[Report 1952] / Medical Officer of Health, Ashington U.D.C.

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URBAN DISTRICT OF ASHINGTON

ANNUAL REPORT

OF THE

Medical Officer of Health

For the Year 1952

INCORPORATING THE

Report of the Sanitary Inspector

(Mr. G. W. TATE)

ASHINGTON:
JOHN WILKINSON (PRINTERS) LTD.
1953

With the Compliments

of the

Medical Officer of Health.

146, Station Road,
Ashington. *Tel. Ashington 2287.*

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1952

To the Chairman and Members of the Urban District Council of Ashington

Mr. Chairman and Councillors,

I have the honour to present to you my Annual Report for 1952.

The vital statistics show only minor changes. There has been a slight fall in both the birth rate and the death rate, and both are still higher than the corresponding rates for England and Wales as a whole.

The infantile mortality rate has declined slightly, but is still materially higher than the national rate. It should be noted, however, that out of a total of 20 deaths, 13 occurred in the first week of life, and 15, or three-quarters, in the first month.

This neo-natal mortality is the rate which is most difficult to reduce and which is least affected by environmental factors.

Prematurity continued to be the greatest single cause of infant deaths, being responsible for 6 out of the total 20.

There was a welcome fall in the notifications of new cases of Pulmonary Tuberculosis, and a slight decline in the number of deaths from all forms of the disease. The death rate from this disease was only very slightly higher than the average rate for England and Wales.

The Diphtheria Immunisation Campaign continues to be well supported by the people of Ashington. It is a constant source of satisfaction to all concerned that this treatment has resulted in the saving of so many lives and the prevention of so much suffering and unhappiness.

The completion of 67 Council houses during the year is an improvement on the figure for the previous year, but all who are interested in the better housing of the community look forward to the time when the new Darnley Road housing scheme will be completed. This should serve to eliminate all the worst cases of unsatisfactory housing conditions.

In conclusion I wish to thank members of the Council for the consideration they have given me, and to express my appreciation of the assistance I have received from the staffs of the various departments of the Council.

I have the honour to be,

Mr. Chairman and Councillors,

Your obedient Servant,

C. B. McGREGOR,

Medical Officer of Health,
Urban District of Ashington.

URBAN DISTRICT COUNCIL OF ASHINGTON

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1952

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY

Medical Officer of Health	C. B. McGregor, M.B., Ch.B., D.P.H.
Assistant Medical Officer	Kathleen Dick, M.B., B.S., B.Hy., D.P.H.
Sanitary / Housing / Meat Inspector	G. W. Tate, F.S.I.A., M.R.S.I.
Sanitary / Meat Inspector (additional)	H. S. Wilson, M.S.I.A.
Sanitary / Meat Inspector (additional)	R. P. Bruce, R.S.I., S.I.E.J.B.
Office of the M.O.H.	146 Station Road, Ashington.
Telephone	Ashington 2287.
Office of the Sanitary Inspector	Council Chambers, Ashington.
Telephone	Ashington 3210.

SECTION A

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

The Ashington Urban District as an area of 6,057 acres. Its southern boundary is formed by the River Wansbeck and it is bounded on the west and north by the Morpeth Rural District, and on the east by Newbiggin-by-the-Sea Urban District.

The main industry is coal-mining, which employs the vast majority of the male working population. There are also three factories situated on a new industrial estate where electrical engineering, clothing manufacture and the manufacture of cake decorations occupy a small proportion of the population.

There are eleven farms, including eight dairy farms, within the district, and these provide employment in agriculture for some of the population.

The Council has built and is building a large number of houses, but the majority of the houses are colliery property belonging to the National Coal Board. Most of these houses are sub-standard according to modern ideas, but few of them are likely to merit demolition. They are of a type and construction which could be modernised and brought up to a reasonable standard by the provision of bathrooms and other amenities. It is to be hoped that this may be done at some time in the future, although there is no immediate prospect of these improvements taking place.

Area in Acres	6,057
Registrar-General estimate of Resident Population mid-1952	28,470
Rateable Value	£130,955
One Penny Rate produces	£485
Number of inhabited houses (end of 1952)	8,148

VITAL STATISTICS

BIRTHS:

LIVE BIRTHS:	Total	Male	Female
Legitimate	473	244	229
Illegitimate	6	2	4
	479	246	233

Birth Rate per 1,000 of the estimated resident population ...	16.82
(Comparability Factor 1.05) Standard Birth Rate	17.66

STILL BIRTHS:	Total	Male	Female
Legitimate	14	11	3

Rate per 1,000 total (live and still) births	28.4
Rate per 1,000 of the estimated resident population	0.49

DEATHS:

Total	Male	Female
345	201	144

Death Rate per 1,000 of the population	12.12
(Comparability Factor 1.18) Standard Death Rate	14.30

Death from Puerperal Causes (heading 30 of the Registrar-General's Short List).

	Deaths	Rate per 1,000 total (live and still) births
No. 30. Pregnancy, Childbirth and Abortion	—	—

Death Rate of Infants under 1 year:—

All Infants per 1,000 live births	41.75
Legitimate Infants per 1,000 legitimate live births	40.17
Illegitimate Infants per 1,000 illegitimate live births	166.67
Deaths from Cancer (all ages)	54
Deaths from Measles (all ages)	Nil
Deaths from Whooping Cough (all ages)	Nil
Deaths from Diarrhoea (under 2 years)	Nil

The Registrar-General supplies the following :—

CAUSES OF DEATH, 1952	Male	Female
1. Tuberculosis, Respiratory	5	1
2. Tuberculosis (other forms)	1	—
3. Syphilitic Disease	—	2
4. Diphtheria	—	—
5. Whooping Cough	—	—
6. Meningococcal Infections	—	—
7. Acute Poliomyelitis	—	—
8. Measles	—	—
9. Other Infective and Parasitic Diseases	—	—
10. Malignant Neoplasm, stomach	8	3
11. Malignant Neoplasm, lung, bronchus	10	2
12. Malignant Neoplasm, breast	—	1
13. Malignant Neoplasm, uterus	—	6
14. Other Malignant and Lymphatic Neoplasms	18	7
15. Leukaemia, Aleukaemia	—	1
16. Diabetes	—	3
17. Vascular Lesions of Nervous System	26	26
18. Coronary Disease, Angina	45	14
19. Hypertension with Heart Disease	3	9
20. Other Heart Disease	20	26
21. Other Circulatory Disease	9	2
22. Influenza	—	—
23. Pneumonia	3	7
24. Bronchitis	12	1
25. Other Diseases of Respiratory System	3	3
26. Ulcer of Stomach or Duodenum	3	—
27. Gastritis, Enteritis and Diarrhoea	—	1
28. Nephritis and Nephrosis	1	3
29. Hyperplasia of prostate	1	—
30. Pregnancy, Childbirth, Abortion	—	—
31. Congenital Malformations	3	1
32. Other Defined and Ill-defined Diseases	20	23
33. Motor Vehicle Accidents	1	—
34. All other Accidents	7	1
35. Suicide	2	1
36. Homicide and Operations of War	—	—
	201	144

Deaths of Infants under 1 year :—	Male	Female
Legitimate	11	8
Illegitimate	—	1
	11	9

CHIEF CAUSES OF DEATH IN ASHINGTON

	Number	% of total deaths
Diseases of Heart and Circulation	128	37.1
Malignant Neoplasms	54	15.65
Vascular Lesions of Nervous System	52	15.07
Bronchitis	13	3.77
Pneumonia	10	2.90
	257	74.49%

INFANTILE MORTALITY DURING 1952

The total number of deaths of children under 1 year was 20, a decrease of 4 on the total for 1951. The mortality rate was 41.75 per 1,000 live births, which, though lower than in the previous year, is much higher than the national rate.

The Registrar-General's Table S.D.55 gives the Infantile Mortality Rate as follows :—

For England and Wales, 27.6 deaths per 1,000 live births.

For 160 Great Towns, 31.2 deaths per 1,000 live births.

For 160 Smaller Towns (pop. 25,000-50,000), 25.8 deaths per 1,000 live births.

The following table shows the comparative mortality rates during the past twelve years :—

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Number of deaths from Diarrhoea & Enteritis under 2 years	1	1	2	5	2	—	1	1	2	—	1	—
Infantile Deaths under 1 year ..	30	23	42	24	27	30	29	29	16	21	24	20
Infantile Mortality	74.4	55.4	82.19	44.52	48.82	49.9	46.9	58.1	30.01	39.1	45.8	41.75

The following table gives details of the cause of death in the different age groups under 1 year :—

INFANTILE MORTALITY — 1952

	Under 1 day	1 - 6 days	1 - 2 weeks	2 - 3 weeks	3 - 4 weeks	Total under 1 month	1 - 3 months	3 - 6 months	6 - 9 months	9-12 months	Total 1-12 months	Total under 1 year
Prematurity	3	3	—	—	—	6	—	—	—	—	—	6
Placenta Praevia	—	1	—	—	—	1	—	—	—	—	—	1
Atelectasis	—	2	—	—	—	2	—	—	—	—	—	2
Congenital Abnormality	—	2	—	1	—	3	—	—	—	—	—	3
Pneumonia	—	—	—	1	—	1	1	—	—	1	2	3
Asphyxia	—	—	—	—	—	—	—	1	1	—	2	2
Congenital Debility	1	—	—	—	—	1	—	—	—	—	—	1
Acute Intussusception	—	—	—	—	—	—	—	—	1	—	1	1
Prolonged labour	—	1	—	—	—	1	—	—	—	—	—	1
Total ..	4	9	—	2	—	15	1	1	2	1	5	20

SECTION B

GENERAL PROVISIONS OF HEALTH SERVICES FOR THE AREA

LABORATORY FACILITIES

These are provided by the Public Health Laboratory Service at the Newcastle General Hospital.

The extent to which these facilities have been utilised is shown below:—

Speciment sent by	Specimen	Positive	Negative
Regional Hospital Board Chest Physician	Sputa for B. Tuberculosis ..	46	356
General Practitioners	do. ..	—	14
Regional Hospital Board Physician	Swabs for C. Diphtheriae ..	—	1
General Practitioners	do. ..	—	6
Regional Hospital Board Physician	Swabs for Haem. Streptococci ..	—	1
General Practitioners	do. ..	3	4
General Practitioners	Swabs for Vincent's Angina ..	2	4
General Practitioners	Swabs for Staph. Aureus	1	—
Regional Hospital Board Physician	C.S.F. for Meningococci	1	—
General Practitioners	Coliform Organisms	2	—
Medical Officer of Health ..	Faeces for pathogenic organisms	7	47
Regional Hospital Board Physician	do. ..	2	—
General Practitioners	do. ..	26	92
M.O. Child Welfare Centre ..	do. ..	—	1
Medical Officer of Health	Urine for pathogenic organisms	1	1
Medical Officer of Health	Dried Egg for pathogenic organisms	—	1
Medical Officer of Health	Dried Milk for pathogeinc organisms	—	1

AMBULANCE FACILITIES

These are provided by the Northumberland County Council. In Ashington there are now six ambulances, and nine drivers are employed, working shifts, providing a 24-hour service.

NURSING IN THE HOME

Domiciliary nursing and midwifery services are provided by Northumberland County Council. The staff is as follows:—

1 Superintendent.
4 Midwives.
2 General Nurses and 1 General Relief Nurse.

HOSPITALS

There are two hospitals in the district, the Ashington General Hospital and North Seaton Hospital, and both are controlled by the Newcastle Regional Hospital Board. North Seaton Hospital was formerly the Isolation Hospital and is now used for general nursing of medical cases and for surgical cases transferred from the General Hospital.

TREATMENT CENTRES AND CLINICS

A Chest Clinic, dealing mainly with cases of Tuberculosis, is held at the Elizabeth Craigs Memorial Clinic in Lintonville Terrace.

These premises, also, are under the control of the Regional Hospital Board. A Chest Physician attends twice weekly.

MATERNITY AND CHILD WELFARE

This service is provided by the Northumberland County Council and clinics are held at the Child Welfare Centre, South View, as follows :—

ANTE-NATAL CLINICS

Every Wednesday — morning and afternoon. Every Friday, except the last in the month — held morning and afternoon on the first and third Friday of each month, and on the fourth Friday when there are five Fridays in the month. Held in the morning only on the second Friday. A doctor is always in attendance.

POST-NATAL CLINICS

Held monthly — on last Tuesday afternoon in the month.

CHILD WELFARE CLINICS

Every Monday and Tuesday morning, and Thursday afternoon.

SUN-RAY CLINICS

Every Monday and Thursday morning, during winter months only.

TODDLERS' CLINICS

Every Tuesday afternoon, except the last Tuesday in the month.

DIPHTHERIA IMMUNISATION

All day the last Friday in the month.

OPHTHALMIC CLINICS

On Saturday mornings at two-monthly intervals.

DENTAL CLINICS

All day, every weekday.

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA

WATER.—All properties in the district are supplied with water from the Tynemouth Corporation supply, and samples taken periodically from various points in the area show that it continues to be of the highest purity. The following table shows the resultsof the examinations carried out :—

Source	Date	Coliform bacilli per 100 ml.
Town Supply	16.4.52 9.7.52	Nil
Town Supply	24.9.52	Nil
Town Supply		Nil

There are in the district 8,148 occupied houses, and of these only 15 are supplied by standpipe, representing 0.18% of the total.

DRAINAGE AND SEWERAGE.—During the year 252 drainage systems were repaired or reconstructed, and in all cases these were tested and approved by this Department. In the majority of cases consultations and discussions with owners or builders have taken place, and advice given by your inspectors has always been readily acted upon, with the maximum benefit to all concerned.

It was found necessary during the year, because of financial and man-power difficulties, to discontinue the service of free drain clearing.

RIVERS AND STREAMS.—No action was taken under this heading during the year.

CLOSET ACCOMMODATION.—During the year 3 earth closets were converted to the water carriage system. In each of these cases a grant towards the cost of conversion was made to the owners.

SANITARY INSPECTION OF THE AREA.—Informal action continues to be made use of to a large extent to secure the carrying out of repairs, and in only 5 cases was it found necessary to resort to the service of Statutory notices. All these were complied with before the expiry of the stated date, and legal action to secure compliance was not required.

The following table summarises the notices served:—

Nuisances dealt with and work required to be done	Verbal or Written Notice	Complied with
To clear Choked Drain or W.C.	90	90
To provide Ashbins	35	35
To repair Gutters and Rain Water Pipe	30	18
To repair Sinks and Waste Pipes	6	5
Defective Roofs, Damp Walls	31	21
Defective Kitchen Ranges	15	11
Defective Outbuildings	13	6
Defective W.C. Basin	9	7
Defective Sashcords	13	11
Defective Wall Plaster	24	17
Offensive Accumulation	2	2
Defective Foodstores	11	10
Defective Ceilings	23	19
Defective Water Supply	6	6

SWIMMING BATHS AND POOLS.—The Institute Baths, which are open to the public, in addition to Institute members, were inspected at frequent intervals during the year. Examinations of the chlorine content and bacteriological examinations of the water were carried out, with satisfactory results. During the year the toilet facilities and dressing cubicles were re-decorated.

The new Pit Head Baths at Ashington have been completed, and are now in use.

SCHOOLS.—All schools in the District have a main water supply and water carriage system of sewerage. An outbreak of Dysentery, early in the year, brought to light the fact that sanitary accommodation at one infant school was inadequate for the number of children then attending the school. Further details of this are given in Section F of this report.

CINEMAS AND PUBLIC BUILDINGS.—No complaints were received regarding the ventilation, cleanliness or sanitary conditions of the various public buildings in the area.

CAMPING AND CARAVAN SITES.—There are no such sites in the District. Occasionally an individual caravan owner has stationed his van on farmland in the district, but in all cases the removal of the caravan was obtained without the necessity for legal action.

ATMOSPHERIC POLLUTION.—It is accepted generally that the efficiency of the average domestic fuel-burning appliance is no higher than 20%. Under these circumstances, no surprise should be manifested if the deposit of soot, etc., in the district is high.

The occupation of the majority of the householders and the allocation of coal as part wages conduces to a higher degree of atmospheric pollution than in a non-industrial district of comparable size. With the terms and conditions of employment between the National Coal Board and the Mineworkers a Local Authority has no concern, but with a matter which affects public health it must be concerned. One has no doubt that the parties concerned are alive to the economies of the situation, and that a greater efficiency at less cost and less use of fuel is desirable, possible, and an end to which they are working. The British "open" fire is an institution which needs never be eliminated if the right use is made of it, but the present policy of "fouling one's own nest" is ridiculous and to be deplored.

No samples from deposit gauges, to measure the amount of pollution, have been taken since before the war. The cost of such service to the Authority could now be in the region of £150 per annum. In view of its essentiality as a major Public Health Service, it is submitted that it ought to be incorporated as a function of the Public Health Laboratory Service.

COLLIERY SPOILBANKS.—There is little to add to what has been said in past years on the subject of these eyesores and nuisances. They grow daily, burn with monotonous regularity, and no indication has been vouchsafed as to their future. The two heaps in use will soon reach the maximum capacity they can take. Subsidence is apparently inevitable, pyrites recovery is out of favour, so that a mining community can only look forward to a progressive deterioration of amenities, because the resources of the Coal Board will not permit of a thorough-going positive examination of the problem.

The long-awaited bulldozer arrived in the early part of the year. While it is true to say that at the end of the year no appreciable change in the contour of the washery heaps was noted, a proper application on a long-term policy wlil reduce the danger from dust — a very real one — to the benefit of the district. The question generally was occuping the attention of the Northumberland Urban District Councils Association at the end of the year.

ERADICATION OF VERMIN.—Disinfestation of infested premises by the use of D.D.T. is carried out by the Local Authority, a charge covering the cost of material and labour being imposed according to the circumstances of the case. Advice on the avoidance of re-infestation is also given. During the year 8 Council houses and 4 other houses were found to be infested by bed-bugs and were treated, and 37 premises were treated for cockroach infestation.

RODENT CONTROL.—The vigorous policy of the Council in rodent control is now showing results, evidenced by the reduction in the number of complaints received during the year. It is essential, however, for an effective control to continue, that there is no slackening of effort in this direction. The Council's decision not to charge the ratepayers for service in connection with rodent control has once again justified itself. In no case was there any attempt to conceal from your inspectors the presence of rats or mice, and co-opreation from owners and occupiers was excellent.

The following table summarises the work done :—

	Type of Property				
	Local Authority	Dwelling Houses	Agricultural	All other (including business premises)	Total
Total number of properties in district ..	8	8003	27	930	8968
Number inspected because of					
(a) complaint	—	48	3	23	74
(b) as routine surveys	8	105	7	89	209
Number of rat infestations					
— Major	1	—	4	2	7
— Minor	2	56	2	63	123
Number of mouse infestations					
— Minor	—	12	—	11	23
— Major	1	—	—	9	10
Number of infested properties treated by Local Authority	4	68	6	85	163

CIVIC EXHIBITION.—A Civic Exhibition, the first of its kind to be held in Ashington, was arranged by your Sanitary Inspectors and was held during the period 8th March — 11th March. As many aspects as possible of Local Authority matters were displayed, including water supply, libraries, clean food, smoke abatement, rodent control, education, safety in the home, and civil defence, and it is estimated that well over 7,000 people visited the hall during the period. Undoubtedly, this is an excellent method of bringing public health and other Local Authority problems to the notice of the public, and the publicity was enhanced by one of your officials being asked to give a short talk about the exhibition on the Home Service of the B.B.C.

SUMMARY OF WORK EFFECTED

	By Informal Action	By Statutory Notice	Total
Privies and Privy Ashpits abolished	3	—	3
Water Closets provided	3	—	3
Number of above for which grant was given, P.H.A., 1936, s.47	3	—	7
Sanitary Bins provided	7	—	3
Sanitary Bins renewed	28	—	28
New drains constructed	117	—	117
Drains repaired or reconstructed ..	90	—	90
Additional gullies provided	45	—	45
Scullery Sinks provided	1	—	1
Scullery Waste-pipes repaired	3	—	3
Yards repaired or reconstructed	3	—	3

	No. of Inspections during year	No. of Defects or Contraventions of Bye-laws	No. of Informal Notices served	Defects remedied by Informal Action	No. of Statutory Notices served	Defects remedied by Statutory Action	Legal Proceedings
HOUSING							
Structural Defects	703	178	106	156	5	22	—
Defective Food Store	25	11	5	9	—	2	—
Dampness	198	59	31	57	—	2	—
WATER SUPPLY							
Insufficient or Unsatisfactory ..	32	10	7	10	—	—	—
DRAINAGE							
Insufficient or Unsatisfactory ..	287	207	3	207	—	—	—
SANITARY CONVENIENCES							
Insufficient or Unsatisfactory ..	165	90	4	90	—	—	—
Food Premises	658	33	—	33	—	—	—
Dairies	8	—	—	—	—	—	—
Slaughterhouses	921	—	—	—	—	—	—
Tents, Vans, etc.	15	1	1	1	—	—	—
Offensive Trades	49	—	—	—	—	—	—
Factories and Workplaces ..	128	17	—	17	—	—	—
Keeping of Animals	62	14	—	14	—	—	—
Insanitary Ashpits and Bins ..	21	11	—	11	—	—	—
Offensive Accumulations	43	2	2	2	—	—	—
Smoke Nuisances	55	15	—	15	—	—	—
Total ..	3370	648	156	622	5	26	—

FACTORIES ACTS, 1937 AND 1948

There are 116 factories and workshops in the district. The following tables give details of the inspections made and the defects found during the year under review.

The "other premises" included in section (iii) of Table 1 is a building site on which sanitary accommodation had to be provided.

There are no outworkers in the district.

1. *INSPECTIONS.*

Premises	Number on Register	Number of		
		Inspections	Notices Written	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	37	40	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	78	87	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority	1	1	—	—
Total ..	116	128	—	—

2. *CASES IN WHICH DEFECTS WERE FOUND.*

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	13	13	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	1	1	—	—	—
Ineffective drainage of floors ..	2	2	—	—	—
Sanitary Conveniences:					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective ..	1	1	—	—	—
(c) Not separate for sexes ..	—	—	—	—	—
Other offences against the Act ..	—	—	—	—	—
Total ..	17	17	—	—	—

SECTION D

HOUSING

Under the provisions of the Housing Act, 1949, a Local Authority may give assistance for the improvement of dwellings (as distinct from repairs) where such improvements will give the dwelling-house a life of at least 30 years. Conditions are attached to the making of a grant which gives the necessary safeguards.

It is reasonable to assume that were the Authority to operate the provisions of the Act, it would make for a reduction in the number of applicants for, and the provision of, Council houses over the years, by providing those amenities at present lacking; and also by arresting the deterioration of the properties, since improvements and repair and maintenance would go hand in hand.

Tabular Statement of Housing for the Year

Houses completed during the year :—

(*a*) By Local Authority 67
(*b*) By other Bodies or Persons 7

Total number of dwelling houses inspected for housing defects	298
Total number found to be unfit for human habitation	—
Total number found not to be in all respects fit for human habitation	161
Total number rendered fit by informal action only	156
Total number of houses where statutory notices were served	5
Total number rendered fit after service of statutory notices	5
Number of applications for improvement grants under Housing Act, 1949 (Sec. 20) ...	7
Number of applications approved	—

SECTION E

INSPECTION AND SUPERVISION OF FOOD

ICE-CREAM (HEAT TREATMENT) REGULATIONS, 1947. — During the year 12 samples of ice-cream were taken and submitted to the prescribed tests under the above Regulations. Reports were returned as follows:—

Grade 1 — 4 samples
Grade 2 — 4 samples
Grade 3 — 2 samples
Grade 4 — 2 samples

FOOD SHOPS AND FOOD-PREPARING PREMISES.—658 visits to food-preparing premises were made during the year, and contraventions of the Byelaws regarding the handling of food, or of the Food and Drugs Act, 1938, were found in 33 cases. All of these contraventions were remedied after letters or interviews, and statutory action was not found necessary.

MEAT AND OTHER FOODS.—The Ministry of Food Slaughtering Depot for Ashington and Newbiggin is situated at premises belonging to the Ashington Industrial Co-operative Society Ltd., and during the year the following animals were slaughtered:—

	Bullocks	Heifers	Cows	Bulls	Calves	Pigs	Sheep
Normal Kill ...	850	1134	242	4	656	43	8774
Casualties	19	15	41	14	39	34	278
Owners' Risk ...	6	7	44	2	—	—	—
Total ...	875	1156	327	20	695	77	9052

The amount of meat and organs condemned, together with the reasons for condemnation, is set out in the following tables. All condemned meat and offal is processed under Ministry of Food supervision for the extraction of fat, glues, etc.

MEAT AND ORGANS CONDEMNED, SURRENDERED AND DESTROYED *FOR TUBERCULOSIS*

BOVINE:—

Lungs	122
Heads and Tongues	54
Mesenteries	16
Livers	57
Back Skirts	23
Guts	8
Tripes	4
Hearts	5
Spleens	2
Beef	30½ stones

SWINE:

Heads	1
Plucks	1

Carcases (including 6 casualties and 7 Owners' Risks) — 16 (total weight 493 stones).

FOR OTHER DEFINED DISEASES

BOVINE :—

Livers	Cirrhosis (whole) 287, (part) 576; abscesses 38; echinococcus cysts 3; actinomycosis 1.
Heads and Tongues	Actinomycosis 29; abscesses 1.
Lungs	Parasites 24; pleurisy 4; abscesses 1; actinomycosis 1.
Udders	Mastitis 58.
Tripes	Inflammation 5.
Gut	Inflammation 4; Johne's disease 9.
Spleens	Infarcts 3; abscesses 2; inflammation 1.
Skirts	Abscesses 22.
Hearts	Pericarditis 1; actinomycosis 1.
Beef	Bruising 54½ stones; abscesses 19 stones; bone taint 10½ stones; fat necrosis 2 stones.
Carcases (of which 6 were casualty cows)	Oedema and emaciation 1; peritonitis and pyaemia 1; multiple abscesses 1; lymphatic leukaemia 1; pyaemia 1; acute pyrexia and intestinal suppuration 1; acute pyrexia 1. Total 7 (total weight 218¼ stones).
Calf carcases (of which 8 were casualties)	Immaturity 9; septicaemia 4; pyaemia 2; pyrexia 4; moribund 1; emaciation and pyrexia 1. Total 21 (total weight 46 stones).

SHEEP :—

Livers	Cirrhosis 74; parasites 5; bacterial necrosis 1; friable 3.
Plucks	Pneumonia 126; parasites 11; abscesses 5.
Lungs	Pneumonia 2.
Heads	Abscesses 8; bruising 1.
Gut	Inflammation 36.
Tripes	Inflammation 9.
Mutton	Bruising 269 lbs.; abscesses 233 lbs.; deformity 24 lbs.; gangrene 18 lbs.
Carcases (of which 54 were casualties)	Oedema and emaciation 33; septicaemia 20; uraemia 3; emaciation 4; moribund 1; oedema 2; septic pneumonia 1; gangrene 1; acute pyrexia 1; pyrexia and illsetting 1. Total 67 (total weight 210 stones).

SWINE :—

Lungs	Pneumonia 6.
Livers	Parasites 1.
Stomachs	Inflammation 1.
Gut	Inflammation 1.
Kidneys	Hydronephrosis 2.
Pork	Bruising 47 lbs.
Carcases (all casualties)	Pneumonia and illsetting 1; acute pyrexia 1; oedema and illsetting 1; pathological emaciation 1. Total 4 (total weight 12¾ stones).

CARCASES INSPECTED AND CONDEMNED

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected	2051	327	695	9052	77
ALL DISEASES EXCEPT TUBERCULOSIS:—					
Whole carcases condemned	6	1	21	67	4
Carcases of which some part or organ was condemned	391	218	—	184	8
Percentage affected with disease other than tuberculosis	19.4	67.2	3.0	2.7	15.6
TUBERCULOSIS ONLY:—					
Whole carcases condemned	6	10	—	—	—
Carcases of which some part or organ was condemned	109	93	—	—	2
Percentage affected with tuberculosis	5.4	28.6	—	—	2.6

OTHER FOODS.—The following foods were found to be unsafe and were condemned and destroyed :—

Poultry	415 lbs.
Canned goods	1957 tins
Bread, flour and cakes	3675 lbs.
Sausage and pies	193 lbs.

SECTION F

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Hospital accommodation for infectious disease is provided at Walkergate Hospital, Newcastle.

TABLE SHOWING ANALYSIS OF NOTIFIED CASES OF INFECTIOUS DISEASES UNDER AGE GROUPS

	Age unknown	Under 1 year	1 - 2 years	3 - 4 years	5 - 9 years	10 - 14 years	15 - 19 years	20 - 34 years	35 - 44 years	45 - 64 years	Over 65 years	Total	Admitted to Hospital	Deaths
Scarlet Fever	1	—	—	5	25	7	1	2	—	—	—	41	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	2	—	2	—	—
Pneumonia	—	1	2	3	1	—	2	4	1	—	—	14	—	Not Notified II
Dysentery	—	—	8	5	22	7	2	3	3	1	2	53	—	—
Acute Poliomyelitis (Paralytic)	—	—	1	—	—	—	—	—	—	—	—	1	—	—
Meningococcal Meningitis	—	—	1	—	—	—	—	—	—	—	—	1	—	—
Measles	2	17	113	152	144	3	—	1	—	—	—	432	—	—
Whooping Cough	—	1	6	6	15	—	—	—	—	—	—	28	—	—

ZYMOTIC DEATH RATE

This term includes deaths from the following seven diseases only:— Whooping Cough, Measles, Diphtheria, Scarlet Fever, Smallpox, Enteric Fever (Typhoid and Paratyphoid), Enteritis (Diarrhoea under 2 years).

The Zymotic Death Rate was Nil.

DYSENTERY

A sharp outbreak of Sonne Dysentery began in February, continued during March and ended quite abruptly in the early part of April. In all, 53 cases were notified.

The first intimation was received at the Health Department in the form of a bacteriological report on 28th February, 1952.

The patient was a boy of 6 years and it was found, on investigation, that his sister, aged 3 years, was also suffering from symptoms of Dysentery. Bacteriological examination proved that this younger child and her mother were both infected with Sh. Sonnei. The doctor attending these patients reported that he had another patient, a boy aged 5 years, suffering from similar symptoms, which subsequently proved to be also due to Dysentery.

Inquiries at these two homes eliticed the information that the two small boys attended the same school, but neither of them took the school dinners. The patient first notified had been taken ill on 25th February.

A visit to the school brought to light the fact that, during the previous 2 - 3 weeks, quite a number of children had suffered from diarrhoea. Some had been absent for a few days, but others had continued to attend school. The earliest date of onset which could be established was 10th February.

Inquiries in other departments of the same school were made and it was found that 40 - 50 boys and 3 or 4 teachers had had diarrhoea during February, and 6 girls had had it during the week-end 23rd to 25th February.

In the early stages of the outbreak all cases notified were either children attending this school or persons living in a household in which there was a child who attended the school.

Suspicion was, therefore, immediately directed towards the school meals, and all those engaged in the canteen were interviewed, but without eliciting any significant facts.

All these persons were co-operative and agreed to provide specimens for bacteriological examination, but in each case the result was negative on two occasions. Helpers who served the meals were also examined, with negative results. Samples of dried egg and dried milk were submitted to the laboratory, again with negative results.

The only conclusion which could be reached was that some infected article of food had initiated the outbreak and that it was being perpetuated by direct spread from one child to another.

All doctors practising in the area were notified of the outbreak.

The parents of all children in the school were informed, by letter, of the epidemic and were instructed to keep at home any child who had diarrhoea and to call in the doctor.

Investigation of the sanitary accommodation in the school showed that it was very inadequate, particularly in the infant department, for the numbers of children using it. It was also, in my opinion, at an unreasonable distance from the infant department, and the numbers of wash-hand basins were too small to allow of any attempt being made to train the children in personal hygiene. In consequence of this state of affairs, many of the W.C. seats were soiled and the direct transmission of infection between children was practically certain.

Inquiries were made at other schools and it was found that cases were beginning to occur in one modern school and the infant department of another.

Parents of all children in the affected departments were notified of the situation and were instructed as to appropriate action. A number of the cases which occurred in these other schools had connections with children attending the first affected school.

Caretakers at the schools were most helpful and co-operative when there was pointed out to them the need for particular care in cleaning lavatories and W.C.s, and all agreed to use adequate quantities of disinfectants and to do their best to keep all fittings clean. This resulted in a great improvement in the cleanliness of the sanitary accommodation, particularly that used by the infant department of the original school.

Representations were made to the County Medical Officer concerning the inadequate accommodation and an assurance was received that the Education Authority had already made financial provision for improvements to be carried out at an early date.

The last case was notified on 8th April, and the epidemic subsided when the scohols closed for the Easter holidays.

In all, 53 cases were notified between 29th February and 8th April, but there can be no doubt that many more cases did, in fact, occur, particularly before the date of the first notification.

ACUTE ANTERIOR POLIOMYELITIS

One case was notified.

The patient was a boy of 16 months and no contact with any other case could be discovered. The child was not very acutely ill, but he developed a paralysis of one arm.

SCARLET FEVER

The number of notifications increased to 41 in 1952, but the disease continued to be mild in character and no deaths occurred.

MEASLES

A major epidemic of Measles occurred in 1952. This was in accordance with the recognised periodicity of Measles since the previous major epidemic occurred in 1948.

During the first four months of the year only 3 cases were notified; during the next five months 86 cases were notified; and in the last three months 343 cases, making a total of 432 cases. All except 4 cases were below the age of 10 years, and the majority were below school age.

There were no deaths.

WHOOPING COUGH

The number of cases, 28, was exactly the same as in 1951.

PNEUMONIA

There were 14 cases of notified Pneumonia during the year, and 11 persons died of the disease, but it should be pointed out that these two figures are in no way related. None of the notified cases died of Pneumonia, and none of those who died had been previously notified.

DIPHTHERIA

It is pleasant to be able to record that Diphtheria remained absent from the community for the third successive year. For the sixth consecutive year no death has occurred from this cause.

The following table shows the notifications and deaths in the past 20 years:—

	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Cases ..	15	196	115	56	32	175	179	8	5	12	18	34	197	76	9	5	1	—	—	—
Deaths	2	3	4	—	3	5	4	—	1	2	2	2	4	3	—	—	—	—	—	—

DIPHTHERIA IMMUNISATION

During 1952 there were treated for the first time, at Child Welfare Centres, at the schools and by private doctors, 380 pre-school children and 16 school children. In addition, 281 children received re-inforcing injections.

It is estimated that at 31:12:52 a total of 1,477 pre-school and 4,289 school children had completed a course of treatment at some time.

This represents 59.98% of pre-school and 86.45% of all children under the age of 15 years.

The response to the immunisation campaign remains good, but continued effort is needed to increase the numbers of pre-school children treated.

The following table, supplied by the Ministry of Health and the Registrar-General, shows that the decline of Diphtheria in England and Wales was maintained in 1952.

TOTAL OF DEATHS AND NOTIFICATIONS IN THE PAST 12 YEARS

Year	Deaths	Cases (original uncorrected)	Corrected
1941	2,641 ...	50,797 ...	—
1942	1,827 ...	41,404 ...	—
1943	1,371 ...	34,662 ...	—
1944	934 ...	(29,949) ...	23,199
1945	722 ...	(25,246) ...	18,596
1946	472 ...	(18,283) ...	11,986
1947	244 ...	(10,465) ...	5,609
1948	156 ...	(8,035) ...	3,575
1949	84 ...	(4,971) ...	1,890
1950	49 ...	(2,833) ...	962
1951	34 ...	...	699
1952	31 ...	...	375

The average annual number of deaths for the ten-year period 1931/40 was 2,800.

The following table, which uses figures from the Registrar-General's return S.D. 55, shows the comparative figures of notifications of certain infectious diseases in England and Wales, the 160 smaller towns, and Ashington.

Disease	Cases Notified in the District	Rate per 1,000 of the population: Ashington	160 Smaller Towns	England & Wales
Scarlet Fever	41 ...	1.44 ...	1.58 ...	1.53
Paratyphoid Fever ...	— ...	— ...	0.03 ...	0.02
Erysipelas	2 ...	0.07 ...	0.12 ...	0.14
Pneumonia	14 ...	0.49 ...	0.62 ...	0.72
Measles	432 ...	15.17 ...	8.49 ...	8.86
Whooping Cough	28 ...	0.98 ...	2.57 ...	2.61
Meningococcal Infections .	1 ...	0.035 ...	0.03 ...	0.03
Poliomyelitis Non-Paralytic	— ...	— ...	0.02 ...	0.03
Poliomyelitis Paralytic ...	1 ...	0.035 ...	0.06 ...	0.06

TUBERCULOSIS

NEW CASES AND MORTALITY DURING 1952

	New Cases				Deaths			
	Resp.		Non-Resp.		Resp.		Non-Resp.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	—	—	—	—	—	—
1 - 4 years	—	—	—	1	—	—	—	—
5 - 14 years	—	1	2	1	—	—	—	—
15 - 24 years	—	5	1	—	1	—	—	—
25 - 34 years	3	1	—	1	—	—	—	—
35 - 44 years	2	—	—	1	—	1	—	—
45 - 54 years	2	2	—	—	2	—	—	—
55 - 64 years	1	—	—	—	1	—	1	—
65 years and over	1	—	—	—	1	—	—	—
Total ...	9	9	3	4	5	1	1	—

Case Rate of Respiratory Tuberculosis — 0.63 per 1,000 of the population.

TUBERCULOSIS

Notifications of Tuberculosis totalled 18 Respiratory and 7 Non-Respiratory, compared to 31 and 5 respectively in 1951. There were 6 deaths from Respiratory Tuberculosis and 1 from Non-Respiratory Tuberculosis.

DEATH RATE FROM TUBERCULOSIS

In Ashington — 0.25 per 1,000 of the population.
In 160 Smaller Towns (25,000 - 50,000) — 0.22 per 1,000 of the population.
In England and Wales — 0.24 per 1,000 of the population.

Deaths of notified cases	6
Deaths of non-notified cases	1
Total Deaths from Tuberculosis	7

MORTALITY FROM MALIGNANT NEOPLASMS

Site	MALES													FEMALES							
	5 - 9	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 +	Total	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 +	Total
Brain	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Eyeball	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Jaw	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Larynx	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—
Pharynx	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
Bronchus	—	—	—	—	1	1	1	3	3	1	—	—	10	—	—	—	1	—	—	1	2
Oesophagus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Breast	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Stomach	—	—	—	—	—	—	1	—	3	—	1	2	7	—	—	—	—	3	—	—	3
Small Bowel	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—
Pancreas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2
Mesentery	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Colon	—	—	—	—	—	—	1	—	—	—	—	3	4	—	—	—	—	—	—	1	1
Rectum	—	—	—	—	—	—	—	—	—	1	1	—	2	—	—	—	—	—	—	—	—
Bladder	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
Penis	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Ovary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	3
Cervix	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	3
Vulva	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Bone (Arm)	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Lymphatic and blood-forming tissues	—	—	—	—	—	—	1	—	—	1	—	—	2	1	—	—	—	—	—	—	1
Total	1	1	—	1	1	2	5	3	6	3	4	7	34	2	3	2	4	6	—	3	20

Death Rate from Malignant Neoplasms — 1.9 per 1,000 of the population.

VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1952. Provisional figures based on Quarterly Returns

	England and Wales	160 County Boroughs and Great Towns (including London)	160 Smaller Towns (Resident Population 25,000-50,000 at 1951 Census)	London Administrative County
Births	**Rates per 1,000 Home Population**			
Live Births	15.3	16.9	15.5	17.6
Still Births	0.35	0.43	0.36	0.34
	22.6 (*a*)	24.6 (*a*)	23.0 (*a*)	19.2 (*a*)
Deaths				
All Causes	11.3	12.1	11.2	12.6
Typhoid and paratyphoid	0.00	0.00	0.00	—
Whooping Cough	0.00	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.00
Tuberculosis	0.24	0.28	0.22	0.31
Influenza	0.04	0.04	0.04	0.05
Smallpox	0.00	—	—	—
Acute poliomyelitis (incl. polioencephalitis)	0.01	0.01	0.00	0.01
Pneumonia	0.47	0.52	0.43	0.58
Notifications (Corrected)				
Typhoid Fever	0.00	0.00	0.00	0.00
Paratyphoid Fever	0.02	0.02	0.03	0.01
Meningococcal infection	0.03	0.03	0.03	0.02
Scarlet Fever	1.53	1.75	1.58	1.56
Whooping Cough	2.61	2.74	2.57	1.66
Diphtheria	0.01	0.01	0.03	0.01
Erysipelas	0.14	0.15	0.12	0.14
Smallpox	0.00	0.00	0.00	—
Measles	8.86	10.11	8.49	9.23
Pneumonia	0.72	0.80	0.62	0.57
Acute poliomyelitis (incl. polioencephalitis)				
Paralytic	0.06	0.06	0.06	0.06
Non-paralytic	0.03	0.03	0.02	0.03
Food Poisoning	0.13	0.16	0.11	0.18
Puerperal pyrexia	17.87 (*a*)	23.94 (*a*)	10.22 (*a*)	30.77 (*a*)
Deaths	**Rates per 1,000 Live Births**			
All causes under 1 year of age	27.6 (*b*)	31.2	25.8	23.8
Enteritis and diarrhoea under 2 yrs. of age	1.1	1.3	0.5	0.7

Maternal Mortality in England and Wales

	Intermediate List No. and Cause	Number of Deaths	Rates per 1,000 Total (Live and Still Births	Rates per million women Aged 15-44
A115	Sepsis of pregnancy, childbirth and the puerperium	61	0.09	—
A116	Abortion with toxaemia	13	0.02	1
A116	Other toxaemias of pregnancy and the puerperium	147	0.21	—
A117	Haemorrhage of pregnancy and childbirth	59	0.09	—
A118	Abortion without mention of sepsis or toxaemia	31	0.04	3
A119	Abortion with sepsis	47	0.07	5
A120	Other complications of pregnancy, childbirth and the puerperium	138	0.20	—

(*a*) Per 1,000 Total (Live and Still) Births.
(*b*) Per 1,000 related live births.