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BOROUGH OF HARWICH.

Annual Report

FOR 1949

OF THE

*Medical Officer of Health
and Sanitary Inspector*

BOROUGH OF HARWICH

HEALTH DEPARTMENT OFFICERS
(as at 31st December, 1949)

Medical Officer of Health :

J. ROLAND HETHERINGTON
L.R.C.P. and S.E., L.R.F.P. and S.G., D.P.H.

Sanitary Inspector :

A. E. PRICE, CERT. R.S.I. and S.I.J.E.B.

Clerical Staff :

S. J. ROSE
Mrs. M. W. BIGGS

PUBLIC HEALTH COMMITTEE
(as from 18th May, 1949)

Chairman : Councillor F. H. Sewell

Aldermen J. E. Cann, J.P., and R. A. Ward

Councillors Mrs. H. W. Brennan, W. H. Feakes, R. Fuller,
Mrs. E. M. Smith

ANNUAL REPORT OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1949

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE
BOROUGH OF HARWICH

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1949. This is drawn up in accordance with Ministry of Health Circular 2/50.

There are certain features in the Report to which your special attention is respectfully directed.

Firstly, comment may be made as to the effects (in so far as the Health Services and the general health of the community is concerned) of the National Health Service Act. Many of the facilities for which the Borough was the executive authority are now controlled from places far removed from Harwich. On the one hand there is a lessening of the parochial outlook, a diminished sense of being isolated; instead of being a "lone authority", the area is one unit of a much larger community, with similar problems, and similar resources.

On the other hand there is a loss of the personal touch of local intimate knowledge. There is an increase of form filling and telephoning to gain a result no better than was achieved in the "earlier years" with much less "organisation".

To give an impartial judgment is nearly impossible, but the impression is that the loss of individuality, the increase in office work, is more than offset by the advantage of being part of a larger community. It is gratifying to be able to state that a very happy liaison exists between the Health Department in the Borough and the Officials and staff of the Local Health Authority and of the Regional Hospital Board.

In spite of the transfer of many functions to other bodies, much still remains as the responsibility of the Council. The question of housing is one that must of necessity be given a very high priority. The future of the Borough either as an industrial area or as a seaside resort, is intimately tied up with the number of houses available, in the former event for the accommodation of workers, or for the reception of visitors in the latter.

The amount of rent payable by the occupiers of houses is an important factor in deciding the level of nutrition and general well being of the community ; it is desirable that there should not be too great an increase in the rent charged for a " council house ", compared with that paid in the property previously occupied. Increase in rents to an uneconomic degree means a reduction in the amount of money available for other necessities. It has been found that such increase is reflected in the amount of money spent on food — which in turn produces ill effects on the health of the inmates of the house. This aspect of social hygiene is being very closely watched by this department.

Turning to another matter — reference may be directed to the appendix of the Report in which the meteorological statistics are given. Dovercourt enjoyed a greater number of hours of sunshine in 1949 than in any other previous year since records were first taken 25 years ago. Furthermore, the hours of sunshine and the amount of rain compare most favourably with all other East Anglian resorts. These facts should be given more widespread publicity in an attempt to increase the number of visitors to the Borough.

In presenting this report it gives me much pleasure to place on record the help received from Members and Officials of the North East Area of the County Council, the Hospital Board and other similarly constituted bodies. It is likewise pleasing to express sincere thanks for the co-operation of the various Officials of the Borough Council and also the continued loyal support of each of the members of the Department.

I am,

Your obedient Servant,

J. ROLAND HETHERINGTON,

Medical Officer of Health.

HEALTH DEPARTMENT,
Main Road,
Dovercourt,

5th July, 1950.

ANNUAL REPORT, 1949

SECTION A

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

The area of the Borough is 1,512 acres.

The Population (census 1931) was 12,700.

Estimated (mid 1949) 13,820

Estimated (civilian only) 12,600

Rateable Value, £83,394.

Sum represented by a Penny Rate, £321 11s. 9d.

Number of inhabited houses at the end of the year, 3,500 (approx.).

The Borough of Harwich has a long history. The first recorded charter was granted by Edward II in 1381, and since that time there have been several other charters, notably one granted by James I, under which the two towns of Harwich and Dovercourt were incorporated as one Borough.

The principal activities of the town are associated with the passenger and freight steamer services, which operate from Parkeston Quay in the adjoining Tendring Rural District, and ports in Holland, Denmark and Belgium. This traffic together with the necessary ancillary services provides work for more than a third of the gainfully employed population. In addition there is an extensive clothing factory and several smaller registered factories.

Dovercourt Bay has for many years enjoyed some popularity as a seaside resort, and the corporation have gone to considerable expense to improve the natural attractiveness of Dovercourt Bay. Situated some 70 miles from London, Dovercourt has an unusually good sunshine record — frequently the best on the East Coast, and in 1935 the highest sunshine figures in the country. The air is bracing, and visitors have been heard to comment on the cleanliness of the town.

1. LIVE BIRTH RATE

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Live births, legitimate	116	113	229
„ „ illegitimate	8	11	19
Total live births	124	124	248
Birth rate per 1,000 estimated population ..	19.6		

From Tables IV and V it will be noted that the birth rate is appreciably higher than in 1948, and is also consistently higher than that for the whole Country, and also for Essex County.

2. STILL BIRTHS AND INFANT MORTALITY

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Still births	7	2	9
Still birth rate per 1,000 births.	30.5		
Deaths of infants under one year ..	5	3	8
Death rate of all infants under one year per 1,000 live births	30.1		
Death rate of legitimate infants under one year per 1,000 live legitimate births	30.4		
Death rate of illegitimate infants under one year per 1,000 live illegitimate births	Nil		

TABLE I
INFANTILE MORTALITY, 1949

Cause of Death	Did not Survive one week	Lived over one week but less than four weeks	Survived one month, died under one year	Total
Prematurity ..	2	1	—	3
Birth injuries ..	1	—	—	1
Malformations ..	2	—	—	2
Bronchitis and Pneumonia ..	—	—	1	1
Gastro-Enteritis ..	—	—	—	—
Other causes ..	1	—	—	1
	6	1	1	8

STILL BIRTHS AND INFANTILE DEATHS

During the year 9 Still Births and 8 Infantile deaths were recorded.

Thus in no less than 17 out of 257 pregnancies, the result was either a still born child or a living child which did not survive one year. To this should be added the number of miscarriages — an unknown figure.

It is to the good that an increasing proportion of expectant mothers receive some ante natal supervision. It is felt however, that the results given above are far from satisfactory, and that either ante natal care is not sought at a sufficiently early stage in pregnancy, or that it is not maintained. It is also desirable that in many cases there should be a greater number of examinations by the person responsible for conducting the confinement.

There is need for much more knowledge of **all** the circumstances (both medical and social) which led to the death of 6 infants due to prematurity, birth injuries or malformation. As to the reasons for the 9 still births there is almost no information whatever.

Within recent years a comprehensive survey on the maternity service has been undertaken by the Royal College of Obstetricians and Gynaecologists. (The Borough of Harwich was one of the Local Authorities which took part in the survey). On the subject of ante natal care, the following extract is of interest: "Mothers of premature babies appear to make less use of the ante natal services than mothers of full term babies". This is the experience in the Borough, where only about 25 per cent. of mothers of premature babies received what could be designated as sufficient ante natal care.

DEATH RATE

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Deaths during year	73	60	133
Crude death rate per 1,000 estimated population	10.05		

The death rate is the lowest recorded for 16 years. As indicated in Table IV, the death rate for Harwich is lower than that for Essex County, and considerably less than the National Rate.

TABLE II

CAUSES OF DEATH		<i>M.</i>	<i>F.</i>	<i>Total</i>
1	Typhoid and Paratyphoid Fevers ..	0	0	0
2	Cerebro-Spinal Fever	0	0	0
3	Scarlet Fever	0	0	0
4	Whooping Cough	0	0	0
5	Diphtheria	0	0	0
6	Tuberculosis of Respiratory System ..	3	1	4
7	Other forms of Tuberculosis	0	0	0
8	Syphilitic Diseases	0	0	0
9	Measles	0	0	0
10	Influenza	2	1	3
11	Acute Poliomyelitis and Polioencephal- itis	0	0	0
12	Acute In-Encephalitis	0	0	0
13	Cancer of Buccal Cavities and Oesoph- agus Uterus	2	0	2
14	Cancer of Stomach and Duodenum ..	3	2	5
15	Cancer of Breast	0	1	1
16	Cancer of all other sites	13	4	17
17	Diabetes	1	1	2
18	Intracranial Vascular Lesions	9	7	16
19	Heart Diseases	18	24	42
20	Other Diseases of Circulatory System ..	0	1	1
21	Bronchitis	0	2	2
22	Pneumonia	3	2	5
23	Other Respiratory Diseases	2	0	2
24	Ulcer of Stomach or Duodenum ..	1	1	2
25	Diarrhoea under 2 years	0	0	0
26	Appendicitis	1	0	1
27	Other Digestive Diseases	1	1	2
28	Nephritis	5	3	8
29	Puerperal and Post Abortional Sepsis ..	0	0	0
30	Other Maternal Causes	0	0	0
31	Premature Birth	2	1	3
32	Congenital Malformation, Birth Injuries and Infantile Diseases	4	2	6
33	Suicide	0	1	1
34	Road Traffic Accidents	1	0	1
35	Other Violent Causes	0	0	0
36	All other causes	2	5	7
		73	60	133

The principal causes of death during the year were :—

Diseases of Heart and Circulation	59
Cancer (all forms)	25
Diseases of Respiratory System (including Pneumonia in infants, but excluding Tuberculosis) ..	9
Nephritis	8
Tuberculosis	4

These groups together account for nearly three quarters of all the deaths in the Borough.

TABLE III

DEATHS AT VARIOUS AGES DURING 1949

Under 1 year	3
1 and under 2	0
2 and under 5	1
5 and under 15	0
15 and under 25	3
25 and under 35	1
35 and under 45	6
45 and under 55	7
55 and under 65	23
65 and under 75	59
75 and upwards	30
	133

More than 66% of the deaths in the Borough were of persons aged 65 or over, and 22% were more than 75 years of age.

TABLE IV
VITAL STATISTICS (1948 and 1949)

	England and Wales		Essex		Harwich	
	1948	1949	1948	1949	1948	1949
Birth Rate (a) ..	17.9	16.7	17.4	16.0	18.7	19.6
Death Rate (a) ..	10.8	11.7	9.4	10.4	10.1	10.05
I.M. Rate (b) ..	34.0	32	25.1	25	47.0	30.1
Enteritis and Diar- hoea under 2 years of age (b) ..	3.3	3.0	1.50	0.9	4.2	0.00
Whooping Cough (a) ..	0.02	0.01	0.016	0.00	0.00	0.00
Diphtheria (a) ..	0.00	0.00	0.003	0.00	0.00	0.00
Measles (a) ..	0.00	8.95	0.006	10.11	0.07	0.00

(a) — Per 1,000 civilian population

(b) — Per 1,000 live births.

TABLE V
VITAL STATISTICS FOR 1949 AND CERTAIN PREVIOUS
YEARS

Year	Birth Rate	Death Rate	Infant Mortality Rate
1910	27.2	10.1	80
1915	23.4	12.3	108
1920	31.1	11.6	81
1925	20.2	10.6	50
1930	16.9	10.3	48.5
1935	16.4	10.1	47.8
1938	15.51	11.49	35.3
1939	15.51	12.80	20.51
1940	15.26	12.67	42.45
1941	20.39	13.93	60.24
1942	21.38	12.39	36.31
1943	18.99	13.07	39.11
1944	28.7	11.72	54.43
1945	21.78	12.45	36.86
1946	23.64	12.89	52.6
1947	24.2	12.88	28.0
1948	18.7	10.1	47.0
1949	19.6	10.05	30.1

SECTION B

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

(a) Staffing

(i) The Medical Officer of Health holds the following appointments, the apportionment of duties being as indicated :—

BOROUGH OF HARWICH :

Medical Officer of Health 13 per cent.

ESSEX COUNTY COUNCIL :

Assistant County Medical Officer } ..
Assistant School Medical Officer } .. 27 ,, ,,

NORTH EAST METROPOLITAN HOSPITAL BOARD :

Assistant V.D. Medical Officer 10 ,, ,,

HARWICH PORT HEALTH AUTHORITY :

Medical Officer 4 ,, ,,

MEDICAL INSPECTOR OF ALIENS 46 ,, ,,

(ii) *Sanitary Inspector*.—The Sanitary Inspector carries out all the duties imposed by statute, including the inspection of shops. In addition he holds the post of Inspector under the Shops Acts, 1934. He also carries out the necessary duties under the Rat and Mice (Destruction Act), 1919, and is appointed to carry out inspections under the Housing Acts. In co-operation with the Borough Engineer and Surveyor he supervises the Scavenging of the district.

(b) Laboratory Facilities

Pathological specimens included those connected with V.D. are dealt with at the Laboratory, Essex County Hospital, Colchester.

Samples of water are sent to the Counties Health Laboratories Victoria Street, London S.W.1. Other samples of food, ice-cream etc., are dealt with at the Public Health Laboratory, Woodbridge Road, Ipswich.

All these facilities are provided by the Regional Hospital Board.

(c) Maternity and Child Welfare Service

(i) The services of three midwives (who also undertake District Nursing) are provided by the Local Health Authority. In so far as they are able, the midwives cater for the needs of the Borough, and the adjoining Township of Parkeston. Their time is fully occupied and there is ample work for at least one additional Nurse.

(ii) In addition to the facilities provided by the midwives and the General Practitioners for ante-natal and post-natal supervision and for Infant Welfare, provision is also made by the Local Health Authority as stated at the end of this section.

The attendance at the clinic run by the authority has been steadily maintained throughout the year.

There is a close liaison with the Maternity Hospital in Colchester and facilities for the conveyance of patients to Hospital. Facilities are also available for dealing with premature infants.

It is greatly regretted that it has not yet been found possible to provide hospital accommodation within the Borough for maternity cases.

(iii) The services of the Local Health Authority's Health Visitors cannot be too highly valued. In addition to attendance at all clinics the home of every infant in the Borough is visited as frequently as is necessary. The Health Visitors are also employed as School Nurses and furthermore investigate and as far as possible supervise the Home Help Service.

(iv) It is interesting to note that the uptake of Welfare foods (i.e. those supplied through the Ministry of Food) has been maintained and that the take up in the Borough is above the average for the whole country. In addition to these, the Local Health Authority issue free of charge through the Infant Welfare Clinics supplies of vitamin preparations, e.g. Adexolin, Bemax, Celin, Cod Liver Oil Emulsion and Cod Liver Oil and Malt.

(d) Nursing in the Home

(i) As indicated above the three midwives also undertake duties as District Nurses.

(ii) *Home Helps*.—This Service has continued throughout the year, and frequently it was a matter of some difficulty to provide the services of a Home Help just when required. It is pleasing to be able to report that complaints as to the services provided were very few, and generally concerned only minor matters.

Although the Home Help Service is the responsibility of the Local Health Authority, it has been found an advantage for the local administration of the service to be carried out in the Health Department, Main Road, Dovercourt.

Home Helps registered as at the beginning of the year	13
Enrolled during the year	30
Removed from the register	8
On register at the end of the year	35
Number of calls for Home Helps (including 11 for maternity cases)	61

(iii) The Local Committee of the British Red Cross Society and St. John Ambulance Association makes provision for the loan of nursing equipment and apparatus to patients who are being attended by the District Nurse Midwives or who are nursed at home by relatives or friends. Articles provided include, bed-pans, urinals, mackintosh sheeting, feeding cups, steam kettles, air rings, bed cradles, back rests and a water bed. This service is much appreciated in the Borough.

(e) Vaccination and Immunisation

In an attempt to secure the vaccination of all infants within the first few months of life, together with effective immunisation against diphtheria within the first year, the services offered by the General Practitioners is augmented by facilities offered at the Infant Welfare Centres and in the Schools.

To a great extent the success is due to the continuous efforts made by the Health Visitors. It is felt that personal persuasion yields a much better return than other methods of propaganda. The increased Continental traffic through the Port of Harwich renders more than usually necessary the protection of the local community against possible infection from overseas.

(f) School Health Service

As Assistant School Medical Officer the Medical Officer of Health is responsible for the School Health Service of all the schools in the Borough and also those in the surrounding rural area. Medical Inspections carried out during the year indicate that in general the standard of fitness of the children of the area is satisfactory.

The position regarding school premises is however, a matter for some concern. Many of the Schools in the area are more than half a century old, and do not meet with modern requirements. Furthermore, the large number of births immediately following the war is now reflected in the overcrowding in the beginners classes of the primary schools.

As and when opportunities offer pressure is brought to bear on the Education authority in order that betterment of these unsatisfactory conditions may be obtained.

(g) Tuberculosis

Reference to Tuberculosis is made on page 29.

(h) Venereal Disease

In common with the experience of Clinics throughout the country, the year showed a gratifying decrease in the incidence of Venereal Disease. Every effort has been made to facilitate the attendance of patients particularly those whose hours of work make attendance at the usual time impossible.

(i) Clinics and Treatment Centres

The facilities available are given in Table XVII, Page 33.

SECTION C

SANITARY CONDITIONS

1. WATER SUPPLY

Water is supplied by the Tendring Hundred Waterworks Company.

Source of supply :

The whole supply to the Company's district is obtained from wells and boreholes sited at Lawford and Dedham in the upper Chalk formation.

WATER ANALYSIS

Chemical and Bacteriological Results

Appearance	Bright with very few mineral particles
Colour	Nil
pH	7.4
Electric Conductivity	1600
Chlorine present	
as Chloride	360
Hardness: Total	390
Nitrate Nitrogen	0.6
Ammoniacal Nitrogen ..	0.000
Albuminoid Nitrogen ..	0.000
Metals	Absent
Fluorine	1.8
	Turbidity
	Less than 3
	Odour
	Nil
	Free Carbon Dioxide ..
	14
	Total Solids
	1070
	Alkalinity as
	Calcium Carbonate ..
	250
	Carbonate
	250
	Non-Carbonate
	140
	Nitrate Nitrogen
	Less than 0.01
	Oxygen absorbed
	0.10
	Residual Chlorine
	Absent

Number of Colonies } 1 day at 37°C. 2 days at 37°C. 3 days at 20°C.
Developing on Agar } . . 0 per ml . . 0 per ml . . 0 per ml

Remarks

These samples are practically clear and bright in appearance, neutral in reaction and free from metals apart from a minute trace of iron. The water is hard in character, but its hardness and its content of mineral and saline constituents in solution are not excessive. It is of a high standard of organic quality and bacterial purity.

These results are indicative of a water which is pure and wholesome in character and suitable for public supply purposes.

All samples were analysed by the Counties Public Health Laboratories.

The above analysis was taken from a sample from a property on Dovercourt Green. This is identical in all respects with a sample taken in King's Quay Street, Harwich, with the exception of iron in the Harwich water to the extent of 0.80 parts per million iron.

II. SEWERAGE AND DRAINAGE

The Borough (except a few low lying parts) is sewered, but owing to the town's growth, it is necessary to provide a new sewerage system and treatment works for the Upper Dovercourt and part of the Lower Dovercourt area. The present treatment works are unsatisfactory and a new scheme has been commenced and steady progress has been made during this year. It is hoped that the new works will come into operation by mid 1950.

Closet Accommodation

The approximate number is as follows :—

Water closets	.. .. .	4,972
Pail closets	.. .. .	39
Houses with cesspool drainage	.. .. .	71

Most closets in the Borough are of the wash-down type, flushed by cisterns. There are still a few hand-flushed closets and if nuisances arise owners are called upon to provide and fix flushing cisterns.

The emptying of cesspools and pail closets is the responsibility of the owners, although the Council arrange for emptying at the expense of and on the request of the owners.

III. SCAVENGING

Household refuse is collected once weekly, together with all types of salvage by the Council, by direct labour, and is disposed of by controlled tipping on land to the north of the sea wall at Dovercourt.

Uncontrolled Dumping

For some years past considerable trouble has been experienced due to indiscriminate dumping of waste materials of all description on the numerous areas of undeveloped land throughout the Borough (not always of such materials as to constitute a nuisance as defined by the Public Health Act, but most certainly creating an eyesore). It would appear from observation that this is not peculiar to this Borough, but widespread throughout the length and breadth of this country. What is certain is that such dumping within this Borough is done by the local inhabitants. Seemingly there is a type of person who delights in throwing rubbish on other people's land. There is maintained in the Borough an adequate refuse and disposal service for household and trade refuse, and it should be understood by all residents that if at any time they have more waste materials, old bedsteads, bedding, etc., than can be disposed of in the dustbin, that the Authority will make a special collection of same. The only exceptions are builder's debris and garden refuse, and the latter should be burnt or composted. Indiscriminate dumping is bad for any town or neighbourhood and especially so in a seaside resort.

Salvage

The following is the weight of all Salvage collected and sold during the year, and the figures for 1948 are shown for comparison.

	1948					1949				
	T.	c.	£	s.	d.	T.	c.	£	s.	d.
Waste Paper	73	1½	466	3	3	84	15¾	520	1	8
Metals	11	3	46	0	0	4	2	42	5	0
Rags and Sacking . . .	4	3½	102	18	0	4	11½	94	8	0
Kitchen Waste	14	15	22	2	6	19	15	44	14	3
Bones		1¼		6	0	—	—	—	—	—
	<u>103</u>	<u>4¼</u>	<u>£637</u>	<u>9</u>	<u>0</u>	<u>113</u>	<u>4¼</u>	<u>£701</u>	<u>8</u>	<u>11</u>

It is of interest to note that during the year 1949, there was an increase of 10 tons in the Salvage collection, bringing in an increased income of approximately £64 0s. 0d.

IV. (a) DISINFECTION

At the Health Department, Main Road, Dovercourt, there is a disinfecting station fitted with a Thresh Steam Disinfector, which is used for the steam disinfection of bedding and clothing. This apparatus is a modern direct steam disinfector, and is capable of dealing with any steam disinfection that may be required. Steam disinfection was carried out in 40 cases. In the case of infectious diseases the room or rooms occupied by the patient are fumigated by means of formalin, either in the form of spray, or gas, or both, and when necessary the bedding, etc. is removed for steam disinfection. 47 premises were fumigated during the year.

(b) ERADICATION OF BED BUGS

In the case of bed bugs, the co-operation of the property owner is sought. Skirting architrave, etc., are removed and paper stripped off the walls of the infested room and burnt. The walls, ceilings, and floors are then sprayed with an approved disinfectant containing a percentage of D.D.T. and either formalin or sulphur gas released in the room, and the room, hermetically sealed and left for at least twelve hours, the bedding, etc., afterwards being removed and steam disinfected. The room may have to receive this treatment a second or third time. Treatment was carried out in five cases.

V. RAT DESTRUCTION

It is the policy in this area to continually attack and destroy the rat population and to this end the Council employ a rat catcher who is available at any time to deal with the rat nuisance. During the year this man trapped 1,221 rats. Poison baits are also used in certain positions and judging by the take of baits, and the decrease in the number of rats seen after the laying of baits, the total number of rats destroyed would appear to be far in excess of the number stated.

WASPS NESTS

During the summer 64 wasps nests were destroyed in the Borough.

VI. SANITARY INSPECTION OF THE AREA

Summary of Sanitary Inspector's visits and notices served.

Nature of visits of inspection :	TOTAL VISITS
1 Water supply and wells	3
2 Drainage	38
3 Infectious Diseases	14
4 Miscellaneous housing visits ..	129
5 Tenancy applications	96
6 Verminous premises	32
7 Rabbit infestation	2
8 Rat and mice destruction	30
9 Cowshed and Dairies	10
10 Food inspection	82
11 Bakehouses	14
12 Factories	38
Notices served :	
Informal notices	131
Informal notices complied with ..	126
Statutory notices	Nil
Statutory notices complied with ..	Nil

SECTION D

HOUSING

Erection of New Houses

The following table covers the period from the cessation of hostilities :

	1946	1947	1948	1949	Total
Erected by Council	10	39	17	63	129
Erected by Private Enterprise	—	12	10	5	27
Total	10	51	27	68	156

The above table shows the number of houses erected in this Borough since the cessation of hostilities. This shows a steady increase in the number of council houses erected. The need for re-housing still looms large, for some 700 applicants stand on the housing list as at the 31st December, 1949.

Between the years 1923 and 1937, 203 Council houses were erected in the Borough and 870 houses by private enterprise, making a total of 1,073. During this period of time, the population of the Borough to all intents and purposes remained static.

The inference to be gained from the building programme between the wars, is that very surely and gradually from the efforts of both the Local Authority and private individuals, the housing situation of the inhabitants of this town was gradually improving, and one can assume that much of this was due to an improvement in the economic situation in all walks of life.

The number of dwellings so erected in that period give an increase of inhabited houses over the Census figures of 1921 of approximately 1 in $2\frac{1}{2}$. An interesting point with regard to housing is the number of houses occupied by one person only, and in 1936 when the overcrowding survey was taken in this town, it is of interest to know that at that time there were (out of the premises visited) 164 persons living alone, each in his or her own house. From observations made in respect of housing applications and some contact with work of the Old People's Welfare Committee, there is every reason to believe that the number of persons by themselves in one house is still high. This position is brought about by several factors :—

- (i) Sentimental reasons
- (ii) Inability to find alternative accommodation at an economic figure
- (iii) A great desire not to share accommodation with others.

It is apparent from vital statistics that in the course of the next few years the numbers of these people in such positions will rise, and will form quite a large proportion of the total population of this country.

A point of interest with regard to the density of occupation of dwellings is provided by comparing the census figures of 1921 and the figures for 1949.

1921	
Number of occupied dwelling houses of all classes. . .	2,214
Population	13,036
Average number of occupants per dwelling	5.9 persons
1949	
Number of occupied dwelling houses of all classes. . .	3,395
Population	12,600
Average number of occupants per dwelling	3.7 persons

SECTION E

INSPECTION AND SUPERVISION OF FOOD

I. MILK SUPPLY

There are five registered cowkeepers in the Borough. In every case the cows are brought in only for milking.

The greater part of the milk consumed within the Borough is imported from outlying areas.

The number of purveyors of milk, registered under the Milk and Dairies Regulations at 31st December, 1949, was 17.

Of the above purveyors of milk, only 8 are now supplying milk by licence from the Ministry of Food.

Frequent visits are made to all cowsheds, milkshops, and the premises are found to be kept in a clean condition.

The supply of milk is of great importance, and I feel that until all dairies, cowsheds, and milk shops are licensed annually and power given to Local Authorities to refuse licenses where the premises are not in all respects scrupulously clean, the milk supply will not be beyond reproach.

Three cowkeepers who purvey most of their milk in the Borough supply Accredited Milk under licence from the County Council, and one retailer holds a licence to purvey Accredited Milk, 5 Tuberculin Tested Milk, and three hold licences for Pasteurised Milk.

II. MEAT INSPECTION

As from February, 1940, all slaughtering came under Government control, and since 10th April, 1942, slaughtering of animals has ceased in the Borough, as all slaughtering for this area is carried on at Colchester.

III. FOOD SHOPS

Frequent inspections are made of all shops, stores, and vehicles where food is stored for sale. These premises are found to be in a clean condition and to comply with regulation.

IV. FOODSTUFFS CONDEMNED DURING 1949

Wet Fish:

Herrings	4 Boxes	
Plaice .. ..	.. ..	10 lbs.
Skate Wings .. ..	.. ..	16 Stone
Red Filletts .. ..	.. ..	6 Stone
Haddock, Fresh .. ..	.. ..	1 Stone
Hake .. ..	.. ..	4 Stone
Crabs	1 Box	

Dry Fish :

Kippers .. ..	.. ..	13 Stone
Kippers	8 Boxes	
Smoked Cod Filletts .. ..	.. ..	3 Stone

Tinned Meats :

Pork	5 Tins
Pork and Beef	2 Tins
Sausages	1 Tin
Rabbit	1 Tin
Brawn	12 Tins
Veal Loaf	12 Tins
Beef Loaf	6 Tins
Minced Beef Loaf	1 Tin
Corned Beef	10 Tins
Luncheon Meat	14 Tins
Corned Mutton	10 Tins
Tongue	1 Tin

Tinned Fish :

Salmon	11 Tins
Pilchards	4 Tins
Mussels	22 Tins
Crayfish	20 Tins
Herring Roes	4 Tins
Sardines	15 Tins
Crab	4 Tins
Hake	1 Tin

Milk Tinned :

Milk, Full Cream	56 Tins
Evaporated	445 Tins

Other Tinned Foods :

Tomato Soup	3 Tins
Tomato Juice	10 Tins
Tomatoes	11 Tins
Bacon	2 Tins
Parsnips	1 Tin
Carrots	15 Tins
Mixed Vegetables	4 Tins
Spaghetti in Tomato Sauce	3 Tins
Spaghetti and Cheese	1 Tin
Peas	24 Tins
Peaches	1 Tin
Plums	9 Tins
Beans	14 Tins

Beans, Stringless ..	1 Tin	
Beans in Tomato Sauce	64 Tins	
Bloater Paste ..	8 Tins	
Pork and Beef Spread	1 Tin	
Celery	1 Tin	
Meat and Vegetables.	6 Tins	
Other Foods :		
Grapes	5 Tins	
Cheese		25½ lbs.
Cheese, Camembert		16 Cheeses
Cheese, Gurvars		18 Cheeses
Golden Syrup ..	3 Tins	
Sieved Apples ..	2 Tins	
Fruit	48 Tins	
Jams	6 Tins	
Jams		16 lbs.
Honey	2 Jars	
Marmalade, Grape- fruit	1 Tin	
Marmalade		11 lbs.
Pickles, Mixed ..	16 Gallons	
Sago (Substitute) ..		317 lbs.
Boiled Sweets ..		12 lbs.
Stoned Dates ..	4 Packets	
Fruit, Bottled ..	9 Bottles	
Jellied Beef		1¾ lbs.
Dried Figs		26 lbs.
Tomatoes	6 Boats	
Bacon		8 lbs.
Lemon Cheese		1 lb.
Haslett		120 lbs.
Pigs' Heads		225 lbs.
Biscuits, Ice Cream ..		20 lbs.
Tomato Sauce ..	1 Tin	
Apple Sauce ..	3 Tins	

V. BAKEHOUSES

There are seven bakehouses in operation and frequent visits are made. All are kept in clean condition. All premises have been hot lime-washed at least twice during the year. There are no under ground bakehouses in use in the Borough.

VI. FACTORIES ACT—See Table VI and VII.

TABLE VI
FACTORIES ACT
INSPECTIONS

Premises	Number on Register	Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	26	26	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	12	12	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority * (excluding out-workers' premises)	—	—	—	—
TOTAL	38	38	—	—

* *i.e.*, Electrical Station (Section 103 (1)). Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

TABLE VII
FACTORIES ACTS
DEFECTS

Particulars	Found	Remedied	Reported to Inspector
Want of cleanliness (S.1)	—	—	—
Overcrowding (S.2)	—	—	—
Unreasonable temperature (S.3)	—	—	—
Inadequate ventilation (S.4)	—	—	—
Ineffective drainage of floors (S.6)	—	—	—
Sanitary Conveniences (S.7) :			
(a) Insufficient	—	—	—
(b) Unsuitable or defective	—	—	—
(c) Not separate for sexes	—	—	—
Other offences against the Act (not including offence relating to Outwork)	—	—	—
TOTAL	—	—	—

SECTION F

NOTIFIABLE INFECTIOUS DISEASE

In general, the year was free from any serious outbreaks of notifiable infectious disease.

Attention may be drawn to the periodicity in the incidence of infectious diseases, notably measles, scarlet fever and whooping cough, as shown in Table X.

Acute Poliomyelitis (Infantile Paralysis) assumed epidemic proportions in East Anglia in the late summer, continuing throughout the Autumn, and into the winter. Harwich however, was fortunate in that only 4 cases were notified (one of which was not confirmed). It was found impossible to establish any source of infection common to these sporadic cases. After remaining in hospital for about a month, it was found possible in each case to discharge the patient home with little, if any residual disability.

During May, 3 cases of dysentery were reported. Two which occurred in the same family were admitted to hospital where they remained for a few days. No further cases were reported and it was not possible to locate the source of infection.

TABLE VIII

NOTIFIABLE DISEASES (Other than Tuberculosis) during the year 1949
TOTAL CASES NOTIFIED

DISEASE	AGE IN YEARS										Total	Cases Admitted to Hospital	Deaths
	0-1	1-2	3-4	5-9	10-14	15-24	25-44	45-64	65-				
Scarlet Fever . . .	1	—	2	1	—	—	1	—	—	—	5	3	—
Whooping Cough . . .	—	—	—	1	—	—	—	—	—	—	1	—	—
Acute Poliomyelitis . . .	—	—	1	1	—	1	—	—	—	—	3	2	—
Acute Polio Encephalitis . . .	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles . . .	—	—	1	—	1	—	—	—	—	—	2	—	—
Diphtheria . . .	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Pneumonia . . .	—	—	—	—	—	—	—	1	—	—	2	—	—
Dysentery . . .	—	1	—	—	—	1	—	—	—	—	3	3	5
Smallpox . . .	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica . . .	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever . . .	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fevers . . .	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas . . .	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro Spinal Fever . . .	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia . . .	—	—	—	—	—	—	—	—	1	—	—	—	—
Ophthalmia Neonatorum . . .	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective Jaundice . . .	—	—	—	2	1	—	—	—	—	—	3	—	—
	1	1	4	5	2	3	2	1	1	1	2	8	5

TABLE IX

MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES DURING 1949

DISEASES	JAN.	FEB.	MAR.	APR.	MAY	J'NE	J'LY	AUG.	SEP.	OCT.	NOV.	DEC.	Total
Scarlet Fever ..	—	—	1	—	2	1	1	—	—	—	—	—	5
Whooping Cough .	—	—	1	—	—	—	—	—	—	—	—	—	1
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	1	2	3
Measles ..	—	—	—	1	—	1	—	—	—	—	—	—	2
Acute Pneumonia .	—	—	1	—	—	—	—	—	—	—	—	1	2
Dysentery	—	—	—	—	3	—	—	—	—	—	—	—	3
Smallpox ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ..	—	—	—	—	—	—	—	—	—	—	—	—	—
CerebroSpinalFever	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia.	—	—	—	—	—	—	—	—	1	—	—	—	1
Ophthalmia Neo- natorum ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective Jaundice.	—	—	—	—	—	—	—	—	1	2	—	—	3

TABLE X

INFECTIOUS DISEASES AND TUBERCULOSIS CASES NOTIFIED DURING THE PAST TEN YEARS

(Figures in parenthesis indicate Number of Deaths during each year)

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Scarlet Fever ..	4(0)	4(0)	4(0)	12(0)	50(0)	16(0)	17(0)	15(0)	4(0)	5(0)
Whooping Cough..	—	126(0)	50(0)	4(0)	27(0)	41(0)	12(0)	13(0)	42(0)	1(0)
Acute Poliomyelitis ..	—	—	—	—	0	—	—	2(0)	1(0)	3(0)
Acute Polio-Encephalitis ..	—	—	—	—	—	—	—	—	—	—
Measles ..	1(0)	90(0)	156(0)	71(0)	3(0)	266(0)	8(0)	7(0)	274(0)	2(0)
Diphtheria ..	—	—	1(0)	—	1(1)	1(0)	1(0)	—	—	—
Acute Pneumonia ..	3(1)	6(1)	6(0)	9(2)	5(0)	7(10)	3(0)	17(1)	10(5)	2(5)
Dysentery..	—	—	—	—	—	—	—	1(0)	—	3(0)
Smallpox ..	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica ..	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever ..	1(0)	1(0)	—	—	—	1(0)	—	—	—	—
Erysipelas..	2(0)	2(0)	2(0)	2(0)	3(0)	5(0)	2(0)	2(0)	—	—
Cerebro Spinal Fever ..	3(0)	—	—	1(1)	—	1(0)	—	3(0)	1(0)	—
Puerperal Pyrexia, etc. ..	1(0)	—	1(0)	—	1(0)	1(0)	—	—	2(0)	1(0)
Ophthalmia Neonatorum ..	—	1(0)	—	—	—	—	1(0)	1(0)	—	—
Infective Jaundice ..	—	—	—	—	6(0)	3(0)	5(0)	—	1(0)	3(0)
T.B. Pulmonary ..	7(4)	6(3)	4(3)	11(3)	10(8)	9(4)	12(5)	12(6)	6(1)	13(4)
T.B. Non-Pulmonary ..	1(1)	4(2)	3(0)	2(0)	3(0)	4(1)	3(1)	1(0)	1(0)	2(0)

TABLE XI

A Comparison of Notification of Infectious Disease.
(per 1000 Civilian Population).

	England and Wales	Essex County	Harwich
Typhoid Fever	0.01	0.01	0.00
Paratyphoid Fever	0.01	0.01	0.00
Cerebro Spinal Fever	0.02	0.02	0.00
Scarlet Fever	1.63	1.52	0.4
Whooping Cough	2.39	2.50	0.08
Diphtheria	0.04	0.00	0.00
Erysipelas	0.19	0.20	0.00
Smallpox	0.00	0.00	0.00
Measles	8.95	10.11	0.16
Pneumonia	0.80	0.82	0.16
Acute Poliomyelitis	0.13	0.20	0.24
Acute Polio Encephalitis	0.07	0.02	0.00
Food Poisoning	0.14	0.23	0.00
*Puerperal Pyrexia	6.31	6.17	3.9

* per 1000 Births.

TABLE XII

TUBERCULOSIS

New Cases and Mortality During 1949

Age	New Cases Notified During Year				Deaths During Year			
	Pulmonary		Non- Pulmonary		Pulmonary		Non- Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	—	1	—	—	—	—	—
1—5	—	—	—	—	—	—	—	—
5—15	1	—	—	—	—	—	—	—
15—25	1	2	—	1	—	—	—	—
25—35	2	1	—	—	—	—	—	—
35—45	1	1	—	—	1	1	—	—
45—55	1	1	—	—	1	—	—	—
55—65	1	—	—	—	—	—	—	—
65 and over ..	1	—	—	—	1	—	—	—
Total ..	8	5	1	1	3	1	—	—

The number of notified cases of Tuberculosis continues at a level high enough to be almost a reproach to a community situated in such salubrious surroundings as those which Harwich enjoys. Particularly is this the case with regard to Pulmonary Tuberculosis. The persistence of unsatisfactory housing conditions together with the continuation of relative overcrowding is an undoubted causal factor. A person found to be suffering from active Pulmonary Tuberculosis should be granted the highest possible priority in the allocation of houses ; but steps are also necessary to ensure that the increased rent required as a result of re-housing does not cancel out (by reducing the amount of money available for foods, etc.) benefits in other directions.

It is gratifying to record that the activity associated with Tuberculosis After Care is performed with commendable enthusiasm, by members of the Townswomen's Guild, acting in association with the North East Essex Tuberculosis Care Association.

APPENDIX

METEOROLOGICAL STATISTICS — 1949

The Borough Engineer and Surveyor has kindly supplied the following Meteorological Statistics :—

TABLE XIII
SUNSHINE AND RAINFALL, 1925 — 1949

Year	Sunshine Hours	Rainfall Inches
1925 ..	1698.5	20.18
1926 ..	1625.1	20.78
1927 ..	1551.6	20.57
1928 ..	1906.8	24.50
1929 ..	1816.2	22.80
1930 ..	1726.5	23.65
1931 ..	1614.3	17.35
1932 ..	1437.6	19.52
1933 ..	1908.4	15.67
1934 ..	1792.0	19.57
1935 ..	1910.0	24.75
1936 ..	1617.4	23.39
1937 ..	1554.1	27.50
1938 ..	1780.9	27.50
1939 ..	1773.7	29.92
1940 ..	1816.5	20.76
1941 ..	1426.5	22.14
1942 ..	1631.0	23.70
1943 ..	1858.5	16.65
1944 ..	1649.0	22.74
1945 ..	1584.3	19.77
1946 ..	1701.9	25.92
1947 ..	1853.8	19.39
1948 ..	1750.8	18.67
1949 ..	1930.6	17.83

The coldest day during 1949 was 3rd February with 35 degrees.
 The warmest day during 1949 was 27th June with 83 degrees.
 The day with the most sunshine during 1949 was 21st June with 14.9 hours.

The wettest day during 1949 was 20th October with .97 inches.

TABLE XIV
TEMPERATURES

Month	MEANS				HIGHEST		LOWEST	
	Dry	Wet	Max.	Min.	Max.	Min.	Max.	Min.
January ..	40.3	39.3	45.2	35.9	53	46	39	29
February ..	40.8	39.3	46.4	35.7	54	47	35	23
March ..	40.84	38.9	44.8	35.3	57	43	36	29
April ..	51.3	48.07	58.1	43.1	73	51	47	33
May ..	52.1	50.1	50.7	43.8	65	52	50	35
June ..	59.9	56.19	66.0	50.4	83	61	56	43
July ..	66.1	62.1	71.6	56.3	84	64	60	49
August ..	69.3	62.5	72.0	55.4	80	64	62	48
September ..	65.66	61.85	75.6	58.2	84	68	65	52
October ..	55.78	53.77	63.0	49.5	74	61	49	33
November ..	44.79	43.54	49.3	40.3	55	49	43	32
December ..	45.4	41.1	40.7	30.8	57	45	39	28

TABLE XV
BRIGHT SUNSHINE

	Hours	Daily Average	No. of Sunless days
January ..	73.4	2.36	7
February ..	139.4	4.98	2
March ..	120.4	3.88	9
April ..	212.6	7.08	1
May ..	190.9	6.15	2
June ..	247.3	8.24	2
July ..	239.3	7.71	1
August ..	245.8	7.93	—
September ..	181.7	6.05	2
October ..	138.3	4.46	5
November ..	78.3	2.57	7
December ..	63.2	2.03	10

TABLE XVI

RAINFALL

	Total fall in inches	Greatest fall in 24 hours (Inches)	Date
January	1.13	.30	2nd
February	1.06	.52	8th
March .. ..	.44	.27	14th
April	1.00	.22	6th
May	1.77	.84	23rd
June .. ..	.48	.19	13th
July .. ..	.62	.19	15th
August .. ..	.96	.48	1st
September	1.89	.50	26th
October	4.91	.97	20th
November	2.12	.30	25th
December	1.45	.39	18th