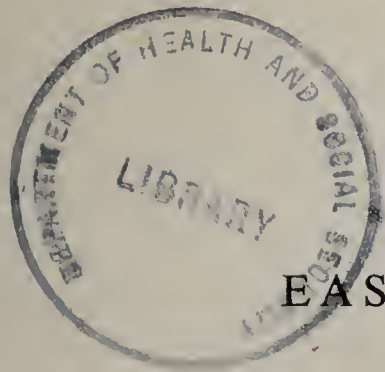


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EAST HERTFORDSHIRE COMBINED DISTRICTS

# ANNUAL REPORT

of the health of

## WARE RURAL DISTRICT

Report presented by

### THE MEDICAL OFFICER OF HEALTH

and

### THE SENIOR PUBLIC HEALTH INSPECTOR

for the year 1968



JULY 1969

103 NEW ROAD  
WARE



WARE RURAL DISTRICT

Annual Report on the Health of the District

For the Year 1968

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EAST HERTFORDSHIRE COMBINED DISTRICTS  
REPORT OF THE MEDICAL OFFICER OF HEALTH  
FOR THE YEAR 1968

W A R E R U R A L D I S T R I C T

PREFACE

To the Chairman and Councillors, Ware Rural District.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report upon the health of the Rural District of Ware for the year ending 31st December, 1968.

Before coming to the Rural District portion of the report, I propose to comment upon the Health and Welfare Services of the County Council and their relationship to the Public Health Services of the East Herts Combined Districts.

What are known as the major or local Health Authorities - these being County Councils and County Borough Councils - administer the Personal Health Services. Their responsibilities under Part III of the National Health Service Act, 1946, paras. 21 - 29, include the provision of Health Centres, the care - including dental care - of expectant and nursing mothers and children under five who are not attending primary schools, the provision of domiciliary midwives, health visitors, home nurses, immunisation, ambulance services, the prevention of illness, the care and after-care of persons suffering from illness or mental sub-normality, and the service of domestic helps. The County is also responsible for the School Medical Service and Health Education.

It would be impossible for the County Medical Officer of a populous County like Hertfordshire to undertake the personal supervision of all these responsibilities and in consequence the County is split into Divisions, of which there are six in Hertfordshire, and at the head of each is a Divisional Medical Officer who carries out delegated functions.

On the other hand, minor or local Sanitary Authorities also known as County Districts, these being Municipal Boroughs, Urban District and Rural District Councils, are responsible for the Environmental Health Services such as housing, the declaration of unfit houses, sanitation - including the supervision of water supplies, sewage and refuse tips - noise abatement, clean air, enforcement of the Food & Drugs Act, 1955, with the inspection of food premises, the supervision of agricultural safety and health, enforcement of the Clean Air Act and the Prevention of Damage by Pests Act, as well as the Offices, Shops & Railway Premises Act. Responsibility for the control of infectious diseases, as well as health education where practicable, rests with the minor authorities.



It must be stated that County Boroughs are responsible for both the Personal and Environmental Health Services.

All these authorities, known as District Councils, must have a Medical Officer of Health, but a number may join together to share the services of an M.O.H. Each District has its own or several Public Health Inspectors. The East Herts Combined Districts were formed a number of years ago, and over the past twelve years or so have comprised Hertford Borough, Hoddesdon, Ware and Sawbridgeworth Urban Districts, and Braughing and Ware Rural Districts. In 1968 the mid-year (estimated) population of the Combined Districts amounted to 84,100.

When, in the autumn of 1968, I was appointed Divisional Medical Officer for the East Herts Division of the County Council, I had in addition to the duties as M.O.H. East Herts Combined Districts, to undertake County Council functions for the whole of East Herts, which as well as the six Districts set out above, includes Bishop's Stortford and Cheshunt Urban Districts together with Hertford Rural District, each of which has its own M.O.H. The total (estimated) population of East Herts adds up to 160,530. I may add that as well as carrying out their County Council functions all the other Divisional Medical Officers in Hertfordshire are M.O's H. of their constituent Districts.

There has latterly been uneasiness concerning the future of the Public Health Service as it is now constituted. The publication of the Seebom Report on Local Authority and Allied Personal Social Services, the Green Paper on Administrative Structure of the Medical and Related Services in England & Wales (since withdrawn but with the promise of an Amended Green Paper in the future) and last but not least, the anticipated publication of the recommendations of the Royal Commission on Local Government, all lead to the belief that widespread changes are imminent, even though it may take time for them to be implemented. How these will affect the Service is still a matter for conjecture but the sense of uncertainty as to the future working and organisation of the Public Health Service is bound to be unsettling.

The population figures for the Rural District show the smallest increase for some years, the total figure being 13,070, due to an increase of 110. The increases for the two previous years were 180 and 190. Only 30 persons came into the District to live, while the excess of births over deaths numbered 80.

On the other hand, the health of the District was good with no major outbreaks of infectious disease, apart from a small Measles epidemic of 226 cases. It is noteworthy that once again there were no cases of Food Poisoning.





There was a slight increase in the number of live births, while the deaths at all ages rose from 119 to 137, more than half of which happened in the older age groups, the oldest being aged 99.

My thanks are due to the Chairman and Council for their lively interest in public/<sup>health</sup>matters, to Mr. Goold, Mr. Cuthbertson and Mr. Parry for their ready assistance and to Miss Ditton for her clerical help. I am grateful to the other Chief Officers for their unfailing readiness to be of assistance.

I am,  
Mr. Chairman, Ladies & Gentlemen,  
Your Obedient Servant,

GORDON M. FRIZELLE



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PUBLIC HEALTH DEPARTMENT - STAFF

MEDICAL OFFICER OF HEALTH

Gordon M. Frizelle, T.D., M.D., D.P.H., Certificate in  
Radiological Protection.

Central Office: Council Offices,  
High Street,  
Hoddesdon, Herts.

Telephone: Office - Hoddesdon 68331  
Private - Ware 2746

Deputy (Part-Time) Medical Officer of Health

Peter de Bec Turtle, V.R.D., M.A., B.M., B.Ch., D.P.H.  
Haileybury and Imperial Service College.  
Telephone: Hoddesdon 62040

PUBLIC HEALTH INSPECTORS

Senior Public Health Inspector (and Surveyor) A.D.G. GOOLD

Certificate of the R.S.I. and S.I.E.J. Board.  
Certificate for Inspectors of Meat and Other Foods.  
Smoke Inspector's Certificate.

Deputy Senior Public Health Inspector

N. CUTHBERTSON - Certificate of the R.S.I. and S.I.E.J. Board.  
Certificate for Inspectors of Meat and Other Foods.  
Smoke Inspector's Diploma.

Additional Public Health Inspector

T.E. PARRY - Certificate of the R.S.I. and S.I.E.J. Board.  
Certificate of R.S.H. for Inspectors of Meat  
and Other Foods.  
B.A. Degree, University of Wales.  
Honours Certificate in General Hygiene.  
Liverpool School of Hygiene Certificate in  
Meat and Other Foods.



PUBLIC HEALTH DEPARTMENT - STAFF

(Continued)

Rural District Council Offices,  
103, New Road,  
Ware, Herts.

Telephone: WARE 2291/2/3/4.

Clerical duties in the Public Health Department were undertaken by Miss I.E. Ditton and Miss G. Windmill.

-----  
PUBLIC HEALTH COMMITTEE

During the Session 1968/9, Public Health matters were dealt with by the Council under the Chairmanship of Councillor Mr. A.T. Johnson.



## S E C T I O N   A

### GENERAL STATISTICS 1968

The information furnished to each Medical Officer of Health for the purpose of his Annual Report consists of:-

- (a) A mid-year estimate of the population of his area.
- (b) Number of births and deaths in his area, after making allowance for those transferable.
- (c) Causes of death distinguished by sex and age.

From the figures of births and deaths, the M.O.H. is then able to calculate the various rates which are required to be stated in his report.

As a number of terms are used which may not be understandable to those not versed in statistics, it is felt that some description of them and of how the figures are arrived at may be desirable.

#### Crude Death Rate

The crude death rate of an area represents the number of deaths registered during the year as belonging to that area, after correction for transfers to the place of residence of the deceased, per 1,000 of the corresponding estimated population at the middle of the year. Thus the calculation involved is:-

$$\frac{\text{No. of deaths registered in the year} \times 1,000}{\text{Mid-year population}}$$

#### Standardised Death Rate

Urban areas, being for the most part industrial centres, have a higher proportion of people living in the middle-age periods of life, ages at which the death rates are low; and rural areas have a greater number of old people. Some correction must be made for these irregularities of distribution as regards age and sex, otherwise the death rates will not afford an accurate means of comparing the healthiness of one district with another. The death rate so adjusted is known as the Standardised Death Rate.

Comparability Factor The Standardised Death Rate is arrived at by multiplying the Crude Death Rate or Mortality Rate by the Comparative Mortality Index for the area by a figure supplied by the Registrar General.





### Maternal Mortality Rate

This depends upon the following calculation:-

$$\frac{\text{No. of deaths of women classed as pregnancy or childbirth X 1,000}}{\text{Total live and still births}}$$

### Infant Mortality Rates

These are obtained by employing the following:-

$$\frac{\text{Total deaths of infants under one year X 1,000}}{\text{Total live births}}$$

$$\frac{\text{Legitimate infant deaths under one year X 1,000}}{\text{Total legitimate live births}}$$

$$* \frac{\text{Illegitimate infant deaths under one year X 1,000}}{\text{Total illegitimate live births}}$$

### Live Birth Rate

Here the relevant calculation is:-

$$\frac{\text{Total live births in the year X 1,000}}{\text{Mid-year population}}$$

### Illegitimate Live Birth Rate

This differs from previous calculations in that it is expressed as a percentage, i.e.:-

$$\frac{\text{Total Illegitimate Live Births X 100}}{\text{Total live births}}$$

### Stillbirth Rate

The ratio of births at or over 28 weeks' gestation which were not live born per 1,000 live and still births.

### Neo-natal Mortality Rate

This is the ratio of deaths among live born infants under four weeks of age per 1,000 live births. This can be subdivided into -

- (a) Early Neo-natal death rates, relating to deaths in the first week of life, and
- (b) Late Neo-natal death rates, relating to infants over one week but under four weeks.



## Peri-natal Mortality Rate

A rate that combines the stillbirths and deaths under one week per 1,000 total live and still births, i.e.:-

$$\frac{\text{Stillbirths and deaths under 1 week} \times 1,000}{\text{Total live and still births}}$$

It is obvious, therefore, that a rate is a figure derived from an arithmetical formula, not a statement of the number of particular cases occurring, or even this number expressed as a percentage. This can give rise to bewilderment in people reading reports, especially from the smaller communities where the number of individual cases is meagre. One can imagine a person saying "Here it states that there was only one death of an illegitimate child, yet it goes on to say that the Illegitimate Death Rate was 71.43. This must be wrong." \*

### Table 1

(Figures for 1967 are shown in brackets)

## POPULATION

### Estimated Mid-Year Population of Ware Rural District

13,070	(12,960)	
Natural Increase or decrease		+ 80
Migration in or out		+ 30

## GENERAL STATISTICS

Area in Acres 29,060

### Number of Inhabited Houses according to Rate Books

3,810	(3,845)	
Number of Houses per acre		0.13
Number of Persons per acre		0.45
Number of Persons per house		3.4

Rateable Value of District (⊙) £631,433

Estimated Sum Represented by a Penny Rate £2,500

⊙ As at 1st April, 1969.



VITAL STATISTICS 1968

Table 2

(Figures for 1967 are shown in brackets)

<u>LIVE BIRTHS</u>	Total	217	(208)
Live Birth Rate per 1,000 population		16.6	(16.05)
Area Comparability Factor for Births		1.18	( 1.18)
Standardised Live Birth Rate per 1,000 population		19.59	(18.94)
<u>STILL BIRTHS</u>	Total	3	(6)
Still-Births rate per 1,000 live and still births		13.64	(28.04)
<u>BIRTHS</u>			
Total Live and Still-Births		220	(214)
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births Total Number	108	109	217
Legitimate	105	103	208
Illegitimate	3	6	9
Still Births Total Number	-	3	3
Legitimate	-	3	3
Illegitimate	-	-	-
Illegitimate Live Births per cent of total live births		4.15	(6.73)
<u>COMPARISON RATES</u>			
	<u>Ware Rural District</u>	<u>Hertford County</u>	<u>England &amp; Wales</u>
Live Birth Rate	16.6	16.2	16.9
Area Comparability Factor	1.18	0.9	-
Standardised Birth Rate	19.59	15.2	-
Still Birth Rate	14.00	12.8	14.0



VITAL STATISTICS

Table 2 (continued)

INFANT DEATHS

		<u>Male</u>	<u>Female</u>	<u>Total</u>
Infants under one year	Total	2	2	4
	Legitimate	1	2	3
	Illegitimate	1	-	1
Neo-Natal Mortality (first four weeks included above in total of infant deaths of under one year)				
	Total	2	-	2
	Legitimate	1	-	1
	Illegitimate	1	-	1
Infant Mortality Rate per 1,000 live births				
	Total	18	( - )	
	Legitimate	13.82	( - )	
	Illegitimate	4.61	( - )	
Neo-Natal Mortality Rate per 1,000 live births (first four weeks)				
		9.22	( - )	

MATERNAL DEATHS

Maternal Deaths, including abortion	-
Maternal Mortality Rate per 1,000 live and still births	-

COMPARISON RATES

	<u>Ware Rural District</u>	<u>Hertford County</u>	<u>England &amp; Wales</u>
Infant Mortality Rate	18	16.2	18
Legitimate	13.82	15.4	-
Illegitimate	4.61	26.3	-
Neo-Natal Mortality Rate	9.22	11.1	12.3
Early Neo-Natal Mortality Rate	9.22	9.9	10.5
Perinatal Mortality Rate	22.73	22.6	25.0
Maternal Mortality Rate	-	0.1	0.2





VITAL STATISTICS  
Table 2 (continued)

DEATHS

Total Deaths of all ages	137	(119)
Males	68	( 59)
Females	69	( 60)
Death Rate per 1,000 population	10.5	(9.18)
Area Comparability Factor for Deaths	0.91	(0.83)
Standardised Death Rate per 1,000 population.	9.56	(7.62)

COMPARISON RATES

	<u>Ware Rural District</u>	<u>Hertford County</u>	<u>England &amp; Wales</u>
Death Rate	10.5	9.5	11.9
Area Comparability Factor	0.91	1.1	-
Standardised Death Rate	9.56	10.7	-



PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

(Notifiable Diseases (other than Tuberculosis) notified during the year)

Disease	Total all ages	Age Groups in Years					
		Under 1	1-	5-	15-	25-	Over 65
Measles	226	2	130	90	4	-	-
Whooping Cough	1	-	-	1	-	-	-
Acute Pneumonia	2	-	-	-	2	-	-
Scarlet Fever	13	-	1	12	-	-	-
Infective Jaundice	4	-	-	-	4	-	-
Sonné Dysentery	3	-	1	2	-	-	-

Incidence of Diseases during the different months

<u>Disease</u>	<u>Month and number of cases</u>
Measles	May (51) June (100) July (53) August (11) September (1) October (10)
Whooping Cough	January (1)
Acute Pneumonia	January (2)
Scarlet Fever	January (3) February (4) March (2) April (2) July (1) October (1)
Infective Jaundice	January (1) March (1) May (1) June (1)
Sonné Dysentery	June (1) July (1) October (1)



DISTRIBUTION OF DISEASES AMONGST THE DIFFERENT PARISHES

<u>PARISH</u>	<u>DISEASE</u>
Great Amwell	Measles (21) Sonne Dysentery (1)
Little Munden	Measles (14)
Great Munden	Nil.
Hunsdon	Measles (15) Acute Pneumonia (1) Scarlet Fever (8) Infective Jaundice (2)
Stanstead Abbots & St. Margarets	Measles (77) Sonne Dysentery (2) Scarlet Fever (4)
Standon	Measles (92) Whooping Cough (1) Scarlet Fever (1) Acute Pneumonia (1) Infective Jaundice (2)
Thundridge	Measles (1)
Ware Rural	Measles (5)
Eastwick and Gilston	Nil.
Widford	Measles (1)



## TUBERCULOSIS

The following is a summary of Tuberculosis Notifications, etc. during 1968.

The year commenced with 77 cases on the register.

	<u>Pulmonary</u>	<u>Non-Pulmonary</u>
Males	44	2
Females	24	7
Two new cases were notified for the first time		
Males	2	-
Females	-	-
There were five inward transfers from another area		
Males	2	1
Females	2	-
13 patients left the District		
Males	10	-
Females	3	-
12 patients died		
Males	10	1
Females	1	-
9 patients recovered		
Males	3	-
Females	6	-
No trace could be found of 5 patients		
Males	1	-
Females	2	2
The year ended with 45 cases on the register		
Males	24	2
Females	14	5





CAUSES OF DEATH DURING THE YEAR 1968

	<u>M.</u>	<u>F.</u>
TOTAL ALL CAUSES	68	69
1. Tuberculosis of Respiratory System	2	-
2. Other Infective and Parasitic Diseases	1	-
3. Malignant Neoplasm - Lung, Bronchus	2	2
4. Malignant Neoplasm, Breast	-	1
5. Malignant Neoplasm, Uterus	-	1
6. Other Malignant Neoplasms, etc.	3	6
7. Other Endocrine, etc. Diseases	-	1
8. Anaemias	-	1
9. Other Diseases of Nervous System, etc.	-	1
10. Chronic Rheumatic Heart Disease	-	1
11. Hypertensive Disease	-	4
12. Ischaemic Heart Disease	15	9
13. Other forms of Heart Disease	3	7
14. Cerebrovascular Disease	6	13
15. Other Diseases of Circulatory System	7	3
16. Influenza	5	5
17. Pneumonia	7	5
18. Bronchitis and Emphysema	8	1
19. Other Diseases of Respiratory System	-	1
20. Cirrhosis of Liver	1	-
21. Hyperplasia of Prostate	1	-
22. Other Diseases, Genito-Urinary System	2	-
23. Congenital Anomalies	-	1
24. Birth injury, difficult labour, etc.	1	-
25. Symptoms and ill-defined conditions.	1	2
26. Motor Vehicle Accidents	2	-
27. All other Accidents	-	3
28. Suicide and self-inflicted injuries	-	1
29. All other external causes	1	-



## GENERAL STATISTICS

In 1968, the total population of the District rose from 12,960 to 13,070, giving an increase of 110. This compares with increases of 180 and 190 in the previous two years. The figure of 110 was made up of a natural increase of 80 and an inward migration of 30.

There was a fall in the number of inhabited houses from 3,845 to 3,810. The number of houses per acre, the number of persons per acre and the number of persons per house all remained the same as in 1967, the respective figures being 0.13, 0.45 and 3.4.

## VITAL STATISTICS

The number of live births rose from 208 to 217, giving a live birth rate of 16.6 compared with 16.05 the previous year.

The still births fell from 6 to 3, while the infant deaths numbered 4, giving an infant mortality rate of 18. Once again there were no maternal deaths.

Deaths at all ages rose from 119 to 137, giving a standardised death rate of 9.56 compared with last year's figure of 7.62.

## CAUSES OF DEATH

Diseases of the heart again accounted for the majority of deaths, with a total of 39 cases. Of these, 24 were due to coronary disease, of which 18 were over the age of 65 and 11 of these 18 exceeded the age of 75. Vascular diseases of central nervous system accounted for 19 deaths, and of these, 14 were more than 65 years of age. Deaths from malignant disease fell from 20 to 15 and only 4 (2 males and 2 females) were occasioned by cancer of the lung, all of whom were more than 55 years of age. Influenza was responsible for 10 deaths, pneumonia for 12 and Bronchitis and Emphysema for 9.

The 4 infant deaths were due to Prematurity (2), Congenital abnormality (1) and Asphyxia in an unknown child, the cause of which could not be discovered.

2 deaths were due to motor accidents, 2 followed accidental fractures of the femur, while the 1 suicide or self-inflicted injury mentioned in the Registrar General's return cannot be traced in our records.

75 of the total number of 137 deaths occurred after the age of 75.

## INFECTIOUS DISEASES

The most notable event was an outbreak of Measles, numbering 226 cases, which occurred largely during the summer months of the year. Apart from that, there were 13 cases of scarlet fever, 4 of infective jaundice and 3 of Sonné Dysentery. Once more, there were no cases of Food Poisoning.



## TUBERCULOSIS

Due to an intensive follow-up of the names and addresses on the T.B. register, it was possible to effect a considerable reduction in the number hitherto reported and the total in consequence fell from 77 in 1967 to 45 in 1968.

## NATIONAL ASSISTANCE ACTS 1948 - 1951

Once again I am happy to report that no action was necessary under Section 47 of these Acts.

## MEALS ON WHEELS

The W.V.S. carried out a widespread Meals on Wheels Service throughout the District and there follow details of the number of days operated each week and the number of persons served:-

<u>Area Served</u>	<u>Days per Week</u>	<u>Number of Persons Served</u>
Dane End	2	6
Eastwick & Gilston	2	3
Thundridge & High Cross	3	7
Great Amwell (including Stanstead Abbots)	3	10
Widford	3	10
Standon & Puckeridge	2	12
Hunsdon	2	11

## BUILDING

During 1968 the Council built 18 houses, 11 bungalows and 8 flats. 33 houses were constructed by private enterprise.

## REPORTS

During the year, special reports were submitted to the Council on Air Pollution from Motor Vehicles, The Abortion Act, 1967, Possible Hazards in Coin-operated Dry Cleaning, The Annual Conference of the Royal Institute of Public Health and Hygiene and the Public Health (Infectious Diseases) Regulations 1968.



S E C T I O N   B

GENERAL PROVISION OF HEALTH AND WELFARE SERVICES FOR WARE  
RURAL DISTRICT

LABORATORY SERVICE

Laboratory facilities are provided by the Public Health Laboratory Service at Cambridge.

In emergency, certain (Medical) specimens can be examined at the Laboratory of the Hertford County Hospital, Hertford.

COUNTY COUNCIL HEALTH SERVICES

The following County Council Services under the National Health Service Act, 1946, are available for Ware Rural District Council. Full details can be obtained from the County Medical Officer, County Hall, Hertford.

Home Nursing, Midwifery, Health Visiting and Welfare Centres.

Number of Nurses - 4

Welfare Centres - 7

Vaccinations, Diphtheria, Whooping Cough & Poliomyelitis Immunisations

A Medical Officer at the Welfare Centre will vaccinate or immunise babies at the request of parents. Family Doctors will also provide this prophylaxis free of charge.

Immunisation and Vaccination

The following table gives the latest recommendations:-

2 - 6 months	Diphtheria	)	
	Whooping Cough	)	3 injections
	Tetanus	)	
6 - 10 months	Poliomyelitis		3 doses oral vaccine. This may be given at the same time as the triple injection if the procedure is started at 3 months.
1 - 2 years	Smallpox and Measles Vaccination		
15 - 18 months	Reinforcing Diphtheria)		
	Whooping Cough	)	Injection
	Tetanus	)	





5 years	Reinforcing Oral Polio ) Diphtheria ) Tetanus )	Injection
9 - 12 years	Smallpox Revaccination	
13 years	B.C.G. Vaccination against Tuberculosis	

As far as the routine immunisation of children is concerned, birth notification of children in the County has been processed by computer and in consequence it has been possible to send out an appointment for every child to attend a Clinic or its own Doctor for immunisations as they have become due. This scheme was introduced in East Herts in January 1968.

It must be borne in mind that a traveller entering certain countries must produce an International Certificate of Vaccination against Smallpox, Yellow Fever and Cholera. International Certificates should be procured from the travel agency when the intending traveller makes his booking.

Vaccination is done by the patient's own Doctor, who must enter on the Certificate particulars of the vaccine employed. The Doctor's signature must then be authenticated at the local - not the County - Health Department, which holds facsimiles of all the signatures of Doctors in the District.

On the other hand, immunisation against Yellow Fever must be carried out at one of the following Centres, after an appointment is first made by telephone:-

<u>Address:</u>	<u>Tel.No:</u>	<u>Time of Attendance:</u>
Yellow Fever Vaccination Service, Hospital for Tropical Diseases, 4, St. Pancras Way, LONDON, N.W.1.	Euston 4411 Ext. 137	Monday to Friday mornings
Yellow Fever Vaccination Service, Medical Dept. Unilever House, Blackfriars, LONDON, E.C.4.	Fleet St.7474 Ext.2841	Tuesday and Friday 3.45 p.m.
Yellow Fever Vaccination Service, 53, Great Cumberland Place, LONDON, W.1.	Ambassador 6456	Monday to Friday 9.30 - 10.30 a.m.  Tuesday, Wednesday and Thursday, 1.30 - 2.30 p.m.



Protection against Cholera may be obtained from the traveller's own Doctor and is advisable for persons undertaking journeys in the Middle or Far East. Advice may be obtained from the Embassy or Mission of the country concerned. The doctor's signature must again be authenticated by the local Health Department.

Smallpox has an incubation period of 14 days. Protection becomes valid 8 days after vaccination and lasts for three years.

Yellow Fever has an incubation period of 6 days. Protection becomes valid 10 days after immunisation and lasts for ten years.

Cholera has an incubation period of 5 days. Protection becomes valid 6 days after immunisation and lasts for six months.

Typhoid Fever is endemic in some countries and may be contracted by travellers in mediterranean areas. I would here reiterate the advice given in previous Annual Reports that anyone proposing to spend holidays in such regions ought, for their own sakes and for the sake of others, to seek protection from T.A.B. immunisation. This should not be left to the last moment, as the interval between the first and second doses should be at least four weeks and preferably six weeks, because of the delay in building up effective immunity.

### Medical Recruitment

The Public Health Services throughout the County have for years been starved of suitable entries at the Assistant County Medical Officer level. There have been various factors responsible for this, one being the unattractive salaries offered, another being the drain on medical man-power caused by emigration, while more recently the complete uncertainty as to the whole future of Local Government has made Public Health as a career something to be avoided.

### Home Help Service

This service, which is a permissive one under the National Health Service Act, was started during the last war to assist young mothers and old people who had been obliged to leave their homes. It is now an essential part of Local Health Authority Service and is a major support for the older sick and infirm.

Unfortunately, the Home Help Service is under considerable strain, due to insufficient staff, as other forms of employment in industry offer many counter attractions. Any person anxious to be of assistance to either the old and infirm, or to mother and child, should approach Mrs. J.E.Clements, the Divisional Home Help Organiser, at The Health Centre, 27, Bull Plain, Hertford (Tel. Hertford 3232).

Applications for this service should also be sent to Mrs. Clements. A charge may be made in accordance with the County Council's assessment scale.



## Hospital Services

The area is served by the Hertford County Hospital, Hertford, the Herts and Essex General Hospital, Bishop's Stortford, the Queen Elizabeth II Hospital, Welwyn Garden City and the Princess Alexandra Hospital, Harlow, Essex.

Chronic sick can receive treatment at Western House Hospital, Collett Road, Ware, and in what is known as Part III accommodation, Western House - not the hospital - provides beds under the National Assistance Act, 1948. As was reported in the Annual Report of 1967, the hospital was closed on the 1st April 1968 and 30 female patients were transferred to the East Herts Hospital, Block 5, where they were looked after by Western House Nursing Staff. The male patients were absorbed into other hospitals of the group.

The closure was due to rebuilding and extensive renovations and when the hospital is reopened - probably in the summer of 1969, the bed accommodation will be raised from 87 to 91. Both the hospital and the Part III accommodation tend to concentrate upon psycho-geriatric patients and it is hoped to open two rooms in the Part III portion where special care may be devoted to such cases.

Patients suffering from infectious diseases can be treated either at St. Ann's Hospital, Tottenham (Tel.No. STAmford Hill 0121) or Highlands Hospital, Winchmore Hill, London, N.21 (formerly South Lodge Hospital, World's End Lane, London, N.21) (Tel.No. 360 8151)

## Care and After Care

Applications for recuperative holidays, if recommended by the Medical Attendant, should be made to the County Medical Officer.

Equipment can be issued on loan to patients being nursed at home. A Medical Loan Depot has been established in the town (address available at Council Offices). A charge may be made for both the above services.

## Ambulance Service

There are Ambulance Stations at Hertford, Bishop's Stortford and Ware. Except in emergency an ambulance should be ordered by a Medical Practitioner. In an emergency the standard procedure of dialling 999 should be followed.



Health and Welfare Department

Social Work Unit

The East Herts Social Work Unit is established at:  
Westfield, West Street, Hertford. Tel.Nos. Hertford 3145 and 5875.

Divisional Social Worker	Miss HILDA WATSON
Senior Social Worker (Mental Health)	Mr. ROY BOHRER
Social Worker (Physically Handicapped)	Miss PAMELA WATSON
Social Workers (Blind)	Miss D. TAYLOR Miss J. VAN RAAIJ.

These workers cover the whole division, and all may be contacted via Westfield.

Other workers carry a wide range of work, ranging through mental illness, mental handicap, general welfare and physical handicap. All workers may be contacted via Westfield, if not available locally. The geographical areas covered are as follows:-

Cheshunt U.D.C.	Mr. K.R. Cockman (Ass.Divisional Welfare Officer)
	Mr. Gray
	Mrs. Stroud
	Miss Eeuwens
Hoddesdon U.D.C.	Mrs. Wright
	Mr. Gray
	Mrs. Stroud
	Miss Eeuwens
Ware U.D.C. )	
Ware R.D.C. )	Mrs. Wright
Hertford Borough )	Mrs. Page
Hertford R.D.C. )	Mrs. Ebeling
Bishop's Stortford U.D.C. )	Mrs. Luckman
Braughing R.D.C. )	Mrs. Marshall
Sawbridgeworth U.D.C. )	Mrs. Hewish
	Mr. Cockman
Chestnuts Day Nursery, )	Mr. Gray
Crossbrook Street, )	Mrs. Stroud
Cheshunt (Tel.Waltham Cross 20905) )	
Health Centre, )	Mrs. Luckman
Bishop's Stortford. )	Mrs. Marshall
(Tel. Bishop's Stortford 2743) )	Mrs. Hewish

Anyone not sure which Social Worker to contact, should refer mental health problems to Mr. Bohrer, and welfare problems to Miss H. Watson.

All emergency calls should be referred direct to Westfield, where they will be dealt with by the duty officer for the day, irrespective of area.





## General Practitioner Services

Ware Rural District is served by 6 General Practitioners, 4 of whom work in partnerships. To all of these are attached Health Visitors, a scheme which has been in operation since 1967. These attachments are proving to be very successful.

## Health Visitors and Nurses

Health Visitors are State Registered Nurses who are in addition State Certified Midwives holding either Part I or Parts I & II of the Certificate. They have also had a year's training in child health and welfare, public health and social legislation. While their main function is the care of mothers and young children, they are also concerned with school health and the care of the elderly and chronic sick.

District Nurses can also be attached to family doctor practices. The District Nurse is a State Registered Nurse who has also obtained the Certificate of the Queen's Institute of District Nursing or the National Certificate in District Nursing. She provides for care of patients in their own homes.

Ware Rural District has 1 District Nurse, 2 District Nurse/Midwives, 2 Health Visitors, 5 District Nurse/Midwives/Health Visitors.

Midwives must hold Part I and Part II of the Certificate of the Central Midwives Board.

## School Medical Service

During the latter part of 1968, preliminary steps were taken to replace the routine medical examinations in schools at certain ages by the examination of all pupils during the first year in an Infant School, and then selection for further examinations on the basis of the medical history, or at the request of parents and head Teachers, following information received on questionnaires.

These changes were to be based upon a three year trial arrangement on these lines, which was successful in the Mid. Herts Division. It was proposed that the new selective medical examination scheme should, in 1969, be implemented throughout the County.

## Infant Schools

Entrants to Infant Schools will have a full medical examination towards the end of the second or during the third term at school. Details of all new entrants are submitted to the Divisional Health Office at County Hall. Later Head Teachers will receive a list of children to be examined with a supply of a letter/questionnaire for the parents to complete and return to the school. In addition a supply of questionnaires will be provided for completion by teachers. The replies to the questionnaires



will be retained at the school to be available for Medical Officers when carrying out the medical examinations. After the first inspection children with defects requiring treatment will be referred to the family Doctors or to an appropriate Clinic, and those for observation will be recorded for seeing again as re-inspections at suitable intervals.

If the Head Teacher requires any other children to be seen by the School Medical Officer, details are submitted in order that the medical records can be forwarded to the school.

### Junior Schools

No routine examination will take place in Junior Schools under the new scheme, though children with defects for which they are under observation will be seen as re-inspections, and any child about whose health or progress the Head Teacher is anxious, can have a special examination by arrangement, the parents being informed by Head Teachers accordingly.

### Secondary Schools

The 12 year old medical examination will be discontinued. In its place parents and Head Teachers will be asked to complete a questionnaire during the second term of a child in a secondary school.

### The Leaver Examination

This is to be replaced by a consultation with the Medical Officer, and it is felt that this should be arranged in the pupil's fourth year as at present during the terms preceding Easter and Summer. A list of pupils who by their date of birth are eligible to leave will be sent to the school together with a supply of the appropriate notices and questionnaires for the parents to complete and return to the school accordingly.

### Amwell View Junior Training Centre

This Junior Training Centre, which is situated at St. Margarets, Stanstead Abbots, Near Ware, accommodates the following children:-

Training Centre: 5 to 16 years of age ... 47

#### Attached Units:

Nursery ... .. 14

#### Special Care

4 to 13 years of age ... .. 12

### OTHER SERVICES

There is an Old People's Welfare Committee at Standon and Puckeridge, also an independently managed "Welcome Club" with a membership of 120 persons.

Women's Institutes are active at ten centres in the District.



## S E C T I O N C

### SANITARY CIRCUMSTANCES OF THE AREA -

#### REPORT OF THE SENIOR PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1968

#### WATER SUPPLY

Two parishes in the southern extremity of the District, Great Amwell and Stanstead St. Margarets, are within the Statutory area of the Metropolitan Water Board and supplied by them with a public supply of water. The source is the Rye Common Pumping Station and there is a reservoir at Hertford Heath. The water is subject to filtration and chlorination. It is hard chalk water.

The remainder of the Rural District is supplied by the Lee Valley Water Company. The source of the Lee Valley Water Company's supply is a pumping station at Standon where there are two boreholes in the chalk. The water is pumped into supply after chlorination. A water tower at Old Hall Green acts as a balancing reservoir.

There were no changes in the general scheme of supply during the year.

#### PRIVATE WATER SUPPLY

Within the District there are approximately 125 properties being served by a private water supply.

Routine sampling has continued throughout the year, and in most cases the bacteriological quality has been found to be satisfactory.

In instances where the source of the supply has been suspect, occupants have been advised to boil all water before use and wherever possible advice has been given in an attempt to improve the quality of the supply.

Eleven private supplies were situated in the areas affected by flooding during September. Samples taken from these supplies indicated that six had been contaminated by the flood water and the users were advised to take suitable precautions. Subsequent sampling showed progressive improvement and within a short time all these supplies were again satisfactory.

#### Quality of Water

##### Bacteriological

In addition to samples submitted by the Public Health Department for analysis, the Lee Valley Water Company send monthly reports of



bacteriological sampling to this Council. Every result sent by the Company has been satisfactory.

### Quantity of Water

Where main supplies are available, the water pressure throughout the District has been satisfactory and constant.

### Distribution of Water Services

Dwelling houses supplied by public water mains in 1968:-

Parish	Number of Houses	Population (approx)	Main direct to house	Main to stand pipes
Eastwick	58	183	55	3
Gilston	54	211	54	-
Great Amwell	686	2286	673	2
Great Munden	116	491	100	4
Hunsdon	397	1270	379	2
Little Munden	219	707	218	-
St. Margarets	76	281	76	-
Standon	1076	3644	1050	6
Stanstead Abbots	484	1646	463	3
Thundridge	271	864	242	1
Ware Rural	219	985	192	5
Widford	154	502	151	3
<b>TOTAL</b>	<b>3810</b>	<b>13070</b>	<b>3653</b>	<b>29</b>

### DRAINAGE AND SEWERAGE

#### Standon and Puckeridge

These two villages provide a common drainage area and sewers have been laid to a point in Paper Mill Lane, Standon, from which the sewage is raised to a Sewage Disposal Works south of the village. These works consist of a receiving chamber, balancing tank, sedimentation tank and duplicate rotary percolating filters, followed by humus tanks. Puckeridge has expanded rapidly over the past few years and the works have reached saturation point for proper treatment of the sewage. Any further development will lead to over-loading. The Council have prepared a scheme for extensions which has been submitted to the Ministry of Housing and Local Government and approved in principle. Work is expected to commence in 1969.





### Colliers End

The scheme for sewerage the Colliers End area has been completed. Disposal is at the Standon Sewage Works.

### High Cross and Wadesmill

These two villages, which are at the southern end of the Standon parish, are drained to a pumping station at Wadesmill, from which sewage is raised to join the Ware Urban District Council sewers at the Urban District boundary on the main Cambridge Road. The sewage is ultimately disposed of at Rye Meads.

### Great Amwell and St. Margarets

Great Amwell parish may be divided for drainage purposes into four areas.

- (1) Hertford Heath, which is drained through an outfall (which is a joint responsibility of the Ware and Hertford Rural District Councils) to the Hertford Borough disposal works at Hertford.
- (2) The Haileybury College area which is drained by means of a main sewer to the sewers of the Hoddesdon Urban District Council and eventually disposed of by them to Rye Meads. Some properties in Hoddesdon Urban District make use of this outfall.
- (3) The southern portion of Great Amwell village, which includes what is known as the Gypsy Lane area and the old Mylne Estate. This is drained on each side of a water shed to ultimately join at the St. Margarets pumping station from whence the sewage is pumped into the Middle Lee Trunk Sewer and the sewage disposed of at Rye Meads. Properties in Hoddesdon Urban District are drained to this system in the Stanstead Road and St. Margarets Road areas.
- (4) The northern portion of the village (Lower Road and Church Path) is drained to a pumping station discharging to St. Margarets pumping station and ultimately to Rye Meads.

### Stanstead Abbots

This village is drained to a point in Millers Lane where the Council once had a pumping station and connected directly to the Middle Lee Trunk Sewer. Sewage is disposed of at Rye Meads. After the connection of the Hunsdon outfall, surcharging took place at Marsh Lane. A scheme for a relief sewer has been completed and sewage from Hunsdon now discharges directly to the Trunk Sewer in Marsh Lane.



### Hunsdon

The village is drained to a pumping station near Bonningtons. From there the sewage is pumped to Stanstead Abbots and connected to the Middle Lee Trunk Sewer, as described above, the outfall being the Rye Meads Sewage Works.

### Eastwick

This village is drained to the Stort Valley trunk sewer discharging to Rye Meads sewage disposal scheme.

### Gilston

The Pye Corner section of this village is sewered and connected to the Stort Valley trunk sewer which discharges to the Rye Meads Disposal Works.

### Dane End

The village of Dane End in the parish of Little Munden has been sewered and sewage disposal works constructed in the village. Works of extension were commenced in 1967 to accommodate Haultwick and Green End and provide for future development at Dane End, and were completed in 1968. The works consist of a pump house, balancing tank, upward flow sedimentation tank, percolating filters and humus tank. Sludge is dried on sludge beds. The effluent is irrigated over land.

### Haultwick

The scheme to connect the drainage of Haultwick to the Dane End works via Green End was completed in 1968. A pumping station has been built at Haultwick. The village of Green End was connected in 1967.

### Widford & Wareside

A scheme to drain these two villages in conjunction with Much Hadham in the Braughing Rural District was completed in 1966. In addition to sedimentation tanks and filters, the works include a sludge thickening tank to reduce the water content before discharge to the drying beds and sand filters are used following the humus tank. The effluent is discharged to the River Ash which experiences very low flows during the summer. The standard required by the River Board is 20/10. This standard has been well maintained.

### Connections

The number of properties connected to the main sewers during the year was 113.



## PUBLIC CLEANSING

### Cesspools

The Council have continued their policy to discourage the construction of small water-tight cesspools and encourage the construction of septic tanks with either filters or land irrigation.

There are few conventional type cesspools as far as is known, although many old cesspools used as septic tanks are in need of improvement. The making of improvement grants has helped to improve the drainage of many houses and has provided modern type septic tanks. All new houses built where main drainage is not available must have well designed septic tanks.

The Council remove sludge from septic tanks once a year by means of their cesspool emptying vehicle. The work is done to a definite time-table and all occupiers of premises know to within a week when the tank will be de-sludged. Tanks which are too small or otherwise inadequate to deal with drainage of the premises and need to be emptied more frequently are dealt with under contract to the owner or by means of a request to the Council. One emptying per year allowed free of charge by the Council is carried out in rotation according to the time-table.

Any emptying taken out of turn extra to the annual emptying has to be paid for on the scale of charges in force at the time. At the moment the charge is £4 per load of approximately 1,000 gallons, with a minimum charge of £4. 0. 0. Cesspools or septic tanks which are in the vicinity of public sewers and lie within the area shown on the Council's resolution map are charged at £5 minimum and £5. 0. 0. per load and are not emptied free of charge at any time.

### Pail Closets

On 31st March, 1968, the pail closet collection service was terminated except for Colliers End, which was recently sewerred.

During the year, the number of pail closets was reduced to approximately 80, due to the provision of new sewers and the withdrawal of the pail emptying service, which gave added impetus to the conversions.



## Refuse Collection and Disposal

Refuse is collected weekly throughout the district. One side-loading vehicle of 12 cubic yards capacity and a Dennis Paxit are used, with a second side loader in reserve.

The refuse is disposed of at a central tip near Downfield Farm, Ware. One man is employed on the tip and uses a Weatherill shovel for the purpose of rolling and covering the refuse. There have been no fires on the tip and appropriate action has been taken in order to avoid nuisances arising from infestation by vermin, flies and crickets.

A resolution under Section 75 of the Public Health Act, 1936 prescribing the size and capacity of dustbins and approving the British Standard Dustbin has been passed by the Council and there is a Byelaw in force prohibiting the deposit of liquid matter in dustbins.

The Council undertake the collection of bulky articles of household refuse (mattresses, arm chairs, etc.) on request, free of charge.

The Civic Amenities Act, 1967, deals, among other matters, with the problem of abandoned motor vehicles. Local authorities are given powers and duties to secure the removal of such vehicles, and during 1968, ten vehicles were dealt with.





PARTICULARS OF PUBLIC HEALTH INSPECTORS'  
VISITS DURING THE YEAR 1968

Housing	879	Total brought forward	1935
Complaints	164	Slaughterhouses	578
Drainage	402	Food Premises	81
Water Supply	118	Rodent Control	112
Refuse Collection & Disposal	166	Licensed Premises	16
Caravans	48	Petrol Installations	47
Factories	32	Sanitary Accommodation	46
Infectious Diseases	23	Immigrants	7
Clean Air Act	61	Keeping of Animals	9
Offices, Shops & Railway Premises	40	Animal Boarding Establishments	3
Noise Abatement	1	Insect infestations	26
Knacker's Yard	1	Offensive deposits	3
		Miscellaneous	30
Total carried forward	1935	TOTAL	2893

HOUSING ACTS 1936 TO 1964

New Housing by private enterprise

New dwellings erected	33
Conversion or adaptations in terms of family units	1

By Local Authority

New dwellings erected	37
Conversions or adaptations in terms of family units	-

By Other Authorities

(County Council, Police, etc.)	-
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Total Properties Controlled by the Council

Council Houses	1175
Temporary prefabricated bungalows	-
Sundries (including shops)	-



## Housing Repairs and Improvements

Under the Public Health and Housing Acts, the Council is empowered to require the repair, closure or demolition of certain properties, and also to assist financially in the improvement of property. Several houses were repaired by owners following informal action by the Council under the provisions of the Public Health Act 1936.

The three remaining houses in the Stanstead Abbots No. 1 Clearance Area were demolished.

One Demolition Order and three Closing Orders were made, and undertakings not to re-let for habitation were accepted in respect of four houses.

Following works of repair and renovation, one undertaking not to re-let for habitation was determined.

Twenty-eight properties were improved with the aid of standard grants, and one with a discretionary grant.

## FOOD & DRUGS ACT

### Slaughtering and Meat Inspection

There are two slaughterhouses in the district, one at Colliers End and the other at Stanstead Abbots. The amount of slaughtering that has taken place indicates a decrease of approximately 6% compared with 1967.

The Council now has power to control the hours of slaughtering, but following discussions with the slaughterhouse owners, a reasonable compromise was made so that resort to legal powers was not required.



	Cattle (excl. Cows)	Cows	Calves	Sheep and Lambs	Pigs	Goats
No. killed during 1968	991	10	37	4826	839	2
No. inspected during 1968	991	10	37	4826	839	2
All diseases except Tuberculosis and Cysticerci -						
Whole carcass condemned	-	-	1	1	-	-
Part carcass or organ condemned	159	1	1	98	32	-
Tuberculosis only -						
Whole carcass condemned	-	-	-	-	-	-
Part carcass or organ condemned	-	-	-	-	6	-
Cysticercosis -						
Part carcass or organ condemned	-	-	-	-	-	-
Treated by refrigeration	-	-	-	-	-	-

Total Weight of all foods condemned:-

2 tons 2 cwt. 82 lbs.

Poultry Inspection

There are no poultry processing premises within the district.



Food Premises - Food Hygiene Regulations 1960

	Number	No. fitted to comply with Reg. 16.	No. to which Reg.19 applies	No. fitted to comply with Reg. 19.
Bakehouses	1	1	1	1
Butchers	6	6	6	6
Grocers	26	26	26	26
Fishmongers	1	1	1	1
Cafes	7	7	7	7
Sweets and Confectionery	7	7	-	-
Canteens	21	21	21	21
Public Houses	43	43	43	43

Registered Food Premises

The following premises are registered under Section 16 of the Food and Drugs Act, 1955.

Ice Cream Premises	45
Manufacturers of Sausages and Preserved Foods	7

Food Hygiene Regulations

Food premises in the area were inspected from time to time throughout the year. Most premises were found to be satisfactory, and where contraventions were found, informal action achieved the desired results.

Extensive alterations and improvements were made to the Crown P.H., St. Margarets and the Horse and Groom P.H., Levens Green.





### Caravan Sites (Control of Development) Act, 1960

There are 11 sites licensed for the stationing of caravans in the area.

9 sites have individual caravans and 2 sites, The Duke of Wellington Public House, Barwick, and 24, High Street, Puckeridge, have 20 and 25 caravans respectively.

At Rye House there is a caravan site for winter quarters for members of the Showmen's Guild. This site is exempted from the licensing conditions of the Act but conditions regarding the standards of hygiene and sanitary arrangements are incorporated into the permission which has to be obtained under the Town and Country Planning Acts.

During 1967 a caravan situated at The Ranch, Great Amwell, was found to be occupied without a site licence. Informal representations failed to secure the removal of the occupants and the Council decided to prosecute the occupier under Section 1 of the Act. Proceedings were, in fact, taken on three occasions during 1968, resulting in fines totalling £95. 0. 0. plus £47. 5. 0. costs, but at the end of the year the caravan was still being used for habitation, though it was expected that the occupier would move out early in 1969.

### Animal Boarding Establishments Act, 1963.

This Act requires that any premises used for boarding dogs or cats should be licensed with the Council and to comply with the conditions laid down in the licence to ensure that suitable accommodation is provided and to prevent spread of disease.

Four establishments were licensed with the Council, two for dogs and two for cats. Regular visits have been made; no action was required.

### Offices, Shops and Railway Premises Act, 1963.

Routine inspections of premises registered under this Act were carried out during the year. The following tables indicate the position at the end of the year:



REGISTRATION AND GENERAL INSPECTIONS

Class of premises	Number of premises newly registered during the year	Total number of registered premises at end of year	Number of registered premises receiving one or more general inspections during the year
Offices	1	16	8
Retail shops	3	28	14
Wholesale shops, warehouses	-	2	-
Catering establishments open to the public, canteens	2	7	5
Fuel storage depots	-	-	-
TOTALS	6	53	27

PERSONS EMPLOYED IN REGISTERED PREMISES  
AT END OF YEAR

Class of Workplace	No. of persons employed
Offices	142
Retail shops	81
Wholesale Depts., Warehouses	3
Catering establishments open to the public	35
Canteens	19
Fuel storage depots	-
Total	280
Total males	118
Total females	162



PREVENTION OF DAMAGE BY PESTS ACT, 1949

Rodent Control

The Council employ a part-time operator who is engaged on rodent control three mornings per week.

The Town and Country Pest Service at Royston are on contract to the Council to carry out control treatment at the refuse tip and Standon and Dane End Sewage Works. This firm is also employed by many farmers in the area.

The table below sets out the action taken by the Council during the year.

PROPERTIES OTHER THAN SEWERS	TYPE OF PROPERTY	
	Non-Agricultural	Agricultural
1. Number of properties in district	4391	110
2. (a) Total number of properties (including nearby premises) inspected following notification.	124	3
(b) Number infested by (i) Rats	117	3
(ii) Mice	3	-
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	7	1
(b) Number infested by (i) Rats	2	1
(ii) Mice	1	-



PETROLEUM (REGULATION) ACTS, 1928 - 1936

Petroleum spirit, except in very small quantities, may not be stored without a licence which includes conditions aimed at preventing danger arising from such storage.

Fifty-eight installations are licensed in this district and regular inspections are carried out to ensure compliance with the licence conditions.





S E C T I O N D

FACTORIES ACT, 1961.

Prescribed particulars on the Administration of the Factories Act, 1961.

Part 1 of the Act

1. Inspections for purposes of provisions as to health

Premises  (1)	Number on Register  (2)	Number of		
		Inspections  (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1,2,3,4, & 6 are to be enforced by Local Authorities	-	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	47	27	1	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	5	5	-	-
TOTAL	52	32	1	-



2. Cases in which defects were found

Particulars  (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted  (6)
	Found  (2)	Remedied  (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Sanitary conveniences					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	1	1	-	-	-
(c) Not separate for sexes	-	-	-	-	-

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Part VIII of the Act

Outwork (Sections 133 and 134)

<u>Nature of Work</u>	<u>No. of Outworkers</u>
Wearing) Making etc. apparel)	7
Furniture and) upholstery )	1

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