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HOLYWELL
RURAL DISTRICT COUNCIL.

ANNUAL REPORT

OF THE

Medical Officer of Health.

1949.

Williams, Printers, Holywell.

HOLYWELL RURAL DISTRICT COUNCIL.

TO THE CHAIRMAN AND MEMBERS OF THE
HOLYWELL RURAL DISTRICT COUNCIL.

Ladies and Gentlemen,

I have pleasure in presenting to you my report on the health of the Rural District of Holywell for the year ended December 31st, 1949.

I wish to acknowledge the help given by the Senior Sanitary Inspector in the preparation of Sections C. D. & E of this report and to the Deputy Water Engineer for his contribution to Section C.

Finally I should like to express my thanks to you as a Council and to your officers for the assistance given to me throughout the year.

I have the honour to be,

Mr. Chairman, Ladies & Gentlemen,

Your obedient Servant,

(Signed) T. W. BRINDLE,
Medical Officer of Health.

ANNUAL REPORT, 1949.

As over a year has passed since my appointment as Medical Officer of Health to the four Local Authorities comprising the Central Area of Flintshire, and Assistant County Medical Officer of Health, this report presents a suitable opportunity to comment briefly on the working of this joint arrangement.

A central executive office has been established in Mold at the Urban Council Offices and the part-time services of a secretary-typist have been secured. This office serves the local authorities in the Central Area for administrative purposes. A weekly routine visit is paid by the Medical Officer to the Health Office of each authority. At this visit I am available for interview by anyone so desiring and also for discussion and consultation with the Sanitary Inspector.

In my opinion, the greatest gain resulting from the joint appointment is the increased co-ordination which is provided by the County Council on the one hand and the local authorities on the other. By virtue of his appointment as an Assistant County Medical Officer, the District Medical Officer of Health acts as an Assistant School Medical Officer in his own area and is in close contact with the Maternity and Child Welfare Service, Immunisation Services, etc. This affords him added opportunities to esttablish personal contact with residents of the area and to increase his knowledge of the social conditions in the district. As the responsibility for immunisation has (since 5th July, 1948) passed entirely to the County Council it is fortunate that this dual appointment enables the District Medical Officer to continue to take a part in this important preventive work. Already on matters affecting health there is excellent co-operation between County Officials and District Officials. It may be that, in the future, by delegation of powers in day to day administration of services under Part 111 of the National Health Services Act, 1946, to divisional committees covering areas identical with the present county divisions and advised by the District Medical Officer (Divisional Medical Officer) even closer co-operation could be obtained.

Grave concern has been expressed by many at the deepening division which seems to exist between the general practitioner service, the hospital service and the public health service.

It does appear that the District Medical Officer has a most important part to play in the co-ordination of the various health services, since he is the man 'on the spot'—in close contact with the people using the services, with the general practitioners in his area, with the local health authority, and with the District Council.

As is inevitable in the present circumstances, a large part of one's time has been occupied with problems concerning housing. No one who has seen the deplorably overcrowded and insanitary conditions under which numbers of our people are condemned to live can remain unmoved. These conditions not only undermine public health but also inevitably help to lower moral standards, and strike a heavy blow against our social structure. As Medical Officer of Health, one feels at times powerless and hopeless when asked to assist to improve living conditions, and one is amazed at the patience with which the large majority of people tolerate their hardships. The importance of the provision of good housing conditions in the prevention of ill-health was stressed by the Right Hon. The Earl De La Warr in his Presidential Address to the Health Congress at Eastbourne, when he pointed out that "In 1949, Exchequer and personal payments amounted to over £450 millions for the National Health Scheme and, during the same period, the sum of £9 millions was allowed for subsidising new permanent houses and just over £6 millions for school health services." Any further extensions of our social services should take second place to the provision of houses, and the provision of new school buildings appears to be of secondary importance when compared to the provision of new houses. One can only express the hope that, both nationally and locally, the provision of homes for the people will be treated as the most urgent problem confronting us and that consideration will be given to every possible means available, including the purchase of existing houses and the conversion of existing houses to flats, etc. The fullest possible use should also be made of powers under the Housing Act, 1949. In view of the urgency of the present position the building of terrace type houses and a proportion of smaller houses cannot be overlooked, for the problem is not only to provide an adequate number of houses, but to provide them at a reasonable rent.

During the year, the Clwyd and Deeside Hospital Management Committee have decided to close the well-equipped and long-established infectious disease hospital at St. Asaph. Accommodation for cases of infectious diseases is to be provided at three smaller hospitals within the area of the Committee.

Although the number of cases admitted to this type of hospital has decreased in recent years we cannot yet assume that we shall remain free from serious outbreaks of infectious illness in the future. The increased prevalence, for example, of infantile paralysis in recent years should serve as an effective warning in this direction. I should like to place on record regret at this decision. It is a somewhat anomalous position that the local authorities—whilst retaining their responsibility for the control of infectious diseases—should no longer have control of infectious disease hospitals, and should have no voice in determining policy in regard to numbers of beds, admission, etc.

It is felt that a closer link with the Hospital Services could be established if the District Councils could be represented through their Medical Officers on the Hospital Management Committee.

I should also like to draw attention to the great difficulty experienced in this area, in common with many other parts of the country, in obtaining satisfactory hospital accommodation for aged persons suffering from chronic illness and, on occasion even acute illness. This is causing considerable hardship to such persons and their families. It is hoped that more adequate provision will be made in the near future.

As from 1st October, 1949, new legislation has modified the duties of local authorities in relation to the supervision of milk supplies. The local authority is responsible for the registration of all persons carrying on the trade of distributor in their district and of all premises within their district which are used as dairies, not being dairy-farms. The local authority is also responsible for the provisions which apply to diseases which are communicable to man by the consumption of milk. Lastly, the local authority are responsible for supervising the conveyance and distribution of milk.

The increased number of cases of food-poisoning now notified throughout the country has drawn attention to the urgent need for improving our standards of hygiene in relation to food handling, and considerable efforts have been made to secure improvement in this direction and a Clean Food Campaign has been launched.

The aims of this campaign may be divided into two parts, the first being to improve the conditions of premises so as to conform with the requirements of Section 13 of the Food and Drugs Act, 1938, and the second and more difficlt being to improve the general methods of food handling.

There are special difficulties in regard to retail distribution of unwrapped foodstuffs, and the only satisfactory sulution of this problem would appear to be the insistance on all food being wrapped before delivery commences.

As a first step, circulars and a letter have been addressed to all food handlers pointing out the need for effort on their part and appealing for their co-operation. Sanitary Inspectors have increased their efforts in the direction of inspections and, by informal chats on the occasions of these visits, have sought to secure the interest and voluntary co-operation of food handlers. Plans for the future include meetings to which food handlers will be invited to see Ministry of Information films, to listen to short talks, and to enter into discussion concerning this problem. But I feel that, in spite of all the improvement which can be effected by these campaigns, it is the general public by their insistence on a high standard from their own tradesmen who can do most to bring about a rapid and permanent improvement. As a long-term policy the part played in schools cannot be over-emphasised. With the majority of children taking school-meals, the opportunity for practical health education in hygienic methods of food preparation and serving are enormous and the effects should be far reaching.

SECTION A.

SOCIAL CONDITIONS INCLUDING CHIEF INDUSTRIES.

There is no change of importance to report under this heading since the last report. The employment rate remains high.

Area in Acres : 58,550.

Population (Registrar General's estimate)

Mid year, 1949—21,920.

1948—21,840.

Number of inhabited houses : 6,701.

Rateable Value : £79,923.

Product of a Penny-Rate : £335/16/1.

VITAL STATISTICS.

These are presented in Tabular form. For purposes of comparison, figures for last year are given, and where appropriate, the rates for England and Wales as a whole are given.

TABLE I.

BIRTHS.

LIVE-BIRTHS.

	Males	Females	Total
Legitimate	177	139	316
Illegitimate	7	13	20
Totals	184	152	336

Live-Birth Rate per 1,000 Population :

1949 — 15.33

1948 — 17.31

England & Wales : Live-Birth Rate per 1,000 Population :

1949 — (Provisional) 16.7

1948 — 17.8

It will be seen that there has again been a fall in the Birth Rate as compared with the previous year. This is in keeping with the National trend.

TABLE II.

STILL-BIRTHS.

	Males	Females	Total
Legitimate	7	1	8
Illegitimate	1	—	1
Totals	8	1	9

Still-Birth Rate per 1,000 total Live & Still-Births.

1949 — 26.08

1948 — 33.24

Still-Birth Rate per 1,000 Population :

1949 — 0.41

1948 — 0.60

England & Wales. Still-Birth Rate per 1,000 Population :

1949 — (Provisional) 0.39

1948 — 0.42

TABLE III.

DEATHS (GENERAL) RATE.

	Males	Females	Total
All ages (All causes)	...133	... 147	... 280

Death-Rate per 1,000 population :

1949 — 12.77

1948 — 12.23

England & Wales. Death-Rate per 1,000 population.

1949 — (Provisional) 11.7

1948 — 10.8

It will be noted that in common with the country as a whole there has been a slight increase in the Death-Rate as compared with that for 1948. Also it will be noted that the crude death-rate for the year 1949 is in excess of that for the country as a whole. However, in order to allow for the difference in the composition of the population in various districts as to age, sex, etc., the Registrar General gives an Area Comparability Factor for each district. The use of this factor enables a more accurate comparison to be made between the death-rates for any districts. That for the Holywell Rural District is 0.88 and the use of this factor converts the death-rate from 12.77 to 11.24.

TABLE IV.

DEATHS (General) ANALYSIS.

Cause of Death.	M.	F.	Total	Rate per 1000 population
Tuberculosis (Respiratory System) ...	6	4	10	0.46
Tuberculosis (Other)	1	1	2	0.09
Influenza	4	2	6	0.27
Cancer Bucaal & Oesophagus ...	—	3	3	0.14
Uterus (F)				
Cancer Stomach & Duodenum	4	6	10	0.46
Cancer all other sites	18	11	29	1.32
Diabetes	0	2	2	0.09
Intra Cranial Vascular Sesions ...	14	27	41	1.87
Heart Diseases	35	51	86	3.92
Other Diseases of Circulatory System...	7	6	13	0.59
Bronchitis	6	5	11	0.50
Pneumonia	8	5	13	0.59
Other Respiratory Diseases	3	0	3	0.14
Ulcer Stomach or Duodenum	1	1	2	0.09
Diarrhoea (Under 2 years)	—	—	—	—
Appendicitis	1	—	1	0.05
Other Digestive Diseases	3	2	5	0.23
Nephritis	2	2	4	0.18
Puerperal and Post Abortive Sepsis ...	—	1	1	0.05
Other Maternal Causes	—	—	—	—
Premature Births	1	3	4	0.18
Congenital Malformations, Births ...	2	2	4	0.18
Injuries and Infantile Diseases ...				
Suicide	1	—	1	0.05
Road Traffic Accidents	—	—	—	—
Other Violent Causes	3	3	6	0.27
All Other Causes	13	10	23	1.05
Total	133	147	280	12.77

TABLE V.

DEATHS : MATERNAL CASES :

Puerperal Sepsis	...	1
Other Maternal Causes	...	—
Total	...	1

As it will be seen there has been one death attribute to child birth during the year.

TABLE VI.

DEATH-RATES (INFANTILE).

i.e., Infants under 1 year of age.

	Males	Females	Total
Legitimate	6 ...	5 ...	11
Illegitimate	— ...	2 ...	2
Totals	6 ...	7 ...	13

Infantile Death-Rate per 1000 live-births :

1949 — 38.69
1948 — 23.80

Infantile Death-Rate of Legitimate babies per 1,000 legitimate births :

1949 — 38.81
1948 — 22.70

Infantile Death-Rate of Illegitimate babies per 1,000 illegitmiate births :

1949 — 100
1948 — 38.50

England and Wales : Infantile Death-Rate per 1,000 live-births.

1949 (Provisional) — 32
1948 — 34

There has been an increase in the infantile death-rate as compared with 1948. Reference to Table IV shows that four of these deaths occurred as a result of premature birth and draws attention to the importance of the provision of special care for these infants.

However, against this increase in the number of Infantile Deaths (especially premature infants) must be offset the decrease in the number of still-births 9 as against 13 in 1948. It is difficult to draw an absolute distinction between still-births and infantile deaths and sound arguments can be advanced for considering these two items together. If this is done it will be seen that the total still-births and infantile deaths for 1949 is 22—a figure which is identical with the combined total for 1948.

SECTION B.

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY :

(a) MEDICAL OFFICER OF HEALTH:

I. Phillippine Nelis, L.R.C.P. & S.I,, D.P.H., to February 28th, 1949.

T. W. Brindle, M.B., Ch.B., D.P.H., from March 1st, 1949

(b) SANITARY INSPECTORS (Whole time) :

D. O. Meredith Jones, C.R.S.I., M.S.I.A.

F. G. Perry, C.R.S.I., M.S.I.A.

(c) WATER ENGINEER :

L. Darrall, A.M.I. Mun. E

LABORATORY FACILITIES :

The officials continued to make use of the service provided by the Public Health Laboratory at Conway.

AMBULANCE FACILITIES :

Provided by the Local Health Authority (Flintshire County Council). There is no ambulance stationed in the district. The ambulances stationed at Mold, Flint, Holywell and Prestatyn are available for residents in the adjoining districts of the Rural District, and sitting case cars are available by arrangements made with the County Council Welfare Officers.

HOME HELP SERVICE :

This is provided by the Local Health Authority.

NURSING IN THE HOME AND DOMICILLIARY MIDWIFERY :

The Local Health Authority are responsible for providing these services.

TREATMENT CENTRES AND CLINICS :

TUBERCULOSIS : Clinics are available in Rhyl, Queensferry, Holywell and Wrexham.

ANTE NATAL, INFANT WELFARE, SCHOOL CLINICS :

These clinics are provided by the Flintshire County Council.

HOSPITAL SERVICES :

The provision of hospital beds is the responsibilitity of the Clwyd and Deeside Hospital Management Committee. Patients from the Rural District are admitted into Cottage Hospitals in the areas immediately adjoining and also into hospitals in areas further afield, notably in Chester and Liverpool.

SECTION C.

WATER SUPPLY:

The year 1949-50 was a testing time for most Local Authorities owing to the dry winter followed by a long period of drought during the summer months. The rainfall for the years 1948 and 1949 are given below :—

May,	1948	.96	May,	1949	2.18
June	1948	3.61	June	1949	1.06
July,	1948	3.45	July,	1949	2.30
Aug,	1948	4.28	Aug,	1949	2.20
Sept,	1948	2.33	Sept.	1949	1.10
		14.63			8.84

Monthly average — 2.92 Monthly average — 1.77

During the summer months the pumping system worked to capacity. In spite of this there was a general decrease in pressure throughout the district. The demand on the pumping mains was increased owing to the inability of some of the local sources to supply the full daily needs of several parishes. There was, however, no acute shortage of water in any part of the district except in the coastal area of the parish of Llanasa but even in this area there was no complete breakdown of supplies.

The quality of water supplied was, on the whole, satisfactory, 60% of samples taken being Class I, 5%—Class II, 5%—Class III and 30%—Class IV. Of the Class IV samples only 4 contained faecal coli. The total number of samples taken was 40 and the above percentages expressed numerically are :—

Class I	24
Class II	2
Class III	2
Class IV	12

Water from the Garth and Mostyn sources has been dosed with chloros as a precautionary measure.

The water supply within the statutory area can be divided into two classes (1) soft water non-plumbo solvent (2) hard water obtained from local sources.

During the last 12 months the Council's water supply has been extended in the Gwernaffield and Mostyn areas to supply new Council Housing Estates. Mains have been relaid in

the Golch Farm Area, Wern-y-Gaer, Pant-y-Gof and Penrhyn. A new 4inch diameter main was laid from the Alwen Aqueduct to supply the new Cement Works at Cefn Mawr and houses in the surrounding district.

Below are given details relating to water supply within the area :

a)	Direct to Houses No. of houses 4,147	Population (estimated) 12,458.
b)	Standpipe supply No of houses 2,223	Population (estimated) 6,657

SEWERAGE AND SEWAGE DISPOSAL.

During the War years the Council's disposal works had to some extent fallen below the first class standard generally maintained, owing to the scarcity of material and lack of man-power. This lee-way is steadily being made good and during the year 1949 the Council spent a considerable sum of money on works of maintenance. The majority of the works are now in first class condition. Samples of effluent were taken and were satisfactory in every case. There have been no major extensions of sewers and many parishes are not sewered.

PUBLIC CLEANSING.

In April the Council put into operation a scheme of refuse disposal by direct labour for an area covering the parishes of Whitford, Llanasa, Newmarket, Gwaenysgor and Caerwys. Two lorries of 10 cubic feet capacity are in use for this purpose and nine men are employed full time with this work.

One lorry covers the lower or Deeside area, and the other lorry covers the upland area. The scheme has worked very satisfactorily after some labour difficulty in the lower area in the initial stages. The scheme is now working very satisfactorily and is far superior to the previous method of scavenging by contracts.

The remainder of the district is done on a contract basis. Generally the work has been satisfactorily carried out.

RIVERS AND STREAMS.

No complaints of any pollution of rivers and streams were received.

CAMPING SITES.

There are a number of camping sites in the area, chiefly in the coastal area of the parish of Llanasa. During the summer months there is a considerable influx of holiday

makers from the industrial towns of Lancashire and the Midlands.

These camping sites are visited regularly during the season and they maintain a fairly good standard of cleanliness.

Camping in this area has now become a business and is quite well organised by the owners of the sites, who have provided adequate water supply on the site, lavatory accommodation and refuse receptacles.

SMOKE ABATEMENT.

One complaint of smoke nuisance has been dealt with during the year. The matter was brought to the notice of the industrial company concerned, who have taken steps to prevent the nuisance arising.

ERADICATION OF BED BUGS.

No case of bug infestation was found during the year.

SCHOOLS.

Periodical visits were paid to all schools in the area. Sanitation in many of these is poor. The provision of pail closets for children leaves much to be desired.

SECTION D.
HOUSING:

Reference has already been made in the introduction of this report to the housing situation. Attention is again drawn to the fact that there is within the Rural District a large amount of sub-standard property which can only properly be dealt with by demolition. Because of present difficulties large scale action cannot be taken and in consequence many families are living in most insanitary conditions. In addition overcrowding is all too common and is particularly injurious when associated, as it is in several instances, with an active case of tuberculosis.

It is hoped that while the present acute housing shortage continues sympathetic consideration will be given, where necessary, to the possibility of re-housing the cases which are urgent for medical reasons, in parishes other than that in which the applicant is residing. Only by regarding the whole rural district as a unit for health purposes can satisfactory progress be made in re-housing those whose needs are most urgent.

A considerable amount of time is spent on housing inspections. All complaints received are attended to but in many instances it is not possible to appreciably improve the properties concerned, as they are in many cases of the type that should be dealt with in Clearance Areas or as individual unfit houses under the Housing Act, 1936.

Where Statutory Notices are served in respect of properties, these are followed up involving several re-visits, taking up a great deal of time in an area of approximately 58,000 acres.

Statutory Notices served during the year numbered 48. Legal proceedings were instituted in 4 cases and Court Orders were obtained.

During the year 34 local authority houses were completed and in addition 7 private houses were erected.

SECTION E.

MILK SUPPLY, COWSHEDS AND DAIRIES.

The cowsheds and dairies were visited regularly during the year.

A number of dairies and cowsheds have been improved structurally with regard to lighting and drainage.

SHOPS INSPECTION.

All shops in the area were visited during the year and the statutory provisions relating thereto were enforced.

A number of improvements were carried out to comply with Section 13 of the Food and Drugs Act, 1938.

All premises where food is prepared, offered or exposed for sale received a number of visits during the year. Leaflets were distributed to all food traders in an attempt to make them and their staffs conscious of the dangers arising from the bad handling of food. The response to the Departments efforts in this respect has been very good.

FACTORIES ACTS, 1937 and 1948.

PART 1 OF THE ACT.

TABLE VII.

INSPECTIONS.

	No. on Register.	Inspections.	Number of Written Notices.	Occupiers Prosecuted.
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities.	40	26	7	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	12	17	1	—
Total	52	43	8	—

CASES IN WHICH DEFECTS WERE FOUND.

	Found.	Remedied
Want of cleanliness (S.1)	1	1
Overcrowding (S.2)		
Unreasonable Temperature (S.3)		
Inadequate ventilation (S.4)	2	2
Ineffective drainage of floors (S.6)		
Sanitary Conveniences (S.7)		
(a) insufficient	1	1
(b) unsuitable or defective	3	3
(c) not seperate for sexes	2	2
Other offences against the Act (not including offences relating to Outwork)		
Total	9	9

PART VIII OF THE ACT.

OUTWORK NIL.

(SECTIONS 110 and 111).

SECTION F.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

TABLE VIII.—NOTIFIABLE DISEASES.

Name of Disease.	No of Cases Notified.	Admitted to Hospital.	Total Deaths.
Scarlet Fever	15	4	—
Whooping Cough	16	—	—
Measles	141	—	—
Diphtheria	1	1	—
Pneumonia	30	2	13
Erysipelas	4	1	—
Cerebo-Spinal Fever	1	—	—
Food Poisoning	1	—	—
Ophthalmia Neonatorum	1	—	—
Totals	210	8	13

TABLE IX.

ANALYSIS OF NOTIFIED INFECTIOUS DISEASES.

The Figures shown in Column 1 of the foregoing Table are analysed in age groups below :—

Diseases.	Number of cases notified as having occurred among persons of the ages immediately below specified.																	Total
	0...	1...	2...	3...	4...	5...	10...	15...	20...	35...	45...	65...						
Scarlet Fever	...	...	...	1...	2...	10...	1...	...	1...	...	...	...	...	...	...	...	...	15
Whooping Cough	4...	1...	3...	...	4...	4...	...	...	...	...	...	...	...	...	...	...	...	16
Measles	6...	13...	12...	16...	17...	60...	12...	...	4...	1...	...	...	...	...	...	...	...	141
Diphtheria	...	...	...	...	...	1...	...	...	...	...	...	...	...	...	...	...	...	1
Pneumonia	2...	1...	1...	...	1...	4...	...	...	2...	3...	11...	5...	...	...	...	...	...	30
Erysipelas	...	...	...	...	...	...	...	...	1...	1...	1...	1...	...	...	...	...	...	4
Cerebro-Spinal Fever	...	...	...	...	...	...	...	...	1...	...	...	...	...	...	...	...	...	1
Food Poisoning	...	...	...	...	...	...	...	...	...	1...	...	...	...	...	...	...	...	1
Ophthalmia Neonatorum ...	1...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Totals	13...	15...	16...	17...	24...	79...	13...	...	5...	6...	4...	12...	6...	...	...	...	...	210

As will be seen from the foregoing tables there was no serious outbreak of infectious illness during the year. The number of cases of measles shows an increase as compared with the previous year. There were no cases of infantile paralysis during the year. There was no large outbreak of food poisoning and during the year only one case of food poisoning was notified. There was one case of diphtheria.

TABLE X.—TUBERCULOSIS.

New Cases notified during the year, 1949.

Age Groups	Respiratory.		Non-Respiratory		Deaths. Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 ...			...				...	
1 ...		1	...				...	
5 ...	2	1	...	2			...	
15 ...	3	3	...				...	
25 ...	2	2	...			2	...	
35 ...	1	2	...			2	...	
45 ...	4		...		2		...	
55 ...	3	2	...		2		...	
65 ...	2		...		2		...	
All ages	17	11	...	2	6	4	...	

It will be seen that during the year there were 28 new cases of pulmonary tuberculosis notified :— One of these cases was in the services at the time of notification :—This compares with a total of 24 in 1948 and 25 in 1947. Deaths from pulmonary tuberculosis totalled 10. In 1948 there were 5 deaths from pulmonary tuberculosis and 12 in 1947.

In Table XI the notifications of pulmonary and non-pulmonary tuberculosis (cases transferred from other areas are not included) received in each year from 1934—1949 are shown. Fig.1. shows the notifications of pulmonary tuberculosis for each sex from 1934—1949 and Fig 2. shows the total notifications each year of pulmonary and non-pulmonary tuberculosis in both sexes during the same period. In Figs. 3 and 4, the age groups to which cases of pulmonary and non-pulmonary tuberculosis respectively, belonged at the date of notification during the period 1934—1949, are shown.

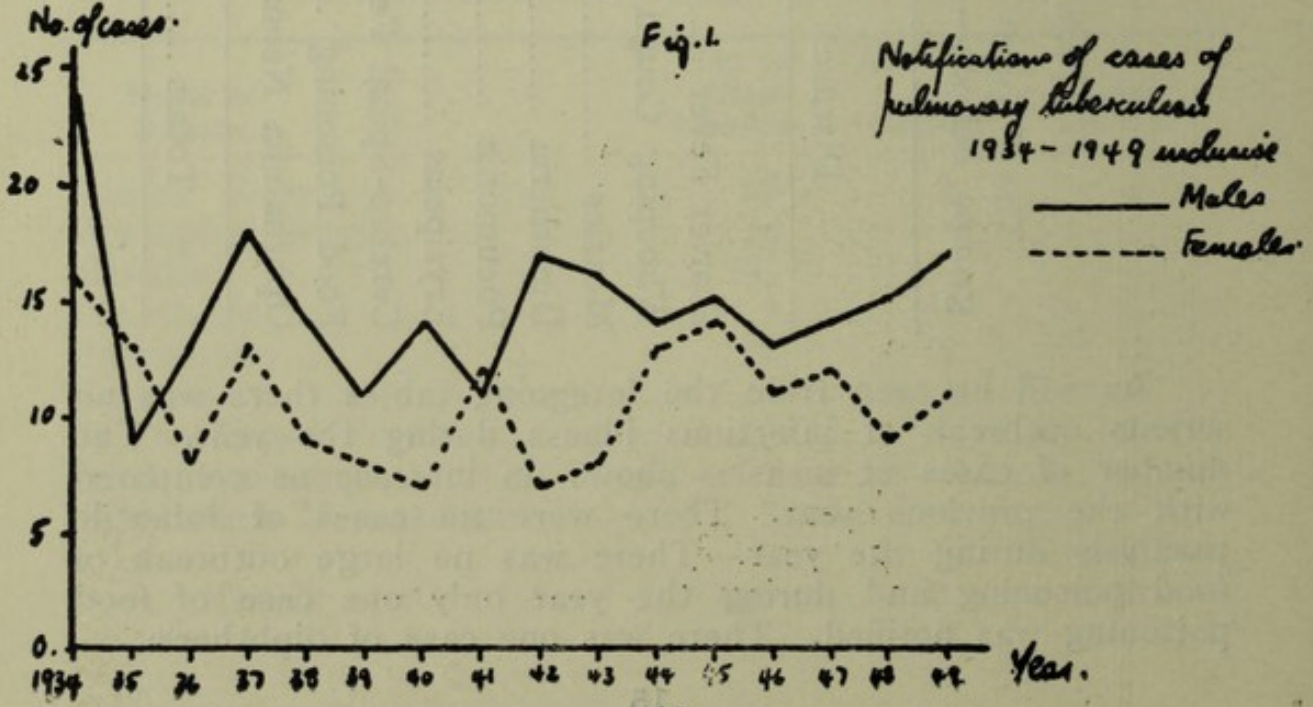
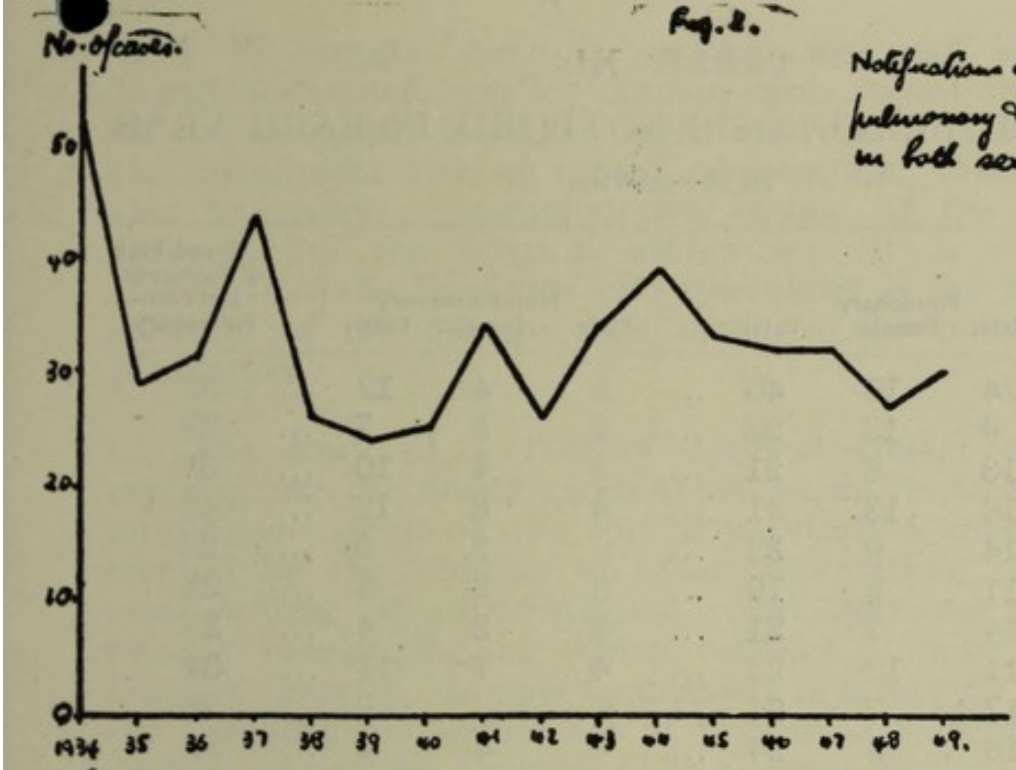
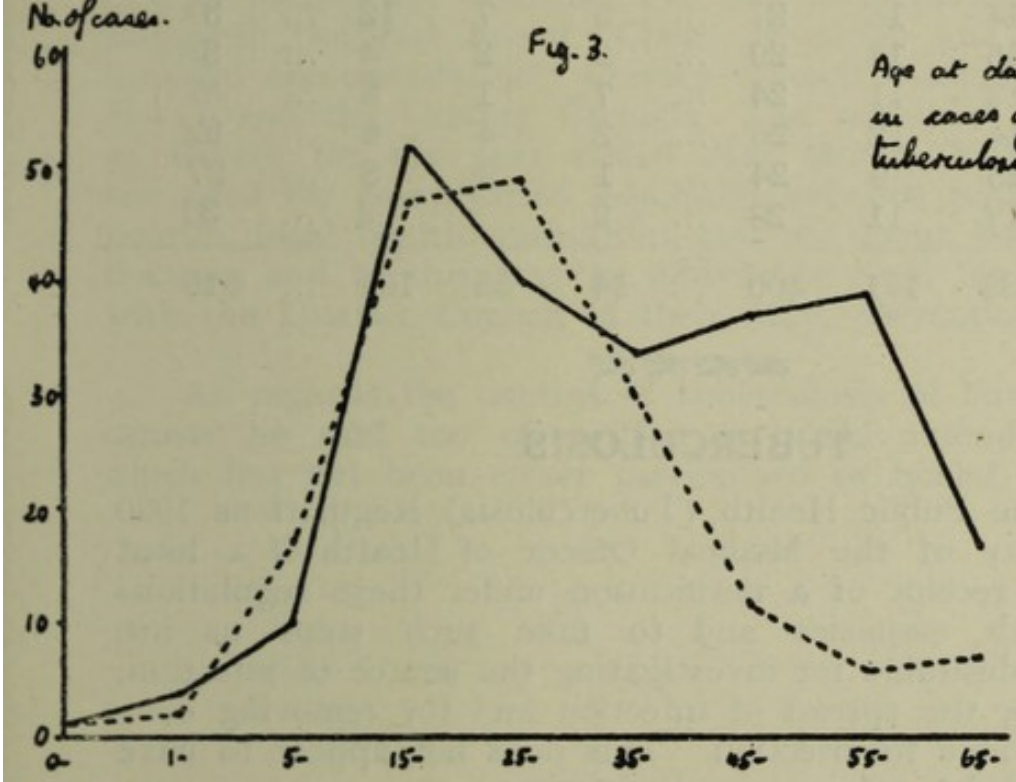


Fig. 2.



Notifications of tuberculous pulmonary & non-pulmonary in both sexes 1934-1949.

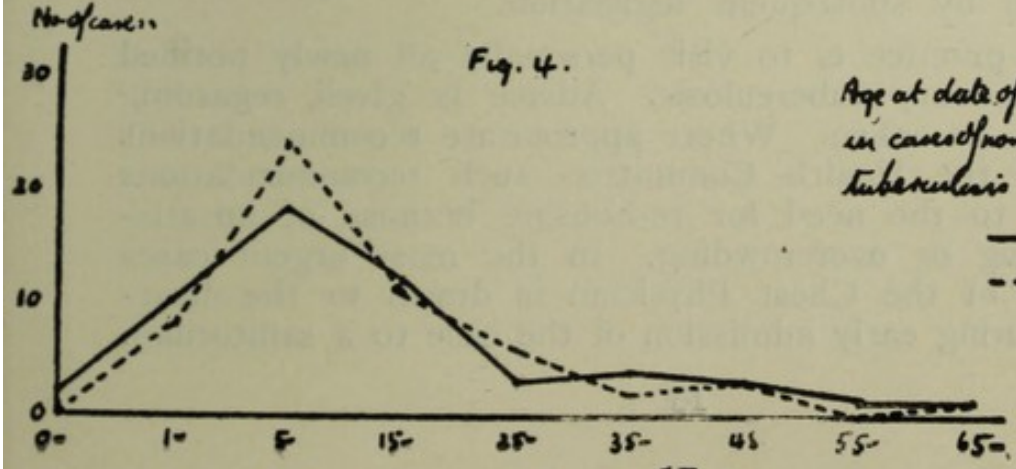
Fig. 3.



Age at date of notification in cases of pulmonary tuberculosis 1934-1949.

—— Males
- - - - - Females

Fig. 4.



Age at date of notification in cases of non-pulmonary tuberculosis 1934-1949.

—— Males
- - - - Females.

TABLE XI.

CASES OF TUBERCULOSIS NOTIFIED IN EACH YEAR 1934—1949.

	Pulmonary			Non-Pulmonary			Grand Total of Pulmonary and Non-Pulmonary.
	Male.	Female.	Total.	Male.	Female.	Total.	
1934 ...	24	16	40 ...	8	4	12 ...	52
1935 ...	9	13	22 ...	2	5	7 ...	29
1936 ...	13	8	21 ...	6	4	10 ...	31
1937 ...	18	13	31 ...	4	8	12 ...	43
1938 ...	14	9	23 ...		3	3 ...	26
1939 ...	11	8	19 ...	3	2	5 ...	24
1940 ...	14	7	21 ...	2	2	4 ...	25
1941 ...	11	12	23 ...	4	7	11 ...	34
1942 ...	17	7	24 ...	2		2 ...	26
1943 ...	16	8	24 ...	4	4	8 ...	32
1944 ...	14	13	27 ...	5	7	12 ...	39
1945 ...	15	14	29 ...	2	2	4 ...	33
1946 ...	13	11	24 ...	7	1	8 ...	32
1947 ...	14	12	26 ...	2	4	6 ...	32
1948 ...	15	9	24 ...	1	2	3 ...	27
1949 ...	17	11	28 ...	2		2 ...	30
Totals ...	235	171	406 ...	54	55	109 ...	515

TUBERCULOSIS.

Under the Public Health (Tuberculosis) Regulations 1930 it is the duty of the Medical Officer of Health of a local authority on receipt of a notification under these regulations to make such enquiries and to take such steps as are necessary or desirable for investigating the source of infection, for preventing the spread of infection and for removing conditions favourable to infection. This does not appear to have been modified by subsequent legislation.

My own practice is to visit personally all newly notified cases of pulmonary tuberculosis. Advice is given regarding precautions to be taken. Where appropriate recommendations are made to the Health Committee—such recommendations usually refer to the need for re-housing because of unsatisfactory housing or overcrowding. In the most urgent cases the attention of the Chest Physician is drawn to the desirability of securing early admission of the case to a sanitorium.

Lack of hospital beds for acute cases and some type of hostel accommodation for chronic cases means that at present all too frequently infectious cases are treated in the home with the consequent risk of spread of infection. The provision of this necessary accommmodation is one of the most urgent tasks facing the hospital authorities. It is only too well known that the incidence of tuberculosis is far higher among contacts of the disease than amongst the remainder of the population.

The work of a District Medical Officer of Health in carrying out the duties given above would be facilitated if the information given on the formal notification could be supplemented by the addition of other information. Also a divisional scheme of administration could overcome some of the present overlapping of duties between County Council and District Council. In this connection it is worthy of note that the following authorities are at present concerned with tuberculosis:—Executive Council, (The General Medical Practitioner), Regional Hospital Board (Chest Physician and provision of hospital accommodation), County Council, National Assistance Board and the District Council. The report of the Ministry of Health for the year ended 31st March, 1949 emphasises the need for co-operation especially between regional hospital boards, local health authorities and the great body of family doctors, and to this may be added the need for co-operation with the District Council in their duty, prevention, etc.

As regards the control of tuberculosis of bovine origin it cannot be said too often that no child should drink milk which has not been either pasteurised or boiled.