

Dr. E.P. Manby's report to the Local Government Board upon the sanitary circumstances and administration of the County Borough of West Hartlepool.

Contributors

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REPORTS

TO THE

LOCAL GOVERNMENT BOARD

ON

PUBLIC HEALTH AND MEDICAL
SUBJECTS.

(NEW SERIES NO. 71.)

Dr. E. P. Manby's Report to the Local Govern-
ment Board upon the Sanitary Circum-
stances and Administration of the County
Borough of West Hartlepool.



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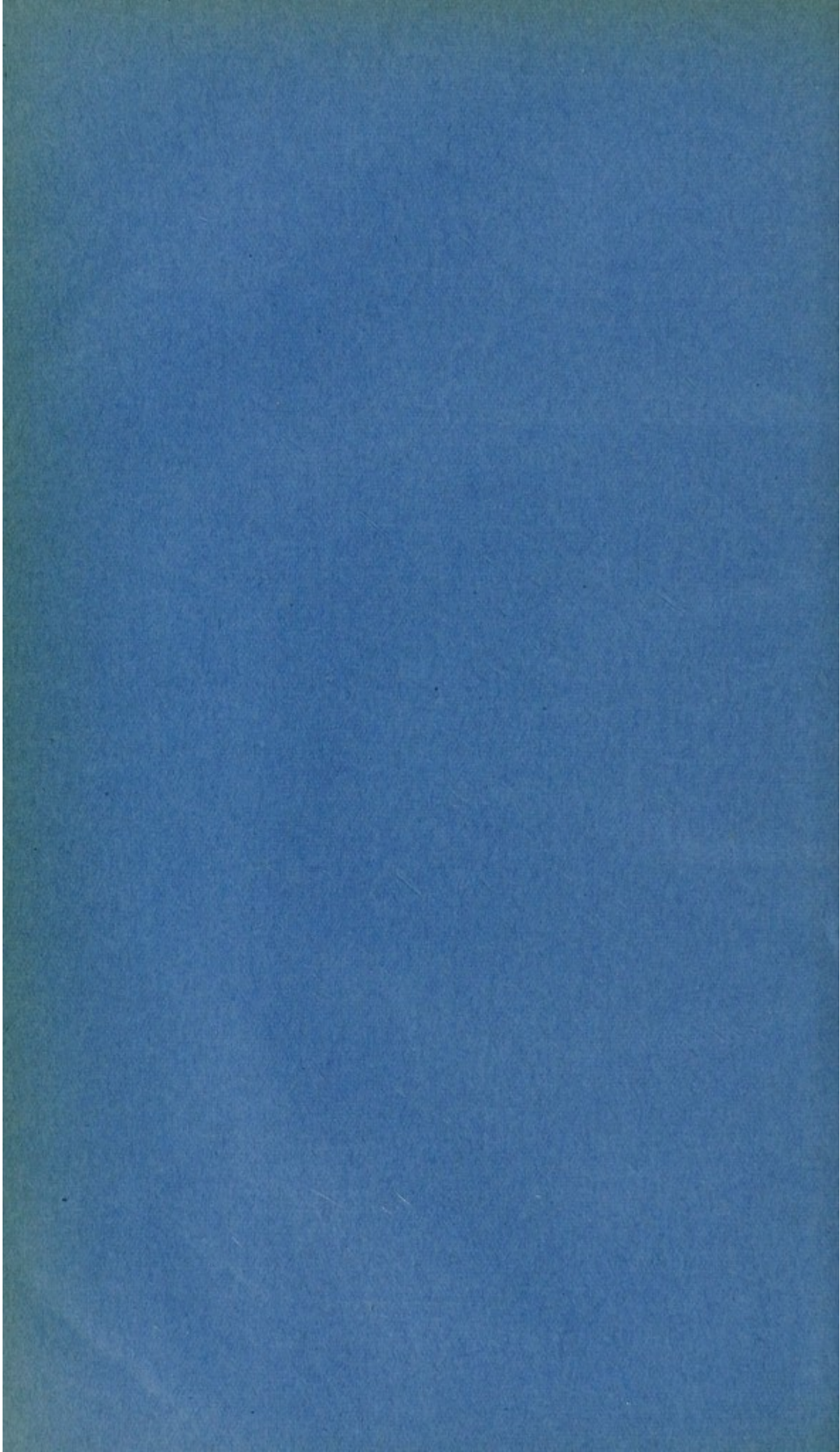
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Dr. E. P. Manby's Report to the Local Government Board upon the Sanitary Circumstances and Administration of the County Borough of West Hartlepool.

ARTHUR NEWSHOLME,

Medical Officer,

5th August, 1912.

Occasion of the Inquiry.—West Hartlepool, with a population of nearly 64,000, is a county borough in which the town council have taken a very exceptional course in declining to appoint a medical officer of health independent of private practice, and devoting his whole time to official duties. On the occurrence of a vacancy in 1908 it was agreed to appoint such an officer, but the town council soon reversed their decision, and a local practitioner, Dr. Herman Schmitz, was selected.

On this occasion and since the Board and the Board of Education have pressed the town council to appoint a trained sanitarian, not in private practice, to act both as medical officer of health and school medical officer.

When Dr. Schmitz resigned office in 1911 the council, notwithstanding these representations, appointed Dr. H. E. Gamlen, a local medical man, to be part-time medical officer of health, at a salary of £150 per annum, and part-time school medical officer at £50 per annum; the work of medical inspection of school children being performed, as in Dr. Schmitz's time, by four local medical men, each receiving a salary of £50 per annum.

The town council sought the approval of the Board to Dr. Gamlen's appointment, but this has been withheld, and it was thought desirable that an inquiry into the sanitary circumstances and administration of the borough should be undertaken by one of the Board's medical inspectors. This duty was assigned to me, and I inspected the district on March 4th, 1912, and following days.

The area of the borough is 2,684 acres, the population in 1911 was 63,932, and in 1901 62,627; the number of families or separate occupiers is given in the preliminary report of the 1911 census as 13,452; the rateable value is £261,491. The rates in 1911 were 7s. 9d. in the £1, with a water rent in addition in most instances.

The population is largely a working class one. The main industries are ship-building, coal exporting, and timber importing.

Geologically the district stands partly upon magnesian limestone, and partly upon Bunter sandstone, and pebble beds. *Physically* it lies on a plain bounded on the east by the North Sea, above the mouth of the river Tees.

SANITARY CIRCUMSTANCES.

The Water Supply of West Hartlepool is almost entirely from the mains of the Hartlepool Gas and Water Company. A few wells still afford drinking water, but they are being closed gradually. The medical officer of health informed me that he knew of the existence of but 18 wells in the borough, supplying 39 houses.

The drinking water supplied by the water company is derived from a series of about a dozen bore-holes in the magnesian limestone, situated near the north-east boundary of the town. The bore-holes are 6 inches in diameter, and they vary in depth from 100 to 250 feet. The water is very hard, as is shown in the analysis annexed to this report. The company have a system of soft water supply for the use of factories. In view of the hardness of the general water supply some provision is made in most of the houses in West Hartlepool for the collection and storage of rain-water for domestic use.

Dwellings in West Hartlepool are mostly of brick, and, broadly speaking, they are in fair structural condition, as the town is in the main a modern one. It may be said to date from the opening of the first dock in 1847. The "old town" and Seaton Carew are however exceptions to these statements, and many dilapidated and not a few untenable houses exist there. A large number of houses in West Hartlepool are empty at present, and in some streets houses in a partially wrecked state are met with.

It is thought that the "old town" will be absorbed eventually by the North-Eastern Railway Company, for the extension of their system, and accordingly some laxity in regard to sanitary shortcomings has been allowed there. If, however, the proposed railway extension does not become operative soon, the town council should deal with this portion of their district by systematic inspection house by house, and perhaps by an improvement scheme under the Housing Acts, as the unsatisfactory conditions which exist there at present should not be allowed to persist indefinitely.

Many of the older houses in West Hartlepool have very small backyards. I met with two instances where the yard area was as little as 84 and 78 square feet respectively.

There are said to be only 30 back-to-back houses in West Hartlepool, but a number of other houses are without through ventilation upon one or both floors.

Houses of both these classes require special attention from the town council with a view to appropriate action under the Housing Acts and Regulations.

Seaton Carew is a favourite suburban or almost rural resort; but although fairly satisfactory in appearance along the main streets, it has insanitary houses, courts, and privy-middens behind. The village is of ancient date, and there is much need of systematic sanitary inspection.

The Sewers in West Hartlepool are said by the surveyor to be adequate, and in good order. They are ventilated chiefly by ventilating shafts. Most of the sewers discharge into the sea, by three outfalls, but a small portion of the district drains into the sewers of the Hartlepool Corporation, and thence to the sea.

House Drains are tested with smoke by officers of the surveyor's department in new, and by the inspector of nuisances in old, buildings. Intercepting traps are in general use.

Excrement disposal is by water-closets, by privy-middens, and by moveable receptacles. There are approximately 10,644 water-closets, 3,056 privy-middens, and 900 moveable receptacles in West Hartlepool. The existence of so large a number of privy-middens is one of the worst features of the town. The closeness of the houses to one another, and the smallness of the back yards in most instances, accentuate the objection which always attaches to privy-middens. But not a few better class houses with ample yard space have privy-middens.

I met with many instances of the privy being within 4 or 5 feet of the back door, and of the downstairs sleeping-room, which is frequently found in West Hartlepool. At one house in Mary Street the distance between the privy and the bedroom window was but 2 feet 7 inches.

About 100 privies have been converted to water-closets each year of late, as a result of action taken under the Public Health Act, 1875. This is quite an inadequate rate of conversion for so large a town as West Hartlepool. The council could secure the systematic conversion of privies under Section 39 of the Public Health Acts Amendment Act, 1907, if necessary obtaining a loan for the purpose; and this should receive their early consideration.

Refuse disposal is effected by privy-middens, and by moveable open ash-bins, of which about 10,000 exist. Some of these are dilapidated, and I saw instances of the receptacle being missing altogether. Frequently the door closing the opening by which the ashpan is drawn out is partially or completely destroyed. The town council are endeavouring to secure the provision of upright covered sanitary dustbins, which stand within the yard, and cannot therefore be "picked over" from outside. It would be a great advantage if this arrangement were adopted generally in the district.

The Cleansing of Privies and of other receptacles for filth and for domestic refuse is in the hands of officers of the town council, except that the team labour is contracted for, and that at Seaton Carew the work is done entirely by contract.

The back streets of West Hartlepool are mostly wide and well paved, but their surface is often fouled in the process of privy-cleansing, especially in those cases where it is necessary for the scavenger to enter the midden and shovel the filth on to the roadway before it can be removed.

Refuse is for the most part destroyed in the corporation destructor, but a small amount of wet refuse is deposited upon farm land.

Common Lodging Houses, and Houses let in Lodgings.—There are nine of the former and eleven of the latter upon the registers. It is probable that there are many more sub-let houses, but they have not been detected at present.

I visited most of the common lodging houses, and with two or three exceptions I found them to be fairly well kept. Many double beds exist in common lodging houses where married couples are not

received, a most undesirable arrangement. The bedding in one of the common lodging houses was indescribably filthy.

Several of the sub-let houses were found to be dirty, and it was obvious that these houses had not in the past received an adequate amount of attention from the sanitary inspector. Dwellings of this type in West Hartlepool are often tenanted by people of the lowest class, and in many instances the chief tenant owns the furniture of the rooms and charges the sub-tenants an exorbitant rent for very inferior accommodation.

The corporation possess a *Public Abattoir*, and there are no private slaughter houses in West Hartlepool. The abattoir was built some 16 years ago. It comprises two slaughtering halls and a cooling house. It has no arrangements for cold storage.

I visited a number of butchers' shops and premises where sausage making is carried on, and I found several of them to be in a dark, dirty, and untidy condition. I was informed that the conditions had improved considerably of late, as the medical officer of health had given special attention to the premises. There is room for much further improvement, and more frequent inspections by the medical officer of health and by the inspector are called for.

Dairies, Cowsheds and Milkshops.—There are eight cowsheds and about 140 milkshops in West Hartlepool. I visited most of the former and many of the latter. Several of the cowsheds were found to be dark, dirty, or indifferently paved. In some instances all of these defects existed together. The medical officer of health has devoted but little time at present to the important matter of cowshed inspection. In the milkshops visited I found it very exceptional for the milk vessels to be covered, so as to prevent the entry of dust into the milk.

In one instance I found that the ashpan of an adjoining house had to be conveyed through a milkshop for the purpose of emptying it. The council have not arranged for a veterinary surgeon to make systematic inspection of milch cows, but upon one or two occasions the medical officer of health has called one in specially. Some defective and dirty *piggeries* were met with on the outskirts of the borough, but otherwise I met with no nuisance in connection with the keeping of swine.

Bakehouses were mostly found to be in satisfactory condition, except that one underground bakehouse was dark, and two were untidy and dirty. Upon one of these premises there was a foul old privy which should have been converted to a water-closet long ago.

There are a large number of *Ice-cream Vendors* in West Hartlepool, and they have been lately under special supervision by the medical officer of health, who submitted a report to the council and to the Board, upon the very unsatisfactory condition of many of the premises. Several of those visited by me were not well kept, and at one of them ice-cream and biscuits were stored in a small yard in close proximity to the closet.

There can be no doubt that considerable advantage would be gained if the town council were in possession of powers, such as have frequently been obtained by other municipalities in local Acts, to prevent danger to health from the manner of preparation and sale of ice-cream.

SANITARY ADMINISTRATION.

The town council numbers 32. Meetings are held monthly. The health committee meets once a month, or oftener if necessary. The medical officer of health attends all meetings of the council and of the committee, if health matters are under discussion.

Most of the powers usually possessed by local authorities through byelaws are conferred upon the Town Council of West Hartlepool by the West Hartlepool Extension and Improvement Act, 1870, and by the West Hartlepool Orders of 1878, 1879, 1880 and 1883. For the guidance of persons interested the town council have issued the provisions of the Act in regard to the erection of buildings, &c., in the form in which building byelaws are usually printed. In addition the council possess byelaws relating to common lodging houses, to the public abattoir, to the market, to sanitary conveniences, and to spitting, &c.

Regulations under the Dairies, Cowsheds and Milkshops Order, 1885 were made in 1891. The council have adopted the Infectious Diseases (Prevention) Act, 1890, and the Public Health Acts Amendment Act, 1890, and they have put in force with the Board's consent Parts II. to X. (except certain sections) of the Public Health Acts Amendment Act, 1907. They administer the Midwives Act and the Sale of Food and Drugs Acts. In regard to the latter the Council employ a local analyst to make a number of informal analyses instead of sending all samples to the public analyst. The disadvantages of this course of action have been brought to the town council's notice in course of inquiry by the Board's Inspectors of Foods, but the council still maintain the arrangement. It is alleged that it is convenient and economical of time and money, but as the public analyst lives no farther away than Darlington it is obvious that the expenditure of time in sending samples to him, and in learning the results of his examinations, cannot be of serious moment.

Isolation of Infectious Cases.—The town council possess a site $8\frac{1}{4}$ acres in extent for an infectious diseases hospital, but it has never been used, cases of infectious disease, including smallpox, being sent to the hospitals of the port sanitary authority at Throston. The corporation of West Hartlepool pay 2s. 6d. per day for each patient over 16 years of age, and 1s. 9d. for each one under that age.

The port sanitary authority's hospital for ordinary infectious diseases comprises two wooden pavilions affording accommodation for 14 to 16 patients in each, and that for smallpox is a similar building containing 16 beds. The two hospital sites adjoin, and I consider that the town council of West Hartlepool are accepting a serious responsibility in continuing to send cases of smallpox there when cases of other infectious diseases are under treatment in the neighbouring building, and *vice versa*.

An Order of the Board, dated April 30th, 1903, allows the use of the port hospital for cases from other districts until such time as suitable provision has been made for the treatment elsewhere. The question of the sufficiency of the present accommodation at

Throston, and of utilising the new site, seems to require the early attention of the town council.

The council have not provided any dispensary or sanatorium for the treatment of cases of tuberculosis occurring in their district.

Disinfection of Clothing and Bedding is carried out at the council's disinfecting station by means of a Washington-Lyon's steam apparatus.

Infected Premises are fumigated mostly with sulphurous acid gas, but sometimes formic aldehyde gas is used. Disinfection is offered when a death from phthisis has occurred in a house.

The council rent two cottages in Elwick Road for the reception of persons during the disinfection of their houses. The cottages are used also for the isolation of contacts with smallpox cases.

Antitoxin for the treatment of diphtheria is provided free of charge when necessary, and an arrangement exists with the University of Durham for the bacteriological diagnosis of infectious disease, including phthisis. Thirteen swabs from suspected diphtheria cases and 42 specimens of sputum were submitted for examination in 1911.

The Medical Officer of Health is Dr. Harold Ernest Gamlen, M.B., B.S., D.P.H., Durham.

In the time that he has been in office Dr. Gamlen has made a considerable number of special inspections, particularly in relation to lodging-houses, butcher shops, sausage makers, and ice-cream vendors' premises. He is energetic and anxious to carry out his duties properly, but he is handicapped by the possession of a large private practice, and by want of administrative experience. I supplied Dr. Gamlen with a copy of the Beard's Order of December 13th, 1910, in regard to the duties of medical officers of health, and of inspection of nuisances, and I gave him advice upon various points of administration.

The Inspector of Nuisances is Mr. T. Wheat, who has held office for a number of years, and who receives a salary of £200 per annum. Mr. Wheat was on long sick leave at the time of my inspection, as he is suffering from failing eyesight.

There are three assistant-inspectors, Messrs. H. V. Robinson, J. T. Durkin, and W. Ridsdale. Messrs. Robinson and Durkin possess the certificate of the Royal Sanitary Institute, and receive salaries of £110 and £95 per annum respectively. Mr. Ridsdale has no certificate, and is paid at the rate of 25s. per week.

During Mr. Wheat's absence the two certificated inspectors divided the town between them for inspection purposes, except that Mr. Robinson inspected the factories and workshops and Mr. Durkin did all the drain testing which was necessary.

A certain amount of inspection of dwellings under the Housing Act, 1909, has been carried out upon the recommendation of the chief inspector of nuisances. These recommendations should have been made by the medical officer of health in accordance with the terms of Art. I.(3) of the Housing Regulations, 1910. I gathered that in this, as in other matters in the past, there has not been very close association between the medical officer and the sanitary inspector. I pointed out to the town clerk, to the chairman of the

health committee, and to Dr. Gamlen, that if he is to give effective service the medical officer of health should be recognised as the head of the public health department, and as such he should supervise and keep closely in touch with all work undertaken by the department.

Throughout my visit I was impressed forcibly by the evidence of need for systematic sanitary inspection in the poorer districts of West Hartlepool, and for special attention to the many dirty houses existing therein. The council would be well advised to reorganise their public health department at an early date upon the lines indicated above.

I do not think that two or even three certificated sanitary inspectors can be considered adequate for a town of over 60,000 inhabitants. The allowance usually recommended is about one inspector to 10,000 population, and I do not consider that the necessary work in West Hartlepool could be done thoroughly at present with fewer than four certificated inspectors.*

CONCLUDING OBSERVATIONS AND RECOMMENDATIONS.

I held the usual informal conference at the town clerk's office before commencing a detailed inspection of West Hartlepool, and I was then led to believe that the town was in first class condition from a sanitary point of view. I was told in fact that everything was so satisfactory that there would not be sufficient work for a whole time medical officer of health. It is only fair to Dr. Gamlen to say that he did not express agreement with these remarks. Similar statements have been made to the Board in letters from the town council.

It will be clear from this report that even judging from the sanitary circumstances to which I have referred I am unable to agree with these statements; and apart altogether from sanitary circumstances the duties of a medical officer of health must be considered from a broader point of view. As head of the public health department of his district the medical officer of health must give some attention to detail in regard to the inspection of dwellings, of dairies, cowsheds and milkshops, of all premises where food for human consumption is prepared or stored, and so on; but in addition there are broad questions to be considered and lines of policy to be evolved in regard to the public health of the district. For example, it is not merely details of sanitary inspection and the investigation of specific outbreaks of infectious disease which concern the medical officer of health to-day. He must interest himself in the more general questions of possible physical deterioration, of infantile mortality, tuberculosis, housing, occupation diseases, and the like, as affecting his particular district.

In regard to tuberculosis, recent legislation and regulations must of necessity place a large amount of new work upon the shoulders of the medical officer of health. It is not to be supposed that West Hartlepool will wish to be behind other large towns in respect of the provision and administration of dispensaries and sanatoria.

* I learn while this report is passing through the press that the town council have appointed Mr. Wheat as consulting inspector of nuisances, and have assigned districts to Messrs. Robinson and Durkin.

Similarly with regard to infantile mortality West Hartlepool should not make further delay in adopting the Notification of Births Act, as the rate of infantile mortality which obtains in the north-east and central wards is distinctly excessive. These are the wards where the lowest class of the population resides, and where benefit from the adoption of the above Act might be expected to be most marked. The proper administration of the Notification of Births Act throws no inconsiderable amount of work upon the medical officer of health. So likewise does the proper supervision of work under the Midwives Act; the making of satisfactory arrangements for the selection of articles to be examined under the Sale of Food and Drugs Acts, and the detection of offences under them; and the making of investigations into concealed or overlooked disease in schools and elsewhere.

The Board and the Board of Education have expressed their views as to the desirability of combination of the posts of medical officer of health and school medical officer in the person of a whole-time officer, not only generally, but in the special circumstances of West Hartlepool. By his work at the school the officer is enabled to bring to light circumstances of environment and infection at the houses of scholars which it is his duty as health officer to follow up and deal with; and similarly the official information of incidence of disease and of insanitary home circumstances in his possession as medical officer of health can be utilised to great advantage in the protection of school children. The actual arrangements for school inspection at West Hartlepool are matters for the Board of Education, but it is obvious that the intimate association above referred to does not obtain, as the inspecting officers are general practitioners in the town.

I think I have indicated sufficiently clearly that there is ample scope in West Hartlepool for a medical officer of health to devote his whole time and energy to public work. One further objection to the present arrangement remains to be mentioned. If the medical officer of health be a part time officer engaged in private practice he cannot do full justice to himself, to his patients, and to his council. I have referred already to the broader view which should be taken of the duties of medical officer of health, and this implies and demands special training and special knowledge. But many of the duties need for their full usefulness cordial co-operation between the medical officer and the local medical practitioners. As long as the medical officer is himself in practice, and thereby in competition with his non-official brethren, it is hardly to be expected that this co-operation will be as whole-hearted as it might be in the case of a medical officer not in private practice.

I think the town council of West Hartlepool would be well advised to employ a whole-time medical officer of health who is a trained and experienced sanitarian.

In making this suggestion I would not, however, be understood to suggest that the Council should disregard the claims which their present officer would have to a whole time appointment if one were made. He has already done much to acquaint himself with his principal duties, and I have no doubt that he would soon be in position efficiently to perform the additional work which is necessary.*

Reference should here be made to the fact that the posts of port medical officer of health and medical officer to the infectious diseases hospitals used by West Hartlepool are not held by Dr. Gamlen, but by another medical man in private practice in the town. This is not in accordance with modern experience, which shows the great advantage to public health administration secured by unifying these offices with that of medical officer of health, whenever such a course is practicable, as it appears to be here. If this were done it is unlikely that any further charge upon the rates would ensue by reason of the appointment of a whole time instead of a part time medical officer of health.

In concluding this report I desire to thank Dr. Gamlen and the other officers of the town council for much assistance very willingly accorded to me throughout my inspection.

E. P. MANBY.

APPENDIX.

County Analyst's Office,
Darlington,
February 26th, 1912.

Sample received from West Hartlepool on February 16th, 1912, and marked 481.

Colour in 2 ft. tube—colourless and clear. Odour when heated to 100° F.—None.

	Grains per gallon.	Parts per 100,000.
Chlorine as chlorides	7.7000	11.0
Nitrogen as nitrates0920	0.132
Albuminoid NH ₃	None.	0.0
Ammonia	None.	0.0
Oxygen absorption0140	0.20
Injurious metals	None.	0.0
Total solid matter dried at 220° F.	56.7000	81.0

Total Hardness = 36.4 degrees.

Microscopical Examination, satisfactory.

Observations.—The sample is of good and wholesome quality for drinking purposes.

W. F. KEATING STOCK.

* In connection with the question of a whole time medical officer of health for West Hartlepool, one cannot avoid reference to the fact that the adjoining town of Hartlepool, with a population of about one-third of that of West Hartlepool, employs a trained sanitarian devoting whole time to the duties of medical officer of health and school medical officer.

