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ANNUAL REPORT

on the

HEALTH

of the

Rural District of Thornbury

for the Year 1951

by the

MEDICAL OFFICER OF HEALTH



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by

W. J. DOUGLAS COOPER, M.B., B.Ch., B.A.O., D.P.H.

Medical Officer of Health.

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THORNBURY RURAL DISTRICT COUNCIL

Council Offices,

Castle Street,

THORNBURY.

Annual Report of the Medical Officer of Health for the year ending 31st December, 1951

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting my Fifth Annual Report to the Thornbury Rural District Council.

The Report is based in accordance with the Ministry of Health Circular 42/51, issued on the 10th December, 1951. This refers to Articles 6(3) and 17(5) of the Sanitary Officers (Outside London) Regulations, 1935, and Article 14(3) of the Sanitary Officers Order, 1926, and requests that the Council will direct that the Annual Report of the Medical Officer of Health for 1951 be prepared on the lines of that for 1950.

Besides dealing generally with matters within the Medical Officer of Health's responsibility regarding public health and preventive medicine, the Report should as appropriate, deal specifically with the matters indicated below. Most of the matters referred to are County Council functions, except for the ones I have dealt with, which are enumerated below:—

- (1) National Assistance Act, 1948, Section 47. Removal of persons in need of care and attention to suitable premises.
- (2) Water Supply.
- (3) Sewerage.
- (4) Food—Milk, Meat and Other Foods.
- (5) Food Poisoning Outbreaks.
- (6) Bye-laws under Section 15 of the Food and Drugs Act, 1938.
- (7) Clean Food Campaign.

I feel that during the year we have made considerable progress in the Sanitary field. The scheme to supply mains water to the parishes in the northern portion of the district was started during the year and should be completed in 1952. This water is obtained from the Gloucester Corporation and is of a pure and wholesome character.

An enquiry was held during the year into the possibilities of extending the water supplies of the West Gloucestershire Water Company so that the parishes in the southern area of Thornbury Rural District could have a mains water supply from this Company. The scheme was passed in principle, and it is hoped that during

1952 the sources of the Ozleworth springs will be mobilised and that in the near future the parishes in the south will have a mains supply.

In relation to sewerage schemes, we have made some progress. The Sharpness and Severn Beach schemes were passed by the Ministry and work was commenced during the year. It is hoped that these will be completed in 1952. The extensions to the Thornbury works and additional extensions in this area have still not been started, but it is hoped that the Ministry will give a commencement date during 1952.

It was unfortunate that the sewerage scheme for Alveston and District was turned down by the Ministry during the year on grounds of economy. This is a specified development area for overspill population from Bristol, and cannot be developed until the Ministry see their way to grant this scheme. The building of houses is being held up and there is no doubt that public health nuisances in the district exist, even though it is only a few miles from the boundary of a large city like Bristol.

The Food Bye-laws under Section 15 of the Food and Drugs Act, 1938, were adopted by the Council during the year. Some progress has been made in food hygiene, but owing to shortage of staff and other commitments a proper survey of food premises has not been carried out yet. It is hoped that this will be started in 1952 when more staff may become available. The Safe Food Exhibition at Dursley was an area effort. A large number of people from the Thornbury area attended and gained experience in food hygiene from this exhibition.

As you can see from the vital statistics, the population of the district has remained about the same for the past three years. There is no doubt, however, that when mains water and sewers are available in some of the parishes in the south of the district, that the population will steadily increase.

The birth rate has again fallen and is the lowest since 1947, and is also well below that for England and Wales. The death rate this year has risen considerably after a steady fall from 1947. This was due in the main to a larger number of deaths of old people during the first quarter of the year from influenza and pneumonia.

It is interesting to note that the average age of death in the district is quite high, 65.22 years. In the last five years it has gone up from the fifty year group to the sixty, and I am hoping that next year we can step into the seventy year old group. There is no doubt that preventive medicine can claim a share in this increase along with the improved medical services available to the public. Mainly, however, the increase is bound to be due to the new drugs of the sulphonamide group—penicillin, streptomycin, and other newer antibiotics.

We have had the biennial epidemic of measles during the year which has put our infectious disease returns up a lot. There has also been quite a few sporadic cases of scarlet fever scattered all over the district. During the months of January and February, I was worried about the spread of influenza and influenzal pneumonia in the district. Fortunately my fears were unfounded as most of the cases were mild in character and not of the Virus A type. However, quite a few older people succumbed to the disease and we had 14 deaths associated with influenza.

We must always be on the alert for an epidemic of this nature as the virus seems to spread among the population so quickly.

The House Lettings Committees have progressed favourably in rehousing the most urgent cases in the district. I know that this is one of the most important functions of public health, and these families benefit physically as well as psychologically. I hope that the rehousing will continue with renewed vigour in the years to come.

In conclusion, I again wish to express my appreciation of the support and encouragement given me during the year by the Chairman and Members of the Council and of the staff of the Public Health Department and other Departments of the Council for their support and loyalty during the year.

I am,

Your obedient Servant,

W. J. DOUGLAS COOPER,

Medical Officer of Health.

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

PART I.

GENERAL REPORT OF THE MEDICAL OFFICER OF HEALTH

1.—SOCIAL CONDITIONS.

No important change has taken place in the nature of the chief trades carried out in the District. These are:

- (1) Agriculture and Allied Trades.
- (2) Sharpness Docks and Ship Building.
- (3) Quarrying.
- (4) Brick and Tile Manufacturing.
- (5) Caravan Building.
- (6) Braid and Loom Elastic Smallwares.
- (7) Salmon Fisheries.
- (8) Flour Mills.
- (9) Baking.
- (10) Aircraft Engineering.

2.—STATISTICS, 1951.

(a) GENERAL STATISTICS

Area of District	...	...	...	...	61,337 acres
Population	...	...	...	...	25,410
Number of Inhabited Properties	...	...	...	...	7,013
Number of Inhabitants per property	...	...	...	...	3.6
Rateable Value	...	...	...	...	£128,375
Sum represented by 1d. rate	...	...	...	...	£515
Number of Council Houses	...	...	...	...	998
Number of Requisitioned Houses	...	...	...	...	9
Percentage of Council Houses	...	...	...	...	14.2

Inhabited Properties

Houses	...	...	...	...	6,160
Farms	...	...	...	...	520
Houses and Shops	...	...	...	...	240
Public Houses	...	...	...	...	71
Huts at Squatters' Camps	...	...	...	...	22
					<hr/> 7,013 <hr/>

Percentage of population served by Main Water	...	66%
Percentage of population served by modern sewers	...	45%

Varying Population of Thornbury Rural District

Year	Population
1891	16,542
1905 (Parish of Henbury taken in)	18,419
1913	19,223
1919	17,478
1938	19,480
1939	20,470

1940	...	...	...	...	...	23,339
1941	...	...	...	...	...	24,610
1942	...	...	...	...	...	24,440
1943	...	...	...	...	...	23,730
1944	...	...	...	...	...	22,990
1945	...	...	...	...	...	22,790
1946	...	...	...	...	...	23,500
1947	...	...	...	...	...	23,920
1948	...	...	...	...	...	25,590
1949	...	...	...	...	...	25,570
1950	...	...	...	...	...	25,180
1951	...	...	...	...	...	25,410

(b) EXTRACTS FROM VITAL STATISTICS

Live Births:

			Total	M.	F.
Legitimate	...	...	348	174	174
Illegitimate	...	...	16	8	8
Total:			364	182	182

Birth Rate per 1,000 Population mid 1951	...	14.32
Comparability factor for births	...	1.07
Therefore Birth Rate (comparable)=1.07 x 14.32	=15.32	
Birth Rate, England and Wales per 1,000 Civilian Population	...	15.5

Still Births:

			Total	M.	F.
Legitimate	...	...	9	6	3
Illegitimate	...	...	1	1	—
Total:			10	7	3

Still Birth Rate per 1,000 Population	...	0.39
Still Birth Rate, England and Wales per 1,000 Civilian Population	...	0.36

Marriages:

Number of Marriages taking place in Register Office during 1951	...	30
Number of Marriages taking place in Churches and Chapels	...	114
		144

Marriage Rate per 1,000 mid-year population=4.4

Deaths:

Number of Deaths registered in Thornbury Rural District	...	311
160 Male deaths and 151 Female Deaths.		
This makes the Death Rate per 1,000 Civilian Population	...	12.23

Death Rate, England and Wales, per 1,000	
Civilian Population	12.5
Comparability Factor for deaths	1.03
Therefore Death Rate (comparable) = 1.03 x 12.23 = 12.59	
Death Rate in 126 County Boroughs and	
Great Towns (including London)	13.4
Death Rate in 148 Smaller Towns	12.5
Death Rate in London Administrative County	13.1
The average age of Male Deaths in Thorn-	
bury Rural District during the year was	64.10
The average age of Female Deaths during the	
year was	66.41
Making the average age of all Deaths during	
the year in Thornbury R.D.	65.22

Number of Women Dying in, or in consequence of, Childbirth:

From Sepsis	Nil
From Other Causes	Nil
Rate per 1,000 total (live and still births)	Nil
This rate has been nil for the past four years and speaks highly of the care given to the mother during childbirth by the local midwives, General Practitioners, Hospitals and Nursing Homes.	

Deaths of Infants under 1 year:

	M.	F.	Total
Legitimate	6	6	12
Illegitimate	—	—	—
Totals:	6	6	12

Infant Mortality Rate:

Death Rate of Infants under 1 year of age	
per 1,000 live births	32.9
Infant Mortality Rate for England and	
Wales	29.6
Legitimate Infants per 1,000 legitimate live	
births	34.5
Illegitimate infants per 1,000 illegitimate	
live births	Nil

Causes of Deaths of Infants under 1 year:

Cause of Death	Sex	Age
Broncho-Pneumonia and Disease		
of Pancreas	M	6 months
Prematurity	M	5 hours
Atelectasis and Prematurity	M	2 days
Atelectasis and Prematurity	M	12 hours
Pulmonary Collapse, Jaundice		
and Prematurity	F	1 week

Congenital Atelectasis and Pre-maturity	F	1 day
Congenital Atelectasis	F	1 day
Jaundice and Prematurity ...	F	5 days
Broncho-Pneumonia	F	10 months
Suffocation due to vomit	M	4 months
Asphyxia Neonatorum	F	7 hours
Non-viability	M	2 days

Coronary Thrombosis:

Deaths due to Coronary Thrombosis were: 20 Males and 2 Females.

The average age of these deaths was 69.1 years.

Cancer Deaths:

There were 44 deaths from Cancer during the year. The average age of these Cancer deaths was 66.6 years.

Below is given the various types of Cancer that occurred:

Cancer Oesophagus	1
Cancer of Stomach	6
Cancer of Prostate	3
Cancer of Rectum	6
Bronchial Cancer	4
Cancer of Mouth	1
Cancer of Bladder	2
Cancer of Colon	3
Cancer of Caecum	1
Cancer of Breast	4
Cancer of Larynx	1
Cancer of Pancreas	2
Cancer of Ovaries	1
Cancer of Uterus	3
Cancer of Liver	1
Cancer of Skin	3
Cancer of Spine	1
Cancer of Kidney	1

From the Cancer table it can be seen that 44 of the deaths in the Area took place from Cancer. This means that 14.1% of those people dying in Thornbury Rural District die from the disease. This may make people think that Cancer is on the increase. It may be, but I feel that the increase is in many respects due to better diagnosis and facilities for diagnosis, and that, due to the advance in other branches of medicine, people are now living more into the cancer age i.e. the age that cancer becomes more prevalent. When one realises that the average age of death in the district in the past five years has increased from 59 to 65, I think this explanation appears reasonable.

However this does not mean that we should sit back and do nothing about it. Cancer Research must go on until we can discover the cause and the cure. In the meantime, I think that the fear or phobia of cancer should be removed from the populace by education and propaganda. There is no doubt that early diagnosis can save many lives especially in cancer of the breast, lung, uterus and rectum where the results of early treatment are most encouraging.

One should not wait for pain to start before thinking of cancer. In many cases when pain arrives it is much too late to do anything. From a Public Health angle the best preventive action is frequent check-ups by your General Practitioner, at the same time giving him your confidence so that he can allay your fears.

Tuberculosis Deaths:

There were 11 deaths attributed to Tuberculosis, 8 males and 3 females.

The average age of these deaths was 47.9 years.

The most Common causes of death during the year were:

Other Heart Disease	...	...	...	82
Vascular Lesions of the Nervous System	...	...	...	49
Cancer	...	...	...	44
Coronary Disease and Angina	...	...	...	22
Other defined and ill-defined diseases	...	...	...	20
Tuberculosis	...	...	...	11
Influenza	...	...	...	9
Bronchitis	...	...	...	12
Pneumonia	...	...	...	12
Accidents	...	...	...	10

Longevity in the District

This table shows that the majority of deaths are taking place in the age group 60 and over:—

Ages at death	Males	Females	Total
0—1 year	6	6	12
1—20 years	4	5	9
20—40 years	4	7	11
40—50 years	10	5	15
50—60 years	24	11	35
60—70 years	34	29	63
70—80 years	41	44	85
80—90 years	32	38	70
90 and over	5	6	11
	<hr/> 160	<hr/> 151	<hr/> 311

Deaths in Hospitals or Institutions

Southmead Hospital	...	...	...	28
Isolation Hospital, Highnam	...	...	...	1
Frenchay Hospital	...	...	...	1
Gloucester Royal Hospital	...	...	...	3
Standish House Sanatorium	...	...	...	1
Snowden Road Hospital, Bristol	...	...	...	9
Stapleton Hospital	...	...	...	6
Bristol Royal Infirmary	...	...	...	6
Bristol General Hospital	...	...	...	1
Homoeopathic Hospital, Bristol	...	...	...	3
Coney Hill Hospital, Barnwood	...	...	...	3
Horton Road Hospital, Gloucester	...	...	...	2
Cossham Hospital	...	...	...	4
Bristol Mental Hospital	...	...	...	1
Bristol Children's Hospital	...	...	...	1
Pen-y-Vale Hospital, Abergavenny	...	...	...	1
Hampstead Nursing Home, Bristol	...	...	...	1
Sunnyside Maternity Hospital, Cheltenham	...	...	...	1
Ham Green Hospital	...	...	...	1
Berkeley Hospital	...	...	...	5
Thornbury Hospital	...	...	...	35
Almondsbury Hospital	...	...	...	6
Total:				120

Deaths which have taken place in Hospitals in this District which have been transferred to other Areas:

Hortham Colony	...	...	...	7
Thornbury Hospital	...	...	...	54
Almondsbury Hospital	...	...	...	4
Berkeley Hospital	...	...	...	2

Deaths by Months

	Total	In the District	Transferable to other Areas
January	60	45	15
February	31	25	6
March	35	27	8
April	30	24	6
May	19	8	11
June	12	6	6
July	22	15	7
August	16	12	4
September	23	16	7
October	16	14	2
November	17	11	6
December	30	21	9
	311	224	87

January was again the worst month—20% of all the deaths during 1951 taking place in this month. The other bad months are December, February, March and April.

Causes of Deaths

Causes of Deaths	Age Group								Total
	Under 1 yr.	1—	5—	15—	25—	45—	65—	75—	
1. Tuberculosis of the respiratory system	1								10
2. Other forms of tuberculosis	2			1	3	5	1		2
3. Syphilitic disease	3								
4. Diphtheria	4					2			
5. Whooping Cough	5								
6. Meningococcal infections	6								
7. Acute poliomyelitis	7								
8. Measles	8								
9. Other infective and parasitic diseases	9								
10. Malignant neoplasm of stomach	10					1	1	1	3
11. Malignant neoplasm of lungs and bronchus	11					1	3	2	6
12. Malignant neoplasm of breast	12					3	1		4
13. Malignant neoplasm of uterus	13					4	1		5
14. Malignant neoplasm of lymphatic neoplasms	14					2	1		3
15. Leukemia, aleukemia	15			1	2	9	8	7	27
16. Diabetes	16					1			1
17. Vascular lesions of nervous system	17							2	2
18. Coronary disease, angina	18				1	7	18	23	49
19. Hypertension with heart disease	19				1	9	2	10	22
20. Other heart disease	20					2	2	2	6
21. Other circulatory disease	21				3	13	18	48	82
22. Influenza	22							1	1
23. Pneumonia	23	3	2			2	1	6	9
24. Bronchitis	24					4	1	2	12
25. Other diseases of respiratory system	25						3	9	12
26. Ulcer of stomach and duodenum	26				1	1	1	4	6
27. Gastritis enteritis and diarrhoea	27				1				6
28. Nephritis and nephrosis	28								6
29. Hyperplasia of prostate	29					1	1		2
30. Pregnancy, childbirth, abortion	30						1	3	4
31. Congenital malformations	31								6
32. Other defined and ill-defined diseases	32	6				2	3	9	20
33. Motor vehicle accidents	33	3		2	1	1			2
34. All other accidents	34	1		1	2	1	1		8
35. Suicide	35								1
36. Homicide and operations of war	36								
TOTALS									311

COMPARATIVE TABLES FOR THE PAST FIVE YEARS

Birth Rates, Thornbury Rural District

1947	...	19.4	
1948	...	16.4	
1949	...	16.4	1951 England & Wales 15.5
1950	...	14.4	
1951	...	14.32	

Death Rates, Thornbury Rural District

1947	...	10.1	
1948	...	9.7	
1949	...	9.7	1951 England & Wales 12.5
1950	...	8.8	
1951	...	12.59	

Average Age of Death, Thornbury Rural District

1947	...	—
1948	...	62.7
1949	...	64.4
1950	...	61.42
1951	...	65.22

Infant Mortality Rates, Thornbury Rural District

1947	...	—	
1948	...	19.0	
1949	...	38.0	1951 England & Wales 29.6
1950	...	21.9	
1951	...	32.9	

The population of Thornbury Rural District has remained more or less static since 1948. The Birth Rate in 1947 was comparatively high but dropped steadily until last year, when it reached the low figure of 14.32. This year however it has risen to 15.5 and is now comparable to that for the rest of England and Wales.

The Death Rate after falling steadily from 1947 to 8.8 in 1950 has now risen again to 12.59 as compared to 12.5 for England and Wales. This increase may be partly accounted for by the influenzal and pneumonia deaths in the earlier part of the year. One redeeming factor is that even though the death rate has risen, the average age of death has continued to increase and is now at the fairly high figure of 65.22 years. When one thinks that in 1946-47 the average age of death was in the 50's we must have made some progress in Medicine and Public Health generally.

The Infant Mortality Rate has risen again but it is difficult to make comments on this when the numbers involved are so small.

Tuberculosis

40 new cases of this disease were notified during 1951. There were 11 deaths from the disease and the average age of death was 47.9 years.

The number of cases remaining on the Register at the end of 1951 is:

	Male	Female	Total
Pulmonary	75	50	125
Non-Pulmonary	19	28	47
Total:	<hr/> 94	<hr/> 78	<hr/> 172

This is a reduction of 15 on the total for 1950. This new figure can still be pruned down a lot, and with the administrative branch of Bristol Chest Clinic now getting into its stride, we hope that a few of the older notified cases can soon be struck off the register.

During the year a member of the permanent staff at the Training Ship "Vindicatrix," Sharpness, went down with tuberculosis of an infectious nature. In view of the susceptible age of the Students it was considered advisable to carry out a Mass Radiography Survey on the trainees and staff. This was arranged in co-operation with the Captain of the Ship, the General Practitioner attached to the Ship, and the South Western Regional Hospital Board Mass Radiography Service. In all 445 Males and 9 Females were X-Rayed—a total of 454. 22 of these were recalled for large films to be taken—the remainder having been regarded as perfectly normal. Eleven of these were diagnosed as suffering from non-tuberculous conditions such as congenital abnormality of ribs, pneumonitis, bronchiectasis and pleurisy and only two were diagnosed as suffering from tuberculosis. This may seem an awful lot of work and organisation to diagnose two early cases of tuberculosis but if the survey had not been carried out and these two trainees had passed their examination there is no doubt that they would have been sailing the seven seas disseminating tuberculosis germs to their colleagues on board a merchant ship.

I think this is a fine example of preventive Medicine where all concerned co-operated and it shows what a wonderful use Mass Radiography has in preventive measures against tuberculosis.

In my opinion these boys should be X-Rayed prior to entering for training, before they join their ships, and thereafter annually. In fact, I am hopeful that the day will soon come when every individual of the susceptible age will be Mass Radiographed annually. Gloucester group of Hospitals have now got a Unit of their own and so the facilities are expanding. It is unfortunate that in the Thornbury Rural District there is no big centre of population or large industrial firms, where the Unit can be stationed to carry out a survey, but it is hoped to make an effort during 1952 to carry out one at Patchway.

A survey is now carried out annually by the Bristol Unit at Hortham Colony, Almondsbury. Those patients diagnosed as

suffering from the disease are nursed in a special tuberculous lodge and so the possible dangers are eliminated at a much earlier date.

I am quite certain that Mass Radiography has the most important part to play in Preventive Tuberculosis, but we must continue to re-house tuberculous families, **as soon as possible**, after discovery. The Health Visitors and Sanitary Inspectors are helping by their advice on personal hygiene and sanitary matters and we still must continue to check up on all non-pulmonary cases as far as their milk supply is concerned.

The Thornbury and District Tuberculosis After-Care Committee which is affiliated to the Central Area Health Sub-Committee of the Gloucestershire County Council and the National Association for the Prevention of Tuberculosis is doing a grand job of work in helping those Tuberculosis families in financial need. During the present year they have helped relatives with bus fares to visit patients, supplied sheets, pillow cases, blankets, pyjamas, dressing gowns, etc., paid wireless licences, paid for coal and food stuffs—supplied patients with wool and leather to do occupational therapy, when being nursed at home. When one thinks that this is a voluntary band of men and women who have had to raise all the funds voluntarily, they deserve all the help and encouragement that this Council can give them. Most Councils have been able to give a grant to help in this good work, but, as yet, Thornbury have not been able to see their way to do so.

There is no doubt that this type of help is most essential and if all the members of this Council could see some of the letters of thanks, then I am certain much more interest would be taken in the work of the Committee.

TUBERCULOSIS

AGE	NEW CASES				DEATHS			
	Respiratory		Non-Resp.		Respiratory		Non-Resp.	
	Male	Female	Male	Female	Male	Female	Male	Female
0—								
1—								
5—	2							
15—	7	3	2	3		1		
25—	5	3		2		2		
35—	5	1	1		1			
45—	2	1			4			
55—					1			
65 and upwards	2	1			2			
Age unknown								
TOTALS	23	9	3	5	8	3		

The following is the result of the Mass Radiography which took place in Hortham Colony, Almondsbury, during March, 1951:

	M.	F.	Total
Total number of miniature films ...	369	290	659
Total number of large films ...	11	1	12
Total number of large films (retakes)	21	23	44
<hr/>			
Total active last year and still active	4	4	8
Total quiescent last year and now active	2	—	2
Total new active cases	1	1	2
	—	—	—
Total active T.B.	7	5	12
	—	—	—

DIPHTHERIA IMMUNISATION

This scheme has continued to progress, thanks to the co-operation of the General Practitioners, District Nurses, Health Visitors and School Teachers, not to speak of the parents.

Age at 31.12.51 i.e., Born in Year	Under 1 1951	1 1950	2 1949	3 1948	4 1947	5—9 1942—46	10—14 1937—41	Total under 15
Number Immunised	29	234	308	382	264	2125	905	4247
Estimated Mid-year Child Population 1951		Children under 5 2,114					Children 5—14 4,003	6,112

No cases of Diphtheria were notified during 1951.

Percentage of Child Population under 15 years of age who have completed a course of Diphtheria Immunisation—69.4%.

There has been a very small increase in the percentage of children under 15 years immunised. I should, however, like to see it in the region of the 90% and this figure has been attained in other Districts by the co-operation of the parents, General Practitioners, Public Health Staff, including Nurses and Health Visitors. Immunisation is free and can be done by the General Practitioner or at any clinic or school by members of the Public Health Staff. Councillors and all others interested in Public Health can do a lot to boost the scheme so that we can attain the target figure I have mentioned for this District.

INFECTIOUS DISEASE—AGE GROUP. 1951

Disease	Under 1 yr.	1 yrs.	2 yrs.	3 yrs.	4—5 yrs.	6—9 yrs.	10—14 yrs.	15—19 yrs.	20—34 yrs.	35—44 yrs.	45—65 yrs.	Over 65	Age Un- known	Totals
Scarlet Fever ..			2		4	9	3	4	1	2				25
Diphtheria ..														
Puerperal Pyrexia ..														
Pneumonia ..	6	4	3	7	3	4	3		2	3	6	4		45
Erysipelas ..									1	1	6			8
Dysentery ..		2	1			1		1	4	1	1			11
Measles ..	11	34	38	52	136	157	18	1	2	4	1			454
Anterior Poliomye- litis ..														
Food Poisoning ..						1								1
Acute Polio- Encephalitis ..									1					1
Cerebro Spinal Fever														
Whooping Cough ..	3	4	9	8	15	10	1						1	51
Typhoid ..														
TOTALS	20	44	53	67	158	182	25	6	11	11	14	4	1	596

INFECTIOUS DISEASE STATISTICS 1951

	Thornbury Rural District	England and Wales	126 County Boroughs & Great Towns (including London)	148 Smaller Towns in England & Wales	London Administrative County
	<i>Rates per 1,000 Home Population</i>				
Deaths					
All causes	12.59	12.5	13.4	12.5	13.1
Typhoid & Paratyphoid Fevers	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.00	0.01	0.01	0.01	0.01
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.43	0.31	0.37	0.31	0.38
Influenza	0.35	0.38	0.36	0.38	0.23
Smallpox	0.00	0.00	0.00	0.00	0.00
Acute Poliomyelitis	0.00	0.00	0.01	0.00	0.00
Pneumonia	0.47	0.61	0.65	0.63	0.61
Notifications (Corrected)					
Typhoid Fever	0.00	0.00	0.00	0.00	0.00
Paratyphoid Fever	0.00	0.00	0.00	0.00	0.00
Meningococcal Infection	0.00	0.03	0.04	0.03	0.03
Scarlet Fever	0.98	1.11	1.20	1.20	1.10
Whooping Cough	2.00	3.87	3.62	4.00	3.11
Diphtheria	0.00	0.02	0.02	0.03	0.01
Erysipelas	0.31	0.14	0.15	0.12	0.15
Smallpox	0.00	0.00	0.00	0.00	—
Measles	17.8	14.07	13.93	14.82	14.64
Pneumonia	1.7	0.99	1.04	0.96	0.72
Acute Poliomyelitis	0.00	0.03	0.03	0.03	0.02
Food Poisoning	0.04	0.13	0.15	0.08	0.23
Dysentery	0.43	—	—	—	—
Deaths					
All causes under 1 year of age	32.9	29.6	33.9	27.6	26.4
Enteritis & Diarrhoea under 2 years of age	0.00	1.4	1.6	1.0	0.7
Notifications (Corrected)					
Puerperal Fever & Pyrexia	0.00	10.66	13.77	8.08	14.90

HOUSING

The Council has continued to progress in rehousing the most needy cases in the District. A large number of new houses have been built since the war but we are, as yet, only on the fringe of the housing problem. Houses in Britain are said to be falling into decay at the rate of 200,000 a year. There is no doubt that the Rent Restriction Acts deny many landlords an economic rent and so repairs are left to the good will of the tenant or else landlords wait until the pace is forced by the Local Authority. This occurs very often in Thornbury Rural District and in fact, I often think that the loss of old houses frequently cancels out some of the gains, so the housing shortage is, in many respects, left where it was.

The wholesale failure to carry out necessary repairs is creating new slums. One particular estate in our area is of this category, and I feel that a steadily expanding social problem is being created for the future.

It is difficult to see how this process is to be checked unless the rents of hundreds of "controlled" houses are raised.

There are a large number of houses controlled under the first of the Rents Acts at 5/- to 6/- per week. The cost of repairs is now three times higher than it was before the war. In circumstances where it may cost the equivalent of three years' rent simply to install a new fireplace, it seems fanciful to suppose that the landlord can be made to do very much about structural maintenance.

It will not be a simple matter to amend the Rents Acts. They were passed to protect tenants. I have mentioned this Act in my last two reports as I feel that it is holding up the repairs and maintenance of properties and making the Sanitary Inspectors' duties a very onerous and thankless job i.e. to ask for repairs to bring the property up to a reasonable standard of fitness.

To remedy this, some legislation is necessary to amend the Act so that it protects the tenant as well as giving the landlord a fair deal. It ought to be possible to raise controlled rents sufficiently to ensure that houses are kept in good repair. Should this not very soon occur, I feel that our housing applications will continue to increase and the whole problem will never be solved in our life-time.

The fact that there are now virtually no private houses to be rented is probably due, at least, as much to the Rent Acts as to the housing shortage.

The closer we can get to a simple, uniform and rational system of rents, the more likely we are to deal fairly with everyone who needs a home.

I would like to see the House Lettings Committees taking more cognisance of young married couples living with in-laws. They are the coming generation and, in my opinion, require a house just as much, if not more, than those living in unsatisfactory properties. The letting of Council Houses should be based principally on need. Surely the mothers and fathers of our future generation deserve full consideration.

INFECTIOUS DISEASE

General Remarks:

During the early months of 1951 there was a minor epidemic of influenza all over the District—particularly in the built-up areas. As influenza is not a notifiable disease it was difficult to ascertain the morbidity rate of the epidemic but I was able to follow the trend of events by contact with the local General Practitioners, Nurses, Schools, Industrial Concerns and the Ministry of National Insurance. The epidemic never developed into the severe type produced by the influenza virus "A." Around this time it was present on the Continent and it was feared at one period that it was spreading into this country. Nevertheless the disease was particularly widespread. The Industrial and School Population at one period was considerably reduced i.e. towards the end of January. In most cases the symptoms were mild in character and most patients were back to work or school within the week. However, even though the disease was not of the severe type, it seemed to hit the older age group where it turned into influenzal pneumonia. We had 16 reported deaths from this disease and there may have been others who were certified as having died from pneumonia around that time.

Scarlet Fever was again sporadic in nature, and all those cases reported were mild in character. The number of Whooping Cough cases dropped to 51 compared with 182 in the last year, but we had the biennial epidemic of measles in the District which was very heavy in numbers but again mild in character.

The number of Dysentery cases dropped from 44 to 11. This was due to the fact that they have now got it more under control in Hortham Colony.

Influenza:

As influenza is not notifiable I am unable to give figures of the morbidity, but there were 14 deaths attributed to this disease—8 males and 6 females, with the average death rate of 67.3 years. This shows that the disease even in the mild character seems to hit the older age groups and possibly the younger age group next. The incubation and infective periods are short and therefore the epidemic spreads very quickly. We must be constantly on the alert for the more severe form of the disease and the general population should realise the importance (during epidemic times) of staying

away from work, school, or public gatherings as soon as the symptoms start to appear. Isolation is very important in the early stages and the rules of personal hygiene must be observed to the full. A sneeze or cough in public transport can infect 10-20 people in very quick time.

I often feel that the same rule should apply to the common cold. A couple of days in bed during the acute stage may stop the patient infecting dozens of others at work or school and may stop the complications such as sinusitis, catarrh, bronchitis, etc., which may supersede the cold when one tries to throw it off on one's feet.

Pneumonia:

This is a notifiable disease and is being much more reported by General Practitioners than formerly. 45 cases in 1950. The most common months for this to occur are January, February and March but sporadic cases of broncho-pneumonia, hypostatic pneumonia and even lobar pneumonia occur right through the year. There were 16 deaths from the disease, but some of these were not given as the primary cause of death. Of the deaths 9 were broncho-pneumonias (4 post-operative) and the others were hypostatic pneumonias (following accidents in old people) and lobar pneumonias.

Scarlet Fever:

25 cases were notified during the year. These were all fairly mild in character and all nursed at home. In fact, the disease is so mild these days that when the rash disappears, which often happens in 24-48 hours, the mother finds it an awful job to keep the child in isolation.

We still disinfect the household, as routine, after the patient is pronounced free from infection, but in many cases I feel this is a ludicrous but recognised procedure as patients with streptococcal tonsillitis, which is caused by a similar type of organism to that of scarletina, are allowed to roam at will and spread the germs. Until streptococcal carriers and streptococcal tonsillitis cases are able to be isolated, I am afraid we will continue to have sporadic cases of Scarlet Fever.

Dysentery:

Only 11 cases of this disease were reported during the year as compared with 44 last year. These were all again notified from Hortham Colony and we will continue to get some, as the Superintendent takes the precaution of having examined the stools of all new admissions. This is a worthwhile procedure and helps to stop the spread of the disease in a mental defective colony.

Measles:

We had a very large epidemic of Measles in the District during 1951. 454 cases were notified by General Practitioners and the rate per 1,000 home population works out at 17.8 as compared to 14.07 which is the figure for the whole of England and Wales.

However, there were no deaths from the disease and the majority were mild in character and able to be nursed at home. Complications are very rare now-a-days and when they do occur they are got under control quite quickly by the new antibiotic drugs.

The age groups of the Measles Epidemic are as follows:

Under 1 year ...	...	...	...	...	11 cases
1— 2 years	...	...	...	...	34 cases
2— 3 years	...	...	...	...	38 cases
3— 4 years	...	...	...	...	52 cases
4— 5 years	...	...	...	...	136 cases
6— 9 years	...	...	...	...	157 cases
10—14 years	...	...	...	...	18 cases
14 and over ...	...	...	...	...	8 cases

Total: 454 cases

Anterior Poliomyelitis:

You may remember that last year we had 12 cases of this crippling disease notified. However, during 1951 only one case of acute polio-encephalitis was notified. This was very similar to that for England and Wales as the rate fell there from 0.18 per 1,000 to 0.03 per thousand.

APPENDIX (Di)

ANNUAL RETURN OF FOOD POISONING NOTIFICATIONS (Corrected) 1951

1. LOCAL AUTHORITY: Thornbury R.D. YEAR: 1951.
2. FOOD POISONING NOTIFICATIONS (Corrected)
RETURNED TO R.G.

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
—	—	—	1	1
3. OUTBREAKS DUE TO IDENTIFIED AGENTS
Total outbreaks: NIL. Total cases: NIL.
Outbreaks due to:—

(a) Chemical Poisons	(d) C.I. botulinum
(b) Salmonella	(e) Other bacteria NIL
Organisms	
(c) Staphylococci (including toxin)	
4. OUTBREAKS OF UNDISCOVERED CAUSE. Nil.
Total outbreaks: NIL. Total cases: NIL.
5. SINGLE CASES

Agent identified	Unknown cause	
Salmonella	YES NIL	Total 1
	24	

NATIONAL ASSISTANCE ACT 1948 (Section 47)

Removal of persons in need of care and attention to suitable premises.

During the year a number of cases were investigated but it was not thought necessary to take any compulsory measures for removal. Other remedial methods were resorted to.

PART 2.

REPORT OF THE SURVEYOR AND CHIEF SANITARY INSPECTOR

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

Mr. Chairman, Ladies and Gentlemen,

This is the sixteenth annual report which I have been interested in preparing. Every endeavour has been made to make it interesting as well as informative over the whole range of the extensive activities of the department.

Steady progress is being maintained in the main fields of Housing, Sewerage and Water Schemes. In circumstances such as these one could forgive a tendency for both Council and Staff to rest on their laurels. Such however is not the case; among the Council there appears to be an increasing awareness of their responsibilities, a view which is shared by the Staff. This attitude is reflected in the cordial relations of all concerned, in service conditions, zeal and output of work.

The wide scope of our activities does not allow of time for complacency, for with good progress in some fields, other aspects of Public Health should be tackled more vigorously. In my opinion this especially applies to:

1. Action to increase the number of connections to the newly laid water mains.
2. The materialization of the Southern and Central area water scheme of the West Gloucestershire Water Co.
3. Statutory action to have properties connected to the newly laid sewers.
4. Inspections and action to improve the standard of hygiene of Food Preparing premises and Shops generally.
5. Reconditioning or demolition of unfit properties.
6. The provision of further sewerage schemes to the more populated areas of the district.

For the third consecutive year there has continued to be a marked increase in the number of bacon pigs slaughtered. The 100% detailed inspection has been maintained. The total of 5,350 carcasses is an increase of 281 over the previous year.

The conscientious efforts of the Pests Officer aided by the use of effective new methods have resulted in a considerable reduction of Mice and Rats.

Many of the older council houses are now needing more extensive repair, and with the increased provision of amenities in

the newer houses the work of the Surveyor's branch has considerably increased. There appears to be a more general attitude among tenants to notify minor defects; whether this has been influenced by the various increases in rents is a debatable matter. If tenants would only realise that the engagement of expensive labour to deal with these is bound to result in greater charges on the rent, they could considerably reduce costs by doing odd jobs themselves.

There have continued to be changes in the staff. This, coupled with the unsatisfactory office accommodation, is not conducive to the maximum output, nevertheless I consider the results to be reasonably satisfactory.

The total number of visits has increased by 1,516, from 5,570 to 7,086.

1.—SUMMARY OF SURVEYOR'S AND SANITARY INSPECTORS' VISITS

Nature of Visit or Inspection	Totals
1. Water Supply	221
2. Drainage	220
3. Stables and Piggeries	18
4. Offensive Trades	11
5. Fried Fish Shops	4
6. Common Lodging Houses	8
7. Houses—Let-in-Lodgings	4
8. Tents, Vans and Sheds	123
9. Factories and Workshops	176
10. Outworkers	1
11. Bakehouses	11
12. Public Conveniences	61
13. Theatres and Places of Entertainment	2
14. Refuse Collection and Disposal	79
15. Rats and Mice	1256
16. Smoke observations	2
17. Schools	2
18. Shops	10
19. Sewage Disposal Works	75
20. Sewage Sampling	34
21. New Buildings	269
22. Drain Tests and Inspections	314
23. Building Licensing	40
Under Public Health Acts	
24. No. of houses inspected	423
25. Re-visits paid to above houses	565
Under Housing Acts	
26. No. of houses inspected	177
27. Re-visits paid to above houses	86

Overcrowding

28.	No. of houses inspected	...	...	...	58
29.	Re-visits paid to above houses	...	...	...	—

Verminous Premises

30.	No. of houses inspected	...	...	...	31
31.	Re-visits paid to above houses	...	...	...	7

32.	Council Houses	...	...	...	1371
33.	Inquiries in cases of I.D.	...	...	...	75
34.	Visits re disinfection	...	...	...	48
35.	Miscellaneous Infectious Disease Visits	...	...	...	3

Inspections in Connection with Food

36.	Visits to Slaughterhouses	...	...	...	419
37.	Visits to Shops and Stalls	...	...	...	32
38.	Butchers, Fishmongers and Poulterers	...	...	...	19
39.	Grocers	...	...	...	46
40.	Greengrocers and Fruiterers	...	...	...	—
41.	Cowsheds	...	...	...	6
42.	Dairies and Milkshops	...	...	...	44
43.	Ice-Cream Premises	...	...	...	34
44.	Food Preparing Premises	...	...	...	85
45.	Restaurants and Cafes	...	...	...	18

Visits in Connection with Sampling

46.	Milk—Bacteriological	...	...	...	6
47.	Milk—Tubercle Bacilli	...	...	...	4
48.	Milk—Gerber Testing	...	...	...	—
49.	Food and Drug Samples	...	...	...	—
50.	General Miscellaneous Visits	...	...	...	568

TOTAL: 7,086

NOTICES SERVED

Preliminary Notices served	...	...	...	101
Statutory Notices served	...	...	...	45
Prosecutions	...	...	...	Nil

HOUSING

The Council has continued to exert every effort towards securing the erection of new Council Houses. The rate of progress is limited by the quota allocated by the Ministry and by such factors as limited labour and lack of suitable sites available with the necessary services. The programme has been chiefly confined to building in the larger centres of population. There is urgent need for water and sewerage schemes planned by the Council to receive Ministry approval, otherwise development during the next twelve months will be seriously hampered.

(Note: The services referred to are the Southern and Central Water Scheme, Thornbury, Alveston and Berkeley Sewerage Schemes).

The Area Lettings Committees set up during 1950 have continued to operate reasonably well. On one or two occasions there has been evidence of lack of liaison between them. There is no "points" system in operation, nevertheless, there appears to be less dissatisfaction with these functions than in previous years.

Waiting Lists

The number of applications for houses in the various Lettings Committee Areas are as follows:—

	Existing Council Houses	Applications
1. Almondsbury	334	309
2. Redwick & Northwick, Aust & Olveston	94	79
3. Thornbury, Alveston, Range- worthy, Tytherington, Old- bury-on-Severn	282	225
4. Falfield, Stone, Tortworth, Charfield, Cromhall, Ham, Hill, Rockhampton, Alking- ton	112	75
5. Berkeley, Hinton, Hamfallow	176	160
Totals:	998	848

Number of houses owned by Council at 31/12/1950	892
Houses erected during the year	106

No. of houses owned by Council at 31/12/1951 ...	998
--	-----

No. of Houses in course of construction	92
--	----

Slum Clearance, etc.

The Council has continued to deal in a small way with individual unfit properties.

It is becoming increasingly difficult to secure the co-operation of property owners to carry out even the essential small repairs.

The following tables show the position as at 31st March, 1952:—

	No. of Houses	No. of Persons Displaced
(a) Houses demolished as a result of formal procedure under Section II	1	5
(b) Houses demolished as a result of informal notices preliminary to formal procedure under Section II	2	8

(c) Houses closed in pursuance of an undertaking given by the owners under Section II, and still in force	12	50
(d) Parts of buildings closed (Section 12)	1	3
(e) Houses made fit as a result of formal notices under Sections 9 to 12	13	—

RURAL HOUSING SURVEY (amended)

Type of Property					
Reasonably fit in all respects	Minor Defects	Requiring Repairs	Appropriate for re-conditioning	Unfit for habitation beyond repair	TOTALS
Category 1	Category 2	Category 3	Category 4	Category 5	
598	2441	2235	114	260	5648

HOUSING ACT, 1949

Three applications for grants were received during the year but none of these were proceeded with and were subsequently withdrawn by the applicants.

REPAIRS AND MAINTENANCE

The whole of the Council's property is maintained by local contractors. Day to day repairs are executed under orders from this department. Major works are carried out under contract.

During the year expenditure on Council owned property amounted to £6,089, made up as follows:—

	£	s.	d.
Major works and improvements under contracts	3070	0	0
Minor day to day repairs	3019	0	0
	6089	0	0

These repairs involved the issue of 1,260 orders and 1,371 visits.

In accordance with the programme of maintenance outlined in last year's report, tenders have been accepted for connecting 95 existing Council houses to the newly provided water mains in the northern area. Work is already in hand for inviting tenders for the painting during 1952 of some 400 houses in the southern area. During 1953 the maintenance programme should allow for concrete paths to 100 houses, and painting to 300 houses in the central and northern area.

BUILDING LICENSING

During the year 13 licences were issued for the erection of new private dwelling houses. There is a very definite upward trend in the cost of erection. The Council at present has a waiting list of 78 applicants for licences to erect new private enterprise houses. Despite the fact that the Council allocates the maximum permitted ratio of licences, the list has continued to grow. I think it would be safe to forecast, however, that the increased cost of building and the increased rates of interest will tend to discourage private persons from building their own houses. This appears to be indicated by several deserving cases having rejected the allocations which were made to them. Another difficulty which exists is the inability of applicants to acquire sites for development. The answer to this problem may be for the Council to issue a block licence to certain builders for the erection of houses for sale to Council-approved applicants.

The Council's yearly financial quota for building licences for other work was £13,184, and 68 licences were granted to this amount.

WATER SUPPLIES

The area is covered by three statutory water authorities:

- (a) The major portion of the district in the southern and central area by The West Gloucestershire Water Company.
- (b) A small area in the south by The Bristol Waterworks Company.
- (c) Five northern parishes by The Gloucester City Council.

Stage 1 of the Gloucester Corporation water scheme for the supply of mains water to the five northern parishes has been completed.

Stage 2 of the same scheme is well in hand and estimated to be completed by June 1952, after which it is hoped to put Stage 3 in hand—the last phase in the programme for supplying the more rural parts of the five parishes. As the scheme proceeds arrangements are made for subsidiary water mains to be laid wherever necessary to provide the supply within a reasonable distance of properties. The progress of this particular scheme required the co-operation of everyone concerned. It is to be regretted that rate-payers are so slow to avail themselves of the supply. The property owners limitation of liability to £20 per house has resulted in the Council resorting to statutory action in a number of cases. It should be appreciated that the number of connections affects the revenue. The Council should consider whether the time is ripe to take any positive action in this matter. If and when such a course is adopted, there is no doubt that it will strain the resources of the department. In any future schemes it may be advisable to

investigate the possibility of laying service connections during the course of the mains laying. There are many advantages which make it worth while considering.

The scheme of the West Gloucestershire Water Company to serve the southern and central areas of the district has not yet materialised and this is referred to in my opening remarks.

There continues to be eighteen Council houses at Charfield, Falfield, Rangeworthy and Rockhampton where rain-water tanks provide the sole supply and have to be supplemented by hauling mains water by tanker lorry.

During the year 29 samples of water were obtained from 29 sources and submitted for analysis—these affected 71 properties. 28 were unsatisfactory and only one satisfactory. Where mains water was available the necessary action was taken in 13 cases. In 3 cases the water mains will be extended, in 8 cases remedial measures were taken, in 2 cases chlorination has been resorted to, and in the remaining 2 cases the use of the water has been limited to non-domestic use.

Parish	No. of Properties	No. of Properties supplied with mains water
<i>West Gloucestershire Water Co. and Bristol Waterworks.</i>		
Almondsbury	2,191	2,156
Aust	125	—
Alveston	400	346
Charfield	253	—
Cromhall	183	113
Falfield	120	8
Hill	40	—
Oldbury-on-Severn	171	—
Olveston	377	276
Rangeworthy	83	—
Redwick & Northwick	498	498
Rockhampton	43	—
Thornbury	871	705
Tortworth	56	—
Tytherington	173	168
<i>Gloucester Corporation Area</i>		
Alkington	197	—
Berkeley	331	217
Hamfallow	266	57
Hinton	440	123
Ham & Stone	173	1
TOTALS	6,991	4,668

ANALYSIS OF PUBLIC WATER SUPPLIES IN THE THORNBURY RURAL DISTRICT

(a) West Gloucestershire Water Company.

THE COUNTIES PUBLIC HEALTH LABORATORIES,

66, Victoria Street,

London, S.W.1.

Bacteriological Examination of a Sample of Water Ref: F/MN/03 received 6.11.51 from WEST GLOUCESTERSHIRE WATER COMPANY labelled 9, Severn Drive, Thornbury. Tap in scullery. Taken by W. Whittern, Witness: W. Anstee, Signed: W. Whittern.

Number of Colonies developing on Agar	1 day at 37°C.	2 days at 37°C.
	0 per ml.	0 per ml.

3 days at 20°C.

0 per ml.

Absent

	Present in	from	Probable number
--	------------	------	-----------------

Presumptive Coli-aerogenes

Reaction	— ml.	100 ml.	0 per 100 ml.
-----------------	-------	---------	---------------

Bact. coli (Type 1)	— ml.	100 ml.	0 per 100 ml.
----------------------------	-------	---------	---------------

Cl. welchii Reaction	— ml.	100 ml.	
-----------------------------	-------	---------	--

This sample is clear and bright in appearance and conforms to the highest standard of bacterial purity.

These results are indicative of a water which is wholesome in character and suitable for drinking and domestic purposes.

Signed—ROY C. HOATHER.

12th November, 1951.

THE COUNTY PUBLIC HEALTH LABORATORIES

66, Victoria Street,

London, S.W.1.

ANALYSIS OF A SAMPLE OF WATER received 2.1.52. Ref. G/WW/69 from WEST GLOUCESTERSHIRE WATER COMPANY. Labelled Frampton Pumping Station, output water, tap in filter house. Date 1.1.52, 10.5 a.m. Taken by W. Whittern. Witness: W. Anstee. Signed: W. Whittern.

CHEMICAL RESULTS EXPRESSED IN PARTS PER
MILLION.

Appearance Clear and bright. Turbidity Nil. Colour Nil. Odour Faint chlorinous. Taste Normal. pH 7.9. Free Carbon Dioxide 5. Electric Conductivity 660. Alkalinity as CaCO₃ 280.

Hypothetical Combinations			
Calcium carbonate	...	...	160
Magnesium carbonate	...	...	70
Sodium carbonate	...	...	39
Sodium sulphate	...	...	101
Sodium chloride	...	...	46
Silica	...	...	12
Difference	...	...	12
Total solid constituents dried at 180°C.			440.
Hardness Total	...	245	Carbonate 245 Non-carbonate 0
Nitrate Nitrogen	...	0.0	Nitrite Nitrogen Less than 0.01
Ammoniacal Nitrogen	...	0.046	
Albuminoid Nitrogen	...	0.000	Oxygen absorbed 0.20
Metals	...	Absent	
Fluoride (F)	...	0.5	Residual Chlorine 0.24

BACTERIOLOGICAL RESULTS

Number of Colonies developing } 1 day at 37°C. 2 days at 37°C.
on Agar per ml. in ... } 0 0

3 days at 20°C.
0

			Present in	Absent from	Probable number
Presumptive Coli-aerogenes					
Reaction	...	...	— ml.	100 ml.	0 per 100 ml.

			Present in	Absent from	Probable number
Bact. coli. (Type 1)	...	...	— ml.	100 ml.	0 per 100 ml.
Cl.welchii Reaction	...	...	— ml.	100 ml.	

ROY C. HOATHER.

16th January, 1952.

(b) BRISTOL WATERWORKS COMPANY

Telephone Avenue,
Bristol, 1.

Input to
Company's Mains
(at Barrow) Severn Beach

Chemical Analyses. (Results in parts per million)

Total Solids	...	...	261
Chlorine as Chlorides	...	...	12.5
Nitrogen as Nitrates	...	...	1.4
Salene Ammonia	...	...	0.133

Albuminoid Ammonia	...	...	0.067
Oxygen absorbed from KMnO_4	...	...	0.59
Total Hardness	...	...	202
Permanent Hardness	...	...	68
pH	...	...	7.5
Free Chlorine	...	...	0.25

Bacteriological Analyses

Colonies per ml. on Agar			
3 days at 20°C.	...	...	5
2 days at 20°C.	...	...	4
Bacillus Coli per 100 mls.			
Typical	...	...	Absent
Presumptive	...	...	Absent

F. P. HORNBLY,
CHEMIST.

(c) GLOUCESTER CORPORATION

		Parts per Million
Chemical Examination	(a)	(b)
Total Dissolved Solids	370	312
Combined Chlorine	49	44
Nitrogen present as Nitrates	3.6	4.0
Nitrogen present as Nitrites	Absent	Absent
Mineral Ammonia as N	Absent	Absent
Organic Ammonia as N	0.012	Absent
Oxygen required to oxidise the organic matter in 4 hours	1.67	0.87
Temporary Hardness	145	115
Permanent Hardness	92	62
Total Hardness	237	166
Free Chlorine	Absent	Absent
pH Value	7.5	7.7

Bacteriological Examination

Micro-organisms in 1 ml. capable of growing on Agar at 22°C.	...	...	14	8
Micro-organisms in 1 ml. capable of growing on Agar at 37°C.	...	...	7	5
No. of B.Coli per 100 mls.	...	...	0	0
N.B. Sample of water representing input to main	...	...	(a)	
Sample of water from a consumer's tap	...	...	(b)	

RIVERS AND STREAMS

The lower tidal reaches of the River Severn form the western boundary of the rural district. The majority of the district is within the Severn Catchment Area, and a small portion in the south east comes within the Bristol Avon Catchment Area.

The principal water course in the district is the Little Avon River, rising at Wickwar (Sodbury R.D.), passing through Charfield, Tortworth, Alkington, Ham and Stone, eventually discharging via Berkeley tidal pill into the River Severn.

The areas of Sharpness and Severn Beach which are in course of being re-sewered discharge crude sewage into the River Severn. Sewage from a portion of the village of Charfield and the town of Berkeley discharges into the Little Avon River via old sewers.

Speaking generally, one can say that wherever there is a community with a mains water supply and no sewerage scheme, foul ditches abound, and this area is no exception.

All Council owned sewage plants are regularly serviced and well maintained, and with one or two exceptions the effluents are satisfactory.

Drainage and Sewerage

The position in respect of the various sewage schemes is as follows:—

Severn Beach (Parish of Redwick and Northwick)

Tender of £42,800 by Wm. T. Nicholls Ltd.

Approved and work in hand.

Thornbury

Modified Scheme for enlargement of plant at a cost of £23,000 by Wm. Bowers & Co. Ltd.

Approved and work due to start shortly.

Sharpness (Parish of Hinton)

Scheme at estimated cost of £26,200 by Wm. T. Nicholls Ltd.

Nearing completion.

Berkeley

Scheme approved in principle. Drawings and Quantities are being prepared.

This Scheme is urgently needed.

Alveston

Scheme approved in principle but turned down by Ministry at tender stage.

Details for the following schemes are still awaited from the Consulting Engineers:—

Tockington and Olveston villages (Parish of Olveston)

Upper and Lower Almondsbury (Parish of Almondsbury)

Wanswell (Parish of Hamfallow)

Charfield

Easter Compton (Parish of Almondsbury).

Throughout the district cesspits are emptied by private arrangement with two firms operating in the district.

There are the following sewers and sewage disposal plants in the district:—

Parish	Situation	Type	Properties sewered	Remarks
Almondsbury	Patchway .. Easter Compton .. Woodlands .. Cribbs Causeway .. Hortham Colony .. Woodhouse Down .. Village .. Greenhill .. " Firleaze " now " Silverhill " .. Town .. The Lynch .. Manor Lane .. Village .. Townwell .. The Hunstman .. Sundays Hill .. Eastwood Park .. Sharpness .. Purton .. Oldown .. Olveston and Tockington .. Berrows Mead .. Church View ..	Public Sewer Sewage Works ditto ditto ditto ditto ditto ditto ditto ditto Old Sewers Sewage tanks Sewage Plant Old Sewer Sewage Plant ditto ditto ditto Old sewers ditto Sewage Plant Old sewers Sewage Plant ditto Pumping Stn. Sewage Plant Sewage Plant ditto ditto ditto	1,400 6 14 1 1 42 1 10 1 290 32 10 20 6 1 6 1 200 20 11 50 4 4	J't Sewerage Committee Council Estate Squatters Camp Public House Mental Institution Council Estate Hospital Council Estate Private School Defective Council Estate Council Estate Approximate only Council Estate Public House Council Estate Home Office Re-Sewered Fouling Ditches Council Estate Discharges to ditches Council Estate Council Estate
Alveston	Severn Beach .. Wick Road .. Oldbury Lane .. School .. Southlands .. Leyhill Prison ..		100 18 900 1 28 1	Defective Sewers Council Estate Whole town Extns. needed Council Estate Home Office Prison
Berkeley				
Charfield				
Cromhall				
Hinton				
Olveston				
Rangeworthy				
Rockhampton				
Redwick & Northwick				
Thornbury				
Tytherington				
Tortworth				

Closet Accommodation

The closet and general sanitary conditions in cottages and villages is most unsatisfactory.

Bucket closet contents are emptied weekly by the Council in the parishes of Berkeley and Hamfallow. The present method of collection by open topped trailer should be reviewed, as it is unpleasant and offensive.

Four earth closets have been improved and twenty-five converted to water closets.

Public Cleansing

A combined kerbside collection of refuse and salvage is carried on throughout the district by direct labour.

This service is operated by a foreman/driver, four driver/loaders, four loaders, one refuse tip attendant and one baling attendant.

The fleet of vehicles consist of:—

- 2, 10 cu. yd. Dennis side loading lorries
- 2, 11 cu. yd. Ford side loading lorries
- 1, 4-ton ex-army Ford truck lorry
- 1, Land Rover.

Refuse Tips

(1) **The Lynch, Berkeley**

This is used for the disposal of refuse from the northern parishes. It accidentally caught fire and this is a source of trouble. It will soon be filled and a new tip has been acquired at Oakhunger.

(2) **The Quarry, Alveston**

This tip is in good condition but is only used during the winter months for refuse from the majority of Parishes.

(3) **Littlewood, Cromhall**

This tip is used for refuse from Charfield, Cromhall and Tortworth.

(4) **Morton Farm, Thornbury**

This tip consists of two farm ponds which the owner is anxious to have filled. They are chiefly used during the summer months.

(5) **Walning Farm, Pilning**

A low-lying area is being filled up at the request of the farmer.

Refuse Collection—Frequency of Service

Parish	Place	Frequency
Almondsbury	Patchway, etc.	Weekly
	Lower Almondsbury	Twice Monthly
	Easter Compton	Twice Monthly
	Cribbs Causeway,	Twice Monthly
	etc.	
	Hallen	Monthly
Alkington	Whole Parish	Monthly
Alveston	Whole Parish	Twice Monthly
Aust	Whole Parish	Monthly
Berkeley	Whole Parish	Weekly
Charfield	Whole Parish	Twice Monthly
Cromhall	Whole Parish	Monthly
Falfield	Whole Parish	Monthly
Hamfallow	Whole Parish	Weekly
Ham and Stone	Whole Parish	Monthly
Hill	Whole Parish	Every Three Months
Hinton	Whole Parish	Weekly
Oldbury	Whole Parish	Monthly
Olveston	Whole Parish	Twice Monthly
Rangeworthy	Whole Parish	Monthly
Redwick & Northwick	Redwick & Severn Beach	Weekly
	Northwick	Monthly
Rockhampton	Whole Parish	Monthly
Thornbury	Lighting Area	Weekly
	Other Parts	Monthly
Tortworth	Whole Parish	Monthly
Tytherington	Whole Parish	Monthly

Salvage

Efforts have been made to maintain our salvage returns. With the fluctuating price, markets, etc., it is difficult to estimate as to the future.

The gross cost of the service during the year amounted to £6,137.

Salvage collected and sold:—

	£	s.	d.
Metals	175	2	10
Rags, etc	310	2	10
Waste Paper	1489	19	10
	1975	5	6

Public Conveniences

The Council provides and maintains four public conveniences, each with accommodation for Men and Women, at

Berkeley

Patchway

Severn Beach

Thornbury.

Part-time cleaners are employed for each.

Camping

A considerable amount of camping is taking place in the district. The majority of the structures consist of permanently stationed chalets and trailer caravans. A proportion are permanently occupied.

There are 17 principal licensed sites with accommodation for 600 structures; in addition there are numerous other sites occupied by one or two caravans. At the height of the holiday season I estimate that there are 2,500 campers in the district. The Council has adopted Camping Bye-laws based on the model form prepared by the Ministry of Health. The sanitary accommodation at the recently licensed sites is reasonably good, but the conditions on some of the older sites are very unsatisfactory.

In my opinion, dual control of camping by Planning and Public Health Authorities leads to misunderstanding, and is to be deplored. The periods of 28 and 42 days respectively leads to confusion. Unfortunately the profit motive is not absent from this problem and is not altogether conducive to improved conditions.

A more strict interpretation and firm action by the Planning Authority and Council are in my opinion desirable.

FACTORIES ACTS, 1937 and 1948

(a) Inspections for purposes as to health.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	19	34	15	—
(2) Factories not included in (1) to which Section 7 applies (a) Subject to Local Authorities (Transfer of Enforcement) Act, 1938 (b) Others	92	153	10	—
(3) Other Premises under the Act (excluding outworkers' premises) ..	1	—	—	—
TOTAL	112	187	25	—

(b) Cases in which Defects were found :

Particulars	No. of cases in which defects were found				Prosecutions
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of Cleanliness	17	17	—	—	—
Overcrowding ..	—	—	—	—	—
Unreasonable Temperature ..	—	—	—	—	—
Inadequate Ventilation ..	—	—	—	—	—
Ineffective Drainage of Floors ..	—	—	—	—	—
Sanitary Conven'ces:					
(a) Insufficient ..	3	2	—	—	—
(b) Unsuitable or Defective ..	14	13	—	2	—
(c) Not separate for sexes ..	—	—	—	—	—
Other Offences ..	—	—	—	—	—
TOTAL	34	32	—	2	—

(c) Outworkers. Section 110 and 111.

Nature of Work (a) Carding, etc., of buttons, etc.

(b) Wearing apparel—glove lining.

Number of Outworkers on August list required by Section 110
(a) 32; (b) 2.

FOOD & DRUGS ACT, 1938

Meat Inspection

There has continued to be a substantial increase in the number of pigs slaughtered in the area.

The increase from 3,242 carcasses in 1949 to 5,069 in 1950 and 5,350 in 1951, has meant a considerable increase in the time spent on these duties, and with the 100% post mortem examination it can be regarded as no mean achievement.

No. of Licensed Slaughterhouses 15

No. of Licensed Slaughterhouses in regular use ... 3

No. of Licensed Slaughtermen 40

Carcases Inspected	Cattle exclu'ng Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	—	—	—	5	5,350
Number inspected	—	—	—	5	5,350
CARCASES CONDEMNED :					
All diseases except Tuberculosis—					
Whole carcasses condemned	—	—	—	1	8
Carcases of which some part or organ was con- demned	—	—	—	1	189
Percentage of carcasses inspected affected with diseases (other than Tuberculosis)	—	—	—	40%	3.68%
Tuberculosis only					
Whole carcasses condemned	—	—	—	—	6
Carcases of which some part of organ was con- demned	—	—	—	—	334
Percentage of carcasses affected with Tuber- culosis	—	—	—	—	6.36%

CONDEMNED FOOD REGISTER

During the year the following weight of food was inspected and certified as unsound:—

Meat (Tuberculosis)	...	...	...	5,784	lbs.
Meat (Other Diseases)	...	...	...	3,217	lbs.
Tins and jars of sundry foods	...	...	...	905½	lbs.
Other foodstuffs	...	...	...	211	lbs.

Total: 10,117½ lbs.

Food Preparation and Handling

The Ministry's model bye-laws for securing the observance of sanitary and cleanly conditions, etc., in connection with the handling, wrapping and delivery of food for human consumption were adopted and came into operation on the 30th July, 1951.

Owing to the volume of other work and staffing difficulties, it has not been possible to make any spectacular progress in enforcing the bye-laws. However, with the engagement of an additional Sanitary Inspector which has been approved by the Council, it is hoped that we shall be able to record more positive progress during 1952.

It should be noted that among the total of inspections made, no less than 703 were in respect of food premises.

ICE CREAM

Five premises in the district are registered for the manufacture of ice cream, and 46 premises registered for sale, chiefly of the pre-packed product.

During the year 26 samples were taken and all were satisfactory.

MILK & DAIRIES REGULATIONS

During the year three samples of milk were submitted for biological tests and were found to be negative. Ten samples of milk were taken for bacteriological examination and tests, nine were satisfactory and one, a sample of pasteurised milk, failed to satisfy the phosphatase test.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The work in this branch of the department has increased considerably during the year. The number of premises inspected increased from 94 in 1950 to 511 in 1951. The number of visits correspondingly increased from 420 in 1950 to 1,256 in 1951. It is noticeable that there has been a decrease in major infestations from 32 in 1950 to 15 in 1951. All sewers, sewage works, schools and hospitals are regularly inspected and, where necessary, treated. In all cases there has been a ready co-operation and appreciation of the service by all concerned.

PREVENTION OF DAMAGE BY PESTS ACT, 1949 PREVALENCE AND MEASURES OF CONTROL

	Type of Property				Total
	Local Authority	Dwelling Houses	Agricultural	All other (including Business and Industrial)	
1. Total number of properties in Local Authority's District	18	6110	579	1242	7950
2. Number of properties inspected as the result of (a) notification, or (b) otherwise ..	(a) 98 (b) —	286 —	29 —	98 —	511 —
3. Number of properties found to be infested by rats	Major 2 Minor 12	5 124	1 18	7 26	15 180
4. Number of properties seriously infested by mice	—	25	—	22	47
5. Number of infested properties treated	17	141	—	55	213
6. Number of notices served under Section 4:					
(1) Treatment ..	—	—	—	—	—
(2) Structural Works i.e. Proofing ..	—	—	—	—	—
Total	—	—	—	—	—
7. Number of cases in which default action was taken following issue of notice under Section 4	—	—	—	—	—
8. Legal Proceedings	—	—	—	—	—
9. Number of "block" control schemes carried out	—	—	—	—	—

PETROLEUM AND CARBIDE

There has continued to be an increase in the number of installations licenced, which now total 97.

SUMMARY

I have endeavoured to make this report as comprehensive as possible without undue rhetoric, but one should not lose sight, however, of the unrecorded services relating to the 568 miscellaneous visits, and also of the numerous interviews with members of the Council and the public.

I should like to express my appreciation of the staff of the Department for their unstinted effort and assistance which has been sought and given ungrudgingly to all and sundry outside the narrow confines of their duties.

In concluding my report, I would like to express my appreciation and thanks to the Chairman, the Chairmen of the various committees, Councillors and fellow officers, for their unfailing help and understanding.

I am, Mr. Chairman, Ladies and Gentlemen,

R. HUNTINGTON,

Surveyor and Chief Sanitary Inspector.

Council Offices,
Thornbury.



