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Contributors

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ANNUAL REPORT

OF THE

Health and Sanitary Condition of the Belford Rural Sanitary District

FOR THE YEAR ENDING DECEMBER 31st, 1918.

THIS Report relates to the Twelve months ending December 31st, 1918.

Details of importance to be noted are the relative numbers of the inhabitants of certain ages, for a preponderance of the very young or the very old will increase the mortality. The character of the climate and seasons, and the prevalence of certain epidemics, such as influenza, must not be neglected.

The Board directs that the Medical Officer of Health shall obtain from the Inspector of Nuisances an account of the work performed by him during the year, and forward a copy of it in his annual Report to them.

STATISTICS OF THE SIZE AND POPULATION OF THE DISTRICT.

Acreage—38,586.	Inhabited Houses—1,227
Population	1881—5,688
.. ..	1891—5,139
.. ..	1901—5,207
.. ..	1911 5,006

The population of the entire district estimated to the middle of 1918, equals 4,091.

The Birth Rate. During the year seventy-five births were registered, which are equal to a rate of 16·3 per thousand. Boys, 45. Girls, 30. Illegitimate Births, 7. During 1918 in England and Wales the birth rate was 17·7.

General Mortality. During the year 1918, the deaths of 60 persons at all ages and from all causes were registered in the district of Belford. There are also to be added 6 deaths of residents which occurred outside the district, and to be subtracted 3 deaths in the district of non-residents.

The rate is 15.3 per 1,000, while that for the year 1917, was 10.78

Of the total number, 2 were in children under 1 year of age, and 25 in persons of 65 years and upwards.

Compared with 1917 there is a considerable increase in the number of deaths; fatal cases of Influenza and Pneumonia have to be noted.

Infant Mortality. Much importance is attached to the number of deaths which occur each year under 1 year.

The rate per 1,000 births was 26.6.

The physical welfare of the child is now more than ever of paramount importance to the Nation. It is well-known that many of the deaths in children under one year are due to improper care and feeding which lead to atrophy (or wasting) so that when these children are attacked by disease their chances of recovery are small indeed. Excessive diarrhoeal mortality occurs during the summer months especially if the weather is unusually hot, and the close connection between this disease and bottle feeding is too well known to need comment. It is beyond doubt that education in infant feeding and management is needed if the mortality in young children is to be reduced.

Under the Local Government Board Order in reference to Child Welfare the County Council have appointed ten Health Visitors for all the districts under the Order. The County Health Committee are very pleased, the Medical Officer of Health informs me, to encourage the formation of child-welfare centres and have asked their Health Visitors to give whatever information and help they can in connection with the above, and have impressed upon them the absolute necessity of carrying with them the co-operation of the local medical officer of health and all other medical practitioners, district nurses and midwives.

The visits of Health Visitors should be cordially welcomed by the mothers of all young children.

The Notification of Births was on September 1st, 1915, made compulsory in every district. Measles became a notifiable disease on January 1st, 1916. It is a much more dangerous disease than is usually supposed and every means should be taken to prevent its extension. It is specially dangerous in children under five years of age on account of complications.

Measles causes more deaths than Typhoid and Scarlet Fevers and Diphtheria when all the latter are put together.

MORTALITY AS TO AGE.

Under 1 year	..	..	..	2
1 and under 2 years	..	..	..	0
2 " " 5 "	..	..	..	1
5 " " 15 "	..	..	..	2
15 " " 25 "	..	..	..	5
25 " " 45 "	..	..	..	11
45 " " 65 "	..	..	..	14
65 and upwards	..	..	..	25
				—
				60

CAUSES OF DEATH.

Scarlet Fever	..	..	1
Influenza	..	..	9
Tuberculosis	..	..	6
Cancer	..	..	6
Meningitis	..	..	1
Heart Disease	..	..	2
Bronchitis	..	..	1
Pneumonia	..	..	8
Chest Diseases	..	..	1
Bright's Disease	..	..	2
Parturition	..	..	1
Violence	..	..	2
Various	..	..	23

In the more populous parts of the District the following number of deaths occurred:—

Belford	..	..	12	Bamburgh	..	..	4
North Sunderland	..	..	7	Beadnell	..	..	3

Zymotic or Infectious Diseases. During the year 1918 fifteen of these diseases have been notified. The different diseases were as follows:—

Diphtheria	..	..	3	Scarlet Fever	..	..	3
Tuberculosis	..	..	1	Erysipelas	..	..	1
Ophthalmia Neonatorum	1			Measles	..	..	5
Enteric Fever	..	..	1				

No cases were removed to hospital.

Diphtheria. A careful enquiry was made into the cause of the cases which all occurred in Bamburgh, but no adequate reasons having been found it is probable that the disease had been conveyed by "carriers."

Dampness in houses appears to predispose to this disease, so too do the inhalation of gases from foul drains or ashpits, but in the light of recent enquiries, it would seem that neither dampness nor foul gases are in themselves capable of producing the disease. Of course a lowered state of health predisposes to contracting diphtheria and hav-

ing it badly, so that the sanitation of dwellings and schools should be maintained at a high standard apart from such obvious defects as the above, it is all essential that there be plenty of fresh air and as much sunshine as possible in the homes and in the schools. Good housing will do much to reduce the number of cases of diphtheria and tuberculosis.

Great care should be taken that the patient is quite free from infection before all precautions are relaxed. Many patients who are apparently quite recovered are able to transmit the disease to others. No one should be declared free from infection until a bacteriological examination has failed to reveal the presence of the diphtheria bacillus.

Since the introduction of antitoxin the mortality of the disease has much diminished.

Tuberculosis. The number of deaths has been 6. It has been found that the more damp the soil of any district, the more frequent are cases of tuberculosis found. In all suitable cases treatment should be carried out by skilled persons in sanatoria, but if this cannot be obtained the patient should be kept in one room and the window constantly open to admit an abundance of air and light. Rooms that have been occupied by consumptive patients should be most thoroughly disinfected, and the contents similarly dealt with. The notification of the disease is now compulsory.

In judging of the utility of the Sanatorium it is necessary to remember that many cases sent in are advanced or chronic in which satisfactory treatment is not to be expected, even though the stay is a prolonged one. Such institutions should be reserved for cases in the early stages of the disease where recovery may be reasonably anticipated; to send into them advanced or hopeless cases only throws discredit upon the treatment. Such cases should be treated in separate hospitals, and removed from inadequate homes where the danger of spreading the disease to others is great.

The great problem in cases of pulmonary tuberculosis is to settle upon the best method of dealing with patients who are discharged from Sanatoria apparently cured. The disease is so apt to reappear when the living conditions become unsuitable—as they often are in congested areas—that there seems to be no remedy except suitable workplaces in country surroundings and dwellings of the garden city character. The expense would be great, but the only sound policy is prevention. Good houses with plenty of air space will do more than anything else to reduce the numbers of this important disease. In Britain one death in ten is due to tuberculosis.

Milk Supplies, &c. In order to secure a supply of clean milk a high standard of cleanliness must extend to the dairy or cowshed, the milker, and the cow. Drainage and floors must be good, limewashing frequent, a sufficiency of light and floor space, and what is most important of all, very free ventilation.

All cows should be carefully groomed every day. Until this is done thoroughly the milk supplies will never be satisfactory.

Plenty of milk, for the use of infants especially, is all important, but it must be clean milk. The Central Midwives' Board of Scotland attaches so much value to this point of cleanliness, that it has asked the Privy Council to make the manufacture and sale of long tube feeding bottles illegal. The mortality rate in children under one year is still very high, and the Board is convinced that much of it is due to the use of bottles of this kind, which are most difficult to clean effectually, and which when not clean lead to serious ill-health and, too often, to fatal results.

I have asked the County Council to follow the example of the Central Midwives' Board, but so far no action of this kind has been taken. It is a matter of great importance.

An order of the Board of Agriculture, which came into operation on May 1st, 1913, provides for the compulsory notification of suspected tuberculosis of the udder, and for the payment of compensation in the case of slaughter. This is to be followed by a Milk and Dairies Act which will improve the conditions under which milk is now produced.

All cowsheds and dairies have been inspected, and no case of infectious disease has occurred on premises from which milk is supplied.

The Slaughter-houses, 6 in number, have been inspected, and found to be clean and satisfactory. We have no Inspector with a special certificate in meat inspection.

There is only one common lodging-house in the district. It is situated in Belford. At the present time it is closed.

SANITARY MEASURES.

During the year visits have been paid by the inspector of Nuisances and myself, to various parts of the district, and enquiries made into the general healthiness, the water supply, the drainage, and the condition of the dwelling houses. There are no outstanding improvements to be recorded, and therefore the Inspector's tabular statement only is embodied in this report.

During the year the question of Improved Houses for the Working Classes was considered by the Council. The district was divided into sections and committees appointed to determine the number of new houses, if any, required in each. At the end of the year the subject was under consideration.

Cowsheds. In some instances orders have been given to lime-wash, and these have been complied with. Speaking generally they are kept fairly well.

There are 25 Cowsheds on the Register.

PROCEEDINGS UNDER THE FACTORY AND WORKSHOP ACT, 1901.

Under the above Act special visits have been paid to the various workshops in the District, and an enquiry made into their sanitary condition in reference to:—

- (1) Cleanliness
- (2) Air Space
- (3) Ventilation
- (4) Drainage and Wet Floors
- (5) Provision of Sanitary Conveniences

Bake Houses, five in number, have received special attention, and found to be in a satisfactory condition.

The names of tenants of all workshops have been placed upon a Register.

In none of the workshops are any out-workers employed.

The following is a list of the occupations carried on in the various workshops:—

Dressmakers ..	14	Bakers ..	5
Bootmakers ..	9	Blacksmiths ..	8
Tailors ..	4	Saddlers..	2
Joiners ..	10	Painters ..	4
Cycle Agents & Garages	6	Herring Curers ..	5
Gas Works ..	2	Plumbers ..	3
Sawmill ..	1	Milliners ..	3
Sculptor ..	1		

In the great majority of cases I have found the air space to be ample.

In all cases there has been sufficient air space for the number employed during ordinary working hours. In one of the herring yards the drains were defective and new pipes have been laid.

The general cleanliness and drainage have been found satisfactory.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1918.

For the Rural District of Belford, on the administration of the Factory and Workshop Act, 1901, in connection with Factories, Workshops, Workplaces and Housework.

Workshops and Workplaces.—

Number of Inspections	..	87
Written Notices	..	Nil
Prosecutions	..	Nil

Workshops on Register (s. 131) at the end of 1918 .. 77

The rainfall recorded by Mr Little, of Bamburgh, was 18·27 inches for the year 1918.

Jas. G. Macaskie,

1919.

Medical Officer of Health.

Table 1.

Birth-Rate, Death-Rate and Analysis of Mortality during the Year 1918.

(Provisional figures. Populations estimated to the middle of 1918 have been used for the purpose of this Table.

	Birth-Rate per 1,000 Total Population.	Annual Death-Rate per 1,000 Living.							Rate per 1,000 Births.		Percentage of Total Deaths.				
		All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Violence.	Diarrhoea & Enteritis (under 2 Years).	Total Deaths under One Year.	Deaths in Public Institutions.	Certified Cases.	Inquest Cases.	Uncertified Causes of Death.
England and Wales ...	17.7	17.6	0.03	0.00	0.28	0.03	0.29	0.14	0.49	10.99	97	24.3	93.3	5.4	1.3
96 Great Towns, including London (Census Populations exceeding 50,000)	17.6	18.2	0.02	0.00	0.36	0.04	0.34	0.15	0.49	14.46	106	28.4	93.4	5.8	0.8
148 Smaller Towns (cen. pop. 20,000-50,000)	17.9	16.1	0.03		0.25	0.02	0.25	0.14	0.38	9.73	94	15.4	94.5	3.9	1.6
London ...	16.1	18.9	0.02		0.42	0.03	0.43	0.17	0.56	15.67	107	45.0	92.5	7.3	0.2

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

Sanitary. Inspector's Annual Report—1918.

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Date	Place	Weather	Temperature	Wind	Direction	Remarks
Jan 1	Chicago	Clear	-10	S	10	Foggy
Jan 2	Chicago	Clear	-12	S	10	Foggy
Jan 3	Chicago	Clear	-15	S	10	Foggy
Jan 4	Chicago	Clear	-18	S	10	Foggy
Jan 5	Chicago	Clear	-20	S	10	Foggy
Jan 6	Chicago	Clear	-22	S	10	Foggy
Jan 7	Chicago	Clear	-25	S	10	Foggy
Jan 8	Chicago	Clear	-28	S	10	Foggy
Jan 9	Chicago	Clear	-30	S	10	Foggy
Jan 10	Chicago	Clear	-32	S	10	Foggy