

**[Report 1952] / Medical Officer of Health, Eton U.D.C.**

**Contributors**

Eton (England). Urban District Council.

**Publication/Creation**

1952

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E T O N U R B A N D I S T R I C T C O U N C I L.

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A N N U A L R E P O R T

of the  
Medical Officer of Health  
and the  
Chief Sanitary Inspector.

FOR THE YEAR 1952.



1707000 10141012 240700000

140120 140700

of the  
a small quantity of water  
and the

total quantity of water

for the year 1901

ETON URBAN DISTRICT COUNCIL

Public Health and General Purposes Committee.

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January to May 1952.

Chairman:

Councillor J.T.Ireland,J.P

Councillor R.J.Clibbon.

" A.N.Harding. J.P.

" Mrs.W.H.Hay.

" B.J.W.Hill.

" P.V.Mackinnon.

" F.W.Paintin.

" B.T.Wolfe.

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May to December 1952.

Chairman:

Councillor J.T.Ireland,J.P.C.C.

Councillor H.F.Bright.

" R.J.Clibbon.

" Mrs.W.H.Hay.

" B.J.W.Hill

" P.V.Mackinnon.

" H.Pardy.

" B.T.Wolfe.

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# STON URBAN DISTRICT BOARD

Public Health and General Purposes Committee.

January to May 1952.

Chairman

Councillor J.T. Ireland, J.P.

Councillor	R.J. Clifton
"	A.M. Harding, J.P.
"	Mrs. W.H. Day
"	E.J. W. Hill
"	F.V. Mackinnon
"	F.W. Paine
"	R.T. Wells

May to December 1952.

Chairman

Councillor J.T. Ireland, J.P. & C.

Councillor	M.V. Smith
"	R.J. Clifton
"	Mrs. W.H. Day
"	E.J. W. Hill
"	F.V. Mackinnon
"	R. Tandy
"	R.T. Wells



ANNUAL REPORT OF THE MEDICAL OFFICER  
OF HEALTH  
for the year 1952.

Mr Chairman, Ladies and Gentlemen,

I have pleasure in submitting my third Annual Report on the health and sanitary circumstances of the district for the year 1952.

I should like to remind members that in reading the report more attention should be focussed on actual figures than on rates, as the latter may appear to be large when in fact they relate to very small numbers.

Unfortunately we had a few cases of Poliomyelitis during the Summer and one death. The disease originated at Eton College and in view of the opportunity for spread in such a community it caused a great deal of worry. There were 103 cases of Measles notified which is the second highest figure recorded since the disease first became notifiable; the highest figure so far being in 1950 when there were 105 cases. There were 13 cases of Whooping Cough and in spite of the low figure this also is the second highest recorded in the area. Scarlet Fever which appears to have been absent from the district since 1947 re appeared and 8 cases were notified.

The principal cause of death was diseases of the heart and cancer comes second. There was only one death from Tuberculosis whereas Pneumonia accounted for three.

Looking back some years we find that diseases such as Scarlet Fever, Measles and Whooping Cough are generally milder in form and do not carry the high mortality which they did 50 to 100 years ago while Smallpox which is still as deadly as ever to those who are unvaccinated only rarely makes its appearance in any part of the country. Diphtheria has been very effectively controlled by immunisation but it has to be borne in mind that the ground we have gained can be held only by maintaining a high level of immunisation in infants under 1 year of age. Whooping Cough is still one of the most deadly diseases of infants and ranks about third in the cause of all infant deaths. The importance of this disease in England and Wales has increased relatively as the result of our better control of other communicable diseases and it may be noted that since 1946 deaths in England and Wales from Whooping Cough have exceeded those from Smallpox, Scarlet Fever, Measles and Diphtheria added together.

The provision of higher standards of living accommodation has always been a major Public Health concern and is still one of the principal factors in the eradication of certain diseases. A great deal of credit is due to this Council for the manner in which they have tackled this problem in post war years and for the present high standard of health in the community.

Like most other districts however, we still have our share of sub-standard dwellings with inferior sanitation, no baths etc., which are liable to present Public Health problems, and a great deal of work remains to be done before we can achieve the standard at which we aim.

I wish to take this opportunity of thanking all members of the Council and the staff for their support throughout the year.

I am,

Your obedient servant,

G.M. HOBBS,

Medical Officer of Health.

THE  
ANNUAL REPORT OF THE  
COMMISSIONER OF THE  
HEALTH DEPARTMENT  
FOR THE YEAR 1935

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting to you this annual report on the health and sanitary conditions of the District for the year 1935.

I should like to mention certain facts in regard to the report which are of special interest to you. The figures show that the health of the District is in a very satisfactory condition.

Unfortunately we had a few cases of poliomyelitis during the summer and the fall. The disease originated at St. John's College and in view of the opportunity for spread in a community it caused a great deal of worry. There were 105 cases of poliomyelitis which is the second highest figure recorded since the disease first became notifiable. The highest figure so far being in 1930 when there were 105 cases. There were 13 cases of diphtheria and in spite of the low figure this also is the second highest recorded since 1930. Scarlet fever which appears to have been absent from the District since 1930, occurred in 3 cases and 2 cases were notified.

The principal cause of death was diseases of the heart and cancer of the breast. Only one death from tuberculosis was reported for 1935.

Looking back over the year we find that diseases such as scarlet fever, poliomyelitis and diphtheria are generally under control and do not carry the high mortality which they did 50 or 100 years ago. The diseases which are still as deadly as ever are those which are transmitted only partly under the influence of the community. Diphtheria, poliomyelitis and scarlet fever are transmitted by human contact and it is not possible to control them by any other means. We have gained much by maintaining a high level of sanitation in the home and by the use of disinfectants. We have also gained much by the use of antibiotics. The importance of the control of the diseases of the heart and cancer of the breast cannot be overstated. The importance of the control of the diseases of the heart and cancer of the breast cannot be overstated. The importance of the control of the diseases of the heart and cancer of the breast cannot be overstated.

The provision of higher standards of living conditions has always been a part of the health program and is still one of the principal factors in the reduction of certain diseases. A great deal of credit is due to the Council for the work it has done in this regard. The Council has been very active in the promotion of the health of the community.

Like every other district however, we still have our share of problems. We have a large number of people who are in need of medical attention. We have a large number of people who are in need of medical attention. We have a large number of people who are in need of medical attention.

I wish to take this opportunity of thanking all members of the Council and the staff for their support throughout the year.

Very respectfully,

C. R. HARRIS,

Medical Officer of Health.



SECTION 1.

GENERAL STATISTICS.

Area.....	969.3 acres
Number of inhabited houses at end of 1952 (according to Rate Books).....	1,049.
Rateable value at 1.4.52.....	£45,053.
Product of Penny Rate (1951/1952).....	£183.18.5.
Population.(Registrar General's estimate for mid year).....	4,664.

VITAL STATISTICS.

Live Births.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate.....	27	19	46
Illegitimate.....	1	-	1
	<hr/>	<hr/>	<hr/>
Totals:	28	19	47
	<hr/>	<hr/>	<hr/>

Birth Rate per 1,000 population.....	10.08
National Rate.....	15.3
Comparability Factor.....	1.61

Still Births.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate.....	1	-	1
Illegitimate.....	-	-	-
	<hr/>	<hr/>	<hr/>
	1	-	1
	<hr/>	<hr/>	<hr/>

Still Birth Rate per 1,000 Total Births. ....	20.83
Still Birth Rate per 1,000 population.....	0.21
National Rate (per 1,000 population).....	0.35

Deaths.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
	<u>15.</u>	<u>17.</u>	<u>32.</u>
Crude Death Rate per 1,000 population.....			6.92
Corrected Death Rate - allowing for sex and age. (Comparability Factor = 1.23).....			8.51
National Death Rate.....			11.3
Ratio of Corrected Death Rate to National.....			0.75



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

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate.....	1	1	2
Illegitimate.....	-	-	-
	<u>1</u>	<u>1</u>	<u>2</u>

Death Rate for all Infants per 1,000 Live Births.....42.55

National Rate.....27.6

Death Rate for Legitimate Infants per 1,000 Legitimate Births.....42.55

Death Rate for Illegitimate Infants per 1,000 Illegitimate Births.....Nil.

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

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate.....	-	1	1
Illegitimate.....	-	-	-
Totals:	<u>-</u>	<u>1</u>	<u>1</u>

Death Rate for all Infants under 4 weeks per 1,000 Live Births.....21.3

Mortality of Children under 2 years from Enteritis and Diarrhoea.

Total Deaths. 1.

Death Rate per 1,000 Live Births. 21.3

National Rate. 1.1

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

Total from all causes (excluding abortion). Nil.

National Maternal Mortality Rates per 1000 total Births.

	<u>England and Wales.</u>
(a) Sepsis of pregnancy, childbirth and the puerperium.	0.09
(b) Abortion with toxæmia.	0.02
Other toxæmias of pregnancy and the puerperium.	0.21
(c) Haemorrhage of pregnancy and childbirth.	0.09
(d) Abortion without mention of sepsis or toxæmia.	0.04
(e) Abortion with sepsis.	0.07
(f) Other complications of pregnancy, childbirth and the puerperium.	0.20

CAUSES OF DEATH in the Eton Urban District during 1952.

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







TABLE 1.

Deaths and Death Rate per 1,000 Population from Principal Causes - 1948 -1952.

Disease.	1948.		1949.		1950.		1951.		1952.	
	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.	-	-	-	-	-	-	2	0.427	1	0.21
Malignant diseases of all types.	3	0.65	6	1.31	7	1.54	6	1.28	6	1.29
Pneumonia.	1	0.21	-	-	2	0.44	2	0.427	3	0.63
Bronchitis.	4	0.84	4	0.84	3	0.66	5	1.07	-	-
Diabetes.	-	-	-	-	1	0.22	-	-	-	-
Vascular lesions of the nervous system.	-	-	-	-	7	1.54	4	0.85	5	1.05
Diseases of the heart, all types.	16	3.06	16	3.50	17	3.74	7	1.50	10	2.10
Congenital Malformation.	-	-	-	-	-	-	-	-	1	0.21
Other Circulatory Diseases.	1	0.21	1	0.21	1	0.22	2	0.427	1	0.21

**TABLE 11**  
Comparison of Local and National Birth Rates,  
Death Rates and Infant Mortality Rates from 1942 - 1952.

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 Urban District.	England and Wales.	Eton Urban District.	England and Wales.	Eton Urban District.	England and Wales.
1942.	11.7	15.8	9.0	11.6	81.6	49.0
1943.	10.8	16.5	8.8	12.1	Nil.	49.0
1944.	12.0	17.6	7.9	11.6	58.8	46.0
1945.	14.4	16.1	7.5	11.4	52.6	46.0
1946.	15.9	19.1	7.2	11.5	37.7	43.0
1947.	16.6	20.5	9.3	12.0	18.2	41.0
1948.	14.6	17.9	8.9	10.8	29.87	34.0
1949.	8.2	16.7	8.0	11.7	Nil	32.0
1950.	14.3	15.8	9.91	11.6	30.77	29.8
1951.	11.33	15.86	6.40	12.5	Nil	29.6
1952.	10.08	15.3	6.92	11.3	42.55	27.6



## SECTION 11.

Table 111.  
Tuberculosis.

New Cases and Hospital Admissions.								
Age Periods.	Pulmonary.			Non Pulmonary.			Combined Totals.	No. admitted to Hospital.
	Male.	Female.	Total.	Male.	Female.	Total.		
0 - 5	-	-	-	-	-	-	-	-
5 - 15	-	-	-	-	-	-	-	-
15 - 25	-	1	1	-	-	1	-	-
25 - 35	-	1	1	-	-	1	1	-
35 - 45	-	-	-	-	-	-	-	-
45 - 55	-	-	-	-	-	-	-	1
55 - 65	2	-	2	-	-	2	1	-
65 and over.	-	-	-	-	-	-	-	-
Totals:	2	2	4	-	-	4	2	1



Table IV.

Notification Register - Additions and Deletions.

Additions.

	Pulmonary.			Non Pulmonary.			Combined Totals.
	Male.	Female.	Total.	Male.	Female.	Total.	
No. on Register 1st January, 1952.	14	12	26	7	3	10	36
No. entered by notification.	2	2	4	-	-	-	4
No. entered other than by notification.	-	-	-	-	-	-	-

Deletions.

No. removed from Register due to:-							
(a) Death.	-	1	1	-	-	-	1
(b) Removed from District.	1	1	2	-	-	-	2
(c) De-Notification.	-	-	-	-	-	-	-
No. remaining on Register at 31.12.52.	15	12	27	7	3	10	37

Table V.

Mortality.

Comparison of deaths from Tuberculosis during 1952 with previous years.

Year.	Population.	Pulmonary.		Non Pulmonary.		Combined Totals.	Death Rate per 1,000 Population.
		Male.	Female.	Male.	Female.		
1943.	4,071	-	-	1	-	1	0.21
1944.	3,920	1	1	1	-	3	0.63
1945.	4,282	-	-	-	1	1	0.21
1946.	4,414	2	-	-	1	3	0.63
1947.	4,513	2	-	-	-	2	0.42
1948.	4,590	-	-	-	-	-	-
1949.	4,570	-	-	-	-	-	-
1950.	4,540	-	-	-	-	-	-
1951.	4,676	1	1	-	-	2	0.42
1952.	4,664	-	1	-	-	1	0.21





SECTION 111  
Table VI.

Prevalence of Notifiable Diseases  
Showing cases notified during 1952, numbers admitted to Hospitals, and Deaths.  
Also, Notifications for years 1942 - 1951.

Disease.	Cases Notified 1952.	Cases admitted to Hospital. 1952.	Deaths. 1952.	1951.	1950.	1949.	1948.	1947.	1946.	1945.	1944.	1943.	1942.
Smallpox.	-	5	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever.	8	-	-	-	-	-	-	-	-	-	-	5	13
Diphtheria.	-	-	-	-	2	3	-	2	8	-	-	1	-
Enteric Fever.	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia.	1	-	-	-	-	-	-	-	1	-	-	-	-
Pneumonia.	1	-	3	-	-	-	-	-	-	-	1	-	-
Erysipelae	-	-	-	-	-	-	-	-	-	1	-	-	-
Ophthalmia Neonatorum.	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles.	103.	-	-	85	105	28	1	44	91	40	1	60	-
Whooping Cough.	13	-	-	1	17	7	-	5	-	-	1	4	-
Meningococcal Infection.	-	-	-	-	-	2	-	-	-	-	-	-	-
Poliomyelitis.	-	-	-	-	-	-	-	-	-	-	-	-	-
(a) Paralytic.	1	1	1	-	-	-	-	2	-	-	-	-	1
(b) Non Paralytic.	3	3	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis.	-	-	-	-	-	-	-	-	-	-	-	-	-
(a) Infective.	-	-	-	-	-	-	-	-	-	-	-	-	-
(b) Post Infectious.	-	-	-	-	1	-	-	-	-	1	-	-	-
Dysentery.	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning.	-	-	-	-	-	3	-	-	-	-	-	-	-
Malaria.	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis.	-	-	-	-	-	-	-	-	-	-	-	-	-
(a) Pulmonary.	4	2	1	2	-	-	-	2	2	-	2	-	-
(b) Non Pulmonary.	-	-	-	1	-	-	-	-	-	1	1	1	-





## POLIOMYELITIS.

During the year we had a total of 4 cases of poliomyelitis, 1 paralytic and 3 non-paralytic. These occurred chiefly at Eton College and as contact between boys at the College and the population in surrounding areas where the disease was known to exist was so remote it was impossible to say how the infection had arisen.

Immediately the first case was diagnosed, the College notified the Ministry of Health and I attended a conference which was held in Eton between the Headmaster, the Senior Medical Officer from the Ministry of Health and the two College Medical Officers.

Every aspect of the procedure to be adopted was discussed, and briefly it was decided that all those who were likely to have been in close contact with infection were to be quarantined and not permitted to attend classes.

Others who were less likely to have been in contact but who might have been involved were kept under supervision and less rigid quarantine measures, while the rest of the School were permitted to carry on normal duties. The question of cricket with Harrow and shooting at Bisley and other fixed events were also considered with a view to limiting attendance to those actually taking part.

Parents were to be advised not to take the boys away from College although no attempt would be made to prevent them doing so and the whole position was to be reviewed in the event of the occurrence of further cases.

It was not long before the next case was diagnosed and the whole College began to disperse. It had been agreed that the Medical Officer of Health would be informed immediately this happened and that he would be responsible for notifying the Medical Officers of Health of the districts to which the boys were proceeding.

These notifications to be of any value had to be despatched with the minimum of delay and as there was a total of 1074 this proved to be quite a task for such a small staff to accomplish.

Investigation of the environmental circumstances of the College outbreak was undertaken by the Senior Medical Officer of the Ministry of Health personally, whose assistance in this matter was greatly appreciated.

Apart from the College there was one other case reported in the district. This was at Eton Wick and investigation did not reveal any local condition to which the case could be attributed.

In view of the large number of cases in our neighbouring Authority areas and with particular reference to one case which developed paralysis of the left arm following inoculation in that arm, the County Medical Officer was consulted on the advisability of suspending all immunisations for the time being. It was agreed that this should be done for the whole of South Bucks area and all general practitioners in the area were informed accordingly.

As it is known that there is some connection between this disease and inoculations or other minor operations including tonsillectomy, the Ear Nose and Throat Surgeons and Administrative Officers at Taplow, Windsor, Upton and Iwer Hospitals were given an up to date list of notifications showing the position, and information was later received that all had suspended tonsil operations except that Taplow Hospital would continue in the case of adults over the age of 35 years of age.





Table VII.

## Measles.

Ages in years of Cases Notified.

Month.	Under 1 year.	1 - 2	2 - 3	3 - 4	4 - 5	5 - 10	10 - 15	15 - 25	25 - 35	Over 35 years.	Totals.
January.	-	-	-	-	-	-	-	-	-	-	-
February.	-	-	-	-	-	-	-	-	-	-	-
March.	-	2	1	1	7	7	-	-	-	-	18
April.	-	2	1	2	5	6	1	-	-	-	17
May.	-	-	-	-	-	-	-	-	-	-	-
June.	-	-	1	1	2	-	-	-	-	-	4
July.	-	-	-	-	-	-	-	-	-	-	-
August.	-	-	-	-	-	-	-	-	-	-	-
September.	-	-	-	-	-	-	-	-	-	-	-
October.	-	-	-	-	-	-	3	-	-	-	3
November.	-	-	3	-	-	3	51	-	-	-	57
December.	-	-	2	-	2	-	-	-	-	-	4
Totals:	-	4	8	4	16	16	55	-	-	-	103





TABLE VIII.

Immunisation and Re-Immunisation.

Type.	Primary Immunisation.			Re - Immunisation.	
	Age at date of final injection.		Total.		
	Under 1 year.	1 - 4 years.	5 - 14 years.		
Diphtheria only.	4	-	2	6	57
Diphtheria/Whooping Cough combined.	20	11	-	31	-
Whooping Cough only.	-	-	-	-	-

IMMUNISATION.

Diphtheria Immunisation has continued to be offered at the two Welfare Clinics in the area and school children are given a "booster dose" at the age of five as entrants.

Immunisation against Whooping Cough is also offered to infants and has become very popular.

Investigations are still being carried out by the Medical Research Council to test the value of various Whooping Cough vaccines manufactured in this country and in America. The product of one American Manufacturer was found to give particularly good results and vaccines prepared by the same process are now being manufactured in this country.

The potency of Whooping Cough vaccines cannot yet be easily standardised and until this can be done it is unlikely that Whooping Cough immunisation will be put on the same footing as Diphtheria Immunisation and so become available in bulk under the National Health Service. In the meantime, local health authorities are permitted to organise immunisation schemes under their own auspices with Ministry Approval.

# Investigation and Re-Investigation

Primary Investigation

No. - Investigation

Type	Age at date of final injection				Total
	Under 1 Year	1 - 4 Years	5 - 14 Years	15 - 44 Years	
Diphtheria only	4	-	2	5	11
Diphtheria/Whooping Cough combined	30	11	-	11	52
Whooping Cough only	-	-	-	-	-

## RE-INVESTIGATION

Diphtheria Investigation has continued to be active at the two Health Districts in the area and school children are given a "booster dose" at the age of five or six years.

Investigation against Whooping Cough is also active at infants and has been very regular.

Investigations are still being carried out by the Medical Research Council to test the value of various Whooping Cough vaccines manufactured in this country and in other countries. The product of the American manufacturer was found to give particularly good results and vaccines prepared by the same process are now being manufactured in this country.

The potency of Whooping Cough vaccines cannot yet be easily ascertained and until this can be done it is unlikely that Whooping Cough vaccination will be put on the same footing as Diphtheria Investigation and no longer available in bulk under the National Health Service. In the meantime, local health authorities are permitted to organize vaccination before their own supplies with the latter Agency.



Three cases were dealt with under these Acts, being aged and infirm and living in insanitary conditions.

Two sisters living together had for many years run a small business but at the time of their removal the business had ceased to exist and there was no stock in the shop. Both the shop and the living accommodation were in a filthy state and the building had been allowed to fall into such a state of disrepair that it was dangerous as well as insanitary, and unfit for habitation.

There was no lighting on the staircase and many of the steps were broken. There was a large hole in the floor near the top landing, the wall plaster was completely decayed and crumbling and the ceilings sagging.

The water supply had been cut off from the flush lavatory which was at the rear of the building, and the drainage was choked through continued use without flushing. The rest of the building was similarly in an insanitary state.

The two sisters were in a very low state of general health, filthy in person and suffering from senility.

A Court Order was obtained for their removal for a period of 3 months and they were accordingly admitted to Part III Accommodation. At the end of three months they had settled down and the Order was not renewed.

The third case was an elderly lady who lived alone and had become completely bedridden in addition to suffering from senility. She was not receiving proper care and attention and was receiving only occasional meals through the kindness of other tenants in the same building. She was incapable of appreciating that she could not continue to live alone in such circumstances and refused to go of her own accord to an institution where she would have the constant assistance which she required.

A Magistrate's Order was granted as an emergency under the 1951 Act for a period of three weeks but by the day of her removal she had become quite amenable and agreed to go to hospital.

She was removed to the Chronic sick wards and the Order was allowed to lapse.





## SECTION VI.

### LEGISLATION AND DIRECTIVES.

A number of important items have come into operation during 1952 and a few of those which are directly associated with the work of the Department are set out below.

#### Notification of Vacancies Order 1952.

This Order came into force on 25th February, 1952. Certain members of the Public Health Department would appear to be exempt in accordance with the list of employments to which the Order does not apply - viz - personnel employed in a "professional, administrative or executive capacity". This would probably include those on the A.P.T. Grades.

#### Public Health (Tuberculosis) Regulations, 1952.

These Regulations revoke the Public Health (Tuberculosis) Regulations, 1930 and make similar provision for the notification of tuberculosis modified to accord with the structure and administration of the services now being provided under the National Health Service Acts.

#### Ministry of Health Circular 14/52. - Ice Cream (Heat Treatment, etc.) Amendment Regulations.

The Ice Cream (Heat Treatment, etc.) Regulations 1947-1951 prescribe certain requirements to be observed in the manufacture of ice cream intended for sale for human consumption and in particular require the mixture to be subjected to one of two methods of heat treatment. These regulations provide for a third method of heat treatment as an alternative to the two existing methods.

#### Public Health (Aircraft) Regulations, 1952.

These Regulations came into force on 1st October, 1952 and the Public Health (Aircraft) Regulations 1950 are revoked.

The revision of the 1950 Regulations has been necessary following the adoption by the Fourth World Health Assembly in May, 1951 of the International Sanitary Regulations (World Health Organisation Regulation No. 2) which will operate from 1st October, 1952 and will replace the present International Sanitary Conventions.

The new Regulations are much more comprehensive than any of the previous, some definitions have been changed and some new terms have been introduced. A great deal more responsibility has been placed on the Airport Medical Officer and his duties more exactly defined as well as his relations with the Customs Officer, Immigration Officer and Aircraft Commander.

Arrangements are made for the inspection of Aircraft, the examination of persons suspected of suffering from, or to have been exposed to infection from, an infectious disease, or suspected of being verminous, and these and other similar circumstances authorise measures to be taken for preventing danger to Public Health.

#### International Certificates of Vaccination.

The Regulations prescribe new forms of International Certificates of Vaccination against cholera and smallpox and, to be valid, any such certificates must bear an approved stamp in a form prescribed (in England and Wales) by the Minister. The purpose of the stamp is to certify that the vaccination was done by a person qualified to do it, - i.e. in this country, that the signature of the vaccinator on the certificate is that of a doctor.

## SECTION VII.

### LABORATORY SPECIMENS EXAMINED.

Throat swabs for Diphtheria Bacilli, Haemolytic Streptococci and Vincent's Angina..... 6.

Nasal Swab..... 1.

### APPLICATIONS FOR REHOUSING ON MEDICAL GROUNDS.

Number of cases investigated..... 4.



## SECTION VI

### REGULATIONS AND ORDINANCES

A number of important items have come into operation during 1932 and a few of those which are directly associated with the work of the Department are set out below.

#### Notification of Venereal Diseases, 1932.

This Order came into force on 15th February, 1932. Certain members of the Public Health Department would appear to be exempt in accordance with the list of exemptions in which the Order does not apply - viz - persons employed in a "professional, administrative or executive capacity". This would probably include those on the A.F.T. Grades.

#### Public Health (Tuberculosis) Regulations, 1932.

These Regulations revoke the Public Health (Tuberculosis) Regulations, 1930 and make similar provision for the notification of tuberculosis notified to cases with the structure and administration of the services now being provided under the National Health Service Act.

#### Ministry of Health Circular 14/32 - The Green (Heat Treatment, etc.) Infection Regulations, 1932.

The Green (Heat Treatment, etc.) Regulations 1932-1931 provide certain exemptions to be observed in the manufacture of the green intended for sale for human consumption and in particular require the mixture to be subjected to one of two methods of heat treatment. These regulations provide for a third method of heat treatment as an alternative to the two existing methods.

#### Public Health (Alcohol) Regulations, 1932.

These Regulations came into force on 1st October, 1932 and the Public Health (Alcohol) Regulations 1930 are revoked.

The revision of the 1930 Regulations has been necessary following the alteration by the Fourth World Health Assembly in 1927 of the International Sanitary Regulations (World Health Organization Regulation No. 2) which will operate from 1st October, 1932 and will replace the present International Sanitary Conventions.

The new Regulations are much more comprehensive than any of the previous ones. Alterations have been made and new ones have been introduced. A great deal of responsibility has been placed on the various Medical Officers and the duties have been defined as well as the relations with the various Officers, Inspectors, etc. and the various Committees.

Arrangements are made for the inspection of districts, the examination of persons suspected of carrying lice, or to have been exposed to infection from an infected district, or suspected of being quarantined, and those and other similar circumstances which may be taken for preventing danger to Public Health.

#### International Certificate of Vaccination.

The Regulations provide a new form of International Certificate of Vaccination against cholera and typhoid and, to be valid, any such certificate must bear an approved stamp in a form prescribed by the Ministry and signed by the Minister. The purpose of the stamp is to certify that the vaccination was done by a person qualified to do so, and in this country, that the signature of the vaccinator on the certificate is that of a doctor.

## SECTION VII

### LABORATORY SERVICES

There are two for Bacteriological, Hematological, Serological and Virological Services.

#### ARRANGEMENTS FOR WORKING ON MEDICAL CASES.

Number of cases investigated.



SECTION VIII.

C L I N I C S.

MATERNITY AND CHILD WELFARE.

Centre.	Location.	Sessions.	Sessions with Medical Officer.
ETON.	College Arms, High Street.	1st and 3rd Tuesday.	3rd Tuesday.
ETON WICK.	Village Hall.	1st and 3rd Friday.	1st Friday.

MARRIED WOMEN'S ADVISORY CLINIC.

SLOUGH.	Health Centre, Burlington Road, SLOUGH.	Fridays, Weekly.	2 - 30.p.m. - 4.p.m.
SLOUGH.	Community Centre, Farnham Road, SLOUGH.	Wednesdays, Weekly.	2 - 30.p.m. - 4.p.m.

CHEST CLINIC.

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

VENEREAL DISEASES.

King Edward VII Hospital, Windsor.

Hillingdon Hospital, Hillingdon, Middlesex.

Royal Berkshire Hospital, Reading, Berks.

GENERAL HOSPITALS.

King Edward VII Hospital, Windsor. (including Old Windsor Hospital).

Canadian Red Cross Memorial Hospital, Taplow.

Upton Hospital, Slough.

MATERNITY ACCOMMODATION.

Canadian Red Cross Memorial Hospital, Taplow, Bucks.

Upton Hospital, Slough.

Collinswood Maternity Home, Farnham Common.

Princess Christian Maternity Home, Windsor.

# GENERAL LIST OF CLINICS

## CLINICS AND OUTPATIENTS

Location	Location	Location	Location
St. Mary's Hospital, 1st and 2nd Ave., New York	St. Mary's Hospital, 1st and 2nd Ave., New York	St. Mary's Hospital, 1st and 2nd Ave., New York	St. Mary's Hospital, 1st and 2nd Ave., New York
St. Mary's Hospital, 1st and 2nd Ave., New York	St. Mary's Hospital, 1st and 2nd Ave., New York	St. Mary's Hospital, 1st and 2nd Ave., New York	St. Mary's Hospital, 1st and 2nd Ave., New York

## CLINICS AND OUTPATIENTS

St. Mary's Hospital, 1st and 2nd Ave., New York	St. Mary's Hospital, 1st and 2nd Ave., New York	St. Mary's Hospital, 1st and 2nd Ave., New York	St. Mary's Hospital, 1st and 2nd Ave., New York
St. Mary's Hospital, 1st and 2nd Ave., New York	St. Mary's Hospital, 1st and 2nd Ave., New York	St. Mary's Hospital, 1st and 2nd Ave., New York	St. Mary's Hospital, 1st and 2nd Ave., New York

## CLINICS AND OUTPATIENTS

The above list is of the clinics and outpatients in the city of New York. For more information, see the list of clinics and outpatients in the city of New York.

## CLINICS AND OUTPATIENTS

St. Mary's Hospital, 1st and 2nd Ave., New York  
St. Mary's Hospital, 1st and 2nd Ave., New York  
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St. Mary's Hospital, 1st and 2nd Ave., New York



## OF THE

## CHIEF SANITARY INSPECTOR.

WATER SUPPLY.

Water to the area is supplied by the Windsor Corporation by their waterworks at Tangier Island. A piped water supply is available to the whole of the district. The supply has throughout the year been maintained at an adequate pressure.

Windsor Corporation are supplying copies of the water analysis regularly, and these show that the water is being maintained to a proper and pure standard.

In addition to the area supplied by the Windsor Corporation, three cottages and the boat houses in Pooocks Lane are supplied with piped water supply from the Slough Corporation Waterworks in Pooocks Lane. In addition, three cottages are without<sup>a</sup>/piped water supply and rely on wells for water.

There were no major extensions to the water mains and area of supply during the year.

During the year 41 new houses were connected to the public supply.

All the water supplied to the area is chlorinated.

The Council provides a supply of water to Beveney Camp in the Rural District area.

DRAINAGE AND SANITATION.

During the year approval was received from the Ministry of Housing and Local Government to proceed with the work of laying the new gravity sewer to Slough Corporation works. For the present the sewage is being disposed of by land irrigation and filter beds at Bell Farm. The sewage farm consists of 19 acres of land available for irrigation and three filter beds. For the major part of the year the sewage is applied to the land, and the filter beds used during the time when the land is being prepared for cropping and harvesting. During the year the Council restricted the use of the filter beds to the absolute minimum, and when these were used, treated the effluent with chlorine and ganaxane.

The new pumping station to deal with the sewage from the Eton area was completed during the year and thus provided this area with fully automatic pumping.

There were no major extensions to the sewers during the year.

During the year 41 new properties were connected to the public sewer.

There are fifteen cesspools in the area into which eighteen houses discharge their sewage. In addition there is a licenced caravan site for twelve caravans which is provided with an ablution and sanitary block which also drains into a cesspool. Two additional caravans, not on this site, are provided with chemical closets. Twelve other



premises rely on bucket closets for their sanitation, the contents of which are buried by the occupiers in their gardens.

Periodic cleansing of cesspools has been carried out on demand by the occupiers of the premises. The Council have a contract for the hire of the necessary exhauster, and the contents are discharged at Eton Wick Pumping Station and then pumped on to the sewage farm.

During the year on the advice of the Council, most of the cesspools have been replaced with septic tanks which are working satisfactorily.

#### REFUSE DISPOSAL.

The Council own a Dennis refuse collection freighter for the collection of house refuse. The refuse from the whole of the area, with the exception of some parts of Eton College is collected once a week, and the Council collects both from householders and business premises. Exceptional collections from business premises are, however, collected by arrangement with the occupiers, or alternatively, facilities are provided for shopkeepers to cart their exceptional refuse to the Council's tip where it is disposed of free of cost to the shopkeeper.

There has been an arrangement in being for some considerable time whereby local pig keepers collect swill from many of the College boy's houses, and in return remove the refuse from those houses which is taken to the tip for disposal. More cases of this arrangement were found to be unsatisfactory, and in such cases, the Council have taken over the removal of the domestic refuse from these premises. In other parts of the College proper, the College authorities themselves collect their refuse and convey it to the Council's tip, this is mainly ashes from the various boilers.

Refuse is disposed of by means of controlled tipping in a disused shallow gravel working near Cuckoo Weir.

During the year a very limited amount of salvage was collected by the Council. This is no indication of the actual salvage collected in the area because there is a very thorough approved collection of kitchen waste carried out by the five pig keepers, and a regular weekly collection of paper by the Berkshire Waste Paper Company.

#### HOUSING.

During the year 78 houses were inspected for housing defects. Some by reason of complaint by the tenants, and others for the purpose of obtaining licences for controlled materials for repairs. In all, 163 visits were made for this purpose. No houses were found to be in a state so dangerous as to be unfit for human habitation. In 21 houses defects were found which rendered them not reasonably fit for human habitation, and these were remedied by informal notice on the owners. No formal notices were required.



were required and it was therefore not necessary for the Local Authority to take any action in default of owners.

During 1952, 14 houses and 20 flats were completed by the Council, and 5 houses by private enterprise.

At the 31st December 1952 the Council had completed the following post war houses.

12 prefabricated bungalows.

2 One bedroom houses.

8 Two bedroom flats.

30 Two bedroom houses.

99 Three bedroom houses.

8 Four bedroom houses.

12 Old persons flats.

and had under construction a further

20 three bedroom houses.

16 two bedroom flats.

#### ERADICATION OF BED BUGS.

Number of Council houses infested. nil.

Number of other houses infested. nil.

Number of Council houses disinfested. nil.

Number of other houses disinfested. nil.

#### MISCELLANEOUS CONTROLLED PREMISES.

<u>Description.</u>	<u>No. in District.</u>	<u>No. Registered.</u>	<u>No. of inspections made.</u>
Bakohouses.	2.	2.	16.
Slaughterhouses.	1.	1.	Not used.
Cowkeepers.	7.	7)	Duties performed
Dairies (including		)	by the Bucks
Milk Retailers)	12.	12)	County Council.

#### OUTWORKERS.

The latest list of outworkers contains 14 persons engaged in two firms.

#### DISINFESTATION.

Rooms in eight houses were disinfested.

#### INSPECTION AND SUPERVISION OF FOOD.

There were 6 Supplementary Milk Licences issued under the Milk (Special Designation) Regulations 1949.

#### Meat and Other Foods.

14 lbs. Fish, 148 lbs. Meat, 56 lbs Canned Meat, 61 tins of food and preserves have been condemned as unfit for human consumption.

#### ICE CREAM AND PRESERVED FOODS.

During the year no additional premises were registered for the sale or manufacture of ice cream and preserved foods under the provisions of the Food and Drugs Act 1938, twenty three premises are now registered for this purpose.

#### RODENT CONTROL.

All reported cases of infestation have been satisfactorily treated. The Council carries out periodic treatment at its refuse tip, pumping station and farm. With the new automatic pumping station in operation at Eton, sewer treatment is now possible and will soon be instituted.

#### MOVEABLE DWELLINGS.

There were 14 licensed caravans on two sites within the Urban area. Several visits were made to the sites and improvements to the sanitary arrangements were carried out on informal action by the Council.

#### SWIMMING POOLS.

There are two swimming pools in the Urban area, one a private pool managed by Eton College, and the other a Public Pool controlled by the Windsor and Eton Humane Society. The pools are in fact part of the backwater of the River Thames known as Cuckoo Weir, and areas of the banks have been fenced off for the convenience of the bathers. The water is untreated river water, and no notice was received of any injurious affection to health by their use.

#### SHOPS ACT.

Periodic inspections were made to various shops, and such action as was necessary was dealt with informally.

#### SMOKE ABATEMENT.

No cases needing the Council's action were reported or observed.

(Signed). J.W.Smith.

Sanitary Inspector.