well meaning friends, relatives, and sometimes officials occasionally bring pressure for the removal of such cases compulsorily to a suitable institution as rarely do the aged and infirm appreciate the extent of their incapacity or agree to go voluntarily to an old people's home. Although the Medical Officer of Health has a duty under Section 47 of the National Assistance Act to apply to Court for an Order for the removal of certain persons in extreme circumstances, this is an unhappy duty to perform and cannot be undertaken without a good deal of serious meditation. Most of these people view compulsory removal to an institution or hospital as equivalent to a death sentence and I shall probably always be reluctant to take action under this

Act when some alternative can be found even with a little less meticulous care and a little more tolerance.

Before I finish I should like to mention the great loss which the Public Health Department suffered in August by the sudden death of Mr. A. W. G. Corner, Chief Public Health Inspector who had served this Council for the greater part of his working life. His knowledge of the district and of public health was of the utmost value to me and to the work of the Council, and as a fellow officer and friend he has been greatly missed. I should also like to express my appreciation of the manner in which all the staff of the department rose to the occasion and undertook additional duties to ensure continuity of the work until the department could be reorganised.

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 1957	14,414
Rateable value at 1.4.57	£888,546
Product of Penny Rate 1956/1957	£3,719.9.8d.
Population (Registrar-General's estimate for mid-year 1957)	53,500

VITAL STATISTICS

Live Births	*Male*	*Female*	*Total*
Legitimate	497	462	959
Illegitimate	23	14	37
Totals	520	476	996

Birth Rate per 1,000 Population	18.6
National Rate	16.1
Comparability Factor	0.90

Still Births	*Male*	*Female*	*Total*
Legitimate	9	11	20
Illegitimate	–	—	—
Totals	9	11	20

Still Birth Rate per 1,000 Total Births	19.68
Still Birth Rate per 1,000 Population	0.37
National Rate per 1,000 Population	22.4

Deaths	*Male*	*Female*	*Total*
Total	273	229	502

Crude Death Rate per 1,000 Population	9.4
Corrected Death Rate—allowing for sex and age (comparability factor=1.16)	10.90
National Death Rate	11.5
Ratio of Corrected Death Rate to National	0.95

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

	Male	*Female*	*Total*
Legitimate	15	10	25
Illegitimate	—	—	—
	15	10	25

Death Rate for all Infants per 1,000 Live Births	25.1
National Rate	23.0
Death Rate for Legitimate Infants per 1,000 Legitimate Births	26.1
Death Rate for Illegitimate Infants per 1,000 Illegitimate Births	Nil

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

	Male	*Female*	*Total*
Legitimate	12	10	22
Illegitimate	—	—	—
	—	—	—
	12	10	22
	—	—	—

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

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 0.47

CAUSES OF DEATH in the Eton Rural District during 1957

	Male	*Female*	*Total*
All Causes	273	229	502
1. Tuberculosis, Respiratory	3	–	3
2. Tuberculosis, other	–	–	–
3. Syphilitic disease	1	–	1
4. Diphtheria	–	–	–
5. Whooping Cough	–	–	–
6. Meningococcal Infections	–	–	–
7. Acute Poliomyelitis	–	–	–
8. Measles	1	–	1
9. Other infective and parasitic diseases ..	1	–	1
10. Malignant neoplasm, stomach ..	6	2	8
11. Malignant neoplasm, lung bronchus..	11	4	15
12. Malignant neoplasm, breast	–	11	11
13. Malignant neoplasm, uterus	–	5	5
14. Other malignant and lymphatic neoplasm	29	18	47
15. Leukaemia, Aleukaemia	–	–	–
16. Diabetes	2	–	2
17. Vascular lesions of the nervous system	30	36	66
18. Coronary disease, angina	64	31	95
19. Hypertension with heart disease ..	1	6	7
20. Other heart disease	30	42	72
21. Other circulatory disease	11	12	23
22. Influenza	3	5	8
23. Pneumonia	13	9	22
24. Bronchitis	17	3	20
25. Other diseases of the respiratory system	2	3	5
26. Ulcer of the stomach and duodenum ..	1	3	4
27. Gastritis, enteritis and diarrhoea ..	1	2	3
28. Nephritis and nephrosis	2	3	5
29. Hyperplasia of prostate	4	–	4
30. Pregnancy, childbirth, abortion ..	–	–	–
31. Congenital malformations	3	2	5
32. Other defined and ill-defined diseases ..	19	26	45
33. Motor vehicle accidents	6	3	9
34. All other accidents	5	2	7
35. Suicide	6	1	7
36. Homicide and operations of war ..	1	–	1

TABLE I

Deaths and Death Rates per 1,000 Population from Principal Causes 1953-1957

Disease	1953		1954		1955		1956		1957	
	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	..5	0.11	1	0.02	—	—	3	0.05	3	0.05
Acute Poliomyelitis	1	0.02	—	—	—	—	—	—	—	—
Malignant diseases of all types ..	87	1.96	87	1.92	70	1.48	98	1.94	34	0.64
Diseases of the Heart, all types ..	123	2.76	129	2.85	151	3.20	134	2.66	174	3.06
Pneumonia	20	0.44	15	0.33	17	0.36	18	0.36	22	0.41
Bronchitis	19	0.43	13	0.28	20	0.42	14	0.28	20	0.38
Suicide	3	0.07	4	0.09	4	0.09	2	0.04	7	0.13
Diabetes	—	—	1	0.02	8	0.16	2	0.04	2	0.04
Vascular Lesions of the nervous system	41	0.93	59	1.30	68	1.44	64	1.27	66	1.22

TABLE II

Comparison of Local and National Birth Rates, Death Rates and Infant Mortality Rates from 1947-1957

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*
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
1957	18.6 (996)	16.1	9.4 (502)	11.5	25.1 (25)	23.0

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 at Death

(From local returns before correction to place of residence)

WF7 *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	1	1	2	7
Congenital malformation	2	1	2	5	–	–	–	–	5
Prematurity	7	2	–	9	–	–	–	–	9
Other developmental conditions ..	–	–	2	2	–	–	–	–	2
All other causes	3	–	–	3	–	–	–	–	3
Totals	12	4	5	21	1	1	1	2	26

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	2	–
1–5	–	–	–	–	–	–	–	–	–
5–15	1	3	4	2	1	3	7	3	–
15–25	2	2	4	1	1	2	6	1	–
25–35	4	5	9	–	1	1	10	3	2
35–45	1	2	3	–	–	–	3	–	4
45–55	1	–	1	1	–	1	2	–	–
55–65	–	–	–	–	–	–	–	–	–
65 and over ..	2	1	3	–	–	–	3	1	1
Totals ..	13	13	26	4	3	7	33	10	7

TABLE V

NOTIFICATION REGISTER

	Pulmonary			*Non-Pulmonary*			*Combined Totals*
	Male	*Female*	*Total*	*Male*	*Female*	*Total*	
No. on Register at 1st January, 1957	341	297	638	72	64	136	774
Number entered by Primary Notification	13	13	26	4	3	7	33
Number entered other than by Primary Notification	51	41	92	1	5	6	98
Number removed from register due to :—							
(*a*) Death	1	1	2	–	–	–	2
(*b*) Removal from district	11	10	21	–	–	–	21
(*c*) De-Notification	2	4	6	–	–	–	6
Number remaining on register at 31st December, 1957	391	336	727	77	72	149	876

TABLE VI
MORTALITY
Comparison of Deaths from Tuberculosis during 1957 with Previous Years

Year	*Population*	*Pulmonary*		*Non-Pulmonary*		*Combined Totals*	*Death Rate Per 1,000 Population*
		Male	*Female*	*Male*	*Female*		
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
1957	53,500	3	–	–	–	3	0.05

Non-Pulmonary Tuberculosis

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

Site	*Male*	*Female*
Glands of Neck	1	–
Peritoneum	1	–
Abdomen	–	1
Breast	–	1
Neck (Abscess)	1	–
Right Inguinal Gland	1	–
Right Kidney	–	1

SECTION III

LABORATORY

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

Faeces	55
Urine	8
Throat swabs	4
Nasal swabs	2

SECTION IV

TABLE VII

Prevalence of Notifiable Diseases

Showing cases notified during 1957, numbers admitted to hospitals and deaths. Also notifications for 1947-1956

Disease	*Cases Notified* 1957	*Cases Admitted to Hospital*	*Deaths*	*Notifications*									
				1956	1955	1954	1953	1952	1951	1950	1949	1948	1947
Smallpox	—	–	–	–	–	–	–	–	–	–	–	–	–
Scarlet Fever	39	4	–	18	28	39	153	78	11	39	54	33	37
Diphtheira	–	–	–	–	–	–	–	–	–	–	–	1	2
Paratyphoid	3	–	–	–	1	1	–	–	–	–	–	–	–
Typhoid	–	–	–	–	–	–	–	–	–	–	–	–	–
Puerperal Pyrexia ..	92	90	–	77	57	42	37	62	35	–	–	–	–
Pneumonia	19	4	22	19	26	33	51	16	24	–	2	4	2
Erysipelas	5	–	–	4	2	4	4	1	–	10	7	19	8
Opthalmia Neonatorum	–	–	–	1	–	–	–	1	–	–	–	–	–
Measles	663	5	1	71	711	29	670	411	663	155	255	450	297
Whooping Cough ..	96	–	–	53	43	32	72	22	109	58	74	157	69
Meningococcal Infection	3	3	–	–	2	1	1	2	–	2	–	6	5
Poliomyelitis													
(Paralytic)	2	2	–	4	12	1	7	10	–	3	6	8	8
(Non-Paralytic) ..	1	1	–	5	3	3	2	4	2	7	–	–	–
Acute Encephalitis													
(Infective)	3	3	–	1	–	–	–	–	–	–	–	–	–
(Post Infectious) ..	–	–	–	–	3	–	–	–	–	–	–	–	–
Dysentery	6	5	–	10	14	8	3	–	1	17	1	2	1
Food Poisoning ..	9	–	–	14	6	1	5	1	–	4	33	–	–
Malaria													
(Contracted abroad)..	–	–	–	–	–	1	–	–	–	–	–	–	–
Tuberculosis													
(Pulmonary)	26	14	3	30	32	23	36	32	30	24	39	27	42
(Non-Pulmonary) ..	7	3	–	6	7	6	5	4	10	3	3	3	6

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	1	6	26	–	–	–	2	–	–	1
Whooping Cough ..	10	10	6	4	25	38	–	2	1	–	–	–	–
Measles	17	55	81	94	76	321	5	4	1	2	2	–	5
Pneumonia	1	1	2	–	–	–	3	2	1	3	3	3	–
Poliomyelitis													
(Paralytic)	–	–	–	–	–	1	–	–	1	–	–	–	–
(Non-Paralytic) ..	–	–	–	–	–	–	–	–	1	–	–	–	–
Puerperal Pyrexia ..	–	–	–	–	–	–	–	30	47	12	1	–	2
Erysipelas	–	–	–	–	–	–	–	–	2	1	2	–	–
Food Poisoning ..	–	1	1	–	–	–	1	1	1	–	4	–	–
Dysentery	–	1	–	1	–	1	–	–	2	1	–	–	–
Acute Encephalitis													
(Infective)	–	–	–	–	–	2	1	–	–	–	–	–	–
Meningococcal Infection	–	–	–	–	–	1	1	–	–	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 ..	–	–	5	8	4	2	3	3	2	7	–	5
Whooping Cough ..	23	18	17	11	12	2	2	1	1	3	1	5
Measles	3	16	46	86	150	189	135	37	1	–	–	–
Pneumonia	4	2	1	1	1	–	–	3	–	5	1	1
Poliomyelitis												
(Paralytic)	–	–	–	–	–	–	1	–	–	1	–	–
(Non-Paralytic) ..	–	–	–	–	–	–	–	1	–	–	–	–
Puerperal Pyrexia ..	4	6	4	7	6	9	8	6	8	12	11	11
Erysipelas	–	–	–	–	–	–	–	–	–	2	–	3
Food Poisoning ..	1	–	–	–	2	–	6	–	–	–	–	–
Dysentery	–	–	–	–	5	1	–	–	–	–	–	–
Acute Encephalitis (Infective)	1	–	–	–	–	2	–	–	–	–	–	–
Meningococcal Infection	–	1	1	–	–	–	–	–	–	1	–	–
Tuberculosis												
(Pulmonary) ..	6	3	2	4	1	1	–	1	1	2	2	3
(Non-Pulmonary) ..	–	–	–	2	–	1	–	1	1	1	1	–

TABLE X

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	–	3	–	1	–	1	–	–	9	3	–	16	–
Whooping Cough	–	–	2	–	2	–	10	–	3	71	1	–	1	6
Poliomyelitis (Paralytic) ..	–	–	–	–	–	–	–	–	–	–	1	–	1	–
(Non-Paralytic)	1	–	–	–	–	–	–	–	–	–	–	–	–	–
Measles	12	25	79	58	2	3	83	–	4	146	25	21	201	4
Dysentery ..	–	–	–	–	–	–	–	–	–	6	–	–	–	–
Meningococcal Infection ..	1	–	–	–	1	–	–	–	–	1	–	–	–	–
Pneumonia ..	–	–	1	1	–	–	1	–	–	16	1	1	1	–
Encephalitis (Infectious) ..	–	–	3	–	–	–	–	–	–	–	–	–	–	–
Erysipelas ..	1	–	–	–	–	–	1	–	–	–	–	1	2	–
Food Poisoning..	–	–	1	–	–	–	–	–	–	8	–	–	–	–
Puerperal Pyrexia	–	–	–	–	25	–	–	–	–	2	–	65	–	–
Tuberculosis (Pulmonary) ..	2	1	2	–	1	–	3	1	1	2	2	2	7	2
(Non-Pulmonary	1	–	–	–	2	1	1	–	1	–	–	–	1	–

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

TABLE XI

Immunisation and Vaccination

The re-arranged programme of immunisation and vaccination is with exception of B.C.G. vaccination shown in tabulated form below. B.C.G. vaccination takes precedence over other inoculations

Age of Infant	*Prophylaxis*	*Antigen*	*Method*	*Booster Dose*
1st to 2nd month	Smallpox	Lymph	Multiple pressure technique	
3rd, 4th and 5th months	Whooping Cough	Suspended Pertussis Vaccine	3 intramuscular (or subcutaneous)injections of l.c.c. at month intervals	1 injection of l.c.c. at 2 years.
6th and 7th months (or during 10th to 12th month)	Poliomyelitis	British or American Vaccine	2 intramuscular injections of l.c.c. at month intervals. Either can be used for both 1st or 2nd injections.	
8th and 9th month	Diphtheria	(F.T.) Formol Toxoid for primary immunisation. (T.A.F.) Toxoid antitoxin floccules for refresher or booster doses.	2 intramuscular (or subcutaneous) injections of l.c.c. (F.T.) at month intervals.	1 intramuscular injection of l.c.c. of T.A.F. on entry to school (i.e. 4-5 years).
During 1st to 2nd year	Tetanus	Tetanus toxoid	3 intramuscular injections of l.c.c. toxoid with 2 months interval between 1st and 2nd dose and 6 to 12 month interval between 2nd and 3rd dose.	

Details of vaccination and immunisation relating to the Eton Rural District for the year 1957 are as shown below.

Age at date of vaccination or immunisation	*Vaccination against Smallpox*		*Immunisation*		*Re-Immunisation*
	No. of vaccinations	*No. of re-vaccinations*	*Diphtheria Immunisations*	*Combined Immunisations*	
Under 1 year	526	—	10	595	—
1 year	48	—	4	186	—
2—4 years	43	11	9	64	20
5—14 years	47	44	36	12	1,100
15 or over	55	135	—	—	—
Total	719	190	59	857	1,120

PARATYPHOID

Four positive cases of Paratyphoid B. were reported in one household on the Britwell Estate. The first case to come to notice was a boy age 5 years who was admitted to a general hospital and after various investigations which proved negative, a positive paratyphoid B. agglutination (blood test) was obtained. By this time the patient had almost recovered and soon afterwards was discharged when three negative stool specimens were obtained. The hospital did not notify the case to the Public Health Department until two days before the boy was discharged home.

As soon as notification was received the home address was visited for investigation and stool specimens collected from the family. This revealed that the baby then 5 weeks old was positive and also another child who had become ill 2 or 3 days after his brother was discharged from hospital. A further check was then made on the first case who had just returned from hospital and he too was found to be positive. All three children were then admitted to the Isolation Hospital. Further laboratory reports a day or two later showed that the father was also positive and although he had recently been off work for a few days feeling unwell his illness had been mild and transient and he had returned to work by the time we began to investigate. The father was not officially notified. An interesting point is that the mother had returned from a local maternity home with the new baby 2 days before the first child was admitted to hospital. There was no history of illness among staff or patients at the maternity home and neither had the mother or baby at any time been unwell. The period of contact at home between the mother and baby and the first case was rather short although the possibility of the infection being brought from the maternity home was considered.

In due course the children returned home and further specimens were collected as a check. All children were found by the hospital laboratory to have negative specimens before discharge but the specimens collected after discharge were sent to the Public Health Laboratory and the baby was reported to be positive and readmitted for treatment. The degree of infection was subsequently reported to be scanty and as the other members of the family were now assumed to be immune the baby was allowed to come home but remains a carrier.

The source of the original infection was not traced and it is difficult to say whether more prompt notification (if possible) of the first case might have made a difference but I am of opinion that it would have been very helpful.

SECTION V

WATER

Throughout the year the Department continued to keep a watchful eye on the quality of supplies, not only for drinking and domestic purposes, but therapeutic and swimming pools were checked bacteriologically at regular intervals. In addition samples were taken from rivers, ponds, and gravel pit excavations where there was investigation of nuisances and pollution.

The total mains extensions laid in the area amounted to 16,635-yds. (1956—5,979 yds.).

As will be noticed from the data set out in this section a considerable measure of progress was achieved in the provision of mains water in the Parish of Wraysbury, involving 41.9% of the total mains extensions given above.

The following details were given by the Water Undertakings :

The Burnham, Dorney and Hitcham Waterworks Co. Ltd.

Mains Laid

Gore Lodge Estate, Burnham	283 yds. of 3in.
Britwell Road, Burnham	78 yds. of 3in.
L.C.C. Britwell Estate, Farnham Royal ..	4,091 yds. of 4in.
	1 yd. of 6in.
Mintons Estate, Bath Road, Burnham ..	198 yds. of 3in.

BACTERIOLOGICAL AND CHEMICAL ANALYSIS OF WATER

Chemical Results in parts per million

Appearance :	Bright with a few particles.
Colour : Nil.	Turbidity : Less than 3.
pH : 7.1.	Odour : Nil.
Electric conductivity : 560.	Free Carbon Dioxide : 41.
Chlorine present as Chloride : 28.	Dissolved Solids dried at 180°C.: 375.
Hardness : Total 285.	Carbonate: 250. Non-carbonate: 35. Alkalinity as Calcium Carbonate:250
Nitrate Nitrogen : 6.5.	Nitrite Nitrogen : Absent.
Ammoniacal Nitrogen:*0.000.	Oxygen Absorbed : 0.15.
Albuminoid Nitrogen:*0.000.	Residual Chlorine : 0.04.
Metals—Iron: Zinc: Copper:	Lead :=Absent.

* To convert to Ammonia multiply by 1.21.

Bacteriological Results

	1 *day at* 37°*C.*	2 *days at* 37°*C.*	3 *days at* 20°*C.*
Number of Colonies developing on Agar	0 per ml.	0 per ml.	0 per ml.

	Present in	*Absent from*	*Probable number*
Presumptive Coli-aerogenes Reaction	—ml.	100 ml.	0 per 100 m.
Bact. Coli (Type I)	—ml.	100 ml.	0 per 100 ml
Cl. welchii Reaction	—ml.	100 ml.	

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 consistent with a pure and wholesome water suitable for public supply purposes.

Borough of Slough

Mains laid—

Gable Close off Eton Road, Datchet ..	120 yds. of 4-in. 90 yds. of 3-in.
Site off Montagu Road, Datchet ..	48 yds. of 3-in.
The Paddock, off Montagu Road, Datchet	103 yds. of 3-in.
Martin's Place, Stoke Poges	102 yds. of 3-in.
Between Templewood Lane and Stoke Wood, Stoke Poges	125 yds. of 3-in.

The supply has been sufficient in quantity and quality, weekly bacteriological examinations confirm the high quality of the water and that it is suitable for domestic use. In addition, a chemical analysis of the water was made during the year, and was as follows :

CHEMICAL RESULTS IN PARTS PER MILLION

Appearance : Clear and bright.	
Colour : Nil.	Turbidity : Nil.
pH. : 7.1.	Odour : Nil.
Electric Conductivity : 590.	Free Carbon Dioxide : 30.
Chlorine present as Chloride : 36.	Total Solids : 395.
	Alkalinity as Calcium Carbonate : 225.
Hardness : Total 285.	Carbonate: 225. Non-carbonate: 60
Nitrate Nitrogen: 2.8.	Nitrite Nitrogen : Absent.
Ammoniacal Nitrogen : 0.005.	Oxygen Absorbed : 0.20.
Albuminoid Nitrogen : 0.026.	Residual Chlorine : Absent.
Metals : Absent.	

This sample is clear and bright in appearance, and neutral in reaction and free from iron and other metals. The water is hard in character but not to an excessive degree, contains no excess in mineral constituents in solution and it is of very satisfactory organic quality.

From the aspect of the chemical analysis these results are indicative of a pure and wholesome water suitable for public supply purposes.

An adequate supply of water has been maintained throughout the area during the year.

Rickmansworth and Uxbridge Valley Water Co.

Mains laid—

Off Bangors Road, Iver	352 yds. of 2-in.
Off Bangors Road, Iver	656 yds. of 4-in.
High Beeches, (Birchdale), Gerrards Cross	75 yds. of 4-in.
Service Road, off High Street, Iver ..	54 yds. of 2-in.
Pinewood Green, Iver Heath	369 yds. of 4-in.
Roads from Swallow Street, Iver ..	190 yds. of 2-in.
Swallowdale, Iver Heath	62 yds. of 2-in.
Middle Road, Higher Denham	42 yds. of 4-in.
Denham Green Lane, Denham	24 yds. of 6in.
Denham Green Estate, Denham ..	416 yds. of 6-in.
Denham Green Estate, Denham ..	658 yds. of 4-in.
Off Ash Green, Denham	50 yds. of 2-in.
Dukes Wood Estate, Fulmer	754 yds. of 4-in.
Wraysbury Water Scheme	1,760 yds. of 7-in.
Wraysbury Water Scheme	5,804 yds. of 6-in.
Wraysbury Water Scheme	38 yds. of 4-in.
Wraysbury Water Scheme	92 yds. of 3-in.

The water supplied is analysed frequently and the results obtained invariably show it to be perfectly suitable for public supply. All water supplied is sterilised by treatment with chlorine, and on leaving the pumping station contains approximately 0.15 p.p.m. residual chlorine.

The quantity of water delivered has been adequate to meet all demands throughout the area.

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*	
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management	10/1/57	Unsatisfactory	—	—	
Canadian Red Cross Memorial Hospital (Inlet)	Committee	15/1/57	Satisfactor·	—	—	*
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Committee	6/2/27 6/2/57	Satisfactor. Satisfactory	— —	— —	
Farnham Park Recuperative Home (Outlet)	Privately owned	20/2/57	Satisfactory	—	—	
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Committee	27/3/57	Satisfactory	—	—	
River Colne, Denham Court	Middlesex County Council	2/4/57	Unsatisfactory	—	—	
M.C.C. Camp Swimming Pool						
Farnham Park Recuperative Home (Outlet)	Privately owned	3/4/57	Satisfactory	—	—	
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Committee	25/4/57	Satisfactory	—	—	
Burnham Beeches Pool (Inlet)	Privately owned	16/5/57	Satisfactory	—	—	
Farnham Park Recuperative Home (Outlet)	Privately owned	16/5/57	Satisfactory	—	—	
Farnham Park Recuperative Home (Outlet)	Privately owned	26/6/57	Satisfactory	—	—	
Canadian Red Cross Memorial Hospital (Outlet)	Windsor Group Management Committee	26/6/57	Satisfactory	—	—	
Burnham Beeches Pool (Inlet)	Privately owned	26/6/57	Satisfactory	—	—	
Burnham Beeches Pool (Inlet)	Privately owned	28/6/57	Satisfactory	—	—	
Burnham Beeches Pool (Outlet)	Privately owned	15/7/57	Satisfactory	—	—	
Farnham Park Recuperative Home (Inlet) ..	Privately owned	15/7/57	Satisfactory	—		
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Committee	15/7/57	Satisfactory	—	—	

SAMPLES COLLECTED FROM SWIMMING POOLS AND BATHING PLACES—*Continued*

Burnham Beeches Pool (Outlet)	Privately owned	14/8/57	Satisfactory	—	—	
Burnham Beeches (Children's Pool) (Inlet) ..	Privately owned	14/8/57	Satisfactory	—	—	
Farnham Park Recuperative Home (Outlet)	Privately owned	14/8/57	Satisfactory	—	—	
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Committee	14/8/57	Unsatisfactory	—	—	
Canadian Red Cross Memorial Hospital (Outlet)	Windsor Group Management Committee	19/8/57	Satisfactory	—	—	*
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Committee	11/9/57	Satisfactory	—	—	
Burnham Beeches Pool (Inlet)	Privately owned	11/9/57	Satisfactory	—	—	
Farnham Park Recuperative Home (Outlet)	Privately owned	17/9/57	Satisfactory	—	—	
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Committee	23/10/57	Satisfactory	—	—	
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Committee	27/11/57	Satisfactory	—	—	
Farnham Park Recuperative Home (Inlet) ..	Privately owned	27/11/57	Satisfactory	—	—	

Total samples examined=28.

* Repeat samples following unsatisfactory results on 10/1/57 and 14/8/57.

(1) Parish	(2) Water Undertaking	(3) Bacteriological Samples		(4) Chemical Samples		(5) Remarks
		Date	Result	Date	Result	
TAPLOW ..	Burnham, Dorney & Hitcham Water Co. ..	10/1/57	Satisfactory	—	—	
WRAYSBURY ..	Rickmansworth & Uxbridge Valley Water Co...	10/1/57	Satisfactory	—	—	
IVER	Rickmansworth & Uxbridge Valley Water Co...	15/1/57	Satisfactory	—	—	
WEXHAM ..	Slough Borough Water Department	15/1/57	Satisfactory	—	—	
DATCHET ..	Slough Borough Water Department	6/2/57	Satisfactory	—	—	
WRAYSBURY ..	Rickmansworth & Uxbridge Valley Water Co...	6/2/57	Satisfactory	—	—	
TAPLOW ..	Marlow Water Co.	20/2/57	Satisfactory	—	—	
WRAYSBURY ..	Rickmansworth & Uxbridge Valley Water Co...	7/3/57	Satisfactory	—	—	
DORNEY ..	Burnham, Dorney & Hitcham Water Co. ..	15/4/57	Unsatisfactory	—	—	*
DATCHET ..	Slough Borough Water Department	15/4/57	Satisfactory	—	—	
DORNEY ..	Burnham, Dorney & Hitcham Water Co. ..	23/4/57	Satisfactory	—	—	
DORNEY ..	Burnham, Dorney & Hitcham Water Co. ..	23/4/57	Satisfactory	—	—	
DORNEY ..	Burnham, Dorney & Hitcham Water Co. ..	23/4/57	Satisfactory	—	—	
DENHAM ..	Rickmansworth & Uxbridge Valley Water Co...	23/4/57	Satisfactory	—	—	
HEDGERLEY ..	Rickmansworth & Uxbridge Valley Water Co...	23/4/57	Satisfactory	—	—	
DATCHET ..	Slough Borough Water Department	30/4/57	Satisfactory	—	—	
WRAYSBURY ..	Rickmansworth & Uxbridge Valley Water Co...	9/7/57	Satisfactory	—	—	
GERRARDS CROSS	Rickmansworth & Uxbridge Valley Water Co...	15/7/57	Unsatisfactory	—	—	*
BURNHAM ..	Burnham, Dorney & Hitcham Water Co. ..	15/7/57	Satisfactory	—	—	
DATCHET ..	Slough Borough Water Department	18/7/57	Unsatisfactory	—	—	*
WRAYSBURY ..	South West Suburban Water Co.	18/7/57	Satisfactory	—	—	
DATCHET ..	Slough Borough Water Department	24/7/57	Satisfactory	—	—	
GERRARDS CROSS	Rickmansworth & Uxbridge Valley Water Co...	24/7/57	Satisfactory	—	—	
WRAYSBURY ..	Rickmansworth & Uxbridge Valley Water Co...	31/7/57	Satisfactory	—	—	
DORNEY ..	Burnham, Dorney & Hitcham Water Co. ..	14/8/57	Satisfactory	—	—	
GERRARDS CROSS	Rickmansworth & Uxbridge Valley Water Co. ..	11/9/57	Satisfactory	—	—	
IVER	Rickmansworth & Uxbridge Valley Water Co...	12/9/57	Satisfactory	—	—	
IVER	Rickmansworth & Uxbridge Valley Water Co...			16/9/57	Excess Iron	Content †
WEXHAM ..	Slough Borough Water Department	8/10/57	Satisfactory	—	—	
TAPLOW ..	Burnham, Dorney & Hitcham Water Co. ..	23/10/57	Satisfactory	—	—	
HEDGERLEY ..	Rickmansworth & Uxbridge Valley Water Co...	7/11/57	Satisfactory	—	—	
WRAYSBURY ..	Rickmansworth & Uxbridge Valley Water Co...	7/11/57	Satisfactory	—	—	
IVER	Rickmansworth & Uxbridge Valley Water Co...	7/11/57	Satisfactory	—	—	
DATCHET ..	Slough Borough Water Department	20/11/57	Satisfactory	—	—	

* Re-Sampled and Found Satisfactory. †Reason for Chemical Sample, service pipe was suspected of being corroded.
Total Mains Samples Examined=34.

WATER SUPPLIES USED FOR DRINKING AND DOMESTIC PURPOSES

Samples Taken Other Than From Mains

Type of Sample Taken	*Unsatisfactory*	*Satisfactory*	*Doubtful*	*Total*
Bacteriological	38	79	6	123
Chemical	Nil	Nil	Nil	Nil

N.B.—In addition to the above, 5 chemical samples were taken from rivers, ponds and gravel pit excavations.

SECTION VI

GENERAL SANITATION

For many years I commented on the lack of main drainage and the urgent need for this to be expedited. Although there is a great deal still to be done before the position can be considered satisfactory I am glad to record on this occasion that good progress has been made. Although this is a rural district the density of population is high and the difficulties we have experienced with cess pools both in operation and as regards disposal of contents leaves only one conclusion, viz. that the ultimate objective must remain complete main drainage throughout the district.

The year's progress is summarised as follows :—

(a) **Sewer extensions commenced or completed during** 1957.

(1) *Piperscroft, Burnham.*
Gravity sewer completed. Extension of existing sewer in Green Lane. 1,540ft.—513 yards.

(2) *Bangors Road North Housing Site.*
405 yards of gravity sewer laid during year. Work completed. Extension of existing sewer in Bangors Road North.

(3) *Denham Green Estate.*
1,059 yards of gravity sewer completed during year. Work completed.

(4) *Minton Rise, Bath Road, Burnham.*
147 yards of gravity sewer commenced and completed. Extension of existing sewer in Bath Road.

Major schemes commenced during 1957.

(1) *Stoke Poges and Wexham, Stage* 1.
625 yards of gravity sewer completed during the year. Contract still in progress.

(2) *Stoke Poges and Wexham, Stage* 2.
6 miles of gravity sewer completed during year. Contract still in progress.

(3) *Denham, Stage* 3.

Proposed major schemes to commence during 1958.

(1) *Farnham Royal Main Drainage.*
Ministry acceptance of lowest tender received. Work to commence early in 1958.

(2) *Wood Lane Gravity Sewer.*
As (1).

(3) *Thorney Lane North Relief Sewer.*
Ministry permission to invite tenders.

(b) No. of premises converted from conservancy to main drainage—14.

(c) No. of (1) New Council housing units completed—152.
(2) Others—229.

SECTION VII

LEGISLATION AND DIRECTIVES

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

Ministry of Housing and Local Government Circular 15/57—Charges for Dustbins.

Registrar General's Office Circular 3/1957—Infectious Diseases—Quarterly Returns.

Ministry of Agriculture, Fisheries and Food Circular FSH 2/57—Exchequer Grants towards the cost of Meat Inspection.

Ministry of Agriculture, Fisheries and Food Circular FSH 3/57 Amendments to Memo 3/Meat (issued by Ministry of Food 1952)

Ministry of Housing and Local Government—The Smoke Control Areas (Exempted Fireplaces) Order, 1957.

Ministry of Health Circular 5/57—Public Health Officers (Deputies) Act, 1957.

Ministry of Health Memorandum—Lists of practitioners and laboratories available to assist the Medical Officer of Health with the diagnosis of smallpox.

Ministry of Agriculture, Fisheries and Food Circular FSH 4/57—Milk and Dairies Regulations, 1949—1954—Approved Oxidising or Preservative Agents.

G.R.O. Circular (MoH) 1956 Annual Report—Vital Statistics.

Ministry of Agriculture, Fisheries and Food Circular FSH 7/57—Milk and Dairies Regulations 1949—1954—Approved Oxidising or Preservative Agents.

Ministry of Agriculture, Fisheries and Food Circular FSH 8/57—Milk and Dairies Regulations 1949—1954—Approved Oxidising or Preservative Agents.

Ministry of Health Circular 11/57—Manual of International Statistical Classification of Diseases, Injuries and Causes of Death.

Ministry of Agriculture, Fisheries and Food Circular 6/57—Slaughterhouses : Recommended Minimum Standards of Construction, Layout and Equipment.

Ministry of Health Circular 14/57—Local Authority Services for the Chronic Sick and Infirm.

Ministry of Health Memorandum, H.M. (57) 86—National Health Service : Geriatric Services and Care of the Chronic Sick.

Ministry of Agriculture, Fisheries and Food Circular FSH 10/57—Milk and Dairies Regulations 1949—1954—Approved Oxidising or Preservative Agents.

Ministry of Health Circular 20/57—The Food Hygiene (Amendment) Regulations.

SECTION VIII

CLINICS AND TREATMENT CENTRES

Maternity and Child Welfare Clinics

Centre	*Location*	*Session*	*Session with Medical Officer*
Burnham	Village Hall, Gore Road	Each Wednesday	1st & 3rd Wednesdays
Datchet	Working Men's Club, The Green	2nd & 4th Wednesdays	Each Session
Denham	Health Centre, Oxford Road	Each Wednesday	1st, 2nd and 4th Wednesday
Dorney	Village Hall	1st & 3rd Tuesdays	1st Tuesday
Farnham Royal	Village Hall	Each Thursday	2nd, 3rd & 4th Thursdays
Gerrards Cross	British Legion Hall	1st & 3rd Fridays	3rd Friday
Hedgerley	Memorial Hall	1st & 3rd Wednesdays	3rd Wednesday
Horton	Champneys Hall	1st & 3rd Wednesdays	1st Wednesday
Iver	Church Institute Thorney Lane	1st & 3rd Wednesdays	3rd Wednesday
Iver	St. Leonard's Church Hall, Richings Park	2nd & 4th Wednesdays	2nd Monday
Iver Heath	Village Hall	2nd & 4th Wednesdays	4th Wednesday
Stoke Poges	Village Hall	2nd & 4th Tuesdays	4th Tuesday
Wraysbury	Village Hall	2nd & 4th Thursday	2nd Thursday

CLINICS

Tuberculosis

Administration of the Chest Clinic Service has now been centralized at a new Clinic at Upton Hospital where appointments may be made with the Chest Physician in Charge, Windsor Group Chest Clinic, Upton Hospital, Slough.

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 Unit	Ante-Natal and Post-Natal	Friday mornings and 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.
Maidenhead General Hospital, Maidenhead.

Infectious Diseases Hospitals :

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

Chronic Sick :

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

Part III Accommodation :

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

Maternity Accommodation :

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

ANNUAL REPORT

OF THE

CHIEF PUBLIC HEALTH INSPECTOR

For the Year 1957

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

MR. CHAIRMAN, LADIES AND GENTLEMEN,

1957 saw a very sad occurrence. The sudden death of my late Chief was a shock felt deeply by his colleagues and Members of the Council. He was a man who never spared himself in his duties. His sincerity and application to his work was a model of unselfishness. Working with him for a period of over twenty years I learned to appreciate, more than anybody, his very human approach to the many and varied problems confronting your Public Health Department. As his successor it will be my aim to retain the confidence which you have placed in me.

Even in an age highlighted by the marvels of nuclear physics, electronics and wonder drugs, improved standards of environmental public health and hygiene continue to be the best form of preventive medicine. Much still remains to be done however to achieve a satisfactory standard of living conditions. When we assess that progress against the progress in other spheres many may feel that the gap is too wide. Atomic power and bucket closets, electronics and polluted shallow well water supplies, rising dampness and antibiotics, all are poles apart. Standards have tended to become unbalanced and the sooner the scales are righted the better our enjoyment of life will be.

In the Annual Report for 1956 there was reference to the positive and heartening progress then being made in the Council's programme for the extension of essential services in the district. 1957 saw a commencement of main drainage in Stoke Poges and Wexham and mains water supply in Wraysbury. Costly schemes, yes, but a delight to the sanitarian tired of asking or advising temporary ameliorating measures to minimise public health hazards.

The year saw also increased activity in yet another positive approach to improved public health. The clearance of unfit houses and hutted camps, long overdue, but necessarily delayed owing to the post war shortage of accommodation. Living conditions in these obsolescent houses can only be described as grim

and the effort put into their removal and rehousing of the tenants is rewarding work. To the housewife in particular bringing up a family and whose morale is sapped by lack of facilities and amenities, disrepair, dampness, ill lit and poky rooms, the happiness brought by a change to a modern home is reflected in the care of the garden and the choice of colours in the children's new clothes. Small points but noticeable. A little concern however creeps into the work. Old people living in condemned houses look with anxiety and misgivings on changes of immediate environment and many is the occasion when one wonders whether the work of clearing slums is providing a public good where elderly folk are involved. The break has to be made sometime however and it is pleasing to hear from the Housing Manager that the majority of those rehoused settle down fairly quickly to their new surroundings.

Petrol rationing during the first part of the year affected the outside work of the Department but over the year routine visits were well maintained. Particular attention was paid to cafes and restaurants where I am pleased to report that on the whole a satisfactory standard of hygiene existed. It must not be forgotten however, that kitchen reconstruction and the installation of shining new equipment, are not the answers to the problem of food poisoning and stomach upsets. Personal cleanliness is the paramount factor and I feel that a lot more could be done in the schools to teach that elementary hygiene principle.

Depositing of litter, waste and rubbish in roadside ditches lay-bys and public open spaces continues to be a disgusting feature of certain parts of the Council's district. This anti-social practice is extremely difficult to control and as yet nobody seems to have found the answer. Collection, removal and disposal is costly. Here again a lot can be done in educating the younger generation to appreciate more fully the amenities provided out of ratepayers pockets.

Finally, I must place on record my appreciation of the advice and assistance given to me by the Clerk, the Medical Officer and other officers. To the staff of the Department, thank you for your loyal service and co-operation.

I am,

Your obedient Servant,

A. H. V. MARSDEN,

Chief Public Health Inspector.

SECTION IX

INSPECTION AND SUPERVISION OF FOOD

Milk Samples

Designation	*Number taken*	*Satisfactory*	*Unsatisfactory*
Pasteurised	36	36	—
T. T. Pasteurised ..	23	23	—
Sterilised	1	1	—
T. T. Raw	2	2	—
Strawberry flavoured ..	1	1	—
Totals	63	63	

Milk Special Designation Orders

Licences for designated milks were granted as follows :—

Dealers' Licences

Pasteurised	13
Tuberculin Tested	11
Sterilised	15

Dealers' Supplementary Licences

Pasteurised	14
Tuberculin Tested	14
Sterilised	10

Ice Cream

Six new applications were received for sale of ice-cream making a total of 121 on the register.

Sixty-two samples of ice-cream were submitted for examination to the Public Health Laboratory with the under-mentioned results :

Grade 1	54
Grade 2	8

Four ice lollies were examined bacteriologically and found satisfactory.

Although the number of samples taken during 1957, was less than 1956 (104), due to restricted travel during petrol rationing in the early part of the year, the standard as shown by the gradings was an improvement on 1956, and reflected the increased attention being paid to the need for cleanliness in the sale of ice-cream.

Meat and Other Foods

(a) Meat

Meat	*Cattle except Cows*	*Cows*	*Calves*	*Sheep and Lambs*	*Pigs*	*Horses*
Number killed	16	7	80	104	767	Nil
Number inspected	16	7	80	104	767	Nil
All Diseases except Tuberculosis and Cysticerci Whole carcases condemned	Nil	Nil	Nil	Nil	1	Nil
Carcases of which some part or organ was condemned	Nil	1	Nil	2	57	Nil
Percentage of the number inspected affected with disease other than tuberculosis and Cysticerci	Nil	14,28	Nil	1.92	7.56	Nil
Tuberculosis only Whole carcases condemned	Nil	Nil	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned	1	Nil	Nil	Nil	22	Nil
Percentage of the number inspected affected with Tuberculosis	6.25	Nil	Nil	Nil	2.86	Nil
Cysticercosis Carcases of which some part or organ was condemned	Nil	Nil	Nil	Nil	Nil	Nil
Carcases submitted to treatment by refrigeration	Nil	Nil	Nil	Nil	Nil	Nil
Generally and totally condemned	Nil	Nil	Nil	Nil	Nil	Nil

Total weight of condemned meat and offal 6cwts, 3qrs. 13lbs.

(b) Other Foods

Chinese Egg Albumen taken from a bakery was found on examination to be positive.

The following articles of food were dealt with as unsound or unfit for human consumption :—

114 pkts. of fish
87 pkts. of vegetables
47 pkts. of meat
19 pkts. of Chicken Pie
10 pkts. of Potato Chips
10 pkts. of fruit
2 pkts. of sausages
8 lbs. of Corned Beef

} Contents of a deep freeze cabinet condemned on account of a mechanical breakdown.

1 x 6 lb. tin of Corned Beef
3 x 4 lb. tins of Luncheon Meat
8 x 6 lb. tins of Ox Tongue
5¾ lbs. of Pork
30 lbs. of Lambs Livers
26 lbs. of imported beef

SLAUGHTERHOUSES AND KNACKER YARDS, ETC.

Slaughter of Animals Act, 1933—1954

Renewals	10
New Licences	2

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 under review was received from the occupier of the knacker's yard operating in the District.

Horses slaughtered	Nil
Horse carcases received ..	17

Several visits were made to the premises concerned and on all occasions conditions found were satisfactory.

SECTION X

RODENT INFESTATION AND DESTRUCTION, ETC.

During the year a 10% sewer test as required by the Ministry of Agriculture, Fisheries and Food was carried out, necessitating prebaiting a total of 93 manholes. Following a "no-take" result the Ministry suggested that the next test need not take place until the spring of 1960.

Routine work has continued much on the same lines as in previous years. While the following figures show a decrease in treatments carried out compared with the previous year, there is an increase of primary visits. This indicates that vigilance has been maintained.

	Primary	1956
Visits	647	491
Treatment (baiting, gassing and Trapping)	1958*	2023
Dead rats found	345	279
Dead mice found	167	102

*Including 10 business premises for which charges were made.

DISINFECTIONS AND DISINFESTATIONS

Disinfection of Premises in respect of :—

Tuberculosis ..	11	Poliomyelitis ..	3
Meningitis ..	2		

Removal of bedding for steam disinfection .. 13

In addition, 5 loads of bedding were steam disinfected because of scabies and 3 bundles of clothing, to be sent to Russia, were treated with formaldehyde and the necessary certificates issued.

Disinfestations :—

For bugs .. 3

SECTION XI

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	19	23	—	—
(ii)	Factories not included in (i) in which Section 7 is enforced by the Local Authority	138	110	5	—
(iii)	Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	—	—	—	—
	Total	157	133	5	—

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 HM.. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of Cleanliness (S.1.)	–	–	–	–	–
Overcrowding (S.2)	–	–	–	–	–
Unreasonable temperature (S.3)	–	–	–	–	–
Inadequate ventilation (S.4)	1	1	–	–	–
Ineffective drainage of floors (S.6)	–	–	–	–	–
Sanitary conveniences (S.7)					
(*a*) Insufficient	1	1	–	–	–
(*b*) Unsuitable or defective	5	5	–	3	–
(*c*) Not separate for sexes	–	–	–	–	–
Other offences against the Act (not including offences relating to outwork)	2	2	1	–	–
Total	9	9	1	3	–

Outworkers inspections 37

Workplaces inspections 35

SECTION XII

MOVEABLE DWELLINGS

This section of the Department's work continued to occupy considerable officer time. The work involved was married to planning and policy considerations. Co-operation with other departments as part of a team continued to pay dividends in securing maximum control.

During the year there was a reduction in the overall number of moveable dwellings in the Council's District. This reduction based on a master plan of policy and achieved with a minimum of hardship provided a model of local administration in the absence of central government guidance. Regretfully many of the social, amenity and public health problems associated with caravan living are still far from being solved and constant vigilance is required to ensure that the Council's District does not again become saturated with caravans.

The itinerant nomad with his anti-social habits and behaviour figured in many reports to the Moveable Dwellings Committee. His wanderings, with temporary halts, left their mark in the usual form, i.e. filth, litter and rejected junk. In an age of the welfare state, full employment and the heyday of social services it is incredible that he has not yet patterned his method of living to his changed environment. He still looks upon authority with suspicion ; his children continue to live in squalor. For all this he may be considered an individualist but what misguided individualism. One redeeming feature of his existence which may reveal a spark of social conscience was the marked changeover noticed during the year from the normal covered horse-drawn waggon to the modern proprietary trailer caravan—and usually kept clean.

With the re-survey of unfit properties carried out towards the end of the year the opportunity was taken to include shacks and moveable dwellings which had deteriorated structurally to the point of being unfit for human habitation.

SECTION XIII

HOUSING

(a) New Houses

Houses completed during the year :—

		1956	1955	1954
1. By Council	105*	(114)	(199)	(182)
2. By private enterprise	230	(283)	(270)	(140)

* 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 and closing orders, undertakings and repair of houses under the Housing Acts, 1936 to 1957 ; Local Government (Miscellaneous Provisions) Act, 1953 ; Housing Repairs and Rents Act, 1954, Public Health Act, 1936, and The Rent Act, 1957.

The following is a brief summary of those returns :—

Houses demolished as a result of formal action under Housing Act (Demolition Orders) ..	18
Houses closed in pursuance of Closing Orders and/or Undertakings	9
Parts of buildings closed	Nil
Houses made fit following formal action under Housing Act or Public Health Act	17
Houses made fit following informal action under Housing Act and Public Health Act ..	110*

*(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).

Following the practice already established the Unfit Houses Sub-Committee made 5 tours during which a total of 124 properties were seen.

The appropriate resolutions were passed by the Council in respect of 7 Clearance Areas (Nos. 98—104 inclusive) 36 houses being involved.

Formal individual action was also taken in respect of 27 properties as a result of which 11 Demolition Orders and 4 Closing Orders were made and 12 Undertakings accepted.

Housing Repairs and Rents Act, 1954

(c) Improvement Grants, Housing Act, 1949

Applications under investigation at beginning of year	1
Received	35
Approved and work commenced	21
Withdrawn after formal approval	Nil
Withdrawn prior to formal approval	3
Rejected	3
Under investigation at end of year	9

Rent Act, 1957 **(Certificates of Disrepair)**

Number of applications for Certificates	11
Number of Decisions not to issue Certificates ..	4
Number of Decisions to issue Certificates ..	7
Number of Undertakings given by Landlords to carry out the necessary repairs	2
Number of Certificates issued	3

SECTION XIV

OTHER MATTERS

Petroleum (Regulation) Acts, 1928 **and** 1936

Licence Applications

Renewals	144
New	7

Total Licence Capacity at 31*st December*, 1957

Petroleum Spirit	229,080 gallons
Petroleum Mixtures	1,335 gallons

Pet Animals Act, 1951

One application received and licence granted.

Miscellaneous Matters

The following were received for information and observations : :

Local Land Charge search enquiries ..	1,460	(1,257)
Plans and Applications (Building Byelaws and Town & Country Planning) ..	1,681	(1,490)

SECTION XV

VISITS AND INSPECTIONS

Housing (including Public Health)	1,908
Water Supplies	884
Drainage	791
Miscellaneous Sanitary Visits and Nuisances (Animals, Dust, Noise, Burials)	357
Factories :	
Motive Power	110
Non-Motive Power	19
Other Premises	4
Workplaces	35
Outworkers	37
Food Premises, Shops, Restaurants, etc.	1,122
Swimming Pools	38
Schools	61
Infectious Disease	178
Moveable Dwellings (Including Sites)	623
Refuse (Including Tips)	100
Petroleum	182
Infestations	77
Shops Act	52
Smoke Abatement	61
Stables and Piggeries	116
Slaughterhouses and Knacker Yards	164
Licensed Premises	112
Bakehouses	62
Hairdressers and Barbers	31

NOTICES SERVED

Formal	
Housing Act 1936 (Section 9)	Nil
Public Health Acts	9
Informal	450