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ETON
DISTRICT



URBAN
COUNCIL

ANNUAL REPORT



of the

MEDICAL OFFICER OF HEALTH

and the

PUBLIC HEALTH INSPECTOR

1961

ETON URBAN DISTRICT COUNCIL

Health, Highways and Works Committee

January to May, 1961

Chairman:
Councillor R. D. Baird.

" Mrs. W. H. Hay.
" Mrs. E. C. Hazell.
" J. Bright.
" W. E. Hamblin.
" C. F. Paintin.
" W. H. Sharp.
" R. J. Clibbon, ex-officio.

Health, Highways and Works Committee

May to December, 1961

Chairman:
Councillor R. D. Baird.

" Mrs. A. H. Bull.
" Mrs. W. H. Hay.
" Mrs. J. L. Wiley.
" J. Bright.
" W. E. Hamblin.
" C. F. Paintin.
" W. H. Sharp.
" R. J. Clibbon, ex-officio.

STON BEAR DISTRICT COUNCIL

Meeting, November and December 1951

January to May, 1952

Chairman:

Councillor A. D. Bell.

Mrs. E. H. Bell.

Mrs. E. C. Bell.

J. Bell.

E. H. Bell.

C. E. Bell.

E. H. Bell.

E. H. Bell, ex-officio.

Meeting, November and December 1951

May to December, 1951

Chairman:

Councillor E. D. Bell.

Mrs. E. H. Bell.

Mrs. E. H. Bell.

Mrs. E. H. Bell.

J. Bell.

E. H. Bell.

C. E. Bell.

E. H. Bell.

E. H. Bell, ex-officio.

ETON URBAN DISTRICT COUNCIL

Annual Report

of the

Medical Officer of Health

For the Year 1961.

To the Chairman and Members of the Council:

MR. CHAIRMAN, LADIES AND GENTLEMEN,

It is my privilege once again to submit an annual report on matters relevant to the health of the district.

The Registrar General's estimation of the mid year population is 5,430 which represents an actual increase over the previous year of 240. The figure is composed of the natural population increase (births minus deaths) plus the number of new immigrants into the district. The total number of live births this year is 75 compared with 70 the previous year and the deaths 35 which is an increase of 5. Owing to the very small numbers involved, live birth rates and death rates per 1,000 are not particularly helpful information. The infant mortality, i.e. number of deaths of infants under 1 year is 3 compared with 1 the previous year, and also the neo-natal mortality, i.e. deaths under 4 weeks is 2 compared with 1 in 1960.

The number of cases of Tuberculosis under treatment or observation has shown little variation. The actual number on the register on the first day of the year was 60 and on the last day of the year 63. Notifications of Measles and Whooping Cough showed a slight increase but numbers were still small.

When writing this preface annually I usually enjoy the privilege of making a few comments on matters of general public health interest because in a healthy district such as this we might forget about the things which could happen. I feel it is worth commenting that too many people still unthinkingly accept accidents as misfortunes over which the individual has no control. Too often one hears the statement "Accidents will happen", as if that excused everything, but if the circumstances in any case are studied, whether in the home or school, on the road or farm, or almost anywhere, it can usually be seen that it might have been avoided or at least ways can be found to reduce the number or seriousness of such happenings. Accidents are not as a rule

chance events which just "happen". Almost always they are the outcome of a chain of causes and most of them can be prevented. We may of course be lucky in this district in that we have not suffered as much as others in this respect, but can our luck last? Our population is increasing; there are new immigrants to our district and more children and young people. Investigations carried out elsewhere have shown that more children and young people under 20 die from accidents than from all other causes combined. The majority of accidents happen in situations which are generally thought to be safe. It might be wise therefore to ponder now and then on preventive measures while we still feel we are safe. As children and young people are so vulnerable the best hope of accident prevention is almost certainly through more intensive safety education as part of the school curriculum. While on this subject of safety education I would like to refer to a very topical matter of health education which could also be more satisfactorily dealt with as part of the school curriculum, v.i.z. tobacco smoking and principally cigarette smoking. The literature connecting cigarette smoking and lung cancer has recently been reviewed by the report of the Royal College of Physicians on "Smoking and Health", which also makes various suggestions for possible action to discourage the smoking habit and particularly its prevention amongst the young. Surveys on this subject have been carried out by various people or organisations in various areas or countries and the findings are always interesting and very helpful. A few of the points noted from these investigations are:-

"Many children have had smoking experience by 8 years of age."

"Whereas 12 year old school boys smoked regularly (at the Secondary Modern Schools investigated) there was a doubling of the percentage in the 13 year old age group."

"Boys smoke more than girls but one report found the position reversed as regards university students and nurses."

"Children's smoking habits are related to those of their parents, the girls' smoking habits being particularly dependent on that of their mothers."

"When neither mother or father smoked regularly the child was less likely to do so."

"A higher proportion of boy smokers occurred in those who participated to a lesser degree in athletics and also in other school activities."

"Educational preventive measures should start casually with the youngest children and be greatly intensified at about 13 years of age and continued to about 18 years when the greatest danger of one becoming a habitual smoker is over."

"In one area it was found that men who were not churchgoers were more likely to smoke than those who were churchgoers and were also more likely to smoke heavily."

"Non smoking tended to be associated with abstention from alcohol."

"Child smoking is largely experimental and children persist with their experiments not for any pleasure they get out of them but in imitation of adults, also as a matter of prestige to demonstrate their maturity. These experiments soon lead to the path of addiction."

Medical opinion stresses that lung cancer is potentially a preventable disease through a reduction in cigarette smoking and air pollution. The reduction of cigarette smoking in the case of adults is a personal and individual matter but in the case of children much could be done by parental example and teaching in schools regularly as part of the school curriculum.

Although we are unable at present to do anything about the personal smoking habits of individual members of the community it is encouraging to note that we can if considered necessary do something about pollution of the atmosphere with household or furnace smoke. There can be little doubt that there is a close association between this type of smoke and bronchitis, a disease from which a large percentage of the population suffers either acutely or chronically. More recently there is evidence showing association between household smoke and cancer of the lung but the chances of inhaling this type of smoke in quantities similar to the inhalation of cigarette smoke are obviously small. It is more likely that diesel smoke from vehicles in congested traffic areas would offer greater opportunity for the inhalation of polluted air in dangerous concentrations in a district such as this.

The water supply in this district comes from the Borough of Windsor who are water undertakers. The sampling done by us in our district is from piped supplies only of water which has been treated, as officers of this Council could not normally have access to the wells from which the raw water is obtained. The samples which have been examined chemically and bacteriologically have always been satisfactory and specimen reports are appended for information. Although our water supply is very reliable I am particularly anxious that we should continue to examine samples whenever this appears to be desirable and that we should not rely wholly on another authority for copies of reports. Although we are well acquainted with bacteriological and chemical tests, we should, I think, bear in mind the possibilities of new hazards from things such as radioactivity and viruses which are not normally sought in the course of water analysis. These possibilities may cause us to renew our interest in the treatment of raw water supplies, the standards of which we have

come to accept without question and take it for granted that all treated water is pure. The chances of carrier infection amongst workers employed by the water authority must be borne in mind and also the possibility of new types of infection with which we are not normally accustomed, e.g. parasitic worms, being conveyed by immigrants from abroad as many of these people are now employed in this country and their standards of hygiene may not be as good as ours. Examination for carriers is always difficult as excretion of the infection is nearly always intermittent. I mentioned radioactivity and it is interesting to note that three establishments of the United Kingdom Atomic Energy Authority discharge some radioactive waste into the River Thames. This need not however worry us unduly as we are assured that strict supervision of these discharges prevents any dangerous contamination of the water and our drinking and domestic water supplies are not derived from the river. Only some very unusual accident would give us cause for further thought in this respect. As regards the presence of pathogenic viruses in drinking and domestic water supplies I am sure we need to know a great deal more about their possible importance. Laboratory strains of Poliomyelitis and other viruses are slightly more resistant to chlorination than bacteria and this leads to the conclusion that if we want to make our water supply comprehensively safe for drinking we should consider whether our present methods of purification are adequate. With the introduction by laboratories of tissue - culture methods for virus isolation it is now possible to examine river waters for contamination by pathogenic viruses discharged in sewage effluents. It is conceivable that examination of any effluent in this way might in particular circumstances be of assistance in locating a source of contamination.

During the year under review progress has been made in the field of vaccination and immunisation. Circumstances have altered since the Medical Research Council first published their report on Immunisation and Neurological Lesions and in view of this the scheme of preventive inoculations and vaccination has been adjusted so as to discontinue the use of single antigens (vaccines) only and to substitute combined antigens against Diphtheria, Whooping Cough and Tetanus. The scheme has also been altered so as to obtain the maximum protection by not giving any injection before the age of 6 months and by carrying out inoculation against Poliomyelitis before using the triple vaccine against the other diseases mentioned above. Vaccination against Smallpox (which is not an injection) is the only protective measure offered before the age of 6 months in the new scheme.

Further advances have been made in the case of Poliomyelitis vaccination by the introduction of the oral ("Sabin") vaccine in place of the injection of "Salk" vaccine. There are certain advantages of course in giving a vaccine by mouth instead of by injection but at

GENERAL STATISTICS

present the oral vaccine will not be used for vaccinating anyone outside the priority groups, (i.e. those from 6 months to 40 years and those over 40 who are at special risk). There are many instructions governing the use of the oral vaccine and priorities which I need not detail here but these are all necessary during the transitional stage and are for the benefit of the public who will be all the more fully protected.

I should like once again to thank all Members for the support I have always received.

Your Obedient Servant,

G.HOBBIN.

Medical Officer of Health.

GENERAL STATISTICS

Area	993 acres
Number of inhabited houses at end of 1961 ..	1,505.
Rateable value at 1.4.61	£68,706.
Product of Penny Rate 1960/61.	£282.
Population (Registrar General's estimate for mid-year)...	5,430.

VITAL STATISTICS

<u>LIVE BIRTHS</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	46	25	71
Illegitimate..	1	3	4
	<u>47</u>	<u>28</u>	<u>75</u>
Birth rate per 1,000 population	13.8		
National Rate	17.4		
Comparability Factor.	1.10		
Illegitimate live births per cent of total live births.	5.33		
<u>STILL BIRTHS</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	1	1	2
Illegitimate	-	-	-
	<u>1</u>	<u>1</u>	<u>2</u>
Still birth rate per 1,000 total births	25.9		
Still birth rate per 1,000 population	0.37		
National rate per 1,000 total births	18.9		
Total live and still births	77		

INFANT MORTALITY (Deaths of infants under 1 year of age) Male Female Total

Legitimate ...	...	...	...	...	1	2	3
Illegitimate..	...	...	...	...	-	-	-
					<u>1</u>	<u>2</u>	<u>3</u>

Infant mortality rate per 1,000 live births ... 40.00

Legitimate infant deaths per 1,000 live births. ... 40.00

Illegitimate infant deaths per 1,000 illegitimate live births. ... Nil

National Rate 21.4

NEO-NATAL MORTALITY (Deaths of Infants under 4 weeks of age) Male Female Total

Legitimate...	...	...	...	...	1	1	2
Illegitimate.	...	...	...	...	-	-	-
					<u>1</u>	<u>1</u>	<u>2</u>

Neo-natal mortality rate per 1,000 live births ... 26.7

EARLY NEO-NATAL MORTALITY (Deaths of infants under 1 week) Male Female Total

Legitimate ...	...	...	...	...	1	1	2
Illegitimate..	...	...	...	...	-	-	-
					<u>1</u>	<u>1</u>	<u>2</u>

Early Neo-Natal mortality rate per 1,000 live births...26.7

PERI-NATAL MORTALITY (Stillbirths and deaths under 1 week)

Number of stillbirths and deaths ... 4

Peri-natal mortality rate per 1,000 live and still births. ... 51.9

MATERNAL MORTALITY

Total from all causes (including abortion)...	Nil
Death Rate per 1,000 live and still births...	Nil
National rate...	0.33

DEATHS

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Number of deaths...	18	17	35
Crude death rate per 1,000 population...	6.4		
Corrected death rate - allowing for sex and age. (Comparability Factor = 1.47)...	51.45		
National death rate...	12.00		
Ratio of corrected death rate to National	4.29		

CAUSES OF DEATH IN THE ETON URBAN DISTRICT

Male Female Total

1.Tuberculosis, respiratory...	...	...	-	-	-
2.Tuberculosis, other..	....	....	-	-	-
3.Syphilitic disease..	...	....	-	-	-
4.Diphtheria...	...	....	-	-	-
5.Whooping Cough...	..	...	-	-	-
6.Meningococcal infections	...	...	-	1	1
7.Acute Poliomyelitis..	...	...	-	-	-
8.Measles ...	...	...	-	-	-
9.Other infective and parasitic diseases	...	...	1	-	1
10.Malignant neoplasm, lung, bronchus.	....	....	4	-	4
11.Malignant neoplasm, stomach.	...	...	-	1	1
12.Malignant neoplasm, breast..	...	...	-	1	1
13.Malignant neoplasm, uterus.	....	....	-	1	1
14.Other malignant and lymphatic neoplasms..	...	...	1	1	2
15.Leukaemia, aleukaemia	....	...	-	-	-
16.Diabetes ...	....	...	-	-	-
17.Vascular lesions of nervous system	...	...	-	3	3
18.Coronary disease, angina	....	...	5	2	7
19.Hypertension with heart disease...	...	...	-	-	-
20.Other heart disease...	....	...	1	1	2
21.Other circulatory disease...	....	...	-	1	1
22.Influenza ...	...	...	-	-	-
23.Pneumonia ...	...	...	1	-	1

<u>CAUSES OF DEATH (Continued)</u>				<u>Male</u>	<u>Female</u>	<u>Total</u>
24. Bronchitis ...	...	...	...	2	-	2
25. Other diseases of respiratory system ...	...	...	...	-	-	-
26. Ulcer of stomach and duodenum. ...	...	...	...	-	-	-
27. Gastritis, enteritis and diarrhoea. ...	...	...	...	-	-	-
28. Nephritis and nephrosis ...	...	...	...	-	-	-
29. Hyperplasia of prostate ...	...	...	...	-	-	-
30. Pregnancy, childbirth, abortion ...	...	...	...	-	-	-
31. Congenital malformations ...	...	...	...	-	2	2
32. Other defined and ill-defined diseases ...	...	...	...	1	2	3
33. Motor vehicle accidents. ...	...	...	...	1	-	1
34. All other accidents.. ...	...	...	...	1	1	2
35. Suicide... ..	...	...	...	-	-	-
36. Homicide and operations of war ...	...	...	...	-	-	-
				<u>18</u>	<u>17</u>	<u>35</u>

Deaths from Principal Causes

	<u>No.</u>	<u>Death Rate</u>
Malignant diseases - all types.	9	1.65
Vascular lesions of nervous system.	3	0.55
Respiratory diseases.	3	0.55
Diseases of the heart - all types.	10	1.84
Other circulatory diseases...	...	...
Influenza ...	...	...
Pharyngitis ...	...	...

TUBERCULOSIS

Notification Register - Additions and Deletions.

	Pulmonary			Non - Pulmonary			Combined Totals
	Male	Female	Total	Male	Female	Total	
Number on register at 1.1.61.	28	21	49	8	3	11	60
Number entered by primary notification or on transfer into the district.	3	1	4	-	-	-	4
Number removed from register.	1	-	1	-	-	-	1
Number remaining on register at 31.12.61.	30	22	52	8	3	11	63

INFECTIOUS DISEASES NOTIFICATIONS

Measles.....39

Whooping Cough.....10

Tuberculosis (Pulmonary).....4

53

VACCINATION AND IMMUNISATION

Immunisation and Re - Immunisation

Year of Birth	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	15+	Total
Primary Diphtheria.	1	19	3	2	-	-	1	2	-	-	-	-	-	-	-	-	-	28
" Diph/Wh.Cough.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" Diph/Tetanus.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" Diph/Wh.C/Tetanus.	15.	18	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	35
Re - Immunisation.	-	2	1	-	-	39	15	1	-	-	-	-	-	-	-	-	-	58
Primary Whooping Cough.	-	14	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15
Tetanus.	-	1	3	5	1	1	-	-	-	-	-	-	-	-	-	-	-	11
	16	54	9	7	1	40	17	3	-	-	-	-	-	-	-	-	-	147

Vaccination and Re - Vaccination

	Under 1 yr.	1 year	2 - 4 yrs.	5 - 14 yrs.	15+	Total
Vaccination	34	1	1	3	1	40
Re-Vaccination	-	-	-	-	1	1
	34	1	1	3	2	41

CLINICS AND TREATMENT CENTRES

Maternity and Child Welfare Clinics

CENTRE	LOCATION	SESSIONS	SESSION WITH MEDICAL OFFICER
Eton	Austin Leigh & Baldwin Institute	1st and 3rd Tuesday	3rd Tuesday
Eton Wick	Village Hall	1st and 3rd Friday	1st Friday

Family Planning Clinics

Slough - Upton Hospital, Slough.

Mondays - 6.p.m. - 7.30.p.m.

Tuesdays - 6.p.m. - 7.30.p.m.

Wednesdays - 11.a.m. - 12.30.p.m.

Slough - Health Centre, Burlington Road, Slough.

Fridays - 2.15.p.m. - 4.p.m.

Chest Clinic

Slough

The Chest Clinic is held at Upton Hospital, Slough, where appointments may be made with the Chest Physician in Charge.

Venereal Diseases Clinics

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

General Hospitals

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

Chronic Sick

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

Part III Accommodation

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

Maternity Accommodation

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

Ante and Post Natal Clinics.

King Edward VII Hospital, Windsor.	Ante Natal	Monday mornings.
King Edward VII Hospital, Old Windsor Unit.	Ante and Post Natal	Wednesday and Friday mornings.
Canadian Red Cross Memorial Hospital, Taplow.	Ante Natal	Every Thursday morning.
Colinswood Maternity Home, Farnham Common.	Ante and Post Natal	Every 3rd Monday morning and every Wednesday morning.
Upton Hospital, Slough.	Ante and Post Natal	Monday morning and afternoon and Thursday and Friday afternoon. (Ante Natal Monday afternoon and Friday afternoon (Post Natal)

ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR FOR THE YEAR 1961.

FOOD PREMISES

There are fifty nine premises at which food is prepared or sold, and the type of business can be sub-divided as follows:-

Grocers	8
General Stores	2
Licensed Premises	11
Fishmongers	Nil
Fried and Wet Fish	1
Cafes and Restaurants	9
British Restaurant	1
Butchers	4
Bakers and Confectioners	3
College Tuck Shops and Confectioners	2
Sweets, Ice Cream and Tobacco	10
Greengrocers	2
Dairies	1
Bakehouses	3
Summer Stalls	2
	<hr/>
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Twenty six of the above mentioned premises are registered under Section 16 of the Food and Drugs Act 1955, for the manufacture of preserved food and the storage and sale of ice-cream. The registrations are:-

Sale of Ice Cream	10
Sale of Ice Cream and Preserved Food	5
Sale of Preserved Food	8
Manufacture of Preserved Food	3

All ice-cream is sold pre-packed.

Routine inspections have been made during the course of the year. One or two minor defects were found to exist and these were rectified immediately and without the necessity for informal or formal notices.

UNSOUND FOODSTUFFS

15 $\frac{3}{4}$ lbs. of tinned meats were voluntarily surrendered and certificates given. The condemnation was made with the consent of the wholesalers in view of the fact that several other tins from the same batch had been sampled elsewhere and several of them had been found to be contaminated with Salmonella Typhi. Murium.

Meat

No emergency slaughtering was carried out during this period.

REFUSE COLLECTION AND DISPOSAL

A weekly collection of refuse has been maintained throughout the year and the disposal has continued to be by way of controlled tipping at the Council's refuse tip.

The refuse tip is gradually filling and either a new tip or an extension of the existing one will become necessary during the coming year.

RODENT CONTROL

Surveys are made as a result of reported infestations or as a result of observations made by the Council's officers during the course of their other duties. Routine survey is made in the case of the Council's refuse tip which continues to be virtually rat free.

Whilst surveys are a free service, any consequent treatment is made the subject of a charge on the property owner.

DRAINAGE AND SANITATION

Sewage is disposed of by arrangement with the Slough Corporation through their Cippenham Disposal Works.

12 new premises were connected to the public sewer.

Construction work in connection with the additional pump at Eton Pumping Station is virtually complete and the new standby installation is about to be brought into operation.

The installation of an additional pump at Eton Wick Pumping Station is well in hand and will be in operation during the coming year.

MOVEABLE DWELLINGS

Six caravans were brought on to land at Crown Farm in contravention of a previous planning decision. The caravans were kept on the site for some weeks before being removed. Several inspections were made during this period, and after their removal, and it was found that the site was kept and left in a sanitary and tidy condition.

SJUM CLEARANCE

Preliminary work is well advanced on the clearing of the Council's redevelopment site.

SLUM CLEARANCE (Continued)

Another seventeen properties are the subject of further clearance procedure and rehousing of the occupants will be carried out on completion of the current redevelopment scheme.

WATER SUPPLY

Water to the area is supplied from Windsor Corporation Waterworks in Eton.

Weekly sampling is carried out by Windsor Corporation who forward copies of the bacteriologist's report to this Council. These samples have proved to be satisfactory throughout the year.

A sample of water was obtained by this Council's officers and submitted for chemical and bacteriological examination. The reports were satisfactory and are set out in full on subsequent pages.

WATER ANALYSIS

CHEMICAL RESULTS IN PARTS PER MILLION.

Appearance - Clear and bright.		Turbidity	Nil
Colour	7	Odour	Nil
pH	7.0	Free Carbon Dioxide	45
Electric Conductivity	790	Dissolved Solids dried at 180°C.	545
Chlorine present as Chloride	40	Alkalinity as Calcium Carbonate	255
Hardness: Total	355	Carbonate	255
		Non-Carbonate	100
Nitrate Nitrogen	4.9	Nitrite Nitrogen	Absent
Ammoniacal Nitrogen *	0.000	Oxygen Absorbed	0.50
Albuminoid Nitrogen *	0.023	Residual Chlorine	Absent
Metals: Iron, Zinc, Copper and Lead	- Absent		

* To convert to Ammonia multiply by 1.21

BACTERIOLOGICAL RESULTS

Number of colonies developing on Agar.

1 day at 37°C.	1 per ml.
2 days at 37°C.	1 per ml.
3 days at 20 - 22°C.	0 per ml.

Presumptive Coliform reaction.

Present in	-
Absent from	100 ml.
Probable number	-

Bact. coli. (Type 1)

Present in	-
Absent from	100 ml.
Probable number	-

This sample is clear and bright in appearance, neutral in reaction and free from metals. The water is very hard in character but its hardness and its contents of mineral and saline constituents in solution are not considered excessive. It conforms to the highest standard of organic quality and bacterial purity.

These results are indicative of a pure and wholesome water suitable for drinking and domestic purposes.

FACTORIES ACTS, 1937 to 1959

Part 1 of the Act

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

Premises	Number on Register	Number of		
		Inspection	Written notices	Occupiers prosecuted.
Factories in which Secs.1,2,3, 4 and 6 are to be enforced by Local Authorities.	3	2	-	-
Factories not included in (i) in which Section 7 is enforced by the Local Authority.	19	14	-	-
Other Premises in which Sec.7 is enforced by the Local Authority. (excluding out-workers premises)	-	-	-	-
Total	22	16	-	-

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. Insp.	
Want of cleanliness	-	-	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-

2. Cases in which DEFECTS were found.(Continued)

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted.
	Found	Remedied	Referred		
			To H.M. Insp.	By H.M. Ins.	
Ineffective drainage of floors.	-	-	-	-	-
Sanitary Conveniences					
(a) Insufficient	1	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
Total	1	-	-	-	-

Number of cases in which prosecutions were instituted.	Referred to H.M. Insp.	Remedied	Found	Number of cases in which defects were found	Number of cases in which prosecutions were instituted.
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-

FACTORIES ACT (Continued)

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 Section 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 apparel } Making etc., } Cleaning } and } Washing. }	1	-	-	-	-	-
Total:	1	-	-	-	-	-

