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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

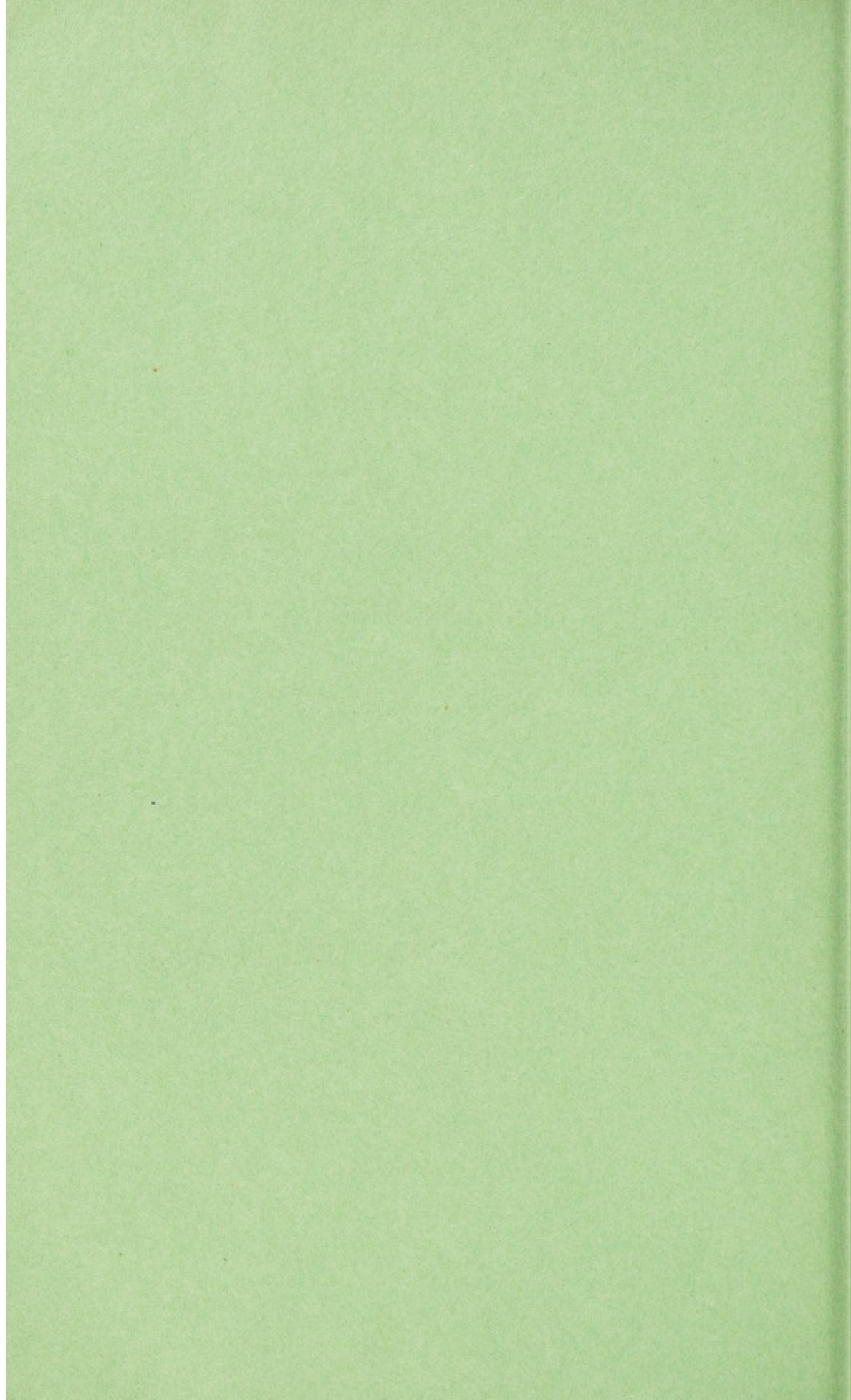
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To the Meriden Rural District Council

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health of the District for the year 1953. The District is rapidly increasing numerically the population at the present time being more than double that of thirty years ago, in consequence of which the work of the Public Health Department has correspondingly increased. Although a Rural area the District is sandwiched between the cities of Birmingham and Coventry which are readily accessible to the District inhabitants. As a result there is an avid demand for urban amenities and standards of sanitation and complaints are not unnaturally more numerous than they were prior to the war. This is illustrated in detail in this report.

The Vital Statistics shew no abnormal fluctuations and the death rate continues to remain below that averaged over the country as a whole although the cancer mortality rate continues to rise steadily. This is not a local characteristic or peculiarity however, and is obvious throughout the country. The Birth Rate has risen following a gradual decline since 1947 and the proportion of illegitimate births was approximately 6% of the total births recorded in the area. The Infant Mortality Rate unfortunately has not yet reached the national average and it would appear that there were approximately 25% more deaths of infants under 1 year of age during the year 1953 than might be anticipated from the rate for England and Wales as a whole. An analysis of the causes of death shew that 39% of these deaths were due to prematurity and I would emphasise again the need for expectant mothers to avail themselves fully of vitamin supplements supplied by the Ministry of Food.

Epidemiologically the year was without major incident although a prolongation of the localised outbreak of dysentery in Coleshill was evident, the onset being in the latter months of the previous year. The notification rates of infectious disease compare favourably with those recorded over England and Wales as a whole barring whooping cough, which was fairly widespread throughout the area but which was fortunately mild in clinical manifestations, and puerperal pyrexia. The high notification rate of the latter disease is due to the presence of Maternity Hospitals in the district where notification of temperature changes in the puerperium are prompt and efficiently carried out. It is pertinent to point out that the year

has shown the lowest death rate from tuberculosis during the past 22 years for which figures are available and is probably the lowest rate ever recorded in the District. It is true to say that the mortality rate from tuberculosis has consistently been lower than the rates recorded over England and Wales as a whole during this same period.

I have omitted any reference in this report to Health Services provided in the area, details of which may be obtained from the County Medical Officer's Annual Report.

G. W. KNIGHT,

Medical Officer of Health.

Park Road,
Coleshill.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS

Population (Estimated Mid. 1953).....	38,220
Area in acres	61,775
No of inhabited houses (Dec., 1953)	10,241
Rateable value (at 31st March, 1953).....	£240,258
Product of a penny rate (Est.)	£948

VITAL STATISTICS

Births.

Live Births	Males	Females	Total
Legitimate	305	301	606
Illegitimate	23	14	37
Totals	328	315	643

Birth Rate.

16.82 per 1,000 estimated population.

1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942
16.82	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	6	6	12
Illegitimate	—	1	1
Totals	6	7	13

Still Birth Rate.

0.34 per 1,000 estimated population.

19.81 per 1,000 total (Live and Still) births.

1953	1952	1951	1950	1949	1948	1947
19.81	28.1	32.2	18.2	19.5	28.0	19.0

Deaths.

	Males	Females	Total
Deaths from all causes..	181	158	339

Death Rate.

8.8 per 1,000 estimated population.

1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942
8.8	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	—	1	1
2.	Tuberculosis, other	—	—	—
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	10	6	16
11.	Malignant neoplasm, lung, bronchus ..	5	3	8
12.	Malignant neoplasm, breast	—	5	5
13.	Malignant neoplasm, uterus	—	5	5
14.	Other malignant and lymphatic neoplasms	25	13	38
15.	Leukaemia, aleukaemia	1	—	1
16.	Diabetes	1	2	3
17.	Vascular lesions of nervous system ..	14	23	37
18.	Coronary disease, angina	31	16	47
19.	Hypertension with heart disease	3	3	6
20.	Other heart disease	8	23	31
21.	Other circulatory disease	4	2	6
22.	Influenza	2	4	6
23.	Pneumonia	6	7	13
24.	Bronchitis	23	9	32
25.	Other diseases of respiratory system ..	6	3	9
26.	Ulcer of stomach and duodenum	4	—	4
27.	Gastritis, enteritis and diarrhoea	3	—	3
28.	Nephritis and nephrosis	3	1	4
29.	Hyperplasia of prostate	2	—	2
30.	Pregnancy, childbirth, abortion.....	—	—	—
31.	Congenital malformations	2	2	4
32.	Other defined and ill-defined diseases ..	16	19	35
33.	Motor vehicle accidents	4	—	4
34.	All other accidents	3	9	12
35.	Suicide	1	2	3
36.	Homicide and operations of war	—	—	—
37.	All causes	181	158	339

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
1953	..	38,220	643	339	+304

Maternal Deaths .. Nil.

Infant Deaths (under 1 year of age)

	Males	Females	Total
Legitimate	13	10	23
Illegitimate	—	—	—
Totals	13	10	23

Infant Mortality Rate.

35.7 per 1,000 live births.

1953	1952	1951	1950	1949	1948	1947
35.7	32.4	34	46	26	39	39

Infant Deaths (under 4 weeks of age).

	Males	Females	Total
Legitimate	9	6	15
Illegitimate	—	—	—
Totals	9	6	15

Neonatal Death Rate .. 23.3 per 1,000 live births.

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

Diagnosis	Survival Period										Total	
	Under 1 day		1—7 days		1—4 weeks		1—6 mths.		6—12 mths.			
	M	F	M	F	M	F	M	F	M	F	M	F
(a) Prematurity	3	5	1	—	—	—	—	—	—	—	4	5
(b) Intracranial haemorrhage.....	1	—	2	—	—	—	—	—	—	—	3	—
(c) Congenital hydrocephaly	—	—	—	1	—	—	—	—	1	—	1	1
(d) Congenital heart disease and broncho-pneumonia	—	—	—	—	—	—	—	1	—	—	—	1
(e) Bronchopneumonia ..	—	—	—	—	—	—	1	1	1	—	2	1
(f) Gastro enteritis	—	—	—	—	1	—	—	—	—	—	1	—
(g) (i) Gastro enteritis ..	—	—	—	—	—	—	—	—	—	—	—	—
(g) (ii) Multiple congenital defects	—	—	—	—	1	—	—	—	—	—	1	—
(h) Intussusception	—	—	—	—	—	—	—	—	—	1	—	1
(i) Asphyxia	—	—	—	—	—	—	—	1	—	—	—	1
(j) Meningococcal Septicaemia.....	—	—	—	—	—	—	—	—	1	—	1	—
(Waterhouse Friedrichsen's Syndrome)												
Totals	4	5	3	1	2	—	1	3	3	1	13	10

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 population 25,000—50,000 at 1951 Census)	London Administrative County
Births					
Live Births.....	*17.66	15.5	17.0	15.7	17.5
Still Births	{ 0.34 23.3(a)	{ 0.35 22.4(a)	{ 0.43 24.8(a)	{ 0.34 21.4(a)	{ 0.38 21.0(a)
Deaths					
All causes	*10.29	11.4	12.2	11.3	12.5
Typhoid and paratyphoid ..	0.00	0.00	0.00	—	—
Whooping Cough	0.00	0.01	0.01	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.00	—
Tuberculosis	0.03	0.20	0.24	0.19	0.24
Influenza	0.16	0.16	0.15	0.17	0.15
Smallpox	0.00	0.00	0.00	0.00	—
Acute Poliomyelitis (including polioencephalitis)	0.00	0.01	0.01	0.01	0.01
Pneumonia	0.34	0.55	0.59	0.52	0.64
Deaths—rates per 1,000 Live Births					
All causes under 1 year of age ..	35.7	26.8(b)	30.8	24.3	24.8
Enteritis and Diarrhoea under 2 years of age ..	3.1	1.1	1.3	0.9	1.1

* Using comparability factors (Births 1.05 and Deaths 1.17).

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

(b) per 1,000 related live births.

Cancer.

	Male	Female	Total
Total Deaths all Forms	40	32	72

Cancer Death Rate = 1.88 per 1,000 estimated population.

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

1915-17 ..	1.3	1939-41 ..	1.3
1918-20 ..	1.4	1942-44 ..	1.6
1921-23 ..	1.4	1945-47 ..	1.5
1924-26 ..	1.4	1948-50 ..	1.6
1927-29 ..	1.4	1951-53 ..	1.7
1930-32 ..	1.4		
1933-35 ..	1.46		
1936-38 ..	1.3		

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

Year	Estimated Population	Total No. of deaths	Death Rate	Average Death Rate
1915	15,632	9	0.57	0.44
1916	16,243	8	0.49	
1917	15,538	4	0.25	
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	0.54
1926	19,740	8	0.40	
1927	20,600	10	0.48	
1928	20,620	10	0.48	
1929	21,000	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	0.68
1936	27,090	22	0.80	
1937	27,540	21	0.76	
1938	27,980	17	0.60	
1939	29,590	22	0.77	
1940	30,380	35	1.1	0.77
1941	34,210	36	1.0	
1942	34,510	20	0.58	
1943	34,310	16	0.46	
1944	33,870	22	0.65	
1945	33,110	18	0.54	0.47
1946	33,770	12	0.35	
1947	34,800	15	0.43	
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	
1953	38,220	16	0.42	

Suicides.

Year	Estimated Population	Male	Female	Total	Average Death rate per 100,000 population.
1953	38,220	1	2	3	7.8
1952	37,790	2	—	2	
1951	37,950	3	—	3	
1950	36,990	—	—	—	
1949	36,160	3	4	7	
1948	35,380	—	—	—	2.3
1947	34,800	2	1	3	
1946	33,770	—	1	1	
1945	33,110	—	—	—	
1944	33,870	—	—	—	
1943	34,310	—	2	2	8.6
1942	34,510	1	2	3	
1941	34,210	1	—	1	
1940	30,380	4	1	5	
1939	29,590	—	3	3	
1938	27,980	4	3	7	12.5
1937	27,540	1	—	1	
1936	27,090	3	1	4	
1935	26,680	3	—	3	
1934	26,220	2	—	2	
1933	25,630	3	—	3	10.7
1932	25,250	1	1	2	
1931	18,500	2	1	3	
1930	21,080	1	2	3	
1929	21,080	1	—	1	
1928	20,620	1	—	1	
1927	20,600	3	—	3	

General Comment.

Births.—The year has shown a halt in the gradual decline in the birth rate obvious since 1947 and the corrected birth rate of 17.66 per 1,000 estimated population is higher than that recorded in England and Wales as a whole and an increase over the previous year's rate. The total births recorded during 1953 were 656, of which 13 were stillbirths (compared with 586 and 17 in 1952). Stillbirths and prematurity are closely allied to one another and 6 of these 13 stillbirths (46%) proved to be premature stillbirths. In addition there were 41 premature live births the incidence of prematurity being 7.1% of the total births and the proportion of premature live births being 6.3% of the total live births. These figures compare with those obtained over the country as a whole and show no local significance. The following table shows the distribution of premature births.

	Premature Live Births	Premature Still Births
Domiciliary ..	15	—
Hospital ..	24	6
Nursing Homes	2	—
Total ..	41	6

The majority of premature births, live and still, occurred in Hospital as might be expected for there is a higher proportion of abnormal pregnancies dealt with in Institutional rather than in domiciliary midwifery. In addition there is also a higher proportion of all pregnancies being treated in hospital than at home in this area in the ratio 58 %: 39% the remainder (3%) relating to Nursing Homes.

Approximately 6% of live births were illegitimate and shows little or no variation with the percentage recorded in the previous year.

Deaths.—The comparative rate (all causes) for the year in the district of 10.20 per 1,000 estimated population is again less than the rate recorded over England and Wales as a whole and has kept consistently low in comparison with national figures during the twelve years under review. The major causes of death were heart diseases, cancer, and vascular lesions of the nervous system in that order with bronchitis running close to the latter in importance. The death rate from pneumonia is considerably lower than the national average totalling 13 deaths during the year compared with 32 deaths described as due to bronchitis. 180 deaths from all causes out of the total of 339 recorded during the year occurred in persons over the age of 70 years, i.e. 53% of the total deaths in the proportion 88 males to 92 females. This also indicates the higher proportion of deaths in males (93) under the age of 70 years compared with the female section (66) of the population although one cannot omit to report one recorded death in a male aged 100 years, the

cause of death being acute bronchitis. Deaths from malignant causes totalled 72 during the year an increase of 14 over the previous year's total and mortality rate over the three year period 1951-53 is 1.7 per 1,000 population compared with 1.3 in the period 1915-17. This steady rise in the death rate from cancer is not local and is being experienced over the country as a whole but it is a matter of some concern that 22% of all male deaths and 20% of all female deaths in the district were due to malignant causes. There were again no deaths recorded during pregnancy and childbirth, the second year in succession, and only one such death has been recorded in the past three years during which time there has been some 1,823 live and still births. Infant deaths totalled 23 however, an increase of 4 over the previous year's total and the rate of 35.7 per 1,000 live births is higher than the rate recorded over England and Wales as a whole. 15 of these 23 deaths (i.e. 65%) occurred within the first 4 weeks following birth and 9 were due to prematurity, 3 to birth injuries (intra cranial haemorrhage) and 2 were due to infections (gastro enteritis). 12 of the 15 neonatal deaths occurred in hospital and 3 at home. In 3 out of the total of 23 infants failing to survive their first year of life congenital defects were an associated factor in the cause of death. Prematurity, therefore, accounted for 60% of the neonatal deaths and 39% of all infant deaths under 1 year of age. As there were some 41 live premature births recorded during the year approximately 1 in every 4 premature infants died within the first 4 weeks following birth compared with 1 in every 28 infants dying from all causes during this period and illustrates clearly the importance of research into the causes of prematurity.

The total number of all deaths due to violent causes totalled 16 compared with 14 in 1952 and suicides accounted for 3 of the total deaths during the year. Males have appeared far more predisposed towards suicide, or at least have proved more successful, than females for since 1927 there have been 66 recorded suicides in the district, 42 of whom were males and 24 females. During the period 1939-45, which might be expected to shew a high proportion of suicides there were 14 suicides (6 males and 8 females) compared with 15 during 1949-53, 17 during 1934-38 and 12 during 1929-33. The lowest recorded number of suicides during these quinquennial periods was 4 during 1944-48 and there is an obvious sharp rise from this total to 15 during 1949-53.

An estimated suicide rate per 100,000 population using quinquennial periods to obviate any violent fluctuations shows, however, a gradual decline from the peak period prior to the last war until 1949, since when the rate has begun to rise again but is not as high as the national average of about 10 per 100,000 population.

Population.—The Registrar General's estimate of the population of Meriden Rural District for the year is 38,220 which represents an increase of 430 over the 1952 figure of 37,790. During 1953 the excess of live births over deaths in the district was 304 and since 1942 there has been an arithmetical increase in the population of 3,863 by virtue of this excess of live births over deaths.

National Assistance (Amendment) Act, 1951.

In April of 1953 it was necessary to apply to the local Justice of the Peace for an order for immediate removal to hospital of an aged man living alone in Hampton-in-Arden and found to be suffering from pneumonia. He had apparently neglected himself for some considerable time, living the life of a hermit or recluse, and for a few weeks prior to admission to hospital had retired to his bed and relied solely on neighbours supplying him with food placed in a container which he lowered on a string from his bedroom window. It was only when he ceased to appear at the window that a request was made for an investigation when I found on entering the premises a derelict, dirty house, virtually devoid of furnishings other than a bed in one upstairs room, with ivy growing through the windows and round the walls. No amount of persuasion could make this ill, aged and bearded gentleman voluntarily agree to go to hospital for medical treatment and an order was successfully applied for and his removal to hospital was completed that same day. He appeared to settle down quickly on admission and made a good recovery. He was discharged from hospital two months later the premises having during this time been cleaned for his return. No continuation orders for his retention in hospital were necessary or applied for and his immediate neighbours readily consented to assist him on his return.

SECTION B.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Total number of cases of Infectious Diseases notified during the year 1953.

Notifiable Disease	Number of Cases Notified. (Comparative figures for 1952 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 up- w'ds.		
Measles	467 (599)	15	231	211	3	7	—	—	6	—
Whooping Cough	266 (111)	26	139	98	—	3	—	—	14	—
Diphtheria	— (—)	—	—	—	—	—	—	—	—	—
Erysipelas	1 (4)	—	—	—	—	—	—	1	—	—
Scarlet Fever	30 (52)	—	8	21	1	—	—	—	12	—
Enteric Fever	— (—)	—	—	—	—	—	—	—	—	—
Pneumonia	30 (63)	—	6	3	1	7	10	3	7	13
Malaria	— (—)	—	—	—	—	—	—	—	—	—
Dysentery	21 (37)	1	18	—	2	—	—	—	3	—
Puerperal Pyrexia	95 (28)	—	—	—	46	49	—	—	94	—
Meningococcal Infection	1 (2)	1	—	—	—	—	—	—	1	1
Acute Poliomyelitis : Paralytic	3 (2)	—	1	—	1	1	—	—	2	—
Non-paralytic	3 (—)	—	1	1	1	—	—	—	3	—
Acute Infective Encephalitis	— (—)	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	— (—)	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	1 (2)	1	—	—	—	—	—	—	1	—
Pulmonary Tuberculosis	23 (32)	—	1	2	5	7	5	3	14	1
Other forms of Tuberculosis	9 (10)	—	—	4	2	2	1	—	3	—
Food Poisoning	8 (15)	—	1	—	1	5	1	—	—	—
Totals	958 (957)	44	406	340	63	81	17	7	160	15

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 (Resi- dent popula- tion 25,000— 50,000 at 1951 Census)	London admin- strative County
Typhoid Fever	0.00	0.00	0.00	0.00	0.01
Paratyphoid Fever	0.00	0.01	0.01	0.01	0.01
Meningococcal Infection	0.03	0.03	0.04	0.03	0.03
Scarlet Fever	0.78	1.39	1.50	1.44	1.02
Whooping Cough	6.95	3.58	3.72	3.38	3.30
Diphtheria	0.00	0.01	0.01	0.01	0.00
Erysipelas	0.03	0.14	0.14	0.13	0.12
Smallpox	0.00	0.00	0.00	0.00	—
Measles	12.22	12.36	11.27	12.32	8.09
Pneumonia	0.78	0.84	0.92	0.76	0.73
Acute Poliomyelitis (including polioencephalitis)					
Paralytic	0.07	0.07	0.06	0.06	0.07
Non-paralytic	0.07	0.04	0.03	0.04	0.03
Food Poisoning	0.21	0.24	0.25	0.24	0.38
Puerperal Pyrexia*	144.8	18.23	24.33	12.46	28.61

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

General Comment.

The annual total of notified cases of infectious disease has shown little variation during the past few years, averaging 944 in 1951, 957 in 1952, 958 in 1953, and as in previous years Measles accounts for the bulk of the total. The highest incidence of infectious disease was recorded in the 1-5 age group, due almost entirely to whooping cough and measles, followed closely by the 5-15 years age group due to similar causes. There was a localised outbreak of dysentery, a continuation of that recorded in the latter months of 1952, the year under review being remarkable for its comparative freedom from epidemic poliomyelitis during the period when a high

case rate was being experienced in the neighbouring city of Coventry. In all but whooping cough and puerperal pyrexia the case rates compare favourably with those recorded over England and Wales as a whole, the deaths, excluding those due to influenza and pneumonia, being limited to two (one from pulmonary tuberculosis and one from meningococcal infection).

Measles.

During the past three years there has been little or no sign of any characteristic periodicity in the notification rate and there has been a fairly constant flow of notifications over this period as a result of its gradual spread between parishes. There appears to be little or no reason why this situation should not continue as a new batch of susceptible children become exposed to the infection each year. Of the total of 467 cases recorded during the year 1953 compared with 599 in 1952 and 444 in 1951, 15 were recorded in the under 1 year age group and 10 in the 15-45 year age group. As in previous years a slightly higher total of cases was obvious in pre-school age children but fortunately the disease is on the whole less severe in its manifestations than it was twenty years ago and there were no fatalities reported even in the under 1 year age group where the prognosis is much less favourable.

Whooping Cough.

There were over twice as many cases (266) of whooping cough notified during the year 1953 than in the previous year (111) and as in the case of measles the preponderance of notifications was more obvious in the pre-school age group of children. The case rate of 6.55 per 1,000 population is almost double that recorded over England & Wales as a whole and the disease appears to have been widespread in the Rural District rather than localised to any one area. It may well be that the regrouping of families previously living in comparative isolation in a rural area on new housing estates is an important factor in the determination of cases of measles and whooping cough in the pre-school age group and who previously might have escaped infection until entering school life. As in the case of measles a higher risk entails infection during infancy and although 26 infants under one year of age suffered an attack of whooping cough there were fortunately no deaths recorded and the decline in mortality obvious over the country as a whole is in all probability due to the use of antibiotics, e.g. chloramphenicol, which have proved of benefit if given sufficiently early in the disease. Although immunisation against whooping cough is now given at all Infant Welfare Clinics, usually combined with diphtheria immunisation, early in infant life, it is too early to expect any effect on its incidence in the area.

Diphtheria.

Although there were no cases of diphtheria notified during 1953, a tribute in itself to our immunisation programme, there are obvious

signs of delay on the part of parents of young children in arranging for their offspring to be immunised before the age of 1 year. It should be made quite clear that there has been little advance made in the treatment of this disease when compared with other diseases and that the relative scarcity at the present time may result in delay in diagnosis and treatment if and when the disease is re-introduced in the area with its obvious tragic consequences. As an example one has only to be reminded of the fact that South Staffordshire recorded nearly 14% of the total notifications in England and Wales as a whole during 1952 the disease proving extremely difficult to eradicate. All homes containing infants are visited by Health Visitors who advise immunisation either at the nearest Infant-Welfare Clinic or by the family doctor and a reminder in the form of an attractive birthday card is sent to all on their first birthday. Using the previous year's total of live births in the area it is possible to give a rough estimate of the proportion of these infants immunised during 1953, from which it would appear that only 42% of the child potential under 1 year of age are so protected, as was the position last year, rising to 50% by the time they reach 2 years of age. Of the 507 primary immunisations carried out during the year under review, 246 (48%) were undertaken during the infant's first year of life, 108 (21%) during the infant's second year and 153 (30%) were regrettably delayed beyond this period. The following table shows the total number of immunisations carried out during 1953 including refresher or booster doses.

Table showing Number of Children Immunised during 1953.

		Age at date of injection						Total
	Under 1	1	2	3	4	5-9	10-14	
Primary	246	108	40	16	22	65	10	507
Reinforcing	—	—	—	1	46	582	47	676
Totals ..	246	108	40	17	68	647	57	1183

From a survey of infant record cards held by Health Visitors it is possible to give a further rough and ready estimate of the pre-school age population not yet immunised against diphtheria for the combined area of Meriden and Tamworth Rural Districts. These returns are given in the following table :—

	0-1 years	1-2 years	2-5 years
Total number of Infant Record Cards held at 31st Dec., 1953..	920	832	2511
Total number of Infants NOT immunised at 31st Dec., 1953..	668	230	661
% NOT yet immunised	72%	27%	22%

At the present time the majority of immunisations carried out in Infant Welfare Clinics are with combined diphtheria and whooping cough vaccine, which should be given before six months of age if it is to play any part in reducing the mortality from whooping cough, for it is in the first year of life that the greatest risks of death from whooping cough exist. The above tables, therefore, include immunisations for diphtheria alone and combined with whooping cough vaccine.

Smallpox.

No cases of smallpox were diagnosed during 1953 in the district and vaccination in infancy is still advocated in the Infant Welfare Clinics and by Health Visitors during home visits. The total number of vaccinations and re-vaccinations undertaken during this period is given in the following table. Those vaccinated or re-vaccinated over the age of 15 years include members of the Nursing and Health Visiting Staff employed in the area and those persons going overseas.

	Age at time of vaccination					Total
	Under 1 year	1 Year	2—4	5—14	15 or over	
Vaccinated	246	26	23	20	30	345
Re-Vaccinated	—	—	1	2	78	81
Totals	246	26	24	22	108	426

This compares with 242 primary vaccinations under 1 year of age undertaken during the previous year. The 246 primary vaccinations during 1953 represent approximately 42% of the infant population in this age group.

Scarlet Fever and Erysipelas.

There was a fall in the number of cases of scarlet fever reported in the area during 1953 when compared with the previous year, 30 cases being notified during 1953 and 52 in the year 1952 and the case rate of 0.78 per 1,000 population is less than the 1.39 per 1,000 population recorded in England and Wales as a whole. Of these 30 cases 12 were removed to isolation hospital, a much higher proportion than in the previous year when only 6 out of the 52 cases were removed to hospital for treatment. It is rarely necessary in the patient's interests to require hospital treatment for this condition which is now mild in type but isolation away from the home may in certain circumstances prove necessary in the community's interest, e.g. in the homes of milk or food handlers. There were no localised epidemics and the majority of cases were recorded in school-age children. Only one case of erysipelas was notified during the year and that was an aged person who was satisfactorily treated at home.

Puerperal Pyrexia.

A sharp increase in the number of notifications of puerperal pyrexia was obvious during the year when 95 cases were reported, an increase of 67 over the previous year's total. As was reported last year, all but one of these cases occurred in Marston Green Maternity Hospital and cannot, therefore, be regarded as a representative total for the area, nor can it be regarded as a fair estimate of infections of the birth canal for many of the temperature changes following childbirth are due to causes other than this. Maternal deaths from sepsis have undergone a rapid decline since the advent of sulphonamides and antibiotics and infection plays a minor role in determining maternal mortality when compared with toxæmia, hæmorrhage and other obstetrical complications.

Acute Anterior Poliomyelitis.

Although a high case rate was recorded in the adjoining City of Coventry there was no localised outbreak in the district and those cases reported during the year were resident near the borders of Coventry (Keresley and Corley Parishes) and most, if not all, had a history of social intercourse with persons living in that City or had alternatively visited the area where the disease was prevalent. In all, 6 cases of acute anterior poliomyelitis were notified, 3 of whom showed no evidence of paralysis and only 2 of these 6 cases occurred in children under the age of 5 years. Of the paralytic cases only one occurred in a child (a male aged 4 years) who has since fully recovered and shows no obvious sign of any resulting paralysis or paresis. Of the 2 adult paralytic cases, both were females, one has since removed from the area and I have no further information to offer on her progress and the other whose left arm and leg were affected still shows evidence of weakness in the affected muscles, but insufficient to prevent her doing her own housework and shopping.

Although there is good reason to believe that infection is spread through the community as a result of personal contact with an infected person and that early and rigid isolation and quarantine methods may therefore be expected to play an important part in limiting the spread of infection, the characteristic peculiarities of its epidemiology have made routine measures difficult to apply. Each incident and outbreak must, therefore, be judged on its merits. There is little doubt that the recent rapid strides in development of virus vaccines have shown that the ultimate answer to this disease lies in immunisation, for there is good reason to believe that the production of a safe and satisfactory vaccine is not far distant.

It is interesting to note that although poliomyelitis was prevalent in Coventry during the year no epidemic occurred in Tile Hill Hostel situated on the Coventry City boundary. Although two young children of one family showed typical signs of non-paralytic poliomyelitis no further cases appeared in the camp, a house to house inspection being carried out by the Health Visitors in an attempt to discover any spread of infection. In addition the camp was visited by the Sanitary Staff of the Meriden Rural District Council and rubbish dumps and dustbins sprayed with D.D.T. to reduce the fly population.

As almost every child one sees on this camp suffers from chronic rhinorrhoea it is tempting to speculate in the value of naso-pharyngeal mucous as a protective barrier to invasion of the tissues by the virus present in these secretions, for the lack of hygiene and the facilities for easy spread of infection from one family to another in this camp offered unpleasant prospects on introduction of a case or cases into the camp and which failed to materialise.

The policy of rehousing tenants of this hostel and demolishing the hutments on vacation has been adopted by the Coventry City Council and although there is material evidence in the camp of its successful application it is appreciated that the complete eradication of this hostel will take some time.

Dysentery.

21 cases of dysentery were notified during the year, 16 less than in the previous year and was due in the main to the continuance of an outbreak of the disease which originated in latter months of the preceeding year in a Residential Nursery in Coleshill. In a closed community of this type the infection tends to burn itself out gradually but may smoulder for many months. Subclinical cases and symptomless carriers if not detected before any damage is done very often give rise to a flare up when to all intents and purposes the localised outbreak appears to be dying out. In this case there is little doubt that the flare up was due to causes such as these, 17 children from the nursery suffering from infection and two sixteen year old young persons. The last case was reported in April the remaining cases being recorded during January, February and March. In addition to the 19 cases reported from the Nursery in Coleshill there were 2 other cases reported from Tile Hill Hostel, Berkswell, during January, both being infants under 2 years of age, there being no connection between these cases and those in Coleshill. Although no further cases were reported from the hostel the primitive nature of the camp and many of its occupants suggest that many more cases occurred than were notified but strict instructions on the need for cleanliness were given to each householder in the camp and the inhabitants told to report to their family doctor on the first sign of diarrhoea. Fortunately there were no deaths as a result of infection and no further cases were reported in the Rural District after April of 1953.

Food Poisoning.

There were no notified outbreaks of food poisoning recorded during the year but 8 single cases were notified as compared with 15 in the preceding year and 28 in 1951. The case rate of 0.21 per 1,000 population compares with the rate of 0.24 per 1,000 population in England and Wales as a whole and there were no deaths. Each case was investigated and in only two instances was the agent responsible for the symptoms discovered, stool samples being taken from cases and familial contacts. *Salmonella typhimurium* was isolated from the faeces of one of these cases the source of infection having been from outside the area, whilst *Salmonella*

Thompson was identified as the causal agent in the second case and the source of infection unknown. Faecal specimens taken from the remaining cases and family contacts all proved negative for organisms of the *Salmonella* and *Shigella* groups. There is little reason to believe other than far more cases of food poisoning occur than are being notified for the symptoms vary in severity and medical advice is often not sought. A careless food handler who is also a symptomless carrier or a mild case of enteric infection may transmit the infection over a wide area and it is, therefore, of paramount importance that the simplest of all hygienic practices be followed to the letter, i.e. careful hand washing after using the toilet.

Tuberculosis.

During the year 23 cases of pulmonary tuberculosis and 9 cases of non-pulmonary tuberculosis were notified in the District a slight reduction over the previous year's totals of 32 and 10 respectively. The majority of new cases proved to be females (17 out of 23 pulmonary cases ; 7 out of 9 non-pulmonary cases) and the age distribution and sex is given in the following table. There was only one death from pulmonary tuberculosis recorded, that of a female over the age of 65 years.

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 ..	—	1	—	—	—	—	—	—
5 ..	—	2	1	3	—	—	—	—
15 ..	1	4	—	2	—	—	—	—
25 ..	1	5	—	—	—	—	—	—
35 ..	—	1	—	2	—	—	—	—
45 ..	1	2	—	—	—	—	—	—
55 ..	2	—	1	—	—	—	—	—
65 and upwards ..	1	2	—	—	—	1	—	—
Totals ..	6	17	2	7	—	1	—	—

The total cases remaining on the register of tubercular persons is given in the following table and would have shown a slight decrease over the previous year's total had it not been for the fact that 12 cases of tuberculosis in Chemsley and Coleshill Hall Hospitals had previously been notified but never added to the register, even though the cases were long stay residents of the area.

Total Cases of Tuberculosis remaining on Register.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
1. Total on register at 31st December, 1952	86	77	28	24
2. (a) New Cases	6	17	2	7
*(b) Chemsley Hospital and Coleshill Hall Hospital	8	3	1	—
3. Inward Transfers	3	9	1	—
4. Removals	16	26	12	10
5. Total on register at 31st December, 1953	87	80	20	21

* Re-instated on register but not actually new cases.

The decline in the death rate from tuberculosis is clearly shown in the next table and the rate for 1953 is the lowest recorded in the 22 years under review.

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	18	0.70	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	7	0.25	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	17	0.57	0.62
1940	30,380	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	19	0.55	0.61
1943	34,130	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	18	0.54	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	14	0.39	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	7	0.18	0.31
1952	37,790	42	1.11	6	0.16	0.24
1953	38,220	32	0.84	1	0.03	0.20

Although both the notification rate and the death rate shew a satisfactory decline there is still no uniform contact examination service in operation in the area, due to the fact that cases and contacts attend in the main clinics in the Cities of Coventry and Birmingham, the remainder travelling to Nuneaton. It was hoped that the proposed Chest Clinic at Coleshill would have been in operation during the year and which would have enabled a limited Contact

Service to be developed, but many frustrating delays prevented this and the Clinic did not open until the Spring of 1954. In no instance, therefore, was it possible for the Health Visitor to attend the Chest Clinic with her patients and little or no information is available on routine tuberculin testing of young familial contacts, a point which was stressed in detail in my last report. The total number of B.C.G. Vaccinations against tuberculosis carried out during the year totalled 23 as compared with 4 in 1952, all but 2 being carried out through the Warwickshire County Council's arrangements with Chest Physicians of the Regional Hospital Board. The age distribution of vaccinated persons is given in the following table.

Age distribution of persons B.C.G. Vaccinated during 1953.

Date of Birth															
1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1930	Total
0	4	1	6	2	2	2	1	1	1	0	2	0	0	1	23

During the year the opportunity was taken following discovery of pulmonary tuberculosis in a member of the teaching staff of a small local school, to mass tuberculin test all pupils of the school followed by radiological examination of pupils and staff of the school. The radiological examinations were carried out at the Mass X-ray Unit at Keresley, the pupils and staff being transported by private coaches and the tuberculin jelly tests were applied by a team of Health Visitors, the results being read by the Chest Physician at the time of radiological examination. The following figures show the results of this survey in detail and after further investigation it is safe to assume that the two children found to have lung lesions were infected from sources outside the school.

(a) **Total number of pupils** = 110.

Boys = 47

Girls = 63

(b) **Age range** 5-11 years approximately.

(c) **Tuberculin Jelly Test results.**

(i) *Sex grouping.*

		Positive	Negative
Boys	..	19 (40%)	28 (60%)
Girls	..	16 (25%)	47 (75%)

(ii) *Age Groups.*

	Under 6	6	7	8	9	10	11
Positive	3	6	7	8	5	4	2
Negative ..	11	18	12	10	5	12	7
% positive ..	21%	25%	35%	44%	50%	25%	22%
					31%		

(iii) *All Ages.*

Positive	35
Negative ..	75
% Positive	31%

(iv) *Age and Sex Grouping.*

Age	Tuberculin positive		Tuberculin negative	
	Boys	Girls	Boys	Girls
Under 6	2	1	4	7
6	2	4*	8	10
7	5	2	3	9
8	6*	2	3	7
9	3	2	3	2
10	1	3	5	7
11	—	2	2	5
Totals	19	16	28	47

* 1 case in each of these groups showing clinical signs of a previous primary lung lesion on radiological examination.

(v) Total number of families where two or more children are in attendance at this school and are tuberculin (jelly) positive.

(1) Total families with more than one child attending this school = 25.

(2) Total families where *all* children are

(a) tuberculin (jelly) positive = 2

(b) „ „ negative = 12

(The remaining 11 families with more than one child attending this school shewed odd cases jelly test positive only).

(d) **Radiological Results** (Mass X-ray Unit, Keresley).

(i) Total children with no lesion on X-ray = 103

(ii) „ „ required to re-attend for large film = 7

(iii) „ „ found to have some abnormality
on X-ray = 3

Details of abnormalities.

(a) Female aged 6 years with calcified node (R.1) 2nd interspace. Calcified right hilar glands.

(b) Male aged 8 years with calcified opacity (L.2) and calcified left hilar glands.

(c) Male aged 8 years with slight enlargement of the heart with prominence of pulmonary conus. Oblique views shew no gross enlargement (N.B. clinically there was no evidence of any heart defect).

(iv) Total staff attending for X-ray (*i.e.* Teachers, canteen workers, etc.) = 9

Total with lesions on X-ray = nil

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, 1953. The items dealing with Sewerage and Refuse 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.

R. HAINES,

Chief Sanitary Inspector.

INSPECTIONS

Inspections and visits made during the year numbered 7,032 and were classified as follows :

Housing	973
Overcrowding	122
Nuisances	2973
Atmospheric pollution	147
Food Premises	491
Food Stalls and vehicles	19
Food examinations	92
Bakehouses	12
Dairies	22
Slaughterhouses	25
Water Supplies	403
Camping sites and moveable dwellings	461
Factories	36
Shops	83
Infectious diseases	109
Rodent infestation	852
Insect infestation	33
Miscellaneous	179
	<hr/>
	7032
	<hr/>

Complaints received during the year totalled 913, which is the highest figure so far recorded. It is interesting to compare it with the total for the year 1939 which was 139. The increase is not due to any general worsening of sanitary circumstances, but indicates a growing insistence by the public on better living conditions. There is an increasing demand by country residents for public services on urban standards, and the provision of these services for some parts of the district inevitably brings increased complaints from those parishes which still do not have them.

Nuisances.

The following nuisances were reported and dealt with :

Accumulations of refuse	21
Animals so kept	1
Cesspools overflowing	37
Closets defective and insanitary	58
Drains choked and defective	155
Dustbins defective or absent	457
Foul ditches.....	38
Smoke dust and effluvia	15
Verminous and filthy premises	3

Housing defects :

Dampness	54
Defective walls	44
,, roofs	50
,, chimneys.....	21
,, windows and doors	43
,, rainwater gutters and pipes	42
,, wall and ceiling plaster	88
,, floors	37
,, firegrates.....	19
,, paving	2
,, washing boilers	9
,, staircases	4
Unsatisfactory water supplies	16

1214

Housing defects were mostly dealt with as nuisances under the Public Health Act, but in fact very little difficulty was experienced in persuading property owners to have essential works done without recourse to statutory action, and only 6 formal notices were served. Delays have, however, occurred in some cases in securing the completion of works, due mainly to the prevailing full employment in the building trades.

Other statutory notices relating to nuisances and similar matters were served under the Public Health Act, 1936 as follows :

Section	Subject	No. of cases.
44	Insufficient sanitary conveniences	3
39	Defective drainage	4
50	Overflowing cesspool	1
83	Dirty house	1
138	Absence of water supply in pipes	12
93	Smoke nuisance	1
75	Dustbins defective or absent	67

Twenty-five pail closets were converted to water closets during the year. Grants to owners approved under Section 47 of the Public Health Act, 1936 amounted to approximately £480. Progress was hindered considerably when, in June 1953, doubts were cast on the Council's legal right to make contributions where conversion works are carried out voluntarily at premises which are drained to cess-pools, in the absence of a sewer. A ruling was sought from the Ministry of Housing and Local Government, but the matter had not been decided by the end of the year.

Three water closets were provided by the Council in default of an owner, under Section 44 of the Public Health Act, 1936. The cost, £92 10s. 6d., is being recovered from the owner by instalments.

An item relating to smoke nuisance from a factory chimney is included under the heading "Atmospheric Pollution."

Two cases in which rag and bone dealers had been observed giving toys to children in exchange for rags, in contravention of Section 154 of the Public Health Act, 1936, were reported to the Public Health Committee who issued formal warnings.

Enforcement of the provision of dustbins continued to take up a good deal of administrative time. A request to an owner or occupier to supply a dustbin often causes resentment quite out of proportion to the cost involved, and in 57 cases it was necessary to ask the Public Health Committee to decide which party should be held responsible. As a result, 9 notices were served on owners and 48 on occupiers. Ten other notices were served on owner-occupiers. There were no appeals against the notices, but 10 dustbins had to be supplied by the Council in default, the cost being recoverable as a civil debt.

Negotiations were continued with the National Coal Board regarding a nuisance from a burning colliery spoil bank, as a result of which they eventually installed a system of water sprays, after a long delay. This has materially reduced the nuisance, though the fires have not been extinguished and continual attention is still needed.

HOUSING

New Council houses completed numbered 192. Of these, 35 were part of a special scheme for housing scientific workers from a Coventry factory, and did nothing towards solving the local housing problem. Most of the other 157 were let to applicants without separate houses, and only a few could be spared for people from condemned properties. Consequently it was again possible to make only limited progress with the removal of unfit houses. Eight houses included in pre-war clearance areas, and two subject to more recent demolition orders, were demolished during the year. Six families from other clearance areas were re-housed and their houses await demolition, which will be enforced as soon as possession of other

adjoining houses can be secured. Demolition orders were made in respect of two houses, a wooden bungalow and two caravans, following the allocation of Council tenancies to the occupiers, but demolition had not been carried out by the end of the year. A closing order was made under Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953 in respect of one house. In another case involving a wooden bungalow, the tenant of which had obtained a Council house in a nearby town, the Council accepted an undertaking from the owner that it would not again be used for human habitation.

Substantial progress was made with the removal of squatters huts. Twenty-nine were demolished during the year, and twenty-seven of the tenants were re-housed by the Council.

Thirty-eight houses were extensively repaired and made fit as a result of informal negotiations with the owners, and two others after service of formal notices under Section 93 of the Public Health Act, 1936. One pre-war closing order was determined after the owner had made the house fit to the Council's satisfaction.

A further review of applications for Council houses was begun in November. The new figures were not complete by the end of the year, but an estimate of 800 total "live" applications was subsequently proved to be fairly accurate. At the time of reporting it is a little higher. The figure at the previous review was 1,100. Three principal factors are involved in the reduction, the re-housing by the Council of 157 families in new houses, the re-letting of 33 Council houses which became available by casual vacancies, and the removal from the register, on the Council's instructions, of 52 applications from people who were considered to have adequate accommodation. No attempt is made to discriminate against applicants who appear to have sufficient means to make their own provision, but the subject has been referred to several times and there seems to be a growing feeling against paying subsidies from public funds for people who can afford to provide their own accommodation.

New applications were received at a somewhat reduced rate during the year. Present indications are that they still exceed the normal cancellations due to removal from the district and similar causes. It is, however, difficult to assess the position accurately, because most of the cancellations are only discovered at a general review, whilst new applications come in more or less continuously.

Total requirements for replacing unfit houses on a long-term basis were estimated at 618 at the end of the year, and this figure added to the total applications gives a gross need of 1418. A correction has to be made, however, for applicants living in unfit houses which are already included in the slum clearance group, and the total net requirement of the district is approximately 1300 houses. It is apparent that private enterprise housing is having very little effect on the local problem, as most of the privately built houses are sold (or, very occasionally, let) to people from other districts.

WATER SUPPLIES

Samples taken and submitted for bacteriological examination during the year were reported on as follows :—

	Satisfactory	Unsatisfactory	Totally Unfit	Total
Old Wells.....	17	33	4	54
New Wells ..	—	—	—	—
Springs	2	—	—	2
Mains	3	—	—	3
	22	33	4	59

In addition, 9 samples from old wells were submitted for chemical analysis, 6 of them being satisfactory, 2 unsatisfactory and 1 totally unfit.

Unsatisfactory and unfit samples were followed in all cases by written advice to boil water before use for human consumption.

The following extensions of water mains were carried out during the year :

Locality	Approximate length of main	No. of properties to be served
Green Lane and Watery Lane, Corley Moor (Allesley parish)	917 yds.	17
Eastern Green Lane, Allesley ..	175 yds.	4
Meer End Lane, Balsall	2130 yds.	36

The scheme for laying a main to the Green End area of Fillongley, which involved several unusual complications and which had been under discussion at intervals since 1944, was finally authorised by the Council in October, but Ministry approval had not been given by the end of the year.

The unsatisfactory state of the water supplies at Square Lane, Corley, was reported to the Public Health Committee in March. Of 12 shallow wells supplying 17 houses, 8 are known to be polluted. Most of the houses in the locality are drained to surface ditches, and even the four wells reported as satisfactory are therefore subject to suspicion. The capital cost of providing a water main was estimated at £1820, but after allowing for probable grants and income from water rates, the annual charge on the Council's funds was unlikely to exceed £60. However, the item had not been allowed for in the Council's annual estimates and the matter was deferred to the next financial year.

Piped water supplies in the district were generally satisfactory and no complaint was received, though supplies to the village of Arley are maintained only with difficulty. Arrangements are in hand for the inclusion of the parish in the Nuneaton supply area when the new trunk main from Birmingham Corporation's pumping station at Whitacre to Nuneaton has been completed. Work on this scheme is in progress.

The following table shows the extent to which piped water supplies are provided in the various parishes. The total number of piped supplies represents 84.7% of the houses in the district.

Piped Water Supplies.

Parish	Houses	Birmingham Water Dept.	Coventry Water Dept.	Others
Allesley	453	—	353	—
Arley	861	—	—	849
Astley	64	—	—	20
Balsall	713	—	324	—
Barston	134	—	91	—
Berkswell	577	—	300	—
Bickenhill	689	628	—	—
Castle Bromwich	1473	1443	—	—
Coleshill	1546	1374	—	—
Corley	207	—	130	—
Curdworth	139	93	—	—
Fillongley	424	181	—	14
Hampton	369	—	312	—
Keresley	793	—	745	—
Lea Marston ..	76	34	—	—
Maxstoke	78	—	19	—
Meriden	492	—	419	—
Packington	66	—	5	—
Shustoke	144	118	—	—
Water Orton ..	544	521	—	—
Nether Whitacre	236	216	—	—
Over Whitacre..	113	71	—	—
Wishaw	50	—	—	14
Total	10241	4679	2698	897

Sewerage and Sewage Disposal.

A scheme for the sewerage of the village of Bickenhill was prepared and submitted to the Ministry. Restrictions on capital expenditure prevented any active work on the village schemes previously submitted. During the year the Ministry requested a reduced scheme for Coleshill, and this was prepared and approved, and documents were prepared for tendering purposes. The needs of a sewerage and sewage disposal scheme for Fillongley were again conveyed to the Ministry, but were deferred on grounds of national economy.

Work was begun by the City of Birmingham on the construction of a new pumping station at Castle Bromwich, which when completed will allow the sewage from Castle Bromwich to be treated at the Tyburn works of the Birmingham Tame and Rea Drainage Board, instead of on the sewage irrigation area now in use.

Extensions were carried out to the small disposal works at Furnace End in the parish of Over Whitacre, and a design was pre-

pared for a small disposal works at Lea Marston, and tenders for the work obtained.

Throughout the year regular maintenance work has been carried out on all sewage disposal works belonging to the Council.

Refuse Collection and Disposal.

The services for the collection and disposal of house refuse, cesspool contents and pail closets contents have been operated satisfactorily in general. These services are manned by labour which is continually coming and going and it is difficult to maintain a regular programme of visits. Now that the district is beginning to get considerable numbers of new houses completed, expansion of the vehicles and the labour force is necessary.

Tipping has been continued as in previous years, with power station ash used for covering purposes.

FOOD INSPECTION

Ninety-two visits were made for food examination purposes and the following were condemned and voluntarily surrendered as unfit for human consumption :

82 lbs.	Ham	Putrified.
126 lbs.	Ox-tongue (Dutch)	Putrified.
13 lbs.	Corned beef	Putrified.
919 lbs.	Miscellaneous tinned foods ..	Blown and damaged tins.
28 lbs.	Dried whole egg	Stale and mite-infested.
6 lbs.	Beef	Bruised.
65 lbs.	Carcase and organs of 1 pig ..	Erysipelas.
2 bottles	Fruit cordial	Decomposed.

The method of disposal of condemned food is primarily by burial under supervision.

A start was made on a survey of all the food premises in the district and by the end of the year 210 separate premises had been inspected and recorded. They were classified as follows :

Grocery	62
Grocery and general (not exclusively food)	43
Bread and cakes	6
Sweets and confectionery	16
Greengrocery	18
Butchery	24
Fish, wet and fried	13
Cafes and snack bars	20
Hotels and licensed premises	3
Factory canteens	3
Mobile canteens	2
	<hr/>
	210

Visits to food premises, including re-inspections, totalled 510. Conditions were found to vary considerably. Whilst some of the shops are modern and well equipped, many others are structurally poor and not really suitable for the purpose. The worst cases are generally those in which parts of private houses are used for business purposes without proper adaptation. Storage space, even in the more modern premises, is often inadequate, and the sale of foodstuffs from premises which are used also for the sale of other commodities tends to make it more difficult to maintain a proper hygienic standard. This practice however cannot be avoided in country parishes, where one or two shops often have to provide most of the needs of the community. There is often inadequate yard space for storage of refuse, empty boxes, etc., thus adding to the general congestion.

In spite of the difficulties caused by inadequate premises, the standard of maintenance (which is much more important) has on the whole been found to be fairly good. Lack of proper washing facilities, especially constant hot water, has been the most important single defect. Thirty-three cases of default in this respect were recorded, but many of them have since been remedied as a result of informal requests. There are very few shops, even in the more remote parts of the district without electricity, and the installation of a small electric water heater involves such a modest outlay that it is difficult to understand why certain traders have not provided something of the kind without waiting to be asked.

Instances of dirty conditions were few, only thirteen cases having been reported. These were all dealt with by verbal warnings and improvements effected, though in one or two instances the standard may never be good because the traders themselves are not really suitable people to be handling food for the public. There are no Food Guilds in operation in the area the rural nature of which makes it difficult to organise efficiently.

It is hoped to complete the survey during 1954, commercial canteen and licensed premises being the main groups not so far covered. Once the initial recording has been done, it should be possible to make systematic inspections as a matter of routine.

Registered Premises.

Premises registered at the end of 1953 under Section 14 of the Food and Drugs Act, 1938, were as follows :

Manufacture and sale of ice-cream	11
Sale only of ice-cream	95
Manufacture of sausage and/or cooked meat	8
Fish frying	13
	<hr/>
	127
	<hr/>

Several of the ice-cream vendors whose premises are registered for manufacture are in fact buying the factory-made product. Those who make ice-cream on the premises use the "cold mix" method.

Ten samples of ice-cream were taken during the year and subjected to the methylene blue test. Of these, 9 were from ice-cream made on registered premises and all were grade I. The tenth sample, which was grade II, was supplied by a large manufacturer from a nearby town, and was taken in an unopened wrapper as received from the factory by a local retailer.

One application for registration for the sale of ice-cream was refused after the applicant had appeared before the Public Health Committee. The circumstances were a little unusual. The premises had been provided, at the department's request, with an instantaneous gas water heater, but this was fed only from a small static cold tank, there being no piped cold water service. The two employees had to carry water in a can from a standpipe in an open yard on adjoining premises some 65 yards distant, and pour it into the cold tank at ceiling level. The Public Health Committee upheld the contention that this did not constitute a "sufficient" supply of hot and cold water within the meaning of Section 13 of the Food and Drugs Act, 1938, in view of the fact that mains water was available nearby and could have been laid on at small cost. The applicant entered an appeal before the Magistrates, but subsequently thought better of it and withdrew before the hearing, having meanwhile placed an order for the water service to be provided. The work was done soon afterwards and registration granted on a second application.

One other application for registration for the sale of ice-cream was refused for want of proper washing facilities, but subsequently a sink and hot and cold water services were installed, and registration was granted on re-application.

Game-dealers' Licences.

Two licences to deal in game, under Section 18 of the Game Act, 1831 (as amended), were renewed.

Slaughterhouses.

Thirteen slaughterhouses are 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 48 registered distributors of milk in the district at the end of the year, classified as follows :

Retail dairymen resident within the district	24
Retailers from outside the area	13
Shopkeepers selling milk in bottles only	11
	—
	48
	—

Ten 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 as dairies.

The following licences under the Milk (Special Designations) Regulations were granted or renewed :

	Tuberculin Tested	Pasteurized	Sterilized
Dealers	14	19	8
Supplementary	12	14	10

Twenty-two visits and observations were made during the year. Conditions were found to be generally satisfactory. One applicant for registration as a distributor was bottling milk and had no proper sterilizing facilities. He was given notice to appear before the Public Health Committee, to show cause why registration should not be refused, but he subsequently ceased bottling and arranged to buy the whole of his supplies already bottled. Registration was therefore granted.

SHOPS ACT, 1950

An agreement under Section 73 (2) of the Act, whereby the County Council delegated to this Council their powers under Section 38 (3), (4) and (5), received Home Office approval in July. It makes the Council responsible for enforcing conditions relating to lighting, washing facilities and facilities for taking meals in shops, in addition to their normal duty to enforce the provision of sanitary conveniences and requirements as to ventilation and temperature under subsections (1) and (2).

Visits made to shops for these purposes numbered 83. Only a few minor contraventions were discovered and they were all dealt with informally. One application for a certificate of exemption under subsection (2), relating to the provision of a sanitary convenience at a food shop, was refused.

Rag Flock Act, 1951.

There are no licensed or registered premises in the district.

Pet Animals Act, 1951.

There are no licensed premises in the district.

National Assistance Act, 1948. Section 50.

The body of a man aged 74 years, who had lived alone in a caravan and whose relatives had made no arrangements for burial, was buried by the Council at a cost of £25 15s. 0d. His wife was believed to be alive but could not be traced, and as no other relative was liable for payment under the Act, the expense was borne by the Council.

Factories Acts, 1937 and 1948.

Below is reproduced the tabular statement of inspections of factory premises during the year, which has already been submitted to the Ministry of Labour and National Service.

Part 1 of the Act.

(1) *Inspections.*

Premises (1)	M/c. line No. (2)	No. on Reg. (3)	Number of			M/c. line No (7)
			Inspec- tions	Written notices (5)	Occupier prose- cuted	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	6	12	—	—	1
(ii) Factories not included in (i) in which Section 7 is enforced by the L.A.	2	111	42	—	—	2
(iii) Other Premises in which Section 7 is enforced by the L.A. (excluding out-workers' premises)	3	4	—	—	—	3
Total		121	54	0	0	

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

Particulars	M/c. line No.	Number of cases in which defects were found				Number of cases in which prosecu- tions were in- stituted
		Found	Rem- edied	Referred		
				To H.M. In- spectors	By H.M. In- spectors	
Sanitary Conveniences (S.7) :						
(a) Insufficient	—	—	1	—	1	—
(b) Unsuitable or defective	—	—	3	—	3	—
(c) Not separate for sexes	—	—	2	—	2	—
Total	—	—	6	—	6	—

The Council gave authority for legal proceedings against a factory occupier who had failed to provide satisfactory sanitary conveniences for the use of employees, but he had the necessary work done before the summons was served.

Rodent Control.

Work done during the year is summarised in the following table :

Premises inspected	392
„ baited and poisoned—	
private	221
business	51
	— 272
Second treatments	57
Third „	34
Premises cleared	204
„ not completely cleared	69
Dead rats found	676
Treatments of refuse tips	16
„ „ sewage works	15
Sewer manholes baited and poisoned—	
First treatments	113
Second „	39
	— 152

Treatments of premises show a small increase over the 1952 figures. There is a steady demand for the service, most of the work being done on complaints by occupiers. The service is free to occupiers of private premises, but a small charge is made for work at business premises, based on an hourly rate for actual time spent. The co-operation of occupiers was readily secured in most cases, and no formal notice was necessary under Section 4 of the Prevention of Damage by Pests Act, 1949.

The figure of 852 inspections represents mainly those carried out by the ratcatcher, but includes also some investigations made by the sanitary inspectors, both specially and in the course of other work.

Other sanitary work done included the following :

Choked drains and sewers cleared	76
Articles of bedding and clothing disinfected or destroyed	75
Houses disinfected	11
„ disinfested	15

Moveable Dwellings (Public Health Act, 1936, Section 269).

The number of licensed caravan sites in the district is now 23, one new licence having been issued during the year, in respect of two caravans which were formally licensed individually. The 23 licences permit a total of 177 caravans, 31 huts and 114 tents, but in fact most of the site operators now prefer to limit the dwellings on their sites to caravans of proprietary make, and take every opportunity to get rid of huts and other improvised dwellings.

From time to time the Council are called upon to consider the re-housing of overcrowded families from licensed caravan sites. This is most unsatisfactory because, so long as the licence is com-

plied with as to numbers, there is nothing to prevent a site operator from taking another family immediately, often from another area. In this way, Council houses can be used without any benefit to the housing standard of the district.

Individual licences granted or renewed during the year were 66, compared with 89 in 1952. The popularity of caravans as homes seems to be decreasing steadily as houses become more readily available. Applications for individual licences were refused in 18 cases because of unsatisfactory sanitary conditions. There were no appeals, and no legal proceedings were necessary in respect of contraventions.

The family of 8 people who were occupying an old bus, referred to in the 1952 report, were ultimately allotted a Council house. They moved only under threat of legal proceedings, and left again three months later, having secured the tenancy of a privately-owned cottage.

Consideration was given to possible ways of simplifying the administrative procedure for dealing with applications for caravan licences. The need for two separate permissions, under the Public Health Act and the Town and Country Planning Act is difficult to explain to the average applicant, especially when the applications are dealt with at different times. It sometimes happens that permission is given under the one control and refused under the other. If the favourable decision is notified first, applicants are liable to proceed without waiting for the second, which may be a refusal and require enforcement action. In an attempt to secure the maximum co-ordination between the two departments, the Council transferred their licensing functions under Section 269 of the Public Health Act from the Public Health Committee to the Plans and Town Planning Committee. Little practical advantage is, however, apparent from the new arrangement. Two separate applications have still to be made. One must be decided in 28 days to comply with the Act, in default of which it is deemed to be granted unconditionally. The other, if not decided in two months, is deemed to have been refused. In view of its complexity, the administration works fairly well, and little can be done to improve it further in the present state of the law.

Atmospheric pollution.

Three grit deposit gauges are operated, located as follows :

- (1) Lea Marston, north-east of the Hams Hall power stations.
- (2) Bacons End, in the path of the prevailing wind from industrial Birmingham.
- (3) Berkswell, in open country, for purposes of comparison.

Seven sulphur-gas instruments are placed at intervals around the power stations and there is one each at Bacons End and Berkswell.

The following are the results obtained since observations began in September, 1948 :

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
1953	17.14	10.89	9.06

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).

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	1.11	0.51
1953	0.94	1.17	0.62

Annual Rainfall (at Lea Marston).

1949	23.57 inches
1950	25.21 „
1951	32.59 „
1952	25.87 „
1953	22.60 „

The solid deposit at Lea Marston, though slightly greater than the previous year, is below the average for the period, and is still only moderate, having regard to the size of the generating stations and the amount of fuel consumed there. It is, however, sufficient to cause a considerable nuisance, particularly in times of heavy rain, and it is fortunate that there is no large centre of population downwind of the stations in relation to the prevailing wind. In the last few days of December there was an unusually heavy deposit of grit in Coleshill which gave rise to strong complaints at the following meeting of the Council. A formal protest was made to the British Electricity Authority, who replied that continuous efforts were being made to improve the efficiency of the grit-arresting plant, and that the general position had been improved by a reduction in the total amount of fuel burnt at the stations, and by advances in operating procedure. The results from the gauges over a period appear to support this contention.

No complaint was received about dust from the Hams Hall dust lagoons during the year. The concentration of sulphur gases in the vicinity of the power stations was again relatively small, being less than that at Bacons End.

The emission of excessive smoke from a factory chimney was the subject of complaints, and investigations revealed the inefficient use of antiquated boiler plant. Negotiations with the owners produced little improvement and, whilst they declared their intention to provide new plant, they would give no indication of how long it would be before the work would be started. Ultimately, a nuisance abatement notice was served under Section 93 of the Public Health Act, 1936, requiring the installation of mechanical stoking equipment. The owners chose instead to reduce the boiler load by installing electric motors to drive their machinery and this, coupled with improved hand-firing methods and repairs to the boiler flues, had reduced the emission of smoke by the end of the year sufficiently to remove any further cause for complaint.

One of the two chimney stacks at Arley Colliery was demolished during the year. Work is continuing on the removal of the present steam raising plant and conversion to electric power, which should ultimately eliminate the smoke nuisance from this source.

A. T O M E S L T D .

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