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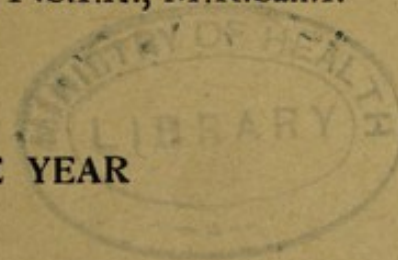
ANNUAL REPORT

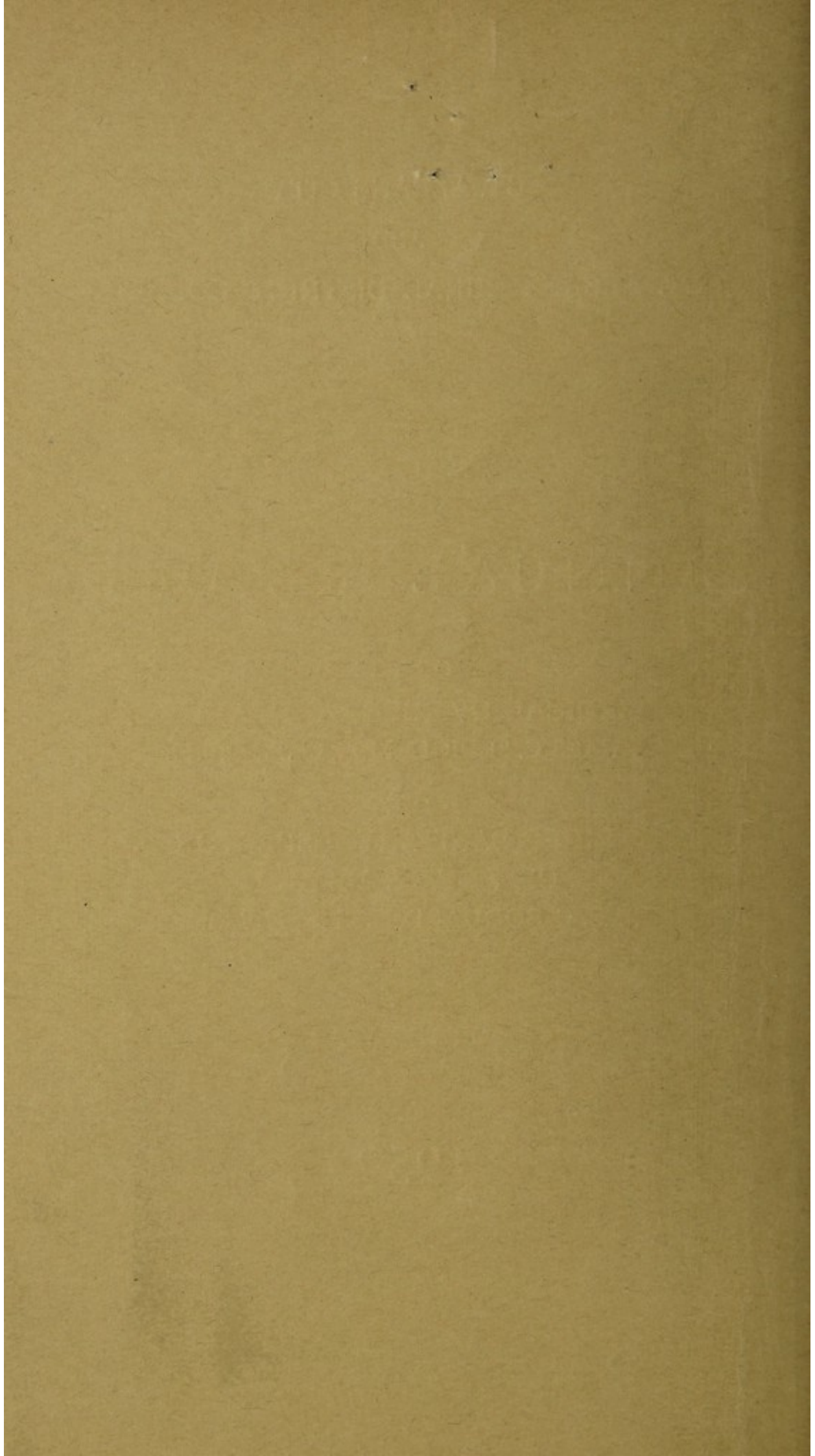
OF THE
MEDICAL OFFICER OF HEALTH
JAMES C. SLEIGH, M.B., Ch.B., D.P.H.

AND
CHIEF SANITARY INSPECTOR
CITY OF ST. ALBANS
R. E. C. GODDARD, F.S.I.A., M.R.San.I.

FOR THE YEAR

1950





CITY OF ST. ALBANS

ST. ALBANS

RURAL DISTRICT COUNCIL



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

JAMES C. SLEIGH, M.B., Ch.B., D.P.H.

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W. CARTMEL & SONS, PRINTERS

ST. ALBANS

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Medical Officer of Health.

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*To the Mayor, Aldermen and Councillors of the City of St. Albans
and the Chairman and Councillors of the St. Albans Rural
District Council.*

MR. MAYOR, MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my report on the health of the City of St. Albans and the St. Albans Rural District for 1950.

The general health remained good. Infectious diseases were low in incidence except for Measles and Whooping Cough which remained widespread until about June, 1951. It is very pleasing to note no cases of Diphtheria have occurred in 1950.

The statistics provided by the Registrar General naturally show certain differences compared with the provisional figures shown in my interim report but they do not alter the main conclusions.

Careful enquiry was made into all infant deaths but no connection appeared between deaths and social circumstances, housing or any of the other environmental factors. The infant death rate has certainly risen since last year but the actual numbers are so small that I do not attribute this rise to anything beyond the ordinary fluctuations inherent in small numbers.

It will be noted that the Registrar General has given the figure "O" for Maternal Mortality whereas in my interim report I reported one death. The actual cause of death was Peritonitis following rupture of the bladder but this occurred only 26 days after the birth of the child and I am reasonably certain that the primary cause was childbirth.

I have commented elsewhere on some aspects of the National Health Service Act but its tendency to concentrate on the curative side and ignore the prevention or Public Health side which we noted at the start, is very apparent.

If I might draw a simile, supposing a car manufacturer found that his cars were being brought back repeatedly for, say, back axle trouble, what would he do? Would he enlarge his repairs department (Hospital Department) or concentrate in his designs department (Public Health Department) to prevent his axles giving trouble?

Yet the prospects, financial and otherwise, of the Public Health Service are such that very few young doctors are coming forward. Several medical schools have had to close their D.P.H. course and of those remaining open only a very few candidates intend to enter the Public Health Service in this country and the rest intend to go abroad.

Public Health

and secretary in 1

al Officer of Health

Section A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

	St. Albans City	St. Albans R.D.C.
Registrar General's estimate of resident population ...	44,200	26,830
Area (in acres) ...	5,129	32,084
Number of inhabited houses on the Rate Books :—		
Dwelling Houses ...	12,072	6,476
Shops with living accommodation ...	574	91
Licensed Premises with living accommodation ...	89	60
Temporary Buildings ...	—	164
TOTAL ...	12,735	6,791
Rateable Value ...	£421,760	£182,773

Extracts from Vital Statistics.

	St. Albans City			St. Albans R.D.C.		
	M	F	Total	M	F	Total
Live Births—Legitimate ...	357	323	680	171	170	341
Illegitimate ...	27	13	40	7	7	14
Birth Rate per 1,000 of the estimated population ...			16.3			13.2
Stillbirths ...	3	8	11	6	1	7
Deaths ...	249	251	500	108	98	206
Death Rate per 1,000 of the estimated resident population			11.3			7.7

Deaths from Pregnancy,
Child Birth, Abortion.

	Deaths Nil	Rate per 1,000 (Total live and Stillbirths)	Deaths Nil	Rate per 1,000 (Total live and Stillbirths)
	—	—	—	—

Deaths of Infants under 1 Year of age.

Legitimate ...	17	7	24	6	1	7
Illegitimate ...	—	—	—	—	1	1
Death Rate of Infants under 1 year of age. All Infants per 1,000 live births ...		33.3			22.5	
Combined Rate ...			29.8			
Neonatal Death Rate ...			20.8		11.3	

The following Table gives the Death, Birth and Infant Mortality Rates since 1947.

Year	DEATH RATE		BIRTH RATE		INFANT MORTALITY RATE	
	St. Albans City	St. Albans R.D.C.	St. Albans City	St. Albans R.D.C.	St. Albans City	St. Albans R.D.C.
1947	12.6	9.2	17.9	16.5	33.0	54.0
1948	10.2	6.98	17.2	14.54	19.2	18.1
1949	11.5	8.2	18.2	14.8	13.1	22.2
1950	11.3	7.7	16.3	13.2	33.3	22.5

Causes of Death.

CAUSE OF DEATH	St. Albans City		St. Albans R.D.C.	
	M	F	M	F
1 Tuberculosis, respiratory ...	2	—	1	1
2 Tuberculosis, other ...	2	1	1	—
3 Syphilitic diseases ...	1	—	2	—
4 Diphtheria ...	—	—	—	—
5 Whooping Cough ...	—	—	—	—
6 Meningococcal infections ...	—	1	—	—
7 Acute Poliomyelitis ...	—	—	—	1
8 Measles ...	1	—	—	—
9 Other infective and parasitic diseases ...	1	1	1	—
10 Malignant neoplasm, stomach ...	7	6	3	5
11 Malignant neoplasm, lung, bronchus ...	11	2	5	—
12 Malignant neoplasm, breast ...	1	8	—	1
13 Malignant neoplasm, uterus ...	—	8	—	—
14 Other malignant and lymphatic neoplasms ...	21	19	11	9
15 Leukaemia, aleukaemia ...	1	3	—	—
16 Diabetes ...	—	2	—	—
17 Vascular lesions or nervous system	33	37	12	11
18 Coronary disease, angina ...	41	29	20	12
19 Hypertension ...	9	8	1	7
20 Other heart disease ...	30	47	15	31
21 Other circulatory disease ...	8	7	6	4
22 Influenza ...	1	3	2	—
23 Pneumonia ...	10	15	5	2
24 Bronchitis ...	13	4	2	1
25 Other diseases of respiratory system ...	3	2	1	1
26 Ulcer of Stomach and duodenum	2	2	2	1
27 Gastritis, enteritis and diarrhoea	3	2	2	1
28 Nephritis and nephrosis ...	5	4	1	1
29 Hyperplasia of prostate ...	2	—	4	—
30 Pregnancy, childbirth, abortion	—	—	—	—
31 Congenital malformations ...	5	2	—	—
32 Other defined and ill-defined diseases ...	25	36	7	8
33 Motor vehicle accidents ...	1	1	3	—
34 All other accidents ...	8	5	1	1
35 Suicide ...	2	—	—	—
36 Homicide and operations of war	—	—	—	—
TOTALS ...	249	251	108	98

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1950. Provisional figures based on Quarterly Returns.

		England and Wales	126 County Boroughs and Great Towns (including London) at 1931 Census	148 Smaller Townships Resident Population 25,000-50,000 at 1931 Census	London Adminis- trative County
Rates per 1,000 Home Population					
<i>Births</i>					
Live births	...	15.8	17.6	16.7	17.8
Stillbirths	...	0.37	0.45	0.38	0.36
<i>Deaths</i>					
All Causes	...	11.6	12.3	11.6	11.8
Typhoid and paratyphoid	...	0.00	0.00	0.00	0.00
Whooping cough	...	0.01	0.01	0.01	0.01
Diphtheria	...	0.00	0.00	0.00	0.00
Tuberculosis	...	0.36	0.42	0.33	0.39
Influenza	...	0.10	0.09	0.10	0.07
Smallpox	...	—	—	—	—
Acute poliomyelitis (including polioencephalitis)	...	0.02	0.02	0.02	0.01
Pneumonia	...	0.46	0.49	0.45	0.48
<i>Notifications (Corrected)</i>					
Typhoid fever	...	0.00	0.00	0.00	0.01
Paratyphoid fever	...	0.01	0.01	0.01	0.01
Meningococcal infection	...	0.03	0.03	0.02	0.03
Scarlet fever	...	1.50	1.56	1.61	1.23
Whooping cough	...	3.60	3.97	3.15	3.21
Diphtheria	...	0.02	0.03	0.02	0.03
Erysipelas	...	0.17	0.19	0.16	0.17
Smallpox	...	0.00	0.00	—	—
Measles	...	8.39	8.76	8.36	6.57
Pneumonia	...	0.70	0.77	0.61	0.50
Acute poliomyelitis (including polioencephalitis)	...	0.13	0.12	0.11	0.08
Paralytic	...	0.05	0.05	0.06	0.05
Non-paralytic	...	0.17	0.16	0.14	0.25
Food poisoning	...	0.17	0.16	0.14	0.25
<i>Deaths</i>					
All causes under		Rates per 1,000 Live Births			
1 year of age	29.8 (a)	33.8	29.4	26.3	
Enteritis and diarrhoea under					
2 years of age	1.9	2.2	1.6	1.0	
<i>Notifications (Corrected)</i>					
		Rates per 1,000 Total (Live and Still) Births			
Puerperal fever and pyrexia	...	5.81	7.43	4.33	6.03

Maternal Mortality in England and Wales.

International List No. and cause	Rates per 1,000 Total (Live and Still) Births	Rates per million women aged 15-44
651. Abortion with sepsis	0.09	7
650, 652. Other abortion	0.05	4
640-649, 670-678. Complication of pregnancy and delivery	0.54	—
681. Sepsis of childbirth and the puerperium	0.03	—
680, 682-689. Other complications of the puerperium	0.15	—

(a) Per 1,000 related live births.

ANALYSIS OF INFANT MORTALITY.

(Combined figures for two authorities).

CAUSE OF DEATH.	AGE AT DEATH.									
	Under 1 week	1 and under 2 weeks	2 and under 3 weeks	3 and under 4 weeks	Total under 1 month	1 and under 3 months	3 and under 6 months	6 and under 9 months	9 and under 12 months	Total under 1 year
Prematurity	8	—	—	—	8	—	—	—	—	8
Gastro Enteritis	—	—	—	—	—	3	—	1	—	4
Pneumonia	1	2	—	1	4	—	1	2	—	7
Atelectasis	1	—	—	—	1	—	—	—	—	1
Congenital Malformations	4	—	—	—	4	3	—	—	—	7
Marasmus	—	—	—	—	—	—	—	—	—	—
T.B. Meningitis	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—
Other Infectious Diseases	—	—	—	—	—	—	—	—	—	—
Other Causes	2	—	—	—	2	1	1	1	—	5
All Causes	16	2	—	1	19	7	2	4	—	32

It will be noted that exactly half of the deaths occurred in the first week of life. Many of these lived only minutes or an hour or so.

Section B.

GENERAL PROVISIONS OF HEALTH SERVICES FOR THE AREA.

Welfare Centres and Clinics.

Place	Address of Centre and Telephone No.	A.M. or P.M.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Bricket Wood	The Social Club, Oak Avenue.	a.m.						
"		p.m.		Infant Wel- fare 2nd & 4th (Dr. attends 2nd) 2-4				
"	Nurses' Cottage, Mount Pleasant Lane (Garston 2183).		Minor Ailments treated between 8.30 and 9 a.m.					
Colney Heath	The Pavilion.	a.m.						
"		p.m.		Infant Welfare 1st & 3rd 2.30-4				
"			Minor Ailments—children treated in own homes or at local school					

WELFARE CENTRES AND CLINICS—continued

Place	Address of Centre and Telephone No.	A.M. or P.M.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Harpenden	Memorial Hospital (Harpenden 3696)	a.m.		Ophthalmic (1st & 3rd) 9.30—12	Minor Ailment 9—1 (Dr. attends)	Speech Therapy 9.30—12.30		Orthopaedic (once monthly Surgeon attends).
		p.m.	Ante-Natal 2—4.		Infant Welfare 1.45—4.30 (1st & 3rd)			
	Batford J.M.I. School, Pickford Hill, Harpenden	a.m.						
		p.m.			Infant Welfare (2nd & 4th)			
London Colney	Primary School, King's Head Lane.	a.m.					Minor Ailments 9.30—12 Dr. attends (2nd & 4th)	
		p.m.		Infant Welfare (1st & 3rd) 1.45—4.30				

WELFARE CENTRES AND CLINICS—continued

Place	Address of Centre and Telephone No.	A.M. or P.M.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Redbourn	Congregational Hall	a.m.						
"		p.m.		Infant Welfare (2nd & 4th) 2.30—4.30				
"	18, Bettespol Meadows, (Nurse's residence, Redbourn 251)				Minor Ailments treated 8.15—8.30 and 6.15—6.45.			
St. Albans	The Village Hall, Park Street.	a.m.						
"		p.m.	Infant Welfare (2nd & 4th) 1.30—4.0					
"	St. Luke's Hall, Camp Road.	a.m.						
"		p.m.					Infant Weighing (2nd & 4th) 2.0—4.0	

WELFARE CENTRES AND CLINICS—continued

Place	Address of Centre and Telephone No.	A.M. or P.M.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
St. Albans (continued)	Wellington Court, Bricket Road (St. Albans 5002).	a.m.	Immunisation and Minor Ailments 9-12 Doctor attends 9.30	Dental 9.30—12.30 Orthoptic 10.0—12.30 Ophthalmic 10.0—12	Dental 9.30—12.30 Ante-Natal 9.30—11.30 Speech 9.30—12.30	Dental 9.30—12.30 Speech 9.30—12.30	Orthoptic 9.30—12.30 Dental 9.30—12.30 Ophthalmic 2nd when required	Dental 9.30—12
			Dental 9.30—12.30 Speech 9.30—12.30					
		p.m.	Speech 1.30—4.30 Dental 2.0—5	Dental 2.0—5 Infant Welfare No Doctor Foods Issued 1.30—4 Speech 1.30—4.30 Ophthalmic 1.30—3.30 (1st, 3rd & 5th week)	Infant Welfare No Foods Issued 1.30—4 Dental 2.0—5 Speech 1.30—4.30	Dental 2.0—5 Orthoptic 2.30—4.30 Speech 1.30—4.30	Infant Welfare 1.30—4 Orthoptic 2.30—4.30	
,,	Bricket House, Bricket Road (St. Albans 5431).	a.m.	Orthopaedic		Orthopaedic		Orthopaedic	
		p.m.	Orthopaedic		Orthopaedic (Surgeon attends 3rd)		Orthopaedic (Surgeon attends 2nd)	

WELFARE CENTRES AND CLINICS—continued.

Place	Address of Centre and Telephone No.	A.M. or P.M.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
St. Albans (continued)	Osterhills Hospital, Normandy Road, (St. Albans 2211).	a.m.			Post-Natal 11.0			
		p.m.		V.D. (women) 5.0—7	V.D. (men) 2.0—4		V.D. (women) 2.0—4 Men 5.0—7	
"	Chest Clinic, Osterhills Hospital.	a.m.		Children 11.0				
		p.m.	St. Albans Patients 2.0					
"	The Clinic, Hill End, (St. Albans 5555).	a.m.	Child Guidance	Child Guidance	Child Guidance	Child Guidance	Child Guidance	
		p.m.	Child Guidance	Child Guidance	Child Guidance	Child Guidance	Child Guidance	
"	Fifield House, Manor Road, Lemsford Road, (St. Albans 266).		Ophthalmic cases referred to Doctor at his surgery between 9 and 10 a.m. or 6 and 7 p.m., except Tuesday evenings and alternate Saturday evenings. (Cases which cannot be received at his consulting rooms can be seen at Wellington Court Ophthalmic Clinic).					

WELFARE CENTRES AND CLINICS—continued.

Place	Address of Centre and Telephone No.	A.M. or P.M.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sandridge	The Parish Hall, Sandridge.	a.m.						
		p.m.		Infant Weighing (2nd & 4th) 2.30—3.30				
Shenley	2, Reynold's Crescent, (Nurse's residence), Sandridge.		Minor Ailments treated 4—5 p.m. or in children's own homes, if necessary.					
			Minor Ailments treated at school. Nurse's address—"Elsyna," Main Road, London Colney. (Telephone—London Colney 3189).					
Wheatthampstead	Inez Cottage, Luton Road, (Nurse's Residence), Wheatthampstead 3123.		Minor Ailments treated 8.30—9 a.m.					
		a.m.						
	Mead Hall, East Lane.	p.m.					Talks to Mothers (1st week) 3.0 Infant Welfare (2nd & 4th week) 2.30—4. Dr. attends 4th. Ante-Natal (4th week combined with above	

National Health Service Act.

THE DIVISIONAL ADMINISTRATION of the Health Services administered by the County Council continues to work very smoothly. From what I learn from my colleagues in other counties we are indeed fortunate in Hertfordshire.

The loss of effective control by the Medical Officer of Health of the Infectious Disease Hospitals is undoubtedly a serious fault of the Act.

Likewise the separation of the MATERNITY HOSPITALS from the Maternity and Child Welfare Service does not appear to be an advance.

T.B. SANATORIA AND DISPENSARIES or, as they are now called, Chest Clinics, come under the Hospital Service. The Tuberculosis Officer, or as he is now called, the Chest Physician, comes under the Hospital Service with only three elevenths of his time devoted to the County Council preventive service.

The remedy for this state of affairs is not easy but the following suggestions might be considered:—

(1) The setting up of a new, elected, all-purpose Health Authority covering say one Division of Hertfordshire or the area of a Hospital Management Committee—this authority to be in charge of all Health Services in its area—Environmental, Personal, Hospitals and General Practitioners.

(2) Hospitals with a Public Health aspect, e.g., Infectious Disease, Maternity, T.B., should revert to the Authority in whose charge they were prior to 5th July, 1948.

(3) The appointment of the Medical Officer of Health of the area in which the Infectious Disease Hospital is situated as Part-time Specialist in charge of Infectious Disease Beds. This would not cover the difficulties of the Maternity Hospital or the T.B. Service but could be done by administrative act whereas either 1 or 2 would involve fresh legislation.

Personally I think the one all-purpose Health Authority of sufficient but not too large size is the only real solution. It would have to be heavily subsidised by the central government to cover the hospital services. It must be big enough to produce a reasonable sum from rates but not so big that the elected representatives are out of touch with the very personal problems involved.

Ambulance Service.

I am indebted to Divisional Officer R. Hughes for the following information :—

As will be seen from the following table the number of calls shows an increase over 1949. The key system mentioned in the last report has proved invaluable in dealing with serious accident cases.

The introduction of a scheme whereby Ambulances can be called by wireless is being considered and it is anticipated that this scheme may be in operation in 1951.

The following schedule shows weekly statistics of calls for the whole of 1950. It will be remembered that the total number of calls received for 1949 was 5,537 so the calls this year have increased at the rate of 48%.

DATE	Acc.	Sudden Illness	Rem'ls	Rem. Mat'y.	Total	Mileage
January 7 ...	8	3	120	12	143	2,060
14 ...	6	2	110	6	124	1,661
21 ...	11	4	111	8	134	2,021
28 ...	9	5	113	11	138	1,726
February 4 ...	6	5	131	6	148	1,892
11 ...	5	5	119	12	141	1,757
18 ...	10	4	127	10	151	1,989
25 ...	5	5	108	7	125	2,087
March 4 ...	10	1	126	7	144	2,171
11 ...	6	5	122	9	142	2,039
18 ...	7	2	126	7	142	1,587
25 ...	4	4	145	6	159	2,012
April 1 ...	5	1	140	8	154	2,256
8 ...	4	1	130	9	144	1,908
15 ...	4	1	114	10	129	1,707
22 ...	8	1	143	2	154	2,267
29 ...	3	5	138	8	154	1,790
May 6 ...	9	1	138	9	157	2,059
13 ...	5	1	145	11	162	1,700
20 ...	7	2	129	13	151	1,927
27 ...	7	3	136	4	150	2,057
June 3 ...	12	2	85	4	103	1,424
10 ...	17	6	105	4	132	2,185
17 ...	9	5	91	8	113	1,839
24 ...	7	2	125	11	145	2,134
July 1 ...	15	2	149	6	172	2,030
	199	78	3,226	208	3,711	50,285
8 ...	8	4	146	9	167	1,192
15 ...	11	5	141	5	162	1,987
22 ...	6	3	133	8	150	2,038
29 ...	2	3	137	7	149	1,712
August 5 ...	9	3	124	6	142	1,907
12 ...	14	7	84	12	117	1,292
19 ...	12	7	105	8	132	1,758
26 ...	6	3	142	10	161	1,746
Sept. 2 ...	10	3	162	8	183	2,571
9 ...	1	9	149	9	168	2,248
16 ...	9	3	159	11	182	1,888
23 ...	11	5	136	8	160	1,811
30 ...	8	4	178	8	198	2,040
October 7 ...	6	5	180	6	197	2,383
14 ...	13	4	199	5	221	2,062
21 ...	9	3	184	10	206	2,298
28 ...	15	5	130	10	160	1,839
November 4 ...	15	1	162	5	183	1,971
11 ...	16	5	136	8	165	1,785
18 ...	9	4	134	5	152	1,591
25 ...	11	5	169	4	189	1,839
December 2 ...	6	7	181	7	201	2,122
9 ...	6	6	173	9	194	1,646
16 ...	9	4	190	9	212	2,160
23 ...	5	8	177	6	196	1,842
30 ...	5	2	113	6	126	1,465
	431	196	7,150	407	8,184	99,478

All journeys over 50 miles (outward) have to be individually sanctioned by me and I feel that little or no abuse of the service occurs in regard to these long distance journeys but the rise in local calls is very disturbing.

Hospitals.

I am indebted to F. Stanford, Esq., Secretary, Mid-Herts. Group Hospital Management Committee for the following information :—

The allocation of beds is as follows :—

			Osterhills Unit	Sisters' Unit	Mid-Herts Unit	Bricket House
General	...	...	65	—	95	13
Chronic Sick	...	...	60	—	—	—
Fever	...	...	—	63	—	—
Sick Children	...	...	25	—	15	—
Tuberculosis	...	...	—	31	—	—
Mental	...	...	—	—	—	—
Maternity	...	...	44	—	—	8
Others	...	...	6	—	—	—
TOTALS	...	...	*200	94	110	21

* In addition to these beds, accommodation is also provided for 179 aged and infirm persons (and 50 beds for warefarers who pass through the Reception Centre) for and on behalf of the Hertfordshire County Council.

I have been elected a member of the St. Albans Area Medical Advisory Committee of the Mid-Herts. Group Hospital Management Committee.

School Medical Service.

The general health of the school population remains high and fewer children fell into category "C." Many of these children came from poor homes and unfortunately did not (or only occasionally did) participate in the school meal scheme, a number of whom also even refused school milk.

The Schools Meals Service has maintained a very high standard despite many difficulties and it is noteworthy that no case of suspected food poisoning has been reported. No serious epidemic disease broke out, though the incidence of Pertussis and especially Measles was high throughout the year.

It is noteworthy that parents are continuing to take an active and indeed an increasing interest in routine and special inspections. It is now unusual for an entrant to be unaccompanied at a medical examination.

Postural defects were frequently encountered, but the defects were generally slight. Round shoulders without bony deformity was commonest and generally responded to correction, remedial exercises and proper breathing instruction. A small proportion of cases of Spinal Curvature (Scoliosis, Kyphosis and pigeon chest) were noted in association with chronic chest conditions such as Asthma and Bronchitis.

The rate of provision of spectacles has improved, the wait has been considerably reduced and it is now uncommon to meet delays longer than 3—4 months. In my opinion this is still too long, particularly with growing children and it is hoped that the waiting list will be still further reduced.

Uncleanliness was uncommon and verminous conditions were actually rare.

The numbers awaiting operation for Tonsils and Adenoids on the school lists for this area is 213 but the numbers on the hospital waiting lists are Mid-Herts. 50, Osterhills 489 i.e., 539. I have discussed these figures with the E.N.T. specialist and we agree that these figures are grossly exaggerated. It is really amazing how many apparently bad tonsils will recover if left alone, especially under the age of seven. The waiting list is now being gone through very carefully by the E.N.T. specialist and I shall be surprised if the final hospitals lists comes to 100 cases.

Nursing in the Home.

The District Nursing Sisters are available for all cases of domiciliary nursing which includes Midwifery and General Nursing and in all cases where there is illness in the home where a request is made personally or at the request of the Doctor in attendance.

All notifications of measles and whooping cough, and diseases where skilled nursing is particularly necessary are passed on at once to the District Nurse so that if she has not already been called in she can offer her services.

Home Help Service.

This service is administered by the Herts. County Council and provides domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age, within the meaning of the Education Act, 1944.

Day Nurseries.

There are three Day Nurseries in the St. Albans Division; two in the City of St. Albans, and one in Elstree.

All these Nurseries have long waiting lists; so much so that the County Council had to make a definite priority scheme for admission of children.

SECTION C.**SANITARY CIRCUMSTANCES OF THE AREA.****Water Supplies.**

The water supply in all areas was good throughout the year. The outlying hamlet of Coleman Green was put on mains supply. All mains supplies are chlorinated and we continue to get occasional complaints of chlorine taste but the only solution to this is the installation of dechlorination plant—a very expensive item. There can be no question of ceasing to chlorinate supplies of water derived in the main from deep wells in chalk.

Drainage and Sewerage.

Good progress is being made in the provision of sewers in the R.D.C. and the main Colne Valley sewer will, we hope, be able to take sewage from a large part of the rural area and practically all that from the city by the end of 1951. Park Street sewage works will then be a thing of the past.

The condition of the River Lea has undoubtedly improved in 1950 but is still very far from satisfactory. How much of the improvement is due to better treatment of the Luton sewage and how much to the increased rainfall giving a considerably higher dilution, I cannot say.

As was to be expected Luton Corporation obtained an extension of the time laid down by the court to improve their effluent. Their problem of producing an effluent which will be satisfactory when put into such a relatively small stream as the Lea is a very difficult one.

Disposal of Household Refuse.

This remains a very difficult problem. The arguments for and against the utilization of disused gravel pits mentioned in my last report have not yet been settled but from all the evidence I have seen my opinion is hardening that the dangers to water supply by the use of most gravel pits for controlled tipping of household refuse are rather exaggerated.

Pigbins.

Complaints are continuously received about these insanitary nuisances. Representations were made on behalf of the City of St. Albans to get the direction to collect Pig Swill removed, but without success. The government with one voice press for a clean food campaign and yet insist on our continuing this most insanitary service. It was suggested we should install individual bins in each house. These would require emptying at least twice a week yet it is only with the greatest difficulty on account of shortage of labour that the City can empty the ordinary household refuse bins weekly. The Rural District Council is fortunate in not having to deal with pig bins.

Swimming Baths.

The public swimming baths in the area—one in the City and two in the Rural District—have at all times been well maintained. Continuous filtration and chlorination is carried out at all three and the bacteriological results which are checked frequently throughout the summer, have proved very satisfactory.

Mortuary.

The following bodies were removed to the mortuary:—

Adult—Males	...	...	...	...	34
„ Females	...	...	...	...	29
Children—Males	...	...	...	...	3
„ Females	...	...	...	...	1
Number of Post Mortems	...	...	...	...	67

SECTION D.

HOUSING

Rehousing is still the greatest problem confronting the two Councils. Both use a points scheme and in addition all certificates from medical practitioners requesting priority for any of their patients are submitted to me as Medical Officer of Health. I have the power to allocate additional points on medical grounds without disclosing my reasons for doing so. In extreme cases I also have the power of giving absolute priority but this power I am very unwilling to use as, of course, if this power were abused it would ruin the whole points scheme with which I am completely in favour.

The duty thus imposed on me is a very difficult one and I have no doubt that on occasions I shall make mistakes but I can assure both Councils that I shall do my utmost to make their housing scheme work as fairly as is humanly possible, bearing in mind the very large and urgent demand for houses.

Points are allotted independently of me for such conditions as overcrowding. I therefore never give points for conditions which already attract points under the housing points scheme.

CARAVANS. Public Health Act, 1936, Section 269.

The caravan problem is becoming increasingly difficult especially in St. Albans Rural District. With the continued housing shortage more people are trying to solve their housing problem by the purchase of a caravan and many such caravans are certainly better than living in overcrowded houses or houses which ought to be demolished.

But a caravan suitable for a married couple without children becomes a bit of a problem when in due course the children arrive. Then there is an urgent application for a Council House. So local authorities are naturally a bit chary in allowing many caravans in their area.

It is also true that a good caravan on a bad site is hopeless ; equally so a bad caravan on a good site is not only harmful to its own occupants but also to other caravan dwellers on the site.

Under section 269 of the Public Health Act, 1936, it is possible to licence (a) the individual caravan, and (b) the site, with stipulations on the number of caravans, distances apart, drainage and water supply. Legally it is considered doubtful if such a site licence can ever be revoked provided the conditions laid down initially are observed but this difficulty can be overcome by licensing the site also under the Town and Country Planning Act, giving a licence for X years according to all the circumstances. If we ask the owner to provide made-up paths, drainage and water supply, he is entitled to sufficient security of tenure as a caravan site to provide a reasonable return on his capital outlay. It is necessary, therefore, to consider each site on its merits and give town planning permission for a period which will give such a return on the capital cost of making the site fit.

These principles have been adopted by the St. Albans Rural District Council and are at present under consideration by the City Council.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD

Food Poisoning Outbreaks.

Total No. of Outbreaks	Number of Cases	Number of Deaths	Organisms or Other Agents Responsible with Number of Outbreaks of Each	Foods Involved with Number of Outbreaks of Each
1	1	—	Salmonella Typhi Murium	Duck Egg

Clean Food Campaign.

Both Councils adopted the model by-laws as recommended by the Ministry of Health.

It is realised that these by-laws are by no means all that we require to ensure reasonable cleanliness in handling of food but they are apparently the best we can obtain for the time being and we hope and expect that we shall be able to get much more stringent by-laws in the near future.

I have given lectures accompanied by an excellent film from the Ministry of Food on "The Dangers of Unclean Handling of Food," but they were extremely badly attended. I feel we should undertake these lectures again this year but have a different time for them so that we can ensure a better attendance. I believe the early afternoon would probably be the best time when I believe we can secure the co-operation of the trade in seeing that their assistants do, in fact, attend during their normal working hours.

At the same time it is very difficult to show the public the necessity for clean food when we have scattered about the streets of the City pig bins with their contents by no means as fresh as they might be, open to flies and dogs and other means of contaminating food.

Ice Cream.

The samples we have taken of ice cream throughout the year have shown a very marked improvement on previous years and it is now rare for us to find a sample in grade 4 or if it does occur it is only an isolated one.

MILK. Milk and Dairies Order, 1949.

With the excellent co-operation we have with Herts. County Council, and so far as T.B. is concerned the Ministry of Agriculture and Fisheries, this order seems to be working fairly well. In so far as infection by *Brucella Abortus* is concerned the Ministry of Agriculture seem to be unable to do very much. The infection is so widespread. There are, however, certain points to which I would wish to draw your attention.

(1) It has been said that the Medical Officer of Health has no right to take samples at the farm but only "in course of delivery." I can see nothing however in the regulations which interferes with the elementary right of the Medical Officer of Health to trace infectious disease if possible to its source and I do therefore take samples at the farm from which milk infected with any bovine disease communicable to man is derived. Obviously to avoid duplicating I get in touch with the County Council and Ministry of Agriculture first.

(2) In two instances where milk "in course of delivery" was found to contain T.B. Bacilli the dairyman informed me it came from X farm. On going to this farm I was at once confronted with the demand, "How do you know it was our milk?" In both cases I could not prove it was from that farm and on the most careful check-up by samples taken at the farm and thorough examination by a veterinary surgeon of the herd I came to the conclusion that the original sample which contained T.B. did not come from the farm or possibly had been contaminated subsequently to its leaving the farm.

This is a very serious matter as I had to serve on the dairyman an order prohibiting the sale of T.T. milk, of which he had only the one supply, until it had been pasteurised, thereby causing a very serious slur on the T.T. farm concerned, though I am convinced that the milk left the farm free of T.B. infection.

(3) If I serve a notice on a dairyman requiring milk to be pasteurised he cannot claim any compensation but if I serve it on the producer he can, unless he had reason to believe the milk was contaminated, receive compensation from the local authority. Now the dairyman can practically never have reason to believe his milk is contaminated but the farmer in some instances should at least inspect it; e.g., a cow aborting should lead him to suspect *Brucella Abortus*.

Further, as most farms are in Rural Districts this provision means that Rural Districts are paying compensation for the protection of the milk supply of the towns which seems hardly fair. It is true the Ministry of Health repay 75% of such compensation but even 25% can amount in total to a fairly large sum on what is a comparatively low rateable value.

SECTION F.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

Notifiable Diseases (other than Tuberculosis) during 1950.

DISEASES	ST. ALBANS CITY		ST. ALBANS R.D.C.	
	Notified	Deaths	Notified	Deaths
Diphtheria	—	—	—	—
Scarlet Fever	58	—	31	—
Pneumonia	10	—	8	—
Puerperal Pyrexia ...	1	—	—	—
Erysipelas	9	—	7	—
Encephalitis Lethargica	—	—	—	—
Poliomyelitis	5	—	3	1
Ophthalmia Neonatorum	—	—	—	—
Malaria	—	—	—	—
Typhoid and Paratyphoid	2	—	—	—
Cerebro spinal Meningitis	2	—	—	—
Dysentery	—	—	24	—
Measles	743	1	269	—
Whooping Cough ...	217	—	104	—
Infective Hepatitis ...	34	—	5	—

Infectious Diseases—(Ages), St. Albans City.

AGE GROUP	Scarlet Fever	Whooping Cough	Poliomyelitis	Measles	Infective Hepatitis	Puerperal Pyrexia
Under 1 ...	—	13	—	11	—	—
1—2 ...	4	41	—	112	—	—
3—4 ...	5	67	1	191	3	—
5—9 ...	34	87	—	384	10	—
10—14 ...	9	2	1	14	6	—
15—24 ...	4	—	2	3	3	—
25—over ...	—	3	1	11	12	1
Age Unknown ...	2	4	—	17	—	—
TOTALS ...	58	217	5	743	34	1

AGE GROUP	Pneumonia	Typhoid and Paratyphoid	Erysipelas	Cerebro Spinal Meningitis	Dysentery	
Under 5 ...	—	1	—	—	—	
5—14 ...	—	—	—	—	—	
15—44 ...	3	1	2	—	—	
45—64 ...	4	—	4	1	—	
65—over ...	2	—	1	1	—	
Age Unknown ...	1	—	1	—	—	
TOTALS ...	10	2	9	2	—	

Infectious Diseases—(Ages), St. Albans R.D.C.

AGE GROUP	Scarlet Fever	Whooping Cough	Poliomyelitis	Measles	Infective Hepatitis
Under 1 ...	—	7	—	2	—
1—2 ...	4	37	—	38	—
3—4 ...	4	30	—	72	—
5—9 ...	16	27	1	153	—
10—14 ...	6	—	1	2	1
15—24 ...	1	1	—	1	1
25 and Over ...	—	2	1	1	3
Age Unknown ...	—	—	—	—	—
TOTALS ...	31	104	3	269	5

AGE GROUP	Pneumonia	Typhoid and Paratyphoid	Erysipelas	Cerebro Spinal Meningitis	Food Poisoning	Dysentery
Under 5 ...	1	—	—	—	—	6
5—14 ...	1	—	—	—	—	10
15—44 ...	4	—	4	—	—	6
45—64 ...	2	—	2	—	—	—
65—Over ...	—	—	1	—	—	2
Age Unknown ...	—	—	—	—	—	—
TOTALS ...	8	—	7	—	—	24

Poliomyelitis.

There were 8 cases notified during the year—5 from The City and 3 from the Rural District Council with one death (St. Albans Rural District). Compared with the country as a whole this was less than one would expect. Each case was very fully investigated but no case could be directly or indirectly attributed to infection from another case.

I see no reason to depart from the view expressed in last year's report that the notified cases only represent a small proportion of the total incidence.

That the disease is infectious cannot be doubted and the only possible explanation of scattered cases with no connection between them—not even a possible "carrier"—is that the infection is in fact very widespread but that most cases are abortive and are never seen, even by the private practitioner, yet are capable of infecting others with occasionally disastrous effect.

Some very interesting investigations were carried out by the Metropolitan Water Board which showed that though the infection can be carried by water the ordinary methods of purification of water supplies carried out in London and all water authorities in my division are sufficient to prevent infection being conveyed in the water supply.

Smallpox.

There were no cases during 1950.

Vaccination.

In spite of the fall in the birth rate there was a considerable increase in the number of vaccinations in 1950 compared with 1949, chiefly due, I think, to the influence of the Brighton outbreak.

The country is much more vulnerable to Smallpox now than 40 years ago. Smallpox is and always has been endemic in the Middle and Far East but before the advent of air travel if a person contracted the infection there he developed the disease before he could arrive in this country. Now he may be infected in say Cairo and be here in 24 hours by air, develop the disease 11 days later and spread it all over the place, especially if he has been vaccinated and hence has only a mild attack.

The risks of complications in primary vaccination are very slight indeed if it is done in the first few months of life but progressively increase with age until they become by no means negligible. This increase does not apply to re-vaccinations.

In many occupations and for travel to certain countries it is essential to produce a certificate of recent vaccination. I most strongly advise, therefore, that every child should be vaccinated before 12 months of age. It will retain some degree of protection against Smallpox for life and in any case, when re-vaccination is advisable or necessary the risks will be very slight. In the absence of primary vaccination in infancy I do not recommend primary vaccination in an adult unless there is a definite risk of infection.

Steps were taken to see that nurses, porters, etc., in the local hospitals had been recently vaccinated and I was appalled to find the proportion of such people who had never been vaccinated, yet these people are definitely at very considerably greater risk than the general public. At any time a case may appear at outpatients or be admitted with some obscure rash which, because he has recently been vaccinated, does not show any of the characteristics of Smallpox. That is exactly what happened at Brighton.

Vaccination.

The following figures relate to the St. Albans Division of the Herts. County Council. No separate figures are available for St. Albans City and Rural District, but the figures give a general idea of the number of persons who are being vaccinated in the St. Albans area.

Number of Persons Vaccinated (or re-vaccinated) during 1950.

AGE AT 31ST DECEMBER	Under 1	1 to 5	5 to 14	15 or over	Total
Number vaccinated ...	621	89	33	52	795
Number re-vaccinated ...	—	5	22	187	214

Number of Cases specially reported during period (age group as above)

(a) Generalised Vaccinia	—	—	—	—	—
(b) Post-vaccinal Encephalomyelitis	—	—	—	—	—
(c) Death from Complications of vaccination other than (a) and (b) ...	—	—	—	—	—

Number of births registered for the St. Albans Division ...	1,319
Primary vaccination rate per 100 births ...	60

Diphtheria.

It is very pleasing to report that no cases of Diphtheria were notified during 1950. This undoubtedly shows the success of active Diphtheria Immunisation.

The recommended procedure now is 0.5 c.c. A.P.T. as soon after 6 months of age as possible and a second injection of 0.5 c.c. A.P.T. at 12 months but with a minimum interval of 1 month.

The reinforcing dose of 0.5 c.c. should be given at the age of 5 years.

Immunisation against Diphtheria.

Immunisation is carried out by private practitioners and assistant County Medical Officers. No separate figures are available for St. Albans City or Rural District, but the following figures which relate to the St. Albans Division of the Herts. County Council which comprises St. Albans City, St. Albans R.D.C., Harpenden U.D.C. and Elstree R.D.C., obtained from the Divisional Health Office will be of interest.

Number of Children who completed a Full Course for Primary Immunisation in the Authorities' Area (including temporary residents) in 1950			Total Number of Children who were given a secondary or reinforcing injection (i.e., subsequent to complete full course).
Age at date of Final Injection		Total	
Under 5	5 to 14		
1,068	50	1,118	626

Births for the same area	...	...	...	...	1,319
Primary Immunisation Rate per 100 births	...	...	...	...	85

Tuberculosis.

Cases on Register as at 31st December, 1950.

	PULMONARY		NON-PULMONARY		TOTALS
	Male	Female	Male	Female	
St. Albans City	128 (117)	74 (69)	39 (39)	35 (33)	276 (258)
St. Albans R.D.C.	90 (82)	80 (70)	26 (22)	28 (23)	224 (197)
TOTALS	218 (199)	154 (139)	65 (61)	63 (56)	500 (455)

Figures as at 31st December, 1949, are in brackets.

These figures show a disturbing rise in the total numbers of people suffering from T.B. in the area especially in those with Pulmonary disease. Probably there are several factors involved. Housing, despite all the efforts of the two councils is, I am afraid, no better over all than it was in 1946. Owing to the effects of the rent restrictions acts and the continued rise in the cost of repairs more houses are falling into the class which ought to be, but, under present circumstances, cannot be demolished, than are being built.

Shortage of hospital beds is undoubtedly another factor, but this area is much more fortunate than most in this respect. This affects not only the cure of cases with the disease but also increases the chance of such cases infecting others and is in fact a vicious circle. Modern treatment with antibiotics, etc., can undoubtedly be given safely at home if the home conditions are reasonably good, thus saving hospital beds, but there remains some element of risk of the patient spreading the infection.

Lastly, the visit of the Mass Radiography Unit may have had the effect of pushing up the numbers slightly owing to cases being found by that means which would not have been diagnosed otherwise. Owing to the opening of a privately run Hostel for 40 ambulant T.B. cases from the L.C.C. early this year the register is certain to show an increase at the end of 1951. This is a Hostel, not a Nursing Home, and as such we have very little control of it, but it is idle to pretend that the influx of 40 infectious cases, free to visit licensed premises, etc., in the area does not increase the risk of infection to the local inhabitants. Further, as and when they require hospital treatment they occupy local T.B. hospital beds to the detriment of local hospital waiting lists. I was not consulted in any way by the owner or the L.C.C. as to the opening of this Hostel and I consider the site chosen by no means ideal for such a purpose.

The disposal of ambulant cases of Pulmonary T.B. who have no homes to go to is certainly a very difficult problem but I would submit that when one Local Authority, in this case the L.C.C., wish to place them in the area of another Local Authority, some measure of consultation should take place.

The first steps for a full scale trial of B.C.G. Vaccine have been carried out in some schools in the city. This vaccine has shown definite results in Scandinavia and U.S.A. and I am very hopeful of it showing equally good results here, but it will take five to ten years before even tentative deductions can be made.

REPORT OF THE CHIEF SANITARY INSPECTOR ST. ALBANS CITY.

PUBLIC HEALTH DEPARTMENT,
38, ST. PETER'S STREET,
ST. ALBANS.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present to you my Annual Report on the work carried out by the Department during 1950.

HOUSING.

Despite continuing difficulties it will be noted that a large number of dwelling houses were rendered fit as the result of informal action and in no instance was it necessary to institute legal proceedings.

Difficulties in securing necessary works of repair to dwelling houses still persist and are as great now as at any time during the post-war years. In spite of the fact that repairs asked for are kept to a reasonable minimum, many owners and agents are slow in arranging for the execution of any repairs brought to their notice. This is undoubtedly due to the existing rigid control of rents which allows a very small margin to meet present-day cost of repairs. As a result of delays in carrying out repairs much valuable time, which could well be spent in other spheres, is taken up with the investigation of more frequent complaints from occupiers and further interviews with owners, agents and builders.

In consequence of only the minimum repairs having been carried out to certain poorer types of property during and since the war a stage has now been reached with certain properties when further repairs would be uneconomical and ineffective. The time may not be far ahead when I shall be forced to make representations for their demolition.

While reporting on the problem of insanitary houses incapable of being made fit at a reasonable cost, I am forced to refer to the situation which will inevitably arise in the near future in the Park Street area. The main sewerage scheme is now nearing completion and soon the subsidiary sewers will be laid. The expense involved in this scheme will have been wasted to some extent unless existing pail closets are replaced with water closets connected to the main drainage system. Many of the properties in this area are in the "demolition" category and consequently it would be unreasonable to expect owners to spend money on closet conversions. On the other hand it would be iniquitous for people who are unfortunately living in insanitary houses to be deprived of an essential amenity because their houses do not warrant the cost involved in carrying out the necessary work.

I am not unmindful of the present housing difficulties but I cannot subscribe to the idea that, in all circumstances, "any house is better than none." Many authorities are combating this problem of demolishing insanitary houses by allocating a small proportion of new Council houses each year for the purpose of rehousing occupiers of unfit houses which can then be demolished. I consider that a policy such as this is to be commended, as whilst no large scale clearance of unfit houses can be embarked upon at the present time, the accumulative effect of such a policy over a period say of only five years will have achieved the same end.

RODENT CONTROL.

There has been a considerable increase in the work of rodent control, no doubt due to the service, now firmly established, having become more widely known.

The free service for private dwellings continues but half the cost involved is reimbursed by the Ministry of Agriculture and Fisheries. It is still considered undesirable to make any charge in respect of private dwellings as the grant from the Ministry would be reduced accordingly, and the cost involved in recovering any charges made in respect of such premises would be uneconomical. It is felt also that the response received from the public in reporting infestations would not be so readily forthcoming, and this would only result in detriment to this important branch of the work.

INSPECTION AND SUPERVISION OF FOOD.

With the adoption by the City Council of the Ministry of Food's Model Food Byelaws, considerable attention has been paid to food and food premises in the City and I am pleased to record the happy co-operation which exists between members of the staff on the one hand and food traders generally on the other. Much still remains to be done, however, particularly in the education of food handlers and the general public, but it can be fairly claimed that there has been considerable improvement in the standard of cleanliness in food premises during the year.

MILK.

Regular inspections of pasteurising establishments, of which there are four in the City, and of dairies have continued. Weekly samples of all Tuberculin Tested, Pasteurised and Tuberculin Tested (Pasteurised) Milks are submitted for bacteriological examination, the results of which are set out on page 41. The total number of samples examined represents an increase of 76% compared with the previous year and is more than three times the number submitted in 1948.

It is pleasing to record the continued high standard of the milk supply in the City.

I should like to refer to the assistance so readily afforded at all times by Mr. C. W. McHugo, the Public Analyst and by Dr. J. H. C. Walker, Director of the Public Health Laboratory Service, Luton.

I again desire to express my appreciation of the loyal co-operation of the staff and to thank the Chairman and Members of the Public Health Committee for the support received throughout the year.

I am,

Your obedient servant,

R. E. C. GODDARD,

Chief Sanitary Inspector.

SANITARY INSPECTION OF THE AREA.

The following is a summary of inspections made during the year :

Dwelling Houses	...	...	...	...	...	...	594
Complaints reported to Department	...	...	...	...	...	...	240
Complaints <i>re</i> rats and mice	...	...	...	...	...	...	279
Complaints <i>re</i> flies, woodworm, etc.	...	...	...	...	...	...	207
Infectious diseases and contacts	...	...	...	...	...	...	75
Disinfestation of verminous premises	...	...	...	...	...	...	347
Council houses sprayed prior to occupation	...	...	...	...	...	...	272
Fumigation of verminous premises (H.C.N.)	...	...	...	...	...	...	1
Common Lodging Houses	...	...	...	...	...	...	20
Factories	...	...	...	...	...	...	184
Cinemas	...	...	...	...	...	...	6
Vacant lands and dumps	...	...	...	...	...	...	25
Rats and Mice	...	...	...	...	...	...	533
Rivers and Streams	...	...	...	...	...	...	26
Drains examined and/or tested	...	...	...	...	...	...	27
Cesspools receiving attention	...	...	...	...	...	...	10
Stables and piggeries	...	...	...	...	...	...	24
Tents, vans, sheds and caravans	...	...	...	...	...	...	62
Licensed Premises	...	...	...	...	...	...	20
Food Premises (See later Section)	...	...	...	...	...	...	1,568
Interviews	...	...	...	...	...	...	543
Miscellaneous Visits	...	...	...	...	...	...	866
Revisits to premises under notice	...	...	...	...	...	...	979
Revisits to work in progress	...	...	...	...	...	...	335
Swimming baths	...	...	...	...	...	...	6

7,249

SANITATION.

During the year a number of improvements were carried out regarding sanitation of various premises within the City. In two cases cesspools were abolished and the houses connected to the main sewer.

DEFECTS REMEDIED AND SANITARY IMPROVEMENTS CARRIED OUT.

The defects and nuisances remedied or abated were 1,218 and 312 preliminary and 8 statutory notices were served in connection therewith.

In addition to these notices the abatement of insanitary conditions is effected by an interview with those directly concerned.

The following summary gives particulars of work carried out as a result of inspections :—

Damp walls	...	...	...	...	...	...	...	76
Defective roofs, spoutings and downpipes	...	...	...	...	...	...	...	184
Defective floors, walls and ceilings	...	...	...	...	...	...	...	163
Defective window frames and sash cords	...	...	...	...	...	...	...	142
Defective fireplaces/cookers	...	...	...	...	...	...	...	44
Sinks and waste pipes repaired or renewed	...	...	...	...	...	...	...	50
Drains cleared and/or repaired	...	...	...	...	...	...	...	43
Drains connected to sewer	...	...	...	...	...	...	...	2
W.C. compartments repaired	...	...	...	...	...	...	...	79
W.C. pedestals provided	...	...	...	...	...	...	...	12
W.C. cisterns provided or repaired	...	...	...	...	...	...	...	77
Dustbins provided	...	...	...	...	...	...	...	41
Offensive accumulations removed	...	...	...	...	...	...	...	18
Miscellaneous	...	...	...	...	...	...	...	287

DISINFECTION.

Enquiries are made with regard to infectious diseases and to contacts from other infected areas.

Disinfection of rooms is carried out following cases of infectious diseases and in connection with cases of Tuberculosis and Cancer.

Sixty-six cases of infectious diseases were enquired into and the houses or rooms connected therewith fumigated. Forty-one houses in connection with tuberculosis and cancer were also fumigated.

DISINFESTATION.

(1) Eradication of Bed Bugs.

During the year two-hundred-and-sixty-three treatments with an effective insecticide were carried out and in addition one house was fumigated with liquid H.C.N. gas. Of the premises infested, one-hundred-and-nine were private dwellings, twenty were requisitioned properties and six were Council houses.

(2) Other Vermin**(a) Ants, Woodworm, Etc.**

Eighty-nine premises infested with ants, woodworm, etc., were reported to the department and treated with an insecticide.

(b) Earwigs.

Numerous complaints regarding the presence of earwigs were received from tenants of the aluminium bungalows on the St. Julian Housing Estate and these were followed by a number of complaints from tenants of brick-built houses.

Spraying with a D.D.T. solution was found to be effective although so serious was the infestation that in most instances three treatments were necessary before the houses could be considered free of the insects.

In all, one-hundred-and-eighteen separate units received treatment involving the use of seventy-five gallons of solution together with two hundred-weight of powder on the adjoining grass verges and spaces.

(c) Investigation of Flies (*Anisopus*—(*Ryphus*)—*Fenistralis*).

Very few complaints were received during the year regarding infestation by flies at Park Street.

As a result of the effective preventive steps maintained by the City Engineer and Surveyor at the Sewage Works, the nuisance is practically non-existent.

RATS AND MICE.

On the 31st March the Prevention of Damage by Pests Act, 1949, came into force and thereby the Rats and Mice (Destruction) Act, 1919, was repealed. This Act gives strong powers to local Authorities to deal with the eradication of rats and mice within their district. These powers have been exercised to the full and as a result of the co-operation of the occupiers of infested premises it has been unnecessary for the Department to take any Statutory action or carry out any work in default.

During the year two-hundred-and-seventy-nine complaints of infestations were received. The system whereby each treatment comprised five consecutive visits was maintained. The number of treatments carried out was as follows:—Private Dwellings 433 ; Business Premises 204 ; Local Authority Properties (excluding private dwellings) 26.

Treatment of the soil system of sewers was carried out in March and September and this involved prebaiting and poisoning of 586 manholes. Again it was proved that the sewers affected were those in the older part of the City, mainly in the area South-west of Waverley Road, Carlisle Avenue and Hatfield Road as far as the Railway line.

COMMON LODGING HOUSES.

There are three registered Common Lodging Houses in the City and these have been well conducted during the year.

MOVEABLE DWELLINGS.

Several applications for permission to maintain caravans on sites within the City have been received during the year. In all twelve caravans have been licensed in the City. These are all satisfactorily sited as regards water supply, sanitary accommodation, town planning, etc.

In view of the many applications received, the City Council decided to establish a municipal site for four caravans at the Abbey Camp.

This site is provided with water supply and lavatory accommodation.

FACTORIES ACT, 1937 and 1948.

The following table shows the number of Factories excluding bakehouses, registered in the City at the end of the year.

(a) Factories with mechanical power	185
(b) Factories without mechanical power	23

Many of these are small factories where only a few persons are employed.

The following defects were dealt with :—

Want of cleanliness	1
Exhibiting of Abstract of Factories Act, 1937	3

Sanitary Conveniences :—

Want of cleanliness	7
Unsuitable or defective	10
Insufficient	1

OFFENSIVE TRADES.

Two classes of offensive trades are carried on in the City, namely, Edible Fat Refiner and Marine Store Dealer and these have been well conducted during the year.

SWIMMING BATHS.

Periodical inspection of the Corporation Swimming Bath at Cotton Mill Lane has been carried out and samples of the water have been submitted for bacteriological examination. Satisfactory reports were received from the laboratory.

Satisfactory reports were also received regarding samples of water from the St. Albans School Bath.

INSPECTION AND SUPERVISION OF FOOD.

Premises.

The following table shows the visits paid to food preparing premises during the year :—

Grocery and Provision shops	222
Bakehouses	88
Cooked food premises (including restaurant kitchens and cafes) ...	203
Fish shops (including fried fish premises)	83
Slaughterhouses and butchers' shops	249
Dairies and milkshops	464
Other food premises	151
Ice Cream premises	108
	<hr/>
	1,568

Bakehouses.

At the end of the year there were thirty bakehouses on the register.

A number of the bakehouses have painted walls and ceilings and at several the walls are tiled.

Periodical limewashing was regularly carried out at the remainder.

Manufacture of Preserved Foods, etc.

Inspections have also been made of premises where food is prepared or manufactured, e.g., sausages. Structural alterations were carried out at eight of these premises and redecoration at twelve.

Cafes and Restaurant Kitchens.

Cleansing and redecoration has been carried out at a number of refreshment premises, and in all two-hundred-and-three visits have been made to see that the kitchens and utensils are maintained in a satisfactory condition.

Grocery and Provision Shops.

Regular visits are made to grocery and provision shops in the City and in addition frequent requests for the examination of articles of food are received from retailers.

A list of food condemned at these and other premises is included in a later paragraph.

Ice Cream Premises.

Ice cream premises registered under Section 14 of the Food and Drugs Act, 1938, are as follows :—

Manufacture and sale of ice cream	...	...	...	...	...	6
Sale of ice cream	...	...	...	...	...	89

Regular inspection was made of these premises and at a number structural alterations and improvements have been carried out.

The premises used by retailers are all provided with portable cabinets for storage of Ice Cream which is received in bulk from the manufacturers.

Hotels and Public Houses.

A number of visits were made to these premises at nine of which structural improvements and works of redecoration were carried out.

Slaughterhouses and Butchers' Shops.

Regular inspections of butchers' shops have been carried out throughout the year.

All slaughtering of meat for St. Albans is carried out at the central slaughterhouse at Sandridge and assistance is given to the staff of the St. Albans Rural District Council in the inspection of meat at this slaughterhouse.

Market Stalls.

The Saturday Market was visited regularly and inspections made of fish and other foods exposed for sale.

Fish Frying.

The trade of fish frying is carried on at nine establishments and in addition, four fish-frying vans have been granted licences by the Ministry of Food.

Regular inspections have been made and in most instances the premises were found to be well maintained. Necessary cleansing was carried out as a result of verbal intimation in two cases.

MILK AND DAIRIES.

The following registrations were effected and licences issued during the year :—

Milk and Dairies Regulations, 1949.

Registration as Dairies ...	9 (of which 2 premises ceased to be used as dairies during the year leaving a total of 7 Registered premises at 31.12.50).
Registration as Distributor	29 persons registered (of which 1 ceased to operate during the year leaving 28 Registered Distributors at 31.12.50).

Milk (Special Designation) (Raw Milk) Regulations, 1949.

Dealers' Licences authorising the use of the special Designation "Tuberculin Tested" ...	9
Supplementary Licences authorising the use of the special Designation "Tuberculin Tested" ...	1
Dealers' Licences authorising the use of the special Designation "Accredited" ...	1

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.

Dealers' (Pasteuriser's) Licences ...	4
Dealers' Licences authorising the use of the special Designation "Pasteurised" ...	5
Supplementary Licences authorising the use of the special Designation "Pasteurised" ...	1
Dealers' Licences authorising the use of the special Designation "Sterilised" ...	22

The following table shows the results of the bacteriological examination of samples of "Designated" milk during 1950. In the course of these examinations "Tuberculin Tested" and "Accredited" milks are submitted to the Methylene Blue Test and "Pasteurised" milks to the Methylene Blue and Phosphatase Tests.

Designation	No. of Samples	Methylene Blue		Phosphatase	
		Passed	Failed	Passed	Failed
Tuberculin Tested	176 (76)	144 (70)	32 (6)		
Tuberculin Tested Pasteurised	106 (49)	106 (46)	— (3)	99 (45)	7 (4)
Accredited	16 (8)	16 (7)	— (1)		
Pasteurised	224 (164)	221 (158)	3 (6)	209 (151)	15 (13)
TOTALS ...	522 (297)	487 (281)	35 (16)	308 (196)	22 (17)

The figures in brackets refer to the corresponding results in 1949.

In addition, two samples of ungraded milk were submitted for bacteriological examination and reached the standard prescribed for "Accredited" milk.

Reports received from the County Medical Officer of Health on thirty-two samples of "Pasteurised" milk delivered to schools within the City, showed that all satisfied the prescribed standard.

Fifty-two samples of milk were submitted for biological examination and the reports showed the presence of living tubercle bacilli in one sample and living brucella abortus in two other samples.

FOOD AND DRUGS.

(a) Samples.

During 1950 one hundred and twenty seven samples were submitted to the Public Analyst for chemical analysis. These included sixty-seven samples of milk; two each of horseradish cream, custard powder, luncheon meat, ground ginger, ground nutmeg and pepper compound, and one each of honey, salad dressing, olive oil, "Stuphin," beans in tomato, dried onions, spaghetti, steak sauce, dessert powder, "Frizets," toffee, sponge mixture, pudding mixture, pastry mixture, rum flavouring, "Kiddies Delight," liquid paraffin, glycerine, castor oil, aspirin, chemical food, Gee's Linctus, syrup of figs, "Friars Balsam," cascara, menthol and wintergreen, bicarbonate of soda, boracic powder, pork sausage meat, black pudding, pork pie, hazlett, pork sausage, cloves, celery salt, herb tea, dandelion coffee, synthetic cream, coffee, tinned tomatoes, honey lump, dessicated coconut, ground almonds, dried mint, ground cinnamon, ground mixed spice, "Castorets" and "Soreen."

Of the milk samples forty-three were taken in the course of delivery to consumer and were reported upon as genuine.

A series of twelve samples of milk were taken on delivery from the producer to a retailer one of which was deficient in fat to the extent of 13%.

In a series of six samples from another producer one sample was deficient in fat to the extent of 14.3%.

Samples of morning milk were obtained at the farms at the time of production. These samples showed similar deficiencies and the attention of the producers was drawn to the matter.

The miscellaneous samples submitted for analysis covered a wide range and all were satisfactory.

(b) Ice Cream.

Forty-five samples of ice cream were submitted for bacteriological examination. Of these seventeen were placed in Grade 1, eighteen in Grade 2, seven in Grade 3 and three in Grade 4.

When samples of locally manufactured ice cream are reported in Grades 3 and 4 advice is given and further samples obtained with a view to securing improvement in the bacteriological standard. In the case of ice cream manufactured in other districts notification of the results of the examination is sent to the Inspector of the district concerned.

In addition eight samples were submitted for chemical analysis and the Public Analyst reported that they were of good quality.

WATER CRESS.

Satisfactory reports were received regarding the water at one of the cress beds in the City but at another bed the water has been intermittently contaminated with faecal organisms of animal origin.

The growers agreed to discontinue cutting from this latter bed and investigation of the source of contamination is continuing.

WATER SUPPLY.

Quarterly samples of water from the main supply of the St. Albans Water Works Company have been submitted to the Public Analyst for bacteriological examination.

Mr. McHugo reported that the water possesses a high degree of bacteriological purity and fully complies with the requirements of a supply intended for general and public use.

LEGAL PROCEEDINGS.

A complaint was received by the department that a piece of slab cake purchased locally contained a foreign body which, on examination, was found to be an ear ring.

Legal proceedings were instituted against the manufacturers who, when the case was heard, pleaded "Guilty." A fine of £10 with five guineas cost was imposed by the Magistrates.

INSPECTION OF MEAT AND OTHER FOODS.

The amount of unsound food condemned during the year at wholesale and retail premises, etc., was as follows :—

Meat (Imported)	...	...	...	...	...	...	432 lbs.
Meat (Home Killed)	...	...	...	...	...	...	277 "
Pigs liver (Imported)	...	...	...	...	...	...	20 "
Sausages	...	...	...	...	...	...	60 "
Sugar	...	...	...	...	...	...	37 "
Sweets	...	...	...	...	...	...	51½ "
Fish	...	...	...	...	...	...	353 "
Bacon	...	...	...	...	...	...	49 "
Cheese	...	...	...	...	...	...	94½ "
Biscuits	...	...	...	...	...	...	40½ "
Pearl Barley	...	...	...	...	...	...	56 "
Scone Meal	...	...	...	...	...	...	112 "
Cake	...	...	...	...	...	...	30 "
Meat Pies	...	...	...	...	...	...	60 pies
Rollod Oats	...	...	...	...	...	...	17 cwt.
Tinned Corned Beef (6 lb.)	...	...	...	...	...	...	37 tins
Tinned Corned Beed. (12 oz.)	...	...	...	...	...	...	59 "
Tinned Meat	...	...	...	...	...	...	956 "
Tinned Vegetables	...	...	...	...	...	...	560 "
Tinned Fruit	...	...	...	...	...	...	1,540 "
Tinned Milk	...	...	...	...	...	...	931 "
Tinned Fish	...	...	...	...	...	...	587 "
Tinned jam and preserves	...	...	...	...	...	...	106 "
Tinned Soup	...	...	...	...	...	...	364 "
Tinned Brawn	...	...	...	...	...	...	268 "
Miscellaneous tins	...	...	...	...	...	...	454 "
Pickles	...	...	...	...	...	...	2,280 jars
Miscellaneous jars	...	...	...	...	...	...	125 "
Orange Squash	...	...	...	...	...	...	3 bottles
Miscellaneous Bottles	...	...	...	...	...	...	26 "
Pudding Mixture	...	...	...	...	...	...	36 pkts.
Miscellaneous Packets	...	...	...	...	...	...	128 "
Jellies	...	...	...	...	...	...	9 "
Fratters	...	...	...	...	...	...	97 "
Eggs	...	...	...	...	...	...	495 "
Rabbits	...	...	...	...	...	...	24 "
Chocolate	...	...	...	...	...	...	23 bars
Peel	...	...	...	...	...	...	19 boxes
Sweet fat	...	...	...	...	...	...	3½ "
Ham sandwiches	...	...	...	...	...	...	11 dozen
Ice Cream	...	...	...	...	...	...	½ gallon

