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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

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

and the

CHIEF PUBLIC HEALTH INSPECTOR



1957



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ETON URBAN DISTRICT COUNCIL

Health, Highways and Works Committee

January to May, 1957

Chairman:
Councillor Mrs. F.I. Wilson.


- " S.E.R. Judd, J.P.
(Chairman of the Council)
- " Mrs. W.H. Hay.
- " Mrs. A. Van Oss.
- " W.A. Barker.
- " R.J. Clibbon.
- " C.V. Rigden.
- " B.T. Wolfe.

Health, Highways and Works Committee

May to December, 1957

Chairman:
Councillor R.J. Clibbon.

- " S.E.R. Judd, J.P.
(Chairman of the Council)
- " Mrs. W.H. Hay.
- " Mrs. A. Van Oss.
- " A.E. Anderson.
- " W.A. Barker.
- " C.V. Rigden.
- " B.T. Wolfe.



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ETON URBAN DISTRICT COUNCIL

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 110, while most other infectious diseases have varied very little from the previous year. The common infectious diseases, (viz. Measles and Whooping Cough) 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.

Tuberculosis in this area does not present a serious problem. 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.

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 six 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 the past influenzal outbreaks, and it was considered that the antigenic variation was the largest that had taken place since 1946.

Although a few cases of rehousing applications have been referred to me on the grounds that there are special health circumstances involved, my impression is that such problems are not as acute now as they were several years ago. The slum clearance programme will of course provide plenty of housing problems for many years to come as the occupants of the houses to be cleared have to be rehoused in addition to any housing list which will arise from the normal increase in population. At present we have moveable dwellings but no problem arising therefrom and it is to be hoped that future housing policy will not give rise to an increased demand for caravan sites. The caravan has been branded as a poor substitute for conventional housing although it has frequently been expounded that it is superior to conditions prevailing in a large number of obsolescent houses and flats. The caravan as a permanent dwelling provides inadequate living and sleeping space and ventilation and the thermal insulation usually gives rise to complaints of condensation. There are many objections to this type of dwelling as a permanency not least among which is the generally poor standard in quality and quantity of site works and communal services to be found on multiple sites.

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. 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. Fortunately there was no case during the year which called for action under the provisions of the National Assistance Act.

I should like to take this opportunity of thanking Members of the Council and fellow officers for their help throughout the year.

I am,

Your obedient servant,

G.HOBBIN.

SECTION 1

GENERAL STATISTICS

Area... ..	993 acres.
Number of inhabited houses at end of 1957 (According to rate books)	1,183.
Rateable value at 1.4.57... ..	£66,450.
Product of Penny Rate(1956/57)	£290.12.8.
Population.(Registrar General's estimate .. for mid-year)	4,950.

VITAL STATISTICS

Live Births

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate... ..	26	39	65
Illegitimate.	-	2	2
	<hr/>	<hr/>	<hr/>
	26	41	67
	<hr/>	<hr/>	<hr/>
Birth Rate per 1,000 population.. . . .	13.5		
National Rate... ..	16.5		
Comparability Factor	1.14		

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... ..	14.70		
Still Birth Rate per 1,000 Population	0.20		
National Rate per 1,000 Population... ..	22.4		

Deaths

	<u>Male</u>	<u>Female</u>	<u>Total</u>
	20	17	37
Crude Death Rate per 1,000 population... ..		7.5	
Corrected Death Rate - allowing for sex and age. (Comparability Factor = 1.37).. ..		10.27	
National Rate... ..		11.5	
Ratio of Corrected Death Rate to National... ..		1.08	

Infant Mortality (Deaths of Infants under 1 year)

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate... ..	3	-	3
Illegitimate... ..	-	-	-
	<u>3</u>	<u>-</u>	<u>3</u>

Death Rate for all Infants per 1,000 Live Births	44.8
National Rate... ..	23.0
Death Rate for Legitimate Infants per 1,000 Legitimate Births.	46.30
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... ..	3	-	3
Illegitimate... ..	-	-	-
	<u>3</u>	<u>-</u>	<u>3</u>

Death Rate for all Infants under 4 weeks per 1,000 Live Births. 44.8

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

Total from all causes... ..	1
Death Rate per 1,000 live and still births.	14.71
National Rate... ..	0.47

CAUSES OF DEATH in the Eton Urban District - 1957

	<u>Male</u>	<u>Female</u>	<u>Total</u>
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 diseases..	-	-	-
10. Malignant neoplasm, stomach.....	-	-	-
11. Malignant neoplasm, bronchus.....	1	-	1
12. Malignant neoplasm, breast.....	-	1	1
13. Malignant neoplasm, uterus.....	-	1	1
14. Other malignant and lymphatic neoplasm..	2	-	2
15. Leukaemia, aleukaemia.....	-	-	-
16. Diabetes.....	-	-	-
17. Vascular lesions of nervous system.....	4	4	8
18. Coronary disease, angina.....	2	4	6
19. Hypertension with heart disease.....	-	-	-
20. Other heart disease.....	1	1	2
21. Other circulatory disease.....	2	-	2
22. Influenza.....	-	-	-
23. Pneumonia.....	1	1	2
	<u>13</u>	<u>12</u>	<u>25</u>

CAUSES OF DEATH (continued)

	<u>Male</u>	<u>Female</u>	<u>Total</u>
24. Bronchitis.....	13	12	25
25. Other diseases of respiratory system...	2	1	3
26. Ulcer of the stomach and duodenum.....	-	-	-
27. Gastritis, enteritis and diarrhoea.....	-	-	-
28. Nephritis and nephrosis.....	-	-	-
29. Hyperplasia of prostate.....	-	-	-
30. Pregnancy, childbirth, abortion.....	-	1	1
31. Congenital malformation.....	1	-	1
32. Other defined and ill-defined diseases.	2	2	4
33. Motor vehicle accidents.....	-	-	-
34. All other accidents.....	2	1	3
35. Suicide.....	-	-	-
36. Homicide and operations of war.....	-	-	-
	<hr/>	<hr/>	<hr/>
Totals:	20	17	37
	<hr/>	<hr/>	<hr/>

Table 1.

Deaths and death rates per 1,000 Population from Principal Causes 1953 - 1957.

A = Number of deaths.

B = Death rate.

Cause.	1953.		1954.		1955.		1956.		1957.	
	A.	$\frac{A.}{B.}$	A.	$\frac{A.}{B.}$	A.	$\frac{A.}{B.}$	A.	$\frac{A.}{B.}$	A.	$\frac{A.}{B.}$
T.B. Respiratory.	-	-	-	-	-	-	-	-	-	-
Malignant Diseases All types.	4	0.84	8	1.68	6	1.23	1.	0.23	5	1.01
Pneumonia.	-	-	1	0.21	-	-	2	0.46	2	0.40
Bronchitis.	-	-	2	0.42	-	-	4	0.92	3	0.60
Vascular lesions of nervous system.	7	1.48	6	1.26	5	1.29	7	1.48	8	1.61
Diseases of the heart - all types.	8	1.68	8	1.68	14	2.99	14	2.99	10	2.02
Congenital malformation.	1	0.21	-	-	-	-	-	-	1	0.20
Other circulatory diseases.	-	-	-	-	1	0.23	1	0.23	2	0.40

Table 11

Comparison of Local and National Birth Rates. Death Rates and Infant Mortality Rates 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 Urban District.	England & Wales.	Eton Urban District.	England & Wales.	Eton Urban District.	England & Wales.
1947	16.6(53)	20.5	9.3 (42)	12.0	18.2 (1)	41.0
1948	14.6(67)	17.9	8.9 (41)	10.8	29.87(2)	34.0
1949	8.2(38)	16.7	8.0(37)	11.7	-	32.0
1950	14.3(65)	15.8	9.91(45)	11.6	30.77(2)	29.8
1951	11.3(53)	15.8	6.40(30)	12.5	-	29.6
1952	10.08(47)	15.3	6.92(32)	11.3	42.55(2)	27.6
1953	15.00(70)	15.5	5.72(27)	11.4	14.1(1)	26.8
1954	10.3 (48)	15.2	6.3(30)	11.3	20.4(1)	25.5
1955	13.6 (66)	15.0	6.8(33)	11.7	45.5(3)	24.9
1956	13.6(67)	15.7	9.8(48)	11.7	29.9(2)	23.8
1957	13.5(67)	16.1	7.5(37)	11.5	44.8(3)	23.0

Notification Register - Additions and Deletions.

Additions

	Pulmonary			Non-Pulmonary			Combined Totals
	Male	Female	Total	Male	Female	Total	
	Number on Register at 1.1.1957.	24	17	41	8	4	
Number entered by notification.	1	-	1	-	-	-	1
Number entered other than by notification.	1	2	3	-	-	-	3

Deletions

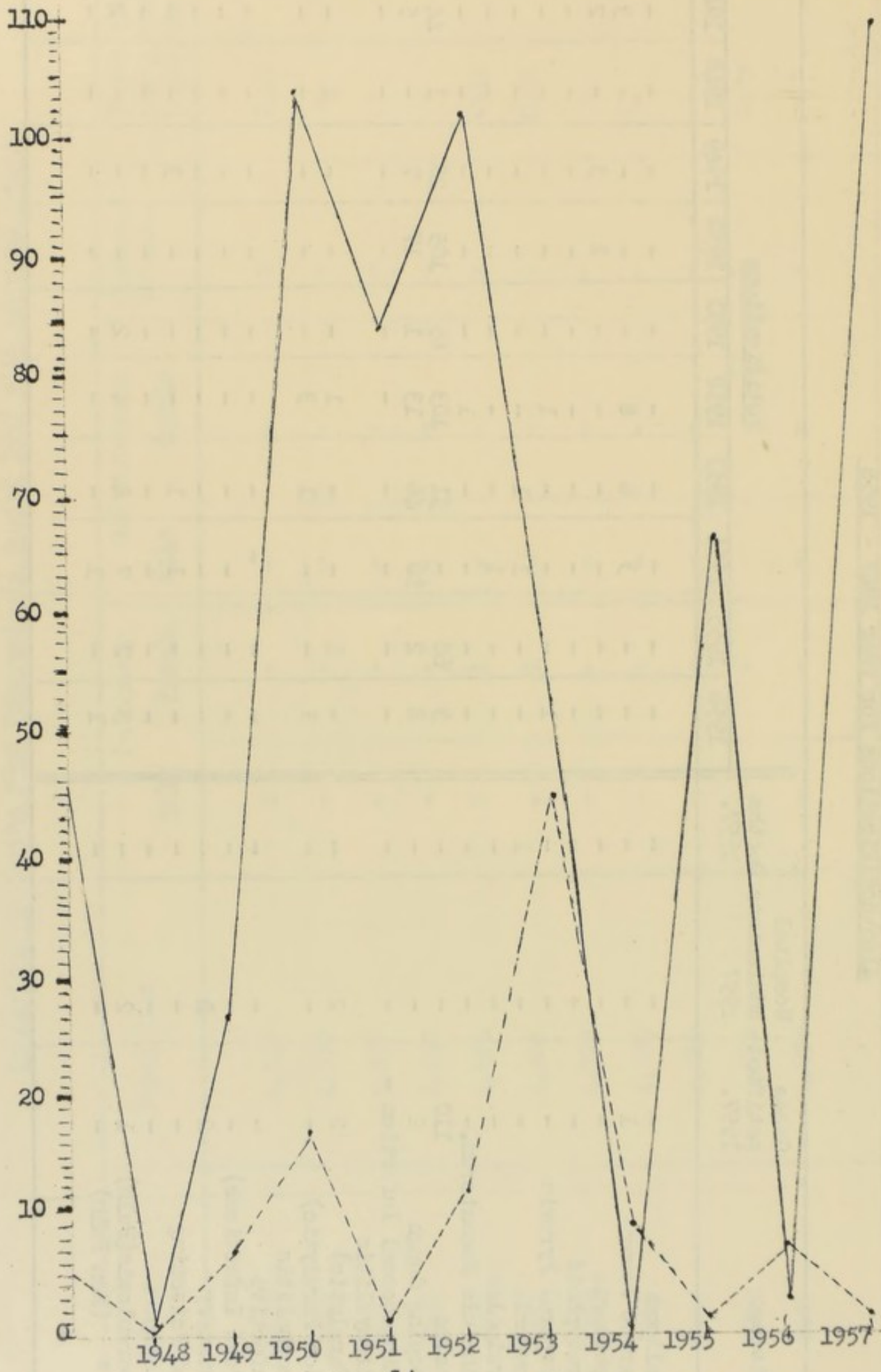
Number removed from Register due to:-							
a) Death	-	-	-	-	-	-	-
b) Removed from District.	-	-	-	-	1	1	1
c) Denotification.	-	-	-	-	-	-	-
Number remaining on Register at 31.12.57.	26	19	45	8	3	11	56

TABLE IV
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	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	-	-	-	-	-	-
1954	4,780	-	-	-	-	-	-
1955	4,860	-	-	-	-	-	-
1956	4,910	1	-	-	-	1	0.23
1957	4,950	-	-	-	-	-	-

Measles and Whooping Cough Notifications
1947 - 1957.



Measles

Whooping Cough

SECTION IV

Immunisation and Vaccination

The re-arranged programme of immunisation and vaccination is with the 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 & 5th months.	Whooping Cough	Suspended Pertussis Vaccine.	3 intramuscular (or subcutaneous) injections of 1.c.c. at month intervals	1 injection of 1.c.c. at 2 years.
6th & 7th months (or during 10th to 12th month)	Poliomyelitis.	British or American Vaccine.	2 intramuscular injections of 1.c.c. at month intervals. Either can be used for both 1st or 2nd injections.	
8th & 9th month.	Diphtheria.	(F.T.)Formol Toxoid for primary immunisation. (T.A.F)Toxoid anti-toxin floccules for refresher or booster doses.	2 intramuscular (or subcutaneous) injections of 1.c.c.(F.T.) at month intervals.	1 intramuscular injection of 1.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 1.c.c.toxoid with 2 month interval between 1st & 2nd dose and 6 to 12 month interval between 2nd & 3rd dose.	

Details of vaccination and immunisation relating to the Eton Urban District for 1957 are as shown below:-

Age	Vaccination against Smallpox.		Immunisation.		Re-Immunisation.
	Number of Vaccinations.	Number of Re-Vaccinations.	Diphtheria.	Combined	
Under 1 yr.	30	-	-	37	-
1 year.	3	-	-	10	-
2 - 4 years.	3	-	-	-	-
5 -14 years.	2	-	8	-	127
15 or over.	7	5	-	-	-
Totals:	45	5	8	47	127

SECTION V

CLINICS AND TREATMENT CENTRES

Maternity and Child Welfare Clinics

<u>Centre</u>	<u>Location</u>	<u>Sessions</u>	<u>Sessions with Medical Officer.</u>
Eton.	College Arms, High Street.	1st and 3rd Tuesdays.	3rd Tuesday.
Eton Wick.	Village Hall.	1st and 3rd Fridays.	1st Friday.

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.

Chest Clinic

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

Venereal Diseases Clinics

King Edward VII Hospital, Windsor. (Including Old Windsor Hospital).
Hillingdon Hospital, Hillingdon.
Royal Berkshire Hospital, Reading.

General Hospitals.

The Canadian Red Cross Memorial Hospital, Taplow, Nr. Maidenhead.
King Edward VII Hospital, Windsor.
Old Windsor Hospital, Crimp Hill, Old Windsor.
Upton Hospital, Slough.
Maidenhead General Hospital, Maidenhead.

Chronic Sick

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

Part III Accommodation.

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

Clinics and Treatment Centres (continued)

Maternity Accommodation

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

Ante and Post-Natal Clinics

King Edward VII Hospital, Windsor.	Ante-Natal	Monday mornings
King Edward VII Hospital, Old Windsor Unit, Old Windsor.	Ante 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	3rd Monday mornings (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).

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.

ETON URBAN DISTRICT COUNCIL

Annual Report of the Chief Public Health Inspector

For the Year 1957.

FOOD INSPECTION

(a) Meat. Facilities for the slaughtering of cattle and pigs produced in the Eton Urban District are provided by the public slaughterhouse at Slough. With the exception of pigs very little meat is reared for slaughter in the area. These are disposed of through Slough Market for slaughter at Slough or distribution to bacon factories. Meat for human consumption is received from Slough Corporation slaughterhouse and through wholesalers in Windsor and the London area. There are no registered slaughterhouses in the Eton Urban District and no post mortem examinations are therefore carried out.

As a result of periodic inspections and voluntary surrender 29 lbs. of meat in various quantities were found to be unfit for human consumption and were condemned by me and destroyed under my supervision.

No applications have been received during the year for grading under the Pig Marketing Guarantee Scheme.

(b) Milk. The area is a scheduled area and all milk produced in the area is sent in bulk for pasteurisation. All milk retailed in the area is now pasteurised and is supplied daily already bottled from premises outside the area. A total of six supplementary licences were issued authorising the special designations "pasteurised" and "tuberculin tested" in relation to milk which was sold by retail from premises registered outside the area of the Urban District, and two dealer's licences authorising the use of the special designation "pasteurised" were issued for the retail of milk from premises within the Urban District. All milk sold from these premises is pre-bottled and pasteurised outside the area.

No complaints were received concerning the milk supplied in the area. One complaint was received concerning a dirty bottle, and the appropriate informal action was taken in this respect.

(c) Other Foods. The total number of food premises in the area is 53, sub-divided as follows:-

Grocers	8
General Stores	2
Inns	6
Cafes	8
British Restaurant	1
Fishmonger	1
Fried and Wet Fish	1

B/Fwd	27
Butchers	4
Bakers and Confectioners	3
College Tuck Shops,Stores and Confectioners	2
Sweets,Ice Cream and Tobacco	9
Greengrocers	2
Dairies	1
Bakehouses	3
Summer Stalls	2
	<hr/>
	53

There are twenty four premises registered under Section 16 of the Food and Drugs Act 1955, but no dairies under the Milk Regulations 1949 to 1954. The above registrations are sub-divided as follows:-

Sale of Ice Cream	8
Sale of Ice Cream and Preserved Food	5
Sale of Preserved Foods	8
Manufacture of Preserved Foods	3

Thirty six inspections were made at the above registered food premises. With the exception of the three registered premises on which sausages are manufactured the remainder of the registrations relate to the sale of pre-packed ice cream and preserved foods. In almost all cases these are sold as packed by the manufacturer and are stored on the premises in a proper manner.

In almost all cases condemned food is disposed of by burial. Unfit tinned food is removed from its containers and buried, and in some cases condemned food is burnt.

There was no necessity for a special examination of a stock or consignment of food.

No ice cream was manufactured in the area. All ice cream was delivered pre-packed by reputable manufacturers.

General. Upon inspection nine tins of food, two stones of fish and a small quantity of other foods, were found to be unfit for human consumption, and were condemned and destroyed under my supervision.

DRAINAGE AND SANITATION.

Sewage is disposed of through the Slough Corporation Sewage Disposal Works. The limitation imposed by Slough Corporation during the construction of their works extension has now been removed due to completion of the Works, and the sewage lagoons at Bell Farm have been dried out and the land reinstated for agricultural use.

During the year the new manholes on the main trunk sewer were completed and a limited amount of cleansing took place. There were no major extensions to the sewerage system during the year.

During the year fourteen new premises were connected to the public sewer.

Seventeen houses still discharge their sewage into septic tanks which are emptied twice a year by the Council.

Nine houses have bucket closets. No night soil collection is made and the contents are buried on the land. These houses are provided with soakaways or cesspools for disposal of sink and domestic waste water.

WATER SUPPLY.

Water to the area is supplied from Windsor Corporation Waterworks in Eton. A piped supply is available to the whole area. During the hot weather in 1957 there was a serious risk of failure of the domestic supply because of excessive use for gardens, and Windsor Corporation were obliged to restrict the use for this purpose in order to maintain the supply for domestic needs.

The water is tested at fortnightly intervals and copies of the water analysis are supplied regularly to the Council by Windsor Corporation. These indicate that the water has been maintained to a proper standard of purity.

In addition a sample of water has been submitted for chemical analysis and this has proved satisfactory.

A few premises on the northern boundary of the Urban District are supplied with a piped water supply by the Slough Corporation.

There was no major extension to the water distribution system during the year.

During the year eleven houses were connected to the public supply.

All water to the area is chlorinated.

The hutted camp at Dornoy Common has been demolished. This was supplied with water through the Council's distribution system which is now being disconnected.

REFUSE COLLECTION AND DISPOSAL.

With the exception of national holiday periods the Council continue to maintain a weekly collection of refuse. The refuse is disposed of by controlled tipping.

KITCHEN WASTE.

Kitchen waste throughout the Urban District is collected by private arrangement with pigkeepers and this has proved satisfactory.

No nuisance has been reported from the collection of kitchen waste. Some complaints continue to be received concerning a certain amount of nuisance from cooking and sterilising kitchen waste, and reasonable precautions have been maintained to reduce this to the minimum.

DISINFESTATION.

Rooms in four houses have been disinfected after cases of notifiable infectious diseases.

There were no cases of bed bugs reported or dealt with during the year.

RODENT CONTROL.

During the year the Council's efforts to control rodent infestation have again been stepped up with satisfactory results. There is still nuisance from infestation, and all cases reported are dealt with. Two block control surveys carried out and all necessary infestation was treated. A further fifty per cent test was carried out and one case of infestation was discovered and the appropriate treatment carried out.

Regular attention is given to the Council's refuse tip which is maintained free of infestation.

MOVEABLE DWELLINGS.

The Council have given further short period permissions for six caravans to be used for habitation on Crown Farm Caravan Site.

SLUM CLEARANCE.

During the year representations were submitted to the Council for two clearance areas involving the clearance of twenty two unfit houses, and also representations for twelve houses to be the subject of Closing Orders.

FACTORIES ACTS, 1937 & 1948

PART I of the Act

1. INSPECTIONS for the purposes of provisions as to health
(including inspections made by the Public Health Inspector)

Premises	No. on Register.	Number of		Occupiers Prosecuted.
		Inspections.	Written Notices	
Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities.	14	21	-	-
Factories not included in (1) in which Sec. 7 is enforced by Local Authorities.	27	40	8	-
Other premises in which Sec. 7 is enforced by the Local Authority. (excluding out-worker's premises)	-	-	-	-
Total:	41	61	8	-

FACTORIES ACTS (Continued)

Part I of the Act.

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars.	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted.
	Found	Remedied	Referred to H.M. Inspector.	Referred by H.M. Inspector.	
Want of cleanliness.	14	14	-	6	-
Overcrowding.	-	-	-	-	-
Unreasonable temperature.	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors.	-	-	-	-	-
Sanitary Conveniences.	-	-	-	-	-
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective.	3	2	-	2	-
(c) Not separate for sexes.	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork.	-	-	-	-	-
TOTAL:	17	16	-	8	-

FACTORIES ACT. (Continued)
Part VIII of the Act.
(Sections 110 and 111)

Nature of Work	Section 110		Section 111			
	No. of outworkers in August list required by Sec. 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 apparel.etc., Cleansing and Washing.	20	-	-	-	-	-
TOTAL:	20	-	-	-	-	-

WATER ANALYSIS.

1. Bacteriological Examination of a Sample of Water.

Number of Colonies developing on Agar.	1 day at 37°C.	2 days at 37°C.	3 days at 20°C.
	25 per ml.	40 per ml.	200 per ml.
	Present in.	Absent from.	Probable number.
Presumptive Coli- areogenes Reaction.	10 ml.*	1 ml.	13 per 100 ml.
Bact.coli.(Type 1)	100 ml.	50 ml.	1 per 100 ml.
Cl.Welchii Reaction.	100 ml.	10 ml.	

* Aerogenes Type 11
Irregular Type 1

This sample is practically clear and bright in appearance, and the degree of bacterial impurity is very moderate for the treatment which is in operation.

2. Chemical examination of a sample of water.

Chemical Results in parts per million.

Appearance:	Clear and bright.	
Colour.		Nil
pH.		7.4
Electric Conductivity.		1280
Chlorine present as Chloride.		220
Hardness: Total =	195.	195
	Carbonate -	195
	Non-carbonate	Nil
Nitrate Nitrogen		0.0
Ammoniacal Nitrogen*		1.2
Albuminoid Nitrogen*		0.000
Metals		Absent
Turbidity		Nil
Odour		Nil
Free Carbon Dioxide		21
Dissolved Solids dried at 180°C.		855
Alkalinity as Calcium Carbonate		255
Nitrite Nitrogen		Less than 0.01
Oxygen Absorbed		0.30
Residual Chlorine		Absent

* To convert Ammonia multiply by 1.21

This sample is clear and bright in appearance, has a reaction slightly on the alkaline side of neutrality and is free from metals. The hardness of the water is moderate and it contains no excess of mineral or saline constituents in solution. It conforms to the highest standard of organic quality.

These results are indicative of a water which, from the aspect of the chemical analysis, is pure and wholesome in character and suitable for drinking and domestic purposes.



