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WYCOMBE  
RURAL DISTRICT COUNCIL

ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH  
AND THE  
CHIEF SANITARY INSPECTOR

1951





W Y C O M B E  
R U R A L   D I S T R I C T   C O U N C I L

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A N N U A L   R E P O R T  
of the  
M E D I C A L   O F F I C E R   O F   H E A L T H  
and the  
S A N I T A R Y   I N S P E C T O R S

1951

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Medical Officer of Health:

F.H.M. DUMMER, M.B., Ch.B., D.P.H. (Lond)

Chief Sanitary Inspector:

J.P. PERRY, M.R.San.I., M.S.I.A.

1900

1900

1900

WYCOMBE RURAL DISTRICT COUNCIL

1951

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Chairman:

Mr E.J. West.

Vice-Chairman:

Mrs M.G. Woollerton.

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PUBLIC HEALTH COMMITTEE

at 1st May, 1951.

Chairman:

Mr W.G. Britnell.

The Chairman of the Council.  
The Vice-Chairman of the Council.  
The Chairman of the Finance Committee.  
The Chairman of the Public Works Committee.  
The Rt.Hon.The Earl of Buckinghamshire.  
Mr T.C. Austin. Mr L.F. Lunnon.  
The Rev. J.D. Charlesworth, Mr C. Morris.  
Mrs A.M. Conoley. Mrs F.H. Pitcher.  
Mr D. Dodwell. Mrs M. Roach.  
Mr E.L. Galloway. Mr W.J. Tapping.  
Brig.Gen. E.S. Hoare-Nairne. Miss M. Towerton.  
Mr G.B. Lee. Mrs C.G. Troughton.

WYOMING RURAL DISTRICT COUNCIL

STAFF:

Medical Officer of Health:

F.H.M. DUMMER, M.B., Ch.B., D.P.H. (Lond).

Chief Sanitary Inspector:

J.P. PERRY, M.R.San.I., M.S.I.A. Meat Certificate.

Sanitary Inspectors:

D.J. SULLIVAN, M.S.I.A.

T. LAWSON.

J. BREWSTER. (Commenced duty 16th May, 1951).

Clerk:

Miss R.M. SPENCER.

Trainee Assistant Sanitary Inspector:

P.R.H. BRADLEY. (Resigned March 1951).

Rodent Operative:

E.V. BOWLER.

WYCOMBE RURAL DISTRICT COUNCIL.

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Public Health Department,  
28, High Street,  
High Wycombe.

July, 1951.

To the Chairman and Members  
of the Wycombe Rural District Council.

Mr Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present my Fourth Annual Report as your Council's Medical Officer of Health.

The outstanding statistical feature of this report is the record achieved in the current infantile mortality rate. The figure of 14.4 per 1,000 births represents the lowest rate yet recorded in your district and is half the corresponding rate for England and Wales. It is no mean fact that out of a population of 40,000, only nine infants under the age of one year died in 1951. I have included a histogram in this year's Report, which will show you the extraordinary trend in the infantile mortality rate over the past 30 years. Commencing with a rate of 70.6 in 1921, the current figure represents only a fifth of this mortality. The corresponding rate in the country as a whole is just over one-third of the 1921 estimate.



Many factors have brought about this satisfactory position - continuity of ante-natal care, clinical supervision of the infant by welfare clinics and general practitioners, health visiting, earlier diagnosis of disease, therapeutic advances, and an increasing interest in mothercraft. The resultant saving in child life is vitally important, not only as a worthy end in itself, but also in its direct relationship to the economic and labour difficulties which are unavoidable in an ageing population. You will see that the number of recorded births is again below the figure of the previous year. Only the further lowering - and that will be difficult - of the infantile mortality rate can possibly bridge the gap in the "replacement rates". This gap is not the kind of problem which emigration solves. The type of family to emigrate is the young one, leaving a further preponderance of old people, and replacement far below the economic needs of the country.

The death rate is slightly less than last year - 10.4 compared with 10.5 - and is still substantially below the general rate. As one would expect, by far the greatest proportion falls on the cardiac group, which accounted for 33.7% of the total, excluding diseases which had their origin in vascular defects.

We can reasonably assume this to be an established trend and it is bound irrevocably to the longer expectation of life. The present expectation at birth is 66 years for males and 71 years for females. The next highest mortality ratio is that of cancer, with a percentage of 17. The total number of cases this year is 72, compared with 77 in 1950.

In the past year, a great deal has been written on the increasing prevalence of lung cancer, particularly in males of the younger and middle age-group. I have introduced a new Table in the current Report, showing an analysis of lung cancer deaths in the years 1947-51. From it you will see that the ratio of males and females is 4:1, but that, in our district at least, the emphasis on the younger age-groups is not significant. I would however give a word of warning about the interpretation of small totals as "significant" - in this or any other Table. All that has been attempted in this analysis has been to see how a general trend applies to a particular district. But the figures are of real interest in showing the wide age range of cancer - and that fact in itself is at the core of the mystery.

In a Report of this kind, it is right that the weapon of early diagnosis should be stressed. It is today the main hope of those sufferers that the disease has been halted in its initial stages. It is better to know the truth at a time when steps can be taken to avert tragedy than to procrastinate fearfully in the hope of a miracle. I am convinced that the time is not far distant when more and more emphasis will be laid on the diagnostic side of medical practice and preventive work in this field will receive greater attention. At the moment there is no easy, infallible test in the earliest stages of cancer - that is the main weapon still, alas, missing.

For the sixth year in succession, no woman has lost her life in childbirth or other maternal cause directly associated with it. The general figure for England and Wales is 0.79 per 1,000 births and for the county 0.5 per 1,000. This in itself is a great achievement and underlines the importance of ante-natal and general obstetric care. These are services on which the economy axe can be wielded only with extreme danger.

The tuberculosis mortality and morbidity rates remain as last year. As I have reported previously to your Public Health Committee, our great concern is the predeliction which the disease has for the younger age-groups and the resultant domestic distress which follows a diagnosis of tubercle. Here, even more so than in cancer, early diagnosis is of paramount importance and the chances of full recovery in such selected cases, are good. A great attack on this scourge has been made in two directions, (a) by mass radiography of industrial workers and school children and (b) the use of B.C.G. vaccine. Although the use of the vaccine is in its infancy in this country, it is already hailed as a most formidable weapon in the Scandinavian countries. A start has been made in Britain with certain groups and results up to date encourage its wider use.

In our own District, material assistance in the rehousing of the tuberculous patient and his family has been given by your House Management Committee and it is a pleasure to record my thanks to them for their support in this vital aspect of public health. The fierce light of public opinion is focussed in particular on your Housing Committee and the part they play has no little effect on the general standard of local public health. The strenuous and successful building efforts made by your Building Committee have brought commendation from widely varying sources. It is I know, a difficult but vital task to ensure that in the objective of quantity, quality is not jeopardised.

In the field of notifiable diseases, the main notifications were those of measles. In general, there is a two-yearly epidemic pattern of this disease, which affects mainly the age-group 5 - 9. The total number for 1951 was 723 which gives you some idea of the weight of the attack. Whooping cough was also increased in incidence, the notifications numbering 152 compared with 41 in 1950. Scarlet Fever showed a marked diminution in incidence and severity, and we were fortunate in having only 2 cases of acute poliomyelitis during the year.

There was one case of undulant fever in 1951, a reminder of the constant watch which must be kept on milk by way of bacteriological analysis. A great deal of our time has been taken up this year in following up reports of brucella, forwarded by the County Health Department. In those cases where the milk is being sold raw, a Statutory Notice is issued requiring the pasteurisation or other heat-treatment of the supply before sale. In this action, there is close liaison with the Milk Marketing Board and the County Council. Three samples of the milk are taken and all must prove negative before the Notice is withdrawn. In most cases, we have had willing co-operation from producers who realised that the sale of milk is a public service and that the public is entitled to be protected from the consumption of infected products.

You will see in the Report a brief account of proceedings taken under Section 47 of the National Assistance Act 1948. This account is given for the first time under the directions of Circular 42/51 of the Ministry of Health. It has seldom been necessary to invoke this Section and it is an action to which your Council energetically tries to find an alternative. Compulsory removal of persons from their homes, however poor and insanitary, is unpleasant and distressing to all concerned. But it is important too, to maintain a standard of life within the community below which there is danger to the general public as well as to the offender. These cases are fortunately rare, but when they do occur we should be absolutely sure of the rightness of our action and convinced that such action is in the common good. The rationale must go deeper than merely conforming to the strict letter of the law. In these circumstances I do assure the Council that all possible known alternatives are fully explored and that the presentation of a Certificate requesting the institution of proceedings, is made as the very last resort.

There are still too few "places of refuge" for the aged and infirm. It is true that the majority do not wish to leave the old familiar places in which they have literally spent their lives, but the time comes when many realise that help must be accepted. It is a problem which has become desperately urgent and is not likely to be less so in the next few decades.

One of the most urgent problems at the moment before your Council is the provision of suitable sites for refuse tips. In a Rural District of this size one might have reasonably assumed the task to be relatively easy. But the present scale of building, extending the perimeter of hamlets and villages, and the rightful insistence on full use of valuable agricultural land has reduced very considerably the selection of possible sites. The cost of transport of waste material over long distances further minimizes the consideration of possibilities.

When one considers that approximately 7,500 tons of refuse was collected last year it will be apparent that the problem is considerable. We know from experience that the selection of a site near inhabited premises is open to constant objection. The fly menace during the summer months is very real. There are however numerous ways in which the public can assist both from health and financial viewpoints to minimize the difficulty of this public service. The amount of useless waste paper, that is paper already contaminated with food products such as margarine, lard and fish refuse etc., is a burden which can be largely eliminated at source.

It should be borne in mind that such refuse is a breeding ground for flies before central tipping takes place. If the amount of this litter can be greatly reduced by householders the service would operate with less complaint. Every load containing large articles such as scrap iron, uncrushed tins and bottles must react ultimately on the amount of collection which can be carried out in each vicinity and will reduce the regularity at which we aim: the refuse tips will be filled more quickly than we have estimated for and the control over breeding grounds more difficult to apply. We are unable at this time to embark on incineration of refuse at numerous places and we can only justify the present methods of disposal by the fact that there is no available alternative.

In conclusion I wish to thank the Staff of the Public Health Department for their work and willing co-operation throughout the year; also your Public Health Committee for their interest and support.

I am,

Mr Chairman, My Lord, Ladies  
and Gentlemen,

Yours obediently,

F.H.M. DUMMER.



STATISTICS.

Area of Wycombe Rural District (in acres).....	71,232
Resident population (1931 census).....	27,495
Resident population (1951 census).....	40,000
No. of inhabited houses on rate book (31st March 1951).....	11,393
Rateable Value.....	£238,506
Estimated Product of Penny Rate.....	£935

EXTRACT FROM THE VITAL STATISTICS  
FOR THE YEAR 1951.

BIRTHS.

		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Live Births	Legitimate	298	303	601
	Illegitimate	15	7	22
Totals		313	310	623
Still Births	Legitimate	6	9	15
	Illegitimate	0	0	0
Totals		6	9	15

Comparability Factor - Birth Rate.....	1.01
Birth Rate per 1,000 of the Estimated Population.	15.6
Birth Rate of England and Wales.....	15.5
Still Birth Rate per 1,000 estimated population..	0.375
Still Birth Rate of England and Wales.....	0.36
Adjusted local Birth Rate.....	15.7

DEATHS.

Number of Deaths	-	Males	-	239
		Females	-	176
		Total	-	<u>415</u>
Comparability Factor.....				0.96
Death Rate per 1,000 of the Estimated Population .				10.4
Death Rate of England and Wales.....				12.5
Tuberculosis Death Rate, Wycombe Rural District...				0.12
Tuberculosis Death Rate, England and Wales.....				0.31
Adjusted Local Death Rate.....				9.98

INFANT MORTALITY.

9 infants died under the age of one year.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate.....	5	3	8
Illegitimate.....	1	0	1
Total.....	<u>6</u>	<u>3</u>	<u>9</u>

This represents a mortality rate of 14.4 per 1,000 related births, compared with 29.6 as a general figure for England and Wales.

Neo-natal mortality rate - 12.8, compared with a county rate of 17.8.

CANCER DEATHS.

Deaths from Cancer (all ages):-

Males	-	45
Females	-	27
Total	-	<u>72</u>

Yearly comparison of cancer deaths:-

1951.....	72
1950.....	77
1949.....	62
1948.....	65
1947.....	69
1946.....	66

The following organs were effected:-

Stomach.....	9
Lungs.....	8
Breast.....	2
Uterus.....	3
Other Sites.....	50
Total.....	<u>72</u>

LUNG CANCER DEATHS 1947 - 1951.

Age-groups	No. involved.			Age-groups. Percentage of Total		
	M	F	M & F Total	M	F	M & F Total
30 - 40 years	-	1	1	-	10	2
40 - 50 years	3	-	3	7.5	-	6
50 - 60 years	9	-	9	22.5	-	18
60 - 70 years	15	3	18	37.5	30	36
70 - 80 years	12	6	18	30	60	36
80 - 90 years	1	-	1	2.5	-	2
Total	40	10	50	100	100	100

	Male	Female	Male & Female.
Mean Age	64 years.	66 years.	64½ years.
Age Range	44 - 81 years.	39 - 75 years.	39 - 81 years.

	1947	1948	1949	1950	1951	Total
Lung Cancer Deaths	8	14	15	6	7	50

TABLE OF DEATHS.

<u>DISEASE.</u>	<u>MALES.</u>	<u>FEMALES.</u>	<u>TOTAL.</u>
1. Tuberculosis, respiratory.....	3	-	3
2. Tuberculosis, other.....	1	1	2
3. Syphilitic diseases.....	1	1	2
4. Diphtheria.....	-	-	-
5. Whooping Cough.....	-	-	-
6. Meningococcal Infections.....	-	-	-
7. Acute Poliomyelitis.....	1	-	1
8. Measles.....	-	-	-
9. Other infectious diseases.....	1	-	1
10. Cancer, stomach.....	3	6	9
11. Cancer, lungs.....	8	-	8
12. Cancer, breast.....	-	2	2
13. Cancer, uterus.....	-	3	3
14. Other cancers.....	34	16	50
15. Leukaemia, aleukaemia.....	1	-	1
16. Diabetes.....	1	2	3
17. Vascular lesions, nervous system	24	28	52
18. Coronary disease, angina.....	32	16	48
19. Hypertension with heart disease	1	7	8
20. Other heart diseases.....	28	32	60
21. Other circulatory disease.....	16	8	24
22. Influenza.....	6	2	8
23. Pneumonia.....	15	11	26
24. Bronchitis.....	10	10	20
25. Other respiratory diseases.....	3	1	4
26. Gastric and duodenal ulcer.....	4	1	5
27. Gastritis, enteritis and diarrhoea.....	-	2	2
28. Nephritis, nephrosis.....	-	3	3

TABLE OF DEATHS. (contd).

<u>DISEASE.</u>	<u>MALES.</u>	<u>FEMALES.</u>	<u>TOTAL.</u>
29. Hyperplasia of prostate.....	7	-	7
30. Pregnancy, childbirth, abortion.	-	-	-
31. Congenital malformations....	3	1	4
32. Other defined and ill-defined diseases...	22	17	39
33. Motor vehicle accidents.....	7	2	9
34. Other accidents.....	4	3	7
35. Suicide.....	2	1	3
36. Homicide and operations of war.....	1	-	1
All causes.....	239	176	415

MATERNAL DEATHS.

(a) From puerperal sepsis.....	0
(b) From other maternal causes..	0

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS), 1951

Disease	Total Cases Notified	Age Periods								Un-known
		Under 1 year	1-2	3-4	5-9	10-14	15-24	25+		
Scarlet Fever	12	1	2	1	2	3	3	0	-	
Whooping Cough	152	11	28	37	63	7	3	1	2	
Acute Poliomyelitis:										
Paralytic	1	-	-	-	-	-	-	1	-	
Non-Paralytic	1	-	-	-	-	-	1	-	-	
Measles	723	11	115	166	368	36	8	9	10	
Diphtheria	-	-	-	-	-	-	-	-	-	
Acute Pneumonia	21	-	-	1	4	2	1	13	-	
Dysentery	11	-	2	1	4	-	3	1	-	
Smallpox	-	-	-	-	-	-	-	-	-	
Acute Encephalitis:										
Infective	-	-	-	-	-	-	-	-	-	
Post-Infectious	1	-	-	1	-	-	-	-	-	
Enteric or Typhoid Fever	-	-	-	-	-	-	-	-	-	
Paratyphoid Fevers	-	-	-	-	-	-	-	-	-	
Erysipelas	5	-	-	-	-	-	-	5	-	
Meningococcal Infection	-	-	-	-	-	-	-	-	-	
Food Poisoning	-	-	-	-	-	-	-	-	-	
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	
Ophthalmia Neonatorum	2	2	-	-	-	-	-	-	-	
Totals:	929	25	147	206	442	48	19	30	12	

TUBERCULOSIS.

NEW CASES AND MORTALITY DURING THE YEAR 1951

(a) (b)

Age Periods.	New Cases				Deaths				
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.		
	M	F	M	F	M	F	M	F	
0	-	-	-	-	-	-	-	-	-
1	2	1	1	1	-	-	-	-	-
5	-	2	-	-	-	-	-	-	-
10	-	3	-	-	-	-	-	-	-
15	3	3	-	-	-	-	-	-	-
25	5	2	-	1	2	-	-	-	-
35	4	2	-	-	-	-	-	-	-
45	2	4	-	-	-	-	-	-	-
55	-	-	-	-	1	-	-	-	1
65+	2	-	-	-	-	-	-	-	-
Totals	18	17	1	2	3	0	1	1	1

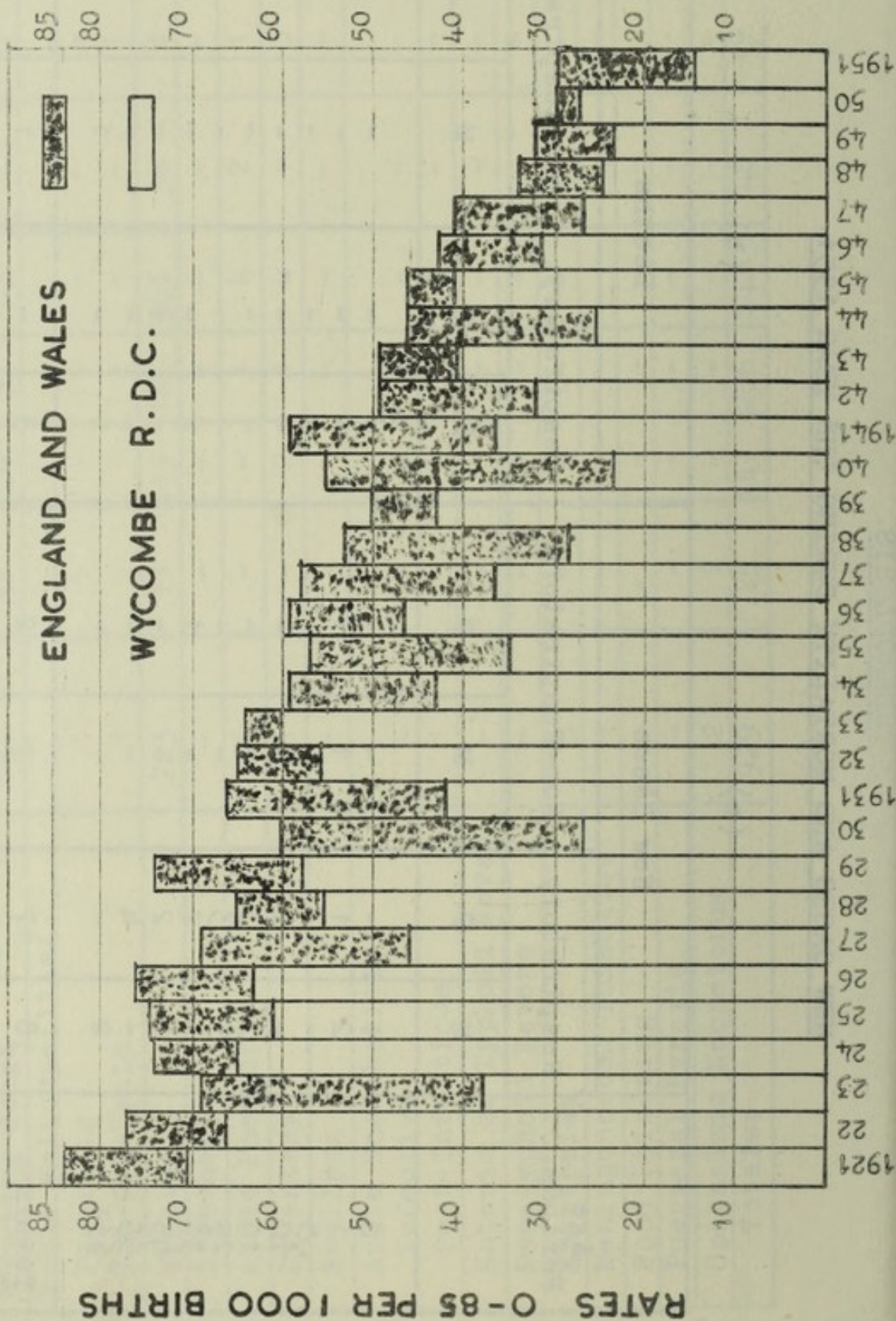
AMERICAN B. O. C. 1051-308 1951-52  
 CHARTING AND MATRIZ 1051-52  
 MEVILIFE WOLVITIA BVLE 1051-52  
 OF THE  
 GRAPHIC REPRODUCTION



# GRAPHIC REPRESENTATION OF THE INFANTILE MORTALITY RATE 1921-51

ENGLAND AND WALES 1921 - 83. 1951 - 29.6

WYCOMBE R. D.C. 1921 - 70.6. 1951 - 14.4



NATIONAL ASSISTANCE ACT 1948.

Section 47.

One case was dealt with under the provisions of the above Section of the Act.

A certificate was presented to the Council by the Medical Officer of Health on January 25th, 1951, in respect of an old lady living alone, in insanitary conditions. The Council instituted legal proceedings and the case was heard at a Court of Summary Jurisdiction sitting at the Magistrates Court, Hughenden Road, Chepping Wycombe on 27th April, 1951. A order was made authorising the removal of the old lady to Upton Court Hospital, Slough, for a period of 3 months. After some weeks at Upton Court it was obvious that the patient was not happy there and application was made to the same Court for a variation of the Order so that accommodation could be provided at another place. This was so ordered on 6th July, 1951.

The order was not put into effect since an undertaking was given by a relative, hitherto untraced, that he would be responsible for the patient. She returned to her original abode and is at present not subject to any restriction.

AMBULANCE SERVICES.

The ambulance arrangements pertinent to your area, are as follows:-

Stations at High Wycombe and Princes Risborough.

The Bourne End ambulance has now been withdrawn.

WATER SUPPLIES.

Frequent sampling has been carried out throughout the year. In all 34 samples have been taken.

The following is a representative report of a Clinical Analysis taken of a water typical of your area:-

	Parts Per 100,000	Grains Per Gallon.
Total solids (dried at 180°C).....	34.0	23.8
Combined chlorine (Cl).....	1.2	0.8
equivalent to Sodium Chloride (Na Cl)	2.0	1.4
Nitric nitrogen (Nitrates).....	0.36	0.25
Nitrous nitrogen (Nitrites).....	Nil	Nil
Ammoniacal nitrogen.....	Nil	Nil
Albuminoid nitrogen.....	0.0004	0.0003
Oxygen absorbed in 4 hours at 27°C.....	0.002	0.001
Lead or Copper.....	Nil	Nil
Temporary hardness (equivalent to Ca <sup>CO<sub>3</sub></sup> )	27.0	18.9
Permanent hardness (    "    "    )	4.0	2.8
Total hardness (    "    "    )	31.0	21.7

The above results show this water to be of excellent quality and there is no evidence of any pollution.

Regular bacterial analyses of the raw waters at source were taken throughout the district. There were at times wide differences in bacterial counts from the boreholes at Well End and Chalkpit Lane.

On three occasions faecal coli were found to be present, twice at Well End and once at Chalkpit Lane. An investigation of the immediate vicinity was made and as a purely preventive measure cesspits in the areas found to be defective were repaired. This measure along with the prescription of a prohibited area for cesspool tipping helped towards clearing the contamination. The resultant analyses were found to be improved and by the end of the year the water was considered to be satisfactory in quality.

DETAILS OF WATER SUPPLY.

Parish	Supplied direct by pipes into houses.		Supplied by Standpipes.	
	No. of Houses.	Popula- tion.	No. of Houses.	Popula- tion.
Bledlow-cum-Saunderton	408	1,467	19	67
Bradenham.....	31	112	-	-
Chepping Wycombe Rural	1,710	6,103	31	118
Ellesborough.....	210	751	-	-
Fawley.....	51	180	-	-
Fingest.....	435	1,551	-	-
Hambleton.....	305	1,094	-	-
Hampden, Gt & Lt.....	91	326	-	-
Hedsor.....	24	86	-	-
Hughenden.....	1,110	3,960	32	115
Ibstone.....	69	243	-	-
Kimble, Gt & Lt.....	201	705	-	-
Lacey Green.....	293	1,052	-	-
Longwick-cum-Ilmer....	83	292	-	-
Marlow, Gt.....	342	1,230	-	-
Marlow, Lt.....	206	742	-	-
Medmenham.....	96	330	-	-
Princes Risborough....	1,096	3,890	75	265
Radnage.....	108	382	9	32
Stokenchurch.....	553	1,950	15	53
Turville.....	76	274	-	-
West Wycombe Rural....	530	1,885	7	26
Wooburn.....	1,565	5,530	-	-
Totals.....	9,593	34,135	188	676

I am indebted to your Surveyor for the following table:-

CESSPOOL EMPTYING 1951.

<u>Parish.</u>	<u>No. of gallons of sewage removed.</u>
Bledlow-cum-Saunderton.....	930,850
Bradenham.....	-
Chepping Wycombe Rural.....	3,773,395
Ellesborough.....	548,175
Fawley.....	18,900
Fingest.....	1,718,675
Hambleton.....	475,650
Hampden, Gt & Lt.....	70,500
Hedsor.....	-
Hughenden.....	5,313,755
Ibstone.....	230,575
Kimble, Gt & Lt.....	423,400
Lacey Green.....	671,425
Longwick-cum-Ilmer.....	404,470
Marlow, Gt.....	574,725
Marlow, Lt.....	161,075
Medmenham.....	140,250
Princes Risborough.....	132,725
Radnage.....	461,550
Stokenchurch.....	2,762,550
Turville.....	210,725
West Wycombe Rural.....	1,312,210
Wooburn.....	4,690,680
Total.....	<u>25,026,260</u>

RAINFALL, 1951.

I am indebted to the Director of The Forest Products Research Laboratory, Princes Risborough, for the following particulars of rainfall recorded during 1951.

Rainfall recorded at Princes Risborough.

Station: 333 feet above sea level.

Month.	Annual Rainfall.	No. of days on which rain fell with .01 or more measured.	Largest Rainfall.	
			Date.	Amount.
January....	2.57	16	5th	.47
February...	5.02	23	4th	.68
March.....	3.84	21	21st	.55
April.....	2.64	13	8th	.64
May.....	2.36	18	26th	.81
June.....	1.28	8	21st	.43
July.....	0.97	9	22nd	.45
August.....	3.51	20	6th	.95
September..	2.93	11	27th	1.04
October....	0.81	12	20th	.22
November...	5.58	24	5th	1.34
December...	2.04	15	28th	.48
Totals.....	33.55	190		



SANITARY INSPECTOR'S REPORT, 1951.

Public Health Department,  
28, High Street,  
High Wycombe,

To the Chairman and Members  
of the Wycombe Rural District Council.

Mr Chairman, My Lord, Ladies and Gentlemen.

Herewith I beg to submit a Summary of the Work carried  
out by the Department in the year 1951.

I am,

Mr Chairman, My Lord, Ladies  
and Gentlemen,

Your obedient servant,

J.P. PERRY.

Chief Sanitary Inspector.



FOREWORD.

The multiplicity of duties and the minutiae of day to day administration in which we become immersed, create a danger that an officer might lose sight of the larger issues which affect his work and become incapable of wider vision. An opportunity therefore to break away from daily routine for a survey of wider fields is to be welcomed. Such an opportunity is afforded when contributing to the preparation of the annual report.

The statistics annually presented unfortunately often make cold reading, excite little interest and thereby tend to obscure the value of the work accomplished and the targets at which we are aiming in order to achieve healthy living conditions. I would therefore at this stage ask for your indulgence if I digress a little and survey the wider fields previously mentioned.

The civic contribution towards improving environmental hygiene, as evidenced in the control and prevention of defects and bad conditions, provision of homes, cleansing services, protection of food and water supplies from contamination to mention but a few of the activities, is, no matter how excellently performed not in itself sufficient to secure healthy living conditions. The attitude of the mind of the individual person is most important in this respect. Apathy, indifference to the right of others, tolerance of acts of destruction, acceptance of inferior standards of service hygiene and so on are undesirable attitudes which retard our progress to better health. Must it be accepted that a certain proportion of the well equipped houses which are provided will never be properly used, that gardens will not be looked after, that modern methods of cooking, heating, ventilation, provision of baths and washing facilities will not be fully used and the equipment carefully tended by the tenant? Is it too much to hope for that the rivers be of clear water and the air free from smoke pollution? That public equipment such as conveniences, telephones, public transport, railway and bus stations be clean and in first class condition, that public gardens, grass verges and trees are allowed to flourish for the enjoyment of all? Should not the streets and the parks be kept clean by the citizens as well as the public cleaner? And ought not our restaurateurs, hotels and food premises to be in impeccable condition and their attendants always in a state of unquestionable cleanliness?

These matters brought sharply to focus invite fresh responses from authorities and public alike. A first essential is that public opinion must be behind the demand for improvements, and it is in the stimulation of public opinion to the awareness of present shortcomings that a real and positive task awaits all persons interested in public health work. None of these things and many others which would contribute to proper standards, is in itself revolutionary. Having regard to the progress during the past fifty years the targets outlined should not be regarded as being incapable of achievement.

Having thus wandered into the wider fields I must return to the narrow lanes and record factually the work of your sanitary officers in helping to safeguard the general health of the public.

#### HOUSING.

The predominance and persistence of the housing problem merits first consideration in the subjects to be reviewed. In succeeding post war year reports I have emphasised the difficulties experienced concerning the repair of unfit houses, and have reiterated that the problem is related to shortage of building labour and materials, legislative difficulties, and more particularly the economic factor with respect to controlled rents, soaring building costs and heavy dilapidations consequent upon the enforced neglect of the war years.

Casting a retrospective eye over the years I recall that the ten year period prior to the outbreak of war brought about the demolition or closure of a substantial number of houses and the families involved being rehoused in new council houses. Then came the war, with a cessation of housing activities and a deterioration of houses due to the factors already mentioned. Next followed the post war years, bringing with them the new building programme and an accentuation of the problem of house repair. In spite of the tremendous effort which has been made to provide new accommodation, housing in its widest sense remains a major problem. Claims for housing arise mainly from families who do not have separate accommodation and from families occupying unfit properties. As sanitary officers we cannot fail to be aware of the problem of the unfit houses, and the tragedy that there has had to be a virtual standstill in the abolition of those dwellings which are not worthy of perpetuation. It is to be hoped that at an early date it may be possible to resume radical action for clearing away such buildings.

Rent restriction is a subject of much controversy. It is a factor however which, in the work your sanitary officers are engaged upon, it is impossible to ignore. If further deterioration of properties is to be arrested, then it would appear that the question of rents must receive attention. It is to be hoped that a scheme will shortly be forthcoming which will result in satisfaction and justice both to the tenant and to the owner of the property. Any increase that may be granted should be conditional on the fitness of the property.

Unfortunately the provisions of the Housing Act 1949 which empowers local authorities to make grants for the improvement of existing houses, are of little or no use in dealing with houses requiring works of major repair and are of no use to service or tied cottages. Such a form of financial assistance has its application in improving the amenities and accommodation of houses which are already structurally sound.

One further aspect of the housing problem is related to the use of existing accommodation. While many houses are overcrowded others are under-occupied. The introduction of a form of exchange scheme presents obvious difficulties.

On this note I will conclude my remarks, and present details of the action taken under the Housing and Public Health Acts during the year under review, in attempting, in the main, the task of temporarily preserving obviously unfit houses by means of first aid repairs.

Details of action taken under the Housing and Public Health Acts are submitted herewith:-

GENERAL.

Inspections and visits under the Housing Act 1936, and the Housing Consolidated Regulations, 1925.....	138
Re-inspections.....	217
Inspections under the Public Health Act 1936.....	870
Re-inspections.....	551
Number of interviews with owners in respect of Housing Repairs, Plans and Specifications for reconditioning dwelling houses.....	602

SUMMARY OF INFORMAL NOTICES AND RESULTS OF SAME.

Article 27 of the Sanitary Officer's (Outside London) Regulations, 1935 and of the Sanitary Officer's Order, 1936, in relation to Inspections and Notices etc.

Acts and Sections under which Notices were served.	No. of Informal Notices and Letters.	Complied with.	Not complied with.
P.H.A. 1936, Sec. 92 (1) (a).....	246	204	42
" " " 259.....	4	4	-
" " " 92 (1) (b).....	7	7	-
" " " 92 (1) (c).....	9	6	3
" " " 39.....	15	9	6
" " " 44-45.....	16	12	4
" " " 75.....	9	5	4
" " " 56.....	7	7	-
" " " 141.....	5	5	-
" " " 39 (1) (b).....	7	4	3
" " " 39 (1) (d).....	8	6	2
" " " 138.....	17	14	3
Totals.....	350	283	67

SUMMARY OF STATUTORY NOTICES AND RESULTS OF SAME.

Acts and Sections under which Notices were served.	No. of Notices.	Com- plied with.	Work in progress at end of year.	Notices not complied with.	Prosecu- tions.
P.H.A. 1936, Sec. 92 (1) (a)	27	18	5	-	-
" " " 259.....	-	-	-	-	-
" " " 92 (1) (b)	-	-	-	-	-
" " " 92 (1) (c)	3	3	-	-	-
" " " 39.....	6	4	1	-	-
" " " 44-45.....	4	4	-	-	-
" " " 75.....	-	-	-	-	-
" " " 56.....	-	-	-	-	-
" " " 141.....	-	-	-	-	-
" " " 39 (1) (b)	3	3	-	-	-
" " " 39 (1) (d)	2	2	-	-	-
" " " 138.....	3	2	-	-	-
Totals.....	48	36	6	-	-

HOUSING STATISTICS.

Action under Statutory Powers during the year:-

- (a) Proceedings under Section 9,10 & 16 of the Housing Act 1936:-
- (1) Number of dwelling houses in respect of which notices were served requiring repairs (informal notices)..... 4
  - (2) Number of dwelling houses in respect of which formal notices were served requiring repairs..... -
  - (3) Number of dwelling houses which were rendered fit after service of notice:-
    - (a) By owners..... 4
    - (b) By Local Authority in default of owners..... -
- (b) Proceedings under Section 11,12 & 13 of the Housing Act 1936:-
- (1) Number of dwelling houses dealt with under Section 11 of the Housing Act 1936..... 12
  - (2) Number of dwelling houses in respect of which demolition orders were made..... 1
  - (3) Number of dwelling houses in respect of which closing orders were made..... 5
  - (4) Number of dwelling houses of which the Council have accepted undertakings from the owner..... 8
  - (5) Number of dwelling houses demolished in pursuance of demolition orders..... 5
  - (6) Number of dwelling houses repaired as a result of undertakings given by owners..... 15

Housing Act 1936 - Part IV. Overcrowding:-

- (a) (1) Number of dwellings overcrowded at the end of the year..... 104
- (2) Number of persons dwelling therein..... 521
- (b) Number of new cases of overcrowding reported during the year..... 3
- (c) Number of cases of overcrowding relieved during the year..... 7

WORKS EXECUTED AS A RESULT OF NOTICES.

Dwelling house roofs repaired.....	47
" " eaves gutters repaired or provided where missing.....	26
" " brickwork to walls, chimney stacks, etc., made good.....	21
" " woodwork to windows repaired.....	5
" " interior plaster made good.....	23
" " windows made to open for the purpose of ventilation.....	9
" " woodwork to stairs, floor etc., made good....	24
" " dampness remedied.....	52
" " interior walls cleansed and re-decorated.....	21
" " cooking arrangements, etc., rendered serviceable.....	9
" " outbuildings repaired.....	4
Miscellaneous Works.....	17
Dwelling house drains cleansed, ventilated or made sound....	42
" " new drainage system provided.....	14
" " " cesspools provided.....	29
E.C's or privies converted to W.C's.....	23
Closets repaired.....	9
New W.C.'s constructed.....	16
House sinks provided.....	15
Sanitary ashbins provided.....	5
Accumulation nuisances abated.....	9
Animal nuisances abated.....	7
Yards paved and drained.....	7
Houses connected to public water mains.....	24



### WATER SUPPLIES.

With the extension of the water mains to Owlswick and Meadle, it is pleasing to record that only one hamlet is now without a main water supply.

There are still a number of properties the owners of which derive their water from rain water tanks or shallow wells. It is frequently found that certain owner-occupiers of such premises are content with their particular type of water supply, and have no desire to change to a mains supply. Their attitudes in this matter are often determined by economic reasons or by prejudices they possess. On the other hand it is generally found that tenants express some concern with regard to the quality and the sufficiency of the water supply if taken from shallow wells and rain water tanks. Such complaints provide a basis for sampling work on the part of your sanitary officers in determining the wholesomeness of water supplies within your Council's area.

In cases where the supply has proved to be contaminated or insufficient for domestic needs, the owners have been requested to lay on a main water supply, i.e. where the properties have been within a reasonable distance of the main. In the majority of cases the owners have complied as a result of informal action being taken. Of the 34 samples submitted for bacteriological or chemical examination, 11 were reported upon as not conforming to a satisfactory standard of purity.

### MOVEABLE DWELLINGS.

Owing to the shortage of housing accommodation caravans are still finding favour as homes, particularly by newly-weds.

But the caravan cannot be regarded as an adequate substitute for a house. The chief essential lacking is space, for the floor area of a van is, generally speaking, not larger than that of one room of a house and, although many vans are excellently furnished to make good use of the small space available, this difficulty is insuperable. Overcrowding results, and although a young married couple may occupy a van happily the arrival of children will cause inconvenience and the problems arising from lack of privacy and cramped quarters become evident.

Districts fringing on towns inevitably find themselves facing a caravan problem to a greater or lesser degree, because the town dwellers or workers seeking more salubrious surroundings are apt to acquire land in the rural areas and set up temporary homes. Often vans are placed on land without permission from the appropriate statutory authorities. On humanitarian considerations local authorities may tend to sympathise with the homeless and not resort to legal action in connection with the contraventions involved.

The control of caravans has necessitated many visits in connection with determination of the sanitary circumstances of the various types of occupation, and ensuring that reasonably satisfactory standards are maintained. The figures below summarise the work of your sanitary officers in this respect:-

Number of visits for inspection of sites and dwellings.....	347
Number of licences issued.....	71
" " " refused.....	2

#### RODENT CONTROL.

Pest control is now accepted as a science which to be used effectively requires planning, trained personnel, special equipment and suitable materials. Research workers are providing new and more effective poison materials, and as a result there has been continued progress in the post war years with respect to the destruction of rats and mice.

The success of rodent control work is to a great extent dependent upon co-operation from the public. It is important in this connection that the public should be aware that it is obligatory for occupiers of land, (which includes dwellings), to notify the local authority when rats or mice are living on or resorting to the land in substantial numbers. The fact that no direct charge is made by your Authority with respect to rodent control work carried out at private properties, is an incentive to notification. This is becoming increasingly apparent in the day to day demands made by householders for your Council's rodent control service.

It is pleasing to record that there is a close co-operation with the officials of the pest control department of the County Agricultural Executive Committee where joint action has been found to be necessary for the destruction of rodents.

The risk of disease to man from rodents, the enormous damage done to foodstuffs and materials and the prolific breeding rate of rodents emphasise the importance of the work of rodent control. Your Council's service has been called upon to operate at dwelling houses, factory premises, food premises, offices, sewers, refuse tips etc.

Details of the work carried out during the year are submitted herewith:-

Type of Property	Local Authority	Dwelling Houses	Agri-cultural	All other (including Business and Industrial).	Total
I. Total number of properties in Local Authority's District	12	11,290	290	702	12,294
II. Number of properties inspected by the Local Authority during 1951 as a result of (a) notification or (b) otherwise.	(a) Nil	284	5	11	300
	(b) 12	2,036	77	412	2,537
III. Number of properties (under II found to be infested by rats.)	Major Nil	11	3	3	17
	Minor 4	341	49	25	419
IV. Number of properties (under II found to be seriously infested by mice.)	Nil	3	Nil	5	8
V. Number of infested properties (under III and IV) treated by the Local Authority.	4	397	Nil	25	426
VI. Number of notices served under Section 4:- (1) Treatment (2) Structural Works (i.e. Proofing)	Nil	Nil	1	Nil	1
	Nil	Nil	Nil	Nil	Nil
VII. Number of cases in which default action was taken by Local Authority following issue of notice under Section 4.	Nil	Nil	Nil	Nil	Nil
VIII. Legal Proceedings.	Nil	Nil	Nil	Nil	Nil
IX. Number of "Block" control schemes carried out.	Nil	Nil	Nil	Nil	Nil

THE NATIONAL ASSISTANCE ACT 1948 - Section 50.

Under Section 50 it is the responsibility of the local authority to bury any destitute person who dies or is found dead in the area.

Applications are made from time to time for financial assistance for the burial of persons alleged to be destitute. Such applications are carefully investigated and appropriately dealt with. The cases considered by your Authority in 1951 numbered two.

INFECTIOUS DISEASES.

Visits have been made in connection with cases of notifiable infectious diseases. Relevant information with regard to the history of the cases obtained and recorded, contacts checked and disinfection of rooms and bedding carried out. Details of the department's work is indicated below:-

Number of visits paid.....	116
" " re-visits.....	24
" " premises disinfected (tuberculosis)...	38
" " " disinfected (other infectious diseases.	26

FOOD, FOOD PREMISES ETC.

At the present time public opinion is very active in the field of food hygiene. This interest is most welcome to those of us who are engaged in administrative responsibilities in connection with securing improved conditions and practices where food is prepared or sold to the public. It is to be hoped that the interest will be sustained, and this in conjunction with the combined efforts of the central government and local authorities will result in the improvement of food handling in all its aspects.

MILK SUPPLIES.

As indicated in the 1950 report the control of dairy farms is now the responsibility of the Ministry of Agriculture and Fisheries. Local authorities however are charged with the duty to ensure the safety of the milk to the public. In addition to this requirement, your Council's duties are related to the distribution of milk necessitating registration of dairies, supervision of conditions and processes therein and the issuing of supplementary licences for the sale of designated milk.

The operation of the Food and Drugs (Milk and Dairies) Act late in 1949, established a multiplicity of authorities with share of responsibility with respect to milk production and distribution. This over-elaboration has brought about a number of administrative pitfalls. Other peculiarities exist. Whilst the sale of milk from animals known to have given tuberculous milk is prohibited, it is not an offence to sell milk from animals that have re-acted to the tuberculin test, neither is there any restriction upon the movement or sale, (without disclosing the fact), of such an animal. The result is that reactors turned out of tested herds will no doubt proceed to infect other herds.

With regard to the designations the dropping of the term "accredited" within a few years will be generally welcomed, for it is a misleading term and gives the public a false sense of security. Tuberculin Tested milk is also not a happy choice in name - much better the words "Certified Milk" Sterilised milk is now given a recognition and is gaining in popularity. On the quality and suitability of sterilised milk as a food there would appear to be a difference of opinion among experts.

Finally, some doubt has been expressed by responsible bodies as to the tendency to classify milk as an agricultural product to the neglect of its significance as a food in relation to health, and it is suggested that this trend is not in the best interest of the community.

The following information relates to control work in the administration of the various Acts and Regulations:-

No. of visits to dairy premises.....	156
Milk samples submitted for biological examination.	10
New dairy premises registered.....	Nil
Dealers licences authorising the use of the special designation "Tuberculin Tested".....	6
Supplementary licences to use the special designation "Pasteurised".....	6

CAFES, RESTAURANTS, ETC.

Still fresh in mind are the reports of the Manufactured Meat Products Working Party and the Catering Trade Working Party. The implementation of these reports is awaited. The comprehensive and searching enquiry into conditions relating to the meat manufacturing trades and the catering industry, and the review of present trade practices and food laws have resulted in the making of important recommendations. Where these recommendations are followed by appropriate legislative provisions, a fresh impetus will be given in the work of diminishing the danger of illness resulting from food.

During the year under review many inspections have been carried out, by your sanitary officers, of food premises. Suggestions for improvement of premises or of practices have been put forward to traders where deemed to be necessary. These recommendations have in the main been favourably received and put into effect.

The liaison between your authority and the Ministry of Food with regard to premises which are the subject of applications for catering licences still continues. Your authority's opinion with respect to the suitability of the premises is determined before a catering licence is issued. This early approach before the business is established enables an effective control to be exercised and ensures that the premises conform to certain satisfactory standards.

The work of the department in supervising food premises is summarised below:-

Number of visits to food premises.....	454
" " " " premises which have been made the subject of an application for a catering licence.....	12
Food rooms redecorated.....	14
" " repaired (floors, walls, ceilings, windows).....	11
Wash basins provided.....	5
New sanitary accommodation provided.....	4
Provision of constant hot water supply to wash-basins.....	4
Rodent infestations dealt with.....	7
Accumulation of refuse, coal etc. removed.....	3
Kitchen refuse receptacles provided.....	4
Additional ventilation provided.....	3

#### ICE-CREAM.

Provisions of the Food and Drugs Act, 1938 and the Ice-cream (Heat Treatment etc.) Regulations, 1947 control the methods of manufacturing, storing and selling ice-cream. In administering the relevant legislation your inspectors are called upon to deal with such matters as suitability of premises, trade equipment, methods of manufacture and sampling for bacteriological purposes.

During the past year there have been no changes in the number of persons manufacturing ice-cream within the area. Each of the manufacturers use a cold mix method when making ice-cream. The number of purveyors has increased by nine on the previous year, indicating that there has been a widening in the sales capacity. And at this stage I would take the opportunity to congratulate the ice-cream industry with regard to the provision of suitable vans for the sale of ice-cream. Such an example should lead the way for other sections of the food industry to provide equally adequate conditions for the sale of food in the open air.



Samples taken and submitted to the public health laboratory service for bacteriological examination have been subjected to the methylene blue test, and subsequently classified in accordance with the Ministry of Health's recommended scheme for the grading of ice-cream. The results of such tests are included in the data below and may be regarded as being satisfactory:-

Number of manufacturers of ice-cream.....	4
" " retailers of ice-cream.....	45
" " new premises registered.....	9

<u>Number of samples submitted for examination.</u>	<u>Grading.</u>
46	Grade 1
22	" 2
8	" 3
3	" 4

In each case where Grade 3 or 4 occurred check samples were taken, and the subsequent reports gave improved gradings.

### MEAT INSPECTION.

The restriction on slaughtering introduced by the Ministry of Food at the outbreak of war, is still in force. The home-killed meat allocated for the Wycombe rural area continues to be sent from a slaughterhouse situated in an adjoining Authority's area. The unsuitability of the majority of the vehicles used for the transportation of meat is recognised by the appropriate government departments.

Private slaughterhouses in your Council's area have been re-licensed in order to assist in the Ministry of Food's self suppliers pig killing scheme. I have already pointed out to your authority that in this connection, there is a lack of legal control with respect to notification of slaughter, inspection of carcasses and seizure of meat unfit for human consumption.

Your sanitary officers continued to assist in the work of meat inspection at the Marlow Slaughterhouse during peak periods of killing in the year under review. In that period the following animals were the subject of post-mortem examination:-

Ox	455
Calves	75
Sheep	910
Pigs	55
Total	<u>1,495</u>

The quantity of meat and offal condemned as a result of such inspection work is detailed below:-

	lbs.
Ox, Bullock, Cow -	
Tuberculosis and other diseases.....	3,145
Visceral, liver, heart, lungs viscera...	1,254
Other parts.....	84
Pig -	
Tuberculosis and other diseases.....	892
Visceral.....	54
Mutton -	
Carcase or portion of carcase.....	225
Visceral.....	56
<u>Licensing.</u> -	
Number of slaughterhouses licensed.....	8
"    " slaughtermen's licences issued..	24

FOOD CONDEMNED.

English Beef.....	160½ lbs.	(Bone taint and bruising).
English Pork.....	91 lbs.	
Bacon.....	21½ "	
Liver.....	6 "	
Geese.....	69 "	
Canned Ham.....	316½ "	
" Tongue.....	6 "	
" Luncheon Meat...	38¼ "	
" Beef.....	73¾ "	
" Salmon.....	9¼ "	
" Pilchards.....	14 "	
" Shrimps.....	1 "	
" Plums.....	85½ "	
" Fruit.....	146 "	
" Rhubarb.....	2 "	
" Spaghetti.....	4 "	
" Beans.....	2 "	
" Evaporated Milk.	65 "	
Lettuce	1	crate.

FACTORIES ACT 1937.

Matters relating to sanitary accommodation, water supplies, means of escape in case of fire etc, have claimed the attention of your sanitary officers in their work of factory and workshop inspection.

It is worthwhile recalling at this stage that there is a notable omission in our legislation with respect to conditions of employment in offices. The Factory Act and Shops Act demand the observation of certain standards in the factory and shop. There is no control however over unhealthy offices. This is an omission awaiting redress.

To revert to the factory and workshop, details of the inspection work carried out and the subsequent action resulting are tabled below:-

1. INSPECTIONS MADE FOR PROVISIONS AS TO HEALTH.

Premises	Number on Register.	Inspections.	Written Notices.	Occupiers Prosecuted
(1) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities.....	12	31	3	Nil
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority.....	147	187	21	Nil
(3) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers Premises).....	Nil	Nil	Nil	Nil
Total.....	159	218	24	Nil

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.....	2	2	-	-	-
Overcrowding.....	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation..	-	-	-	-	-
Ineffective drainage of floors.....	2	2	-	-	-
Sanitary Conveniences -					
(a) Insufficient.....	7	6	-	1	-
(b) Unsuitable or defective.....	9	8	-	1	-
(c) Not separate for sexes.....	4	4	-	1	-
Other offences against the Act (not including offences relating to Outwork).....	5	5	-	-	-
<b>Total</b>	<b>29</b>	<b>27</b>	<b>-</b>	<b>3</b>	<b>-</b>

OUTWORK.

(Sections 110 and 111).

Nature of Work	No. of out workers 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 apparel. Making etc.	65	-	-	-	-	-
Household linen	14	-	-	-	-	-
Totals.....	79	-	-	-	-	-

RAG FLOCK.

1951 was noteworthy because the Rag Flock and Other Filling Materials Act came into operation.

The Act forbids the use of filling materials to which the Act applies for such purposes as upholstering and the stuffing of bedding, toys and baby carriages, except on premises registered by a local authority. Premises where rag flock is manufactured or stored must be licensed by a local authority and the granting or renewal of licences may be refused in certain cases. Standards of cleanliness of filling materials are given by regulations. Penalties are prescribed for using unclean materials.

There has been a growing consciousness in health matters relating to sleep and rest. Attention in the past has been focused on man's needs during his hours of active wakefulness. The new Act however directs attention to bedding, upholstery and associated furnishings, articles which are so closely allied to sleep and casual rest which between them account roughly for half of man's lifetime. The importance therefore that the filling materials of mattresses, settees etc. should conform to satisfactory standards of cleanliness is emphasised by this fact.

Premises in your Council's area to which the Act applies, have been visited by your officers and the necessary registrations duly effected. Sampling of filling materials has been carried out and the data relating to registrations and sampling are given below:-

Number of premises registered.....	19
Number of samples submitted for cleanliness test.....	15
Number of samples conforming to a satisfactory standard.....	15

CONCLUSION.

The report which I have submitted will I trust, serve to give some indication of the importance of the work which your sanitary officers are engaged upon.

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