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BOROUGH OF MIDDLETON 1950

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1950

T. SEYMOUR JONES, M.B., Ch.B., D.P.H.
MEDICAL OFFICER OF HEALTH

BOROUGH OF MIDDLETON

1950

HEALTH COMMITTEE

Chairman:

ALDERMAN J. L. GRADWELL, J.P.

Vice-Chairman:

COUNCILLOR W. WELLENS

HIS WORSHIP THE MAYOR—COUNCILLOR W. D. CHISHOLM, J.P.

ALDERMAN MRS. C. REDFERN
COUNCILLOR F. EVANS
COUNCILLOR R. SCOTT
COUNCILLOR THE REV. A. C. SHARPLES
COUNCILLOR A. WOLSTENCROFT, J.P.

BOROUGH OF MIDDLETON

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health:

A. V. STOCKS, M.A., M.B., Ch.B., D.P.H. (to 31st July, 1950)

T. SEYMOUR JONES, M.B., Ch.B., D.P.H. (from 1st August, 1950)

Chief Sanitary Inspector:

T. TURNER, M.R.San.I.

Additional Sanitary Inspectors:

S. HACKING, C.R.S.I.

G. ELLIOTT, C.R.S.I.

Clerical Staff:

MISS E. M. HOWARTH

MISS E. DEAN

Mr. R. LAMB (Serving with H.M. Forces)

HEALTH OFFICE,
5 SUFFIELD STREET,
MIDDLETON,
July, 1951.

To the Chairman and Members of the Health Committee.

Mr. Chairman, Lady and Gentlemen,

I have great pleasure in submitting the Annual Report on the Health of the Borough for the year 1950. Dr. Stocks was the Medical Officer of Health for the first seven months of the year and I am grateful for his help and guidance in the past.

It is with satisfaction that it can be noted that there was a slight increase in the number of births during the year and a decrease in the number of total deaths, although there was a slight increase in the number of infant deaths. Again it will be seen from Table 5 that heart disease is the greatest cause of death and that more than half of the total deaths occur in those of our citizens who are over 65 years of age. There were three deaths during the year from infectious diseases, one due to Measles, one to Whooping Cough and one due to Meningococcal Infection.

The general health of the borough is good but the major problem is the diagnosis and isolation of persons suffering from pulmonary tuberculosis.

The greatest problem at present is the large number of substandard houses which every year deteriorate more and more and owners are reluctant to spend money repairing already worn out property. Many domestic and social difficulties can be traced to this problem of lack of housing accommodation, especially where two or more families share the same house.

I take this opportunity to express my thanks to Miss Howarth for her devoted service and energy throughout the year and for her help in compiling this report. My thanks are due also to Mr. Turner and the Additional Sanitary Inspectors and to Miss Dean for their help and co-operation in making the department a happy one.

Finally, may I thank the Chairman and Members of the Health Committee for their help and consideration at all times.

I am,

Lady and Gentlemen,
Your obedient Servant,
T. SEYMOUR JONES,
Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS.

GENERAL STATISTICS. TABLE I.

Area of the Borough (acres)					5,172
Population at Census, 1951					32,602
Registrar-General's estimated	resident	popul	ation (mid-	
year 1950)					32,870
Number of Persons per acre					6.36
Number of Inhabited Houses	(estimat	ed)			10,850
Rateable Value at 1st April, 1	950				£175,014
Sum represented by a Penny	Rate (19	49-50)		£7	703 2s. 6d.

VITAL STATISTICS.

TABLE II.

	Total	Μ.	F.	
LIVE BIRTHS :-		1,575		
Legitimate	. 515	260	255	Birth-rate per 1,000
Illegitimate	. 22	10	12	estimated population
OD 1		-		mid-1950 16.3
Total	. 537	270	267	
STILL-BIRTHS	. 17	7	10	Rate per 1,000 total (live and still) births
				3I
DEATHS	107	200	201	Death-rate per 1,000
DEATHS	. 401	200	201	estimated population
				12.2
Deaths from puer	peral caus	ses :—		Death-rate per 1,000
			Deaths	total (live and still) births
Puerperal and pos	st-abortiv	ve sepsis	; —	_
Other maternal ca	uses .		I	1.81
				- L
Total maternal me	ortality .		I	1.81

All Leg	infar itima	f Infants un its per 1,00 ate infants nate infants	o live per 1,0	births oo legi	 timate	 live bi		39 41 Nil
Dea	ths	rtality:— of infants u y rate per					 	11 20
Deaths i	from	Heart Dise	ease				 	140
,,	11	Cancer					 	63
,,	11	Cerebral H	[aemor	Thage			 	43
,,	"	Bronchitis					 	26

POPULATION.

The Registrar-General's estimate of population for the year 1950 is 32,870, which is 530 in excess of the estimated population for 1949 and 3,682 more than the Census population for 1931.

BIRTHS.

537 live births were assigned to the Borough, representing an annual birth rate of 16.3 per 1,000 of the population, compared with the figure of 15.8 for England and Wales and 16.7 for the 148 smaller towns. The annual birth rates for the past 40 years are shown in Table IV.

DEATHS.

The number of deaths for Middleton during 1950 was 401, giving a crude death rate of 12.2 per 1,000 of the population, compared with 11.6 for England and Wales and 11.6 for the 148 smaller towns.

The age and ward incidence are shown in Table III.

TABLE III. Age and Ward Incidence of Deaths occurring in 1950.

	Unde	r						1	75 and
WARD	Ι	I-2	2-5	5-15	15-25	25-45	5 45-65		up- Total wards
North	4	-	_		_	5	28	13	30 80
Central	4	-			-	_	18	16	20 58
South	4	-	I	I	-	5	12	31	22 76
East	40	-	I	I	I	7	19	23	24 81
Parkfield.	2	-	-	_	-	4	9	15	13 43
West	2	2	I	_	_	5	19	14	20 63
Total	21	2	3	2	I	26	105	112	129401

The zymotic death rate was 0.15 per 1,000 of the population compared with 0.00 for 1949.

One maternal death occurred during 1950. The maternal mortality rate was 1.81 per 1,000 (live and still) births compared with 1.87 in 1949.

Infant mortality showed 39 per 1,000 live births as compared with 32 in 1949. The comparative rate for England and Wales is 29.8 and for the 148 smaller towns 29.4.

The cancer death rate of 1.92 remains high, whilst the tuberculosis death rate was 0.37 as compared with 0.40 in 1949.

Comparative death rates for various diseases for the past 40 years are shown in Table IV and the classified causes of death for 1948, 1949 and 1950 are given in Table V.

TABLE IV.

TABLE IV.											
Year	Birth Rate	Crude Death Rate	Zymotic Death Rate	Infant Mor- tality Rate	Cancer Death Rate	Tuber- culosis Death Rate					
1911	23.0	16.6	2.5	181	0.57	1.5					
1912	21.4	15.1	0.6	117	0.74	1.7					
1913	21.0	12.8	0.28	98	0.66	1.0					
1914	19.8	14.6	1.6	126	1.18	1.5					
1915	17.5	16.1	0.64	93	1.2	1.47					
1916	15.8	14.2	0.81	79	I.I	1.59					
1917	14.5	15.3	0.93	114	1.52	1.76					
1918	13.0	17.2	0.90	80	1.37	1.49					
1919	14.0	14.0	0.54	76	1.29	0.90					
1920	22.6	12.3	1.00	90	1.2	1.25					
1921	19.4	13.3	0.69	78	1.2	1.21					
1922	17.5	13.1	0.38	72	1.34	1.14					
1923	14.7	12.3	0.51	72	1.24	0.87					
1924	15.2	12.6	0.34	54	1.68	0.93					
1925	13.3	14.1	0.58	95	1.38	0.90					
1926	15.3	12.6	0.21	57	1.30	0.91					
1927	14.2	13.0	0.41	63	1.55	0.55					
1928	14.6	11.2	0.07	63	1.17	0.75					
1929	14.1	17.1	1.08	96	1.28	0.91					
1930	14.7	11.4	0.23	46	1.59	0.67					
1931	13.2	14.8	0.40	99	1.69	0.67					
1932	14.0	12.9	0.51	80	1.47	0.65					
1933	12.8	14.2	0.27	61	1.89	0.62					
1934	13.7	12.6	0.24	53	1.76	0.48					
1935	12.7	14.2	0.06	35	1.54	0.89					
1936	14.3	14.4	0.30	52	1.88	0.72					
1937	13.2	12.9	0.03	51	1.27	0.30					
1938	13.6	12.5	0.23	59	1.96	0.50					
1939	15.2	13.6	0.10	46	1.77	0.36					
1940	14.8	14.0	0.10	56	1.27	0.43					
1941		13.7	0.10	41	2.13	- 0.77					
1942	15.8	13.5	0.17	57	2.01	0.45					
1943	17.2	13.9	0.21	61	1.91	0.35					
1944	21.3	14.8	0.25	53	2.07	0.57					
1945		13.4	0.00	38	2.05	0.53					
1946	188	11.9	0.19	49	2.09	0.69					
1947	22.5	13.0	0.16	54	2.18	0.49					
1948	18.2	12.5	0.09	39	2.14	0.40					
1949	16.3	13.5	0.00	32	2.07	0.40					
1950		12.2	0.15	39	1.92	0.37					

TABLE V. Causes of Death, 1948, 1949 and 1950

	1948	1949	1950
Typhoid and Paratyphoid Fevers	 _	_	_
Meningococcal Infections	 _		I
Whooping Cough	 -	_	I
Diphtheria	 -	_	_
Tuberculosis of Respiratory System	 II	12	12
Other forms of Tuberculosis	 2	I	_
Syphilitic Diseases	 2	I	2
Influenza	 _	3	I
Measles	 I	_	I
Other Infectious Diseases	 -		2
Cancer	 69	67	63
Leukaemia	 -	-	I
Diabetes	 2	3	3
Cerebral Haemorrhage	 47	53	43
Heart Disease	 132	149	140
Other Circulatory Diseases	 23	23	12
Bronchitis	 16	26	26
Pneumonia	 12	16	IO
Other Respiratory Diseases	 13	6	3
Peptic Ulcer	 5	2	4
Gastritis, Enteritis and Diarrhoea	 2	_	I
Other Digestive Diseases	 8	5	-
Nephritis	 6	13	5
Hyperplasia of Prostate		_	2
Pregnancy, Childbirth, Abortion	 	_	I
Congenital malformations	 9	7	3
Suicide	 13	5	5
Road Traffic Accidents	 3	_	I
Other Accidents	 2	6	8
All other causes	 26	38	50
	404	436	401

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

1. STAFF.

Full details of the Staff of the department are given at the beginning of this report.

2. LABORATORY FACILITIES.

The complete facilities of the Public Health Laboratory (directed by the Medical Research Council on behalf of the Ministry of Health) at Monsall Hospital, Manchester, were available and were fully utilized.

During 1950 the following specimens were submitted for examination:—

TABLE VI.

Nose and Throat Swabs		 	52
Blood for Wassermann		 	8
Faeces		 	564
Urine		 	4
Milk samples:— (a) Methylene Blue (b) Guinea Pig inoc	 ulation–		41 44 — 85 713

3. AMBULANCE SERVICE.

The Ambulance Service is operated by the Lancashire County Council and now has two Ambulances and one Sitting Case Car, under the control of an Ambulance Superintendent. The demands upon the service have steadily increased but have not yet reached saturation point. A new Ambulance Station is envisaged in the near future.

4. HOSPITAL ARRANGEMENTS.

There are no Hospitals situated in the Borough, which is, however, well served by numerous institutions in the surrounding areas, especially Manchester, Oldham and Rochdale.

5. NURSING SERVICES IN THE HOME.

The Home Nursing Service is administered by the Lancashire County Council who employ several nurses within the borough. The District Nurses' Home is situated at 32 Mellalieu Street (Telephone No. MID 2334). The services of a home nurse are provided at the request of the General Practitioners.

6. MIDWIFERY AND MATERNITY SERVICE.

The Lancashire County Council employs 3 midwives for service within the borough. The Ante-Natal Clinic is held weekly on Monday afternoons at Durnford Street Health Centre.

One maternal death occurred during the year.

7. HOME HELP SERVICE.

Home Helps are employed by the Lancashire County Council to attend households in case of confinements, illness, old age and infirmity where such help is found to be necessary. Applications for the services of a Home Help can be made at the Divisional Health Office, Tylon, Middleton Road, Chadderton. (Telephone No. MAI 6251.)

8. CHILD WELFARE.

Child Welfare Centres are held weekly at Durnford Street Health Centre, Rhodes and Moor Close. Dental, Ophthalmic, Orthopaedic and Sunlight treatment are available where required.

9. SCABIES TREATMENT CLINIC.

The Scabies treatment clinic continues to function when required.

10. DIPHTHERIA IMMUNISATION AND VACCINATION.

Weekly sessions are held at the Durnford Street Centre for Diphtheria Immunisation and Vaccinations are performed at this centre by special arrangement. In addition to this the Lancashire County Council pay fees to Medical Practitioners on receipt of the appropriate record card, to perform either of these services at the patient's home or at their own surgeries.

TABLE VII.

INFANT DEATHS, 1950.

	Da Under	ays	Weeks	Total		Month		Total
Cause of death	h I	1-7	1-4		1-3	3-6	6-12	
Prematurity	I	3		4			_	4
Measles	—	_	_		_		I	I
Pneumonia	—	_	3	3	I		I	5
Bronchitis	—		_	_	1	2	_	3
Gastro Enteri	tis .—	_	_	_	· I	_	-	I
Congenital		2						
Malformati	ons—	3	-	3	1		7980	3
Other Causes		_	I	I	2	I		4
TOTAL	І	6	4	II	5	3	2	21

SANITARY CIRCUMSTANCES OF THE AREA, ETC.

Sewage Disposal.

Sewage up to three times dry weather flow is treated at the Manchester Corporation Works at Davyhulme.

Between three and six times dry weather flow passes through storm tanks at the old Middleton Disposal Works, Kelvin Avenue, Rhodes.

Volumes in excess of six times dry weather flow are discharged to the River Irk by means of a storm over-flow.

337 yards of sewers were laid during the year and in addition, a new storm overflow was constructed on the Rhodes Wood Sewer.

The only areas without proper drainage system are the villages of Birch and Bowlee with the exception of isolated farmhouses.

Water Supply.

The town is supplied with water by the Heywood and Middleton Joint Water Board. The supply is upland surface water, of good quality. Details of the catchment area and reservoir installations have been given in previous reports.

No. of houses supplied by the	ne Joint Board	11,056
No. of baths in Borough		6,183

During the year the following examinations were made, and the results were satisfactory.

(a)	Raw Water—Bacteriological			28
	Chemical			29
(b)	Water going into supply where	atment	is inst	talled—
	Bacteriological .	 		14
	Chemical .	 		18

Chlorination of the water is in operation, the dosage being 0.2 parts per million.

Supplies are collected from moorland gathering grounds, stored in impounding reservoirs, subjected to chalk addition and sedimentation, passed through sand filters and chlorine added when entering supply pipes.

The Analyst declares the water as supplied to the consumer to be "free from lead".

As a precaution against contamination, chalk is added at the rate of $1\frac{1}{2}$ grains per gallon and when necessary Soda Ash is added at the rate of $\frac{1}{2}$ grain per gallon.

Existing water mains have been extended by 1,039 yards during the year for housing development at Hollins Estate, Mainway and Alkrington.

Well Water.

A small number of outlying farms have independent water supplies from wells.

6 samples of well water were submitted for bacteriological examination. Three samples were found to be satisfactory and three unsatisfactory.

I sample of well water was submitted for chemical examination and was found to be unsatisfactory.

SANITARY SERVICES.

Closet Accommodation.

The following is a list of the types of closets existing in the Borough at the end of the year:—

TABLE VIII.

Privy middens	 	 	63
Pail closets	 	 	195
Waste-water closets	 	 	2,824
Fresh-water closets	 	 	7,028

Refuse Collection and Disposal.

The weight of refuse collected during the year was 7,771 tons. Of this 7,702 tons were dealt with by the Separation and Salvage Plant and 69 tons were disposed of by Controlled Tipping.

Refuse Collection.

The number of vehicles engaged on this work is six, viz.: four "S & D" Freighters and two "Karrier Bantams". All the vehicles are fitted with steel sliding shutters to the bodies to minimise nuisance from dust.

There are approximately 7,588 moveable ashbins, 1,301 ashpits 345 wall-type dustbins and 195 pail closets in the Borough. Ashbins and pail closets are emptied weekly and ashpits fortnightly.

The majority of the pail closets are in connection with premises in the villages of Bowlee and Birch which are not sewered.

The net cost of Refuse Collection for the financial year ended 31st March, 1951, was £8,883.

Refuse Disposal.

Of the refuse collected, 7,702 tons were dealt with at the Separation and Salvage Plant and 69 tons were dealt with by tipping.

The cost of Refuse Disposal for the year amounted to £1,686.

TABLE IX.

Income from Sales of Salvage.

		T.	C.	Q.	Lb.	£	S.	d.
Waste Paper		181	10	0	0	1,083	14	I
Textiles		17	18	2	0	124		
Kitchen Waste		-68	2	0	0	184		
Light Destructor	Scrap	19	0	3	0		12	
Baled Destructor	Scrap	207	17	3	0	376		
Broken Glass		9	13	0	0		2	
Screened Fuel		260	7	2	0	177		100
Non-ferrous Metals	· · · ·	I	4	0	4		5	
Screened Dust		4,985	I	I			_	
Total		5,750	14	3	4	2,086	10	II
		p						

TABLE X.

SANITARY INSPECTION OF THE AREA.

The following tables give details of the various inspections ied out by the Sanitary Inspectors during the year:—

carried out by the Sa	nitary	Inspe	ctors di	uring t	the year	r:—
RECORD OF INSPE						nspections
Public Health Ac	t. 1936	i.				nade, etc
Drainage work						480
Refuse removal						5
Tents, vans, she						19
Stables, piggerie						14
Common lodging						18
Houses let in lo						_
Houses						
Manure dumps						1,710
		ions D	icanana			2
Investigation of				4:		404
Verminous cond	litions	and d	isiniesta	ttion		42
Conversions			* * *			149
Water Supply					***	23
Miscellaneous v	isits ar	id re-v	visits			572
Total						3,438
Housing Act, 1936	i.					
Housing defects						IIO
Measured for pe			nber			_
Investigations of						25
Miscellaneous vi						63
Total						198
10001						190
Food and Drugs	Act 10	328				
Samples taken-			nated for	or Bac	teria)	
Samples taken-						43
Food proporing			ary, for			220
Food preparing		emise	S			220
Dairies						3
Cowsheds						I
Markets and she	-					116
Unsound food						23
Butchers' shops						198
Fish and Chip s						82
Ice Cream shops	S					226
Fishmongers						2
Greengrocers						6
Milk Vehicles						12
Milk Shops						I
Grocers' Shops						2
Miscellaneous v						125
Total						1,060

Factories Act, 1937.				nspections made, etc.
Factories				 94
Bakehouses				 117
Outworkers				 16
Total				 227
Cl A.				
Shops Acts.				
Hours of closing				 Nil.
Health, etc. (Sec. 10)				 Nil.
Diseases of Animals Act	ts.			 10
Rats and Mice (Destruc	tion)	Act.		
Rat infestation				 731
Mice infestation				 292
Total				 1,023
Miscellaneous Visits.				- 0
Re-inspection where no				 1,835
Interviews with owners	s, buil	iders, e	tc	 373
Works in progress				 84
Public conveniences				 95
Meetings				 38
Tip and salvage depot				 717
Total				 3,142
Total Number of Visits				 9,098
Complaints. Number of complaints	durin	g the y	ear ear	 801
Notices.				
Informal notices served	4			***
		ith		 735
Informal notices comp		1111		 621
Statutory notices serve				 II
Statutory notices comp	pned v	VILII		 8

TABLE XI.

nplian	ce with	Notic	ces.					
				171				
onstruc	eted			36				
ed				28				
alled				28				
				60				
				55				
				7				
				196				
				57				
1				178				
				44				
d				_				
died				18				
				7				
				9				
				22				
				IIO				
				8				
				4				
				I				
TABLE XII.								
FACTORIES ACT, 1937.								
		22						
	onstructed alled in the construction of t	onstructed ed alled i d died ABLE XII.	onstructed ed alled d d died ABLE XII. RIES ACT, 1937.	onstructed ed alled				

Defec	is found	 	22		
Notic	es served :—				
(a)	Sanitary defects	 	14	Remedied,	(
(b)	Other defects	 	8	,,	1

TABLE XIII. ERADICATION OF BED BUGS.

(a)	No.	of	Coun	cil hous	ses found to	be infes	ted	2
	,,		,,	,,	disinfeste	d		2
(b)	No.	of	other	houses	found to be	infested		5
	,,		"	,,	disinfested			5

HOUSING.

TABLE XIV.

Statistics. Prefabricated houses Tradition	mal
Number of new houses Temporary Permanent permanent erected during the year house	ient
I. By the local authority — — 126	
2. By other local authorities — — — —	
3. By other bodies or persons — — 27	
1. Inspection of Dwelling Houses during the year.	
 (1) (a) Total number of dwelling-houses inspected formally or informally for housing defects (under Public Health or Housing Acts)	143 265 2 2 2 65 78
2. Remedy of Defects during the year without Service of For Notices.	mal
Number of defective dwelling-houses rendered fit in con- sequence of informal action by the local authority or their officers	46
3. Action under Statutory Powers during the year. (a) Proceedings under sections 9, 10 and 16 of the Housing Act, 1936:—	
 (1) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
(a) By Owners (b) By local authority in default of owners	Nil Nil

	(b)	Pro	ceedings under Public Health Acts :—	
			Number of dwelling-houses in respect of which	
			notices were served requiring defects to be re-	
			medied	78
		(2)	Number of dwelling-houses in which defects were	
			remedied after service of formal notices :—	
			(a) By owners	Io Nil
	(-)	Des	(b) By local authority in default of owners	
	(c)		ceedings under sections II and I3 of the Housing ct, 1936:—	
			Number of dwelling-houses in respect of which	
		(1)	Demolition Orders were made	3
		(2)	Number of dwelling-houses demolished in pur-	
		. /	suance of Demolition Orders	
	(d)	Pro	ceedings under section 12 of the Housing Act, 1936 :	_
	. ,		Number of separate tenements or underground	
			rooms in respect of which Closing Orders were	
			made	Nil
		(2)		
			rooms in respect of which Closing Orders were	
			determined, the tenement or room having been rendered fit	37:1
			rendered fit	1/11
4.	H	lousi	ng Act, 1936 - Part 4 - Overcrowding.	
	(a)	(1)	Number of dwellings overcrowded at the end of	
			the year	12
			Number of families dwelling therein	12
			Number of persons dwelling therein	97
	(b)	-	nber of new cases of overcrowding reported during	
			year	6
	(c)	(1)	Number of cases of overcrowding relieved during	
		(0)	the year	7
		(2)	Number of persons concerned in such cases	52
5.	I	IOUS	SING ACT, 1949 :—	
	(a)	(1)	Number of Schemes submitted:—	
				A
			(a) by private individuals	.4
		1-1	(b) by the local authority	
	(1-)		(b) by the local authority	4
	(b)	(2) (1)	(b) by the local authority Number of dwellinghouses affected Number of Schemes approved :—	4
	(b)		(b) by the local authority Number of dwellinghouses affected Number of Schemes approved:— (a) of private individuals	
	(b)	(1)	(b) by the local authority Number of dwellinghouses affected Number of Schemes approved :— (a) of private individuals (b) of the local authority	- 4 - I
	(b)		(b) by the local authority Number of dwellinghouses affected Number of Schemes approved :— (a) of private individuals (b) of the local authority	- 4 - I

INSPECTION AND SUPERVISION OF FOOD.

TABLE XV.

(a) MEAT AND OTHER FOODS CONDEMNED.

	Tons	Cwts.	Qrs.	Lbs.	Ozs.
Fruit Pulp	 9	16	-	_	_
Jams and Preserves	 _	I	3	24	2
Vegetables	 -	_	_	15	5
Tinned Meats (all varieties)	 -	6	6		8
Tinned Fish (,, ,,)	 _	_	I	4	$2\frac{1}{2}$
Fish	 _	_	I	14	_
Assorted Goods	 I	10	I	8	$6\frac{1}{2}$
Evaporated Milk	 (2pt.	tins)		155	
Full Cream Evaporated Milk	 $(1\frac{3}{4})$ pt	. tins)		80	
Skimmed Milk	 (17/8 pt	tins)		19	

TABLE XVI.

(b) MILK SUPPLY.

Milk and Dairies Regulations, 1949.

No of registered distributors operating from:—

(a) Own dairies in the district 1

(b) Dairy Farms in the district 69

(c) Premises outside the district 10

Samples of milk were taken from producers and retail purveyors of milk for examination by the methylene blue test with the following results:—

TABLE XVII.

Satisfactory	 	 	 35
Unsatisfactory	 	 	 6

Forty-four samples of ordinary milk were submitted for biological test for Tubercle Bacilli, two were found to contain Tubercle Bacilli and the remainder were satisfactory.

TABLE XVIII.

The Milk (Special Designation) (Raw Milk) Regulations, 1949:—

No. of dealers' licences (including supplementary licences) issued by the local authority during the year, in respect of :—
"Tuberculin Tested" Milk:

- (1) Bottling ... (2) Distribution 5
 "Accredited" Milk:
- (1) Bottling ... (2) Distribution The Milk (Special Designation) (Pasteurised and Sterilised) Milk Regulations, 1949 :—

No. of licences issued in respect of "Heat Treated Milk":

Pasteurising Plants — Sterilising Plants — Retail distributors ... (a) "Pasteurised" 7 (b) "Sterilised" 62

Disease of Animals Acts.

One case of suspected Swine Fever was dealt with during the year.

(c) FOOD POISONING OUTBREAKS.

It is satisfactory to note that no outbreak of Food Poisoning occurred in the borough during the year.

(d) CLEAN FOOD CAMPAIGN.

A lecture illustrated by film strips was given to Food Traders and Food Handlers. Byelaws on Handling, Wrapping and Delivery of Food and Sale of Food in the Open Air were distributed to all Food Traders.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

Table XIX shows the number of cases occurring amongst the individual diseases, the number removed to hospital and the deaths occurring in hospital.

Total Cases Notified.

TABLE XIX.

Infectious D	iseases.		No.	Removed to Hospital.	Deaths in Hospital.
Scarlet Fever	***		30	9.	_
Diphtheria			_	_	
Paratyphoid Fever			I	I	
Measles			300	2	I
Whooping Cough			313	4	I
Pneumonia			7		_
Acute Paralytic Pol	iomyelitis		5	5	_
Dysentery			131	_	_
Ophthalmia Neonat	orum		I	I	_
Erysipelas			I		
Food Poisoning			8	_	_
Pulmonary Tuberco	ılosis		27	14	2
Non-Pulmonary Tu	berculosis		5	4	_
		-		_	-
Total			829	40	4
				_	

Scarlet Fever.

Scarlet Fever was a very mild disease, only 30 cases being notified during the year.

Diphtheria.

Again, there were no cases of Diphtheria during the year. In the past six years only 24 cases of this disease have occurred.

It is estimated that at the end of 1950, 56.74% of children under 5 years of age and 77.67% of children between the ages of 5 and 14 years had been immunised against diphtheria.

Measles.

Although there were a fair number of cases of Measles during the year the numbers were less than in 1949 and the most incidence was in the 3-10 year age group. Two cases were removed to hospital where one death occurred. The whole of the borough was affected.

Whooping Cough.

There was a dramatic increase of Whooping Cough during the year as compared with 1949. Approximately 80% of the cases occurred in children under the age of 5 years. Four cases were removed to hospital and there was one death. The cases were spread over the whole of the borough.

It is hoped that in future, as a result of investigations by the Medical Research Council, that a suitable vaccine will be available which will efficiently protect children under 5 years against this disease.

Acute Paralytic Poliomyelitis.

Five cases of Acute Paralytic Poliomyelitis occurred during the year. They were all removed to hospital and there were no deaths. Only one case developed marked residual paralysis.

Dysentery.

131 cases of Dysentery occurred during the year, again mainly in the under 5 age groups. Dysentery is a very prevalent disease amongst the community and because of its mild character is only found when it occurs in communities such as Day Nurseries or Nursery Schools. Further investigation of these cases usually reveals that other members of the family, including the parents are affected. It is essentially a disease which is spread by unhygienic personal habits.

Tuberculosis.

There were 27 new cases of Pulmonary and 5 cases of Non-Pulmonary Tuberculosis notified during the year. This is less than last year but the problem of early diagnosis in cases of Pulmonary Tuberculosis has not yet been satisfactorily determined. It is now one of the most urgent problems, especially in view of the living conditions of some of the families affected. Another danger which will become more prevalent in the community is that of tubercular patients discharged from Sanatoria and still capable of infecting other members of the family and community.