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7

ETON URBAN DISTRICT COUNCIL

ANNUAL REPORT


of the

MEDICAL OFFICER OF HEALTH

and the

PUBLIC HEALTH INSPECTOR

1966



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ETON URBAN DISTRICT COUNCIL

Health, Highways and Works Committee

January to May, 1966

Chairman:

Councillor M. H. Devenport

" Miss U. E. M. Badger

" Mrs. W. H. Hay

" J. Bright

" W. E. Hamblin

" W. H. Sharp

" R. H. Tarrant

" R. M. Tarrant

Health, Highways and Works Committee

May to December, 1966

Chairman:

Councillor M. H. Devenport

" Miss U. E. M. Badger

" Mrs. J. Macindoe

" A. D. Akers

" J. Bright

" W. W. Cooley

" R. M. Tarrant

" B. J. K. Tricker

ETON URBAN DISTRICT COUNCIL

Annual Report

of the

Medical Officer of Health

For the Year 1966

To the Chairman and Members of the Council:

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting herewith the Annual Report for 1966.

The Registrar General's estimation of the Mid-year population is 5300, which is precisely the same as the previous year. The total number of births was 58 and the total deaths 27. The natural increase in population which is the difference between births and deaths is 31 but the fact that the total population has remained exactly the same indicates that emigration from the district has exceeded immigration by 31. Compared with the previous year the total number of live births has fallen slightly but so also has the number of deaths dropped by almost the same number. The number of deaths of infants under 1 year of age was two and under 4 weeks of age again was two compared with a figure of three in respect of both last year. This I think leads to the same comment as I have often made in other annual reports, that the statistics of our district generally show very little variation from year to year. Rates per 1000 population have been quoted in the report but these are of very little importance compared with the actual figures which are also shown. Comparability factors are shown in the report for births and deaths, and when local crude birth and death rates are multiplied by the appropriate comparability factor, they are comparable with the crude rate for England and Wales or with corresponding adjusted rates for any other area.

The incidence of infectious diseases has not caused any alarm but the trend is something which has to be constantly watched. As regards the diseases for which immunisation is available, much credit must undoubtedly go to the large scale immunisation campaign and the extensive work which we carry out in this respect. The main diseases for which immunisation can be provided are Smallpox, Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Typhoid and the Paratyphoids, Anthrax and Tuberculosis. Most of these are available through the Local Health Authority's personal health services.

A measles vaccine has been produced but is not so far in general use and vaccination against diseases such as Influenza and the Common Cold is not sufficiently lasting in effect to justify their inclusion in any immunisation campaign. Although immunisation is not exactly in its infancy, I believe it would be fair to say that it is scarcely beyond its early childhood. Advancement must depend on vigorous development of our knowledge of basic immunology. Breakthroughs usually occur in unexpected or unforeseen ways and it is to be hoped that this will happen eventually with regard to immunisation against diseases such as tumours, congenital abnormalities and the degenerative diseases. People who are likely to travel abroad should pay particular attention to their state of vaccination and in their own interests bring it up to date. Persons going to the tropics or sub-tropics should bear in mind that they may be exposed to infection not normally prevalent in this country. The International Sanitary Regulations name three diseases for which an international certificate of vaccination is required and the periods of validity of these certificates are also prescribed:-
These are:-

<u>Smallpox</u>			<u>Validity</u>
(successful Primary Vaccination and re-vaccination)			3 years
<u>Cholera</u>			
(Primary and re-vaccination)	...	...	6 months
<u>Yellow Fever</u>			
(Primary and re-vaccination)	...	...	10 years

Some Health Authorities abroad have variations of the basic international agreement to meet their own requirements and information relating to a particular country can generally be supplied by the travel agents. It is important that the International Certificate should be on the prescribed form. Apart from the above regulations, travellers to all countries both in Europe and further afield should protect themselves by having T.A.B. Vaccination before departure.

From time to time housing problems have arisen in which there have been health aspects to be taken into consideration and I think it can be said that liaison between the appropriate officers of the Council and myself has been excellent with regard to such cases.

As regards other aspects of housing, such as unfit houses and structural defects which give rise to complaints, I have always had full co-operation and immediate assistance from the Surveyor and Public Health Inspector and other members of the staff. Housing is a subject with so many facets that team work is essential to providing the service required and I feel that our record must be as good as any in the country.

My comments as usual are of a general nature and do not refer to any particular case or events. I should like therefore to continue my observations to include the porcesses of slum clearance.

The extent to which slum clearance can take place is limited by the number of new houses a Local Authority is able to provide. This is true whether comprehensive development is carried out by the Authority themselves or sites are made available for private enterprise. Patching and mending old properties as a temporary measure can result in considerable expense on belated repairs without necessarily improving the living conditions of the occupants. The present Housing Act appears to have inherited expressions such as "dangerous or injurious to the health of the inhabitants" and while one would no doubt find some grounds for this assertion in relation to most clearance areas, a point I think is reached after the worst slums have been cleared where the picture of housing in relation to health becomes somewhat blurred and one might therefore question whether the "Official Representation" on grounds of health is really any longer necessary or has it outlived the purpose for which it was originally designed. Might it not be regarded as normal progress in housing standards towards the greater affluence of successive generations, the health aspect at present being purely ancillary.

Some years ago I mentioned the problem of noise and its adverse effects on the health of the community and the fact, which was well known even as far back as 1928, that it can shatter nerves and greatly reduce one's output and vitality and has been found in some cases to be the cause of chronic ill-health. Apart from road transport and aircraft, where there is certainly room for improvement, there are people to be found almost everywhere who through carelessness or thoughtlessness cause unnecessary noise and annoyance to others. It is more probable however that those who are guilty of creating a noise nuisance believe they have some form of inherent right to do just as they please with a complete disregard for the welfare of others. The latter are the real problem as some degree of noise is part and parcel of the life of any community. The Noise Abatement Act 1960 enables any three or more persons aggrieved by noise to complain to a Magistrate who can deal with the matter.

This may not rank as a large authority but it has always ranked as a very important one. Our population has always progressed on the "stop, go, stop" principle but this certainly does not apply to the amount of work to be done. I am therefore very grateful to all the Members for their support and to the Council staff who give me every assistance when required.

I am,

Your obedient Servant,

G. M. HOBBIN

Medical Officer of Health

GENERAL STATISTICS

Area	993 acres
Number of inhabited houses at 1.4.66...	1,568
Rateable Value at 1.4.66	£206,866
Product of Penny Rate 1965/66...	£731.18.3d.
Population	5,300

VITAL STATISTICS

<u>Live Births</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	23	28	51
Illegitimate..	2	5	7
	<hr/>	<hr/>	<hr/>
	25	33	58

Birth Rate per 1,000 population	10.9
National Rate	17.7
Comparability Factor	1.13
Illegitimate live births per cent of total live births	12.08

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

Still birth rate per 1,000 total births	16.95
Still birth rate per 1,000 population...	0.19
National Rate per 1,000 total births	15.4
Total live and still births	59

Infant Mortality (Deaths of Infants under one year)

				<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	...	...	...	1	1	2
Illegitimate	...	...	...	-	-	-
				<u>1</u>	<u>1</u>	<u>2</u>
Infant Mortality Rate per 1,000 live births						34.5.
National Rate	...	...	...	...	...	19.0
Legitimate Infant deaths per 1,000 live births	...					34.5
Illegitimate Infant deaths per 1,000 illegitimate live births	...	...				Nil

Neo-Natal Mortality (Deaths of Infants under four weeks)

				<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	...	...	...	1	1	2
Illegitimate	...	...	...	-	-	-
				<u>1</u>	<u>1</u>	<u>2</u>
Neo-Natal mortality Rate per 1,000 live births						34.5

Early Neo-natal Mortality (Deaths of infants under one week)

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

Early Neo-natal mortality rate per 1,000 live births 17.24

Peri-Natal Mortality (still births and deaths under one week)

Number of stillbirths and deaths	...	...				2
Peri-natal mortality rate per 1,000 births and stillbirths	...					32.37

Maternal Mortality

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

Deaths

		<u>Male</u>	<u>Female</u>	<u>Total</u>
Number of deaths	... ..	13	14	27
Crude death rate per 1,000 population	...	5.1		
Corrected death rate - allowing for sex and age (Comparability factor = 1.54)	...	7.85		
National Death Rate	... ..	...	11.7	
Ratio of corrected death rate to National	...	0.67		

CAUSES OF DEATH IN THE ETON URBAN DISTRICT

		<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Tuberculosis, respiratory	-	1	1
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal Infections	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	...	-	-	-
Continued		-	1	1

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Brought Forward	-	1	1
10. Malignant neoplasm, lung, bronchus...	-	-	-
11. Malignant neoplasm, stomach. ...	1	-	1
12. Malignant neoplasm, breast.. ...	-	-	-
13. Malignant neoplasm, uterus.. ...	-	-	-
14. Other malignant and lymphatic neoplasm	1	-	1
15. Leukaemia, aleukaemis	-	-	-
16. Diabetes	-	-	-
17. Vascular lesions of nervous system...	1	3	4
18. Coronary disease, angina	3	3	6
19. Hypertension with heart disease ...	1	-	1
20. Other heart disease	-	1	1
21. Other circulatory disease... ..	-	1	1
22. Influenza	-	-	-
23. Pneumonia	1	1	2
24. Bronchitis	-	1	1
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	-	-	-
32. Other defined and ill defined diseases	3	1	4
33. Motor Vehicle accidents	2	-	2
34. All other accidents	-	2	2
35. Suicide	-	-	-
36. Homicide and operations of war ...	-	-	-
	<hr/> 13	<hr/> 14	<hr/> 27

DEATHS FROM PRINCIPAL CAUSES

<u>Cause</u>	<u>No. of Deaths</u>	<u>Death Rate</u>
Malignant diseases (all types) ...	2	0.38
Vascular lesions of nervous systems ...	4	0.75
Respiratory diseases	3	0.57
Diseases of the heart (all types) ...	8	1.51

TUBERCULOSIS

Notification Register

	Pulmonary			Non-Pulmonary			Combined Totals
	Male	Female	Total	Male	Female	Total	
Number on Register at 31.12.65	22	19	41	7	2	9	50
Number entered by primary notification or transfer into district	-	1	1	-	-	-	1
Number removed from Register	1	1	2	-	-	-	2
Number remaining on Register at 31.12.66	21	19..	40	7	2	9	49

INFECTIOUS DISEASE NOTIFICATIONS

Measles.....13
 Whooping Cough.....3
 Scarlet Fever.....1
 Tuberculosis (Pulmonary)..1

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1966

Table 1 - Completed Primary Courses - Persons under age 16

Type of Vaccine or Dose	Year of Birth					Others under Age 16	Total
	1966	1965	1964	1963	1959-62		
1. Quadruple DTPP	-	-	1	-	1	-	2
2. Triple DTP	15	37	3	2	3	1	61
3. Diphtheria/ Pertussis	-	-	-	-	-	-	-
4. Diphtheria/ Tetanus	-	-	-	-	-	-	-
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	-	-	-	-
8. Lines 1+2+3+4+5 (Diphtheria)	15	37	4	2	4	1	63
9. Lines 1+2+3+6 (Whooping Cough)	15	37	4	2	4	1	63
10. Lines 1+2+4+7 (Tetanus)	15	37	4	2	4	1	63

Table 2 - Reinforcing Doses - Number of Persons under 16

1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	1	8	18	2	2	-	31
3. Diphtheria/ Pertussis	-	-	-	-	-	-	-
4. Diphtheria/ Tetanus	-	-	1	1	51	15	68
5. Diphtheria	-	-	-	-	11	35	46
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	-	-	-	-
8. Lines 1+2+3+4+5 (Diphtheria)	1	8	19	3	64	50	145
9. Lines 1+2+3+6 (Whooping Cough)	1	8	18	2	2	-	31
10. Lines 1+2+4+7 (Tetanus)	1	8	19	3	53	15	99

VACCINATION AGAINST SMALLPOX

Year ended 31st December 1966

	0 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	1 year	2 - 4 years	5 - 14 years	15 and over	Total
Vaccination	1	1	1	3	43	14	1	-	64
Re-vaccination	-	-	-	-	-	-	-	-	-
	1	1	1	3	43	14	1	-	64

Vaccination

Re-vaccination

CLINICS AND TREATMENT CENTRES

Maternity and Child Welfare Clinics

Eton Wick:	Village Hall	1st and 3rd Friday	Doctor in attendance 1st Friday and 3rd Friday by appointment
Eton:	Church Hall	1st and 3rd Thursday	Doctor in attendance 3rd Thursday

Family Planning Clinics

Slough:	Upton Hospital	Monday: 6 p.m. - 7.30 p.m. Tuesday: 6 p.m. - 7.30 p.m. Wednesday: 9 a.m. - 10.0 a.m.
Slough:	Health Centre, Burlington Rd.	Monday: 2 p.m. - 4 p.m. (except during August) Friday: 2 p.m. - 4 p.m. Wednesday: All day.

Chest Clinic

Slough:	Upton Hospital	Appointments may be made with the Chest Physician.
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Venereal Diseases Clinics

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

Hillingdon Hospital, Hillingdon, Middlesex.

Royal Berkshire Hospital, Reading.

HOSPITALS

General Hospitals

Wexham Park Hospital, Wexham.
The Canadian Red Cross Memorial Hospital, Taplow.
King Edward VII Hospital, Windsor.
Old Windsor Hospital, Old Windsor.
Maidenhead General Hospital, Maidenhead.

Chronic Sick Hospitals

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

Maternity Accommodation

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

Mental Illness

St. Bernards Hospital, Southall, Middx.
St. John's Hospital, Stone, Nr. Aylesbury.

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	Thursday and Monday mornings (held at Upton Hospital, Slough).
Colinswood Maternity Home, Farnham Common	Ante and Post Natal	Clinics every day except Saturday and Sunday.
Upton Hospital	Ante Natal	Monday, Wednesday, Thursday at 1.45 p.m. onwards.
	Post Natal	Friday 2 p.m.

ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR FOR THE YEAR 1966

WATER SUPPLY

During the year the newly formed Middle Thames Water Board has taken over the supply of water to the area from the Windsor Corporation. A piped supply is available to the whole area and an adequate supply of water for domestic purposes has been maintained.

Sampling has been carried out at frequent intervals during the year by the Middle Thames Water Board and copies of the reports are supplied to the Council. The samples have proved satisfactory throughout the year.

Samples submitted for both chemical and bacteriological examination were satisfactory. The analyst's reports are set out on a subsequent page.

DRAINAGE AND SANITATION

Sewage has continued to be disposed of by arrangement with the Borough of Slough through their Cippenham Disposal Works.

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

FOOD HYGIENE

There are fifty one premises at which food is prepared and sold and the types of business can be sub-divided as follows:-

Grocers	...	...	...	...	5
General Stores	...	...	...	...	1
Licensed Premises...	...	...	...	...	11
Fried and Wet Fish..	...	...	...	...	1
Cafes and Restaurants	...	...	...	...	9
Butchers	...	...	...	...	3
Bakers and Confectioners	...	...	...	...	2
College Tuck Shops.& Confectioners...	...	...	...	...	2
Sweets, Ice Cream and Tobacco	...	...	...	...	10
Greengrocers	...	...	...	...	2
Dairies	...	...	...	...	1
Bakehouses...	...	...	...	...	3
Summer Stalls	...	...	...	...	1
					<hr/>
					51
					<hr/>

All are fitted to comply with Regulation 16 of the Food Hygiene (General) Regulations 1960.

Twenty four 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. All ice cream is sold pre-packed.

Inspections have been made during the year. No formal action has been necessary.

REFUSE COLLECTION AND DISPOSAL

A regular weekly refuse collection service has been maintained throughout the year despite general labour difficulties. The Council continue to collect refuse from trade premises and provide facilities for the deposit of additional waste material on the Council's tip.

Disposal has continued by way of controlled tipping.

Agreement has been reached in negotiations with the Borough of Slough for the use of their proposed new Pulverising Plant when it becomes operational.

RODENT CONTROL

All reported cases of infestation have been treated. Periodical treatment has been carried out at the Council's refuse tip, pumping stations and sewage balancing tank area.

WATER ANALYSIS

Chemical Results in Parts per Million.

Appearance - Bright with a few particles.

		Turbidity	- less than 3
Colour (Hazen)	- 4	Odour	- Nil
pH	- 7.1	Free Carbon Dioxide	- 40
Electric Conductivity	- 760	Dissolved Solids dried at 180°C	- 530
Chlorine present as Chloride	- 44	Alkalinity as Calcium Carbonate	- 250
Hardness:	Total - 335.	Carbonate - 250.	Non-Carbonate - 85
Nitrate Nitrogen	- 4.7	Nitrite Nitrogen	- Absent
Ammoniacal Nitrogen	- 0.00	Oxygen absorbed	- 0.40
Albumoid Nitrogen	- 0.02	Residual Chlorine	- Absent
Metals - Iron, Zinc, Copper, Lead - Absent			

Bacteriological Results

Number of colonies developing on Agar.

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

Presumptive Coliform reaction

Present in	- ml.
Absent from	100 ml.
Probable number	0 per 100 ml.

Bact. coli (Type 1)

Present in	- ml.
Absent from	100 ml.
Probable number	0 per 100 ml.

Cl. welchii reaction

Present in	- ml.
Absent in	100 ml.

This sample is practically clean and bright in appearance, neutral in reaction and free from iron and other metals. The water is very hard in character but not excessively so and it contains no excess of mineral constituents. It shows only a trace of colour, is of very satisfactory organic quality and of the highest standard of bacterial purity.

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

FACTORIES ACT 1961

Part 1 of the Act

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

Premises	Number on Register	Number of Inspections	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	29	15	-	-
(ii) Factories not included in (i) in which Sec.7 is enforced by the Local Authority	-	-	-	-
(iii) Other premises in which Sec.7 is enforced by the Local Authority (excluding outworkers' premises)	-	-	-	-
Total	29	15	-	-

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)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-

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. Inspector	by H.M. Inspector	
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	1	-	-	1	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
TOTAL	1	-	-	1	-

Part VII of the Act

Outwork

(Sections 133 and 134)

Nature of Work	No. of Out-workers in Aug. list reqd. by Sec 133	Section 133			Section 134	
		No. of cases of default in sending lists to Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices served	Prosecutions
Wearing) Making Apparel) etc.	3	-	-	-	-	-
Total	3	-	-	-	-	-

