[Report 1952] / Medical Officer of Health, Meriden R.D.C.

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RURAL DISTRICT OF MERIDEN

ANNUAL REPORT

of the

Medical Officer of Health

G. W. KNIGHT, M.D., D.P.H.

together with the

ANNUAL REPORT

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Chief Sanitary Inspector

R. HAINES, M.R., San. I., M.S.I.A.

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To the Meriden Rural District Council

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health of the District for the year 1952, during which period your Acting Medical Officer of Health was Dr. W. D. H. McFarland until I took up my duties as your Medical Officer of Health in October of that year.

A brief review of the Vital Statistics shews no violent or startling fluctuations. There appears to have been a halt in the downward trend of the birth rate obvious since 1947 although the rate for the district in 1952 is the lowest during the past eleven years for which figures are available. Similarly, the crude death rate is the lowest recorded during this same period and is considerably lower than that averaged throughout the country as a whole during 1952. This decline in birth rate coupled with the gradual increase in man's survival period resulting in an increasing aged population in the country, constitutes a problem of some magnitude to the Welfare State for it is on the shoulders of the young and active that the care of our ageing population must be placed. The responsibilities of the family as a unit towards its aged members was never of greater importance and the Welfare and Social Services of the community or State as a whole should be regarded as an adjuvant rather than an alternative to individual family responsibility.

Epidemiologically the year was without major incident if one excludes the high incidence of measles which tends to occur in fairly regular cyclic pattern, although slightly higher than average rates for pneumonia, puerperal pyrexia, food poisoning and dysentery were evident. A slight fall in the total number of new notifications of tuberculosis was apparent during the year, but an assessment of the true incidence of the disease in the community from these notifications is grossly unreliable. A more accurate estimate of the incidence of the disease may be determined from the mortality rate and if this index is used it is clear that the incidence of this disease in the Rural District is probably low and has been so for the past twenty years when comparison is made with similar rates for the country as a whole.

The section in this report relating to Housing in my opinion requires long and close study. The extent of our housing needs can be gauged from the fact that the average waiting period of applicants for Council houses was just after the War, approximately seven months whereas now it is more in the region of five years. So long as this situation exists there is little hope of materially ridding the District of slum properties. Although Housing and Sewerage, another major problem in this area, are complementary and although Government restrictions on capital expenditure has to all intents and purposes put paid to any immediate prospect

of improving many of the existing inadequate sewage disposal systems, there is still a tremendous task to be completed in the provision of new housing. It is extremely difficult, if not impossible, to provide the Central Authority with sufficient medical evidence of the type necessary to command priority so far as replacement of inadequate sewerage services is concerned and where large scale building is contemplated a modification of the sewerage of the sites to include existing properties with inadequate systems is one which commends itself from both a Health and an Economic point of view.

G. W. KNIGHT,

Medical Officer of Health.

Park Road,
Coleshill.
1st August, 1953

SECTION A.

STATISTICS AND SOCIAL CONDITIONS

Population (Estimated Mid. 1952)	37,790
Area in acres	61,775
No. of inhabited premises (Dec.1952)	9,814
Rateable value (at 31st March, 1952)	£233,640
Product of a penny rate (Est.)	£930

VITAL STATISTICS

Births.

Live Births	Males	Females	Total
Legitimate	266	282	548
Illegitimate	20	18	38
Totals	286	300	586

Birth Rate

15·50 per 1,000 estimated population

1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942
15·50	15·54	17·5	18·2	20·2	22·2	19·0	19·5	20·0	19·4	17·4

Still Births.

Still Births	Males	Females	Total
Legitimate	9	7	16
Illegitimate	1	—	1
Totals	10	7	17

Still Birth Rate

0·45 per 1000 estimated population.

28·1 per 1000 total (live and still) births.

1952	1951	1950	1949	1948	1947
28·1	32·2	18·2	19·5	28·0	19·0

Deaths.

	Males	Females	Total
Deaths from all causes	164	151	315

Death Rate.

8·3 per 1000 estimated population.

1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942
8·3	10·3	9·2	8·7	9·0	10·0	9·5	9·3	9·9	9·4	9·3

Classified Causes of Death.

	Cause of Death	Males	Females	Total
1.	Tuberculosis, Respiratory	4	1	5
2.	Tuberculosis, other	1	—	1
3.	Syphilitic disease	1	—	1
4.	Diphtheria	—	—	—
5.	Whooping Cough	—	—	—
6.	Meningococcal infections	—	1	1
7.	Acute poliomyelitis	—	—	—
8.	Measles	—	—	—
9.	Other infective and parasitic diseases	—	2	2
10.	Malignant neoplasm, stomach	2	2	4
11.	Malignant neoplasm, lung, bronchus	9	1	10
12.	Malignant neoplasm, breast	—	6	6
13.	Malignant neoplasm, uterus	—	1	1
14.	Other malignant and lymphatic neoplasms	18	19	37
15.	Leukaemia, aleukaemia	—	2	2
16.	Diabetes	1	1	2
17.	Vascular lesions of nervous system	21	37	58
18.	Coronary disease, angina	24	7	31
19.	Hypertension with heart disease	1	3	4
20.	Other heart disease	18	21	39
21.	Other circulatory disease	8	5	13
22.	Influenza	—	1	1
23.	Pneumonia	6	9	15
24.	Bronchitis	10	7	17
25.	Other diseases of respiratory system	2	—	2
26.	Ulcer of stomach and duodenum	3	—	3
27.	Gastritis, enteritis and diarrhoea	—	2	2
28.	Nephritis and nephrosis	1	1	2
29.	Hyperplasia of prostate	6	—	6
30.	Pregnancy, childbirth, abortion	—	—	—
11.	Congenital malformations	1	3	4
32.	Other defined and ill-defined diseases	14	16	30
33.	Motor Vehicle accidents	6	1	7
34.	All other accidents	5	2	7
35.	Suicide	2	—	2
36.	Homicide and operations of war	—	—	—
37.	All causes	164	151	315

Population and Birth and Death Ratio.

Year	Estimated Population	Total Live Births	Total Deaths	Birth and Death ratio
1942 ..	34,510	600	321	+279
1943 ..	34,310	667	321	+346
1944 ..	33,870	679	337	+342
1945 ..	33,110	649	309	+340
1946 ..	33,770	631	319	+312
1947 ..	34,800	773	348	+425
1948 ..	35,380	714	319	+395
1949 ..	36,160	656	313	+343
1950 ..	36,990	646	340	+306
1951 ..	37,950	590	390	+200
1952 ..	37,790	586	315	+271

Maternal Deaths .. Nil.

Infant Deaths (under 1 year of age)

	Males	Females	Total
Legitimate	9	8	17
Illegitimate	2	—	2
Totals	11	8	19

Infant Mortality Rate.

32·4 per 1000 live births.

1952	1951	1950	1949	1948	1947
32·4	34	46	26	39	39

Infant Deaths (under 4 weeks of age)

	Males	Females	Total
Legitimate	7	4	11
Illegitimate	2	—	2
Totals	9	4	13

Neonatal Death Rate .. 22·2 per 1,000 live births.

Classified Causes of Death of Infants under 1 year of Age (with survival periods).

Cause of Death	Survival Period												Total	
	Under 24 hrs.		1—7 days		1—4 weeks		1—3 mths.		3—6 mths.		6 mths.—1 yr.			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Prematurity	5	–	1	–	–	–	–	–	–	–	–	–	6	–
2. Cerebral haemorrhage & prematurity	1	–	–	–	–	–	–	–	–	–	–	–	1	–
3. Cerebral haemorrhage	–	1	–	–	–	–	–	–	–	–	–	–	–	1
4. Achondroplasia	–	1	–	–	–	–	–	–	–	–	–	–	–	1
5. (a) Atelectasis and (b) massive diaphragmatic hernia	1	–	–	–	–	–	–	–	–	–	–	–	1	–
6. (a) Cerebral haemorrhage and	–	1	–	–	–	–	–	–	–	–	–	–	–	1
(b) haemorrhagic disease of new born	–	–	–	–	–	–	–	–	–	–	–	–	–	–
7. Broncho-pneumonia	–	–	1	–	–	–	–	–	–	–	–	–	1	–
8. (a) Aspiration pneumonia	–	–	–	1	–	–	–	–	–	–	–	–	–	1
(b) Spina Bifida meningo myelocele and hydrocephalus	–	–	–	–	–	–	–	–	–	–	–	–	–	–
9. (a) Arnold Chiara Syndrome	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(b) Hydrocephalus	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(c) Meningomyelocele	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(d) Broncho-pneumonia	–	–	–	–	–	–	–	1	–	–	–	–	–	1
10. Myeloid leukaemia	–	–	–	–	–	–	–	1	–	–	–	–	–	1
11. Broncho-pneumonia and microcephaly	–	–	–	–	–	–	–	–	1	–	–	–	1	–
12. (a) Broncho-pneumonia	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(b) Empyema	–	–	–	–	–	–	–	–	1	–	–	–	1	–
13. (a) Cardiac failure	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(b) Patent foramen ovale	–	–	–	–	–	–	–	–	–	–	–	1	–	1
(c) Mongolian Idiocy	–	–	–	–	–	–	–	–	–	–	–	–	–	–
14. (a) Circulatory failure	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(b) Acute meningococcal septicaemia with adrenal haemorrhage	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Totals	7	3	2	1	–	–	–	2	2	–	–	2	11	8

Comparative Birth and Death Rates per 1,000 population.

	Meriden Rural District	England and Wales	160 County Boroughs and Great Towns (including London)	160 Smaller towns (resident population25000—50,000 at 1951 Census)	London Administrative County
Births					
Live Births	* 16·27	15·3	16·9	15·5	17·6
Still Births	0·45	0·35	0·43	0·36	0·34
Deaths					
All causes	* 9·71	11·3	12·1	11·2	12·6
Typhoid and paratyphoid	0·00	0·00	0·00	0·00	—
Whooping Cough	0·00	0·00	0·00	0·00	0·00
Diphtheria	0·00	0·00	0·00	0·00	0·00
Tuberculosis	0·16	0·24	0·28	0·22	0·31
Influenza	0·03	0·04	0·04	0·04	0·05
Smallpox	0·00	0·00	—	—	—
Acute Poliomyelitis (including polioencephalitis)	0·00	0·01	0·01	0·00	0·01
Pneumonia	0·39	0·47	0·52	0·43	0·58
Deaths — rates per 1,000 Live Births					
All causes under 1 year of age	32·4	(a)27·6	31·2	25·8	23·8
Enteritis and Diarrhoea under 2 years of age	1·7	1·1	1·3	0·5	0·7

* Using comparability factors (Births 1·05 and Deaths 1·17).

(a) per 1,000 related live births.

Cancer.

	Male	Female	Total
Total Deaths All Forms	29	29	58

Cancer Death Rate = 1·53 per 1000 estimated population

Cancer Mortality Rate (all forms) taken in triennial periods.

1915-17	..	1·3	1936-38	..	1·3
1918-20	..	1·4	1939-41	..	1·3
1921-23	..	1·4	1942-44	..	1·6
1924-26	..	1·4	1945-47	..	1·5
1927-29	..	1·4	1948-50	..	1·6
1930-32	..	1·4	1951	..	1·7
1933-35	..	1·46	1952	..	1·53

Deaths due to Violent Causes. (With comparative rates for previous years.)

Year	Estimated Population	Total No. of deaths	Death Rate	Death Rate for quinquennial periods
1915	15,632	9	0·57	
1916	16,243	8	0·49	
1917	15,538	4	0·25	0·44
1918	14,054	6	0·42	
1919	15,126	7	0·46	
1920	15,099	7	0·46	
1921	16,970	10	0·59	
1922	17,200	2	0·12	
1923	17,440	4	0·23	
1924	17,950	?	?	
1925	18,290	10	0·58	
1926	19,740	8	0·40	
1927	20,600	10	0·48	0·54
1928	20,620	10	0·48	
1929	21,080	16	0·75	
1930	21,080	14	0·66	
1931	18,500	9	0·48	
1932	25,250	24	0·95	
1933	25,630	13	0·50	
1934	26,220	?	?	
1935	26,680	13	0·48	
1936	27,090	22	0·80	
1937	27,540	21	0·76	0·68
1938	27,980	17	0·60	
1939	29,590	22	0·77	
1940	30,380	35	1·1	
1941	34,210	36	1·0	
1942	34,510	20	0·58	0·77
1943	34,310	16	0·46	
1944	33,870	22	0·65	
1945	33,110	18	0·54	
1946	33,770	12	0·35	
1947	34,800	15	0·43	0·47
1948	35,380	24	0·67	
1949	36,160	13	0·35	
1950	36,990	14	0·37	
1951	37,950	9	0·23	
1952	37,790	14	0·37	

General Comment.

Births — The steady decline in the Birth Rate noticeable in the district during the past ten years is not of local significance as this trend is obvious in the country as a whole. The standardised Birth Rate of 16·27 per 1,000 population for the year however, compares favourably with the rate for England and Wales as a whole which was 15·3 per 1,000 population and with the rate of 15·5 per 1,000 population shown by the 160 smaller towns of 25,000 — 50,000 population. Approximately 6% of live births in the district were illegitimate births and although there were 17 still births the rate of 28·1 per 1,000 population is a reduction on the previous year's figure of 32·2 but slightly higher than that registered over the country as a whole. Still births and prematurity are closely linked entities and it is pertinent to point out that of these 17 still births 11 were premature still births, representing 65% of the total. In addition, there were 23 live premature births, 15 of whom were delivered in hospital and 8 following domiciliary confinement. The proportion of premature live births for the year was 3·9% of the total live births and the incidence of prematurity 7·2% of the total live and still births. These latter figures compare with estimates of prematurity, 5-6% approximately, carried out by other workers and show no obvious local peculiarity.

Deaths — The death rate (all causes) for the year in the district when using the comparability factor is 9·71 per 1,000 estimated population which compares favourably with the rate of 11·3 for England and Wales as a whole. It is clear from the rates assessed for the past ten years that the death rate for the area has varied little, and even when consideration is taken of the variation in age groups of the population in the district, the low death rate when compared with the rest of the country is worthy of comment. The major causes of death were heart diseases and diseases of the circulatory system, cancer and vascular diseases of the nervous system, in that order. Of the 315 deaths during the year 164 were males and 151 females who tend to survive for longer periods than their counterparts.

Heart disease has always been a major cause of death and its position at the head of the mortality table is worthy of future close study. Deaths from cancer have tended to increase in number during recent years and although improved methods of diagnosis coupled with an ageing population so increasing the number of persons surviving to ages when cancer is more prevalent must account for some of this increase, it is nevertheless assumed that this rise in mortality is just as real as it is apparent. It will be seen from the table given previously that during the past thirty years there has been a gradual increase in the cancer death rate in the district, but even so, the rate itself is by no means as high as the crude death rate in the country as a whole.

There were no deaths attributable to pregnancy or childbirth during the year compared with one in 1951, and there was a slight reduction in the infant mortality rate. Nineteen infants under the age of one year died during 1952 and the commonest cause of death was prematurity, 7 deaths having been attributed to this cause

representing 37% of the total infant deaths. 13 infants (approximately two-thirds of the total infant deaths) failed to survive longer than one week and prematurity was the commonest cause of death. Although congenital defects proved directly responsible for 4 infant deaths, some degree of congenital malformation was obvious in 6 instances. So far as infant deaths are concerned the majority occur within one month of birth due to causes which are less responsive to preventive measures although improved methods of infant care and welfare have resulted in a reduction of deaths in the 1 — 12 month group. It is not possible to cite a specific cause of prematurity or of congenital malformations, but it is known that an adequate diet and careful and regular ante-natal supervision is of benefit so far as the incidence of prematurity is concerned. It is not inappropriate to mention at this stage that although vitamin supplements are available to all expectant mothers in addition to infants, the proportion of the potential who avail themselves of these supplements in the Rural District is extremely low. The following table, for example, shows the weekly average issue of vitamin products for the thirteen weeks ended 28th February 1953 and for comparison I include similar figures for the county as a whole.

	Orange Juice		Cod Liver Oil		Vitamin A and D Tablets	
	Actual weekly average (bottles)	% of potential	Actual weekly average (bottle)	% of potential	Actual weekly average (packets)	% of potential
Meriden R.D.	372	20·7	118	22·3	18	19·6
Warwickshire	22,562	25·6	6,124	24·1	1,718	32·4

Similarly it has been shewn that congenital malformations may result from certain virus infections during the early stages of pregnancy, *e.g.*, german measles, and it would appear sensible for this reason alone to allow young children to contract this mild childhood malady at an early age rather than apply methods of protection only to have them contract the disease in adult life. The extent of the reduction in infant deaths recorded in the district can be deduced from the fact that 30 years ago the Infant Mortality Rate was 66 per 1,000 live births which was more than double the rate of 32·4 recorded in 1952.

Deaths from violent causes, half of which were due to motor traffic accidents, totalled 14 during 1952 compared with 9 in the previous year. On the other hand a study of the incidence since 1915 shows a gradual decline in the death rate from violent causes in this district since the war years when the incidence reached a peak. Accidents in the home, however, are on the whole responsible for as many, if not more, deaths from violent causes as motor traffic accidents, and the age groups most affected are the very young and the aged. There is an obvious field for education of the public here.

Population — The Registrar General's estimate of the population of Meriden Rural District for the year is 37,790, some 160 persons less than in 1951 although there was an arithmetical increase

in the population of 271 due to excess births over deaths during this period. The population on the whole is a comparatively young one and from the figures studied over the past ten years a natural increase in the population has been evident in each year as a result of excess births in the district over deaths. During this period the excess number of live births over deaths totalled 3,559 so that by simple arithmetical progression the population of the district in 1942 of 34,510 increased to 38,069 in 1952 without making any allowance for movement of population. A further increase in population is to be expected as a result of migration into the area from surrounding built up areas.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES

Domiciliary Nursing, Maternity and Child Welfare Services.

These services are controlled by the Warwickshire County Council and directly administered at Area level by Area Medical Officers who are also Medical Officers of Health of the districts making up these areas. A joint service is available for Meriden and Tamworth Rural Districts which combine to make one such Area and assistance is given to the Area Medical Officer by an Area Nursing Officer and two assistant Medical Officers. In addition two General Practitioners are employed in part-time capacities for duties at Child Welfare Clinics.

The total number of District Nurse/Midwives and Health Visitors employed in the District during the year was 10 and 3 respectively, leaving 3 vacancies for a Health Visitor, a District Nurse/Midwife and a District Nurse/Midwife/Health Visitor which could not be filled because of the lack of applicants. The following table indicates the type and amount of work undertaken by these Nurses in the Meriden Rural District during the year 1952.

Summary of Nurses' Work.

Number of Midwifery Cases	182
„ Maternity „	16
„ General „	693
„ Midwifery Visits	3,621
„ Maternity „	631
„ General „	15,371
„ Ante Natal and Post Natal Visits	2,417
„ Casual Visits	191
„ Attendances at Clinics	83
Home Help Visits	16
T.B. First Visits	42
T.B. Total Visits	1,420

Summary of Health Visitors' Work.

Number of Clinic Sessions		315
Expectant Mothers	First Visits	49
„ „	Total „	95
Children under 1	First „	590
„ „ „	Total „	2,837

Children between 1 and 5 years	First Visits	101
" " " " " "	Total "	3534,
T.B. Visits	First "	71
" "	Total "	352
School Nursing	First "	260
" "	Total "	590
Personal Hygiene Inspection		217
" " Home Visits	First "	260
" " " "	Total "	590
Geriatic	First "	10
"	Total "	101
Home Help	First "	14
" "	Total "	70
Other Type Visits		218
None Effective Visits		702
No. of Talks or Lectures		29

One Ante-natal Clinic is held at monthly intervals at Keresley, an Assistant Medical Officer being in attendance for consultations. No other Local Health Authority Ante-natal Clinic is in operation in the Area and patients expecting to be confined in their own homes are examined at home by the midwife or at the family doctor's surgery. The Nurse/Midwife may act either as the midwife proper, delivering the child herself, or as maternity nurse when the family practitioner undertakes to attend the delivery personally.

During the year there were 199 domiciliary confinements, the District Nurse/Midwife acting as midwife at 182 (91%) and as Maternity Nurse in 17 (9%) instances. Gas and Air Analgesia was given by the Midwife in 135 (68%) instances, the reason for not doing so in the main being due to birth of the baby before the arrival of the nurse, absence of a medical certificate excluding contra indication to its use, etc. Anaesthesia is available to all expectant mothers expecting to be confined in their own homes. Home Helps were supplied to nine mothers confined at home representing 4·5% of the total domiciliary confinements. No application was refused and this figure represents the proportion applying for domestic assistance to cover the period during and immediately following the confinement.

Admission to hospital for confinement is usually advised where complications exist, on first and certain multiple pregnancies and on social grounds, where the home is unsuitable for delivery of the infant. Accommodation is available nearby at the Marston Green Maternity Hospital and at hospitals in Coventry and Birmingham, the proportion of hospital births to domiciliary births in the district during the year being 7 : 4 approximately. There were in addition 19 deliveries in private nursing homes. It is only fair to assume from these figures that a considerable number of normal deliveries are being undertaken in hospital where home confinement would have been quite suitable but the financial saving to the family when the mother is confined in hospital, compared with the cost and trouble incurred when the infant is delivered at home, has made a hospital delivery more popular than it might otherwise have been. It is estimated that only 34% of confinements during 1952 in this district occurred in the home compared with 62% in

hospital and there is little doubt that the ready availability of hospital beds locally have determined this low proportion. In home confinements where any abnormality is found during the ante-natal period, during delivery or in the puerperum, the District Nurse/Midwife in attendance may call in the family doctor for advice and treatment. During the year 64 requests for medical aid were made, 21 because of suspected abnormality during the ante-natal period, 29 because of suspected abnormality during labour, 8 because of suspected abnormality during the puerperum and 6 because of suspected abnormality of the infant.

In addition to their duties as Midwives the District Nurse/Midwives also undertake domiciliary general nursing, including tuberculosis, and the work carried out in this field is immeasurable in terms of relief of suffering and financial saving to the community by reducing the demands on hospital beds.

Advice on infant care, on general health and social matters is given by trained Health Visitors and Child Welfare Clinics are situated in the following areas, the table showing attendances at these Clinics during the year.

Name of Centre	No. of children who attended during 1952	Number of new cases who attended during 1952 and who at their first attendance were		Number of children on register at end of year and who at end of year were		Total number of attendances during year	
		Under 1	Over 1 and under 5	Under 1	Over 1 and under 5	Under 1	Over 1 and under 5
Arley	160	74	16	59	88	677	480
Balsall Common	60	10	4	18	27	176	96
Berkswell	160	75	76	33	126	260	238
Castle Bromwich	275	143	37	107	168	876	123
Coleshill	129	38	27	24	49	377	193
Fillongley	45	9	—	7	—	152	30
Hampton-in-Arden	49	13	4	37	12	195	178
Keresley	250	77	22	62	188	1459	765
Marston Green	76	28	—	26	44	450	190
Meriden	89	28	3	34	35	469	237
Nether Whitacre	27	11	—	14	13	70	19
Water Orton	98	30	8	25	50	313	157

A Medical Officer is available at these Clinics for consultation and for Diphtheria and Whooping Cough Immunisation and Vaccination purposes.

Domestic Help Service

This service is administered by the Warwickshire County Council at Area level, the Area Nursing Officer acting as Organiser. Its function is in the main to relieve the burden on hospitals by supplying skilled domestic assistance in the home where illness, confinement, etc. would otherwise have made home nursing difficult if not impossible.

The following table shews the demands made on this service in the joint area during 1952.

Summary of Cases Assisted.

	Maternity Cases	Illness	Old age and Infirmity
Total Cases Assisted	23	19	15
Cases Refused	—	—	—
New Cases	22	8	11
Cases in which Home Help stayed 4 weeks or over....	4	13	13
No. of hours Home Helps were employed.....	942½	2,027	2,216½

Number of Home Helps Employed = 23.

Compared with more urban areas the Domestic Help Service is not large and it is gratifying to note that the need for such assistance is apparently small in the more rural areas where the assistance of friends and relatives is preferred, and indeed to be encouraged.

Ambulance Service.

The Warwickshire County Council administer the Ambulance Service, a Radio Controlled depot being stationed at the Area Health Office, Coleshill, with a complement of 5 ambulances equipped with radio, 2 sitting case cars, and staffed by 18 drivers and attendants. During the year they travelled 128,287 miles carrying 12,165 patients.

Laboratory facilities.

Public Health Laboratories are situated at Coventry and Birmingham where bacteriological examinations are carried out on behalf of Local Authorities.

SECTION C.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Total number of cases of Infectious Diseases notified during the year 1952.

Notifiable Disease	Number of Cases Notified. (Comparative figures for 1951 in parenthesis) At Ages — Years.								Total cases removed to Hospital	Total Deaths
	At all ages	Under 1	1–5	5–15	15–25	25–45	45–65	65 and upw'ds.		
Measles	599 (444)	22	290	276	6	5	–	–	–	–
Whooping Cough	111 (231)	10	65	36	–	–	–	–	1	–
Diphtheria	– (–)	–	–	–	–	–	–	–	–	–
Erysipelas	4 (8)	–	–	–	–	1	3	–	–	–
Scarlet Fever	52 (36)	1	12	37	1	1	–	–	6	–
Enteric Fever	– (–)	–	–	–	–	–	–	–	–	–
Pneumonia	63 (78)	3	11	12	6	11	15	5	18	15
Malaria	– (–)	–	–	–	–	–	–	–	–	–
Dysentery	37 (25)	1	18	3	6	6	2	1	5	–
Puerperal Pyrexia	28 (20)	–	–	–	11	17	–	–	27	–
Meningococcal Infection	2 (–)	–	1	1	–	–	–	–	2	1
Acute Poliomyelitis	2 (8)	–	–	2	–	–	–	–	2	–
Acute Infective Encephalitis	– (–)	–	–	–	–	–	–	–	–	–
Encephalitis Lethargica	– (–)	–	–	–	–	–	–	–	–	–
Ophthalmia Neonatorum	2 (2)	2	–	–	–	–	–	–	–	–
Pulmonary Tuberculosis	32 (45)	–	3	3	1	14	10	1	20	5
Other forms of Tuberculosis	10 (14)	–	2	4	3	1	–	–	5	1
Food Poisoning	15 (28)	–	4	3	1	3	3	1	–	–
Totals	957 (944)	39	406	377	35	59	33	8	86	22

Comparative Infectious Diseases Rates.

(Provisional figures based on Quarterly Returns)

Rates per 1,000 population.

Notifications (corrected)	Meriden Rural District	England and Wales	160 County Boroughs and Great Towns (including London)	160 Smaller towns (Resident population 25,000—50,000 at 1951 Census)	London administrative County
Typhoid Fever	0·00	0·00	0·00	0·00	0·00
Paratyphoid Fever	0·00	0·02	0·02	0·03	0·01
Meningococcal Infection	0·05	0·03	0·03	0·03	0·02
Scarlet Fever	1·37	1·53	1·75	1·58	1·56
Whooping Cough	2·91	2·61	2·74	2·57	1·66
Diphtheria	0·00	0·01	0·01	0·03	0·01
Erysipelas	0·10	0·14	0·15	0·12	0·14
Smallpox	0·00	0·00	0·00	0·00	—
Measles	15·85	8·86	10·11	8·49	9·23
Pneumonia	1·66	0·72	0·80	0·62	0·57
Acute Poliomyelitis (including polioencephalitis) Paralytic	0·05	0·06	0·06	0·06	0·06
Non-Paralytic	0·00	0·03	0·03	0·02	0·03
Food Poisoning	0·39	0·13	0·16	0·11	0·18
Puerperal Pyrexia*	46·4	17·87	23·94	10·22	30·77

* Rate per 1,000 total (live and still) births.

General Comment.

The total incidence of notifiable infectious diseases in 1952 is practically the same as that recorded in the previous year, measles accounting for the bulk of the cases. The typical biennial cyclic nature of this disease is not obvious however as some 744 cases were recorded in 1950 and 444 in 1951, but in a scattered rural community as this the disease spreads but gradually from parish to parish, tending to flatten the curve of incidence as a result. Roughly 4 out of every 5 cases of notifiable infectious disease during the year occurred in children under the age of fifteen years, the commonest notifiable infectious diseases in adults being tuberculosis, pneumonia and puerperal pyrexia in that order. Owing to the rapid advances in modern therapy coupled with the fact that so far

as some infectious diseases are concerned, *e.g.*, Scarlet Fever, there has been a gradual decrease in the virulence of the infecting organism, deaths from infectious disease are fortunately less common. The highest total of deaths was due to pneumonia, the overwhelming majority of sufferers being aged persons. The rates of notification of measles, food poisoning, pneumonia, puerperal pyrexia and meningococcal infection were higher in the district than the rates recorded in England and Wales as a whole during the year.

Measles.

This disease, probably due to infection by an ultra microscopic virus, tends to occur in epidemic form in a rhythmic pattern, but of recent years this typical biennial cyclic pattern has been less in evidence. The bulk of cases occur in the under 10 years age group and the mortality rate is highest in the under 1 year age group. The greatest danger of this infection, however, is the tendency to develop complications, *e.g.*, pneumonia, otitis media (chronic ear infections) and chronic eye infections, but the advent of modern drugs have reduced their incidence and severity. Although there were no deaths directly attributable to measles during the year one child died of a secondary broncho pneumonia whilst suffering from measles. The disease is highly infectious and in an open community there are no practical methods of controlling its spread but it still remains customary to exclude a school child suffering from the disease for two weeks and child contacts in the family who have not previously had the disease for a similar period, although its effect on the incidence of the disease, except in special circumstances, is doubtful.

The development of gamma globulin has provided a prophylactic capable of preventing the disease or of limiting its severity but its use in this country is limited to specific cases, *e.g.*, debilitated child or young infant where infection may jeopardise its life. Although cases were recorded in all parishes during the year the highest incidence was obvious in the Eastern portion of the District, *i.e.*, Fillongley, Arley and Corley.

Whooping Cough.

From an infectious disease point of view, Whooping Cough is at present the gravest menace to infant life and like measles its highest mortality rate is exhibited in the under 1 year age group. The total number of cases (111) recorded in 1952 is approximately half that of the previous year (231) and there were no deaths. Like measles the disease encourages secondary infections, *e.g.*, broncho-pneumonia and its disabling complications constitute the main danger. Modern methods of therapy offer a greater hope of reduction in mortality and morbidity and the use of chloramphenicol in the treatment of this disease has given encouraging results. The recent large scale experiments to determine a vaccine of adequate potency have resulted in a much more reliable vaccine which is now available for general use. Immunisation, however, if its is to play any part in the reduction of mortality, must be given in the first

few months of infant life. In this County, immunisation against whooping cough is now given at all Child Welfare Centres in practically all cases the agent used being a combined diphtheria — whooping cough vaccine, but as this procedure has only recently been followed in the area it cannot be cited as a reason for the reduced incidence of the disease. It is customary to exclude the patient from school for 1 month following the onset of the whoop or cough and family contacts from school for 21 days following the onset of the disease in the last case in the home. In view of the difficulty in diagnosis in the milder forms of the disease where the whoop may be late in onset, transient or even non-existent, the control of the disease in an open community by quarantine methods is, however, open to doubt and universal prophylactic immunisation offers the only reasonable method of limiting the spread. During the year although sporadic cases were recorded in 16 parishes, the highest concentration of cases was reported in Marston Green, Coleshill, Meriden and Castle Bromwich, over half the year's total of cases being recorded in these parishes.

Diphtheria.

The remarkable reduction in the total number of notified cases of dipththeria in the country during recent years is positive proof of the value of immunisation. The reduction in the mortality rate is a combination of two factors, the first being the protection offered by immunisation, the second being a slight reduction in the virulence of the infecting organism. For the past three years no case of diphtheria has been reported in the District but this should not be regarded as a complete defeat of this disease in the community. Its prevalence is dependent solely on the susceptibility of the community and a decline in the proportion of immune persons in any area can only result in its return in epidemic form. Immunity to this disease may be acquired artificially following immunisation which after years of practice has proved itself a safe and satisfactory procedure. It should be emphasised that a high rate of immunisation must be maintained if this satisfactory state of affairs in the community is to continue and it is to be regretted, therefore, that some degree of apathy exists in this area towards immunisation, too few children under the age of 2½ years having been adequately protected in this manner. It would appear that no real sense of urgency exists in the minds of parents as immunisation is being delayed until the child is older when it is more convenient for it to be taken to a Clinic or Surgery, and although it is only possible to give a rough estimate of the proportion of immunised child population in the area it is doubtful whether much more than 2 out of every 5 children under the age of 2 years have been protected by this method. A survey of infant record cards kept by Health Visitors was undertaken early in 1953 and the results which are given in the following table show this apparent delay quite clearly, only the 2 — 5 age group having a satisfactory proportion of protected individuals.

	Total number of Infant Record Cards	Total number of Infants NOT yet Immunised	% NOT YET Immunised
0 — 1 age group	792	568	71%
1 — 2 age group	832	344	41%
2 — 5 age group	2,604	747	28%
Totals	4,228	1,659	39%

Similarly, the total number of live births in the District during 1951 was 590 but only 238 infants under 1 year of age were immunised during 1952 representing approximately 40% of the potential. Canvassing of individual homes by Health Visitors is vigorously pursued and a reminder to parents is sent by post from the Area Health Office when an infant reaches its first birthday. Immunisation can be given by the family doctor or by a Medical Officer on the staff of the County Council at any Child Welfare Clinic or school, the proportion of primary immunisations undertaken by family doctor and Public Health Medical Officer being approximately 2 : 3. The proportion of all immunisations (*i.e.*, including booster or refresher injections at 5 years of age) carried out by these two groups of practitioners is approximately 1 : 5. The total number of immunisations undertaken during the year is given in the following table.

Table showing Number of Children Immunised during 1952.

	Age at date of Injection							
	Under 1 year	1—2 years	2—3 years	3—4 years	4—5 years	5—9 years	10–15 years	Total
Primary	238	144	33	16	16	29	3	479
Reinforcing	—	2	1	—	44	371	39	457
Totals ..	238	146	34	16	60	400	42	936

Scarlet Fever and Erysipelas.

Although there has been an obvious reduction in the virulence of the organism causing scarlet fever over the years, the incidence of the disease has not altered appreciably. The disease is now relatively mild, complications constituting a less danger than previously and treatment in the home is advisable in practically all instances. The removal of a patient to Isolation Hospital should only be undertaken when skilled nursing can be shown to be necessary, or where isolation in the home, *e.g.*, in the home of a foodhandler, cannot reasonably be carried out. Isolation of the patient has played no part in limiting the overall spread of infection in the community as scarletina sine eruptione (scarlet fever without an obvious rash) is not notified and is an important and common chain in the spread of infection. Although it is customary to exclude contacts from school for 7 days following isolation of the case it is a valueless procedure and to my mind any action taken to control contacts should be limited to special cases, *e.g.*, foodhandlers.

During the year 52 cases of scarlet fever were notified of whom 6 were admitted to Isolation Hospital. The majority of cases, as might be expected, were school children and represents an increase of 16 over the previous year's total. The total number of cases of erysipelas however fell from 8 in 1951 to 4 in 1952 and this disease affecting the older adult in the main readily responds to modern therapy although chronic and recurrent cases can prove troublesome.

Puerperal Pyrexia.

The total number of cases of puerperal pyrexia notified within the District is apparently high but the overwhelming majority were notified from Marston Green Maternity Hospital admitting abnormal as well as normal maternity cases from this and adjoining areas. 28 cases were notified in the District during 1952 an increase of 8 over the previous year's total, 27 being notified from the Maternity Hospital. It should be pointed out, however, that this is solely a measure of the incidence of specific temperature changes during the puerperum and is not a representative figure of the total number of cases of puerperal fever. Most of the temperature changes following childbirth are nowadays due to conditions other than streptococcal infection of the birth canal, and sepsis no longer represents the major cause of maternal deaths. This is due entirely to the use of modern drugs associated with a higher standard of obstetrical technique.

Dysentery and Enteric Fever.

Although there were no cases of typhoid or paratyphoid fever occurring in the District, 37 cases of dysentery were notified during the year. All but 13 of these cases arose in a Residential Home for Children administered by a Voluntary Agency situated in Coleshill, the infecting organism being the Sonné type. Once the infection has become established in a closed community such as this it is extremely difficult to clear and although vigorous attempts were made to eradicate the infection from this small community, sporadic cases continued to be notified months after the original case was reported. The first case was notified in October 1952 from the Nursery block of this Residential Home and, although the source of infection was not definitely proved, a cook working in the kitchen of this block was later shown to be a symptomless carrier. All new admissions to this block were stopped and the block placed in isolation. Cases and contacts were treated with sulpha drugs and repeated stool examinations were carried out to determine symptomless carriers. All cases were isolated and instruction given to the staff regarding precautions to be taken to limit the spread. By the 1st December, 1952, all stool samples taken were negative and the block taken out of quarantine. Further routine specimens, however, were taken two weeks later revealing a further seven symptomless carriers who were again treated with sulpha drugs. Isolated and sporadic cases were still occurring in the early months of 1953 and as the result of the influx of new entrants to the block a flare up was recorded in March 1953, a further 10 cases being notified. All cases were mild and responded clinically to treatment although some difficulty was experienced in clearing

the excreta of cases and carriers of the infecting agent. Of the 24 cases reported from this Home during the year 18 were children under the age of 5 years. The remaining 13 cases reported from the remainder of this district were sporadic cases scattered throughout the area, only 1 of these cases being notified from Coleshill.

Acute Anterior Poliomyelitis.

Two cases of poliomyelitis were recorded during the year compared with 8 in 1951, and there were no deaths. Both cases were paralytic in type involving male children aged 5 and 9 years. The first case was notified in January and the second two months later. No connection could be shown between these cases and no further spread was obvious. Sporadic and isolated cases such as this are not uncommon in the winter period and the period of peak incidence is usually in the late Summer and Autumn although recent events have shown that outbreaks are tending to occur much earlier in the year. When such an outbreak does occur it is often accompanied by general panic quite out of proportion to the degree of risk involved, *e.g.*, it has been estimated that 2 out of every 3 cases notified recover without any permanent disability. The mode of spread is still problematical but what evidence there is suggests that infection is the result of personal contact with a case or carrier. The fact that abortive cases and healthy carriers play an important part in the spread of infection makes control difficult if well nigh impossible, but there are certain definite measures which can be applied under such circumstances which may be of value. The first is the immediate putting to bed of any child suffering from any pyrexial illness when poliomyelitis is prevalent. Research has shown that undue fatigue or excessive physical exercise during the early pyrexial phase of the infection may accentuate the degree of paralysis so that by placing a child at rest during this phase the severity and extent of the paralysis may be reduced. Similarly, all operations of the nose and throat, *e.g.*, tonsillectomy, large scale dental extractions, etc., should be postponed until the outbreak has subsided as it has been shown that a case incubating the disease and submitting to such operative interference more readily develops the more severe form of the disease. In the same way, it is suggested that inoculations should be postponed during any epidemic period but it is imperative that common sense should prevail so far as this measure is concerned. Preventive inoculation should not be regarded as taboo during the months when poliomyelitis is usually in evidence but *only* in an area where the disease is prevalent and the postponement during the Summer months as a routine is just as dangerous from the community point of view. If we are unfortunate to have both an outbreak of poliomyelitis and diphtheria at the same time, inoculations should be continued using purified toxoid subcutaneously, supplies of which are available from the nearest Public Health Laboratory. Finally, as the virus can be shown to be present in the nose, throat and excreta of both carriers and cases, it is advisable to exclude all food handlers from their occupation for at least 21 days the same procedure being operative so far as school children are concerned and those whose

occupation brings them into contact with children. The routine quarantine of other contacts is probably of no value whatsoever and the rest of the population should be encouraged to carry on their business as usual.

Tuberculosis.

62 cases of tuberculosis were added to the register during the 1952, of whom 20 were cases previously notified who had been transferred to this area. There were 6 deaths, one less than in the previous year and 8 families having a tuberculous member were rehoused by the Council during the year.

The following tables show the total number of cases of pulmonary and non-pulmonary tuberculosis remaining on the register at the end of the year compared with the total for 1951 and the sex incidence and age grouping of new cases and deaths notified during 1952.

Total Cases of Tuberculosis remaining on Register.

	Pulmonary		Non-pulmonary	
	M	F	M	F
1. Total on Register at 31st December 1951	84	75	42	28
2. New Cases	19	13	4	6
3. Inward Transfers	10	9	1	—
4. Removals	30	15	17	9
5. Total on Register at 31st December 1952	83	82	30	25
But in actual fact, as a result of a complete review of the register at the end of the year, it shows	86	77	28	24

Sex Incidence and Age Grouping of New Cases.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0 ..	—	—	—	—	—	—	—	—
1 ..	—	3	1	1	—	—	—	—
5 ..	3	—	2	2	—	—	—	—
15 ..	—	1	—	3	—	—	—	—
25 ..	1	5	1	—	—	—	—	—
35 ..	7	1	—	—	2	—	1	—
45 ..	6	2	—	—	1	—	—	—
55 ..	2	—	—	—	1	—	—	—
65 and upwards ..	—	1	—	—	—	1	—	—
Totals ..	19	13	4	6	4	1	1	—

During the past twenty years the death rate from tuberculosis in the District has been consistently lower than that for England and Wales as a whole. This death rate has in addition shown an appreciable decline during the past two years and the rate for 1952 of 0·16 per 1,000 estimated population compares favourably with 0·24 the death rate for England and Wales as a whole. This fairly rapid decline in mortality of recent years is fairly general as the following table shows and is without a doubt due to the use of modern methods of treatment. The number of notifications of this disease however, has shown a gradual increase throughout the country and Meriden is no exception. It is only fair to state that this does not necessarily mean that the true incidence of the disease is greater now than it was twenty years ago, only that the incidence of notification has risen and there is little doubt that better means and methods of diagnosis have played no small part in determining this increase.

Death Rates relating to all forms of Tuberculosis. (With comparative figures for England and Wales as a whole.)

Year	Estimated Population	Total No. of Notifications	Notification Rate		Total No. of Deaths	Death Rates		Death Rate England and Wales
1932	25,250	21	0·83		5	0·19		0·82
1933	25,630	36	1·40	1·01	18	0·70	0·45	0·80
1934	26,220	21	0·80		12	0·46		0·74
1935	26,680	35	1·31		16	0·59		0·70
1936	27,090	27	0·99	1.08	7	0·25	0·41	0·67
1937	27,540	26	0·94		12	0·39		0·67
1938	27,980	19	0·68		6	0·21		0·62
1939	29,590	54	1·82	1·21	17	0·57	0·45	0·62
1940	30,830	35	1·13		18	0·58		0·67
1941	34,210	40	1·17		18	0·52		0·70
1942	34,510	36	1·05	1·21	19	0·55	0·48	0·61
1943	34,310	49	1·42		13	0·37		0·61
1944	33,870	51	1·50		20	0·58		0·57
1945	33,110	29	0·87	1·16	18	0·54	0·46	0·56
1946	33,770	38	1·12		9	0·26		0·53
1947	34,800	38	1·09		11	0·31		0·54
1948	35,380	42	1·18	1·04	14	0·39	0·33	0·88
1949	36,160	31	0·85		11	0·30		0·45
1950	36,990	40	1·08		12	0·30		0·36
1951	37,950	49	1·29	1·16	7	0·18	0·21	0·31
1952	37,790	42	1·11		6	0·16		0·24

The notification rate of new cases of tuberculosis is a grossly unreliable means of assessing the incidence of tuberculosis, and the mortality rate has usually been regarded as a better guide. Unfortunately, during recent years the advent of a battery of modern therapeutic agents, *e.g.*, Streptomycin, 'P.A.S.', etc., has resulted in the survival of many tubercular persons who normally would have died, and the sensitivity of the mortality rate has consequently suffered. However, from the tables given previously, it is quite obvious that the mortality rate from tuberculosis has consistently

been lower than that recorded for the country as a whole, and it is safe to assume that the incidence of the disease bears a similar comparative relationship.

In addition, the mortality rate in the district during the past three years is lower than that recorded in the County over the same period, and in 1951 the District shared with Solihull (rate 0·17) the honour of having the lowest mortality from tuberculosis in the County.

In October 1952 a complete review of the Register of Tuberculous Patients was undertaken at the Area Health Office and a survey carried out of all pulmonary cases for whom records were available. The result of this survey, which is given in the following tables, shows that the information available to the Medical Officer of Health is limited. The points most worthy of comment are the high proportion of cases who are unclassified, *i.e.*, it is not known whether the case has a positive sputum (R.B.) or negative sputum (R.A.) ; the high proportion of pulmonary cases who share a bedroom with a contact (45%) although more detailed analysis shews that approximately half these cases had sufficient accommodation to ensure a separate room for the patient if necessary, giving a proportion of 1 : 5 cases sharing a bedroom because of inadequate accommodation ; the high proportion of cases giving no history of known contact with a case of tuberculosis (86%) although I feel that this total would have been much lower if the Visitor had been asked to investigate the possible source of infection ; the complete lack of information on contact examination ; and finally, the virtual non-existence of a scheme for tuberculin testing young family contacts in order to assess a sensitivity to the infecting organism and the resulting B.C.G. Vaccination of young family contacts who prove to have a negative reaction to the test. To say, therefore, that the Tuberculosis Preventive Service is adequate in this area from the information available would be untrue but it is only fair to state that the organisation and administration of such a service is hampered by the fact that no Chest Clinic is available in the Rural District and patients and contacts have to attend a variety of Clinics situated outside the District, each Clinic functioning as an isolated unit and without any uniform method. I have every hope that a unified scheme of Contact Examination will be in operation in late 1953 when the new Chest Clinic is opened at the Area Health Office in Coleshill and I have found the Chest Physicians employed by the Regional Hospital Board keen to co-operate with the Local Health Authority with this aim in view.

Analysis of records held at the Health Office relating to persons notified as suffering from Pulmonary Tuberculosis.

(a) Total number of cases of pulmonary tuberculosis on the register at 30th September, 1952.

Male 83 Female 83 Total 166

* (Exclude 2 cases removed from the area Sept.-Oct. 1952 leaving 164 in survey.)

(b) Total number of record cards held at Health Office = 135 (*i.e.*, 29 cases unknown and without records).

Classification of these 135 cases :

RA 33 RB 22 Unknown 80

(*i.e.*, 60% unclassified).

(c) Total number of these 135 cases not visited by Health Visitor or for whom no records are available = 10.

(i) By request of patient = 2
(ii) Patients members of hospital or nursing staff = 2
(iii) Unknown reason = 6

(d) Combined total of cases of pulmonary tuberculosis on the register and for whom no records are available = 39 (24%).

(e) Total cases remaining in survey =125

Males 62 Females 63 Total 125

(f) Total number of families involved = 118

(g) Total number of family contacts = 396

Child Contacts 140 Adult Contacts 256 Total 396

(h) Total number of habitable rooms in these 118 homes = 517

(i) Density of persons per room = 1·01

(j) Average number of cases of pulmonary tubercle per family = 1·06

(k) Total number of cases of pulmonary tubercle sharing a bedroom with a non-tubercular person(s) = 57 (45%)

Classification of these 57 cases :

RA 13 RB 9 Unknown 35

(l) Total number of cases of pulmonary tubercle sharing a bedroom with a non-tubercular person although accommodation available for segregation if considered necessary = 27 (*i.e.*, 47% of total sharing sleeping accommodation or 21% of total cases under survey).

Classification of these 27 cases :

RA 6 RB 2 Unknown 19

N.B.—of these 27 cases 26 were married persons sharing the same bedroom as the non-tubercular marital partner.

Classification :

RA 5 RB 2 Unknown 19

(m) Total number of instances where both marital partners sharing the same sleeping accommodation were found to be suffering from pulmonary tuberculosis = 3 (*i.e.*, 6 cases).

(n) Total number of cases of pulmonary tuberculosis giving a family history of infection = 15 (12%).

(o) Total number giving a history of possible source of infection at work or elsewhere, *e.g.*, nursing = 3 (2%).

(p) Total number giving no history of contact with a known case = 107 (86%).

(q) **Contact Examination.**

N.B.—Where it is stated on the records than an *individual* contact has been examined this is classed as " known to have been examined ", irrespective of the fact that except in a few cases the date of examination and the results are not known — where it is known that *some* of the family contacts have been examined but not *how many*, the total family contacts are classed as " thought to have been examined " although without a doubt this may be in excess of the real figure.

(i)	Total number of contacts	= 396	
(ii)	Total number stated to have been examined (? results)	= 74	(18·7%)
(iii)	Total number thought to have been examined (? results)	= 191	(48·2%)
(iv)	Total number of contacts stated to have NOT been examined	= 131	(33%)
(v)	Total number of child contacts ..	= 140	
(vi)	Total number examined (? results)	= 51	(36%)
(vii)	Total number thought to have been examined (? results)	= 57	(40%)
(viii)	Total number stated NOT to have been examined	= 32	(23%)
(ix)	Total number of child contacts known to have been tuberculin tested	= 10	(7%)

Tuberculin positive—6

Tuberculin negative—4

(x)	Total number of child contacts known to have been B.C.G. Vaccinated	= 4	
(xi)	Total number of adult contacts ..	= 256	
(xii)	Total number stated to have been examined (? results)	= 23	(8·9%)
(xiii)	Total number thought to have been examined (? results)	= 134	(52%)
(xiv)	Total number stated to have NOT been examined	= 99	(39%)

Smallpox.

No cases of smallpox were notified in the District during 1952 and the total number of primary and re-vaccinations undertaken during the period is given in the following table :

Number of Children Vaccinated during 1952.

	Age at date of Vaccination.					
	Under 1	1 year	2—4	5—14	15 or over	Totals
Vaccinated	242	17	22	10	15	306
Re-Vaccinated	—	—	—	1	24	25
Totals	242	17	22	11	39	331

The total number of primary vaccinations of infants under 1 year of age carried out during the year represents approximately 41% of the potential, and irrespective of the arguments in favour of the cessation of routine vaccination other than of contacts and persons who may be exposed to risk, there is no other safeguard or preventive measure available. Facilities for introduction of small-pox into this country are greater than ever they were due to the ease and speed of modern travel and the routine vaccination of all infants should continue to be advocated.

Food Poisoning.

During the year 15 cases of food poisoning were notified in the District, compared with 28 in 1951, and there were no deaths. In no instance was the agent responsible for the poisoning discovered and all but four of these cases were notified from Keresley. Multiple cases in one family were reported in two instances, one family having two cases and the other four cases in the one household. The remaining 9 cases were isolated occurrences and all were mild and transient in nature.

It is interesting to note that the majority of these cases were notified from the same Parish in the first quarter of the year and it would also appear that more cases of mild vomiting and diarrhoea were occurring in this area during the same period. In view of the lack of evidence of any food borne spread of disease and the lack of evidence of any specific bacteriological cause, it is quite possible that a proportion of these cases were due to a virus infection, winter vomiting disease or epidemic nausea and vomiting of probable virus origin being common during this period.

The commonest bacteriological agent responsible for food poisoning is the Salmonella group of bacteria and can usually be cultured from the excreta of both sufferers and transient carriers. The original source of infection is animal, *e.g.*, infected carcase meat or rats, etc., but the few outbreaks due to Salmonella infection can be traced back to this extent. In the majority of instances infection by this and other organisms is transmitted as a result of imperfect food handling technique by persons suffering from infection either mildly or unknowingly and the strictest cleanliness in food handling is imperative if we are to effect a reduction in the incidence. Every food handler must wash his or her hands following use of the water closet and facilities for hand washing should be available in every food premise. Adequate food storage facilities are necessary to avoid rat contamination of food and as staphylococci, the germ present in boils, carbuncles, etc., can also give rise to food poisoning, no person should handle food with a lesion of this description or with any diarrhoea.

Although routine inspection of food premises by Sanitary Inspectors employed by the Council ensure that facilities are available for clean handling of food, the willing co-operation of the actual food handler is the most essential factor. Public opinion can also effect a rise in the standard of food handling for so long as imperfect standards are tolerated by the public there can be little hope of a complete and sustained change of heart so far as the careless food handler is concerned.

Report of the Chief Sanitary Inspector

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

Ladies and Gentlemen,

I submit my report on the work of the department for the year ended the 31st December, 1952.

The items on pages 32 and 34 regarding sewerage, sewage disposal and refuse collection and disposal, have been prepared by the Engineer and Surveyor, Mr. B. Ll. Stephenson, B.Sc., A.M.I.C.E., M.I.Mun.E , who is responsible for these services.

Yours obediently

R. HAINES,

Chief Sanitary Inspector.

SECTION D.

INSPECTIONS

The following general inspections of the district were made :

Housing	768
Overcrowding	123
Nuisances	1699
Slaughterhouses	16
Food premises	203
Food stalls and vehicles	12
Food examination	98
Bakehouses	11
Dairies	37
Water Supplies	363
Camping sites and moveable dwellings	815
Infectious diseases	148
Rodent infestation	443
Atmospheric pollution	159
Factories	33
Closet Conversions	51
Insect infestation	8
Sanitary Surveys	1033
Miscellaneous	154
	6174

Complaints received exceeded the previous year's total by 118 and were classified as follows :

Sanitary defects (principally at dwellinghouses)	98
Nuisances generally	69
Rodent infestation, choked drains, etc.	185
Dustbins defective or absent	198
Miscellaneous	73
	623

Nuisances.

Nuisances reported and dealt with were as follows :

Accumulations of refuse	20
Animals so kept	3
Cesspools overflowing	43
Closets defective and insanitary	54
Drains choked and defective	89
Dustbins defective or absent	198
Foul ditches	24
Smoke, dust and effluvia	11
Housing defects :	
Dampness	44
Defective walls	28
„ roofs	40
„ chimneys	21
„ windows and doors	30
„ rainwater gutters and pipes	37
„ wall and ceiling plaster	87
„ floors	37
„ firegrates	13
„ paving	4
„ washing boilers	5
Dirty house	1
	789

Further complaints were received during the year about nuisance caused by fumes from the factory engaged in reclaiming non-ferrous metals, referred to in my previous report. Investigations did not however confirm the existance of a substantial nuisance. The furnace and chimney stack provided early in the year have proved beneficial if not entirely successful, and owing to the situation of the factory in relation to the nearby houses, the prevailing wind carries any fumes away from the houses towards the open country.

A further 21 pail closets were converted to waterclosets during the year, and grants to owners approved under section 47 of the Public Health Act, 1936 for this work totalled approximately £517 0s. 0d.

A parish council complained about inadequate sanitary conveniences at a group of six houses, and the Public Health Committee, after considering the principle resolved that, as the law left it to them to decide what was " adequate " sanitary provision, they would ask for a separate closet to every house. The situation at the particular property was still being negotiated at the end of the year, but the aim will now be to enforce a general standard of one closet per house.

Complaints were received from residents in the Warwick Rural District about a drainage nuisance at Cromwell Lane, Burton Green, which forms the boundary between that district and our own. Some 22 houses in the Meriden district have cesspool drainage, many with overflows piped to a road ditch, and the natural fall is

towards the Warwick Rural District. Since 1946 there has been considerable building development in their district, which has altered the situation, and the complaints were natural and justified. Unfortunately a great deal of official time had already been spent in enforcing the sealing of overflows to cesspools, but to maintain the improvement would have needed a resident inspector. I therefore advised the Public Health Committee that the locality needed a sewer and a small disposal works, preferably jointly with Warwick Rural District, and they gave instructions for this possibility to be investigated. Meanwhile the Council have been obliged to pass plans for further houses in Cromwell Lane, also with cesspool drainage.

Sewerage and Sewage Disposal.

During the year three minor sewer extension schemes were carried out at Kingsbury Road, Curdworth, Eastern Green, Allesley and Dog Lane, Nether Whitacre. The Balsall and Berkswell Sewerage and Sewage Disposal Scheme contract was completed, including the three additional sewer lengths in Station Road, Kenilworth Road and Needlers End Lane, which were authorised during the year.

A public enquiry was held into the Fillongley Sewerage and Sewage Disposal Scheme and subsequently the Ministry informed the Council that the Scheme was approved in principle, but that construction was deferred on grounds of national economy. No new approvals for the carrying out of any major schemes were received during the year.

A scheme for the sewerage and sewage disposal of Shustoke was submitted to the Ministry and work was commenced upon the preparation of a similar scheme for the village of Bickenhill.

Direct labour improvements were carried out to the two Hampton Sewage Fields and the Coton Road, Nether Whitacre, sewer outfall. Also a start was made upon improving the standards of sewerage and sewage disposal maintenance.

Sanitary surveys of three parishes were completed during the year, with the following results :

Curdworth.

Sanitary accommodation.

Houses having separate waterclosets	101
„ having hand-flushed waterclosets	4
„ sharing a watercloset	4
„ having separate pail closets	19
	128

78·9% of the houses have water-closets. The 19 pail closets are mainly away from sewers and there is no prospect of further conversions.

Drainage.

Twenty-four houses have cesspools or improvised outfalls of various kinds. The remainder are sewered.

Water Supplies.

Houses having separate piped supplies	107
„ sharing standpipes	6
„ having well supplies	10
„ without water supplies	5
	128

The five houses without water supplies are at Dunton Wharf, and a public supply cannot be provided at reasonable cost.

Lea Marston.

Sanitary accommodation.

Houses having separate waterclosets	31
„ „ „ pail closets	35
	66

46·9% of the houses have waterclosets.

Drainage.

Forty-seven houses have cesspools or are drained to ditches or other improvised outfalls. Nineteen have main drainage.

Water supplies.

Houses with separate mains supplies	51
„ „ shared mains supplies	4
„ „ private wells	11
	66

Maxstoke.

Sanitary accommodation.

Houses having separate waterclosets	35
„ „ „ pail closets	45
„ served by midden	1
	81

43·2% of the houses have waterclosets.

Drainage.

Houses with cesspools	25
„ drained to ditches or other improvised outfalls	36
Houses having no drainage	3
„ drained to sewers or private disposal plants	17
	81

Water supplies.

Houses with separate mains supplies	33
„ „ private wells	20
„ „ „ spring supplies	19
„ without water supplies	9
	81

The houses without water supplies are remote from existing mains and public supplies are impracticable at reasonable cost.

Considerable trouble was experienced with a colliery spoil-bank which was burning and causing an intolerable nuisance to people in a neighbouring cottage. The matter was taken up with the National Coal Board, who, after experimenting unsuccessfully with a covering of fine ash, undertook to install water sprays for which I asked at the outset. The work had not however been done by the end of the year and the nuisance was worsening.

Two incidents involving dust nuisances in the vicinity of the Hams Hall electricity generating stations are referred to under the heading of atmospheric pollution.

The general position regarding the provision of dustbins has not improved, and although no actual difficulty was met, there was the usual waste of administrative time in deciding responsibility between owners and occupiers, which meant that properties were often without satisfactory dustbins for many weeks.

Refuse Collection and Disposal.

After considerable debate the Council approved in principle a ten year scheme for expanding the refuse collection service and agreed in the first instance to give a full weekly service for the four Parishes of Castle Bromwich, Water Orton, Coleshill and Bickenhill, and as a first stage in this scheme, the number of refuse collection rounds operated directly by the Council was increased from five to seven. The expansion of the pail emptying and cesspool emptying services by the additional purchase of one of each type of vehicle was also approved.

During the year the labour position became slightly easier and the number of complaints fell considerably.

Owing to the decline in prices, the collection of salvage separately was much diminished.

In order to improve the standard of refuse tip maintenance, the tipping programme was arranged so as to reduce the number of tips in operation.

SECTION E.

HOUSING

The policy of securing repairs to defective houses by negotiation with owners was continued successfully, having regard to the fact that most rents are still controlled at pre-war levels. Legal proceedings were authorised in one case under section 93 of the Public Health Act, 1936 but the necessary repairs were done before the matter went to court. Seven other houses were repaired after service of statutory notices under section 93 of the Public Health Act, 1936, and 43 after informal approaches to the owners.

Progress with the removal of condemned property was necessarily limited, owing to the continued shortage of new houses. In addition to the seven houses demolished early in the year (referred to in the 1951 report), demolition orders were made and enforced in respect of a wooden shack dwelling at Curdworth and a converted bus at Nether Whitacre. The latter case involved an application to the magistrates' court for a warrant for possession against the tenant, who had occupied the dwelling in defiance of the Council's wishes after the demolition order procedure had been begun. Authority was given during the year for the rehousing of four families in a clearance area at Coleshill to enable the houses to be demolished. Families from two other clearance area houses in Coleshill were allotted Council tenancies and the houses are now vacant and await demolition. The second of two houses in a clearance area at Fillongley was vacated during the year when the tenant was allotted a Council house, but demolition was not begun. A closing order under section 12 of the Housing Act, 1936 was made in respect of a stable at Balsall which had been occupied as a dwelling, and the occupants were allotted a Council tenancy.

Seven squatters' huts became vacant during the year and were demolished.

There is still no reduction in the demand for Council houses. In the six years 1946-1952 the Council provided a total of 685 houses and created 831 fresh tenancies, but were able in that time to reduce the waiting list by only 109 cases. One hundred and twenty-five houses were completed during 1952, against 94 the previous year, yet the total of " live " applications at the end of the year was still about 1,100. Apart from the few priority cases dealt with, principally for health reasons, the 1948 group of applicants was almost untouched at the end of the year and not all the 1947's were cleared. The position is little different at the time of reporting. Preliminary investigations with a view to removing from the lists people who might be said to be reasonably well accommodated show that this group forms only a very small proportion of the total, and applications are now accepted only from persons who have full claim.

A review of the housing situation was undertaken in September, and the following statement of the housing needs of the district was included in a comprehensive report submitted to the Housing Committee.

(1) Applications from people		
(a) within the district		989
(b) outside it but having a proper claim		123
		1112
(2) Plus slum clearance requirements		
(a) existing condemned		70
(b) future (90% of approved programme)		581
		1763
(3) Less applications from people in houses included in group (2) above		
(a) already condemned	20	
(b) scheduled for clearance	117	
		137
Total houses needed		1626

The Council held sites for about 400 houses but schemes for using most of them were already in hand. Acting on the report they authorised in principle the acquisition of land for a further 600 houses, so as to maintain a continuous building programme.

WATER SUPPLIES

Samples taken during the year were reported on as follows :

Chemical analysis

	Satisfactory	Unsatisfactory	Unfit	Total
Old Wells	10	32	3	45
New Wells	—	—	—	—
Springs	1	1	—	2
Mains	1	—	—	1

Bacteriological Examination.

Old Wells	28	24	5	57
New Wells	—	—	—	—
Springs	2	—	—	2
Mains	1	—	—	1

Unsatisfactory and unfit samples were followed by written advice to boil the water before use for human consumption. Most of the unsatisfactory samples were taken in the course of investigations into the need for extending water mains. Little progress was made with the provision of new mains. The scheme for providing water to the Green Lane area of Corley Moor is still held up pending action by Coventry Water Department to improve the pressures. Work on the scheme for supplying the Meer End area in the parish of Balsall, although authorized, was not begun. No progress was made with the proposals for supplying the Green End district of Fillongley, chiefly due to apathy on the part of the local farmers who seemed to want the supply without themselves having to do anything towards it. A proposal to supply a group of seven houses at Dunton Wharf, Curdworth, had to be rejected because of the unreasonably high cost of laying the necessary main, estimated at

£3,175 0s. 0d. A scheme for supplying four houses at Eastern Green Lane, Allesley, at a cost of £367 0s. 0d. was approved in principle but no order was placed pending a Ministry decision as to grant aid.

The Council's own scheme for laying 1,453 yards of 4″ main in the parish of Wishaw was completed during the year and affords supplies to 16 houses, 13 of which have been connected.

Four houses were provided with mains water supply, as a result of formal notices under section 138 of the Public Health Act, 1936, as amended.

Piped water supplies in the district have been satisfactorily maintained regarding quality and quantity and there was no complaint. The extent to which piped supplies are available is shown in the following table, 80% of houses being supplied with mains water.

Piped Water Supplies.

Parish	Houses	Birmingham Water Dept.	Coventry Water Dept.	Others
Allesley	405	—	305	—
Arley	820	—	—	808
Astley	64	—	—	20
Balsall	650	—	261	—
Barston	134	—	91	—
Berkswell	571	—	294	—
Bickenhill	686	625	—	—
Castle Bromwich	1326	1296	—	—
Coleshill	1514	1342	—	—
Corley	206	—	129	—
Curdworth	132	86	—	—
Fillongley	406	164	—	—
Hampton-in-Arden	365	—	308	—
Kerseley	761	—	713	—
Lea Marston ..	75	33	—	—
Maxstoke	78	—	19	—
Meriden	479	—	406	—
Packingtons	66	—	5	—
Shustoke	143	117	—	—
Water Orton ..	535	512	—	—
Whitacre, Nether	236	216	—	—
Whitacre, Over	113	71	—	—
Wishaw	49	13	—	—
	9814	4475	2531	828

FOOD INSPECTION

Visits to food premises, stalls and vehicles totalled 215, with a further 98 for food examination purposes.

The following articles of food were condemned and voluntarily surrendered.

46 tins	Ham	717 lbs.	Blown and putrified
	Home-cured ham ..	15 „	Putrified
206 „	Miscellaneous foods		Blown, rusted and leaking tins
	Cooked lamb	60 „	Sour and unfit
	Bacon	18 „	Putrified
20 „	Jellied veal	97 „	Blown and punctured tins
1 tin	Frozen eggs	44 „	Putrified
2 tins	Tomatoes		Blown
	Currants	50 „	Larvae infestation
	Prunes	28 „	Mouldy
	Sausage	9 „	Mouldy
	Pork Pies	12 „	Mouldy
1	Kidney		Nephritis
	Carcase and organs of	1 pig	Septicaemia
	„ „	2 pigs	Generalised tuberculosis
	„ „	1 calf	Immaturity

Food Premises.

The following numbers of premises were registered under section 14 of the Food and Drugs Act, 1938, at the end of the year.

Manufacture and sale of ice-cream	11
Sale only of ice-cream	76
Manufacture of sausages and/or cooked meat	8
Fish-frying	13
	108

One application for registration of premises for the sale of ice-cream was refused on the grounds that the premises were unsuitable, after the applicant had appeared before the Public Health Committee.

Warnings were issued in five cases regarding contraventions of the Council's clean food byelaws.

Game-dealer's Licences.

Two licences to deal in game were issued under section 18 of the Game Act, 1831, as amended.

Slaughterhouses.

There are 20 private slaughterhouses in the district. Thirteen of them are now licensed, but are used only occasionally, chiefly for casualties.

Thirty-six slaughtermen are licensed under the Slaughter of Animals Act, 1933.

Milk and Dairies.

There were 34 registered distributors of milk in the district at the end of 1952, classified as follows :

Retail dairymen resident within the district	18
Retailers from outside the area.....	12
Shopkeepers selling milk in bottles only	4
	34

Eight premises are registered as dairies other than dairy farms. Some of the distributors buy milk already bottled and sell it direct from motor vehicles, without using any premises which would be liable to registration.

Licences under the Milk (Special Designations) Regulations were granted as follows.:

	Tuberculin tested	Pasteurized	Sterilized
Dealers	8	9	2
Supplementary.....	8	10	8

Thirty-seven visits and observations were made during the year, and the registered premises were found to be generally satisfactory.

Moveable Dwellings.

No fresh site licence was issued during the year, the number of licensed sites remaining at 22, permitting a total of 175 caravans, 31 huts and 114 tents. In practice, tents are only seen occasionally during summer months, and not all the licensed sites have the full number of caravans, etc., allowed. The number of caravans which are licensed individually shows a slight reduction, from 96 the previous year to 89 at the end of 1952.

The Council adopted new standards for individual licences in March, 1952, and as a result of action subsequently taken, most of the dwellings now comply with the new requirements.

Applications for individual licences were refused in 26 cases. One appeal was made to the Coventry County magistrates' court, but was withdrawn on the day of the hearing.

An unusually difficult case of a homeless family comprising man, wife and six children, who were living under very bad conditions in an old motor-bus at Maxstoke, had not been resolved by the end of the year.

Rodent Control, etc.

The demand for the services of the Council's ratcatcher was maintained during the year, and the following work was done :

Premises inspected		443
„ baited and poisoned—		
Private	171	
Business	28	
		199

Second treatments		52
Third „		35
Premises cleared		133
„ not cleared		66
Dead rats found and buried		565
Treatments of Council refuse tips		16
„ „ sewage works		14
Sewer manholes baited and poisoned—		
First treatments	372	
Second „	79	
		451

One formal notice under section 4 of the Prevention of Damage by Pests Act, 1949 was served on an occupier, requiring him to rid agricultural premises of rats. It was subsequently complied with.

Other sanitary work done included the following :	
Articles of bedding disinfected or destroyed	15
Choked drains and sewers cleared	33
Houses disinfected —	
T.B. death	2
T.B. removal	6
Cancer death	1
Miscellaneous	7
Vermin	5

Atmospheric pollution.

The three deposit gauges and nine sulphur gas instruments which the Council installed in September, 1948 are still in use. The observations depend on the monthly measurements of minute portions of the total air pollution and are affected to a considerable degree by atmospheric conditions, especially rainfall and wind strength and direction. They are therefore of limited value when considered individually, but over a longer period they give a fairly reliable indication of the amount of atmospheric pollution, and enable comparisons to be made with other areas and with new developments in the Council's own district.

The annual figures since 1948 are as follows :

Total solid deposit (measured in tons per sq. mile per month) :

	Lea Marston	Bacons End	Berkswell
1948 (4 months only) ..	30·3	10·04	7·9
1949	22·99	14·23	10·67
1950	24·05	9·22	7·06
1951	26·12	11·03	8·4
1952	15·63	11·10	10·91

Sulphur gases (measured in milligrammes per day per 100 sq. cms. of exposed surface of standard lead peroxide) : (The Lea Marston figures are averages of 7 gauges).

	Lea Marston	Bacons End	Berkswell
1948 (4 months only) ..	0·91	0·79	0·36
1949	1·04	0·91	0·47
1950	1·02	0·99	0·51
1951	0·93	0·83	0·43
1952	0·94	1·106	0·51

Annual Rainfall (at Lea Marston).

1949	23·57	inches
1950	25·21	„
1951	32·59	„
1952	25·87	„

The centre of interest in this matter has been the electricity generating stations at Hams Hall, and the gauges are situated so as to enable the effect of pollution from this source to be compared with other parts of the district. The deposit gauge at Lea Marston is near the power stations, the one at Bacons End is in the path of the prevailing wind from industrial Birmingham, and that at Berkswell is in open country. It will be seen that solid pollution at Lea Marston, after rising slightly during the two previous years, fell to under 16 tons in 1952. The Bacons End figure remains at about 12 tons, and even at Berkswell there was as much as 10 tons in 1952. Bearing in mind that lime is commonly applied to agricultural land in tons per acre, these figures of tons per square mile per month are all very small. The Department of Scientific and Industrial Research, under whose aegis the observations are made, supply confidential information about results obtained in other areas, which indicate that pollution from Hams Hall is certainly no greater than from other power stations in the country and is appreciably less than some. Having regard to the vast quantities of low-grade coal burnt, the amount of pollution from Hams Hall power stations is kept within reasonable limits, though this is not to say that the position can be regarded as satisfactory or that no further improvement is possible.

Two incidents which occurred in 1952 show the effect which the existence of a large generating station can have on the unfortunate people who have to live near it. On the 6th June there was an unusually heavy deposit of ash in Coleshill, and cars parked in the town during the morning were seen by noon to be heavily coated with light grey powder. Investigations showed that the power station people were experimenting with the grit-arresting plant that morning, and there happened also to be rain and a north wind. A second incident on the 18th June involved a dust storm from one of the large ash lagoons, which was making life almost unbearable for the inhabitants of Whiteacre Heath. This was found on investigation to be due to premature drying of the surface of the lagoon, following damage to a sluice, and was remedied as soon as the necessary repairs could be done. Both these occurrences could be described as accidental, but they and others of the same kind are always liable to occur and the local people suffer accordingly. It is reasonable to suppose that when the third " C " station is completed the risks will be increased in proportion.

The figures for sulphur show little variation throughout the five-year period, and the main point of interest is that the sulphur concentration near the power stations is very little greater than at Bacons End, and in fact slightly less at times. The increased figure at Bacons End for 1952 may or may not be maintained, but it is significant that Birmingham have built large new housing estates on the outskirts of the city, between it and Bacons End and in the

path of the prevailing wind, and one cannot avoid the suspicion that domestic smoke discharged at low level, may be the answer. The very high chimneys of the power stations seem effectively to disperse the sulphur from that source.

The colliery chimneys at Arley call for some comment. The smoke from them is discharged at low level in relation to the surrounding houses and often causes considerable nuisance, though no specific complaint about them is on record. An approach was made informally to the National Coal Board during the year and they replied that they were gradually converting to electric power and hoped to eliminate the first of the chimneys by March, 1953.

Rag Flock Act, 1951.

There are no premises in the district which require licensing or registration, premises used for repair (as distinct from manufacture) of upholstered goods being outside the scope of the Act.

Shops Act, 1950.

The Council agreed to a request by the County Council that they should accept delegation of powers under section 38 of the Act, relating to the provision of lighting, washing facilities and facilities for taking meals at shops. The new arrangement had not however become effective by the end of the year.

Factories Act, 1937.

Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors.)

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	5	4	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	111	28	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out - worker's premises).....	—	—	—	—
Total	116	32	—	—

Cases in which defects were found (if defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more " cases ").

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	—	1	—	1	—
Overcrowding	—	—	—	—	—
Unreasonable temperature ..	—	—	—	—	—
Inadequate ventilation	—	—	—	1	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences :					
(a) Insufficient	—	2	—	2	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total	—	3	—	4	—

Pet Animals Act, 1951.

There are no premises in the district which need to be licensed under the Act.

An application for delegation of powers of entry under section 4 to an officer of a branch of the Royal Society for the Prevention of Cruelty to Animals was refused, on the grounds that the sanitary inspectors were the proper officers to exercise such powers on behalf of the Council, and that the number of persons given authority to enter premises should be kept to a minimum.

National Assistance Act, 1948, Section 50.

The body of a child of 14 years was buried by the Council at a cost of £32 3s. 6d. Towards this, there was a death grant of £9 0s. 0d. from the Ministry of National Insurance. The father, who had been unable to work owing to illness, paid back £7 3s. 6d. and undertook to pay the balance by instalments.

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