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

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RURAL DISTRICT OF TAMWORTH

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

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

Together with the

ANNUAL REPORT

OF THE

SANITARY INSPECTOR

GARNET J. WATTS,
M.R.SAN.I., M.S.I.A., M.R.I. P.H.H.

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To the Tamworth Rural District Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the Health of the Rural District during the year 1952, and in doing so point out that I took up my appointment as your Medical Officer of Health in October, 1952, and that prior to this your Acting Medical Officer of Health was Dr. W. D. H. McFarland.

The vital statistics shew no startling changes, the birth rate for the past three years having remained stationary following a gradual decline since the high rate recorded in 1947. Comparison with the vital statistics for England and Wales as a whole are favourable, the birth rate being slightly higher and the still birth rate and the death rate lower than those recorded over the country as a whole. The Infant Mortality Rate, although less than that recorded in the previous year, is the second highest rate recorded during the past six years for which figures are available, and compares unfavourably with the rate recorded in the country generally during 1952. In order to avoid giving an exaggerated picture, however, it should be fully understood that from the statistical point of view violent fluctuations in rates are natural where small numbers are used and that two fewer infant deaths in the District during the whole of the year under review would have resulted in an Infant Mortality Rate which would have compared favourably with the rate recorded in the rest of the country.

The year 1952 shewed also a reduction in the total numbers of notified infectious diseases when compared with the previous year, due in the main to a drop in the total numbers of measles reported in the district. The occurrence of two cases of paratyphoid fever and eight of food poisoning, however, should be regarded as a warning that the strictest observance of simple cleanliness during food-handling is by no means universal and it is to be regretted that so little time could be spent during the year on routine inspection of food premises by your Sanitary Inspector. I regard the employment of one Sanitary Inspector for a large rural area of some sixteen thousand population with only part-time assistance of a single clerk in the Public Health Department as inadequate and as a result comprehensive inspections of food premises, factories, etc., have not been satisfactorily completed.

From the sanitary aspect the provision of efficient and functional sewage disposal services in the Rural District appears to have taxed the ingenuity of both staff and the members of the Council alike, for although new schemes have been drawn up for areas without these provisions the final approval of the Ministry has proved difficult to obtain because of the capital costs involved. The North Western Area of the District is one example of the need for adequate sewerage services and it is to be regretted that the year 1952 has shown no sign of any material improvement in the primitive conditions which exist in that area. It is equally imperative, however, to avoid undue emphasis on new schemes to the detriment of existing sewage disposal services, for too many of our existing sewage disposal plants are inadequate for the tasks imposed on them and the production of a satisfactory effluent is difficult to obtain. These existing plants require far more regular and careful maintenance than modern plants in order to provide suitable treatment for the crude sewage and, in my opinion, it would be of material benefit if nearby piped water supplies were extended to these works.

The scavenging service is hampered by the shortage of labour although the service is available to all parishes in the Rural District, but the disposal of refuse by tipping could, I submit, be greatly improved. Regardless of the fact that sites are difficult to obtain, none of the existing tips in the Rural District could be regarded as " controlled " and the recent purchase of a Chaseside Shovel for work on these tips was a necessary and progressive measure. It is, therefore, anticipated that the ensuing year should shew a great improvement in the disposal of refuse in the district and the nuisances resulting from these unsightly dumps obviated.

I will now proceed to make my report.

G. W. KNIGHT,

Medical Officer of Health.

Park Road,
Coleshill.
1st August, 1953.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS.

Area in acres	22,032
Population (Registrar General's estimate) ...	16,020
Number of inhabited premises (Dec., 1952)—	
Houses	4,726
Shops	114
Public Houses	25
	4,865
Rateable Value (31st March, 1952) ...	£64,651
Sum represented by a penny rate	£240

Vital Statistics.

BIRTHS.

Live Births	Males	Females	Total
Legitimate	156	104	260
Illegitimate	5	2	7
Totals	161	106	267

Birth Rate, 1952 : 16.6 per 1,000 population.

	1952	1951	1950	1949	1948	1947
Birth Rate	16.6	16.6	16.6	17.3	19.6	21.2

Still Births	Males	Females	Total
Legitimate	2	1	3
Illegitimate	1	—	1
Totals	3	1	4

Still Birth Rate, 1952 : 14.8 per 1,000 total births.

	1952	1951	1950	1949	1948	1947
Still Birth Rate	14.8	22.5	15.0	21.6	26.5	34.5

Prematurity.

Total number of live premature births ...	14
Total number of premature still births ...	1
Total premature births	15
Incidence of prematurity	5.5%
Proportion of premature live births	5.2%

DEATHS.

	Males	Females	Total
All causes	86	75	161

Death Rate, 1952 : 10.0 per 1,000 population.

	1952	1951	1950	1949	1948	1947
Death Rate	10.0	11.9	10.4	9.2	9.9	10.2

Classified Causes of Death.

Cause of Death	Males	Females	Total
1. Tuberculosis, respiratory	2	—	2
2. Tuberculosis, other	—	—	—
3. Syphilitic disease	—	—	—
4. Diphtheria	—	—	—
5. Whooping Cough	—	—	—
6. Meningococcal infections	—	—	—
7. Acute Poliomyelitis	—	1	1
8. Measles	—	—	—
9. Other infective and parasitic diseases	—	—	—
10. Malignant neoplasm, stomach	3	4	7
11. Malignant neoplasm, lung, bronchus	—	2	2
12. Malignant neoplasm, breast	—	—	—
13. Malignant neoplasm, uterus	—	—	—
14. Other malignant and lymphatic neoplasms	5	8	13
15. Leukaemia, aleukaemia	—	2	2
16. Diabetes	1	1	2
17. Vascular lesions of nervous system	13	15	28
18. Coronary disease, angina	13	7	20
19. Hypertension with heart disease	—	1	1
20. Other heart disease	11	12	23
21. Other circulatory disease	2	2	4
22. Influenza	—	—	—
23. Pneumonia	1	2	3
24. Bronchitis	1	3	4
25. Other diseases of respiratory system	2	1	3
26. Ulcer of stomach and duodenum	2	—	2
27. Gastritis, enteritis and diarrhœa	—	—	—
28. Nephritis and nephrosis	2	—	2
29. Hyperplasia of prostate	2	—	2
30. Pregnancy, childbirth, abortion	—	—	—
31. Congenital malformations	—	2	2
32. Other defined and ill-defined diseases	18	9	27
33. Motor vehicle accidents	2	—	2
34. All other accidents	3	2	5
35. Suicide	2	1	3
36. Homicide and operations of war	1	—	1
37. All causes	86	75	161

Deaths of Infants under one year of age.

	Males	Females	Total
Legitimate	5	5	10
Illegitimate	—	—	—
Total	5	5	10

Infant Mortality Rate, 1952 : 37.5 per 1,000 live births.

	1952	1951	1950	1949	1948	1947
Infant Death Rate	37.5	45	23	11	20	29.8

Deaths of Infants under four weeks of age.

	Males	Females	Total
Legitimate	4	4	8
Illegitimate	—	—	—
Total	4	4	8

Neo-natal Mortality Rate, 1952 : 29.9 per 1,000 live births (compared with 22.4 per 1,000 live births in 1951).

Classified causes of Death of Infants under one year
(including survival period).

Cause of Death	Survival Period											
	Up to 12 hrs.		12 to 24 hrs.		1—7 days		1—4 weeks		1—6 months		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
(a) Prematurity	1	—	—	—	1	—	—	—	—	—	2	—
(b) Atelectasis	1	—	—	—	—	1	—	—	—	—	1	1
(c) Congenital Defects (i) Mongolism & patent intraventricular septum	—	—	—	1	—	—	—	—	—	—	—	1
(ii) Congenital heart disease & hæmorrhagic pneumonia	—	—	—	—	—	1	—	—	—	—	—	1
(d) Intrauterine Asphyxia (Maternal diabetes)	—	1	—	—	—	—	—	—	—	—	—	1
(e) Asphyxia due to inhalation of vomit	—	—	—	—	—	—	—	—	1	—	1	—
(f) Sinus thrombosis, pneumococcal meningitis & otitis media	—	—	—	—	—	—	1	—	—	—	1	—
(g) Bronchopneumonia	—	—	—	—	—	—	—	—	—	1	—	1
Totals	2	1	—	1	1	2	1	—	1	1	5	5

Maternal Deaths: Nil.

Deaths due to malignant disease

	Males	Females	Total
All causes	8	14	22

Cancer Death Rate: 1.3 per 1,000 population.

Comparative Birth and Death Rates

* Using comparability factors Births 0.98 Deaths 1.06	Tamworth Rural District	England and Wales	160 County Boroughs and Great Towns (including London)	160 Smaller Towns (Resident population 25,000—50,000 at 1951 Census)	London Administrative County
	Rates per 1,000 Home Population				
BIRTHS					
Live Births	* 16.2	15.3	16.9	15.5	17.6
Still Births	0.24	0.35	0.43	0.36	0.34
	14.8(a)	22.6(a)	24.6(a)	23.0(a)	19.2(a)
DEATHS					
All causes	* 10.6	11.3	12.1	11.2	12.6
Typhoid and paratyphoid	0.00	0.00	0.00	0.00	—
Whooping Cough	0.00	0.00	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.12	0.24	0.28	0.22	0.31
Influenza	0.00	0.04	0.04	0.04	0.05
Smallpox	0.00	0.00	—	—	—
Acute poliomyelitis including polioencephalitis	0.06	0.01	0.01	0.00	0.01
Pneumonia	0.18	0.47	0.52	0.43	0.58
	Rates per 1,000 live births				
All causes under 1 year of age	37.5	27.6(b)	31.2	25.8	23.8
Enteritis and diarrhœa under 2 years of age	0.00	1.1	1.3	0.5	0.7

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

(b) Rates per 1,000 related live births.

General Comment.

No violent or abnormal fluctuations in the vital statistics was obvious during the year, which on the whole can be considered a satisfactory one.

The birth rate has followed the national trend of reduction since the high rate of 21.2 in 1947, the rate of 16.2 per 1,000 population recorded during the year comparing favourably with 15.3 the rate for England and Wales as a whole, whilst the total live births during the year, namely 267, was exactly the same as that recorded in the previous year. Approximately 5% of all births in the district were premature births, which is about the average, and although our knowledge of the causes of prematurity is by no means complete, adequate diet during the ante-natal period, coupled with regular and careful medical supervision during this period, contribute no small part in reducing the incidence. It is, therefore, pertinent at this stage to point out that although extra nourishment in the form of vitamins is available to all expectant mothers, only 26% of the potential avail themselves of these supplements in the Borough and Rural District. For example, the following table shews the weekly average issue of vitamin products for the thirteen weeks ending 28th February, 1953.

	Orange Juice		Cod Liver Oil		Vitamin A & D Tablets	
	Actual weekly average (bottles)	% of potential	Actual weekly average (bottles)	% of potential	Actual weekly average (pkts)	% of potential
Tamworth M.B. and R.D. (Warwickshire)	333	24.1	115	29.1	23	26.1
Lichfield and District (Staffordshire)	384	17.0	121	18.2	25	21.4
Stourbridge M.B. (Worcestershire)	610	37.9	168	36.0	54	56.8

As this apparent lack of enthusiasm by the public to accept these diet supplements is by no means local, I have included in the table similar figures for authorities in neighbouring counties, one representing a lower uptake and the other the highest average uptake of vitamin supplements in the three counties. As in 1951, there were no maternal deaths in the district, over 500 births being recorded during the two-year period. During the year there were, in addition to the 267 live births, four still births, of which one was a premature still birth. The still birth rate of 14.8 per 1,000 total births for the year is a reduction of the previous year's rate of 22.5 and compares favourably with the rate of 22.6 per 1,000 total births for England and Wales as a whole.

Similarly, the infant mortality rate fell from 45 per 1,000 live births in 1951 to 37.5 per 1,000 live births, but it is still higher than the rate of 27.6 for England and Wales as a whole. In total, 10 infants died under one year of age, eight of them within one month of birth. The decline in infant mortality in this country has been more obvious in the 1—12 months age group, where a higher standard of maternal care, coupled with modern methods of treatment, can be expected to shew its effect. Deaths within four weeks of birth have shown a less impressive decrease, as many of these deaths are less preventable in the practical sense. A high standard of ante-natal care, coupled with a similar high standard of obstetrical technique during labour, can be expected to reduce the incidence of deaths from birth injuries, atelectasis (failure of the lungs to expand fully following birth), and even prematurity, but congenital defects which were evident in two of the 10 infant deaths constitute a different problem. Research, which is still continuing, has shown that certain virus infections during the early months of pregnancy may result in the birth of an infant with some degree of congenital malformation, German measles being cited as a specific instance. It would, therefore, appear reasonable to deliberately expose females to this mild ailment during childhood instead of excluding sufferers from school as we do at present.

The death rate from all causes in the district of 10.6 per 1,000 population is satisfactory when compared with the rate of 11.3 for England and Wales as a whole. It is also a reduction of the previous year's crude rate of 11.9 per 1,000 population, a total of 192 deaths having been recorded in 1951 compared with 161 in 1952. Male deaths were slightly in the preponderance, females tending to live a little longer than their counterparts, and the major causes of death were heart diseases, vascular lesions of the nervous system and malignant disease, in that order. There was a striking reduction in the number of deaths due to pneumonia and bronchitis during 1952, a total

of seven such deaths being recorded in the year compared with 21 in the previous year. This latter high total is, in all probability, a result of the high incidence of influenza during the early part of 1951, as 10 deaths were attributed to this disease compared with none in 1952. Deaths from malignant diseases totalled 22 during the year, an increase of two over the previous year's total. The death rate for 1952 of 1.3 per 1,000 population shows, however, no obvious high incidence when consideration is given to the national trend, deaths from cancer having shown a real increase in this country over recent years. This increase is obvious in both urban and rural areas, although the rate is higher in urbanised communities, and it is suggested that the increase in lung cancer may be a long-term result of pollution of the atmosphere with carcinogenic agencies present in smoke. Similar theories have been postulated about cigarette smoking, but from the information available it is doubtful whether cigarette smoking alone can produce a lung cancer, for lung cancer occurs also in non-smokers. However, it may well be one of the factors responsible for its development, and research in this field is still continuing.

Deaths due to violent causes, including motor traffic accidents, totalled seven during the year, an increase of two over the total in 1951. During the past six years, 44 deaths have resulted from accidents of some description in the Rural District, the highest total (11) being recorded in 1947. It is important to point out, however, that road traffic accidents, although accounting for 12 lives during this period, and two of the seven deaths during the year, was by no means the major cause of death from violent causes. Accidents in the home, works, etc., accounted for 32 deaths during this same period, nearly three times as many deaths reported to be due to motor traffic accidents. The very young and the aged are prone to accidents, and adequate fire-guards for both young and aged are vital necessities in the home if we are to effect a reduction in the deaths and disabilities following burns.

The excess of live births over total deaths during the year was 106, the population of the district showing a natural arithmetical increase over the year. However, the Registrar General's estimate of the population, allowing for migration and population movement, was 16,020, some 20 persons less than in 1951 but 250 more than the estimated population in 1947.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES.

District Nursing, Maternity and Child Welfare Services.

These services are administered by the Warwickshire County Council. The Tamworth and Meriden Rural Districts comprise one County Area and the Area Medical Officer is assisted in the day-to-day administration of these services by an Area Nursing Officer. There are no Local Authority Antenatal Clinics in the Tamworth Rural District, and pregnancy cases requiring hospital care and treatment are referred either on social or medical grounds to Maternity Units outside the area, e.g., Nuneaton, Birmingham, Burton-on-Trent, etc.

Domiciliary Midwifery and Sick Nursing is undertaken by District Nurse/Midwives employed by the County Council, and during the year six full-time and one combined District Nurse Midwife/Health Visitor were available for duties in the Tamworth Rural District. All are trained in the administration of and equipped with gas and air analgesic machines for use during labour. During the year these Midwives attended 167 confinements (i.e., 64% of all confinements during the year), acting as midwife in 115 instances and as maternity nurse under the direct supervision of a medical practitioner in the remaining 52 instances. Gas and Air Analgesia was given in 79 instances, representing approximately half the total home confinements. I have no knowledge as to why this proportion is low, but staff shortages have without a doubt played some part in determining this figure. The proportion of home confinements to institutional confinements (i.e., hospital and nursing home) was approximately 9 : 5, nearly twice as many deliveries being undertaken in the home as in hospital or nursing home. There were 54 hospital confinements and 40 nursing home confinements notified

during the year, the proportion of home to hospital confinements being approximately 3 : 1 and of home to nursing home confinements approxiately 4 : 1. Although it is true to say that delivery in the home is suitable for the majority of confinements, the proportion of hospital to home confinements increases proportionately with the number of available beds. The fact that hospital beds are not readily available in the Rural District has probably determined this high proportion of home confinements, for in the adjoining Rural District of Meriden, having institutional beds available within its confines, the proportion of home to hospital deliveries is approximately 4 : 7 and the percentage of home confinements only 34% of the total confinements. It is difficult to believe that there are twice as many abnormal pregnancies, or that home conditions are twice as bad, in the Meriden Rural District, and I feel that were there adequate available beds in the Tamworth Rural District the proportion of home confinements would materially fall, for hospital confinements are popular with the public both for convenience and financial reasons. Where confinements are undertaken in the home, Domestic Help is made available under the County Council's Domestic Help Service Scheme. Only seven applications were made during the year for Domestic Help during a home confinement, i.e., only 4% of mothers delivered in their own homes required this type of assistance and it has been obvious to the organiser of this service that a greater tendency exists in the Rural areas for relatives and friends to assist the patient in times of stress than exists in the more urbanised areas, and is to be encouraged. Where confinement occurs in the patient's own home the midwife in attendance can evoke the aid of the general practitioner medical service when any abnormality is suspected. During the year, 45 requests for medical aid were made, 11 for suspected abnormality during the ante-natal period, 18 during labour, 9 during the puerperium and 7 for suspected abnormality of the infant. This total represents an attendance by a general practitioner at a midwife's request in 38% of home confinements where the midwife is to superintend the delivery, and is a fair indication of the cover provided by the County Council's Midwifery Service for emergencies in the home during pregnancy and labour.

The District Nurse/Midwives remain in attendance at the patient's home until 14 days following delivery, after which the Health Visitor assumes the role of advisor to the family on the care and management of the infant. In some instances this is one and the same person undertaking both types of duty. Two full-time Health Visitors, in addition to the one District Nurse Midwife/Health Visitor were employed during the year 1952 for duties in the Tamworth Rural District.

Child Welfare Clinics are situated in the following areas within the Rural District, the table below shewing the attendances at these clinics during the year. A Medical Officer is made available for consultations, immunisations and vaccinations at all these clinics.

Name of Centre	Number of children who attended during 1952	Number of new cases who attended during 1952 and who at their first attendance were		Number of children on register at end of year and who at end of year were		Total number of attendances during year	
		Under 1	Over 1 and under 5	Under 1	Over 1 and under 5	Under 1	Over 1 and under 5
Amington	114	41	13	33	80	479	682
Kingsbury	141	58	17	45	68	547	414
Newton Regis	65	16	2	13	33	252	239
Wilnecote	112	39	7	33	73	494	451

These figures suggest that approximately 58% of infants born in the district during 1951 attended one or other of these Child Welfare Clinics during the year.

Health Education.

Opportunities are available during routine visits by Health Visitors to individual homes in the area for educating the family on general health and social matters, whilst in addition, group teaching is undertaken where practicable at Child Welfare Centres. Lectures were given during the year to interested Voluntary Organisations by medical practitioners in the employ of the County Council., e.g., to the Women's Institute and Parent-Teacher Associations, on subjects which included Accidents in the Home, Home Nursing and Infectious Fevers, First-Aid, Balanced Diets, etc.

General Hospital Facilities.

There are no hospitals situated in the Rural District and persons who require in-patient treatment are admitted to the appropriate neighbouring hospitals administered by the Regional Hospital Board. Hospital treatment for cases of infectious disease is available at the Isolation Hospital in Tamworth Borough, and Laboratory facilities are provided by the Public Health Laboratory Service with premises at Coventry, Birmingham and Stafford.

Ambulance Service.

This service is administered by the Warwickshire County Council, there being one small depot situated in the Rural District at Two Gates, and a main control centre equipped with radio receiving and transmitting apparatus at Coleshill in the neighbouring Meriden Rural District. The following table shews the complement of staff and vehicles in these depots and the work carried out during the year 1952.

	Coleshill	Two Gates
No. of Ambulances	5	1
No. of Sitting Case Cars	2	1
Personnel including Superintendents	18	4½*
No. of miles covered during 1952	128,287	43,488
No. of patients carried during 1952	12,165	5,880

* One Part-time Driver/Attendant.

SECTION C.
PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

Total number of cases of Infectious Disease notified during 1952.
(Giving age groups, deaths and admission to hospital).

Notifiable Disease	Number of Cases notified								Total cases removed to hospital	Total deaths
	At all ages	At Ages—years								
		Under 1	1–5	5–15	15–25	25–45	45–65	65 and upwards		
Measles	155	12	54	82	1	6	—	—	1	—
Whooping Cough	34	3	13	18	—	—	—	—	—	—
Pneumonia	13	—	4	4	1	—	2	2	6	3
Scarlet Fever	27	—	4	22	1	—	—	—	16	—
Erysipelas	3	—	—	1	—	—	2	—	—	—
Acute Polio-myelitis (Paralytic)	1	—	1	—	—	—	—	—	1	1
(Non-paralytic)	1	—	—	1	—	—	—	—	1	—
Meningococcal Infection	1	—	1	—	—	—	—	—	1	—
Dysentery	1	—	—	—	—	1	—	—	—	—
Para-typhoid Fever	2	—	1	1	—	—	—	—	2	—
Pulmonary Tuberculosis	9	—	—	—	3	5	1	—	*7	2
Other forms of Tuberculosis	1	—	—	1	—	—	—	—	1	—
Food Poison'g	8	—	2	—	2	1	3	—	1	—
Totals	256	15	80	130	8	13	8	2	37	6

*These figures refer to all cases on the Register of Tubercular Persons during the year and are not necessarily cases notified during the year.

Comparative Rates of Notification of Infectious Disease 1952.

(provisional figures based on Quarterly Returns)

CORRECTED NOTIFICATIONS	Tamworth R.D.	England and Wales	160 County Boroughs & great towns (including London)	160 Smaller Towns (Resident Population 25000-50000 at 1951 Census)	London Administrative County
Typhoid Fever	0.00	0.00	0.00	0.00	0.00
Paratyphoid Fever	0.12	0.02	0.02	0.03	0.01
Meningococcal Infection	0.06	0.03	0.03	0 03	0.02
Scarlet Fever	1.68	1.53	1.75	1.58	1.56
Whooping Cough	2.12	2.61	2.74	2.57	1.66
Diphtheria	0.00	0.01	0.01	0.03	0.01
Erysipelas	0.18	0.14	0.15	0.12	0.14
Smallpox	0.00	0.00	0.00	0 00	—
Measles	9.67	8.86	10.11	8.49	9.23
Pneumonia	0.81	0.72	0.80	0.62	0.57
Acute Poliomyelitis (including polio-encephalitis)					
Paralytic	0.06	0.06	0.06	0.06	0.06
Non-paralytic	0.06	0.03	0.03	0.02	0.03
Food Poisoning	0.49	0.13	0.16	0.11	0.18
Puerperal Pyrexia	0.00	17.87(a)	23.94(a)	10.22(a)	30.77(a)

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

Total Cases of Infectious Disease notified during previous years.

	1952	1951	1950	1949	1948	1947
Measles	155	298	141	42	294	77
Whooping Cough	34	206	26	42	50	16
Pneumonia	13	19	15	9	19	12
Scarlet Fever	27	13	16	11	19	7
Erysipelas	3	1	1	1	1	1
Acute Poliomyelitis Paralytic	1	—	3	6	1	—
Non-paralytic	1	1	—			—
Meningococcal Infection	1	1	1	—	—	—
Dysentery	1	5	—	—	1	—
Typhoid Fever	—	—	—	—	1	—
Paratyphoid Fever	2	—	—	—	—	—
Pulmonary Tuberculosis	9	8	13	9	9	3
Non-pulmonary Tuberculosis	1	4	10	4	8	2
Food Poisoning	8	—	—	—	—	—
Puerperal Pyrexia	—	1	—	—	—	—
Diphtheria	—	—	—	—	—	—
TOTALS	256	557	226	124	403	188

Comment.

The total number of cases of infectious disease notified in the rural district during the year 1952 was approximately half that of the previous year's total, due in the main to a fall in the number of cases of measles and whooping cough. There were no epidemics of disease during the year and the incidence of specific diseases in the district is comparable, if slightly higher in some instances, with the rates for England and Wales as a whole. One fact, namely the infrequent notification of cases of puerperal pyrexia, is worthy of comment, only one case having been recorded in the district during the past six years. The rate per 1,000 total births in the country is around 18, and as there have been over 1,700 births in the area during this six-year period, of whom approximately 50—65% would have been born at home rather than in hospital outside the district, this low incidence is probably due to inadequate notification than to any other cause, and can be regarded as more apparent than real. A cause for louder jubilation is the absence of diphtheria during the year, a repetition of the preceding five years for which reports are available, although eight cases of food poisoning and two cases of paratyphoid, the first for the six years under review, prompts one to take stock of the standard of food hygiene in the area.

Measles.

This disease tends to occur in biennial cyclic rhythm but this pattern tends to have been less obvious in recent years. Its dangers are greatest in the under one year age group, and secondary complications, e.g., pneumonia, chronic ear and eye diseases, etc., are not infrequent. The use of modern drugs and the availability of gamma globulin, a prophylactic capable of preventing or minimising the severity of the disease, has resulted in a reduced mortality rate, and although there have been over a thousand cases reported in the district since 1947, there has only been one death. One hundred and fifty-five cases were notified during the year with no deaths, being a reduction of 143 from the previous year's total. Control measures are limited to the exclusion from school of cases and family contacts, although its effect on the spread of infection is doubtful. Most children develop the disease before the age of 10 years, the infectivity of the case being at its peak in the early catarrhal phase before the onset of the identifying rash.

Whooping Cough.

Only 34 cases of whooping cough were notified in 1952 compared with the unprecedented number of 206 in 1951, and the rate of 2.12 per 1,000 population compares favourably with the rate of 2.61 for England and Wales as a whole. No cases

required hospital treatment. Like measles, it has its highest mortality rate in the under one year age group, death usually being attributed to secondary infections, e.g., broncho-pneumonia or to complications. It is most infectious in the early catarrhal phase before the onset of the characteristic whoop, and control measures in an open community are limited in degree. Innoculation using a modern vaccine offers the greatest hope of limiting the mortality and incidence, although to effect a reduction in mortality immunisation must be carried out not later than three months of age. Immunisations against whooping cough are now carried out at all Child Welfare Centres in the district, but their inception is too recent to have played any part in the reduced incidence obvious during the year. In addition to the use of modern prophylactic agents, the drug chloramphenical has shown promise in the treatment of the disease, but its use should be controlled because of its side effects.

Scarlet Fever.

Twenty-seven cases were notified during the year and although this is the highest total during the past six years, the case rate of 1.68 per 1,000 population is only slightly higher than the rate of 1.53 for England and Wales and less than the rate of 1.75 per 1,000 population in the 160 County Boroughs and Great Towns. The virulence of the infecting organism has gradually undergone a natural decline and this, in addition to the use of modern sulpha drugs and antibiotics, has relegated this disease to a fairly minor childhood malady. It is doubtful whether the application of quarantine methods is worthwhile, and isolation of the patient in hospital is useless as a means of reducing the incidence and should be resorted to only in cases where skilled nursing is necessary or in specific instances where isolation in the home, e.g. of a food handler, is not a practical proposition. Of the 27 cases notified during the year, 16 (or 60%) were admitted to isolation hospital and there were no deaths. It is customary in this area to isolate the patient until he is certified free from infection by the family practitioner, and child contacts are excluded from school for seven days following isolation of the case.

Acute anterior poliomyelitis.

During the six years reviewed from 1947, only one outbreak of poliomyelitis has been recorded, that in 1949 when six cases were notified. Three cases, however, were notified in 1950, one in 1948, none in 1947 and two cases were notified during the year under review. One of these cases was paralytic in type, affecting a female infant of 12 months and proved fatal, the remaining case, which shewed no connection as is common in sporadic or isolated instances, proving to be non-paralytic in type.

The incidence of this disease has shown an increase in this country in recent years and outbreaks are tending to occur much earlier in the year than formerly, when the peak period could be expected in the late summer and autumn. As both cases and carriers carry the virus in their excreta and in the secretions of the nasopharynx, control measures are difficult to apply although certain preventive measures are of value when the disease is epidemic. In such areas all suffering from vague pyrexial illnesses should be immediately confined to bed until the diagnosis can be confirmed by the family doctor. Research has shown that excessive physical exercise and muscle fatigue whilst incubating the disease, may accentuate its severity, so that rest during this phase can be expected to play some part in mitigating the degree and extent of paralysis. Similarly, the postponement of nose and throat operations in an epidemic area is advisable, as is the postponement of innoculations against diphtheria and whooping cough. This latter measure, however, should be treated with common sense. No useful purpose is served by postponing diphtheria innoculations **unless** there is a higher than normal number of cases recorded in that area and the routine cessation of immunisations during the season when poliomyelitis is expected, irrespective of whether cases have been recorded, is dangerous and is to be condemned. If both poliomyelitis and diphtheria outbreaks occur simultaneously in any area, prophylactic innoculations should be continued, using a purified toxoid available at the nearest Public Health Laboratory, and should be given subcutaneously. Quarantine of contacts plays little part in preventing the spread of the disease and should be limited to food-handlers, those whose occupation brings them into close and intimate contact with children, and children themselves who should be excluded from school or employment for three weeks following isolation of the case. Quarantine of other family contacts is of little value.

Although various theories have been postulated on the mode of spread of this disease, the evidence available would suggest that personal contact is an essential factor, although this by no means excludes the possibility of food-borne spread or spread via flies.

Typhoid and Paratyphoid Fever.

There were no cases of typhoid during the year, the last case having been recorded in the area in 1948. There were, however, two isolated cases of paratyphoid (B) fever reported, both of whom recovered after hospital treatment. A comprehensive investigation was undertaken in an attempt to discover the source of infection in both instances, but without success. No association was discovered between the two cases and the origin of infection was unknown. Both cases were children, a male aged 11 years and a female aged four years, and both were notified in May, 1952, within nine days of each

other. The female child lived at Wood End and the male child at Wilnecote. Food, water and milk samples were examined without success, and 71 faecal specimens were obtained from contacts and from food handlers, all proving to be negative for paratyphoid B bacilli. Phage typing was not undertaken. Fortunately, no further spread was evident and the two cases proved to be isolated instances. It was about this time that a large scale epidemic of paratyphoid (B) fever was spreading through South Wales, and although no connection was shown, an indirect association between the cases in the area and those in Wales cannot be ignored.

Food Poisoning.

Eight cases of suspected food poisoning occurred during 1952, no case having been notified in the area during the previous five years for which reports are available. An investigation was undertaken in each instance but the type and source of the infecting agent was not discovered. One outbreak involved six persons all members of one family, the first case in this family having an onset two days prior to the remainder of the family developing similar symptoms of headache, giddiness and vomiting. Faecal specimens were obtained from the six members of the family, all failing to reveal on examination any organism of the recognised food poisoning type. The two remaining cases reported during the year were isolated instances of diarrhœa and vomiting, and as three days had elapsed since the onset of symptoms and notification, an investigation into the possible source and vehicle of infection was incomplete. All cases were mild in nature and recovery uneventful.

The strictest observance of the simple rules of food-handling technique is essential if we are to reduce the number of cases of food poisoning, not all of which are notified or report for medical advice and treatment. Cleanliness of person and utensils are absolute necessities, and thorough hand-washing after using the toilet should be observed to the letter.

Tuberculosis.

During the year nine cases of pulmonary tuberculosis and one of non-pulmonary tuberculosis were notified for the first time and there were two deaths. The tuberculosis death rate for the year of 0.12 per 1,000 population is half that recorded over England and Wales as a whole, and the notification rate of 0.62 per 1,000 population compares favourably with the crude rate of approximately 1.0 per 1,000 averaged throughout the country. A complete review of the tuberculosis register was carried out at the end of the year and the total cases remaining on the register at 31st December, 1952, with the sex and age distribution of new cases and deaths, are given in the following tables.

Age and Sex Distribution of New Cases and Deaths.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	—	1	—	—	—	—
15	3	—	—	—	—	—	—	—
25	1	1	—	—	1	—	—	—
35	3	—	—	—	—	—	—	—
45	—	—	—	—	—	—	—	—
55	1	—	—	—	—	—	—	—
65 and upwards	—	—	—	—	1	—	—	—
Totals	8	1	—	1	2	—	—	—

Cases remaining on the Register at 31st December, 1952.

	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.
1. Total on Register at 31st December, 1951.	30	18	15	12
2. New Cases.	8	1	—	1
3. Inward Transfers.	1	1	—	—
4. Removals.	6	3	1	3
5. Total on Register at 31st December, 1952.	33	17	14	10
But in actual fact, as a result of a complete review of the Register at the end of the year, it shows:—	33	14	16	9

A survey of the records relating to pulmonary cases was undertaken in October, 1952, the results of which are given as follows:—

(a) Total number of cases of pulmonary tuberculosis on the Register at 30th September, 1952:—

Male	Female	Total
33	16	49

(b) Total number of record cards held at Health Office: 40. Classification:—

RA	RB	Unknown	Total
6	10	24	40

i.e., 60% unclassified.

(c) Total number not visited by Health Visitor (reason unknown: 1.

(d) Combined total of cases for whom no records are available: 10 (20%).

(e) Total cases remaining in Survey: 39.

Male	Female	Total
29	10	39

(f) Total families involved: 38.

(g) Total number of family contacts: 128.

Child Contacts	Adult	Total
44	84	128

(h) Total number of habitable rooms in these 38 homes: 175.

(i) Density of persons per room: 0.95.

(j) Average number of cases of pulmonary tubercle per family: 1.02.

(k) Total number of cases of pulmonary tubercle sharing a bedroom with a non-tubercular person(s): 18 (46%).

Classification of these 18 cases:—

RA	RB	Unknown
2	5	11

(l) Total number of cases of pulmonary tubercle sharing a bedroom with a non-tubercular person although accommodation available for segregation is considered necessary: 9 (50%).

Classification of these 9 cases:—

RA	RB	Unknown
1	2	6

All 9 were married persons suffering from T.B. and sharing the same bedroom as the non-T.B. marital partner.

(m) Total number of instances where both marital partners are found to be suffering from pulmonary tuberculosis: 0.

(n) Total number of cases of pulmonary tuberculosis giving a family history of infection: 3 (8%).

(o) Total number giving a history of possible source of infection at work or elsewhere: 0.

(p) Total number giving no history of contact with a known case: 36 (92%).

(q) Contact examination:—

(i) Total number of contacts	128
(ii) Total number stated to have been examined (? results)	7 (5%)
(iii) Total number thought to have been examined	61 (47%)
(iv) Total number stated NOT to have been examined	60 (47%)

(v)	Total number of child contacts ...	44
(vi)	Total number stated to have been examined	4 (9%)
(vii)	Total number thought to have been examined	23 (52%)
(viii)	Total number stated NOT to have been examined	17 (39%)
(ix)	Total number of child contacts stated to have been tuberculin tested ...	Nil
(x)	Total number of child contacts stated to have been B.C.G. Vaccinated ...	Nil
(xi)	Total number of adult contacts ...	84
(xii)	Total number stated to have been examined (? result: ? when) ...	3 (3.6%)
(xiii)	Total number thought to have been examined (? result. ? when) ...	38 (45%)
(xiv)	Total number stated NOT to have been examined	43 (51%)

The features worthy of comment in these survey results include the paucity of information on contact examination; the high proportion of unclassified cases (in 60% of cases it is not known whether the patient has a positive sputum (RB) or not (RA)); the lack of an organised scheme for tuberculin testing and subsequent B.C.G. vaccination of young contacts; the proportion of cases sharing a bedroom with a non-tubercular person, and the high proportion of cases giving no history of known contact with a previous case of tuberculosis (92%), although I feel that this figure would be much less with more detailed investigation. At the present time there is no comprehensive contact examination service functioning in the area but with the co-operation of the Chest Physician it is hoped that a unified service will be in operation later in the coming year, tentative arrangements having been mutually agreed upon.

Diphtheria.

Although no cases of diphtheria were notified during the year, a repetition of the previous 5 years, it is essential that no assumption is made by the public that the threat of diphtheria no longer exists. Outbreaks of diphtheria are always possible if the immunity of the child population of the area wanes to sufficient a degree. In the absence of diphtheria the only means of developing this immunity is by immunisation and it is, therefore, of paramount importance that the immunisation campaign continues with the same effort and enthusiasm in

the absence of notified cases as when outbreaks are raging. From the figures at my disposal it would appear that an apathetic approach towards immunisation is evident in the district for during the year only 91 infants under 1 year were protected in this manner. As the total number of births in the previous year was 267 this represents only 33% of the potential. Primary immunisation should be carried out as soon after the sixth month of life as possible and this service is not only available at all Child Welfare Clinics but also through the agency of the family medical practitioner and the School Health Service.

There appears to be no conscientious objection to immunisation as the majority of children are immunised on reaching their fifth year and parents merely appear reluctant to take their infants to the clinic or surgery when in arms, preferring to wait until the child is old enough to toddle on its own. The following table shows the total number of children immunised during the year within the district.

	AGE AT DATE OF INJECTION							
	Under 1	1	2	3	4	5–9	10–14	Total
Primary	91	57	26	5	12	13	—	204
Reinforcing	—	1	—	3	42	155	7	208
Totals	91	58	26	8	54	168	7	412

Smallpox.

No cases of smallpox were notified during the year during which period 59 primary vaccinations and 10 re-vaccinations were completed. The following table shows this in more detail:—

	AGE AT DATE OF VACCINATION					
	Under 1	1	2–4	5–14	15 or Over	Totals
Vaccinated	42	3	4	4	6	59
Re-vaccinated	—	—	—	—	10	10
Totals	42	3	4	4	16	69

It will be seen from this table that only 42 infants under 1 year of age were vaccinated, which represents approximately 15% of the potential. As the only means of protection against this disease lies in vaccination, this low proportion of child immunes in the community is to be deplored, although it is true to say that the country as a whole shared a similar startling fall in infant vaccinations since vaccination became optional instead of compulsory.

REPORT OF THE SANITARY INSPECTOR

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

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my report for the year ending 31st December, 1952.

Good progress was made with the erection of new houses, but the repairs to older property continues to be a problem.

Work on the new sewage disposal works at Bassett's Pole was completed and good progress made with the one for Middleton, but, unfortunately, the commencement of the work on the Northern Area Scheme was postponed by the Ministry.

I am indebted to Mr. A. Shaw, M.I.Mun.E., the Council's Engineer and Surveyor, for information and data as regards housing, sewerage and refuse collection.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

GARNET J. WATTS,

Sanitary Inspector.

SECTION D.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.

Water is supplied to the district by the following Authorities:—

(a) Tamworth Waterworks Joint Committee.
(b) South Staffordshire Water Co.
(c) Birmingham Corporation.

During the year the quality of the water supplied to the public continued to be satisfactory and there was no evidence of plumbo-solvency.

All the water is chlorinated and regularly sampled either by the respective Water Authority or the Health Department of the Council.

During the year 8 samples were taken by myself from mains, all proving satisfactory, and three other sources, e.g., wells, with an unsatisfactory result in two instances. The following table gives the estimated total of inhabited premises supplied by mains water:—

Estimated Particulars of Mains Water Connections (Domestic)

PARISH	Population.	No. of Domestic Buildings.	Domestic Buildings Served.	Population Served.	Percentage Served	Average No. of inhabitants per house.	Supplying Authority.
Amington	1,384	456	434	1,317	95.17	3.035	Tamw'th Joint Water Board.
Austrey	351	118	98	292	83.05	2.975	South Staffs. Water Board.
Bolehall and Glascote	2,661	765	739	2,570	96.58	3.478	Tamw'th Joint Water Board.
Dosthill	4,535	268	239	4,348	95.88	3.246	Tamw'th Joint Water Board.
Hurley		493	1,100				Birmingham Corporation.
Kingsbury		636					
Middleton	660	193	171	585	88.59	3.419	South Staffs. Water Board.
Newton Regis	475	147	138	446	93.89	3.231	"
Seckington	71	23	19	59	82.62	3.087	"
Shuttington	504	142	136	483	95.74	3.549	Tamw'th Joint Water Board.
Wilnecote and Castle Liberty	5,468	1,624	1,571	5,289	94.54	3.367	"
Totals	16,109	4,865	4,645	15,389	95.50	3.311	—

From this table it can be seen that approximately 95% of inhabited premises are supplied with a treated mains water.

Verminous Premises.

Seven verminous premises were dealt with during the year. Four of the premises were infested with bugs and three with fleas. Three of the bug infestations were very slight but in the fourth the bed was heavily infested. With the co-operation of the tenants in the case of the minor ones the infestations were soon cleared but in the more serious case the tenant had to be removed on medical grounds after which, by use of D.D.T. fumigators, stripping the paper and heavily spraying, the premises were cleared. Of the flea infestations, two were found after the removal to hospital of the occupants who were aged people living by themselves, and the third after one of our problem families left the house. Fumigation in all cases cleared the infestations.

Infectious Diseases.

102 visits were made following the notification of infectious disease. Of these, 12 were in connection with disinfection of premises and 42 for the purpose of enquiries and sampling following two cases of Para-typhoid. These two cases which occurred at the same time were, as far as could be discovered, not connected and sampling failed to trace the source of the infection.

4. Refuse Collection and Disposal

The system of collecting refuse by direct labour, under the control of the Council's Engineer and Surveyor, continues to give, as far as the labour problem will allow, a regular collection in all parishes.

The problem of tipping has been eased as far as the northern part of the district is concerned by the acquisition of disused clay-holes at Alvecote which should provide tipping space for many years. The southern part still provides a problem for it has not yet been possible to acquire a suitable site. As the one remaining tip in this area is of very limited capacity this may be one of the major problems with regard to the refuse service in the near future.

An infestation of crickets on the Cliff tip occurred late in the season but was soon brought under control. With stricter supervision this coming year it is hoped that this will not recur.

5. Drainage and Sewerage.

It is estimated that some 80% of the population are enjoying the convenience of main sewerage. Of the area where main sewers are available, 50% of the properties are served by the sewer of the Tamworth Sewage Disposal Joint Committee. This area combines Glascote and parts of Amington and Wilnecote. Sewage Disposal Works are also available to serve the remainder of Amington, Austrey, Kingsbury, Dosthill and Hockley, though all sewers are old and running at full capacity so that before many additions are made to the existing schemes, works of renewing, enlarging or improving most of the works will have to be undertaken. In this connection Major Waters, the Council's Consulting Engineer, has presented a scheme to enlarge the Cliff Works at Kingsbury which now has to deal with an extra 130 new Council houses and shortly, the waste from pit-head baths. He is also preparing a report on the area draining into the Tamworth Joint Committee's Works.

The new works at Bassett's Pole were completed and put into operation during the year.

The work on the Middleton scheme was delayed owing to unforseen snags but it is anticipated that the whole scheme will be completed early in 1953.

Tenders were received for the Northern Area Scheme but unfortunately the Ministry were unable to give a starting date due to the curtailment of capital expenditure. During the year, following informal action, 3 extra W.C.s were provided to one block of property to give a seperate W.C. to each house and the conversion from earth closets to W.C.s for one Public House was carried out. One farm, having no sewer available, installed a water carriage system to a septic tank.

The completion of the Middleton scheme will result in more conversions.

Rats and Mice.

The Rodent Operative continues to give very satisfactory service and as a result of his regular inspections and efficient treatments complaints received have been few and not many major infestations were found.

The following extracts from the report submitted to the Ministry of Agriculture and Fisheries as required by the Prevention of Damage by Pests Act, 1949 and results of the half yearly treatment of the Councils' sewers, are intended to give some idea of the nature of his work.

No. of properties in the district:

Local Authority	18	
Houses	4,510	
Agricultural	163	
Business	318	
		5,009

No. of properties inspected:

Local Authority	14	
Houses	606	
Agricultural	6	
Business	4	
		630

No. of properties found infested and treated
(a) major infestations; (b) minor:

Local Authority	(a)	1	
	(b)	13	
Houses	(a)	0	
	(b)	238	
Agricultural	(a)	2	
	(b)	2	
Business	(a)	1	
	(b)	9	
			266

Bodies found on

Tips	263
Farms	202
Business Properties	86
Surface Treatments	602
Sewerage Works	263
	1,416

The total number of bodies found is the lowest since these reports were first required under the new Act, a reduction of 18.76% on 1950 and 17.72% on 1951.

The sewer treatments carried out in June and December showed

	June	Dec.	Total
No. of manholes baited	213	205	418
" " " showing no takes of bait	122	106	128
" " " " partial takes of bait	64	76	140
" " " " complete takes of bait	27	23	50

No notices were served during the year and the co-operation of the public with your operative continues to be of the highest order ensuring the smooth and efficient working of this service.

Factories Acts, 1937 and 1948.

Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspector) :—

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(I) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	14	9	–	–
(II) Factories not included in (I) in which Section 7 is enforced by the Local Authority	41	21	–	–
(III) Other premises in which Section 7 is enforced by the Local Authority (excluding outworker's premises)	7	–	–	–
Totals	62	30	–	–

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

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To HM Inspector	By HM Inspector	
Want of cleanliness	—	—	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences:					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	5	5	—	5	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Totals	5	5	—	5	—

Canal Boats.

Visits have been made to the various docks and wharves for the purpose of examining canal boats. Traffic on the canal has been light and consequently few inspections made. Most inspections were made of boats which used part of the canal to tie up and await orders.

During the year 4 new registrations were granted and a comprehensive check of the registers now shows 145 boats on the register at the end of the year.

28 boats were inspected and at the time of inspection they were registered for occupation by 85 persons and occupied by 15 adult males, 16 adult females and 19 children. The ages of the children were :—

	Male	Female
Under 1 year	—	2
Aged 1 year	1	2
,, 3 years	1	1
,, 4 ,, ...	1	1
,, 5 ,, ...	1	2
,, 6 ,, ...	—	1
,, 7 ,, ...	1	1
,, 9 ,, ...	—	1
,, 10 ,, ...	1	—
,, 11 ,, ...	1	—
,, 12 ,, ...	—	1
Totals ...	7	12

During the year two notifications of completion of repairs required by complaint notes issued in 1951 were received. One complaint note, only, was issued during the year in respect of a leaking cabin and repainting. This was duly carried out.

No boat was found to be carrying offensive cargo and as no infectious disease was met with no boats were detained for disinfection.

Atmospheric Pollution.

A summary of the year's reading shows that apart from the month of December, when due to atmospheric conditions the readings soared, the daily averages were, in the case of Shuttington, lower than for previous years, for Amington the same, while Hurley showed a slight rise. The seasonal rise and fall for the winter and summer months showed that in the six months April to September the readings were only just over 40 per cent. of those for the winter months. This supports the opinion that much of the pollution is due to domestic fires, and lends weight to the plea for increased installation of the smokeless burning type of grate for the use of more smokeless fuels though the latter is not so practicable in an area where a large proportion of the population is employed in the mining industry and thus get the special miner's allowance of coal.

The rise in the Hurley readings, based on reports received from my colleague at Meriden R.D., appears to be due to the drift from Birmingham as their gauge which primarily measures this drift and is in the same S.W. line as ours also showed an identical percentage rise, while the others covering mainly the power stations were similar to the preceding year.

The Kingsbury Colliery spoilbanks are approximately W.N.W. of the Hurley gauge, almost opposite to the prevailing wind so that while it may have had some bearing on the rise, in view of the experience of our neighbours, I think the main cause was the Birmingham drift.

The closing of Alvecote Colliery still told on the Shuttington gauge, and in spite of the sharp rise in December there was still a reduction of 16 per cent. over the average figures for 1951.

It appears, therefore, that with the exception of Shuttington that conditions inside the Rural District Council's area have not in any way deteriorated during the year and that much of the atmospheric pollution found in the area is undoubtedly coming from other areas.

SECTION E.

HOUSING

During the year 11 houses were erected by private enterprise and 166 by the Council. At the end of the year 22 were under erection by private enterprise and 32 for the Council, work being carried out on sites at Shuttington and Dosthill. Plans for further development at Hurley and Wilnecote were approved during the year.

With the lifting of controls on building by private enterprise it is anticipated that the number so built in 1953 will exceed previous years.

During the year 20 cases were reported to the Council as needing sympathetic consideration in re-housing due to overcrowding and health reasons. Of these, and cases previously reported, 29 were re-housed. All cases reported were referred by the Health Committee to the appropriate committee for consideration whenever accommodation was available.

During the year one demolition order was made and the family allocated a Council house.

The low rentals received (in many cases the nett rent being less than half-a-crown a week) against the high cost of repairs, continues to minimise the amount of repairs carried out. This is to be regretted as the result is still further deterioration of old property in particular. The time will come, very soon in many cases, when the cost of repair will be out of all proportion to the value of the property, and the only remedy left will be demolition or the acquisition of the property by the Council. In the latter case many of them could be used for re-housing problem families and families who could not afford the higher rentals of the new houses.

SECTION F.

INSPECTION AND SUPERVISION OF FOOD.

Milk.

During the year two new dairies were completed and brought into use. Both were licensed by the Food and Drugs Authority (County Council), one for pasteurising and sterilising milk and the other for pasteurising milk.

Enquiries were made at 14 farms following reports of T.B. positive samples taken by various sampling officers, either at the farm, on the round or at the dairies to which the milk is sent. In the majority of cases the milk was despatched to dairies where it was subject to heat treatment. In cases where some milk was normally sold raw, the necessary steps to safeguard the public were taken by the Medical Officer of Health.

Although the control of farms has passed out of the Local Authorities' hands, co-operation exists between the officers of the Ministry of Agriculture and Fisheries and Local Authorities and it is pleasing to be able to report the continued increase in the number of farms holding T.T. licences. During the year some six more farms were licensed. According to my records there are now approximately 30 per cent. of the milk producers in the district holding T.T. licences but as most of these are the larger farms it is safe to assume that a much higher percentage of the beasts are now certified tuberculin free.

Milk Licences.

The number of licences granted during the year were :—

Dealers (Sterilised Milk)	...	5
Dealers (Pasteurised Milk)	...	7
Dealers (Tuberculin Tested)	...	2
Total	...	14

Meat Inspection.

The slaughter and inspection of animals killed for food (other than bacon pigs killed by householders for their own use) is carried out at the Government Slaughter-house which is situated in the Borough of Tamworth.

The whole of the slaughterhouses in the district are licensed and include two knackers yards.

The number of licensed slaughtermen is 44.

Other Foods.

The following items of food were examined and found unfit for human consumption :—

	lbs.	ozs.	
3 tins ham	41	12½	
11 tins tomatoes	13	15	
2 tins beans	2	—	
3 tins peas	3	1½	
7 tins fruit	11	1	
Cheese	13	2	
Butter	11	2	
46 head poultry	296	—	(approx.)
Total ...	392	2	

Licences.

The number of premises licensed under Section 14 of the Food and Drugs Act, 1938, is 44, comprising :—

27 premises for storage and sale of ice cream.

6 ,, ,, manufacture, storage and sale of ice cream.

11 ,, ,, preparation and manufacture of sausages or potted, pressed, pickled or preserved food intended for sale, including the preparation of meat or fish by any process of cooking.

Premises, etc.

The standard of cleanliness of the premises and vehicles used in the sale of ice cream continued to be satisfactory. Alterations were carried out to one set of premises where the registration was changed from that of storage and sale to that of manufacture (cold mix), storage and sale.

Other food premises were found satisfactory though the difficulty is that of small shops selling a large variety of goods.

SUMMARY OF VISITS

Water Supply and Sampling	15
Drainage (including Sampling)	108
Piggeries	12
Food Premises (Shops, Ice Cream, etc.) ...	39
Miscellaneous Food Visits	34
Moveable Dwellings	8
Canal Boats	37
Factories (including Bakehouses)	32
Licensed Premises	8
Refuse	31
Rodent Control	37
Atmospheric Pollution	74
Petroleum Acts	9
Housing	383
Infectious Diseases (including Food Poisoning)	110
Dairies	15
Milk (Samples, etc.)	31
Miscellaneous	66

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