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**URBAN DISTRICT OF
BENFLEET**



ANNUAL REPORT

OF THE

**MEDICAL OFFICER OF
HEALTH**

(Norman Lorraine, M.D., Ch.B., D.P.H., F.R.S.E.)

including **THE REPORT** of the

Senior Sanitary Inspector

(J. E. GILBERT, M.R.San.I., M.S.I.A.)

for 1946

THE HISTORY OF THE
CITY OF BOSTON

BY
JOSEPH NEALE

IN TWO VOLUMES.

Annual Report of the Medical Officer of Health for the Year 1946

PUBLIC HEALTH DEPARTMENT,
LONDON ROAD,
HADLEIGH, ESSEX.

To the Chairman and Members of the
Urban District Council of Benfleet.

Mr. Chairman and Gentlemen,

I have the honour of presenting for your consideration my Seventeenth Annual Report on the health and sanitary circumstances of your Urban District for the year 1946.

In accordance with Ministry of Health Circular 13/47 of the 13th March, 1947, this report is prepared on the lines of that for 1945 as indicated in Ministry of Health Circular 28/46 dated 11th February, 1946, and is intended to be an interim report.

I am pleased to record that the post of Additional Sanitary Inspector which had been vacant since March, 1945, was filled on the appointment of Mr. R. D. Prichard to the position on the 27th July, 1946, following his success in passing the required examination of the Royal Sanitary Institute.

Throughout the year, the sympathetic consideration and assistance of the Council have been a great help.

I am especially indebted to all members of the staff of the Department for their loyal co-operation and assistance.

I beg to remain,

Your obedient Servant,

NORMAN LORRAINE,

M.D., M.B., Ch.B., F.R.S.E., D.P.H.,
R.C.P.S. (Edin.) & R.F.P.S. (Glas).

July, 1947.

SECTION "A"—STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres)	6,370
Number of inhabited houses at 31st December, 1946 (according to Rate Book)	6,107
Registrar-General's estimate of resident population	18,960
Rateable Value	£112,199
Sum represented by a penny rate	£442

In the above and following statistics, several routine details are omitted, as non-essential.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

			Total	M.	F.	
<i>Live Births:</i>	...	...	361	195	166	Birth Rate per 1,000
Legitimate	...	...	335	178	157	of the estimated
Illegitimate	...	...	26	17	9	resident population
						= 19.0
<i>Still Births:</i>	...	...	9	5	4	Rate per 1,000 total
Legitimate	...	...	9	5	4	(live and still) births
Illegitimate	...	...	—	—	—	= 24.3
<i>Deaths:</i>	...	...	232	118	114	Death Rate per 1,000
						of the estimated
						resident population
						= 12.2

Deaths from puerperal causes:

Puerperal sepsis	—
Other maternal causes	—

Death Rate of Infants under one year of age:

Total number of infant deaths	6
All infants per 1,000 live births	16.6
Legitimate infants per 1,000 legitimate live births	14.9
Illegitimate infants per 1,000 illegitimate live births	38.5

COMPARATIVE TABLE OF BIRTH AND DEATH RATES
DURING THE YEAR 1946.

	Rate per 1,000 resident population		Deaths under one year per 1,000 registered live births
	Live Births	Deaths from all causes	
England and Wales ...	19.1	11.5	43
126 County Boroughs and Great Towns (in- cluding London) ...	22.2	12.7	46
148 Smaller Towns Resi- dent Population 25,000- 50,000 at 1931 Census	21.3	11.7	37
London Adm. County ...	21.5	12.7	41
Benfleet U.D. ...	19.0	12.2	17

The Infant Mortality Rate is the most sensitive index of the health of a community. The figure of 16.6 for the year in respect of your Urban District is most creditable. It will be noticed that the Birth and Death Rates are about the average.

TABLE OF BIRTH, DEATH AND INFANT MORTALITY RATES.

				<i>Infant Mortality</i>		
<i>Year</i>	<i>Birth Rate</i>		<i>Death Rate</i>		<i>Rate</i>	
1942 ...	14.3	...	14.7	...	44.4	
1943 ...	16.3	...	16.2	...	47.2	
1944 ...	17.3	...	13.9	...	53.2	
1945 ...	16.3	...	14.9	...	10.6	
1946 ...	19.0	...	12.2	...	16.6	

DEATHS AT VARIOUS AGES DURING 1946.

Age	Deaths			Number of of deaths which apply to District
	Number in District	Outward Transfers	Inward Transfers	
Under 1 year	2	—	4	6
1 and under 2	1	—	—	1
2 " " 5	1	—	—	1
5 " " 15	1	—	2	3
15 " " 25	—	—	1	1
25 " " 35	2	—	2	4
35 " " 45	1	—	1	2
45 " " 55	11	—	7	18
55 " " 65	14	1	11	24
65 " " 75	46	1	28	73
75 and upwards	79	2	22	99
TOTALS ...	158	4	78	232

CAUSES OF DEATH IN THE URBAN DISTRICT OF BENFLEET
DURING 1946.

					<i>Male</i>	<i>Female</i>	<i>Total</i>
	All causes	...	...	...	118	114	232
1.	Typhoid and paratyphoid fevers	...	...	...	—	—	—
2.	Cerebro-spinal fever	...	...	...	—	—	—
3.	Scarlet Fever	...	...	...	—	—	—
4.	Whooping Cough	...	...	...	—	—	—
5.	Diphtheria	...	...	...	—	—	—
6.	Tuberculosis of respiratory system	...	...	...	4	1	5
7.	Other forms of tuberculosis	...	...	...	1	—	1
8.	Syphilitic diseases	...	...	...	1	—	1
9.	Influenza	...	...	...	1	2	3
10.	Measles	...	...	...	—	—	—
11.	Acute polio-myelitis and polio-encephalitis	...	...	...	—	—	—
12.	Acute infective encephalitis	...	...	...	—	—	—
13.	Cancer of buc: cav: and oesop: (M)	...	...	...	—	—	—
	uterus (F)	...	...	...	1	3	4
14.	Cancer of stomach and duodenum	...	...	...	3	6	9
15.	Cancer of breast	...	...	...	—	2	2
16.	Cancer of all other sites	...	...	...	17	11	28
17.	Diabetes	...	...	...	1	1	2
18.	Intra-cranial vascular lesions	...	...	...	10	11	21
19.	Heart disease	...	...	...	42	47	89
20.	Other diseases of circulatory system	...	...	...	3	3	6
21.	Bronchitis	...	...	...	8	4	12
22.	Pneumonia	...	...	...	5	3	8
23.	Other respiratory diseases	...	...	...	1	1	2
24.	Ulcer of stomach or duodenum	...	...	...	—	1	1
25.	Diarrhoea under 2 years	...	...	...	—	—	—
26.	Appendicitis	...	...	...	1	—	1
27.	Other digestive diseases	...	...	...	3	2	5
28.	Nephritis	...	...	...	1	4	5
29.	Puer: and post-abortion: sepsis	...	...	...	—	—	—
30.	Other maternal causes	...	...	...	—	—	—
31.	Premature birth	...	...	...	—	—	—
32.	Con: mal: birth inj: infant: dis:	...	...	...	3	1	4
33.	Suicide	...	...	...	1	1	2
34.	Road traffic accident	...	...	...	—	2	2
35.	Other violent causes	...	...	...	2	1	3
36.	All other causes	...	...	...	9	7	16

SECTION " B "—GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

In respect of (a) Laboratory facilities, (b) Ambulance facilities, (c) Nursing in the Home, (d) Treatment Centres and Clinics, and (e) Hospitals, there are no essential changes to note.

SECTION " C "—SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply. Approximately 95% of the dwelling-houses and of the population in this District are supplied with water from the mains of the Southend Waterworks Company, and in all but eight cases, the water is supplied direct to the houses; the eight properties mentioned being served by stand-pipes. The supply is constant, sufficient in quantity and of high quality. Five samples of this water were taken during the year and all were highly satisfactory. Bacteriological and chemical examinations were also made of the raw water by the Analyst employed by the Southend Waterworks Company and by the Counties Public Health Laboratories. The results have been consistent with a pure and wholesome water, suitable for public supply purposes.

Of the 5% of the dwelling-houses and population of this District not supplied with main water, the majority rely upon supplies from rainwater tanks, although a few dwellings are supplied by shallow wells.

Four samples from private wells were taken during the year, three were reported as satisfactory and one as unsatisfactory.

No lead contamination of water supplies was encountered during the year.

Plans for the extension of the water mains were drawn up during the year and if adopted would secure the provision of main water supplies to an additional 224 dwellings. Under the scheme the mains would be extended for 15,017 yards at an estimated cost of £12,100.

Drainage. Thirteen premises were connected to the sewer and two to cesspools, and extensions or improvements were carried out to the drainage of eight existing buildings.

During the year, a survey to ascertain the number and situation of dwellings for which sewers were not available, was carried out. There were 601 such dwellings; 144 being provided with cesspools and 457 with earth closets. The provision of a cesspool emptying and night soil collection service was considered but it was dismissed owing to the high cost involved.

Public Cleansing. A return was made to a weekly collection and this service functioned satisfactorily throughout the year. Efforts to salvage all materials of value were continued. £902 was received for the sale of such materials.

Factories Act, 1937. There are a total of 58 factories on the register, 35 of these employ mechanical power. 28 inspections were made; 4 defects were found and remedied by the occupiers. No legal proceedings were taken. Also 32 Outworkers were visited.

Infectious Diseases. 55 visits were made to premises after notifications of infectious diseases and 48 visits were made to contacts of such diseases. 9 houses were disinfected.

Rats and Mice Destruction. A complete survey of the District by the Rodent Operative was commenced in September, and by the end of the year he had visited 2,067 premises. 61 minor infestations were discovered and the necessary measures of eradication carried out.

General. A total of 1,730 visits and inspections were made during the year. 148 inspections were made on receipt of complaints and 91 notices under the Public Health Act and Housing Act were served. 63 notices were complied with. 35 Statutory Notices under the Public Health Act were served. No legal proceedings were taken.

SECTION " D "—HOUSING.

Fitness of Houses. House-to-house inspections under the Housing (Consolidated) Regulations, 1925 and 1932 were suspended in September, 1939, owing to the difficulty owners would experience in obtaining building materials where extensive repairs were needed.

A total of 214 housing visits were made, including surveys in accordance with Ministry of Health Circular 2871, with a view to increasing the housing accommodation in the District.

The Department is responsible for the issue of Building Licences for all building operations with the exception of new dwelling-houses. The following licences were issued:—

	<i>No. of Licences</i>	<i>Value</i>
Repairs	1,012	£59,351
War Damage Re-builds ...	5	£7,167
Certificates of Essentiality ...	75	£12,888

Licences for repairs were issued only where the work involved would not conflict with the needs of new houses. 16 additional units of accommodation were provided. 114 new houses were built during the year.

SECTION "E"—INSPECTION AND SUPERVISION OF FOOD.

At December, 1946, three farms used for the production of milk and 22 retailed purveyors of milk were registered. Two of the producers are licensed by the Essex County Council to produce Accredited milk and are periodically visited by officers of the County Council. 8 samples of milk were taken for bacteriological examinations, all were satisfactory. Three visits were made to cowsheds and four to dairies and milk shops.

Milk (Special Designations) Order, 1936 and 1938. Dealer's licences were issued as follows:—

Tuberculin Tested Milk	...	...	5
Pasteurised Milk	...	...	9

Meat Inspection. 225 visits were made to the Ministry of Food Slaughterhouse, Cross Farm, Hadleigh, and the carcasses and organs of 6,635 food animals were examined as follows:—

	Number Examined	% affected with Tuberculosis	% affected with other diseases
Cattle (excluding Cows)	2,126	15.62	21.78
Cows... ..	1,647	53.31	20.64
Calves	1,147	0.35	0.61
Sheep	1,643	—	2.43
Pigs	72	6.94	—

Food and Drugs Act, 1938. 116 visits were made to various food premises during the year and the following foods were surrendered by food traders as being unfit for human consumption:—

1,174 eggs, 112½ stone fish, 802 cans milk, 71 cans vegetables, 6 cans jam, 1¼ lbs. margarine, 124 cans fish, 41 lbs. bacon, 111 cans meat, 9 cans soup, 22 doz. packets cereals, 66 lbs. cheese, 27 doz. packets custard powder, 9 doz. packets salad dressing, 27 cans fruit, 5 packets dried egg, 6 lbs. brawn, 5½ lbs. sausages, 35 lbs. prunes, 4 crates oranges, 40 grape fruit, 60 lbs. dates, 153¾ lbs. corned beef, 61½ lbs. imported beef, 55 lbs. imported lamb, 31¼ lbs. home-killed beef.

The usual sampling was carried out by the Essex County Council who are the Food and Drugs Authority for the area.

The facts and figures shown under Sections C, D and E have been provided by the Senior Sanitary Inspector.

SECTION " F "—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

As in previous year, the general health conditions for the year 1946 are very satisfactory. Particulars of all cases of notifiable infectious diseases occurring during the year will be found in the table on page 13.

The incidence of Scarlet Fever during the year under review is less than half that for 1945 and is comparable with the 1944 figure. With regard to Measles, the number of cases notified during the year was negligible as compared with the seasonal epidemic of the previous year. On the other hand, the number of cases of Whooping Cough notified showed a slight increase.

In respect of Infective Hepatitis which became notifiable in this area under the Jaundice Regulations, 1943, the incidence during the year was doubled. A memorandum has been drawn up by me for issue to each household where a case of Jaundice occurs and a copy is shown on page 14.

It is gratifying to notice that according to the figures of the Registrar-General, there were no deaths from the usual notifiable infectious diseases during the year.

Returning Service personnel from abroad for demobilisation were associated with numerous cases of Smallpox whilst en route for the United Kingdom on the various troopships and 26 possible contacts of this disease who were destined for this District, were notified during the early part of 1946. Investigations were made and surveillance kept of these persons and I am glad to report that there were no developments.

With regard to the outbreak of Smallpox in the Thurrock Urban District in February, 1946, there were three contacts who resided in the Benfleet area. Again routine surveillance was exercised and I am glad to report that no cases occurred locally.

There was one person reported in February, 1946, to have come from an area on the Continent where cases of Typhus had occurred. He was kept under observation until subsequently returning to the Continent.

During the year 7 cases of Food Poisoning were notified. 5 of these cases were ill as the result of eating cockles, all of which were uncomplicated and mild, of short duration and uninterrupted recovery. It was not possible to determine the actual food responsible for the remaining two cases, which rapidly recovered.

Chicken Pox. An interesting case of severe Chicken Pox simulating Smallpox occurred in the District in July, 1946, and was first brought to my notice when the medical attendant concerned requested me to visit the case with him in order to assist in the establishment of diagnosis.

After examination of the patient—a girl aged 19 years— at her home, I was of the opinion that she was suffering from Chicken Pox of a very severe nature, but was not a case of Smallpox. The date of onset was five days prior to my visit and by then the case had been under the observation of the private doctor for four days. Isolation in an Infectious Disease hospital was recommended by me and agreed to by the private doctor, and the case was removed the same day.

After the girl had been in the Isolation Hospital for two days, the Medical Superintendent advised me that the case was so severe that he thought it would be advisable to obtain the opinion of the Consultant Specialist so as to definitely exclude Smallpox. This was done the next day and the visiting Consultant Specialist was very definitely of the opinion that the case was one of severe Chicken Pox and not one of Smallpox, thus upholding my original diagnosis. The patient made an uneventful recovery and was discharged home on the seventeenth day after admission.

From time to time recently I have seen cases of severe Chicken Pox in adults which simulate Smallpox and a decision as to diagnosis was not always easy.

Tuberculosis. Of the cases of Pulmonary and Non-Pulmonary Tuberculosis notified during the year, there was an increase of 8 cases over the 1945 figure. I am however, unaware of any local cause or condition associated with this incidence. The cases notified during 1946 are listed as follows:—

			<i>Male</i>		<i>Female</i>		<i>Total</i>
Pulmonary	...	...	13	...	8	...	21
Non-pulmonary	...	...	3	...	1	...	4

A number of cases continue to be notified as transfers under the Public Health (Tuberculosis) Regulations, 1930, from the Greater London area, and the following cases moved into the Urban District during the year:—

			<i>Male</i>		<i>Female</i>		<i>Total</i>
Pulmonary	...	...	7	...	2	...	9
Non-Pulmonary	...	...	2	...	—	...	2

(Of the two male cases shown as Non-Pulmonary, one case suffered from Pulmonary Tuberculosis as well and the other case removed away from the area later in the year.)

It is regretted that during the year there were 6 deaths from Tuberculosis and these are listed as follows:—

			Male		Female		Total
Pulmonary	...	...	4	...	1	...	5
Non-Pulmonary	...	...	1	...	—	...	1

Scabies. Only one case was brought to notice by formal notification under the Scabies Order, 1941, and treatment was given by the Medical Practitioner concerned.

Venereal Disease. Regulation 33B does not come within the purview of the Local Sanitary Authority.

Diphtheria Immunisation. The scheme in this District continues to work very well although the migratory nature of the population adds to the local difficulties.

There was a considerable increase in the number of children immunised during the year, but the percentage of all children immunised shows a decrease on that for 1945. This is attributable to the estimated child population being much higher than in previous years together with rather increased losses due to the up-grading process which is necessary in order to keep the numbers of children immunised at any time within the prescribed age limits of 0—14 years. At the end of December, 1946, the percentage of child population considered to be immunised was as hereunder:—

<i>Under 5 years</i>	<i>5-14 years</i>
58.75%	91.0%

General. The question of appointing a Deputy Medical Officer of Health was considered by the appropriate Committees before the recent War, but owing to the uncertainty of the future at the material time and the shortage of medical man-power, it was decided that the matter should be deferred for the time being.

In October, 1946, I again drew the attention of my three Local Authorities to the urgent necessity of appointing a permanent Deputy to act for me when I was unable to act, and Dr. J. H. Crosby, M.B., D.P.H., Assistant County Medical Officer to the Essex County Council, was, with the knowledge and approval of the County Medical Officer, subsequently nominated for the appointment, and at a meeting of a Composite Committee on the 16th December, 1946, with representatives from each Local Sanitary Authority, Dr. Crosby was recommended for the appointment of Deputy Medical Officer of Health for the Urban Districts of Benfleet, Canvey Island and Rayleigh.

Whilst awaiting ratification by each of the Local Authorities concerned (which was ultimately given) and thereafter the approval of the Essex County Council before application was made to the Minister of Health for confirmation of the appointment, information was received on the 28th February, 1947, that Dr. Crosby had, in the meantime, been appointed as Medical Officer of Health for the Borough of Chingford and would therefore be unable to accept the post of Deputy Medical Officer of Health for my three Local Authorities.

I consider that this matter should again receive urgent attention in view of the nature of my many commitments and all-round increase of work, as soon as a suitably qualified Medical Officer becomes available. In my view, he should be in possession of the Diploma of Public Health or corresponding qualification.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1946

Notifiable Disease	Cases included in Weekly Returns												Total Deaths	Distribution			Sex		
	At Ages													Cases admitted to Hospital	Hadleigh	South Benfleet	Thunders-ley	M.	F.
	At all ages	0 to 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and over						
Scarlet Fever ...	19 (5)	(1)	—	4 (1)	2	3 (1)	6	—	3 (2)	—	—	—	—	8 (3)	5	6	11 (3)	8 (2)	5 (3)
Diphtheria ...	8 (5)	—	—	—	—	(1)	(2)	—	(2)	1	—	—	—	—	—	2 (1)	3 (4)	2 (3)	5 (2)
Measles ...	12 (5)	1	2	1	3	1	4	—	—	—	—	—	—	4	—	3	5	6	6
Whooping Cough	20	2	3	4	2	—	7	—	—	1	1	—	—	11	5	4	5	9	11
Cerebro-spinal fever	(1)	—	—	—	(1)	—	—	—	—	1	—	—	—	—	(1)	—	(1)	—	(1)
Acute Poliomyelitis	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Acute Pneumonia	5	—	—	1	—	—	—	—	—	—	—	—	—	5	—	—	—	2	3
Infective Hepatitis	56	—	—	—	3	3	4	10	12	16	8	—	—	24	16	16	23	33	23
Erysipelas...	4	—	—	—	—	—	—	—	1	—	3	—	—	2	2	2	3	3	1
Dysentery...	2 (1)	1	—	—	—	—	—	—	—	(1)	—	—	—	—	—	2	1	1	(1)
Malaria (contracted abroad)	2	—	—	—	—	—	—	—	—	2	—	—	—	1	—	(1)	—	2	—
Puerperal Pyrexia	2	—	—	—	—	—	—	—	—	—	2	—	—	2	—	—	—	—	2
Food Poisoning ...	7	—	—	—	—	1	—	—	—	3	1	2	—	3	4	—	—	5	2
<i>Non-Civilian:</i>																			
Malaria (contracted abroad)	2	—	—	—	—	—	—	—	—	1	1	—	—	—	—	2	—	2	—
Measles ...	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1	—

Figures in parentheses indicate the number of cases in which the diagnosis was corrected.

URBAN DISTRICTS OF BENFLEET, CANVEY ISLAND AND
RAYLEIGH.

CATARRHAL JAUNDICE, OR INFECTIVE HEPATITIS.

This disease is a notifiable infectious disease in this area and, accordingly, your local medical attendant is bound to advise me as soon as he becomes aware of the occurrence of a case.

At present it is occurring widely throughout Europe and the Mediterranean area and it is believed to be caused by an infective agent which has so far not been isolated.

The infectivity of the disease is low among the general population but it can be spread fairly readily, though slowly, among the community.

It is rarely fatal but it is unpleasant and may incapacitate the unfortunate victim for some weeks.

All the experts are agreed that, as sources of infection, there has been no cause to suspect water, or milk supplies or foodstuffs, nor can the infection have been spread by animals. Patients infected must have close contact with other persons who either were suffering from the disease or had just recovered. Most of the patients where epidemics have occurred have been under the care of private doctors and it was found that confinement to bed for a few days with restriction of fats and as much an increase of sugar as is possible was entirely effective.

It is probable that the infection is spread by droplets but no proof of this has so far been found, and the spread of infection may well be from the bowels conveyed by the fingers.

Precautions. After persons in the same household attend to the patient, strict cleanliness should be observed by them such as washing the hands with a disinfectant soap or using some disinfectant solution which can be provided, on request, free of charge, through the Sanitary Inspector's Department of the Council concerned. Any sanitary defects in the house should be brought to the notice of the Sanitary Inspector when he calls.

Schoolchildren. Contacts living in the same household where the disease exists need not be kept away from school unless they show evidence of vomiting or any unusual symptoms in which case you should consult your own Doctor.

N. S. R. LORRAINE, M.D., D.P.H.,
Medical Officer of Health.

Public Health Department,
London Road,
Hadleigh, Essex.

February, 1946.





