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RURAL DISTRICT OF MERIDEN

**ANNUAL REPORT**

*of the*

**Medical Officer of Health**

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

*including the*

**REPORT**

*of the*

**Chief Sanitary Inspector**

*for the year*

**1954**

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RURAL DISTRICT OF MERIDEN

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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 Rural District for the year 1954. As in last year's report, any direct reference to the County Health Services available in the area is omitted, details of which may be obtained from the County Medical Officer of Health's Annual Report.

On the whole the year cannot be considered an unsatisfactory one, for although it became obvious that a review of the organisation and staffing of the Public Health Department was necessary because some of the more important duties of the Department were being neglected, there were many signs of definite progress in the Public Health field to counterbalance this. The housing situation is becoming less difficult and we are now in a much better position to tackle slum clearance. The eradication of all hutted or squatters camps is virtually complete, only a handful of residents in the Tile Hill Hostel remaining at the time of writing this report. The Engineer and Surveyor, who has kindly prepared the section dealing with sewerage and scavenging, reports on the very definite progress made in this sphere, although the task of providing modern sanitary services to all parishes is nowhere near completed. The return of private slaughtering has resulted in a greater variety of good quality meat and your Inspectors have made a 100% inspection of animals slaughtered in the district. In addition the sale of accredited milk was discontinued and only tuberculin tested or heat-treated milk is now sold in the area. The less satisfactory aspects of the year's work include the failure to adequately and regularly inspect food premises including the education of food-handlers in the principles of hygienic handling and storage of food in their own particular environment; the regular inspection of industrial premises, and the difficulties in retaining a regular and frequent refuse and night soil disposal service owing to labour difficulties. There still remain small areas without adequate piped water supplies although the overall picture of more than 80% of the houses in the area provided with piped water is above the average for a Rural District.

Even though 1954 was blessed in having no serious epidemic disease, other than influenza during the latter weeks of the year, the concentration of the population in the Coleshill and Castle Bromwich areas gave rise to overcrowding in the schools and one was left with the impression that there were more mild upper respiratory infections amongst these children than elsewhere. The County Council's proposals to provide more schools in these



areas and on which work has already commenced are welcomed and the situation should be much improved in the coming year.

Hospital facilities are readily available in Birmingham, Coventry, Nuneaton, etc. and there are no problems so far as maternity hospital beds are concerned. The inauguration of a Chest Clinic in Coleshill coincides with a slight rise in the number of notifications of tuberculosis and although it is to be expected that the concentration of cases would be more obvious in the more built up areas I am a little concerned at the increasing number of cases in the Castle Bromwich and Coleshill Parishes. The policy of re-housing cases of tuberculosis in one circumscribed area is not without its disadvantages.

G. W. KNIGHT,  
*Medical Officer of Health.*

Park Road,  
Coleshill.

## SECTION A.

### STATISTICS AND SOCIAL CONDITIONS

Population (Estimated Mid. 1954).....	39,590
Area in acres .....	61,775
No of inhabited houses (Dec., 1954) .....	10,983
Rateable value (at 31st March, 1954).....	£255,328
Product of a penny rate .....	£1,004

### VITAL STATISTICS

#### Births.

Live Births	Males	Females	Total
Legitimate .....	348	324	672
Illegitimate .....	12	10	22
Totals .....	360	334	694

#### Birth Rate.

17.53 per 1,000 estimated population.

1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944
17.53	16.82	15.50	15.54	17.5	18.2	20.2	22.2	19.0	19.5	20.0

#### Still Births.

Still Births	Males	Females	Total
Legitimate .....	6	5	11
Illegitimate .....	1	—	1
Totals .....	7	5	12

#### Still Birth Rate.

0.30 per 1,000 estimated population.

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

1954	1953	1952	1951	1950	1949	1948	1947
16.99	19.81	28.1	32.2	18.2	19.5	28.0	19.0

#### Deaths.

	Males	Females	Total
Deaths from all causes ..	180	147	327

#### Crude Death Rate.

8.26 per 1,000 estimated population.

1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944
8.26	8.8	8.3	10.3	9.2	8.7	9.0	10.0	9.5	9.3	9.9



# Classified Causes of Death

Cause of Death		Males	Females	Total
1.	Tuberculosis, Respiratory .....	3	2	5
2.	Tuberculosis, other .....	—	—	—
3.	Syphilitic disease .....	—	—	—
4.	Diphtheria .....	—	—	—
5.	Whooping Cough .....	1	2	3
6.	Meningococcal infections .....	—	—	—
7.	Acute Poliomyelitis .....	—	—	—
8.	Measles .....	—	—	—
9.	Other infective and parasitic diseases ..	1	—	1
10.	Malignant neoplasm, stomach .....	6	6	12
11.	Malignant neoplasm, lung, bronchus ..	10	2	12
12.	Malignant neoplasm, breast .....	—	4	4
13.	Malignant neoplasm, uterus .....	—	—	—
14.	Other malignant and lymphatic neoplasms	26	12	38
15.	Leukaemia, aleukaemia .....	1	2	3
16.	Diabetes .....	2	2	4
17.	Vascular lesions of nervous system ..	19	27	46
18.	Coronary disease, angina .....	23	10	33
19.	Hypertension with heart disease .....	5	5	10
20.	Other heart disease .....	23	20	43
21.	Other circulatory disease .....	6	5	11
22.	Influenza .....	1	1	2
23.	Pneumonia .....	7	4	11
24.	Bronchitis .....	11	6	17
25.	Other diseases of respiratory system ..	3	2	5
26.	Ulcer of stomach and duodenum ....	—	2	2
27.	Gastritis, enteritis and diarrhoea ....	1	2	3
28.	Nephritis and nephrosis .....	—	1	1
29.	Hyperplasia of prostate .....	3	—	3
30.	Pregnancy, childbirth, abortion.....	—	—	—
31.	Congenital malformations .....	2	1	3
32.	Other defined and ill-defined diseases ..	18	15	33
33.	Motor vehicle accidents .....	5	4	9
34.	All other accidents .....	1	7	8
35.	Suicide .....	2	3	5
36.	Homicide and operations of war ....	—	—	—
37.	All causes .....	180	147	327

## 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
1954 ..	39,590	694	327	+367

**Maternal Deaths** .. Nil.

### Infant Deaths (under 1 year of age)

	Males	Females	Total
Legitimate .....	13	7	20
Illegitimate .....	—	—	—
Totals .....	13	7	20

### Infant Mortality Rate.

28.8 per 1,000 live births.

1954	1953	1952	1951	1950	1949	1948	1947
28.8	35.7	32.4	34	46	26	39	39

### Infant Deaths (under 4 weeks of age).

	Males	Females	Total
Legitimate .....	8	4	12
Illegitimate .....	—	—	—
Totals .....	8	4	12

Neonatal Death Rate .. 17.3 per 1,000 live births.



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

Diagnosis	Survival Period											
	Under 1 day		1—7 days		1—4 weeks		1—6 mths.		6—12 mths.		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Prematurity .....	2	—	—	—	—	—	—	—	—	—	2	—
(a) Atelectasis .....	3	1	—	—	—	—	—	—	—	—	3	1
(b) Prematurity .....	—	—	—	—	—	—	—	—	—	—	—	—
(a) Congenital haemolytic disease of new born ....	—	1	—	—	—	—	—	—	—	—	—	1
(b) Subdural haematoma and tentorial tear .....	—	—	—	—	—	—	—	—	—	—	—	—
(a) Asphyxia .....	1	—	—	—	—	—	—	—	—	—	1	—
(b) Atelectasis .....	—	—	—	—	—	—	—	—	—	—	—	—
(I) Patent foramen ovale ..	—	—	—	1	—	—	—	—	—	—	—	1
(a) Congenital heart disease	—	—	1	—	—	—	—	—	—	—	1	—
(b) Congenital heart failure	—	—	—	—	—	—	—	—	—	—	—	—
(a) Cerebral haemorrhage ..	—	—	1	—	—	—	—	—	—	—	1	—
(b) Haemorrhagic disease of newborn .....	—	—	—	—	—	—	—	—	—	—	—	—
(a) Suppurative pneumonia	—	—	—	—	—	—	—	—	—	—	—	—
(b) Operation for intestinal obstruction .....	—	—	—	—	—	1	—	—	—	—	—	1
(c) Fibrocystic disease of pancreas .....	—	—	—	—	—	—	—	—	—	—	—	—
(I) Acute haemorrhagic pneumonia .....	—	—	—	—	—	—	1	—	—	—	1	—
(a) Pyelonephritis and septicaemia .....	—	—	—	—	—	—	—	—	—	—	—	—
(b) Congenital hydro-nephrosis and hydro-ureter .....	—	—	—	—	—	—	1	—	—	—	1	—
(I) Bronchopneumonia ....	—	—	—	—	—	—	—	1	—	—	—	1
(I) Acute bronchitis .....	—	—	—	—	—	—	1	—	—	—	1	—
(a) Ileo-Ileal Intussusception .....	—	—	—	—	—	—	1	—	—	—	1	—
(b) Acute bronchitis .....	—	—	—	—	—	—	—	—	—	—	—	—
(I) Acute bronchitis following gastro-enteritis .....	—	—	—	—	—	—	—	1	—	—	—	1
(a) Bronchopneumonia ....	—	—	—	—	—	—	—	—	—	1	—	1
(b) Whooping Cough .....	—	—	—	—	—	—	—	—	—	—	—	—
(a) Cardiac failure .....	—	—	—	—	—	—	—	—	1	—	1	—
(b) Bronchopneumonia ....	—	—	—	—	—	—	—	—	—	—	—	—
(c) Acute gastroenteritis ..	—	—	—	—	—	—	—	—	—	—	—	—
Totals .....	6	2	2	1	—	1	4	2	1	1	13	7

# Comparative Birth and Death Rates per 1,000 population.

	Meriden Rural District	England and Wales (provisional)
<b>Births</b>		
Live Births ..	*17.17	15.2
Still Births ..	16.99(a)	24.0(a)
<b>Deaths</b>		
All causes .. ..	* 9.91	11.3
Infant Mortality ..	28.8(b)	25.5(b)
Neonatal mortality	17.3 (b)	

\* Using comparability factors (Births 0.98 and Deaths 1.20).

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

(b) per 1,000 live births.

## Cancer.

	Male	Female	Total
Total Deaths all Forms .. ..	42	24	66

Cancer Death Rate = 1.66 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	1954 only ..	1.7
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
1954	39,590	17	0.42	0.45 per 1,000 population
1953	38,220	16	0.42	
1952	37,790	14	0.37	
1951	37,950	9	0.23	
1950	36,990	14	0.37	



#### Average death rate for quinquennial periods.

1945-49	..	0.47 per 1,000 population
1940-44	..	0.77
1935-39	..	0.68
1930-34	..	—
1925-29	..	0.54
1920-24	..	—
1915-19	..	0.44

#### Suicides.

Suicides totalled 5 during the year compared with 3 last year, 2 in 1952 and 3 in 1951, giving a death rate of 12.6 per 100,000 population. The national average is roughly 10 per 100,000 population and it appears from the following table that the suicide rate in the district is beginning to rise again following a period of decline immediately after the cessation of the last war. Since 1929 there have been some 67 suicides, males accounting for 40 of them and females 27.

#### Suicides during quinquennial periods.

Period	Male	Female	Total	Death rate per 100,000 population
1929-1933	8	4	12	10.7
1934-1938	13	4	17	12.5
1939-1943	6	8	14	8.6
1944-1948	2	2	4	2.3
1949-1953	9	6	15	7.8
1954 only	2	3	5	12.6

During the period 1929-1939 approximately 70% of suicides were males but since then both sexes appear to have been equally involved.



## Population.

The Registrar General's estimate of the population of the district for the year is 39,590 which represents an increase of 1,370 over the 1953 figure of 38,220. Since 1942, when the population was 34,510, the excess of live births over deaths in the district is recorded as 4,230. Meriden is somewhat a dormitory to Birmingham and Coventry and it is significant that the relative increases in numbers of dwellings during the inter censal period 1931-1951 have been highest in the County. In the three areas Meriden, Solihull and Sutton Coldfield there is a noted tendency for members of the professional, technical and administrative classes to live in these areas and in Meriden the Social Classes I and II (professional and intermediate classes) are represented in the proportion 230 per 1,000 occupied or retired males, Social Class III (skilled occupations) as 500 per 1,000 occupied or retired males, Social Class IV (semi-skilled occupations) as 183 per 1,000 and Social Class V (unskilled occupations) as 87 per 1,000 (1951 Census). At the 1951 census it was shown that 8% of the population in the area was over 65 years of age, 7% of the male population surviving to this period compared with 9% of the female population. The total population over the 65 year mark is relatively lower in Meriden than in the neighbouring district of Sutton Coldfield (12% approximately) and lower than the average over the County of Warwickshire as a whole (approximately 10%). This does not mean that we have few or no problems concerning the aged, but it would appear that they are proportionately less obvious than in other parts of the County. A further increase in the population is to be anticipated over the next few years as housing development continues in those parishes within easy reach of Birmingham and Coventry.

## General Comment.

**Births.**—The year 1954 showed a slight increase in the birth rate when compared with the previous four years which had been characterised by a gradual fall from comparative high rates during the period 1945-1949. The comparative birth rate of 17.17 per 1,000 estimated population is higher than the provisional rate of 15.2 for England and Wales as a whole. The ratio of male to female live births during the year was 45 : 42 the illegitimacy rate being 31.7 per 1,000 live births which is considerably lower than the provisional rate of 46 per 1,000 live births for England and Wales as a whole. There were 12 stillbirths during the year, giving a rate of 16.99 per 1,000 total births which is not only lower than the provisional rate of 24 for England and Wales but is the lowest rate recorded over the past eight years under review. Seven of these 12 stillbirths were of premature infants (4 male, 3 female) whilst in addition 39 live premature births were recorded. This gives an incidence of prematurity of 6.5% compared with 6.3% in the previous year. The following table shows the distribution of premature births according to the place of confinement.



	Premature Live Births	Premature Still Births
Domiciliary ..	8	1
Hospital ..	31	6
Nursing Homes	—	—
Total ..	39	7

The higher incidence of premature births in hospital is not only due to the fact that more abnormal pregnancies are dealt with there but also to the fact that 58% of all expectant mothers were delivered in hospital compared with 39% in their own homes. The remaining 3% were delivered in various nursing homes. Of those infants born in their own homes 81% were delivered by District Nurses/Midwives whilst the remaining 19% were delivered by the family doctor, the District Nurse/Midwife attending as a Maternity Nurse.

**Deaths.**—The comparative death rate in this area continues to be much lower than that experienced over England and Wales as a whole and the crude death rate for the year of 8.26 per 1,000 population is the lowest rate recorded for at least thirteen years for which comparative figures are readily available. The total number of deaths at all ages recorded during the year was 327 in the proportion 5 males to 4 females. 36% of deaths occurred in persons over the age of 75 years (49 males, 70 females) and it is interesting to note that nowadays, even at a ripe old age, one dies at least from something or other for only 4 of 73 deaths over the age of 80 years (25 males, 48 females) were attributed solely to senile decay. The major causes of death from all causes show no variation from previous years, being heart disease, cancer and vascular diseases of the nervous system in that order.

Heart diseases accounted for 22% of the total deaths during the year and coronary disease for approximately 9%, when males were affected more than females in the ratio 2 : 1. Coronary disease is often cited as a direct result of the stresses and strains of modern civilisation, but more recent studies of this problem suggest that diet may play an equally if not more important role. The middle-aged professional man is frequently regarded as a typical type of sufferer from disease of the coronary arteries but the following table shows that no fewer than 63% of these deaths occurred between the ages of 65 years and 85 years, 51% between the ages of 70 years and 85 years whilst only 4 deaths (12%) due to coronary disease occurred before the age of 55 years.



### Coronary disease.

Age at Death	Male	Female	Total
35-40 years	2	—	2
40-50 „	—	—	—
50-55 „	1	1	2
55-60 „	4	—	4
60-65 „	2	2	4
65-70 „	3	1	4
70-75 „	6	1	7
75-85 „	5	5	10
Totals ..	23	10	33

The death rate from cancer continues to average around 1.7 per 1,000 population compared with an average of 1.3 per 1,000 recorded during the period 1915-1941. Approximately 20% of deaths in the district are attributable to malignant disease and the ratio of males to females affected at death during the year was 7 : 4. Of the deaths due to cancer of the lung or bronchus, males outnumbered females in the proportion of 5 : 1 over the past five years, when 39 male deaths were recorded compared with 8 female deaths during this period. Non-smokers may regard this as significant assuming that men are, as a rule heavier smokers than women.

For the third year in succession no maternal death was reported, some 2,524 births being notified during this same period. It is also gratifying to note that the infant mortality rate of 28.8 per 1,000 live births is the second lowest rate during the past eight years but is still higher than the provisional rate of 25.5 per 1,000 recorded in England and Wales as a whole. It is worth recalling that as recently as 1940 the rate over England and Wales as a whole was around 55 per 1,000 live births and that this has now been halved. Approximately two-thirds of infant deaths occur in the neonatal period (i.e. the first 4 weeks following birth) for the neonatal death rate is less responsive to the application of measures designed to reduce the risk of infection or malnutrition. Of the 20 infant deaths recorded during the year, 12 occurred during this neonatal period and of these latter deaths half were of premature infants and the remainder had some congenital defect either as a primary or an associated cause of death. It is obvious, therefore,



that if a reduction is to be effected in the deaths during this neonatal period, further research is necessary into the causes of prematurity and congenital deformities. Of the remaining eight infants who died between the ages of 1-12 months, all but one were suffering from varying degrees of respiratory infection, the odd case being one of congenital abnormality.

Deaths from infectious diseases were confined to tuberculosis (of which there were 5), influenza (2), and whooping cough (3 deaths). Reference will be made to this in the Section dealing with Infectious Diseases.

There were 17 deaths of certified mental defectives (10 male and 7 female) all being inmates of local institutions. 9 deaths (i.e. just over 50% of the total deaths) were attributed to respiratory infections, either as the primary or as an associated cause of death and occurred before the age of 35 years. Such persons are notoriously susceptible to respiratory infections and an outbreak of whooping cough during the year in one of these institutions resulted in two deaths amongst the inmates.

Deaths from violent causes totalled 17, one more than last year and 9 were as a result of motor traffic accidents. 6 of these 9 deaths it will be noted from the following table, which gives some indication of the circumstances which gave rise to these fatalities, were of persons not more than 30 years of age and motor cyclists and bicyclists accounted for all but 2 of them. The only pedestrians involved in fatal road accidents were the youngest and oldest persons in the group. The remaining deaths due to violent causes totalled 8, all but three of these deaths being of aged persons who had suffered fatal injuries from falls. The need for advice in houses occupied by aged persons in order to avoid risks of accidents is obvious, but as all these cases range around the 80 years and over mark when fractures result from trivial falls relatively easily, it is difficult to argue that these were all preventable deaths in the strictest sense of the word.

### Deaths due to Motor Vehicle Accidents.

Sex	Age in years	Type of accident
F	6	Pedestrian knocked down by motor van.
F	13	Pedal cyclist struck by overtaking motor car.
M	22	Motorcyclist in collision with motor car.
M	25	Motorcyclist fell from motor cycle.
M	25	Passenger in motor car in collision with motor lorry.
M	30	Motorcyclist in collision with motor van and car.
F	53	Driver of motor car in collision with electric light standard.
M	62	Pedestrian run over by unknown vehicle.
M	67	Pedestrian knocked down by lorry at night.

### Deaths due to Other Accidents.

Sex	Age in years	Type of Accident
F	46	Asphyxia due to impaction of food in air passages being a mental defective.
F	58	Inhibition due to electric shock whilst sleeping on electric blanket.
M	79	Fractured ribs and spine following a fall.
F	79	Fractured leg following a fall down some steps.
F	80	Shock following an operation for total removal of stomach for cancer.
F	81	High blood pressure and cancer patient who fell out of bed.
F	81	Fractured leg following a fall at home.
F	89	Fractured leg following a fall at home.

### National Assistance Act, 1948.

I found no occasion during the year which necessitated any statutory action on my part to ensure the removal to hospital or residential home of aged or chronic sick persons not having adequate care and attention at home. A number of such persons were brought to my attention but in every instance the patients were willing to accept the advice given to them.



### **Tile Hill Hostel.**

In April, 1952 discussions were opened between officials of the Warwickshire County and Coventry City Councils with a view to providing an Infant Welfare Clinic on this camp which had at that time some 731 residents. 168 families made up these 731 residents of whom 381 were children of school age or under (256 under the age of 5 years).

The conditions in this camp were previously described by one Medical Officer as "neglected, depressing and unhealthy" and they gradually worsened as time went by. The Clinic was opened in April 1953 and closed one year later as rehousing of the occupants of this camp progressed. At the time of writing this report only 11 families remain and demolition of the camp is under way. There was more than a fair sprinkling of problem families on this camp and training in the home was handicapped because of the lack of facilities (e.g. baths and readily available hot water supplies). Nevertheless, in addition to weekly Infant Welfare Sessions held at this Clinic, a Midwives' Antenatal Clinic, a weekly Sunday School, Keep Fit Classes (evening sessions) and Mothers' Meetings (evening sessions) were all organised by the Health Visitor (Miss Humphries) and the District Nurse/Midwife (Mrs. Fitzgerald). In addition there were Christmas parties for mothers and infants. At the mothers' meetings general health talks, handicraft instruction (including knitting and sewing) and mothercraft talks were given by the Health Visitor and a number of mothers learned to knit at these sessions and made garments for their children. Cast off clothing was collected and sold at jumble sales in the Clinic for nominal sums rather than given away to the families, the funds being used to defray costs of organising the Christmas parties and other activities (e.g. Social Group meetings when mothers were invited to the Clinic or elsewhere in the evening for refreshment and discussion, etc.).

Almost all the infants seen at this camp suffered from chronic nasal discharges which proved virtually impossible to eradicate. Respiratory infections and gastro-enteritis were common. Of the 50 notified admissions of children to hospital during 1952-54 from this camp, 33 (66%) were of infants not more than 1 year of age and the commonest complaint was gastro-enteritis. During 1954 an outbreak of impetigo and scabies occurred in the camp, some of the children being covered from scalp to toe with lesions. A treatment centre was immediately organised at the Clinic, the impetigo being treated with gentian violet paint in order to "label" the affected persons in the camp and the scabies with Benzyl Benzoate emulsion. In all some 21 pre-school age children and 11 school children were affected in the camp, the total number of treatments given being 155. The following tables show the infectious diseases notified, admissions to hospital and deaths on this camp during the period 1952-53-54.

# **Tile Hill Hostel.**

## **Notifications of Infectious Diseases.**

Diagnosis	1952			1953			1954		
	M	F	Total	M	F	Total	M	F	Total
Measles.....	19	15	34	6	3	9	8	12	20
Whooping Cough	1	—	1	5	—	5	—	1	1
Pneumonia .....	—	4	4	1	1	2	—	—	—
Scarlet Fever ....	1	—	1	—	2	2	—	—	—
Dysentery .....	—	—	—	2	—	2	—	—	—
Meningococcal Infection .....	—	—	—	—	—	—	—	1	1
Food Poisoning ..	—	—	—	—	—	—	1	—	1
Totals ....	21	19	40	14	6	20	9	14	23

# **Tile Hill Hostel.**

## **Deaths from all causes. (\*refers to infant deaths).**

Diagnosis	1952			1953			1954		
	M	F	Total	M	F	Total	M	F	Total
Bronchopneumonia	—	1	1	1*	1*	2*	—	—	—
Gastro Enteritis ..	—	—	—	—	—	—	—	1*	1*
Intussusception ..	—	—	—	—	—	—	1*	—	1*
Birth Injury ....	—	1*	1*	—	—	—	—	—	—
Cancer of oesophagus ....	—	—	—	1	—	1	—	—	—
Pontine haemorrhage and mitral stenosis .....	—	1	1	—	—	—	—	—	—
Totals ....	—	3	3	2	1	3	1	1	2



# **Tile Hill Hostel.**

**Notified Admissions to Hospital.** (Figures in parenthesis refer to persons over the age of 15 years).

Diagnosis	1952			1953			1954		
	M	F	Total	M	F	Total	M	F	Total
Measles (including those associated with pneumonia, etc.) .....	1	—	1	3	1	4	—	1	1
German Measles..	—	—	—	—	—	—	—	1	1
Whooping Cough	1	—	1	4	—	4	—	1	1
Pneumonia .....	—	4(1)	4(1)	2	2	4	1	—	1
Acute Bronchitis..	—	—	—	1	—	1	—	1	1
Scarlet Fever ....	1	—	1	—	1	1	—	—	—
Meningococcal Infection .....	—	—	—	—	—	—	—	1	1
Gastro enteritis ..	3	—	3	7	—	7	4	3	7
Dysentery (Sonne)	—	—	—	2	—	2	—	—	—
Cervical adenitis	—	1	1	—	—	—	—	1	1
Convulsions ....	1	—	1	—	—	—	—	—	—
Purpura .....	—	—	—	—	—	—	1	—	1
Urinary infection	—	—	—	—	—	—	—	1(1)	1(1)
Pyrexia of unknown origin .....	—	—	—	—	1	1	—	—	—
Observation .....	—	—	—	—	1(1)	1(1)	—	—	—
Totals ....	7	5(1)	12(1)	19	6(1)	25(1)	6	10(1)	16(1)

# SECTION B.

## PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Total number of cases of Infectious Diseases notified during the year 1954.

Notifiable Disease	Number of Cases Notified. (Comparative figures for 1953 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 .....	155 (467)	3	66	75	8	3	—	—	1	—
Whooping Cough ....	173 (266)	11	63	94	2	3	—	—	4	3
Diphtheria .....	— (—)	—	—	—	—	—	—	—	—	—
Erysipelas .....	3 (1)	—	—	—	—	1	2	—	1	—
Scarlet Fever .....	20 (30)	—	5	12	1	1	—	1	5	—
Enteric Fever .....	— (—)	—	—	—	—	—	—	—	—	—
Pneumonia .....	22 (30)	—	—	1	3	10	6	2	1	11
Malaria .....	— (—)	—	—	—	—	—	—	—	—	—
Dysentery .....	8 (21)	—	3	3	1	1	—	—	3	—
Puerperal Pyrexia ....	97 (95)	—	—	—	52	45	—	—	93	—
Meningococcal Infection .....	1 (1)	1	—	—	—	—	—	—	1	—
Acute Poliomyelitis : Paralytic .....	— (3)	—	—	—	—	—	—	—	—	—
Non-paralytic ....	— (3)	—	—	—	—	—	—	—	—	—
Acute Infective Encephalitis ....	— (—)	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica .....	— (—)	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ....	14 (1)	14	—	—	—	—	—	—	12	—
Pulmonary Tuberculosis .....	34 (23)	1	1	4	5	14	6	3	19	5
Other forms of Tuberculosis .....	11 (9)	—	3	4	—	3	—	1	7	—
Food Poisoning ....	19 (8)	—	4	4	2	8	1	—	1	—
Totals .....	557 (958)	30	145	197	74	89	15	7	148	19



### **General Comment.**

The statistics for the year 1954 show a fall in the total number of notifications of infectious diseases when compared with the previous year (557 in 1954 compared with 958 in 1953). This was due almost entirely to the reduced incidence of measles and whooping cough. Apart from this no epidemics of infectious disease were notified although towards the latter end of the year the influenza virus appeared in the district and affected practically all areas to some degree or another. Deaths from infectious disease were confined to whooping cough, influenza, pneumonia and tuberculosis and there were no cases of poliomyelitis or diphtheria.

### **Measles.**

The drop in the number of cases of measles during the year might fairly have been prophesied for this disease tends to occur in biennial cycles and during the period 1952 and 1953 there were some 1,066 cases notified. However this disease is becoming less regular in its cyclic pattern and the year 1954 had the lowest total of recorded cases during the past six years. The development and growth of the district with its resulting re-housing of numbers of young and active workers with young children may affect this pattern of disease in the community for new susceptible children are being moved into affected areas, so keeping the disease smouldering. At the moment treatment with sulpha drugs or antibiotics reduces the inherent dangers of this disease but it is nevertheless a grave risk to young infants. At the present time it is reported that an American worker has successfully isolated the responsible virus and transmitted the infection artificially to monkeys. This offers great hope for the future for not until this stage is reached is it possible to tackle the problem of producing suitable vaccines which can be given to prevent the disease.

### **Whooping Cough.**

173 cases were notified during the year compared with 266 during the previous year. The lowest recorded number of cases during the last six years was in 1952 when 111 cases occurred and the highest total was that recorded in 1953. Immunisation against this disease has been available in the district during the past two years and is best given in the early months of infancy when the mortality rate is at its highest. An outbreak of whooping cough occurred amongst the inmates of a local institution for mental defectives and resulted in two of the three deaths recorded in the area. In all some 32 cases were notified from this hospital and all were children aged 15 years or under. The other death from whooping cough was that of a child under the age of 1 year who developed bronchopneumonia.

### **Diphtheria.**

There were no notifications of diphtheria during the year, the last case being reported in 1949. This is entirely due to immunisation and its success should not be misinterpreted as grounds for its



abandonment now that diphtheria is being controlled. It is imperative that immunisation of the child population should continue, for the susceptible population is being increased as a result of the diminution in cases of the disease which otherwise would have given a proportion of the population an acquired immunity following subclinical infection. The following table shows the total number of immunisations carried out during 1954 (including refresher or "booster" doses) either by Medical Officers employed by the Warwickshire County Council for duties in Child Welfare Centres and Schools or by the family doctor. These figures show that 54% of the primary immunisations were carried out during the 1st year of infancy, 25% between the ages of 1 and 3 years, whilst 12% were delayed until the children attended school. At a rough estimate approximately 51% of infants born in the area are immunised before the age of 1 year.

**Table showing Number of Children Immunised during 1954.**

	Age at date of injection							Total
	Under 1	1	2	3	4	5-9	10-14	
Primary .....	355	117	50	22	27	77	4	652
Reinforcing ....	—	—	—	—	35	517	132	684
Totals ..	355	117	50	22	62	594	136	1336

### **Smallpox.**

There were no cases of smallpox reported during the year nor was it necessary to keep any contacts from abroad or elsewhere under surveillance. The total number of vaccinations carried out during the year is given in the following table. This compares with 246 primary vaccinations under 1 year of age during 1953 and 242 during 1952. The total number of live births during 1954 was 694 so that a rough and ready estimate of the infant population vaccinated during the year under the age of 1 year would be about 45%. This is a slightly better figure than in previous years.

	Age at date of vaccination					Total
	Under 1	1	2-4	5-14	15 or over	
Vaccinated .....	313	18	15	8	11	365
Re-Vaccinated ....	—	—	3	2	42	47
Totals ....	313	18	18	10	53	412

### **Scarlet Fever and Erysipelas.**

There was a drop in the number of cases of scarlet fever notified during the year (20 compared with 30 in 1953 and 52 in 1952). This disease is now relatively mild and complications less



common. Removal of the case to hospital is rarely necessary or advisable except in special circumstances. During the year 5 out of the 20 notified cases were transferred to Isolation Hospital for varying reasons. Owing to the mild nature of the disease, which appears to be a phase in these organisms' life cycle, many cases are not reported either because the rash was transient or other signs which make up the diagnosis were not obvious. The streptococcus responsible for this complaint is pretty active in the community producing a variety of signs and symptoms (e.g. sore throats), which, because no rash is produced, are not notifiable. 3 cases of erysipelas occurred amongst adults compared with 1 during 1953.

#### **Puerperal Pyrexia.**

All but 4 of the 97 cases of puerperal pyrexia during the year were notified from Marston Green Maternity Hospital, the remainder being reported by general practitioners attending confinements in their patients' own homes. The significance of this return during the year is lost because no cause of the pyrexia was given, but as a result of a change in the standard form of notification this situation should be rectified in the coming year. Sepsis following childbirth is no longer the major risk to expectant mothers.

#### **Acute Anterior Poliomyelitis.**

There were no cases of anterior poliomyelitis in the district during 1954 compared with 6 in the previous year. This disease crops up periodically where least expected and the longer the year goes by without any case the better, although cases do occur occasionally during the colder months of the year. It is not fully appreciated that the majority of persons affected recover without any permanent disability and the arrival of hot sunny periods is nearly always associated with apprehension by a proportion of the population who are aware of the rise in incidence during the warmer weather. The measures likely to be of benefit in any outbreak are designed more to minimise the risk of paralysis than to limit the spread for theoretically isolation of family contacts should be of value but in practice has not produced any encouraging result. However, prompt quarantine of school-aged contacts and under is necessary, but adult contacts unless their occupations involve food handling or unnecessary and close contact with children, are usually not restricted from carrying out their normal duties. However, one authority at least in this country is carrying out an experiment to determine the value of rigid isolation of all family contacts in the home, the local authority making up any wage losses incurred by the families involved.

#### **Food Poisoning and Dysentery.**

There was a drop in the number of notifications of dysentery during the year (8 compared with 21 in 1953). All were sporadic cases the shortest period between each notified case being 5 weeks, so that one may quite safely presume that more cases of dysentery were occurring in the area than were detected or notified. 6 out



of the 8 cases were of children under the age of 8 years and the need for a strict standard of personal hygiene is imperative if any material reduction is to be made in the incidence of bowel infections. To offset this rather false picture of a reduced incidence of dysentery, we have a rise in the number of notifications of food poisoning (19 during 1954 compared with 8 in 1953). 6 cases were notified from Keresley (2 of whom were members of the same family) and 8 were notified from Coleshill (7 of whom were members of one family). The family outbreak in Coleshill was a gradual spread by cross infection, first one member of the family falling ill then the next. The causative organism was the *Salmonella typhimurium* and one symptomless carrier was discovered in the family who had previously been employed emptying cesspits and bucket closets in the area. The other case at Coleshill was an isolated case of *Salmonella typhimurium* infection, the source of infection on investigation shown to be outside the area having no direct relationship with the Coleshill outbreak which occurred some six months later. One case of *Salmonella Minnesota* infection, which is not by any means common, was discovered in the district but the origin and source of infection could not be shown, for the case was not diagnosed as such until some six weeks had elapsed following the first onset of symptoms. The history obtained suggested infection at a reception outside this County when a number of the people attending developed diarrhoea soon afterwards. This information was given to the Medical Officer of Health for the area involved but because of the delay in diagnosis it was not possible for him to identify and examine the persons who prepared the meal for the particular catering firm involved. All the remaining 12 cases were sporadic and isolated cases of transient diarrhoea, no organisms being discovered which would account for the symptoms. The need for strict observance of the simplest of all hygienic rules, handwashing after going to the lavatory, cannot be repeated too often.

### **Ophthalmia Neonatorum.**

14 cases of eye infection following birth were notified during the year all but 4 being cases notified by Marston Green Maternity Hospital where, it should be explained, notification of all infections of mothers and infants is diligently observed. To argue from these returns that this type of infection is common to infants born in hospital, as opposed to those born at home, is dangerous for there appears to be a decreasing tendency to notify trivial infections which readily respond to modern treatments.

### **Meningococcal Infection.**

One case of meningococcal meningitis was diagnosed in November of 1954 and I am more than a little amazed at the fact that no further spread occurred, for the environment was such that further cases appeared likely. The patient was an infant aged 7 months who lived in Tile Hill Hostel in the centre of a large ill-ventilated hut housing a number of families all with young



children. As it was impossible to adequately isolate the contacts who intermingled amongst themselves, they were kept under supervision, no other cases occurring although cases of measles were diagnosed during the same period. The possibility of an encephalitis or meningitis associated with this virus infection was ruled out by laboratory tests carried out at the Isolation Hospital.

### **Tuberculosis.**

During the year there were 34 fresh notifications of pulmonary tuberculosis and 11 cases of non-pulmonary tuberculosis; a rise of 11 and 2 respectively over the previous year's total. In association with 30 persons previously notified who moved into this area during the year the total number of cases on the register has risen to 198 cases of pulmonary tuberculosis (167 in 1953) and 48 cases of non-pulmonary tuberculosis (41 in 1953). The increase in the number of freshly diagnosed cases follows the inauguration of a Chest Clinic in the area. This is situated on the first floor of the Area Health Office and the Chest Physician, Dr. Zundel, also attends clinics at Nuneaton and Coventry in order to examine patients and contacts from the District who find it more convenient to travel to these Clinics. The Clinic is equipped with modern X-ray diagnostic apparatus and a part-time radiographer attends at each weekly session. Unfortunately the radiographer resigned on leaving the area but a kindly and temporary arrangement whereby the radiographer from St. Gerard's Hospital attends weekly until a further permanent appointment can be made has resulted in the Clinic developing fully without handicap. The Clinic officially opened on 6th April, 1954 and 39 sessions were held. The following table shows the number of cases of tuberculosis attending the clinic whilst in addition some 126 non-tubercular patients attended for examination.

### **Cases attending Coleshill Chest Clinic at 31st December, 1954 :—**

	Men	Women	Children	Totals
Pulmonary	37	41	7	85
Non-pulmonary	2	4	6	12
Totals ..	39	45	13	97

Attendances are increasing as time goes on and B.C.G. Vaccination Sessions were intended to be held as the organisation improved. (In fact the B.C.G. Vaccination Clinic was finally opened in February, 1955).

As development increases in the Coleshill, Castle Bromwich and Water Orton areas, the value of this Clinic will be fully appreciated for it is a matter of some concern that roughly 47% of all notified cases of tuberculosis in the whole of the Meriden Rural



District live in these parishes. Although I cannot give any accurate and comparable estimate of the population in these parishes because of the constant and rapid development going on there I would estimate the population distribution to be somewhat less than this percentage. Re-housing of tuberculous persons has more or less been confined to Kingshurst Hall Estate where the bulk of houses were built in the district, whilst in addition, of the 30 tuberculous persons who moved into the rural district, 22 came to live in this locality of whom 19 were previously residents of Birmingham.

The need for careful supervision and contact examination of these families in this locality is essential if we are to avoid further spread of infection as a result of concentrating cases in one area.

The following table shows the sex incidence and age groups of new cases notified during the year, the majority of cases being in the 15-35 year age group. The death rate continues to remain low, 5 deaths being recorded during the year giving a death rate of 0.12 per 1,000 population.

#### 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	..	1	—	1	2	—	—	—	—
5	..	3	1	1	3	1	—	—	—
15	..	3	2	—	—	—	—	—	—
25	..	4	4	3	—	1	—	—	—
35	..	4	2	—	—	—	1	—	—
45	..	1	2	—	—	—	—	—	—
55	..	2	1	—	1	1	1	—	—
65 and upwards	..	2	1	—	—	—	—	—	—
Totals	..	21	13	5	6	3	2	—	—

Those cases of non-pulmonary tuberculosis due to infection with the bovine strain of the bacillus should gradually decline for later in the year the area was designated a specified area, all milk having to be either tuberculin tested, pasteurised, or sterilised prior to retail sale. The milk supply of each notified case of non-pulmonary tuberculosis is investigated by the County Sanitary Inspector and during the year it was possible to show from these and other investigations that of the 11 new cases of non-pulmonary tuberculosis notified during the year, 5 were probably as a result



of drinking infected milk, 3 from contact with a human case and in 3 the source of infection was not found. The following table shows the number of cases of infected milk supplies during the year 1954 in the Meriden Rural District investigated by the County Health Department.

**Tuberculous Milk Investigations—Routine Milk Samples for Biological Examination during the year 1954.**

Designation of Milk	Total No. of Samples	No. Positive
Pasteurised .....	4	Nil
Tuberculin Tested (Pasteurised) .....	4	Nil
Tuberculin Tested .....	7	Nil
Accredited and Non-designated .....	24	2

**Results of Investigations of Tubercle Infected Milk Supplies during the year 1954.**

No. of :—	Cases found on routine sampling in the County	Cases reported by neighbouring County Authorities
1. Investigations .....	2	6
2. Cows examined .....	27	133
3. Milk samples for diagnostic purposes .....	14	30
4. Cows slaughtered under Tuberculosis order .....	1	7
5. Cows removed from herds during investigations that may have been infected.	4	—

The next table gives the total number of tuberculous patients remaining on the register at the end of the year.

**Total Cases of Tuberculosis remaining on Register.**

	Pulmonary		Non-Pulmonary	
	M	F	M	F
1. Total on register at 31st December, 1953 .....	87	80	20	21
2. New Cases .....	21	13	5	6
3. Inward Transfers .....	14	14	1	1
4. Removals .....	16	15	2	4
5. Total on register at 31st December, 1954 .....	106	92	24	24



## **Influenza.**

In December 1954 a general practitioner in Coleshill reported that he was seeing more than the average cases of "flu" in his practice, all ages being involved, although children appeared to be the prime sufferers. The symptoms included pyrexia (sometimes a high fever), headache, general aches and pains, and irritant cough, the whole lasting roughly 4-5 days. In contrast there were also other children suffering from "winter vomiting disease," a virus infection commonly affecting younger age groups and characterised by little or no pyrexia associated with nausea, vomiting and perhaps diarrhoea and dizziness.

An investigation of the prevalence of these diseases was made and blood specimens confirmed the diagnosis of Influenza B infection. A similar prevalence had been apparent in the N.E. areas of Birmingham, notably in Erdington, and had presumably spread into Castle Bromwich, Coleshill and Water Orton areas. From here it gradually spread out into the District but not with the same intensity fortunately and gradually died out over the Christmas holiday period, although odd cases were being seen in early 1955, e.g. Water Orton appeared to have been severely affected, some 48% of children being absent at the end of the Christmas term 1954 with symptoms of influenza. Unfortunately there were 2 deaths recorded, the first being an infant aged 7 months and the other a 22 year old girl.

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## **Report of the Chief Sanitary Inspector**

I submit my report on the work of the department for the year ended the 31st December, 1954.

An event which had far-reaching effects on the work of the department, and which calls for special comment, was the return of private slaughtering in July 1954. The Council took full advantage of their statutory duty to ensure that slaughtering arrangements were adequate, and encouraged applications for the licensing of pre-war licensed slaughterhouses wherever possible. It therefore became necessary to organise a meat inspection service on a considerable scale, a difficult task when the sanitary inspectors were already fully employed. It was done, and 100% inspection has since been maintained, by seriously curtailing activities in other directions. Details of the work involved are given under the heading Meat and Food Inspection.

It was agreed at the outset that the new arrangements should operate for a trial period of twelve months before considering whether extra staff should be engaged, but long before the end of



1954 it was clear that meat inspection alone was taking more than the equivalent full time of one inspector. It also involves considerable extra travelling, thus still further reducing the Inspectors' effective working time. The very short notice of intention to slaughter which the Meat Regulations provide, and the uncertainties of the trade, combine to cause the maximum interference with other work of the department. Duties outside normal office hours have now to be undertaken regularly and, so far as can be seen, permanently, and the whole position at the time of reporting is very unsatisfactory.

R. HAINES,  
*Chief Sanitary Inspector.*

## INSPECTIONS

Inspections and visits made during the year numbered 8,454 and were classified as follows :

Housing .....	790
Overcrowding .....	124
Nuisances .....	2528
Air Pollution .....	236
Food Premises .....	136
Food Stalls and vehicles .....	25
Food examination (including meat inspection) ..	1262
Bakehouses .....	9
Dairies .....	28
Slaughterhouses (other than for Meat Inspection)	117
Water Supplies .....	329
Camping sites and moveable dwellings .....	445
Factories .....	65
Shops .....	41
Infectious diseases .....	78
Rodent infestation .....	1873
Insect infestation .....	35
Miscellaneous .....	333
	<hr/>
	8454
	<hr/>

Complaints received during the year totalled 738 compared with 913 for the year 1953.

## Nuisances.

The following nuisances were reported and dealt with :

Accumulations of refuse .....	16
Animals so kept .....	2
Cesspools overflowing .....	46
Closets defective and insanitary .....	50
Drains choked and defective .....	84
Dustbins defective or absent .....	181
Foul ditches.....	20
Smoke, dust and effluvia .....	4
Verminous and filthy premises .....	2

Housing defects :

Dampness .....	41
Defective walls .....	24
,, roofs .....	18
,, chimneys.....	11
,, windows and doors .....	25
,, rainwater gutters and pipes .....	27
,, wall and ceiling plaster .....	61
,, floors .....	17
,, firegrates.....	9
,, paving .....	2
,, washing boilers .....	2
Unsatisfactory water supplies .....	14
Miscellaneous .....	18

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Housing defects were mostly dealt with informally as nuisances, but it was necessary to serve formal abatement notices in 23 cases. Delay was again experienced in securing the completion of work, due to continued 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 ..	1
47	Conversion of closet to water closet.	1
37 and 39	Defective drainage .....	6
138 (as amended)	Absence of water supply in pipes ...	7
75	Dustbins defective or absent .....	26



Twenty-seven pail closets were converted to water closets during the year, and grants approved for conversions totalled approximately £370.

Reference was made in the 1953 report to doubts having been cast on the Council's legal right to make contributions where conversion works are carried out voluntarily at premises which are drained to cesspools, in the absence of a sewer. The Ministry of Housing and Local Government, who were consulted towards the end of 1953, have since expressed the opinion that there can be no objection to the practice.

The Council's policy of paying half-cost grants under section 47 of the Public Health Act, 1936, to encourage owners to get rid of obsolete closets, is based on the sound theory that every pail closet converted is one less for the scavenging department to attend to. There has however been no significant reduction in the total number of pail closets, mainly because many fresh ones have been discovered due to new demands for the scavenging service.

The recent conversion of three pail closets at Castle Bromwich to water closets makes this parish, so far as is known, the first in the Rural District to be entirely served with the water carriage system.

It was not possible to give full attention to the duty of ensuring that premises are provided with proper dustbins. The doubtful expedient of sending informal requests to owners or occupiers, based only on the unchecked reports of dustmen, brought the expected crop of indignant denials and demands for apologies. Twenty-six cases were reported to the Public Health Committee for decisions as to responsibility for providing dustbins, and as a result, formal notices were served on 6 owners and 20 occupiers. One of the owners, a limited company having a good deal of property in the area, appealed to the local magistrates' court, and was represented by a barrister. After a lengthy hearing the appeal was dismissed, and the owner provided a dustbin after some further delay. The total cost of securing the provision of the dustbin, including legal and administrative expenses, has not yet been calculated.

The nuisance from a burning spoil-bank at Arley Colliery which has required the department's attention for a considerable time, had been reduced to a minimum by the end of the year.

Two rag and bone dealers from Birmingham were observed in Coleshill to give toy balloons to children in exchange for rags. Warning letters were sent to the men concerned, and from the apologetic replies received it was evident that they had given correct names and addresses. This class of trade is becoming more prevalent in the parishes nearer to Birmingham. The people involved are often difficult to trace, and it would be an advantage if they were obliged to display their names and addresses on their vehicles.



## HOUSING

New Council houses completed numbered 185, compared with 192 in 1953. They included 15 which were the balance of a special scheme of 50 houses, begun the previous year for scientific workers from a Coventry factory. There were still 791 "live" applications for Council houses at the end of 1954, about the same as a year previously, despite the letting of 170 new houses, (excluding the 15 priority houses referred to above), and a further 64 casual vacancies. The figure of current applications is however based on a review carried out at the end of 1953, and the next revision is likely to show a further reduction.

By December 1954, a general easing of the housing situation could be observed, by a marked lessening of the degree of need in individual cases. There was also a perceptible increase in the number of people leaving Council houses, which has since been maintained, indicating greater freedom of movement as tenancies generally become easier to obtain. Whilst the local housing problem is by no means solved, the present position does enable the Council to pay greater attention to people living in insanitary houses, without undue detriment to other waiting applicants whose needs are often much less acute. Thus a slum clearance programme will now be a practicable proposition, once time can be found for the necessary inspections and administrative work.

The total number of unfit houses requiring replacement was given as 618 at the end of 1953. This was based on the original housing survey of 1945-6, when the whole of the houses in the district were classified according to fitness for habitation. The standard then applied was laid down by the Warwickshire Rural Housing Advisory Committee, and adopted by the Council in 1945. This standard, although practical and realistic, has now been superseded by Section 9 of the Housing Repairs and Rents Act, 1954, which provides a much lower standard of fitness. A fresh slum clearance programme, required by Section 1 of the Act, was in course of preparation at the end of the year, and whilst no final figures were then available, it was apparent that the total number of unfit houses would be less than 300. Thus, at least one-half of the local slum clearance problem had been solved overnight, by the simple expedient of so reducing the legal standard that many houses which were intrinsically worn out became only moderately unfit and repairable.

Further progress was made with the removal of squatters' huts and only 3 remained occupied at the end of the year.

Action taken with regard to unfit houses is given statistically in the following table :—

### 1. Inspection of dwelling-houses during the year.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) .....	113
(b) Number of inspections made for the purpose	267



(2) (a) Number of dwelling-houses (included under sub-heading (1) above which were inspected and recorded under the Housing Consolidated Regulations .....	35
(b) Number of inspections made for the purpose .....	44
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.....	31
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation .....	82
 <b>2. Remedy of defects during the year without service of formal notices.</b>	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers .....	51
 <b>3. Action under statutory powers during the year.</b>	
<b>A. Proceedings under sections 9, 10 and 16 of the Housing Act, 1936.</b>	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs.....	2
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) by owners .....	0
(b) by Local Authority in default of owners ....	0
<b>B. Proceedings under Public Health Acts.</b>	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .....	23
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) by owners .....	8
(b) by Local Authority in default of owners .....	0
<b>C. Proceedings under sections 11 and 13 of the Housing Act, 1936.</b>	
(1) Number of dwelling-houses in respect of which Demolition Orders were made .....	25
(2) Number of dwelling-houses demolished in pursuance of demolition orders .....	13

**D. Proceedings under section 25 of the Housing Act, 1936.**

Number of new Clearance Orders made .....	0
Number of houses demolished in pursuance of Clearance Orders .....	0

**E. Proceedings under section 12 of the Housing Act, 1936 and section 10 (1) of the Local Government (Miscellaneous Provisions) Act, 1953.**

Number of Closing Orders made .....	2
Number of Closing Orders determined after property has been rendered fit .....	1

**Overcrowding. (Housing Act, 1936, part IV).**

Although the cases on the housing list are all inadequately housed in varying degree, the amount of overcrowding as measured by the legal standard is relatively small. Cases of "permitted number" overcrowding are usually given a good deal of preference in re-housing, with of course due regard to the circumstances in which they arise. The present position, and progress made during the year, is given in the following table :—

(a) (i) Number of houses overcrowded at the end of the year .....	5
(ii) Number of families dwelling therein ....	10
(iii) Number of persons dwelling therein.....	46
(b) Number of new cases of overcrowding reported during the year .....	1
(c) (i) Number of cases of overcrowding relieved during the year .....	10
(ii) Number of persons concerned in such cases	42
(d) Cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding .....	0



## WATER SUPPLIES

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

	Satisfactory	Unsatisfactory	Totally Unfit	Total
Old Wells . . . .	15	34	6	55
New Wells . .	8	8	—	16
Springs . . . . .	2	3	—	5
Mains . . . . .	3	—	—	3
	28	45	6	79

In addition 4 samples from wells were submitted for chemical analysis, 2 being reported satisfactory and 2 unsatisfactory.

Unsatisfactory samples were followed by written advice to boil water before use for human consumption.

Twelve new wells were examined, most of them having been sunk in connection with proposals to build or recondition houses in positions remote from water mains. In two cases in which the samples were consistently unsatisfactory, rejection of the plans was recommended.

No new water mains were laid during the year. The scheme for providing mains to the Green End area of Fillongley was however approved by the Ministry and the Birmingham Water Department were asked to do the work. The Council also approved a scheme, previously deferred, for extending the main along Square Lane, Corley, and this was awaiting Ministry approval at the end of the year. A further proposal to extend the water main in Benton Green Lane, Berkswell by 1,210 yards, at an estimated cost of £2,390, was approved by the Council in December for submission to the Ministry. The scheme would provide for 13 existing properties, which now depend on 8 private wells, 5 of which are polluted.

Piped water supplies were satisfactory generally, the exception being the parish of Arley. The position there is still precarious, although the supply was in fact maintained without complaint.

The latest position regarding houses supplied with piped water from mains is given in the following table. The percentage of houses with piped water supplies, which was 80.7 in 1953, has now increased to 81.6%. This is principally due to the building of many new houses having mains water, and to the connecting of a number of existing houses both voluntarily by owners and as a result of statutory notices, under Section 138 of the Public Health Act, 1936 as amended.

## Piped Water Supplies.

Parish	Houses	Birmingham Water Dept.	Coventry Water Dept.	Others
Allesley .....	514	—	414	—
Arley .....	935	—	—	923
Astley .....	64	—	—	20
Balsall .....	722	—	333	—
Barston .....	142	—	99	—
Berkswell ....	583	—	306	—
Bickenhill ....	697	636	—	—
Castle Bromwich	1800	1770	—	—
Coleshill .....	1720	1496	—	—
Corley .....	209	—	132	—
Curdworth ....	149	103	—	—
Fillongley ....	426	183	—	14
Hampton-in-Arden	377	—	320	—
Keresley .....	812	—	764	—
Lea Marston ..	76	34	—	—
Maxstoke .....	78	—	19	—
Meriden .....	514	—	441	—
Packington ....	66	—	5	—
(Great & Little)				
Shustoke .....	145	119	—	—
Water Orton ..	547	524	—	—
Nether Whitacre	244	224	—	—
Over Whitacre..	113	71	—	—
Wishaw .....	50	—	—	14
Total .....	10983	5160	2833	971

## FOOD INSPECTION

### Slaughterhouses and Meat Inspection.

The return of private slaughtering in July is referred to in the introduction to the report. At the outset, the Council decided very wisely that the aim should be 100% inspection, and considerable efforts have been made to implement this policy. All animals notified to have been slaughtered were in fact inspected, except in one or two rare instances when movement into another area was required urgently. In these cases, arrangements were made with the officers there for inspection at the destination. There was a good deal of uncertainty in the trade at first and inspections were frequently asked for at very short notice indeed. Every effort was made to comply with these requests so as to cause as little inconvenience as possible to the butchers, and they on their part co-operated on occasions by holding meat longer than they were required to by law, to ease the burden on the inspectors. By December 1954, 13 slaughterhouses had been licensed and applications were pending in respect of 4 others.



Owing to the scattered nature of the district, one inspector working full time cannot possibly cover all the meat inspection, as demands for inspection often come simultaneously from widely separated places. In practice, the work is shared, but quite obviously an additional duty of this magnitude could not be undertaken without detriment to other work, some of which has had to be neglected. By the end of the year it became clear that both the meat trade and the Council favoured the new arrangements, and that the meat inspection duties seemed likely to continue indefinitely. From this stage the inspectors, who had treated the matter as something of an emergency and had willingly accepted the extra burden and personal inconvenience, quite naturally began looking to the Council for proper assistance in carrying out the additional work which the new policy had brought.

Some of the slaughterhouse premises have little to commend them either structurally or as regards siting, and it is probable that the Council would have had good grounds for refusing licences in some cases had they so desired, especially as public abattoirs are available in the neighbouring towns of Birmingham, Nuneaton and Coventry. However, sufficient works of improvement have been done to make the slaughterhouses reasonably suitable for licensing, and all are now provided with washing facilities, which is an advance on the conditions obtaining before 1940. Despite the handicap of poor premises and very limited accommodation, the butchers on the whole maintain quite a high standard of hygiene and cleanliness.

The attitude adopted by other authorities has had a marked effect on the position in this district. Several local slaughterhouses, and incidentally those which do the biggest trade, cater very largely for the demands of neighbouring areas whose Councils have been less willing to issue slaughterhouse licences. With this factor in mind, the Council passed a resolution in November 1954 under Section 4 (2) of the Slaughterhouses Act 1954, that slaughtering facilities in their area were adequate for the time being. Ministry of Food confirmation was sought and was still awaited at the end of the year. The effect of the resolution, if confirmed, will be that no fresh slaughterhouse premises can then be licensed, except in special cases and with the Minister's consent.

Altogether, 1262 visits were made for purposes of meat and food inspection and 7683 carcasses were examined, comprising :—

1006 beasts,  
2648 pigs,  
3682 sheep, and  
347 calves.

The meat on the whole was of good quality and condemnations accordingly were relatively small. They are given in the following table :—

# Whole Carcasses :

	Reason	Weight
4 Beasts	Tuberculosis .....	570 lbs.
	Tuberculosis .....	620 lbs.
	Fever .....	800 lbs.
	Tuberculosis .....	769 lbs.
7 Pigs	Acute Swine Erysipelas .....	65 lbs.
	Tuberculosis, Generalised .....	140 lbs.
	Oedema, Generalised .....	110 lbs.
	Septicaemia .....	70 lbs.
	Fever .....	140 lbs.
	Tumours .....	68 lbs.
	Swine Erysipelas .....	87 lbs.
3 Sheep	Jaundice .....	60 lbs.
	Emaciation .....	41 lbs.
	Fever, Generalised .....	60 lbs.
2 Calves	Immaturity .....	35 lbs.
	Umbilical Pyaemia .....	50 lbs.
		<hr/> 3685 lbs. <hr/>

# Part Carcasses :

		Tuberculosis		Other Diseases	
		No.	Weight	No.	Weight
Beasts :	Heads	47	1321 lbs.	7	203 lbs.
	Trimblings	—	346 lbs.	—	206 lbs.
Pigs :	Heads	32	384 lbs.	—	—
	Trimblings	—	10 lbs.	—	151 lbs.
Sheep :	Heads	1	3 lbs.	—	—
	Trimblings	—	—	—	22 lbs.
Calves :	Heads	—	—	1	3 lbs.
	Trimblings	—	—	—	—
		80	2064 lbs.	8	585 lbs.



# Offal :

		Tuberculosis		Other Diseases	
		No.	Weight	No.	Weight
Beasts :	Lungs	61	549 lbs.	23	207 lbs.
	Livers	18	270 lbs.	121	1815 lbs.
	Part Livers	—	—	157	492 lbs.
	Hearts	1	2 lbs.	5	10 lbs.
	Spleens	2	3 lbs.	2	3 lbs.
	Kidneys	—	—	1	1 lb.
	Mesenteries	19	76 lbs.	1	4 lbs.
	Skirts	1	2 lbs.	2	4 lbs.
	Tripes	3	8 lbs.	—	—
Pigs :	Lungs	17	8½ lbs.	123	61½ lbs.
	Livers	14	35 lbs.	42	105 lbs.
	Part Livers	—	—	16	16 lbs.
	Hearts	1	½ lbs.	19	10 lbs.
	Spleens	1	½ lbs.	2	1 lb.
	Kidneys	1	¼ lb.	10	2½ lbs.
	Mesenteries	11	5½ lbs.	—	—
Sheep	Lungs	1	½ lb.	40	20 lbs.
	Livers	—	—	152	304 lbs.
	Part Livers	—	—	586	439 lbs.
	Spleens	—	—	1	½ lb.
Calves	Kidneys	—	—	1	¼ lb.
	Lungs	—	—	2	1 lb.
	Livers	—	—	2	4 lbs.
	Hearts	—	—	1	½ lb.
		151	960¾ lbs.	1309	3501¼ lbs.

The following articles of food other than meat were also condemned and surrendered voluntarily for the reasons stated :—

666 lbs. miscellaneous tinned foods, .. Blown, rusted and damaged tins.

67 lbs. chilled beef ..... Bone taint.

5 lbs. cheese ..... Excessive mould.

738 lbs.

In no case was it necessary formally to seize unsound food. Small quantities of condemned meat are usually burnt. Larger amounts are collected by the department and buried in lime on the refuse tip. Whole carcasses have presented a problem, but arrangements have now been made for disposal, after suitable staining, to a by-products firm in a neighbouring area, under conditions which permit the Council's inspectors to supervise the actual destruction.

Forty-two slaughtermen are licensed under the Slaughter of Animals Act as amended.

### Other Food Premises.

The survey of food premises begun during 1953, could not be completed, the 136 visits made being mainly re-inspections. The premises which had been inspected and recorded by the end of 1954 were classified as follows :—

Grocery.....	62
Grocery and general (not exclusively food)	43
Bread and cakes .....	7
Sweets and confectionery .....	16
Greengrocery .....	19
Butchery .....	24
Fish, wet and fried .....	14
Cafes and snack bars .....	21
Hotels and licensed premises .....	4
Factory canteens.....	3
Mobile canteens .....	4
	<hr/>
	217

The standard of hygiene on the whole has been fairly well maintained, the most unsatisfactory feature being the mobile canteens, which are difficult to deal with formally in the absence of powers of registration, and are commonly ill-equipped.

### Registered Premises.

Premises registered at the end of 1954 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 (including 7 new registrations during 1954) .....	102
Manufacture of sausages and/or cooked meat ....	8
Fish frying .....	13
	<hr/>
	134

Several ice-cream vendors whose premises are registered for the manufacture of ice-cream continue to buy bulk supplies from factories in other areas and do not in fact make ice-cream on the premises. Those who do make it use the "cold mix" method and have no heat-treatment plant.

### Game-dealers' Licences.

Two licences were renewed under section 18 of the Game Act 1831, as amended.

### Milk and Dairies.

There were 59 registered distributors of milk in the district at the end of the year, classified as follows :

Retail dairymen resident within the district ....	30
Retailers from outside the area .....	18
Shopkeepers selling milk in bottles only .....	11
	<hr/>
	59



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	Pasteurised	Sterilised
Dealers .....	19	25	10
Supplementary ....	15	17	11

Twenty-eight visits were made to dairies and conditions were found to be generally satisfactory.

During 1954, use of the term "Accredited" in relation to milk officially ceased and it became obligatory to fit overlapping caps on bottles containing "Pasteurised" milk.

### **SHOPS ACT, 1950**

The Council have enforcement powers under Section 38 (3), (4) and (5) by delegation from the County Council, (lighting, washing facilities and facilities for taking meals in shops), and are directly responsible for enforcing sanitary conveniences and requirements as to ventilation and temperature under section 10 (1) and (2).

Visits made to shop premises in connection with these matters totalled 41.

The absence of a sanitary convenience at a food shop, in respect of which an exemption certificate was refused, had not been remedied by the end of the year, but negotiations with the owner were continuing.

### **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.**

There were five cases in which the Council were called upon to arrange the burial of deceased persons, in the absence of responsible relatives. The total cost was £107 11s. 6d., towards which certain small sums were recoverable, including a National Insurance death grant of £20 in one case.

### **FACTORIES ACTS, 1937 AND 1948.**

The following tabular statement of inspections of factory premises during the year has already been submitted to the Ministry of Labour and National Service.

art 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 (4)	Written notices (5)	Occupiers prose- cuted (6)	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .....	1	5	9	—	—	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .....	2	120	63	—	—	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) .....	3	4	—	—	—	3
Total .....		129	72	—	—	

(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	M/c. line No.
		Found	Rem- edied	Referred			
				To H.M. In- spectors	By H.M. In- spectors		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Want of cleanliness (S.1).....	4	2	—	—	—	—	4
Overcrowding (S.2) ..	5	—	—	—	—	—	5
Unreasonable temperature (S.3) ..	6	—	—	—	—	—	6
Inadequate ventilation (S.4).....	7	—	—	—	—	—	7
Ineffective drainage of floors (S.6) .....	8	—	—	—	—	—	8
Sanitary conveniences (S.7) :							
(a) Insufficient ..	9	—	4	—	7	—	9
(b) Unsuitable or defective ....	10	—	2	—	2	—	10
(c) Not separate for sexes ....	11	—	1	—	1	—	11
Other offences against the Act (not including offences relating to Outwork) .....	12	—	2	—	2	—	12
Total .....		2	9	—	12	—	



## MOVEABLE DWELLINGS.

The number of licensed caravan sites in the district on the 31st December, 1954 was 24. One new licence was granted during the year, for a site for 26 caravans. All the sites are now reasonably well maintained, but some of the older ones are still deficient in amenities. The 24 site licences permit a total of 203 caravans, 31 huts and 114 tents.

There was a further reduction in the number of individual caravans licensed, the figures for 1954, 1953 and 1952 being 56, 66 and 89 respectively.

## RODENT CONTROL.

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

Premises inspected .....	374
„ baited and poisoned—	
private .....	247
business .....	41
	— 288
Second treatments .....	43
Third „ .....	23
Premises cleared .....	216
„ not completely cleared .....	70
Dead rats found .....	1035
Treatments of refuse tips .....	13
„ „ sewage works .....	16
Sewer manholes baited and poisoned—	
First treatments .....	209
Second „ .....	93
	— 302

Most of the work continues to be done on complaints from occupiers.

No charge is made for private premises. A small charge is made for work at business premises, based on an inclusive hourly rate for actual working time. 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 1873 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 .....	70
Articles of bedding and clothing disinfected or destroyed .....	28
Houses disinfected .....	13
„ disinfested .....	7

## AIR POLLUTION.

The location of the three grit deposit gauges and nine sulphur-gas instruments was described in the 1953 report. Observations were continued throughout 1954 and are given below, together with earlier readings :—

**Total solid deposit** (expressed 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
1954 .....	22.55	18.13	15.24

No particular significance can be attached to the increased grit deposit at Lea Marston, as there was a proportionate rise in the figures for the other stations, and the figure of 22.55 tons is slightly less than the average of the previous years.

With the object of assessing the amount of pollution affecting Coleshill from the Hams Hall electricity generating stations, authority was given for the setting up of an additional grit gauge at Station Road, Coleshill. This was done in time to begin observations on the 1st January, 1955. Arrangements were also made to discontinue observations at Berkswell at the end of 1954 and move the gauge to a new site at Whitacre Heath, so as to form an assessment of the degree of pollution in that area before the new Hams Hall "C" station starts to operate.

## SULPHUR GASES.

The readings for 1954 and earlier years are as follows (measured in milligrammes per day per 100 sq. cms. of exposed surface of standard lead peroxide), the Lea Marston figures being 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	1.11	0.51
1953 .....	0.94	1.17	0.62
1954 .....	0.84	0.92	0.64

The concentration of sulphur gases in the vicinity of the power stations is the lowest so far recorded. That at Bacons End too shows a small reduction, but is still high having regard to the position of the gauge.



### **Annual Rainfall (at Lea Marston).**

1949 .....	23.57 inches
1950 .....	25.21 "
1951 .....	32.59 "
1952 .....	25.87 "
1953 .....	22.60 "
1954 .....	31.12 "

The following report has been kindly prepared by the Engineer and Surveyor, B. Ll. Stevenson, B.Sc., A.M.I.C.E., A.M.T.P.I., M.I.Mun.E., M.R.S.I. :—

### **SEWERAGE AND SEWAGE DISPOSAL.**

During the year some practical progress was made towards improvement of sewerage facilities in the area.

A scheme for extension of sewers in Coleshill, and the provision of a pumping station at the foot of the hill in the High Street to divert sewage from flowing into the River Cole was commenced, and by the end of the year substantial progress had been made with the constructional work.

The City of Birmingham made good progress with the building of their pumping station at Castle Bromwich with the result that at the end of the year work was nearing completion.

The first stage, covering the building of a disposal works at Fillongley, was advertised and a tender approved by the Ministry.

In March an inquiry was held into the council's proposed scheme for the village of Hampton-in-Arden, and in September an inquiry was held into the council's proposals for the village of Shustoke. Both schemes received technical approval and it is hoped will be allowed to proceed to the constructional phase at an early date.

### **REFUSE COLLECTION AND DISPOSAL.**

The services for the collection and disposal of house refuse, cesspool contents and pail closets have operated satisfactorily in general, despite a considerable increase in the number of properties to be serviced. The main difficulty in this area, situated in proximity to prosperous industries, continues to be the obtaining of adequate labour, but the Council take all available steps to get as much labour as can be attracted to these essential occupations.

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