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#### **Contributors**

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# ASHINGTON URBAN DISTRICT COUNCIL.

## REPORT

OF THE

# MEDICAL OFFICER

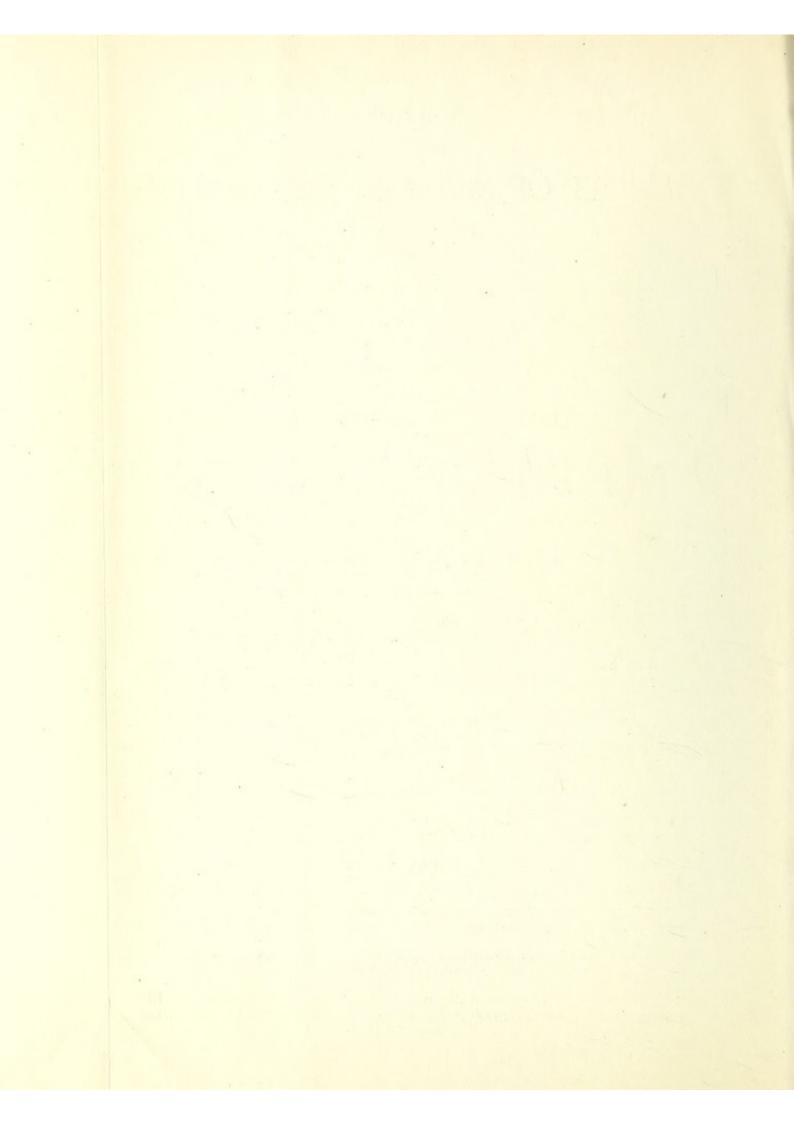
for the Year 1919.

M. BRUCE, M.B., C.M.,

Medical Officer of Health.

ASHINGTON:
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1920.



### REPORT OF MEDICAL OFFICER FOR 1919.

GENTLEMEN,

I beg to present my Report for the year 1919, on the health and sanitary circumstances of the Urban District.

As far as practicable, the form of the Report is that required by the Ministry of Health.

#### I. NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Population.—At the census 1911, the population of the Urban District was 24,583. Based on figures obtained from the Local Food Control Office, the estimated population in June, 1919, was 29,600.

In the vital statistics the Registrar General's figures—which make allowance for age and sex constitution—are used. These are:—For birth rate, 29,618, and for death rate, 28,432.

Physical Features.—Ashington itself is situated about three miles from the sea on the Mid-Northumberland coast, and to the North of the River Wansbeck. The area of the District is 3,056 acres, of which about 300 acres are built on. It is very flat—the height above sea level on the East boundary being 50 feet, and on the West boundary 130 feet—and the surface is considerably broken up by underground workings in the mines.

This has a tendency to give rise to difficulty in the sewerage of the District, as self-cleansing gradients are not easy either to obtain or to maintain. The geological stratum consists of boulder clay overlying the coal measures; the sandstones of the older rocks protruding through the clay in several places.

The District is sparsely wooded, except on the bank of the River Wansbeck.

The important market town of Morpeth is six miles distant, and Newcastle-on-Tyne is 19 miles. There is railway communication to both places.

Social Conditions and Employment.—The sole industry is that of coal mining, and there is the usual trading community common to such districts.

#### VITAL STATISTICS.

Births.—The total number of Births registered in the District during the year 1919 is 810. After correction for transferable Births, the nett total is 813 (430 males and 383 females) giving a birth rate of 27.46 The birth rate for England and Wales is 18.5.

The corresponding figures for 1918 were, births 754, birth rate 27.10. The birth rate for England and Wales was 17.7.

The corrected number of illegitimate births is 32—(13 males and 19 females) giving a birth rate of 1.08 per 1,000 population and 39.36 per 1,000 children born.

The following table shows the uncorrected monthly births, sex and distribution:

Ashington Urban District. BIRTHS (uncorrected) SEX AND DISTRIBUTION, 1919.

	A	shingt Ward			Hirst Ward.		Т	istrict			ILLE	GITIMA	ATES,	
Months.		ward			waid.			istrict		Ashin	gton.	H	irst.	Total
	Male	F'mle	Total	Male	F'mle	Total	Male	F'mle	Total	Male	F'mle	Male	F'mle	Tota
January	 13	9	22	19	19	38	32	28	60			2	1	3
February	 7	4	11	14	12	26	21	16	37			1		1
March	 1	8	9	28	24	52	29	32	61		1	1		2
April	 15	9	24	21	14	35	36	23	59		3		3	6
May	 8	4	12	18	20	38	26	24	50	***		1	1	2
June	 5	9	14	15	25	40	20	34	54			1	3	4
July	 5	9	14	17	23	40	22	32	54	1	2	1	1	5
August	 13	13	26	25	20	45	38	33	71			1		1
September	 8	5	13	41	29	70	49	34	83					
October	 11	7	18	42	29	71	53	36	89			2	2	4
November	 15	11	26	32	40	72	47	51	98	***			2	2
December	 14	9	23	37	34	71	51	43	94			1		1
TOTAL	 115	97	212	309	289	598	424	386	810	1	6	11	13	31

Deaths.—The total number of deaths from all causes registered in the District during the year 1919 is 397. After correction for transferable deaths (3 outwards and 43 inwards) the nett total is 437 (231 males and 206 females).

The death rate per 1,000 population is 15.38. The rate for England and Wales is 13.80. The corresponding rates for 1918 were 17.52 and 17.60.

The following tables give the actual deaths for the year, the causes of death, and age mortality:—

NETT MONTHLY DEATHS IN EACH WARD.

Months.	Ashingt	on Ward.	Hirst	Ward.	TOTAL
Months.	All Ages.	Under 1 Year.	All Ages.	Under 1 Year.	All Ages.
January	10	2	19	6	29
February	15	4	46	14	61
March	16	3	29	5	45
April	9	4	19	5 5 7	28
May	11	1	18		29
June	4	1	26	6	30
July	2	0	. 10 .	2 9	12
August	9	0	20		29
September	17	6	33	15	50
October	16	4	34	12	50
November	16	4 5	24	6	40
December	17	1	17	2	34
Total	142	31	295	89	437

Ashington Urban District. - CAUSES OF AND AGES AT DEATH.

(L.G.B. Table No. 3).

				-	-				-	DETERMINE.	*************
	Ne				oined A or with			ts whet	her	To	tal Deaths
Causes of Death.	All Ages.		1 and und. 2					45 and und 65		ir	Public stitutions.
Enteric Fever Small Pox Measles Scarlet Fever Whooping Cough Diphtheria and Croup Influenza Erysipelas Pulmonary Tuberculosis Tubercular Meningitis Other Tuberc'los diseases Cancer, malignant dis'ase Rheumatic Fever Meningitis Organic heart disease Bronchitis Pneumonia Other respiratory diseas's Diarrhœa, etc. (under 2 years) Appendicitis & Typhlitis Cirrhosis of Liver Alcoholism Nephritis and Bright's	8 0 20 1 4 4 32 0 29 6 7 29 2 3 23 43 40 5	0 0 0 5 0 3 1 1 0 0 0 0 1 0 0 0 0 0 1 5 0 0 0 0 0 0	0 0 9 0 0 0 1 0 1 3 1 1 0 1 0 2 9 0 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 4 0 1 1 5 0 1 1 1 0 0 0 1 0 0 5 0 0 0 0 0	2 0 2 1 0 2 0 0 0 1 1 1 0 2 3 1 0 2 3 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 0 0 0 0 0 0 7 0 11 0 1 0 1 3 0 0 2 1	2 0 0 0 0 0 10 0 10 0 2 6 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 0 0 0 0 0 5 0 5 1 1 13 1 0 6 12 2 2	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		8 0 0 0 0 0 1 0 2 2 1 4 0 0 3 1 2 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Nephritis and Bright's Disease Puerperal Fever Parturition Congenital Debility Violence, apart from suicide Suicide Other defined diseases Causes ill-defined or unknown	7 1 4 35 12 0 87 3	0 0 0 35 0 0 15	0 0 0 0 0 0 2	0 0 0 0 1 0 1	1 0 0 0 0 0 4	0 1 2 0. 1 0 3	1 0 2 0 6 0 6	2 0 0 0 0 4 0 26 2	3 0 0 0 0 0 0 30		1 0 0 1 4 0 14
Total	437	120	35	22	23	34	56	85	62		47

The Mortality Rate for the principal causes of death is as follows:-

Enteric Fever	r		 	 	0.28
Phthisis			 	 	0.70
Other Tubero	ular D	iseases	 	 	0.24
Diarrhœa (un	der 2 y	years)	 	 	1.05
Pneumonia			 	 	1.40
Bronchitis			 	 	1.51
Influenza			 	 	1.12

Infantile Mortality.—The Infantile Mortality for the year 1919 is 119, and this figure corrected by transferable deaths becomes 120, as against 91 for 1918.

This gives a death rate per 1,000 population of 4.22. The rate for 1918 was 3.25.

The mortality rate per 1,000 children born is 147.60.

The following table gives the causes of death under 1 year for 1919.

#### INFANTILE MORTALITY DURING THE YEAR 1919.

Causes of Death.	Under 1 Wk.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total und. 1 month.	1-3 Months.	3-6 Months.	6.9 Months.	9-12 Months.	Total Deaths under 1 year
Small Pox	. 0	0	0	0	0	0	0	0	0	0
Chicken Pox	. 0	0	0	0	0	0	0	0	0	0
Measles	. 0	0	0	0	0	0	0	2	3	5
Scarlet Fever	. 0	0	0	0	0	0	0	0	0	0.
Diphtheria and Croup	. 0	0	0	0	0	0	1	0	0	1
Influenza	. 0	0	0	0	0	0	0	1	0	1
Whooping Cough	. 0	0	0	0	0	0	1	1	1	3
Diarrhœa and Enteritis	. 0	0	1	0	1	5	10	8	1	25
Tubercular Meningitis		0	0	0	0	0	0	0	0	0
Abdominal Tuberculosis		0	0	0	0	0	1	0	0	1
Other Tuber Diseases		0	0	0	0	0	0 -	0	0	0
Congenital Malformation	. 1	0	0	1	2	1	0	0	0	3
Premature Birth		1 2	1 2		0.0					0-
Atrophy Debility and Marasmus	21	5	3	3	32	3	0	0	0	35
Atelectasis		0	0	0	1	0	-0	0	0	1
Injury at Birth		0	0	0	0	0	0	0	0	0
Erysipelas	. 0	0	0	0	0	0	0	0	0	0
Syphilis	. 0	0	0	0	0	0	0	0	0	0
Rickets		0	0	0	0	0	0	0	0	0
Meningitis not Tuberculous		0	0	0	0	0	0	0	0	0
Convulsions		3	1	0	5	3	1	1	0	10
Gastritis		0	0	0	0	0	0	0	1	1
Laryngitis		0	0	0	0	0	0	0	0	0
Bronchitis		0	0	2	2	5	5	4	3	19
Pneumonia (all forms)		1	2	0	3	0	1	6	5	15
Suffocation, overlying		0	0	0	0	0	0	0	0	0
Other causes	. 0	0	0	0	0	0	0	0	0	0
TOTAL	. 24	9	7	6	46	17	20	23	14	120

# Ashington Urban District. VITAL STATISTICS OF WHOLE DISTRICT DURING YEARS 1914—1919 INCLUSIVE. (L.G.B. Table No. 1).

lat	Popu- lation	Births.			Total Deaths Registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
Year.	esti- mated	oted ar.	Ne	tt.			Of Non- resi-	Of Resi- dents		1 Year age.	At all	l ages.
of ea	of each year.	Uncorrected Number.	No.	Rate.	No.	Rate.	dents Regis- tered in the District.	not Regis- tered in the District.	No.	Rate.	No.	Rate
1914 1915	30,000 25,000	1,067 876	1,067 876	35.56 35.04	407 402	13.56 16.08	2	38 26	158 117	148.0 133.5	443 427	14.7 17.1
1916 1917 1918	26,000 26,000 29,000	720 754 754	720 754 759	27.73 25.70 27.1	366 339 425	14.00 13.00 17.00	10 25	35 38	109 83 91	151.3 112.7 119.8	391 360 438	15.0 13.7 17.5
1919	29,600	810	813	27.46	397	13.97	3	43	120	147.6	437	15.3

REGISTRAR GENERAL'S TABLE XV.—BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1919.

(Provisional figures. Populations estimated to the middle of 1919 have been used for the purposes of this Table).

Annual Death Rate per 1,000 Civilian Rate per Percentage 1,000 of Total Deaths.*  Births.	All Causes. Enteric Fever. Small-pox. Measles. Measles. Measles. Tever. Whooping- cough. Whooping- cough. Violence. Itis under Total Whooping- cough. Violence.  Violence.	13.8 0.01 0.00 0.10 0.03 0.07 0.13 0.47 9.59 89 23.9 92.5 6.2 1.3	13.8 0.01 0.00 0.13 0.04 0.07 0.14 0.45 12.24 93 29.2 92.3 6.9 0.8	0.01 0.00 0.10 0.03 0.08 0.12 0.39 8.67	13.4 0.01 0.00 0.08 0.03 0.05 0.18 0.47 16.22 85 44.7 91.2 8.6 0.2
NUAL DEATH RATE I	Fever. Small-pox.	0.00 0.10	0.00 0.13	0.00 0.10	80.0 00.0
Віктн		18.5 13.8	19.0		18.3 13.4
		England and Wales	96 Great Towns, including London (Census Popula- tions exceeding 50,000)	148 Smaller Towns (Census Populations 20,000—50,000)	London

\* Non-civilians are included in these figures for England and Wales but not for other areas.

Poor Law Relief .- No information was obtainable.

Medical Relief.—The "Ashington and District Nursing Association Hospital and Infirmary" is situated to the South-East of the Railway Station, and in close proximity thereto. It has accommodation for about 24 beds.

The minimum annual subscription is four shillings, for-

- 1. The services of the District Nurses.
- 2. Care at the Hospital, if necessary.
- 3. Use of Motor Ambulance (for stretcher cases).

The following is extracted from the Association's Report for the year 1919:-

Admissions.	Adult-N	Tales			 	74
	F	emales			 	37
	Children				 	13
						124
Me	edical Case	s			 71	
	rgical Case				 33	
	cident Cas				 20	
DISCHARGES.	Convales	cent			 	92
	Transferi	ed to N	lewca	astle	 	5
	D 41				 	10
Receiving Tre	atment				 	17
Out-Patients					 	114

The District Nurses made 8,555 visits to :-

Medical Cases	 .1.	60
Surgical Cases	 	175
Maternity Cases	 	371

584 of these were cases first visited during the year.

#### II. SANITARY CIRCUMSTANCES OF THE DISTRICT.

(a). Water.—Until November, the District was supplied with water pumped from the Ashington and North Seaton Pits, both of which are objectionable on account of (1) the fact that they contain total solids varying from 37 grains per gallon in the latter case, to about 90 grains per gallon in the case of the former, and (2) the hardness varies from 20 degrees in the North Seaton water to 26 degrees in the case of that from the Ashington Pit.

Owing to the increase in population, these supplies have gradually become insufficient during the last few years, and the insufficiency was serious during September and October, when one of the pumps was buried by a "fall" in the Ashington Pit.

Pending the District being wholly supplied by the Tynemouth Corporation, a temporary supply was obtained (in November) from the Tynemouth Main supplying the Newbiggin Urban District.

The Ashington Pit supply being of such questionable quality, chlorination of it was commenced on October 23rd.

(b). Rivers and Streams.—The Haydon Letch, a small stream draining the North-West portion of the District, but consisting largely of water pumped from the Ashington Pit, is grossly polluted with sewage drained from the older properties in the Ashington Ward.

To prevent the access of cattle to the stream, it has been fenced off, and water supplied to the adjoining fields where necessary.

(c). Drainage and Sewerage.—Many of the houses and their surroundings are badly and insufficiently drained. There is special need for paving in the back streets and yards to provide for drainage and surface cleansing.

The sewers in the older streets of the Ashington Ward are particularly defective, and these discharge into the Haydon Letch previously referred to. A scheme has been prepared and submitted to the Ministry of Health for re-sewering this portion of the District with an outfall similar to the sewers draining the remainder of the District—into tidal water in the River Wansbeck.

"Flooding" regularly occurs during storms at properties in Woodhorn Road on the East boundary of the District, owing to the inadequate size and bad construction of the sewers into which these properties drain.

There are 45 houses situate in outlying parts of the District which are not connected to the public sewers.

All new and reconstructed drains are tested with water or smoke machine before being covered in.

(d). Closet Accommodation.—There are approximately 4,650 privies and 730 water closets in the District.

The conservancy system has long been recognised as one of the principal agents in the dissemination of the contagion of infectious diseases. The existence of over four thousand privies in the District, there is no doubt, contributes largely to the heavy incidence of infectious diseases, especially in enteric fever, which is practically endemic in the District.

During the last 5 years, 133 privies have been converted into water closets.

Progress in the conversion of privies has been necessarily slow owing to the unsatisfactory water supply and sewerage difficulties already referred to. Directly these disadvantages are removed, the Council should adopt Sections 39 to 42, Public Health Acts Amendment Act, 1907, and proceed with the conversions by loan.

(e). Scavenging.—This work is carried out by contract, the contractors providing tips, vehicles and labour. The ashpits are emptied fortnightly, and the ashbins twice weekly. The collected material is deposited on tips approved by the Council. Suitable tips become more difficult to secure each year; the consequent accumulation of refuse on unsuitable sites being seriously prejudicial to public health. The necessity for a destructor plant, or alternately a motor service for removal into the country for purposes of agriculture of the whole of the collected refuse, has now become most urgent.

The scavenging service was very unsatisfactory during the last quarter of the year, on account of the uncovered and unsuitable type of vehicles used in collection, neglected and improperly cleared ashpits, and the deposit of filth on temporary allotments in close proximity to dwellings and public thoroughfares. The effective removal and disposal of accumulated refuse from our dwellings is one of the obvious essentials in the maintenance of public health, and a duty that the Council should undertake by "direct labour" as early as practicable.

During the last five years, 80 ashpits have been abolished, and ashbins substituted.

2.823

#### (f). Sanitary Inspection of the District.

To premises generally re nuisances

#### INSPECTIONS-

	To picinisco generany to maioai	1000				-,0-0	
	To Slaughter Houses					281	
	To Offensive Trades					57	
	To Dairies, Cowsheds and Milk	shops				47	
	To Factories and Workshops					140	
	To Cases of Infectious Disease					689	
	To Houses, re Housing Acts					25	
						4,062	
No	TICES—			Issued.	Con	nplied w	ith.
	Informal Notices			275		166	
	Statutory Notices			11		11	
	otacatory rockeds		1111				
				286		177	
				_			
NU.	ISANCES-			Fou	nd.	Remed	lied.
	Insufficient Sanitary Accommo Structurally Defective Sanita				4	2	
	belaceding Delective Summe		COIL				

Structurally Defective Sanitary Ac	com-	=0	0.1
modation		72	34
Foul Sanitary Accommodation		26	23
Defective Drains		13	10
Choked Drains		46	46
Defective Yard Paving		2	2
Defective House Roofs		3	1
Defective Eaves Gutters and Downsp	outs	187	11
Other Structural Defects		7	2
Offensive Accumulations		12	12
Animals kept so as to be a nuisance		3	- 3
		375	146

The following nuisances are still common in the District:-

- 1. Dilapidated and unsanitary privies and middens.
- 2. Defective and insufficient drainage.
- 3. Unpaved yards.
- 4. Animals kept in close proximity to buildings.5. Fouling of middens with water.
- 6. Overcrowding.

Great difficulty was experienced in removing any but the grosser nuisances; general sanitary improvements so urgently needed in many of the houses being prohibitive on account of the abnormal post-war conditions.

74 Complaints were received and investigated.

(g). OFFENSIVE TRADES-

Fish Friers		 	14
Gut Scraper		 	1
Tripe Boiler	,	 	1

The trades of gut-scraper and tripe boiler were conducted on modern premises erected for the purpose, and were satisfactorily maintained.

The premises where fish frying was conducted were rarely found satisfactory, especially in regard to the ventilation and general cleanliness of the premises, and the storage and removal of offal. Bye-laws as to Offensive Trades should be adopted, which would give the Council power to demand an immediately remedy to many of the defects found, and secure the maintenance of a reasonable standard of cleanliness so essential where human food is prepared.

FACTORIES AND WORKSHOPS.

Particulars of inspections, etc., are given in the following table required by the Home Office:—

Annual Report of the Medical Officer of Health for the Year 1919, for the Urban District of Ashington on the administration of the Factory and Workshop Act, 1901, in connection with Factories, Workshops, Workplaces and Homework.

#### INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including inspections made by Sanitary Inspector or Inspector of Nuisances.

		Premis		71		Number of	
		Premis	es.		Inspections.	Written Notices.	Prosecutions.
Factories Workshops				 	17 123	. 1	0
	Т	OTAL		 	140	2	0

#### DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

	Nun	nber of Defec	ets.	Number
Particulars.	Found.	Remedied.	Referred to H.M. Inspector	Prosecu- tions.
/				
Nuisances under Public Health Acts :				
Want of Cleanliness	1	1	0	0
Other Nuisances	1	1	0	0
(insufficient	2	2	0	0
Sanitary Accommodation   not separate for sexes	0	. 0	0	. 0
unsuitable or defective	0	0	0	0
Offences under the Factory and Workshop Act :-				
Breach of special sanitary requirements as to				
Balashaugas Cas 07 100	1	1	0	0
Dakenouses, Sec. 97-100				
TOTAL	5	5	0	0
10TAL	9	3	0	0

#### REGISTERED WORKSHOPS.

Workshops on the Regis	ster at	the end	d of the	e year.		Numbe	
Bakers						. 8	
Blacksmiths						4	
Bootmakers and Repairers						10	
Cycle Repairers						6	
Dressmakers and Milliners						7	
Joiners and Undertakers			4.4.4			5	
Monumental Mason						1	
Picture Framer						1	
Plumbers						3	
Stocking Knitter						1	
Tailors						4	
Underclothing					1	1	
Watch Repairers						3	
Wheelwrights and Coachbuil						2	
				-	-		
Total Number of W	orksho	ops on I	Registe	r		56	

#### OTHER MATTERS.

CLASS (1).	Number (2).
Matters notified to H.M. Inspector of Factories :—	
ailure to affix Abstract of the Factory and Workshop Acts (s. 133, 1901)	0
as remediable under the Public Health Acts, but (Notified by H.M. Inspector Reports (of action taken) sent	0
ot under the Factory and Workshop Acts (s5, 1901) to H.M. Inspector	0

Bakehouses are commented upon later in the Report.

One list of outworkers was received—a woman engaged in alterations to men's clothing.

(h). Schools.—There are 5 elementary schools providing 4,230 places. Two of the schools are quite modern.

The sanitary accommodation at St. Aidan's Catholic Schools and Bothal National Schools is unsatisfactory, and reports were submitted to the Sanitary Committee on this and the defective drainage at the latter schools.

No closure on account of infectious disease was found necessary during the year.

Under Regulations made by the Board of Education, and by arrangement with the County School Medical Officer, 157 certificates of exclusion from attendance at public elementary schools on account of infectious disease were issued. The number of children affected at each School is shown in the following table:—

	Nor	етн.	Sou	TH.	Eas	т	Вотн	HAL.	AIDA	N'S.	
Disease.	Patients.	Contacts.	TOTAL.								
Scarlet Fever	25	37	16	24	7	32	10	11	6	10	178
Diphtheria	18	27	3	4	12	25	2	4	-3	4	102
Enteric Fever	4	3	1	2	6	4	2	_	1	_	23
	47	67	20	30	25	61	14	15	10	14	303

This serious interference with the progress of the children's education is largely due to the impossibility of securing effective isolation in their homes under present conditions of overcrowding, and to the absence of hospital accommodation for diseases other than enteric fever.

#### III. FOOD.

(a). Milk Supply. The bulk of the milk is imported into the District, and its condition during the summer months—probably due to delay and exposure in transit—gave rise to many complaints.

Registered under the Dairies, Cowsheds and Milkshops Order are :-

Cowkeepers	 	 8
Dairyman	 	 1
Purveyors	 	 . 13

The number of cowsheds is 7, and approximately 90 cows are kept. The sheds, with one exception—since abolished—were generally found in a fairly clean condition, and regularly lime washed.

Difficulty is experienced in securing the cleanly storage of the milk in milkshops, and especially the covering of the vessels.

- (c). Milk (Mothers and Children) Order, 1918.—Under this Order, dried milk of various brands was supplied by the Council through the Health Visitors to nursing mothers to the value of £1,050. Approximately £150 worth was given free to necessitous cases.
- (d). Other Foods.—Normally, the cattle slaughtered is very good. Adequate examination of meat is impracticable, owing to the numerous premises on which slaughtering is conducted, and the irregular hours during which the work is done.

The following food was destroyed after inspection, having been found unfit for human consumption:—

3 carcases of fresh beef affected with generalized tuberculosis.

634 lbs. of frozen beef.

232 lbs. of frozen mutton.

87 rabbits.

There are 14 slaughter houses, all subject to annual licence. They are all in close proximity to dwellings, and 10 of them are unsatisfactory, for one or more of the following reasons:—

Situated in close proximity to dwellings.

Inadequate in size, e.g., converted stables and wash-houses.

Lacking in facilities for the storage of refuse and for the maintenance of cleanliness.

Slaughter house the only lairage available.

Bye-laws as to slaughter houses have been adopted, but have not yet been printed for circulation amongst the trade concerned.

The erection of an abattoir has been under consideration for several years.

Meat was retailed from 24 shops in the District, and 7 butchers living outside the District regularly retailed meat from carts.

There are 10 bakehouses in the District—2 factory and 8 workshops—which require considerable supervision to secure the maintenance of reasonable cleanliness.

#### IV. PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

Outbreaks of Enteric Fever are of almost annual occurrence in the District.

They have been of varying type and severity, but without exception the greater incidence has been in the Ashington Ward—cases occurring in the Hirst Ward usually towards the end of the outbreak.

The water supply from Ashington Pit has always been assigned as the cause, but chlorination of this water was commenced, as already noted, on 23rd October, and there ought, therefore, to be no further blame attached to it as a cause of outbreaks of Enteric Fever.

In the beginning of November, the water supply to the Hirst Ward was greatly augmented by an auxiliary supply from the main supplying Newbiggin Urban District, and this was connected to our pipes at the lower end of the District. From the beginning of September to about the middle of November, there were 14 notifications of Enteric Fever, but on the 18th and 19th November, there were 5 cases each day, and varying smaller numbers—necessitating altogether 56 admissions to hospital up to the end of the year. The outstanding features in regard to this outbreak were—

- 1. Only 8 were in Ashington and 47 in Hirst.
- 2. 23 of the cases (41%) were under 15 years of age.
- 3. The first 20 cases admitted to Hospital were of most unusual severity—not from complications, but solely from the condition of profound toxæmia they all manifested.

This taxed very severely the resources of our Nursing Staff, and as our Hospital accommodation was quite incapable of dealing with such numbers, 13 of the cases were very kindly taken over by the Bedlingtonshire Urban District Council, and treated in their Isolation Hospital.

As regards the cause of the outbreak, it is very evident from what has been said as to the alteration in the water supply in both Wards of the District, that this alteration must be held to be very largely responsible. The chlorination of the Ashington supply had evidently reduced the incidence there; and the Tynemouth supply at high pressure in the Hirst Ward and travelling in a reverse direction to the previous course of the water supply, had probably stirred up the deposit in the pipes and been the proximate cause of the greatly increased number of cases at this end of the District.

If this be the correct view to take of the outbreak, then I think—as Ashington will very shortly be also supplied by Tynemouth—that previous to the supply being made available for domestic use, the whole of the pipes ought to be thoroughly flushed out and cleared of all deposit.

The following table gives the incidence, etc., of Enteric Fever in the District during the last 15 years.

EntericFever.	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919
No. of Cases	48	20	8	25	21	11	78	20	25	24	3	10	30	88	76
Cases per 1,000 population	2.62	1.04	0.40	1.25	0.95	0.47	3.18	0.74	0.89	0.80	0.12	0.38	1.17	3.38	2.81
No. of Deaths	8	6	1	1	3	3	12	2	5	5	0	2	0	19	8
Mortality rate per 1,000 population	0.43	0.31	0.05	0.05	0.13	0.13	0.48	0.07	0.17	0.16		0.08		0.76	0.30
Mortality rate per 1,000 cases	166	300	125	40	142	272	153	100	200	208		200		216	105

In regard to other infectious diseases-

Measles was very prevalent during the year, the number of notifications being 1,031 with 20 deaths—a rate of 1.94%. 18 of these deaths were under 5 years of age.

A special report on 14th October was made to the Ministry of Health on this subject.

Scarlet Fever. Notifications were 120, with 1 death over 5 years of age.

Diphtheria. Notifications were 92; the deaths from it numbering 4. There were 15 swabs submitted for bacteriological examination, and of these only 5 were reported as "positive." The supply of antitoxin for treatment, and prophylaxis leaves nothing to be desired.

120 bulbs of from 2,000 to 4,000 units were employed during the year—398,000 units in all.

Influenza mortality is considerably less this year than during 1918. The figures are 32 this year and 56 last year.

Pneumonia, etc. The regulations of 7th January, requiring the notification of certain forms of Pneumonia, Malaria, Dysentery and Trench Fever, have resulted in 99 cases being notified, viz., 67 of Pneumonia (with 40 deaths), 24 of Malaria, and 8 of Dysentery, the latter two contracted abroad.

Tuberculosis (Pulmonary) notifications were 56 in number, with 20 deaths—a rate of 35.7%. There were also 23 notifications of other forms of tubercular disease with 13 deaths—a rate of 56.5%, giving an inclusive Tuberculosis death rate of 41.77%.

The number of patients receiving Sanatorium treatment during the year was 38.

The following table gives the number of houses from which cases of the three principal infectious diseases were notified:—

Disease.	Number of cases.	Houses affected.
Enteric Fever	 76	71
Scarlet Fever	120	106
Diphtheria	92	83

One of the Health Visitors is appointed to visit cases of infectious disease not removed to hospital, and to advise as to their nursing.

The following is a summary of her visits:-

Dise	ASE.		Visits.
Enteric Fever			 22
Scarlet Fever			 - 253
Diphtheria			 152
Ophthalmia Nec	natoru	ım	 34
31 1			 833
T			 1
TOTAL			1.295

231 houses were disinfected on account of infectious disease. The disinfectants used were "Sulphume" and "Formalin."

In the absence of a steam disinfector, the disinfection of bedding, etc., is very unsatisfactory.

The following tables give the ages at incidence and the distribution of cases of notifiable infectious diseases during the year:—

Ashington Urban District. NOTIFIABLE INFECTIOUS DISEASES.

Ages at Incidence, 1919.

(Ministry of Health Table No. 2).

Notifiable Disease.		Cases		d in wh Ages—		trict.		in e	Total cases in each Ward.		Cases removed to Hospital.	
Notinable Disease.	At all Ages.	Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65, etc.	A.	H.	Α.	Н.	
Diphtheria	92	0	13	59	14	6	0	24	68	0	0	
Scarlet Fever	120	0	25	86	6	3	0	29	91	0	1	
Erysipelas	31	1	0	1	2	26	1	9	22	0	0	
Enteric Fever	76	0	2	23	27	24	0	25	51	22	47	
Ophthalmia Neonatorum	4	4	0	0	0	-0	0	1	3	0	(	
Measles	1,031	34	535	457	2	3	0	237	794	0	(	
Tuberculosis, Lungs	56	0	0	10	20	26	0	14	42	0	(	
Tuberculosis. Other forms	23	0	5	13	3	2	0	4	19	0	(	
Pneumonia, Acute Primary	32	0	7	12	1	12	0	8	24	0	(	
Pneumonia, Acute Influenzal	35	2	3	5	8	17	0	9	26	0	(	
Malaria	24	0	0	0	6	18	0	2	22	0	(	
Dysentery	8	0	0	. 0	0	8	0	0	8	0	(	
TOTALS	1,532	41	590	666	89	145	1	362	1,170	22	45	

NOTIFIABLE INFECTIOUS DISEASES. Distribution, 1919. Ashington Urban District.

		_	1	-	-		-	-			_	_	_	_	
Υ	Both	21	13	51	28	4	62	85	177	409	352	190	103	1532	
MONTHLY TOTAL.	H.	13	6	36	22	30	48	51	115	346	292	125	83	1170	
M	A.	œ	4	15	9	=	14	34	62	63	09	65	20	362	
Dysentery.	H.	0	0	0	0	0	-	0	0	-	0	01	4	00	
vratuasvO	Α.	0	0	0	0	0	0	0	0	0	0	0	0	0	x
Мајапа.	H.	0	0	2	0	01	4	8	-	-	9	-	61	22	-
- indek	A.	0	0	0	0	0	-	0	-	0	0	0	0	61	2
Acute Influenzal.	H.	0	0	19	61	0	-	0	0	0	0	4	0	26	2
Pneumonia,	A.	0	0	7	-	0	-	0	0	0	0	0	0	6	35
Primary.	H.	0	0	0	4	3	5	4	0	2	-	61	8	24	2
Pneumonia	Α.	0	0	0	0	3	1	0	0	8	0	0	-	00	32
Tubercular Diseases.	H.	0	-	0	CI	0.	4	9	1	0	4	-	0	19	3
Other	A.	0	0	2	0	61	0	0	0	0	0	0	0	4	23
Phthisis.	H.	0	57	8	61	9	6	2	6	2	1	4	61	42	9
	A.	-	-	0	3	-	CI	0	5	0	1	0	0	14	56
Measles.	H.	2	-	-	4	9	9	18	98	322	253	64	22	794	31
	A.	8	0	0	0	0	c	31	50	44	47	52	5	237.	1031
Neonatorum.	H.	0	0	0	1	0	0	1	1	0	0	0	0	3	+
Ophthalmia	A.	0	0	-	0	0	0	0	0	0	0	0	0	1	
Fever.	H.	-	-	0	0	0	0	01	0	1	0	28	18	51.	9
Enteric	V.	0	0	0	0	0	0	1	0	00	9	9	4	25	76
Erysipelas.	H.	3	0	-	0	0	2	61	2	4	5	3	0	22	
	Α.	-	61	-	0	C1	-	0	0	0	-	-	0	6	31
Fever.	H.	3	2	00	7	10	10	10	7	7	13	12	16	92	0
Scarlet	A.	2	0	5	-	.8	-	01	4	-	67	9	7	28	120
Diphtheria.	H.	4	2	61	0	3	=	00	¢1	9	6	4	16	67	61
, in the	Α.	-	-	21	-	0	61	0	67	7	3	0	9	25	92
Month.		January	February	March	April	Мау	June	July	August	September	October	November	December	TOTAL	

#### V. MATERNITY AND CHILD WELFARE.

A Maternity and Child Welfare Centre was opened in the Council Chambers on 3rd March, 14 mothers and babies attending. The progressive increase in attendance caused the Centre to be removed to more commodious rooms at the Primitive Methodist Chapel. The Centre was open on 38 Mondays, the attendance to the end of the year being 1,804 mothers and babies, or an average of 47.

The work of the Centre is conducted by the Health Visitors, with the aid of a Working Committee. Lectures and demonstrations were given on subjects appropriate to the purpose of the Centre. The social side also received some attention; a successful Baby Show was held in September, and a Christmas Tea was given.

The following is a summary of the work of the Health Visitors:-

Number of Births	registe	red					810
Number of Births,	Notifi	cations	recei	ved			669
Number of Births,	Notifi	cations	from	Doctors			479
Number of Births,	Notifi	cations	from	other pe	ersons		190
Number of Births	not no	tified					141
Number of Infants	super	vised—					549
			Re-V	isits			4,246
Wholly breast fed							425
Wholly hand fed							94
Partly hand fed							30

The local Nursing and Hospital Association report that their District Nurses attended 371 maternity cases during the year, to each of which cases an average of 10 visits was paid.

One case of Puerperal Fever was notified, and this proved fatal.

Four cases of Ophthalmia Neonatorum were notified, all making a satisfactory recovery.

The incidence of Measles was heavy from July to December. The attack rate was 38.83 per 1,000 for the year.

87 of the cases were under 5 years of age, of which 18 were fatal-equal to 21%.

The deaths from Infantile Diarrhea and Enteritis show an increase of 6 over 1918. The following table gives the infant deaths from this cause, and the Infantile Mortality Rate for the past 10 years:—

YEAR.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	1918.	1919.
Infant Deaths from Diarrhœa	28	64	5	28	57	12	15	8	19	25
Infantile Mortality Rate	163	212.	101	150	148	123	151	112	119	147
Infantile Mortality Rate, less Infantile Diarrhœa	128	143	96	122	95	110	130	102 .	94	117

#### VI. SANITARY ADMINISTRATION.

- (a). Staff.—Inspector of Nuisances and an Assistant.
- (b). Hospital Accommodation.—The Isolation Hospital is situated South-East of North Seaton Railway Station. It is a brick building, consisting of a 7-roomed house with two Wards attached to the house, each Ward containing six beds. The cubic space per bed is, however, only 945 cubic feet, in place of 2,000 cubic feet as required by the Ministry of Health.

In addition to this, there is a galvanized iron building which was erected some years ago for the isolation of Small-Pox patients. This building has two Wards and a small side Ward. It will accommodate 23 patients, and has frequently been used for an overflow of Enteric patients.

There is no provision made for the isolation of Scarlet Fever or Diphtheria cases, although on several occasions when the Hospital has been free from Enteric patients, an urgent case of Diphtheria or Scarlet Fever has been admitted.

The number of patients admitted to Hospital during the year 1919 was 58—of those 56 were Enteric, 1 Scarlet Fever, and 1 indirect Small-Pox contact. There were 52 cases discharged and 6 deaths.

Owing to the inadequacy of the accommodation, 13 Enteric patients were admitted to the neighbouring Bedlingtonshire Urban District Isolation Hospital, 6 of which were discharged, 5 were fatal, and 2 were later transferred to this Council's Isolation Hospital.

The Hospital was occupied on 259 days during the year, and the expenditure during the year was £1,407 19s. 10d.

(c). Adoptive Acts in operation in the District .-

Infectious Diseases Prevention Act, 1890. Public Health Acts Amendment Act, 1890. Private Street Works Act, 1892. Public Health Acts Amendment Act, 1907 (part of).

(d). Chemical and Bacteriological Work.—The bacteriological examination of specimens in aid of diagnosis are carried out by arrangement with the County Council at the College of Medicine, Newcastle-on-Tyne. The following table shows to what extent this arrangement is utilised:—

### SPECIMENS SUBMITTED BY PRACTITIONERS IN THE ASHINGTON U.D. FOR BACTERIOLOGICAL EXAMINATION DURING THE YEAR 1919.

1919.		DIPHT Pos.	HERIA.	Tubero Pos.	Neg.	Enterio	TOTAL.	
January February March April May June July August September October November December		1 - - - 1 - 3	1 2 2 2 2 - 2 - 1	- - 1 2 2 1 - - 1 - 1	2 9 8 5 5 5 5 4 2 6 10 6	1   2 -4 3 21 7	1 1 - - 1 - 2 2 5 2	5 12 12 9 7 8 4 4 9 14 38 16
		5	10	9	62	38	14	138
Cases Notified 92		92	. 5	56	7	224		

Housing.—The Survey of Housing Conditions and Needs in the District required by the Ministry of Health in October, was carried out by the Surveyor's Department, and the collected information will no doubt be published in the Surveyor's Annual Report.

The Inspector of Nuisances is the designated Officer under the Housing Regulations, 1910.

For the purposes of Section 17 of the Act of 1909, 25 houses were inspected.

The principal defects were matters remediable under the Public Health Acts, e.g., defective and insufficient drainage, unpaved yards, insanitary privies and middens, and dampness due to defective house roofs, downspouts and eaves gutters. None of the houses were provided with a scullery sink with a water supply over it, and the accommodation for washing clothing was generally unsatisfactory. The Council considered it impracticable to demand a remedy to these defects, which are common in a greater or lesser degree in at least 75% of the houses in the District, under the extraordinary postwar conditions prevailing as to labour and materials.

It is only by the adoption of a reasonable standard of fitness similar to that recommended by the Ministry of Health and the operation of Section 28 of the Act of 1919—taking the houses street by street—that the necessary improvements can be secured and the purpose of inspection rendered effective. The formation by the Council of a Housing Repair Department, will, I think, be a necessary consequence of such action, and this should result in a much better standard of repairs being secured than has been the experience in the past.

### HOUSING (INSPECTION OF DISTRICT) REGULATIONS, 1910. Tabular Statement as required by Article V.

SANITARY DISTRICT.	No. of dwelling houses inspected.	No. of dwelling houses which, on inspection, considered unfit for human habitation.	No. of representations made to local authority with a view to closing order being made.	No. of orders made.		No. of dwellings in which defects remedied without closing orders being made.	No. of dwellings put into fit state for human habitation after closing orders made.	GENERAL CHARACTER OF DEFECTS FOUND.	Under demolition orders.	Voluntarily demolished.
Parishes or Sub-districts.								Dampness, defective		
1. ASHINGTON	1	0	0	0	0	0	0	floors, insani- tary privies	0	0
2. HIRST	24	0	0	0	0	0	0	and middens, defective house roofs,	0	0
Total for whole district	25	0	0	0	0	0	0	spouts, drains, unpaved yards.	0	0

#### SUGGESTED RECOMMENDATIONS.

The following is a summary of my recommendations:-

- That adequate hospital accommodation for the isolation and treatment of cases of infectious disease, including a steam disinfector, be provided.
- 2.—That refuse collection be undertaken by direct labour, that disposal by "tipping" be discontinued, and disposal by incineration or pulverization substituted.
- 3.—That Sections 39 to 42 (inclusive) Public Health Acts (Amendment) Act, 1907, be adopted, and that the Council consider the desirability of carrying out the conversions by loan.
- 4. That the provision of a public abattoir be again considered, and that the bye-laws as to slaughter houses adopted be printed and distributed to the trade concerned.

In conclusion, I have to thank the various Council Officials who have so kindly cooperated in the preparation of the various Tables and other statistical matter necessary for the preparation of this Report.

I have also to express my regret that the form of the Report itself is of such a mixed character; but it follows as closely as possible "Memorandum 9 Med." issued by the Ministry of Health as to its contents and arrangement.

I have the honour to be,
Your obedient Servant,
M. BRUCE, M.B., C.M.

Medical Officer of Health,





