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ANNUAL REPORT

of the  
Medical Officer of Health  
and the  
Chief Sanitary Inspector

FOR THE YEAR 1953.

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ETON URBAN DISTRICT COUNCIL

Public Health and General Purposes Committee.

January to May 1953.

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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May to December 1953.

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

Councillor H.F.Bright.

" A.G.E.Greaves.  
" Mrs.W.H.Hay.  
" B.J.W.Hill.  
" P.V.Mackinnon.  
" H. Pardy.  
" B.T.Wolfe.

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General Fund and Special Funds

January to May 1911

Chairman  
Committee J. T. Ireland J. E. C. C.

Committee J. T. Ireland

J. T. Ireland

W. M. R. R.

J. A. W. R.

J. V. R.

J. R.

J. T. Ireland

May to December 1911

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W. M. R. R.

J. A. W. R.

J. V. R.

J. R.

J. T. Ireland



Eton Urban District Council

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

For the Year 1953.

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in submitting my fourth annual report on the health and sanitary circumstances of the district for the year 1953.

As regards the acute infectious diseases this has been an average year, without anything in the nature of a major outbreak. There was a total of 51 cases of measles and 39 of these occurred in the month of February. No cases were notified after the month of July. This represents about half the number of cases notified during 1952.

On the other hand the number of cases of whooping cough increased from 13 in 1952 to 46 in 1953 and this figure is the highest yet recorded for this disease in the district.

As in previous years there were only a few isolated cases of scarlet fever and other notifiable diseases and it is interesting to note that the figure for new cases of Pulmonary Tuberculosis is the same as for the year 1952.

The principal cause of death was heart disease, while vascular lesions of the nervous system comes second, and malignant diseases third. The numbers in each case are small, and the total deaths in the area from all causes is 27.

On the sanitary side the outstanding feature during the year was the connecting up of the communication sewer to Slough Corporation Works where all sewage now goes for treatment and disposal. This improvement is one which has for a long time been desirable and which has finally permitted the Council to abandon the use of the sewage farm at Eton Wick for this purpose, and happily will mark the end of the complaints which arose from time to time from that source.

The general statistics relating to other matters are set out in the usual form and as a matter of convenience tables showing comparisons with previous years and including rates per 1000 population are added. As mentioned in my reports of previous years the actual figures shown in the report are of more importance than the calculated rates in view of the very small numbers to which the rates are related.

May I once again take this opportunity of extending my thanks to members of the Council and to the Staff for their support throughout the year.

I am,

Your obedient servant,

G. HOBBIN,

Medical Officer of Health.





SECTION 1.GENERAL STATISTICS.

Area.....	969.3 acres.
Number of inhabited houses at end of 1953 (according to Rate Books).....	1,095.
Rateable value at 1.4.53.....	£45,453.
Product of Penny Rate (1952/1953).....	£183.18.5.
Population. (Registrar General's estimate for mid year).....	4,723.

VITAL STATISTICS.

<u>Live Births.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate.....	35	35	70
Illegitimate.....	1	-	1
	<hr/>	<hr/>	<hr/>
Totals:	36	35	71
	<hr/>	<hr/>	<hr/>

Birth Rate per 1,000 population.....	10.80.
National Rate.....	15.5
Comparability Factor.....	1.61

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

Still Birth Rate per 1,000 Total Births.....	13.89
Still Birth Rate per 1,000 Population.....	0.21
National Rate (per 1,000 Population).....	0.35

<u>Deaths.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Total:	13	14	27
	<hr/>	<hr/>	<hr/>

Crude Death Rate per 1,000 population.....	5.72.
Corrected Death Rate - allowing for sex and age. (Comparability Factor = 1.23).....	7.03.
National Death Rate.....	11.4.
Ratio of Corrected Death Rate to National .....	0.62.



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

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

Death Rate for all Infants per 1,000 Live Births.....14.08

National Rate.....26.8

Death Rate for Legitimate Infants per 1,000 Legitimate Births.....28.26

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.....	-	-	-
	<u>1</u>	<u>-</u>	<u>1</u>

Death Rate for all Infants under 4 weeks per 1,000 Live Births.....14.08

Mortality of Children under 2 years from Enteritis and Diarrhoea.

Total Deaths.	1
Death Rate per 1,000 Live Births.	14.08
National Rate.	1.1

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

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.	68
(b) Abortion with toxæmia.	7
Other toxæmias of pregnancy and the puerperium.	166
(c) Haemorrhage of pregnancy and childbirth.	90
(d) Abortion without mention of sepsis or toxæmia.	30
(e) Abortion with sepsis.	39
(d) Other complications of pregnancy, childbirth and the puerperium.	125

CAUSES OF DEATH in the Eton Urban District during 1953.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
All Causes.....27.....			
1. Tuberculosis, Respiratory.....	-	-	-
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 - uterus.....	-	-	-
12. Malignant neoplasm - bronchus.....	-	-	-
13. Malignant neoplasm - breast.....	-	1	1
14. Other malignant and lymphatic neoplasm...	1	1	2
15. Leukaemia, aleukaemia.....	-	-	-
16. Diabetes.....	-	-	-
17. Vascular lesions of nervous system.....	1	6	7
18. Coronary disease, angina.....	2	2	4
19. Hypertension with heart disease.....	1	-	1
20. Other heart disease.....	3	-	3
21. Other circulatory disease.....	-	-	-
22. Influenza.....	-	1	1
23. Pneumonia.....	-	1	1
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.....	1	-	1
34. All other accidents.....	1	-	1
35. Suicide.....	-	-	-
36. Homicide and operations of war.....	-	-	-



TABLE 1.  
Deaths and Death Rate per 1,000 Population from Principal Causes 1949 - 1953.

	1949		1950		1951		1952		1953	
	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.	6	1.31	7	1.54	6	1.28	6	1.29	4	0.84
Pneumonia.	-	-	2	0.44	2	0.427	3	0.63	1	0.21
Bronchitis.	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	7	1.48
Diseases of the heart all types.	16	3.50	17	3.74	7	1.50	10	2.10	8	1.68
Congenital malformation.	-	-	-	-	-	-	1	0.21	1	0.21
Other Circulatory Diseases.	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 1943 - 1953.

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.
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
1953.	15.00	15.5	5.72	11.4	14.1	26.8



SECTION 11.  
Table III.

TUBERCULOSIS.

Age Periods.	Pulmonary			Non Pulmonary			Combined Totals.	No. admitted to Hospital.	
	Male.	Female.	Total.	Male.	Female.	Total.		New Cases.	Previously Notified.
0 - 5	-	-	-	-	-	-	-	-	-
5 - 15	-	-	-	-	-	-	-	-	-
15 - 25	-	-	-	-	-	-	-	-	-
25 - 35	3	-	3	-	-	-	3	2	-
35 - 45	-	-	-	-	-	-	-	-	1
45 - 55	-	-	-	-	-	-	-	-	1
55 - 65	1	-	1	-	-	-	1	-	-
65 and over.	-	-	-	-	-	-	-	-	-
Totals:	4	-	4	-	-	-	4	2	2

Table IV

Notification Register - Additions and Deletions.

ADDITIONS.

	Pulmonary.			Non Pulmonary.			Combined Totals.
	Male.	Female	Total.	Male	Female	Total.	
No. on Register 1st January, 1953.	15	12	27	7	3	10	37
No. entered by notification.	4	-	4	-	-	-	4
No. entered other than by notification.	-	-	-	-	-	-	-

DELETIONS.

No. removed from Register due to:-							
(a) Death.	-	-	-	-	-	-	-
(b) Removed from District.	-	1	1	-	-	-	1
(c) De-Notification.	-	-	-	-	-	-	-
No. remaining on Register at 31.12.53.	19	11	30	7	3	10	40

Summary of the results of the investigation

Summary

General Remarks	No. of specimens		No. of specimens		No. of specimens		Remarks
	Examined	Not Examined	Examined	Not Examined	Examined	Not Examined	
1. <i>Staphylococcus aureus</i>	10	2	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
2. <i>Staphylococcus epidermidis</i>	10	2	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
3. <i>Staphylococcus saprophyticus</i>	10	2	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
4. <i>Staphylococcus sciuri</i>	10	2	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
5. <i>Staphylococcus carnosus</i>	10	2	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
6. <i>Staphylococcus hyicus</i>	10	2	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
7. <i>Staphylococcus pasteuri</i>	10	2	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
8. <i>Staphylococcus maltophilia</i>	10	2	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
9. <i>Staphylococcus saprophyticus</i>	10	2	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
10. <i>Staphylococcus aureus</i>	10	2	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.
	1	1	1	1	1	1	100% of the specimens examined were found to be positive.



## TUBERCULOSIS.

Every new case of Tuberculosis notified and every transfer into the district from another area with the exception of old cases of several years standing is investigated and a form containing all relevant information of the patient and the home conditions is completed, together with a list of all known immediate contacts. This form is used to ascertain whether any action is required by the Medical Officer of Health in regard the nature of employment in infectious cases, also to decide whether any recommendation should be made to the Council as regards housing the family on health grounds.

In addition to the nature of occupation, the type and condition of the housing accommodation, information is obtained from the form as to sleeping arrangements, total number and sexes in household with ages, whether the kitchen is shared with any other occupants apart from the family, whether there is space for a garden shelter, the source of milk supply and whether the patient has attended the Chest Clinic, or received treatment in hospital.

A copy of this form is forwarded to the Chest Clinic in order that the list of contacts contained thereon may be given appointments and followed up.

From experience of the antibiotic treatment of Tuberculosis throughout the country it has now become evident that success is very largely confined to a reduction in the death rate with very little corresponding reduction in the number of new notifications. Once again therefore the public health services are faced with the fact that preventive measures must play a greater part in the control of this disease and the necessity for this has recently been stressed by the Ministry of Health.

Prevention of spread is well known to be a matter of avoidance of respiratory infection and such infection arises from contact more or less intimate with other active respiratory cases. It may occasionally arise from the inhalation of dust contaminated with dried sputum without any contact with the infected person. The first objective therefore must be to find every person with an active infection and having found and having made available to him such treatment as is necessary, there is the further obligation of ascertaining if possible whence he obtained his infection and whether he has infected others. Completeness of notification is of course one of the first essentials and a contribution which should be made by all doctors in or out of hospitals.

The preventive measures are concerned firstly with the individual case, secondly with the contacts of that individual and thirdly with general preventive measures.



The infected individual should ideally be isolated until he ceases to be infective, but this frequently conflicts violently with the patient's own interests. It is not practicable to isolate all such persons in institutions and many believe that it would not be justifiable to do so in the large proportion of the persons who are infective at one time. Patients must therefore be cared for at home in conditions which reduce to a minimum the risk of infection to others.

The patient at home should be isolated to the extent of sleeping alone and this may require action to secure better housing of the family or in suitable cases isolation of the patient himself in a chalet in his own garden. It is clearly undesirable to rely on isolation in a house where there are present persons such as children or young adolescents without developed resistance. Details of the precautions to be taken in cases under treatment at home require no elaboration but it is felt that there is necessity for continued insistence by the District Medical Officer of Health on these precautions and consultation and collaboration between the Chest Physician, the family doctor and the local health department.

Table V  
Mortality.

Comparison of deaths from Tuberculosis during 1953 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
1953	4,723	-	-	-	-	-	-



SECTION 111.

Prevalence of Notifiable Diseases.

Show the cases notified during 1953, numbers admitted to hospitals and deaths.

Also notifications for years 1943 - 1953.

Disease	Cases notified 1953.	Cases admitted to hospital.	Deaths 1953.	1952.	1951.	1950.	1949.	1948.	1947.	1946.	45.	1944.	1943.
Smallpox.	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever.	6	2	-	8	-	-	-	-	3	-	4	9	5
Diphtheria.	-	-	-	-	-	2	3	-	2	8	-	-	1
Enteric Fever.	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia.	-	-	-	1	-	-	-	-	-	-	-	-	-
Pneumonia.	1	-	1	-	-	-	-	-	-	1	-	-	-
Erysipelas.	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum.	-	-	-	1	-	-	-	-	-	-	-	-	-
Measles.	51	-	-	103	85	105	28	1	44	91	40	1	60
Whooping Cough.	46	-	-	13	1	17	7	-	5	-	-	1	4
Meningococcal Infection.	-	-	-	-	-	-	2	-	-	-	-	-	-
Polioarthritis.	-	-	-	-	-	-	-	-	-	-	-	-	-
(a) Paralytic.	-	-	-	1	-	-	-	-	2	-	-	-	-
(b) Non Paralytic.	1	-	-	3	-	-	-	-	-	-	-	-	-
Acute Encephalitis.	-	-	-	-	-	-	-	-	-	-	-	-	-
(a) Infective.	-	-	-	-	-	-	-	-	-	-	-	-	-
(b) Post Infectious.	-	-	-	-	-	1	-	-	-	-	1	-	-
Dysentery.	2	-	-	-	-	-	3	-	-	-	-	-	-
Food Poisoning.	1	-	-	-	-	-	-	-	-	-	-	-	-
Malaria.	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis.	-	-	-	-	-	-	-	-	-	-	-	-	-
(a) Pulmonary.	4	4	-	4	2	-	-	-	2	2	1	2	-
(b) Non Pulmonary.	-	-	-	-	1	-	-	-	-	-	-	1	1

Table VII  
Measles.

Month	Under 1 year.	1 - 2	2 - 3	3 - 4	4 - 5	5 - 10	10 - 15	15 - 25	25 - 35	Over 35 year.	Totals.
January	-	-	-	-	-	-	-	-	-	-	-
February	-	1	4	4	8	15	5	2	-	-	39
March	-	-	-	-	1	2	2	-	-	-	5
April	-	-	-	1	1	1	-	-	-	-	3
May	-	-	-	-	1	-	-	-	-	-	1
June	-	-	-	-	1	1	-	-	-	-	2
July	-	-	-	-	1	-	-	-	-	-	1
August	-	-	-	-	-	-	-	-	-	-	-
September	-	-	-	-	-	-	-	-	-	-	-
October	-	-	-	-	-	-	-	-	-	-	-
November	-	-	-	-	-	-	-	-	-	-	-
December	-	-	-	-	-	-	-	-	-	-	-
Totals:	-	1	4	5	12	20	7	2	-	-	51



TABLE VIII

Immunisation and Re - Immunisation

	Primary Immunisation.			Total.	Re-Immunisation.
	Age at date of final injection.				
	Under 1 year.	1 - 4 years.	5 - 14 years.		
Diphtheria only.	2	-	3	5	93
Diphtheria/Whooping Cough combined.	23	15	-	38	-
Whooping Cough only.	-	-	-	-	-

IMMUNISATION

During the years 1948, 1949, 1950 and 1952 the number of cases of diphtheria in children under 15 notified in England and Wales showed a steady decline, the figures for those years respectively being 2426, 1317, 653 and 255 totalling 4,651. The number of notified cases who had been immunised and who had not been immunised showed a similar ratio each year VIZ. rather less than  $\frac{1}{3}$  had been immunised and more than  $\frac{2}{3}$  not immunised. The number of deaths from diphtheria during the same years was 134, 67, 35 and 17, totalling 253, of whom only 18 had been immunised, and 235 were not immunised.

It is interesting from these figures to note the value of diphtheria immunisation firstly in reducing the attack rate and secondly, its extreme value in minimising the gravity of the attack and saving life.

With the fall in <sup>the</sup> number of notified cases and the increasing rarity of the condition there is a danger of cases going unrecognised until a late stage of the illness.

This emphasizes once again the prime importance of mitigating the frequently tragic effect of this disease by the well proved and readily available means of immunisation.

Where death has occurred in cases known to have been immunised it has been found in a large proportion of cases that immunisation was carried out several years beforehand, often more than five years previously, and no booster dose had been given. After such long intervals it is recognised that the degree of protection has weakened very considerably, and in the case of children it is strongly advisable that a further

injection should be given at intervals of 4 years.

Schemes to carry out immunisation against Whooping Cough as well as Diphtheria are being continued by many Authorities with Ministerial approval under Section 26. of the National Health Service Act.1946. Investigations to devise a suitable Whooping Cough Vaccine which can be standardised have been continued throughout the year, but the Medical Research Council has not yet felt justified in recommending that this form of prophylaxis should be put on the same national basis as that for diphtheria.

It is of course agreed that a combined Diphtheria-Whooping Cough Prophylactic is very desirable since <sup>the</sup> ~~that~~ number of injections would be reduced, but it is becoming apparent that much immunological research will be required to determine the optimum composition of this.

A further difficulty arises in that protection against whooping cough is most needed in the first few months of life when diphtheria is very rare and the body's response to diphtheria is often very slight.

Immunisation against Diphtheria and Whooping Cough has been carried out in this area for several years and was continued during 1953. A combined vaccine has been used at Welfare Clinics requiring three injections, and School entrants at the age of 5 years have been given a booster dose of A.P.T. for protection against Diphtheria only.



injection should be given at intervals of 4 weeks.

Continued to study and investigate against Whooping Cough as well as

Diphtheria and being vaccinated by new authorities when indicated by report

Section No. 1 of the National Health Service Act, 1920. Investigations to develop a

series of Whooping Cough Vaccine which can be administered have been continued throughout

the year, and the National Health Service Council has not yet been invited to recommend

that this form of prophylaxis should be put on the same national basis as that for

diphtheria.

It is of course agreed that a combined Diphtheria-Whooping Cough Prophylaxis

is very desirable since both kinds of infection would be reduced, but it is possible

agreement that such immunological research will be required to determine the optimal

composition of such.

A further difficulty arises in that protection against whooping cough is

not needed in the first few months of life when diphtheria is very rare and the body's

response to diphtheria is often very slight.

Immunities against diphtheria and whooping cough have been carried out in

this area for several years and was continued during 1933. A combined vaccine has

been used at various clinics regarding these infections, and several outbreaks at the

age of 2 years have been given a booster dose of A.P.T. for protection against diphtheria

only.

The vaccine was prepared and used in 1933 and 1934.

Results.

At present it is not possible to say whether the results are satisfactory or not.

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SECTION IV

FACTORIES ACTS, 1937 and 1948.

PART 1 of THE ACT.

1. INSPECTIONS for the purpose of provisions as to health (including inspections made by Sanitary Inspectors.)

Premises (1)	Number on Register.	Number of		
		Inspection.	Written notices.	Occupiers prosecuted.
1) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities.	27	31	nil	nil
2) Factories not included in (1) in which Section 7 is enforced by the Local Authority.	11	13	2	-
3) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-worker's premises)	-	-	-	-
<b>TOTAL:</b>	38	44	2	-

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted.
	Found.	Remedied.	Referred to H.M. Inspector.	By H.M. Inspector.	
Want of cleanliness.(S.1.)	-	-	-	-	-
Overcrowding.(S.2.)	-	-	-	-	-
Inadequate ventilation.(S.4.)	-	-	-	-	-
Ineffective drainage of floors (S.6.)	-	-	-	-	-
Sanitary Conveniences.(S.7)					
(a) Insufficient	2	2	-	1	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork).	-	-	-	-	-
<b>TOTAL:</b>	2	2	-	1	-



PART VIII OF THE ACT.  
OUTWORK  
(Sections 110 and 111)

Nature of Work.	Section 110			Section 111		
	No. of out-workers in August list required by Sect. 110. (1)(c).	No. of cases of default in sending lists to the Council.	No. of prosecutions for failure to supply lists.	No. of instances of work in unwholesome premises.	Notices Served.	Prosecutions
Wearing - Making etc. apparel.- Cleaning and Washing.	15	nil	nil	nil	nil	nil
Household linen.	-	"	"	"	"	"
Lace, lace curtains and nets.	-	"	"	"	"	"
Curtains and furniture hangings.	-	"	"	"	"	"
Furniture and upholstery.	-	"	"	"	"	"
Electro-plate.	-	"	"	"	"	"
File making.	-	"	"	"	"	"
Brass and brass articles.	-	"	"	"	"	"
Fur pulling.	-	"	"	"	"	"
Iron and steel cables and chains.	-	"	"	"	"	"
Iron and steel anchors and grapples.	-	"	"	"	"	"
Cart gear.	"	"	"	"	"	"
Locks, latches and keys.	-	"	"	"	"	"
Umbrellas, etc.	-	"	"	"	"	"
Artificial flowers.	-	"	"	"	"	"
Nets, other than wire nets.	-	"	"	"	"	"
Tents.	-	"	"	"	"	"
Sacks.	-	"	"	"	"	"
Racquet and tennis balls.	-	"	"	"	"	"
Paper bags.	-	"	"	"	"	"
Brush making.	-	"	"	"	"	"
Pea picking.	-	"	"	"	"	"
Feather sorting.	-	"	"	"	"	"
Carding etc., of buttons.	-	"	"	"	"	"
Stuffed toys.	-	"	"	"	"	"
Basket making.	-	"	"	"	"	"
Chocolates and sweetmeats.	-	"	"	"	"	"
Textile Weaving.	-	"	"	"	"	"
Lampshades.	-	"	"	"	"	"



## SECTION V.

The following are the most important Official Publications received during the year related to the work of the Health Department:-

1. The Psittacosis or Ornithosis Order 1953.

This Order extends the definition of the expression "disease" for the purposes of the Diseases in Animals Act, 1950, to include the disease known as "Psittacosis or "Ornithosis". The Order also provides for the detention and isolation of birds affected, or suspected of being affected, with this disease and for the cleansing and disinfection of premises and utensils used for such birds.

2. Ministry of Health Circular 6/53.  
Public Health (Infectious Diseases) Regulations, 1953.

These regulations are in substitution of those revoked by Regulation 2. They correspond with those regulations in requiring notification of malaria, dysentery, acute primary pneumonia and acute influenzal pneumonia, and in prescribing action in conformity with the present working of the health services in relation to the diseases named in the fourth schedule.

They amplify however, the precautionary measures provided for in the revoked regulations against food poisoning.

1) By relating these (instead of to enteric fever and dysentery as formerly) to typhoid fever, paratyphoid fever or other salmonella infections (which includes the disease previously known as enteric fever), dysentery and staphylococcal infection likely to cause food poisoning;

2) by applying these measures in general to persons shown to be carriers of these diseases as well as to persons suffering from them;

3) by preventing such persons (in either class) not only from continuing employment involving the handling of food, as formerly, but also from entering such employment; and

4) by enabling a local authority to authorise the Medical Officer of Health to issue notices in emergency, in order to check the spread of these diseases.

3. Ministry of Food Circular MF/9/53. - The Cream and Use of Milk (Revocation) Order 1953.

This Order which came into operation on 1st April, 1953.

a) Revokes the Cream Order, 1951 as amended, thereby removing control over the manufacture and sale of cream.

b) Revokes the Use of Milk (Restriction) Order, 1945, and the Use of Milk (Suspension and Restriction) Order, 1951, thereby removing the prohibition on the use of milk in the manufacture of biscuits, bread, buns, pastries, cakes, rolls, scones and other similar products, ice cream, sweetmeats, (including sugar confectionery and chocolates) and synthetic cream.

4. Ministry of Food Circular MF 11/53 - Milk and Dairies Regulations 1949.  
Approved Oxidising and Preservative Agents.

This Circular cancels the approval which was given to the product known as "Chloros" in Circular MF 11/50 dated June, 1950, for the use in the cleaning of milk tankers, vessels or appliances, and now gives approval to the product redesignated "Chloros (Agricultural Grade)".

5. Ministry of Food Circular MF/12/53. - The Prevention of Nuisance from Blowflies.

6. General Registrar's Office Circular (M.O.H) 3/1953 - Child Population Estimates.

7. General Registrar's Office Circular (M.o.H) 5/1953. - Annual Vital Statistics.
8. Ministry of Food Circular MF 16/53. - Clean Catering.
9. Ministry of Food Circular MF 19/53. - The Salvaged Goods(Revocation) Order 1953.

## SECTION VI.

### LABORATORY SPECIMENS EXAMINED.

Throat swabs for Diphtheria Bacilli, Haemolytic Streptococci and Vincents Angina.....	22.
Nasal swab.....	1
Faeces for Coli Typhoid organisms.....	2

### APPLICATIONS FOR REHOUSING ON MEDICAL GROUNDS.

Number of cases investigated.....	6.
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SECTION VII.  
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 Tuesdays.	3rd Tuesday.
<u>MARRIED WOMEN'S ADVISORY CLINICS.</u>			
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 Kipling Memorial Buildings, Alma Road, Windsor, where appointments may be made with the Physician in Charge.

VENEREAL DISEASES.

King Edward VII Hospital, Windsor, (including Old Windsor Hospital).  
Hillingdon Hospital, Hillingdon, Middlesex.  
Royal Berkshire Hospital, Reading, Berks.

GENERAL HOSPITALS.

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

CHRONIC SICK.

St. Mark's Hospital, Maidenhead.  
Old Windsor Hospital, Old Windsor.  
Upton Hospital, (Female only) Slough.

PART III ACCOMMODATION.

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

MATERNITY ACCOMMODATION.

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

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ANNUAL REPORT  
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 standard of purity.

In addition to the area supplied by the Windsor Corporation, Willowbrook and three cottages, and the boat houses in Pococks Lane are supplied with piped water supply from the Slough Corporation Waterworks in Pococks Lane. In addition, three cottages are without a piped 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 30 new houses were connected to the public supply.

All water supplied to the area is chlorinated.

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

DRAINAGE AND SANITATION.

For the first half of the year disposal of sewage was carried out at Bell Farm by land irrigation. The considerable rainfall made the constant use of the lagoons necessary and some nuisance was experienced from these.

The communication sewer to Slough Corporation Works was completed during the early part of the year, and on 1st October 1953 the sewage was finally sent to Slough for treatment. This has continued successfully since and the scheme is now in full operation.

The sewage farm was fully cropped during the year and the lagoons have now dried out and the whole is available for normal agricultural use.

Both Eton and Eton Wick Pumping Stations were converted to fully automatic operation and had a full years' working. This prevented the constant surcharging of the sewers and allowed for sewer treatments for rodents to take place.

There were no major sewer extensions during the year.

During the year 30 new properties were connected to the public sewer.

Sixteen houses discharge into cesspools. Several of these were converted into septic tanks during the year and have reduced the need for cleansing



considerably. As and when required, cesspools are emptied by the Council who have a contract with a contractor for this purpose.

During the year improvements were carried out to the licenced caravan area which improved the sanitary arrangements to this site. Three other caravans not on this site are provided with chemical closets.

Twelve houses still rely on bucket closets for their sanitation. No night soil collection is made and the occupiers bury the contents of the buckets in their gardens.

#### REFUSE DISPOSAL.

A weekly collection of house refuse is maintained by the Council. The Council own a Dennis Refuse Collection Freighter.

The Council also collect a limited amount of refuse from business premises, and provide facilities for shop keepers and business premises to deposit their waste material on the Council's tip.

Refuse is disposed of by tipping. During the year the old tip was completely filled and a new tip opened up.

#### HOUSING.

During the year 61 houses were inspected for housing defects.

In all 146 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 52 houses defects were found which rendered them not reasonably fit for human habitation, and these were remedied by informal notices on the owners. No formal notices were required and it was therefore not necessary for the Local Authority to take any action in default of owners.

During 1953, 22 houses were completed by the Council, and 8 houses by private enterprise.

At the 31st December 1953 the Council had completed the following post war houses.

12 prefabricated bungalows.

2 One bedroom houses.

16 Two bedroom flats.

30 Two bedroom houses.

101 Three bedroom houses.

8 Four bedroom houses.

12 Old persons flats.

and had under construction a further

18 Three bedroom houses.

8 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>
Bakehouses.	2	2	16
Slaughterhouses.	1	1	Not used.
Dairies (including Milk Retailers)	12)	12)	Duties performed
Cowkeepers.	7)	7)	by Bucks C.C.

#### OUTWORKERS.

The latest list of outworkers contains 15 persons engaged in two firms.

#### DISINFESTATION.

Rooms in five houses were disinfected.

#### 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, 165 lbs. Meat, 77 lbs. Canned Meat, and 1 No. 50 oz. Tin Soup, 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 carried 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 a 10% test was carried out during the year.

#### 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 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.

#### PARAGRAPH 7 MINISTRY OF HEALTH CIRCULAR 1/54.

##### Sub-paragraph (1)

Grocers.	8
General Stores.	3
Inns.	8
Cafes.	9
Fishmongers.	1
Fried and Wet Fish.	1
Butchers.	4
Baker and Confectioner.	3
Restaurant and Confectioner.	2
Sweets, Ice Cream and	
Tobacconist.	9
Greengrocers.	3
Dairy.	1
Bakehouses.	2
Tea Stall.	1

##### Sub-paragraph (2)

Twenty premises are registered for the sale of ice cream, three for the manufacture of preserved foods, and there are no dairies which require to be registered under the Milk and Dairies Regulations 1949.

##### Sub-paragraph (3)

All the ice cream sold is pre-packed and none is manufactured in the area. Three butchers manufacture sausages. All the ice cream is stored in proper refrigerator from which it is supplied direct to the public. Periodic inspections are made of all registered premises throughout the year.

##### Sub-paragraph (5)

Food which is condemned as unfit is collected on inspection. Tinned food is taken to the controlled refuse tip, the tins are punctured and buried with the refuse. Meat, fish and similar products are dealt with according to condition, as a general rule tainted foods are buried, diseased foods are burnt.

##### Sub-paragraph (6)

There has been no case for a special examination of a stock or a consignment of food.