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WELSH BOARD OF CEIVE 2 1 JUL 1953

RUTHIN BOROUGH COUNCIL

Annual

HEALTH REPORT

1952

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Tel. 289

SANITARY INSPECTOR T. G. EVANS,

(Sanitary Inspector's Certificate of the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board Certificate of Sanitary Knowledge School of Hygiene University of Liverpool).

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To the Chairman and Members of the Finance and General Purposes Committee, Ruthin Borough Council.

Mr. Chairman and Gentlemen,

I have pleasure in presenting the Annual Report on the Health of the Borough during 1952.

Ruthin Borough is a member of the Western No. 2 Health Area and 50% of my time is taken up with duties in the whole area, the other 50% by the County for duties connected with School Medical Inspections, Maternity and Child Welfare Service, Examination of Mentally and Physically Handicapped Children, Immunisation against Diphtheria and Whooping Cough and Vaccination against Small-pox; also other work delegated by the County Medical Officer of Health, e.g. examination of school canteen cooks and helpers, examination of young persons who are entering various colleges or who are entering the service of the Denbighshire County Council as clerks, etc.

In February, office accommodation and clerical assistance were provided. The office is pleasantly accommodated in a room at the County Health Clinic at Denbigh. Although Denbigh would have been the most central position for the office when the area was to include the Aled Rural District, it is not the most central for the whole of the area now.

I would like to express my appreciation and thanks for the co-operation and assistance given to me at all times by the Chairman of the General Purposes Committee, the officials and office staff who have always been ready to give me any help I have asked for.

The report consists of various tables and I have reported on each of these under the appropriate headings.

Regarding housing, building on 82 houses has been commenced during the year. There is a long waiting list of tenants for houses, and during the year the Sanitary Inspector and I visited all those who had applied for houses and drew out a priority list. Keeping the list up-to-date is difficult as new names are added to the list frequently. When the 82 houses have been completed, overcrowding in the Borough will be greatly alleviated. The rents of the new council houses are high and on several occasions I have been asked whether something could be done about this. People want decent accommodation, yet they fear that money spent on food now will have to go on rent.

The water supply has been well maintained and each sample sent for bacteriological examination has been reported on as "Highly Satisfactory" — Ministry of Health Classification — Class I.

With regards the sewerage disposal, the sewerage farm has to be continually watched so that the risk of raw sewage entering the river is minimised. With the new housing estates and the extra load thus caused on the sewerage farm, consideration must be given in the near future to the whole question of sewerage disposal in the Borough.

Regarding school buildings, reports on the two primary schools have been sent to the School Medical Officer of Health. He has asked the County Sanitary Inspector to report to him on all the school premises in the County and this will enable him to have a clear picture of the state of the schools. He will then be able to advise the Education Committee which schools should go on the priority list for repairs. The N.P. Schools (Infants and Junior Mixed) are in a very bad state of repairs and are prejudicial to the health of the children. Something must be done to eradicate the gross dampness. There is gross overcrowding too, but this will probably improve when the children over 11 years of age are transferred to the multilateral school. At school, children should be taught elementary hygiene, but this is very difficult in schools where the buildings are old and delapidated and where there is insufficient bowls for washing and no water supply. Every effort should be made to give children living in the smaller towns and in the rural areas the facilities enjoyed in the new schools in the large towns.

Canteen facilities at the Council School are very poor. The food is cooked at the central kitchen and brought to the school in containers where it is eaten in the class-rooms. This is a poor arrangement, but it is better than no dinners being served at all. The washing-up of the crockery is carried out in the girls' cloak-room which is a very bad arrangement. Apart from the fact that the clothes get damp from the steam, germs in the air fall on the crockery, containers and draining boards.

GENERAL STATISTICS OF THE BOROUGH:

Area of Borough					2,016 acres
Registrar General's estimated	pop	ulation	(mid	1952)	3,583
Number of Inhabited Houses					1,067
Rateable Value					£21,853
Sum represented by Penny R	late				£84

COMPARABILITY FACTOR:

For	Births	 	 	 1.03
For	Deaths	 	 	 0.85

DEATHS:

The number of deaths registered during the year were 47, being 20 Males and 27 Females.

			England & Wales
	1951	1952	1952
Crude death rate (per 1,000 population)	12.58	13.1	27.6
Corrected death rate (per 1,000 pop.)	10.68	11.1	_
Still-birth rate (per 1,000 population)	0.54	0.83	0.35
Maternal Mortality rate	-		0.72
Infant Mortality rate (per 1,000 live births)	20.0	18.5	27.6

The following table shows the causes of death with the figures for 1951 shown for comparison:

s for 1991 shown for comparison		1951		-1952-	
- 1					Females
Tuberculosis: Respiratory		1	0	0	0
Other		0	0	0	0
Syphilitic Diseases		0	0	0	0
Diphtheria		0	0	0	0
Whooping Cough		0	0	0	0
Meningococcal Infections		0	0	0	0
Poliomyelitis		0	0	0	0
Measles		0	0	0	0
Malignant Diseases: Stomach		3	1	0	1
Lungs, etc.		0	0	0	0
Breast		1	0	0	0
Uterus		2	0	0	0
Other		4	5	4	1
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_	-	
TOTAL CANCER DEATHS		10	6	4	2
Leukaemia		0	0	0	ő
Diabetes		0	0	ő	0
Vascular Lesions of Nervous Syste	m · ·	6	13	3	10
Coronary Diseases		9	4	3	
Hypertension with Heart Disease		1	0	0	1
Other H. I. D.		7		0	0
0.1 0. 1. 7.		1	3	- 1	2
Tenfluoren		1	4	1	3
Proumonio		4	1	1	0
Pneumonia	11.	0	2	1	1
	**	2	4	1	3
Other Respiratory Diseases		4	.0	0	0
Ulcer of the Stomach, etc		0	1	0	1
Gastritis, Diarrhoea, etc		0	0	0	0
Appendicitis		0	0	0	0
Other Digestive Diseases		0	0	0	0
Nephritis		0	1	0	1
Prostatic Hyperplasis		0	2	2	0
Maternal Causes		0	0	0	0
Congenital Malformations		1	0	0	0
Other defined and ill-defined disea	808	6	5	2	3
Motor Vehicle Accidents		0	0	0	0
All other accidents		1	1	1	0
Suicide		0	0	0	0
Homicide		0	0	0	0
		_	_	-	_
ALL CAUSES		46	47	20	27
	1000	_	_	_	
			117		

The deaths occurred in the following age groups:

Under	l year		1
1-10	years		0
10-20	years		1
20-30	years		0
30-40	years		1
40-50	years		1
50-60	years		3
60-70	years		8
70-80	years		15
80-90	years		16
90 year	s and ove	er	1
			-
	To	otal	47
			_

40 of the deaths occurred in people of 60 years of age and over, the other 7 occurring in the age groups 0—60 years. Of the deaths, 24 were due to lesions of the heart and vascular system and 6 were due to cancer and these causes are often associated with the older age groups. 4 deaths were due to Bronchitis.

One death was due to Influenza and four to Pneumonia, but there was no death due to any of the other infectious diseases.

Nine other deaths were due to various diseases and there were no deaths due to road accidents. One accident was due to drowning.

It is gratifying to note that again there were no deaths from maternal causes, giving a maternal mortality of NIL.

There was one infant death and three still-births making a total of four infant lives lost. The still-birth rate is higher than in 1951 and higher than the rate for England and Wales but too much attention should not be paid to these figures as they have really little significance owing to the small number of deaths, It is difficult to tell whether these still-births were avoidable or not.

There was one infant death, giving a mortality rate of 18.5. This baby died at the age of 15 minutes and death was due to prematurity and insufficient vitality. The Health visitor followed up this case and states that death could not have been prevented by better ante-natal supervision. She did, however, report that she had advised regarding the cleanliness of the house. There appears to have been overcrowding here, but she was told by the mother that she could not afford the rent of a Council house at the present moment.

BIRTHS.

The number of births relating to the Borough were 54, being 26 Males and 28 Females.

								England & Wales	
						1951	1952	1952	
Crude Birth	rate	(per	1.000	popula	tion)	. 13.67	15.1	15.3	
Birth rate p							15.6	_	
						Males.	Females.	Total	
Legitimate						25	28	53	
Illegitimate						1		1	

INFECTIOUS DISEASES.

	1 At Ages						1					
Notifiable Disease		Total 1951	Total 1952	Under 1 year	1-5 years	6-15 years	16-25 years	26-45 years	46-65 years	65 yrs.& over	Ages	Admitted to Hospital
Dishthania		981	1	1						4		
Diphtheria		.:										
Erysipelas		1										
Scarlet Fever		1	1		1							
Enteric												
Cerebro Spinal Meningitis												
Pulmonary Tuberculosis		2	2				2					
Other form of Tuberculosis												
Dnoumonia		12	4	100	PS		1		1	1	1	
Mondon		12										
		12										
Poliomyelitis												
Puerperal Fever	• • •											
Dysentery												
Encephalitis												
Whooping Cough		16	16	3	10	3						
Meningococcal Infections												
TOTAL		44	23	3	11	3	3		1	1	1	

The above table shows the number of cases of infectious diseases notified during the year showing the age groups in which they occurred and the figures for 1951 are given for comparison.

During the year, 23 cases were notified (including tuberculosis) compared with 44 in 1951. There were no cases of diphtheria, erysipelas, enteric fever, meningococcal infections, cerebro-spinal fever, poliomyelitis, puerperal fever, encephalitis, dysentery or measles.

One case of scarlet fever was notified. As the case was very mild, it was not necessary to admit the child to hospital. No further cases were reported.

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There were 4 cases of pneumonia notified compared with 12 cases during the previous year.

One case of doubtful measles was notified. This was admitted to hospital where a change of diagnosis was made.

16 cases of whooping cough were notified which was the same as for 1951. Whether immunisation will reduce the number of cases, remains to be seen. It will be difficult to judge the effect of immunisation on this disease for some time as I feel that cases are not always notified. Cases of whooping cough have been brought to my notice by the Health Visitor and a member of the Council. The doctors in the Borough were contacted about these and in their reply they stated that often in the case of measles and whooping cough they are not called in by the parents because of the mildness of the disease. Also, immunisation and the various new drugs cause whooping cough to be atypical and diagnosis clinically is often very difficult. Publicity has been given to the fact that the head of the household should report any cases of infectious diseases occurring in the house, but only in two cases has this been done and both cases had been notified by the doctor in attendance.

TUBERCULOSIS.

Two cases of Pulmonary Tuberculosis were notified during the year which is the same as for 1951. Both cases were visited and advice regarding isolation, examination of contacts, etc., was given.

A Tuberculosis Health Visitor has been appointed for the Western Area of Denbighshire and she took up her duties towards the end of the year. She has an extensive district but I feel sure that her care and advice will be most helpful to people suffering from tuberculosis when she is able to visit all the cases.

There were no deaths from tuberculosis during the year. No cases of tuberculosis were reported to me as having been admitted to hospital or discharged from hospital during the year.

The number of cases on the Tuberculosis register for the Borough at the beginning and end of the year were as follows:

	Pulmonary.		Non-Pulmonary		
	Males.	Females.	Males.	Females	
Beginning of January, 1952	8	10	4	6	
End of December, 1952	12	11	3	ļ	

The discrepancy in these figures is due to the fact that the T.B. Register has been checked during the year with the register kept by the Tuberculosis Officer and the County Health Department. When the Health Visitor has had time to visit all the cases, some of these names may be taken off.

The Public Health (Tuberculosis) Regulations 1952 revoke and replace the Public Health (Tuberculosis) Regulations 1930. The regulations no longer require a Medical Officer of Health to keep a register of patients notified as cases of tuberculosis, but a register is being kept for the Borough as in the past. The 1930 regulations provided for information to be sent to the Medical Officer of Health of a tuberculosis patient entering or leaving a sanatorium or hospital, but this is omitted from the present regulations, but this information is occasionally received. The information that a patient has entered a hospital or sanatorium is very useful as the Sanitary Inspector is able to visit the home for disinfection purposes.

The Mass Radiography Unit did not visit the Borough during the year.

The bodies predominantly responsible for the prevention, care and after-care of a tuberculosis patient are the County Councils and County Borough Councils under Section 28 of the National Service Act, 1936. At the same time Borough and District Councils have statutory functions as Sanitary Authorities under the Public Health Acts, or as Housing Authorities. All cases of tuberculosis notified have been followed up by the Sanitary Inspector or myself and advise has been given regarding prevention, disinfection of rooms, bedding, etc. Any contacts have been advised to attend the Chest Physican for a check-up and the names of children in the family have been sent to the County Medical Officer of Health so that these can be referred as contacts and followed up at school medical inspections. Help in checking the spread of tuberculosis is also needed from the Hospital Service. The Physicians in charge of the Chest Clinic have been most co-operative in this area and have given a great deal of help in tracing patients and any information I required has been willingly given.

PREVENTION OF INFECTIOUS DISEASES.

Immunisation against diphtheria and whooping cough is carried out by the various general practitioners and at the clinics. Mothers are still anxious to have this carried out. During the summer, inoculations were discontinued because of poliomyelitis cases in the adjoining areas.

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The number of cases immunised against whooping cough and diphtheria during the year were as follows:

Diphtheria:

Number	immunised under 5 years	 7
Number	immunised over 5 years	 10
Number	given Booster doses	 3

Whooping Cough:

Number	immunised	under 5 years	 5
Number	immunised	over 5 years	 NIL

Combined doses of Diphtheria and Whooping Cough Vaccine:

Number	immunised	under	5 years	 23
Number	immunised	over 5	years	 NIL

Most children are immunised before the first birthday against whooping cough and diphtheria at the same time as this means only three injections, whereas to give them separately means five injections. Booster doses are given before the child attains the age of 5 years. Booster doses were also given against diphtheria at 10 years of age, but this has been discontinued during the latter part of the year.

Vaccination. Mothers seem more anxious to have their babies vaccinated against small-pox than they were last year. This is carried out by the patient's own doctor and also at the clinics. The following figures show the number of vaccinations carried out during the year:

Number of Primary Vaccinations		57 7
The re-Vaccinations were mostly carried	d out on	persons going
abroad. (The above figures were supplied by Department).	the C	ounty Health

PROVISIONS OF HEALTH SERVICES IN THE BOROUGH.

Laboratory Services:

The Public Health Laboratory is at Conway and specimens are sent here for examination and diagnosis. Water, milk and ice-cream samples are also sent here for examination.

Ambulance Services:

The Ambulance Service is controlled by the County Medical Officer of Health and details of the service will be found in his Annual Report.

Western Area No. 2 has an ambulance station at Denbigh, Ruthin, Cerrig, Llangerniw and Llanrwst, with one ambulance at each station, making a total of 5 for the area. Each station is manned by voluntary personnel. To supplement the ambulances, use is made of voluntary drivers of the W.V.S. Hospital Car Service and local taxi proprietors for the conveyance of sitting cases. Ambulances to transport infectious diseases are sent from the hospitals concerned at Wrexham and Colwyn Bay.

Mental Health Services:

A full report of this service will be found in the County Medical Officer of Health's Annual Report.

Ante-Natal Clinics:

These are held on the 2nd and 4th Monday afternoons in the month. Both the Borough and the Rural population attend this clinic.

The number of patients who attended during the year were as follows:

First Visits ... 14
Re-visits ... 44
Gynaecology ... 1

The clinic is not well supported as doctors in the area prefer to undertake the ante-natal supervision of their own patients. A consultant clinic held at Denbigh once every fortnight is used by patients from this area. Owing to poor attendances at the Ruthin Clinic, the County Medical Officer of Health is considering holding the clinic only once a month or discontinuing the clinic altogether.

Infant Welfare Clinic:

This clinic is held on the 1st and 3rd Tuesday in the month and is very well attended by babies from the rural area as well as the Borough. The fact that it is held on fairdays gives a chance for babies from remote areas to be brought down as the buses are convenient. The number of babies who attended this clinic during the year were as as follows:

First Visits ... 100 Re-visits ... 1,165

Orthopaedic Clinic:

Patients attend the clinics held at Wrexham, Denbigh and Corwen, whichever is the most convenient for the patient. The clinics are held every fortnight and the Surgeon attends once every three months.

Dental Clinic:

No Dental Clinic is now held at Ruthin, but referred cases are seen at Denbigh Clinic. There are only two Dental Officers serving the whole County, one Dental Officer having resigned last October—It is difficult for the two to treat all school children as well as expectant and nursing mothers and also to give preventive treatment to toddlers which is most essential—Parents should realise that their children's teeth should be seen at frequent intervals by a dentist. As dental treatment for children is free, there is no excuse for this to be neglected.

Venereal Diseases:

Clinics are held at Llandudno, Chester and Bangor.

Tuberculosis Clinic:

These are held at Wrexham, Denbigh and Rhyl.

Nursing Services:

The area is served by one Health Visitor and also covers part of the Ruthin Rural District and Hiraethog Rural District. She attends at the clinics and carries out domicilliary visits as well. The Health Visitor is also the School Nurse.

There is one midwife in the Borough who is a Queen's Sister and she also does home nursing.

Home Help Service

The number of Home Helps in the Borough is one.

SECTION 47. NATIONAL ASSISTANCE ACT, 1948.

One aged person was detained at the Ruthin Social Welfare Establishment on a Court Order granted under this Act. Action was first taken in 1951, as he was aged and not able to give himself the proper care and attention required. Although his home conditions were not insanitary—he lived in a Council house—the house had become very neglected as there was no one to care for him. The circumstances at the house have been such that it was not considered advisable to let him return home. Applications were made every three months to the Magistrates' Court for the extension of the period of the Order and these were granted.

The report following was submitted by the Sanitary Inspector.

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WATER SUPPLIES.

A new duplicate 6" asbestos Water Main was laid from near Efail Newydd to the Anchor corner and this work has undoubtedly improved the pressure in all parts of the town.

The supply has however fluctuated during the year and supplies have been drawn from the Birkenhead Aqueduct as follows:

Gallons

March Quarter ... 1,064,000

June Quarter ... 7,479,000

September Quarter ... 10,019,000

December Quarter ... 549,000

During July, August and September our own supplies dropped to 47,540 gallons per day and approximately 100,000 gallons per day had to be obtained from the Birkenhead Aqueduct. On the 5th September, Birkenhead Corporation had to curtail their supply to 50,000 gallons per day so that our total supply amounted to 100,000 gallons or 50,000 gallons short of our daily consumption. We had, however, conserved in our reservoirs, ready for such an emergency, a 7 days' supply so that consumers were not rationed in any way.

SEWAGE DISPOSAL.

The Sewage Farm has been working satisfactorily during most of the year. During the Summer months there was danger of a discharge of crude sewage into the River Clwyd but new channels were cut, and with constant supervision, the danger has been considerably reduced.

SEWERS.

In September approximately 20 yards of the sewer in Station Road collapsed and had to be repaired. No interference was caused to the normal flow of sewage and the repairs were carried out expeditiously. The sewer through the Parks carrying all the sewage of the town on the West of the River Clwyd and discharging on to the Sewage Farm tends to become full during heavy rain and causes flooding in Mwrog Street. The renewal of the length should be considered at an early date.

RIVERS AND STREAMS

Only one minor case of river pollution occurred during the year and this was immediately remedied.

PUBLIC CLEANSING.

Refuse collection is carried out weekly and the Refuse tip is closely supervised and kept free from any nuisance.

RODENT CONTROL.

Sewers and Refuse tip were both treated and periodically inspected.

Several blocks of private houses were inspected and in some cases treated where there were small infestations.

FACTORIES AND WORKSHOPS.

Periodical inspections were carried out and no serious faults were found.

BAKEHOUSES.

These have been regularly visited and although one or two could be structurally improved no serious complaint could be made.

MILK.

The supply generally is good.

SHOPS.

These were visited and found to be satisfactory.

HOUSING.

Number of houses erected during the year:

By	the Borough Council	 0
-	Private Enterprise	 11

It should be noted hower that the Council acquired the old Land Army Hostel in Park Road and this was converted into 7 flats for use of elderly or childless couples. These have provided a long felt need and it may be that consideration should be given to the provision of a similar type of dwelling.

INSPECTION OF MEAT.

Carcases inspected and condemned:

	Cattle.	Calves.	Sheep & Lambs.	Pigs
Number killed	1,038	377	7,582	649
Number inspected	1,038	377	7,582	649
All diseases except Tuberculosis:				
Whole carcases condemned	22	18	62	4
Carcases of which some part or organ was condemned	342	12	560	47
Percentage of the number inspected affected with disease other than tuberculosis	1	4.7	.81	.63
Tuberculosis only:				
Whole carcases condemned	10	1/4_	_	6
Carcases of which some part or organ was condemned	8	_	_	13
Percentage of the number affected with tuberculosis	.96	_	_	.90

I remain,

Your obedient Servant,

M. JONES ROBERTS.

14th July, 1953.