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Contributors

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BOROUGH OF BLYTH.

R E P O R T

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1 9 4 4.

A.G. NEWELL, M.D.,C.M.,L.M.,D.P.H.

Public Health Department,
Wellington House,
BLYTH,
Northumberland.

February, 1945.

MEMBERS OF THE HEALTH COMMITTEE:-

Chairman - Alderman H. Donnachie

Vice-Chairman - Alderman J. Mitchell

The Mayor,
Alderman Donnachie,
" Mitchell,
" Murdy,
Councillor Allan,
" Baron,
" Breadin,
" Carr,
" Crate,
" Curry,
Councillor Foy,
" Hamm,
" Macaulay,
" Purves,
" Raffell,
" Ridley,
" Searle,
" Summers,
" Waters,
" Young.

MEMBERS OF THE MATERNITY AND CHILD WELFARE COMMITTEE:-

Chairman - Mrs. Darling.

Vice-Chairman- Councillor Mrs. M.L. Summers.

Chairman, Vice-Chairman, and Members of the Health Committee.

Co-opted Members:-

Mrs. Allison,
Mrs. Darling,
Mrs. Killington,
Mrs. Mordue,
Mrs. Mitchell,
Mrs. Routledge,
Mrs. Robinson,
Mrs. Sowden,
Mrs. Searle,
Mrs. Wilkinson.

STAFF OF THE PUBLIC HEALTH AND MATERNITY AND CHILD WELFARE DEPARTMENTS - 1944

Medical Officer of Health Medical Officer, M.& C.W. Authority School Medical Officer Port Medical Officer	A.G.NEWELL, M.D.,C.M.,L.M., D.P.H. J. STOKOE, M.D.,B.S.,B.Hy., D.P.H.(with H.M. Forces)
Assistant Medical Officer of Health and Assistant School Medical Officer	C. BAINBRIDGE, M.B.,B.S., B.Hy.,D.P.H. (with H.M.Forces)
Ophthalmic Surgeon	A.T. PATERSON,M.D.,F.R.C.S. (Edin.), D.P.H.
Oto-Rhinologist	
Women's Advisory Clinic	MRS. D. SINTON,M.B.,Ch.B.
Ante-Natal Clinic	Medical Officer provided by the County Council.
Obstetric Emergency Service	PROFESSOR E.F.MURRAY, M.D.,F.R.C.S.,F.R.C.O.G. H.H.EVERS, M.B.,M.S.,F.R.C.S., F.R.C.O.G. F.STABLER, M.D.,F.R.C.S. M.R.C.O.G. (with H.M. Forces) W.HUNTER, M.D.,B.S., M.R.C.O.G.
Dental Surgeon	H.O.J. BEDGOOD, L.D.S.
Senior Sanitary Inspector	F.B. HARTLEY, M.S.I.A.
Deputy Senior Sanitary Inspector	J.G. SIMPSON, M.S.I.A.
Housing Inspector	A.P. ROBINSON, A.R.I.P.H.H. (with H.M. Forces)
Health Visitors	MISS R.M.FINLAY, S.R.N., S.C.M. MISS D.ROBSON, S.R.N., S.C.M. MISS M.MURRAY, S.R.N., S.C.M.
Chief Clerk (temporary)	Mrs. I. VICKERS
Clerk	N.F. GODFREY,(with H.M. Forces)
Temporary Overcrowding Clerks	C. FELLOWS T.G. MORALEE (with H.M. Forces) T. WALTON
Temporary Shorthand Typist	MRS. M. MORTON
Temporary Junior Clerk	MISS G. CLARK

BOROUGH OF BLYTH.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1944.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit my Report for 1944 on the Public Health of Blyth, and the work done during the year in the various sections under my charge.

I have as a preface, given a summary of the main factors concerning the public health. Included in the Report are full details in the various statistics of the Infectious Diseases and those connected with the priority of problem of housing.

The loss of life below one year of age is deplorable as well as the incidence of Infectious Diseases among the young population. I regard this best attacked by preventive action through the Health Visitors educating the parents in Hygiene and the value of the various prophylactic measures available. Either appoint two more Health Visitors or pay the cost of the Curriculum of two or three local girls to become Health Visitors, conditional to them giving service for a period not less than two or three years.

I have pleasure in recording splendid co-operation with all of my clerical and housing clerks.

I have to thank the Council for the support it's Members have given me in my endeavours to do the best for the Community.

I have the Honour to remain,

Mr. Mayor, Ladies and Gentlemen,

Your Obedient Servant,

A.G. NEWELL,

Medical Officer of Health.

GENERAL SUMMARY.

1. Vital Statistics: There was a slight increase in the total death rate, but 47% (180) were among persons over 65 years of age. Whilst the number of births increased, and the excess of births over deaths numbered 342 there was a greatly increased infantile mortality (69.5 against 64.9 per 1,000 live births in 1943). This included an increase in the illegitimate mortality (6 cases) and 20 Neo-Natal deaths. All this is a serious loss of life. A favourable picture is presented by the lowered still-births and the absence of maternity deaths.

2. Causes of Death: The chief causes of deaths (50) among infants were - Prematurity (12) and Pneumonia (10). Apart from Heart Disease (aged, etc.) which heads the list there was a 40.5% mortality among the Tuberculosis cases being 26 Pulmonary cases against 19 cases last year. Cancer maintains a high toll of life - 53 deaths against 50 last year - 50 of the cases being among those over 50 years of age.

3. Pathological Laboratory: My thanks are due to Dr. Messer for the co-operation given over the increased numbers of specimens. Section B. gives details. The number of samples of milk tested is practically the same as last year.

4. Notifications of Infectious Diseases: We had during the year both a Measles and Whooping Cough Epidemic. Under 5 years of age there were 476 cases of Measles and 104 cases of Whooping Cough notified. (The total Infectious Diseases under 5 years of age last year was only 179). It is pleasing to record that the death rate was not heavy. Table 1 gives the number of Infectious Diseases notified under sex and age distribution, from which it will be seen that Scarlet Fever, Diphtheria, Measles and Whooping Cough affected mainly the children of one to five years of age. I have dealt specially in several ways (see Tables) in this Report with Diphtheria as I desire that Councillors and others shall be able to contest any opposition to the saving of life or the amelioration of the disease by immunisation. Leaflet propagation is not the best method of spreading the good news; I believe personal contact by Health Visitors will produce the best results - and this is one reason for additional Health Visitors. If every infant between 6 and 12 months was protected, mortality (greatest among them) would be greatly reduced...

I would draw your attention to Table X which shows an unexpected result of my enquiry, viz., that during the last four years (1940-1943 inclusive) of those 47 cases of Diphtheria among the immunised there has been a tendency to more of these cases having the Disease with a lessened period of protection. 29 of these had been immunised between 1 and 3 years. There were no deaths among the immunised but 34 deaths among the non-immunised during the four years 1941-44. (Table V).

Re Tuberculosis: By a detailed enquiry no less than 250 cases of Tuberculosis on our Register have been removed as non-existing This leaves the corrected total on our Register at 247 (See Tables XI and XII). Among the 57 cases notified 28 were in the age-group 5-25 years (11 males and 17 females).

5. Immunisation: The total number completely immunised by me during the year is 585 and this brings the total immunised in Blyth (not necessarily all still resident) at 5792 to date. The total who received both first and completion doses by me is 1136, and in addition 88 re-immunised after Schick Testing. We still want many more children under five years for lessening or abolishing Diphtheria. I instituted a special enquiry in each School and found there are approximately 623 School children who still require to be immunised and of these 264 or 41% were among the age group of 8-11 years. There is thus need of more house-to-house talking to parents by Health Visitos. Re Schick Test see Page 16.

6. HOUSING - Overcrowding: From Table XVlll it will be seen that there were at the end of 1944, 2095 persons in 353 overcrowded houses which have thus nearly six per house on the average. Of Municipal houses, the overcrowded percentage is 2.56. In the slum clearance areas 17% are overcrowded. Of the slum clearance areas the overcrowding is highest in Croft Ward (15.5%) with Plessey Ward (13.7%) following it closely. Comparing the whole Wards the worst is Bebside which has 6.8% of its houses overcrowded and Croft Ward 5.6%. Thus these Wards are those demanding earliest attack both as to slum clearance and overcrowding. When we consider the degree of overcrowding, viz., number of families overcrowded on the basis of the number in the families we find (Table XX) there are 108 families out of 1738 (who have 3½ or 4 units per family) who are overcrowded, or a little over 6%. Comparing the number of dwellings overcrowded with the permitted number in each (Table XX) you will find 167 houses (out of 1120 or nearly 15% overcrowded) which should only have 2½-3 units. Further, of those (3143) houses which should only have 4½-5 units there are 109 overcrowded, (or 3.3%). It should be possible to distribute some of the 108 with the houses of 4½-5 units and lessen overcrowding. At any rate some better distribution should be possible to lessen the overcrowding. From the population point of view it is important to consider these families of 2½-5 units, and relief of these must be seriously considered. Though the percentage of figures for the whole Borough shows a diminishing figure, this is deceptive and one must concentrate on the overcrowding per units.

I have only very briefly touched on housing. My conviction is that a Housing Board with the Regional Offices should be entrusted with all matters concerned with the housing of the working classes; that land speculation in such should be prevented by Act of Parliament, that all land for housing of the working classes should be bought by the Government for the people (Nationalised) and local authorities pay 1% interest in perpetuity for it's use. My personal opinion is that the temporary houses should be sold to the local authorities at cost price. Land Sharks are parasites on the workman's income by raising the rental, and as a corollary, on the nutrition of the future assets of the race - the children. Land for these houses should be debarred their voracious appetite for profit. Family allowances are, to some extent, in lieu of wages, and these would be fluctuating if Land Sharks are uncontrolled; and so a vicious cycle engendered.

Tuberculosis Cases and Housing: In overcrowded houses: there are 7 cases of Pulmonary Tuberculosis of which 3 are Municipal houses. There are 3 cases of non-Pulmonary Tuberculosis, of which one is in a clearance area. In the Municipal houses there are 36 cases of Pulmonary Tuberculosis and 8 cases of non-Pulmonary Tuberculosis. Of these 36 cases there are 3 cases in the same house (mother, father, & son) also overcrowded; and 4 cases in the same house (four daughters) - not overcrowded. In the slum clearance houses there are 9 Pulmonary and 5 non-Pulmonary cases. Of these, 2 cases are in the same house (2 sons)-one Pulmonary, and one non-Pulmonary exist in the same house. Thus we have 63 cases of Tuberculosis (48 Pulmonary and 15 non-Pulmonary) in overcrowded houses. This leaves out of the total of 247 Tuberculosis cases at the end of the year of 184 cases in private and non-overcrowded houses. 10 cases exist among 7 families.

7. Health Visitors: It is an onus laid on the Medical Officer of Health to instruct the people and his local authority regarding health measures, and in this he must have the co-operation in the daily practical part of his work, of an adequate staff of Health Visitors. The Health Visitor is primarily a Health Teacher, and through her association with the homes the welfare of the family is bettered. The prevention of all air-borne infections from nose, throat & lungs, depends upon the hygienic measures ensured in the homes; and parents must be tuned up in hygiene. The community must become sensed to the fact that overcrowded unventilated buses are a potent factor in the transmission of respiratory infections. For this purpose I have had the co-operation of the two bus companies with a leaflet distributed to all conductors and conductresses.

8. Diagrammatic Representation of Infectious Diseases Notified: I am indebted to Mr.W.Gibson for carrying out my request. This shows the number of cases of the main Infectious Diseases from 1936 to 1944 inclusive.

Health Visitors and Clinics: I have to record excellent work of the Health Visitors with the Voluntary Workers at the Clinics.

S E C T I O N A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

AREA. - No change in the Borough area took place in 1944, and the acreage remains as formerly at 6,487.

POPULATION.- The estimated population is governed by the various conditions incidental to the present emergency; for Security reasons, precise figures are not given in this Report, but have been noted for the compilation of more detailed reports which will be called for at the end of the War.

NO. OF INHABITED HOUSES, i.e. HOLDINGS: 9,328.

RATEABLE VALUE.- £165,986

SUM REPRESENTED BY A PENNY RATE:- £631.

EXTRACTS FROM VITAL STATISTICS.-

The Birth rate per 1,000 population	23.5
" Death " " " "	12.32
" Infant Mortality Rate per 1,000 population	69.5
" Illegitimate Infant Mortality Rate	16.3%
" Neo-Natal Mortality Rate per 1,000 population (dying in 4 wks)	27.9%
" Still Birth Rate per 1,000 Live and Still Births	18.1
" Tuberculosis Death Rate	40.5%
" Maternal Mortality	NIL

	1942	1943	1944
Number of Births	539	604	719
" " Deaths	384	403	377
Number of Births in excess of Deaths	155	201	342

The Principle causes of Infant Deaths were as follows:-

Congenital	4
Convulsions	6
Whooping Cough	1
Respiratory (Pneumonia 10, Bronchitis 2).	12
Prematurity (Twin pregnancy included).	12
Birth Injury	1
Debility (Twin Pregnancy).	2
Acute Gastro-Enteritis	5
Tubercular Meningitis	1
Fistula	1
Hydrocephaly	1
Suffocation	1
Peritonitis	1
Septicaemia	1
Coleac Disease	1
TOTAL:	50

Neo-Natal Deaths (Infants who died within 4 weeks included in the 50) = 20

The principle causes of Deaths (all ages), were as follows:-

	Males.	Females.	Total.	Against 1943 +	-
Heart and Circulatory	66	50	116		-
Brain Disease	20	20	40		
Lung "	5	2	7		
Kidney "	3	3	6		
Blood "		1	1		
Zymotic Diseases:					
(a) Diphtheria - 6) (b) Pneumonia - 18) (c) Whooping Cough - 2)	13	13	26		-
Cancer	26	27	53		+
Violence:					
Suicide - 8) Road Accidents - 2) Other Causes - 22)	27	5	32		+
Tuberculosis:					
Respiratory	16	10	26		+
Non-Respiratory	2	2	4		+
Senility	10	3	13		-
Diarrhoea	-	1	1		
Sarcoma	1	-	1		
Other Causes	32	19	51		-
	221	156	377		-

180 of all Deaths were in persons 65 years of age or over = 47%
50 " " " " among infants = 13% of all deaths.

CANCER DEATHS 1944 - Situation of Disease.

Site.		Age Group in Years. Under 36	36 to 45	46 to 55	56 to 65	66 to 75	Over 75	Males	Females	Total.
BUCCAL CAVITY	(lip)	-	-	-	-	-	1	1	-	1
	(throat)	-	-	-	-	1	-	1	-	1-2
DIGESTIVE TRACT	(Oesophagus	-	-	-	-	1	-	1	-	1
	(Stomach & Duodenum	1	-	-	2	3	2	5	3	8
	(Colon & Carcum	-	-	-	4	5	4	6	7	13
	(Rectum	1	-	1	1	3	-	2	4	6
	(Liver	-	-	-	2	-	1	2	1	3-31
RESPIRATORY SYSTEM:	(Lung	-	-	1	2	-	1	2	2	4
	(Bronchi	-	-	-	1	-	-	1	-	1-5
GENITO-URINARY SYSTEM:	(Bladder	-	-	-	-	1	1	1	1	2
	(Uterus	-	1	1	2	-	-	-	4	4
	(Prostrate	-	-	-	-	-	1	1	-	1-7
OTHER ORGANS:	(Breast	-	-	-	-	1	-	-	1	1-
	(Pharynx	-	-	-	-	-	1	-	1	1
	(Larynx	-	-	-	1	-	-	-	1	1
	(Kidney	-	-	1	-	-	-	1	-	1-4
Epithelloma of Face		-	-	-	-	-	1	1	-	1-1
Bone of leg		-	-	-	-	2	-	1	1	2-2
Malignant growth of Bowel		-	-	-	-	-	1		1	1-1
TOTAL:		2	1	4	15	17	14	26	27	53

SECTION B.

LABORATORY FACILITIES:

Arrangements continue as in previous years.

BACTERIOLOGICAL (County Council Laboratory, Newburn).

(a) Pathological:

(1) Throat, Nose and Ear Swabs:

Corynebacterium Diphtheria	present	- 88	
" "	not found	-505	- 593
Virulent C. Diphtheria	present	- 21	
" " "	not found	- 6	- 27
Haemolytic Streptococci	present	- 19	
"	not found	- 10	- 29
Vincents	present	- 2	
"	not found	- 3	- 5

(2) Sputum:

B. Tuberculosis	present	- 50	
"	not found	-211	- 261

(3) Urine:	present	- 3	- 2
(4) Pleural Fluid:	not found	- 2	- 2
(5) Blood (Widal)	no reaction	- 1	
" (Urea)	reaction	- 1	
" (from Bowel)	no organisms found	- 1	- 3

(6) Faeces (Pathogenic) B.Dysenterial (Flexor) isolated - 1

" " " " (Sonne) " - 4

" No Pathogenic organisms found - 16

" No organisms of the enteric-dysentery found - 2 - 23

(b) Milk, Water, Etc:

(1) Water Samples (various sources). - 35

(2) Milk Samples:-

(a) For B.Tuberculosis	-167	- 167
(b) " Methylene Blue	-177	
(c) " Pasteurised Milk Bacteria Test	- 61	
(d) " Phosphatase Test	- 11	
(e) " Sterility (milk bottles)	- 24	- 273
(f) Samples not analysed (mishap at Laboratory)	- 6	- 6

Composite Bulk Samples:

(a) For Methylene Blue	- 5	
(b) " Pasteurised Milk Test	- 2	- 7

Chemical (Public Analyst's Laboratory, Newcastle)

Water Samples	- 2	- 2
Milk "	- 2	- 2

SECTION C

GENERAL PROVISION OF HEALTH SERVICES.

BLYTH AND DISTRICT NURSING ASSOCIATION.

As in previous years, Matron Scott of the Blyth and District Nursing Association has provided the following Table which summarises the work done by herself and the Association for the residents in the Blyth Area:-

	Blyth	New Delaval	Bebside
Number of Nurses	6	1	1
Number of Maternity Cases (with Doctors)	211	50	21
" " Midwifery Cases (by midwives)	161	11	13
" " Medical Cases	186	51	30
" " Surgical Cases	230	55	38
" " Chronic Cases.	27	2	-
TOTAL	815	169	102
Ante-Natal Visits	3,083	432	249
Post-Natal Visits	156	73	-
Visits to Maternity Cases	10,152	1,225	371
" " Surgical Cases	2,829	1,272	580
" " Chronic Cases	2,203	185	-
" " Medical Cases	2,423	671	424
TOTAL VISITS	20,690	3,858	1,624

TREATMENT OF INFANTS AND PRE- SCHOOL CHILDREN

(Figures applicable to School Children appear in the Annual Report of the School Medical Officer).

Minor Ailments Clinic.

	No. of Cases.	Total Attendances
Diseases of the Skin:-		
Impetigo	21	92
Others	3	8
Minor Eye Defects:-		
Blepharitis	1	3
Conjunctivitis	14	88
Minor Ear Defects		
Otorrhoea	6	13
Miscellaneous:-		
Minor Injuries, etc.	33	129
Verminous Heads	5	19
TOTAL	83	352

SUN-RAY CLINIC.

	Between 1 and 5 years	
	B.	G.
No. of children	25	18
Attendances	690	

27 children were treated for the following complaints:-

Anaemia	-	1
Bronchitis	-	13
Debility	-	5
Glands	-	5
Coryza	-	2
Asthma	-	1

In addition to the above 16 children received Sun-Ray Treatment as a tonic.

Dental Clinic

	Fillings.	Extractions.	No of Cases.
Children under 5 years	1	108	34

Ophthalmic Clinic:-

Number of new patients	-	31
" " old patients	-	23
Spectacles prescribed	-	26
" not prescribed	-	28
Referred to Minor Ailments Clinic	-	1

Throat, Nose and Ear Clinic:-

Number of examinations and re-examinations	-	47
Operations for removal of Tonsils and Adenoids	-	17

Orthopaedic Defects:-

No case of major Orthopaedic defects in children of this age was reported during 1944.

Scabies Clinic:-

Number of Baths	-	242
" " Dressings	-	226
" " New Patients	-	79
" " Recurrences	-	7
" " Examinations	-	117
Number of Adult Contacts	-	17
Adults treated at Clinic	-	3
Number of M.& C.W. Contacts	-	10
Treated at Clinic	-	2) 10
" " Home	-	8)
The total number of school children treated were	-	354
New Cases	-	303
Recurrences	-	41

Of Adult Contacts only 36 were treated at the Clinic.

MATERNITY AND CHILD WELFARE SERVICES.

Home visiting by Health Visitors.

Visits to Infants under 1 year:-			
First visit after notification	- 664		
Number of re-visits	- 654		
" " Stillborns visited	- 13	-	1,331
Visits to children 1-5 years		-	2,620
Visits to Expectant Mothers (first visits)		-	19

Miscellaneous Visits

	First Visits	Re-visits	Total
Puerperal Disease	2	-	2
Ophthalmia Neonatorum	-	-	-
TOTALS	2	-	2

Infant Welfare Clinic:-

Table A.

No of Sessions.	First Attendances 0-1 yr.	Re-attendances 0-1 yr.	First Attendances 1-5 yrs.	Re-attendances 1-5 yrs.
101	367	3,748	47	289

Table B.

Total No. of Attendances.	Average No. of Attendances.	Average No.at M.O.'s Sessions.
4,037	39·97	3·25

Total number of children under 5 years who attended the Clinic - 484

Total children seen in 1944 by the Medical Officer of Health:-

At School Inspections	- 2,418	* 856 completely immunised;
" Special Clinics	- 1,764	
" Scabies Clinic	- 708	
" Minor Ailments Clinic	- 178	215 Schick Tested.
" Toddlers Clinic	- 124	
" Baby Clinic	- 614	
" Diastolisation Clinic	- 20	
" Immunisation Clinic	- 801	
" Fosters Mothers	- 2	
TOTAL-	6,629	

The total quantity of milk supplied by the Council at the Clinic to young children, was 5,465 lbs. of Dried Milk.

The following conditions were noted among infants under 1 year of age:- *

Congenital Malformations:-

Phimosis	- 53
Umbilical Hernia	- 19
Inquinal Hernia	- 5
Rickets	- 1
Talipes	- 5
Pyloria Stenosis	- 2
Congenital Injury	- 5
Imperforated Anus	- 1

Diseases of the Digestive System:-

Feeding Dyspepsia	- 10
Vomitting and Diarrhoea	- 11
Stomatitis	- 7

Diseases of the Respiratory System:-

Coryza	- 3
Bronchitis and Bronchial Catarrh	- 18

Diseases of the Skin:-

Infantile Eczema	- 3
Impetigo	- 6
Urticaria	- 7

Diseases of the Eye:-

Conjunctivitis	- 6
Blepharitis	- 1

Diseases of the Throat, Nose, & Ear:-
- Otorrhoea - 4
- Cervical Glands - 2

Other Diseases:-
- Anaemia - 2
- Cyst - 2
- Vincents Angina - 1
- Naevi - 15

Toddlers Clinic:-

Special Sessions were held, when necessary, for children between the ages 2 and 5 years:-

No. of Sessions.	Average Attendances.	Examinations by M.O.	Total Attendances.
10	12·4	124	124

At these Sessions, the following conditions were found:-

Congenital Malformations:-
- Heart Diseases - 1
- Webbed Fingers - 1
- Umbilised Hernia - 1
- Rickets - 4
- Deaf Mute - 1

Diseases of the Respiratory Tract:-
- Bronchitis and Bronchial Catarrh - 9
- Asthma - 2
- Coryza - 2

Dental Defects - 3

Diseases of the Skin:-
- Scabies - 1
- Impetigo - 1
- Seborrhoea Dermatitis - 3

Diseases of the Eye:-
- Squint - 2
- Conjunctivitis - 2

Diseases of the Throat, Nose & Ear:-
- Enlarged Tonsils & Adenoids - 11
- Otorrhoea - 1
- Cervical Glands - 2

Other Diseases:-
- Pes Planus - 7
- Genu Valgum - 4
- Enurises - 1
- Rheumatism - 1

Vitamin Product Scheme:-

The above scheme was still in operation during 1944 at the following Centres:-

Municipal Clinic, Beulah House.
Bebside Senior School.
Newsham Junior School.
Seaton Sluice -(Sessions held fortnightly)

Attendances reached the following figures for 1944:-

Municipal Clinic.	Bebside.	Newsham.	Seaton Sluice
2,727	1,016	1,907	144

Much of the Vitamin Product is now issued at the Food Office.

Child Life Protection.

Under Section 206-220, Public Health Act, 1936, two persons were receiving one child for reward at the end of the year. The Health Visitors reported that the children were well cared for in a satisfactory home.

Infectious Diseases in Children under 5 years of age.-

	No. of Cases notified.	Against 1943.
Diphtheria	15	+
Scarlet Fever	34	-
Measles	476	+
Whooping Cough	104	+
Pneumonia	1	-
Tuberculosis (Non-Respiratory)	5	+
	635	+

Health Visitors paid visits to 536 cases of Infectious Diseases.

MATERNITY SERVICES:

Number of patients who were confined in 1944 were as follows:-

	Free	Assisted	Paid Own fees.	Total.
Dilston Hall Maternity Hospital	62	42	32	136
Preston Road " "				42
Princess Mary " "	-	-	-	21

Maternity Outfits:

Bags were loaned out eighteen times during the year.

Dental Treatment:

No. of Mothers.	Extractions	Local Anaesthetics	Dentures Supplied.
39	307	ALL	6

Ante-Natal Clinic:

Total Sessions	- 98
" Attendances	- 2,991
Number of New Patients	- 547
" " Old Patients	- 2,444
Average Attendance	- 30.51
Number of Examinations by Doctor	- 2,025
" " Wasserman Tests	- 345

Maternal Deaths:
There were no Maternal deaths during the year.

Women's Advisory Clinic:

The following is an extract from a report for which I am indebted to Nurse Finlay.

Total Sessions	- 9
" Attendances	- 76
Number of New patients	- 17

Maternity and Child Welfare Service – Home Visiting by Health Visitors.

Year.	Visits to Children under 1 Year. First Visits after Notification	No. of Revisits.	To Children 1 – 5 years.	Other Visits. To Expectant Mothers.	Still Births visited.	TOTALS:
1940	510	1652	1825	88	–	
1	745	870	1689	87	19	
2	459	1040	2140	50	15	
3	469	984	2280	43	13	
4	664	1318	2620	19	13	
Totals:	2847	5864	10554	287	60	
Average per year.	569	1173	2111	57	15	
Average per H.V.	189	391	704	19	5	= 1308

1308 Visits per Health Visitor per year
= 25 " " " " " week
= 4.16 " " " " " day.

INFECTIOUS DISEASE SERVICE.

Year.	Visits.
1940	412
1	256
2	612
3	151
4	536
Total – 1967	

Average per year – 393 = 131 Visits per Health Visitor per year.

The above averages are based on a six day week all the year. (All holidays excluded).

TOTAL NUMBER OF BABIES BORN IN YEARS 1940-1-2-3 and 4 RESPECTIVELY:

1940 – 552
1 – 573
2 – 539
3 – 604
4 – 719
Total: 2987 Average = 597 per year.
= 199 per Health Visitor per year.

Number of pre-school children (incl. 1943) as per Registrar Generals Return = 2796. (932 each H.V.)

SOME DUTIES OF HEALTH VISITORS.

Babies under one year (600) should be visited each 2 or 3 months.

1 to 2 years – 3 times during the year.

2 „ to 5 years – yearly.

Infectious cases visited by H.V.

Measles.
Whooping Cough.
Ophthalmia Neonatium.
Puerperal Pyrexia.

Infant Life Protection Visitors.

THE DUTIES OF HEALTH VISITORS: – specially required locally are those in the Joint Consultative Council's memo – Section IV. (a) (i) and (ii) (d) ; V. and VI.

Infectious Diseases.

Scarlet Fever: The marjority of the 114 cases were among children at the age of five years (20 boys and 36 girls - 56). There were 57 cases among the age group 5-10 years.

Diphtheria: The majority of 104 cases were among children at the age of 5-10 yrs (22 boys and 27 girls - 49). Among immunised there were 30 out of 47 who had been immunised between 1 and 3 years. Remarkable enough the remaining 17 had been immunised over a much longer period. Table X shows that those who received 0·5 doses in 1935, 1936 & 1937 were protected up to 7 to 10 years. Has the war interfered with the strength of this material?

Whooping Cough: With the exception of 22 cases (20 under one year of age) the rest of 156 notified cases viz: 134 were among children between one and five years (almost equal numbers in the ages of 3, 4 and 5 years). There were 50 among the age group 5-10 years.

Measles: Like Whooping Cough the incidence was chiefly among 1-5 years of age (almost equally in ages 3,4 and 5 years). Of the 723 cases notified 51 were under one year of age and 425 between 1 to 5 years inclusive. 239 were of the age groups 5-10 years.

Pneumonia: Of 39 notified cases 17 were in the age group of 15-25 yrs.

Erysipelas: Of 12 cases seven were in the age-group of 25-45 years.

Puerperal Fever: Three cases only and these were in the age group of 15 to 25 years.

Dysentery: There were two cases - one in the age group 5-10 years and the other at 15-25 years.

SUMMARY:

Thus of the total 1242 notifications of infectious diseases not less than 395 were among children between 5 and 10 years of age. Of 57 cases of Pulmonary Tuberculosis 19 were in the age group of 15 to 25. Between the ages of 5 - 25 years there were 28 cases (Males 11 Females 17)

Measles shows its characteristic rise in incidence following a fall. There were 723 cases this year against 80 last year (see table 1) /emic

Whooping Cough has usually a longer interval between epid- This year we had 156 cases against 90 in 1943, 79 in 1942 and 299 in 1941.

The highest death rate among the infectious diseases was Pulmonary Tuberculosis and Pneumonia, and the highest percentage in eight years was among them.

Dysentery: We have had during the year 2 cases. Bacteriological examination showed them to be of the Sonne type (i.e. due to the bacilli of Sonne). The chief organisms causing Dysentry are the bacilli of shiga, Flexner, Schmitz and Sonne. The chief interest of the Sonne organism is that it may give rise, especially in children, to outbreaks resembling food poisoning.

Pneumonia in Infants : During the year 10 fatal cases were recorded. There are two types of this disease (1) Lobar pneumonia and (2) Broncho pneumonia.

Lobar pneumonia: occurs suddenly with a high temperature, with breathing out of all proportion to the pulse rate, and after 3 or 4 days signs of lung consolidation is discovered. The illness ends suddenly and recovery occurs in a week or so thereafter. On the other hand Broncho pneumonia is a secondary infection to nasal involvement or a Bronchitis. Here the pulse is more in proportion to the increased breathing rate, there appears more embarrasment with complexion greyish and there are patches of inflamation with Bronchitis. It lasts 2 or 3 weeks, the prognosis is always grave and it may be several months before the Broncho-pneumonic lung

Continued.

has healed; and until it has, the patient must be treated and cared for. Pneumonia is the enemy of the aged and it need not be acute.

Smallpox : No case has been reported locally. With men and women serving abroad we have to be prepared. Medical practitioners were sent a leaflet on the main points and a short notice put in the local press advising vaccination. I have enquired into the state of vaccination among children and this shows a disappointing picture (see school report). A notified case can give a large amount of work. (In London 11 cases caused enquiries among 3,000 contacts; books and clothing disinfected; Laundries had to be visited. Locally the total number of successful vaccinations performed by the Public Vaccinator is 167.

Veneral Disease: Penicillan has been found a cure for both Gonorrhoea and Syphilis, but if the former is treated without investigating for any Syphilitic infection the latter may be overlooked. Hence it is necessary to investigate for Syphilis before dosing for Gonorrhoea. If care is taken in excluding Syphilis there is no reason why general practitioners should not do the treatment and save publicity by clinics.

Poliomyelitis and Cerebro-Spinal Fever : The former is spread by a virus and the latter by a coccus (Meningococcus), and both can be found in the nose and throat of contacts. But these do not necessarily get the disease. Since one person in 1,000 developed either of these diseases on exposure to infection and as healthy persons can transmit the infection, isolation methods were of no avail; and for these reasons New York abolished quarantine of Contacts. It seems established that children at the time of, or immediately after, Tonsillectomy are more liable to develop poliomyelitis than all the other children.

MEASLES MORTALITY - 1920-1944 (all ages).

Years :-	1920	1921	1922	1923	1924	1925	1926
1.No. of Deaths.	4	15	NIL	19	3	5	NIL
2.Population (estimated)	32733	32340	32630	32950	33350	33350	34430
3.Mortality Rate per 1,000 Population.	.12	.46	-	.60	.09	.14	-
		1927	1928	1929	1930	1931	1932
1. -do-		3	NIL	7	NIL	8	NIL
2. -do-		34280	31840	31520	31685	31808	32670
3. -do-		.09	-	.22	-	.25	-

Years :-	1933	1934	1935	1936	1937	1938	1939
1.No. od Deaths.	6	5	NIL	9	1	3	NIL
2. Population (estimated)	30080	33590	34190	34410	34570	34470	34470
3. Mortality Rate per 1,000 Population	.19	.14	-	.26	.02	.09	-
	1940	1941	1942	1943	1944.		
1. -do-	2	1	2	1	NIL		
2. -do-	34470	33240	33240	33240	30590		
3. -do-	.05	.03	.06	.03	-		

Table showing the tendency for an outbreak with a fairly high mortality to be succeeded by 4 to 6 years of a lowered mortality.

Number of Cases of Infectious Diseases originally notified during the year 1944, and of the final numbers according to Sex and Age, after corrections subsequently made either by the Notifying Medical Practitioner or by the Medical Superintendent of the Infectious Diseases Hospital.

Ages, etc., N.K. - Age Unkrown.	Scarlet Fever		Diphtheria		Whooping Cough		Measles Ex. Rubella		Acute Pneumonia		Dysentery		Erysipelas		Puerperal Pyrexia		Cerebro-Spinal Fever	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
No's originally notifed																		
Civilians (All ages)	43	73	45	71	64	92	362	361	27	12	1	1	8	4	-	3	-	1
Non-Civilians (all ages)	-	-	1	-	-	-	2	-	-	-	-	-	1	-	-	-	-	-
GRAND TOTALS	116		116+1N.C		156		723+2N.C.		39		2		12+1N.C.		3		1	
Final Numbers after Correction																		
Civilians 0	-	-	-	-	11	9	21	30	-	-	-	-	-	-	-	-	-	-
Civilians 1	7	5	1	2	19	23	106	90	-	-	-	-	-	-	-	-	-	-
Civilians 3	5	16	10	2	16	25	112	117	1	-	-	-	-	-	-	-	-	-
Civilians 5	20	36	22	27	18	33	120	119	6	1	1	-	-	-	-	-	-	-
Civilians 10	4	8	7	16	-	-	2	2	-	-	-	-	-	-	-	-	-	-
Civilians 15	5	3	2	9	-	1	1	1	10	7	-	1	1	1	-	-	-	-
Civilians 25	1	4	1	5	-	1	-	2	-	-	-	-	5	2	-	3	-	-
Civilians 45	-	-	-	-	-	-	-	-	6	1	-	-	2	1	-	-	-	-
Civilians 65 & Over	-	-	-	-	-	-	-	-	4	3	-	-	-	-	-	-	-	-
Total Civilians	42	72	43	61	64	92	362	361	27	12	1	1	8	4	-	3	-	-
GRAND TOTALS	114		104		156		723		39		2		12		3		-	
Non-Civilians 15	-	-	1	-	-	-	2	-	-	-	-	-	1	-	-	-	-	-
Non-Civilians 45 & Over	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Non-Civilians	-	-	1	-	-	-	2	-	-	-	-	-	1	-	-	-	-	-

The difference in the total cases notified and the final numbers after correction, is shown as follows :—

Scarlet Fever (2 cases) 1 rediagnosed as Chicken Pox and 1 as Food Rash.
Cerebro-Spinal Fever (1 case) re-diagnosed as Tubercular Meningitis.
Diphtheria (13 cases) 12 re-diagnosed as Tonsillitis and 1 as a Head Cold.
Diphtheria Carrier was diagnosed as a Clinical Diphtheria.

TABLE. 1.

TABLE 11.

INFECTIOUS DISEASES NOTIFIED (1937-1944).

	1944	1943	1942	1941	1940	1939	1938	1937.	Gross Totals.
Scarlet Fever	116	123	65	24	30	95	128	129	710
Diphtheria	116	98	145	300	44	63	36	37	839
Erysipelas	12	13	7	10	16	34	33	19	144
Para or Typhoid Fever	NIL	NIL	NIL	NIL	NIL	3	2	NIL	5
Pneumonia	39	82	55	39	68	45	44	76	448
Puerperal Pyrexia	3	6	4	6	9	7	7	10	52
Cerebro-Spinal Fever	1	1	3	7	3	NIL	2	1	18
Acute Poliomyelitis	NIL	NIL	NIL	NIL	1	1	NIL	NIL	2
AcuteEnceph. Letharg.	NIL	NIL	NIL	NIL	NIL	NIL	1	1	2
Dysentery	2	4	1	1	18	6	1	NIL	33
Ophth. Neonatorum	NIL	2	8	5	3	2	2	2	21
Tuberculosis (Resp)	57	57	38	44	38	47	38	35	354
" (Other)	17	8	8	13	11	15	10	14	96
Whooping Cough	156	90	79	299	6	4	(Not Notifiable)		634
Measles	723	60	912	77	751		(Not Notifiable)		2543
Food Poisoning	NIL	NIL	8	8	NIL	NIL	NIL	NIL	13
Total Notifications	1242	564	1327	833	998	322	304	324	5914

NUMBER OF DEATHS (INFECTIOUS DISEASES).1937-1944.

	1944	1943	1942	1941	1940	1939	1938	1937	No. of Deaths	% of dths. over 8 yrs. of gross cases notified.
Scarlet Fever	NIL	NIL	NIL	1	NIL	1	NIL	NIL	2	.2%
Diphtheria	6	3	5	20	3	5	4	1	47	5.6%
Erysipelas	NIL	NIL	NIL	NIL	NIL	NIL	2	3	5	3.4%
Pneumonia	18	26	10	23	25	14	16	27	160	35.7%
Puerperal Pyrexia	NIL	NIL	2	NIL	2	NIL	1	2	7	13.6%
Cerebro-Spinal Fever	NIL	1	2	1	NIL	NIL	1	NIL	5	27.7%
Acute Poliomyelitis	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	-	-
Acute Enceph. Letharg.	NIL	NIL	NIL	NIL	NIL	2	1	2	5	-
Dysentery	NIL	NIL	NIL	NIL	2	NIL	NIL	NIL	2	6.0%
Ophth Neonatorum	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	-	-
Tuberculosis (Resp)	*26	19	25	+17	31	24	20	16	178	50.3%
"(Other)	4	1	6	3	4	7	5	6	36	37.5%
Whooping Cough	2	1	NIL	4	NIL	NIL	(Not Notif.)		7	1.1%
Measles	NIL	1	2	1	2	(Not Notifiable)			6	.2%
Food Poisoning	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	-	-
Para or Typhoid Fever	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	-	-
TOTAL DEATHS	56	52	52	70	70	53	50	57	460	7.7%

* Includes Non-Notified T.B. = 2 Deaths.
\+ " " " T.B. = 2 "

TABLE 111.

AGE DISTRIBUTION OF NOTIFIABLE DISEASES.

DISEASES.	Under 1 year	1 - 2	2 - 3	3 - 4	4 - 5	5 - 10	10 - 15	15-25	25-35	35-45	45-55	55-65	Over 65 yrs.	TOTALS.
Scarlet Fever	-	8	5	10	11	57	12	8	1	3	1	-	-	116
Enteric "	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	2	1	5	7	49	29	17	3	2	1	-	-	116
Erysipelas	-	-	-	-	-	-	-	1	1	-	4	3	3	12
Tuberculosis, Pul.	-	-	-	-	-	2	7	19	12	4	11	2	-	57
Tuberculosis, Other.	1	1	-	2	-	2	3	5	2	1	-	-	-	17
Pneumonia	-	-	-	-	1	6	1	9	5	4	4	3	6	39
Enceph-Letharg	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Opth. Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	-	-	-	-	-	-	-	2	1	-	-	-	-	3
E. C. S. M.	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Whooping Cough	20	19	23	26	16	50	-	1	1	-	-	-	-	156
Measles	51	94	103	109	119	232	4	2	2	-	-	-	-	723
Dysentery	-	-	-	-	-	1	-	1	-	-	-	-	-	2
Polio-Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Polio-Myelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	72	124	132	153	154	406	56	65	28	14	21	8	9	1242

In addition to the above Table, Non-Civilian Cases notified were, 1 Diphtheria, 1 Erysipelas, and 2 Measles.

DIPHTHERIA IMMUNISATION.

Doses and Period between them and resulting immunity:

The unscientific person cannot assess the efficiency of the dosage by simply finding so many deaths in a given series or a given year among the immunised. Thus Bousfield (Lancet December 9th, 1944) has found that the poorest results are got by a single injection. If this be 0.2 c.c. only of A.P.T. no one could expect any immunity nor could one expect any lasting effect from one injection of 0.4 c.c. or 0.5 c.c. Even two injections of an interval of seven days gives very little better results. With his particular sample of A.P.T. Bousfield found that even with an interval of 14 days the results were far from satisfactory. The greatest degree of immunity was found with a 21 day interval. A slightly better result occurs with 28 days. It is quite good to give a second dose even after two months or longer interval if the child has not been brought up at the 28 days interval. If Schick Tests are performed after 3 months and a positive reaction got, then a further dose is necessary. There will always be a certain number of immunised children getting Diphtheria as the interval since the date of immunisation lengthens. Originally one had no means of assessing the degree of natural immunity a child has, and some require more dosage than others. Again if the child has lost some of the intended dose by a struggle and if the dose is not then made up, it has received less than it should have. The degree of exposure to infection subsequent to the injection - especially up to three months or so - is a factor for consideration. I have Schick-tested over 200 children to see the degree of immunity achieved (the doses were given by three different doctors before my time). The tables are given below. As the incidence of Diphtheria lessens each year showing the good influence of Immunisation you may expect the number of notifications among the immunised rise owing to the "passing off" of the immunity they had received.

Diphtheria: 1/30 of a Unit of Antitoxin per c.c. of blood serum is sufficient to protect against the disease. The tissues are not only at the time stimulated to form additional antitoxin, but get the ability to react to produce antitoxin more rapidly if require subsequently.

The new born babe has normal protection but they lose this by the end of the first year, when they have the greatest degree of susceptibility to the disease. Thus the greatest fatality rate is between 1 and 2 years. If every infant was protected between 6 and 12 months then mortality will be greatly reduced.

Schick Testing: This test is to discover the susceptibility or otherwise to Diphtheria. It is not necessary in the case of infants. In the case of all other children there is no general agreement as to when this should be done. Some advise 3 to 6 months after the second injection. In addition to this it is thought necessary to re-Schick test on entering School (unless the prior test was negative). In addition others think that all children should be re-Schick-tested every few years. Whenever a positive test is found the child should have one full dose. On an average it is thought that about 2 per cent of children even after a complete course give a positive reaction and require further injections. After three years approximately it is stated that 12 per cent become Schick positive. In New York they give a "Booster" dose to all children after three years. Ministry of Health Circular 2713 enjoins Local Authorities to employ their Health Visitors to make a census of all children under five who have not been immunised and for the Health Visitors to approach the parents. Board of Education Circular 1610 asks all teachers to bring the attention of parents to the need of immunisation. Schick Testijg could be got over by giving four inoculations.

SCHICK TESTS, 1944.

		Number of year elapsed since immunisation.								
		1942	1941	1940	1939	1938	1937	1936	1935	
	Years:-	2	3	4	5	6	7	8	9	Totals.
No. of Cases.	Pos.	16	42	10	16	-	2	2	4	92
	Neg.	28	39	7	31	1	-	2	8	116
	Total:	44	81	17	47	1	2	4	12	208

Schick Tests done 21st August to 27th November, 1944:-

Year Immunised.	Number.	Percentage.
1930 - 38:		
Positive	8	42.1%
Negative	11	57.9%
1939:		
Positive	16	33.3%
Negative	32	66.7%
1940:		
Positive	10	58.8%
Negative	7	41.2%
1941:		
Positive	42	51.9%
Negative	39	48.1%
1942:		
Positive	16	37.2%
Negative	27	62.8%
Total Positive -	92	44.23%
" Negative -	116	55.77%
TOTAL: -	208	

83 of the 92 ~~negative~~ Positive reactors have been immunised by me.

PROPAGANDA RE IMMUNISATION.

1. Birthday Leaflet - sent to parent on child's first birthday with a form. A record is kept and checked and followed up in a month.
2. On no reply being received a Health Visitor calls. Place and time of Clinic for free immunisation is told. Alternative given to have private Doctor. Medical Officer of Health informed which.
3. Welfare Clinic: If any child found not immunised the parent gets a form. Appointments made by post card.
4. School Children: All School Children not immunised are approached direct and by Head Teachers when possible, from list sent them. Appointments made by post card.
5. Medical Inspection.: Any found not immunised, the parent is talked to by the Doctor, and form given.
6. Special Immunisation Clinics: Held on Monday afternoons. Where difficulty occurrs from distance the Bus Fares are paid for attending the Clinic. When they do not attend after 4 weekly Notices, a Health Visitor revisits to find reason and exercise persuasion.
7. When mother's or guardian's work, or household duties, make it impossible for children to be brought to the clinic I go to the house in a car with nurse and immunise at the house.
8. Public notice in local newspaper from time to time on points connected with Diphtheria Immunisation.
9. Posters: A permanent poster re Immunisation is on the wall of the Health office. At other times in addition posters are put up in Public Square and at the Library.
10. Doctors who do immunisation for persons who can't pay receive 3/6d. per injection if records are supplied to the Medical Officer of Health. Antigen is supplied free.

ANNUAL RETURNS FOR THREE YEARS OF NOTIFIED CASES OF INFECTIOUS DISEASES. TABLE IV.

	Scarlet Fever	Diphtheria	Erysipelas	Pneumonia	Puerperal Pyrexia	Cerebro Spinal Fever	Dysentery	Opth. Neonatorum	Tuberculosis, Pul.	Tuberculosis, Other	Whooping Cough	Measles
Year 1942	65	145	7	55	4	3	1	5	38	8	79	91
Year 1943	123	98	13	82	6	1	4	2	57	8	90	80
Year 1944	116	116	12	39	3	1	2	-	57	17	156	723

A. DIPHTHERIA TABLE V.

	Cases	Deaths	Remarks
1941	300	20	Not immunised
1942	145	5	" "
1943	98	3	" "
1944	116	6	" "
TOTALS	659	34	

DIPHTHERIA.

Month.	1943. No. of Cases Notified.	1943. No. of Deaths	1944. No. of Cases Notified.	1944. No. of Deaths.
January	7	1	14	1
February	6	-	8	2
March	5	-	6	-
April	7	-	12	1
May	11	-	4	-
June	1	-	6	-
July	5	-	1	-
August	2	-	9	1
September	6	-	12	-
October	10	-	15	-
November	22	2	16	-
December	16	-	13	1
TOTALS:	98	3	116	6

DIPHTHERIA. Table VI.

The Table set out below gives comparison with recent years.

	1944	1943	1942	1941	1940	1939	1938	1937.
No. of Notifications	116	98	145	300	44	63	36	37
" " Deaths	6	3	5	20	3	5	4	1
Fatality Rate	5.1%	3.0%	3.4%	6.7%	6.8%	7.9%	11.1%	2.7%

Table recording the age-groups of cases of Diphtheria during 1944.

Age Groups	No. of Cases.	No. of Deaths	Fatality Rate
0 - 1 years	-	-	-
1 - 2	2	-	-
2 - 3	1	-	-
3 - 4	5	-	-
4 - 5	7	1	14.3%
5 - 10	49	2	4.2%
10 - 15	29	2	6.9%
Over 15 years	23	1	4.3%
TOTALS:	116	6	5.1%

	Treated in Hospital	Treated at Home	Total.
Diphtheria Cases	108	8	116
Convalescent Carriers (V.T.+)	7	NIL	7
Healthy Carriers (V.T.+)	5	NIL	5

DIPHTHERIA IMMUNISATION. Table VII.

Age Groups.	Estimated Child Population	Number fully Immunised	Percentage.
Under 5 years	2796	1560	55.87
5 - 15 years	5323	4232	79.10
TOTALS:	8119	5792	71.33

1944	Children under school age	School Children
First Doses	476	75
Completed Treatment	487	98
Re-Immunised	-	88

Total number of children completely immunised during 1944= 585

CHILDREN IMMUNISED.

Years.	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTALS.
0 - 5	50	49	47	51	23	47	32	37	32	43	48	28	487
5 - 15	30	11	15	7	4	2	6	3	2	7	8	3	98
Re-Immun.	1	1	-	1	-	-	-	-	14	1	-	70	88

TABLE V11 Cont'd.

CHILDREN WHO HAVE HAD DIPHTHERIA - 1944.

(During the half-year and the year, divided into those who had been immunised and those who had not, and into the age groups 0-1; 1-5; 5-10; and 10-15 years).

	Jan. to June.				July to Dec.				
	0-1	1-5	5-10	10-15	0-1	1-5	5-10	10-15	Total For Year
Immunised	NIL	1	12	7	NIL	4	16	6	*46
Not Immunised	Nil	3	10	7	NIL	6	12	10	48
Number of deaths in same period:-									
Immunised	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Not Immunised	NIL	1	1	1	NIL	NIL	1	1	5

*See Table X showing years elapsed.

DIPHTHERIA IMMUNISATIO PER YEAR.

Year.	Under 5 Yrs. Pop.	% of Est. Pop. not known	5 to 15 Yrs. Pop.	% of Est. Pop. not known	Total Pop. not immunised.	% of Cases of Diphth. No record	Cases of Diphth. after immunisation. No record
1937	111		135		246	"	"
1938	81		54		135	"	"
1939	101	not known	415	not known	516	"	"
1940	87	3.4%	205	4%	292	3.8%	"
1941	614	24 %	929	18%	1543	20.2%	"
1942	743	29 %	889	18.5%	1632	22.2%	33
1943	606	26.4%	615	13%	1221	17.7%	28
1944	487	17.4%	94	1.7%	581	7.1%	47
TOTAL:	2830		3336		6166		147

DIPHTHERIA PROPHYLAXIS -12 months ended 31st December, 1944, Blyth District.

i. No. of children (including temporary residents) who completed full course of immunisation between 1st January and 31st December, 1944.

Under 5 Yrs.	Aged 5-15 Yrs.	TOTAL
487	94	581

ii. (a) Approximate estimated no. of children in the area at 31st December, 1944

Between Under 5	5 - 15.
2,796	5,323

(b) No. of children known to be immunised at 31st December, 1944. 1,560 4,232

(c) Percentage of present child population considered to be immunised at 31st December, 1944, 55.87% 79.1%

iii. (a) Cases of Diphtheria in children under 15 Yrs. notified between 1st January and 31st December," 14 79

(b) No. of cases included in (a) in which child is known to have completed course of immunisation not less than 12 weeks before onset of disease. 6 40

(c) No. of deaths from Diphtheria registered in area between 1st January and 31st Dec.1944 of children under 15 years. 1 4

(d) No. of deaths included in (c) in which child is known to have completed course of immunis. not less than 12 weeks before onset of disease. NIL NIL

Table VIII

DIPHTHERIA CASES. 1941 - 1944.

	1941	1942	1943	1944
Number of Diphtheria Cases Notified.	300	145	98	116
" " notified who were fully immunised.	25	17	28	42
" " " cases who received 0·5 cc dose only.	8	6	1	5
" " " " " " 3 large doses of 1·cc	-	3	-	-
" " " " who were partly immunised	7	2	-	-
" " Deaths in Total Cases notified.	20	5	3	6
" " " " fully or partly immunised cases.	Nil	Nil	Nil	Nil
Fatality Rate.	6·7%	3·4%	3·0%	5·1%

DIPHTHERIA among the IMMUNISED

Diphtheria cases notified in 1944 who had been immunised previous to notification, showing date when immunised, dose, date notified and time elapsed between immunisation and notification.

No.	Date Immunised 1st Dose 0·2 cc	2nd Dose 0·5cc	Date of notification of Diphtheria	Time between Immunisation and notification Years	Months.	
1.	16.2.40.	15.3.40.	3.1.44.	3	10	
2.	16.3.42.	13.4.42.	14.1.44.	2	9	
3.	18.11.42.	22.1.43.	17.1.44.	1	0	
4.	28.10.42.	19.11.42.	18.1.44.	1	2	
5.	8.6.42.	6.7.42.	18.1.44.	1	7	
6.	22.9.41.	20.10.41.	21.1.44.	2	3	
7.	4.12.42.	11.1.43.	3.2.44.	1	1	
8.	14.1.43.	11.2.43.	11.2.44.	1	0	
9.	21.1.43.	18.2.43.	21.2.44.	1	0	
10.	21.1.43.	18.2.43.	29.2.44.	1	0	
11.	25.7.42.	22.8.42.	21.3.44.	1	7	
12.	14.9.41.	19.1.42.	18.3.44.	1	2	
13.	28.5.42.	29.6.42.	5.4.44.	1	10	
14.	7.8.42.	25.9.42.	5.4.44.	1	7	
15.	6.12.40.	14.3.41.	18.4.44.	3	1	
16.	18.9.42.	20.11.42.	18.4.44.	1	5	
17.	7.6.40.	25.10.40.	28.4.44.	3	6	
18.	8.9.41.	10.10.41.	3.5.44.	2	7	
19.	24.11.41.	22.12.41.	10.5.44.	2	5	
20.	21.2.41.	21.3.41.	15.6.44.	3	3	
21.	29.11.40.	24.10.41.	24.6.44.	2	8	
22.	11.9.42.	9.10.42.	21.8.44.	1	10	
23.	28.5.42.	17.7.42.	28.8.44.	2	1	
24.	30.7.41.	27.8.41.	25.9.44.	3	1	
25.	29.9.39.	27.10.39.	26.9.44.	4	11	(Schick Test 30.5.41 - Negative)
26.	11.8.41.	12.9.41.	2.10.44.	3	1	
27.	6.2.42.	16.3.42.	4.10.44.	2	7	
28.	22.5.42.	19.6.42.	8.10.44.	2	4	
29.	2.6.39.	20.6.39.	14.10.44.	2	4	
30.	16.3.42.	1.5.42.	25.10.44	2	5	
31.	27.6.41.	24.7.41.	3.11.44	3	8	(Re-diagnosed as Tonsillitis.
32.	23.11.42	21.12.42	14.11.44.	1	11	
33.	2.9.43	30.9.43	15.11.44.	1.	2	
34.	6.3.44	3.4.44	20.11.44.	-	7	
35.	23.5.41.	20.6.41.	18.11.44.	3	5	
36	16.3.42	1.5.42.	25.11.44.	2	6	
37.	9.2.40.	8.3.40	29.11.44.	4	8	
38.	23.7.41	20.8.41.	30.11.44.	3	3	

Cont'd.

TABLE V111 Cont'd.

No.	1st Dose.	2nd Dose.	Date Notified.	Yrs.	Months.	
39.	27.10.43	29.11.43	11.12.44.	1	1	
40.	28. 8.42	9.10.42	10.12.44.	2.	2	
41.	19. 7.43	16. 8.43	12.12.44.	1	4	
42.	21.12.42	22. 1.43	13.12.44.	1	11	
43.		8. 4.36	7. 8.44.	8	4	
44.		22. 4.36	7. 8.44.	8	4	
45.		22. 4.36	21. 8.44.	8	4	
46.		3.22.37	20. 9.44.	7	7	
47.		4. 3.35	25.10.44.	9	7	(Re-diagnosed as Tonsillitis).

TABLE 1X.

SUMMARY OF DIPHTHERIA AMONG THE IMMUNISED IN 1944.

Period Elapsed.	No. of Cases.
Up to 6 months.	NIL
6 months to 1 year.	1
1 year " 2 years	17
2 years " 3 "	12
3 " " 4 "	10
4 " " 5 "	2
5 " " 6 "	NIL
6 " " 7 "	NIL
7 " " 8 "	1
8 " " 9 "	3
9 " " 10 "	1

NOTE: 29 out of 47 had been immunised between 1-3 years.

Diphtheria Prophylaxis. (England & Wales).

Important Figures.

Incidence of 2 years 1942 - 3:
Among Immunised one-fourth of that amount non-immunised.

Mortality Rate: 1 " 23 " "

Mortality Rate of whole country: 1 " 29 " "

Decline in deaths as result of immunisation:

Year:-	1940	1941	1942	1943.
Deaths:-	2,480	2,641	1,827	1,370.

These rates coincided with the increased proportion of children immunised.

Number immunised under 15 years of age 1st Jan.1940--31st Dec.1943 - 4,800,000.

At end of 1943 about 56 per cent of the under 15 years were immunised. This figure has to be 75 per cent in each locality. There are about 650,000 infants born each year. If these are not immunised the risk of the number unprotected will be increased. The best time for immunisation is just before the first birthday.

After 3 or 4 years an immunised child can be tested by the Schick test to see if the protection is maintained. If it has declined one dose only is then required.

DIPHTHERIA AMONG THE IMMUNISED - TABLE X

Years:- 1941-2-3-4

Year Imm.	Year Notified	Doses Given 0.5 cc	0.2cc 0.5cc	1cc	Time (in years) between Immunisation & Notification 0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10
1935	1941	6	-	-							6			
6	"	1	-	-						1				
7	"	-	-	-										
8	"	1	1	-			1	1						
9	"		7	-		1	6							
1940	"		5	-		5								
1	"		4	-	4									
		8	17	-	4	6	7	1	-	1	6	-	-	-
1935	1942	2	-	4								6		
6	"	1	-	-							1			
7	"	3	-	-					1	2				
8	"	1	1	-				1	1					
9	"	-	1	-			1							
1940	"	-	2	-		2								
1	"		10	-	6	4								
2	"		1	-	1									
		7	15	4	7	6	1	1	2	2	1	6		
1935	1943	1	-	-									1	
6	"	-	-	-										
7	"	-	-	-										
8	"	1	-	-						1				
9	"	-	7	-				3	4					
1940	"	-	1					1						
1	"	-	13			7	6							
2	"	-	12	-	3	9								
3	"	-	4	-	4									
		2	37	-	7	16	6	4	4	1	-	-	1	
1935	1944	1	-	-										1
6	"	3	-	-									3	
7	"	1	-	-								1		
8	"	-	-	-										
9	"	-	2	-			1		1					
1940	"	-	3	-				2	1					
1	"	-	11	-			3	8						
2	"	-	16	-		8	8							
3	"	-	9	-		9								
4	"	-	1	-	1									
		5	42	-	1	17	12	10	2	-	-	1	3	1

Thus of those notified in 1941 ten were not protected beyond 2 year.

" " " " " " " 1942 13 " " " " " " " "

" " " " " " " 1943 23 " " " " " " " "

" " " " " " " 1944 18 " " " " " " " "

In 4 years 64 out of 137 were not protected beyond 2 year, or 46%

TUBERCULOSIS.

There has been sufficient evidence to show that overcrowding and Tuberculosis go together. We also know that fresh air and direct sunlight kill the Tubercle Bacilli, and that the germ survives for 2 or 3 months when kept in darkness at room temperature. The dust of a room with a consumptive is impregnated with Tubercle Bacilli. High rents with low wages mean less expenditure on food and lowered resistance. The standards of housing accommodation by the Housing Act of 1936 is too low. It has been estimated that probably 40% of children who are tested by Tuberculin and show a positive reaction before the age of two years, die of acute Tuberculosis before they reach the age of five years. With these and other facts it cannot be impressed too strongly that the priority houses should be for the poor and at a rental they can meet.

It is well to recognise that Pulmonary Tuberculosis is an infectious disease caused chiefly by prolonged contact with a Tuberculosis person, who on coughing, throws out the Tubercle Bacilli in the moist breath. All rooms where Tuberculosis cases have been, or died in them, should be disinfected. The germ can lie dormant in the lungs till lowered resistance activates it. The greatest danger is between 15 to 30 years of age. A great deal of energy is expended during these years so that unless care is taken, fatigue will lead to lowered resistance. The body's resistance likewise is often lowered by menstruation. Many Chronic Bronchitic cases may be harbouring the Bacilli so that their cases require constant revision. Latent cases without symptons can only be discovered by X-rays it is of course, not infallible. In mass Radiography a photograph is taken of the image in the lung made visible on a Fluorescent Screen. By mass Radiography 70 to 80 out of 1,000 are found suspicious and then require special X-ray and clinical examination. The Government has given family allowances to Tuberculosis patients as grants-in-aid of treatment so that the individual can go to a hospital or Sanatorium without the family income being greatly endangered. The grants are 63/- per week for a man with a wife and two children over 16 years of age, less 10/- while in hospital. The Tuberculosis Officer decides whether unfit for work. There are certain discretionary allowances and special payments. The defects of this Scheme are:- (1) It is a war-time measure; (2)only lung cases come under it; (3) that the patient's case is one likely to improve and so likely to return to work; (4) it is withdrawn when the condition is static or increasing. Overcrowding favours the spread. Tuberculosis Meningitis (chiefly among under 4 years of age) may follow Pulmonary Tuberculosis or Tubercular Infection of the glands about the windpipe and bronchial tube. In the earliest stage it may resemble "Pink Disease", but soon a feverish state with vomiting arouses suspicion and in the second week a convulsion and squint proclaims the diagnosis. Tubercular Glands of the neck may have their source from decayed teeth, but all enlarged glands in the neck are not necessarily Tubercular. Pasteurisation kills the Tubercle germs in milk. Patch tests on the skin can reveal family Tuberculosis. I have been using these on some cases.

The Joint Tuberculosis Council in it's Report dealing with war-time diet states, "It is estimated that from "rationed" and "points" food about 1,000 calories a day can be obtained but the additional 1,600 calories required to keep above the "danger-line" could be got from unrationed foods such as offal, fish, sausage, potatoes, bread, flour and vegetables. The combined classes would give the required vitamins". But 8/6d or 9/- per week is necessary to get these whereas the maintenance allowances (M.H.Circular 266/T) is 5/- to 8/- per week according to wage. This minimum per person does not guarantee that an adequate quantity is consumed. As a war-time Scheme the Government allowances is limited to those cases of Tuberculosis which had a chance of recovery to be fit for employment at an early date. The idea of patching up cases only for re-employment is not a good economic Scheme. These allowances should be extended to all cases irrespective of "chances" of recovery. The Public Health Committee should ask the County Council to have the Scheme so extended.

TABLE X1

STATEMENT OF TUBERCULOSIS CASES - 1944.(As per Register).

	Males		Females.		
	Pul.	Non-Pul.	Pul.	Non-Pul.	Total.
(a) Number of cases of Tuberculosis on Register at commencement of year	171	45	159	48	423
(b) Number of new cases notified under the Regulations of 1930 for the first time during the year	28	12	29	5	74
(c) Number of cases removed from the Register during the year.	96	29	92	31	250
(d) Number of cases remaining on the Register at the end of the year.	101	28	96	22	247

TABLE X11

TUBERCULOSIS - 1944.

Summary of information extracted from Records Dept., relating to cases removed from the Tuberculosis Register of the Borough during the year 1944:

	DEATHS				
	Pulmonary		Non-Pulmonary.		Grand Total.
	Males	Females	Males	Females.	
	14	10	2	2	
Total:	24		4		28
	RECOVERED.				
	15	24	5	2	
Total:	39		7		46
	REMOVED FROM DISTRICT.				
	23	19	5	11	
Total:	42		16		58
	REMOVED FROM REGISTER AS AGREED TO BY MEDICAL PRACTITIONERS.				
	46	39	17	16	
Total:	85		33		118
					250

TUBERCULOSIS.

Table XIII.

1944.

Age Groups.	New Cases. Respiratory. M.	F.	Non-Respiratory. M.	F.	Deaths. Respiratory M.	F.	Non-Respiratory. M.	F.
0 - 1	-	-	2	-	-	-	1	-
1 - 5	-	-	1	1	-	-	-	1
5 - 15	6	4	3	2	-	-	-	-
15 - 25	5	13	-	1	3	3	-	1
25 - 35	6	6	1	1	*	6	-	-
35 - 45	7	3	1	-	3	1	-	-
45 - 55	2	3	-	-	2	-	-	-
55 - 65	-	-	-	-	*	-	-	-
Over 65	-	-	-	-	-	-	-	-
TOTALS:	28	29	12	5	16	10	2	2
GRAND TOTALS:	57		17		26		4	

* = Non-Notified as T.B.Cases = 2 Deaths.

Table XIV.

TUBERCULOSIS - 1943 and 1944.

	1943. NOTIFICATIONS MALES Pul.	Non-Pul	FEMALES. Pul.	Non-Pul	DEATHS. MALES Pul.	Non-Pul.	FEMALES. Pul.	Non-Pul
Quarter ending 31 Mar.1943	8	2	4	NIL	4	NIL	1	NIL
" " 30 June "	8	1	13	NIL	NIL	NIL	1	1
" " 30 Sept. "	8	1	5	2	3	NIL	5	NIL
" " 31 Dec. "	6	NIL	5	2	NIL	NIL	2	NIL
TOTALS:	30	4	27	4	11	NIL	8	NIL
GRAND TOTALS:	34		31		11		9	
	1944.							
Quarter ending 31 Mar.1944	5	3	6	NIL	1	NIL	1	NIL
" " 30 June "	5	4	7	3	11*	1	3	NIL
" " 30 Sept. "	7	4	8	1	2	1	4	1
" " 31 Dec. "	11	1	8	1	2*	NIL	2	1
TOTALS:	28	12	29	5	16	2	10	2
GRAND TOTALS:	40		34		18		12	
	74		65		20		21	

* Includes Non-notified T.B. Cases = 2 Deaths.

TABLE XV

Mortality figures for Tuberculosis (all forms)

Year.	per 100000 population. England and Wales.	Year.	Blyth.
1919	126.0	1939	101.0
1920	113.0	1940	114.0
1925	104.0	1941	65.0
1929	96.0	1942	98.0
		1943	65.0
		1944	98.0

TUBERCULOSIS AND THE MILK SUPPLY.

The figures of the Registrar General of the deaths from Tuberculosis show that at least one per cent of the Respiratory and 23% of the Non-Respiratory deaths (glands, bone, lungs etc) in each year are due to the Bovine type of Tubercle Bacillus. Cases that react to Tuberculosis vary from 10 to 80% in various areas, but for the whole of England the more reliable figure is 40% being affected. Of those infected only those are infective if the lesions give out Tubercle Bacilli as in the case of the lungs, intestines, udder and uterus. About 2.5% of infected animals are infective at any one time and this applied to all cows is one per cent. Of these 0.1% of all dairy cattle suffer from Tuberculosis of the udder, i.e. one in 500. The average percentage of mixed milk infected with Tubercle Bacilli is 6 or 7%. The human type of Tubercle Bacilli does not affect cattle and Pulmonary Tuberculosis cases are practically all of the human type In the dung of cattle on pasture-land, the Tubercle Bacillus has been found to survive four months in Autumn and five months in Winter, but under the Summer sun dies after two months. Tuberculosis is common in pigs and nearly two-thirds are due to the Bovine type of Tubercle Bacillus. The owner of a cow secreting Tubercle Bacilli is given the free assistance of Bacteriologist and Veterinary Inspector and is not fined but compensated for the slaughter of the animal. On the other hand for less dangerous chemical adulteration, he is prosecuted and fined.

Other Diseases transmissible are:- Scarlet Fever; Mastitis of Cows; Food Poisoning by Streptococcus and Salmonella groups of organisms; Typhoid, Paratyphoid and Dysentery.

In Blyth During the Year:

The number of samples of milk found with T.B. = 6 (3 more results due.)

The number of animals slaughtered for T.B. up to 31/12/44:- 3 cows slaughtered due to T.B. in milk samples taken, 30/ /43, 2/12/43 and 26/10/43.
2 cows slaughtered due to T.B. in milk samples taken in 15/5/44, 9/8/44.
1 sample taken on 14/2/44, proved to be T.B. All the cows in this herd having been examined, sampled, and proved negative to Tuberculosis, it is not known where the original contamination occurred.
Samples taken 26/9/44 which proved T.B. present are awaiting further report from the County Council.
Samples taken 4/4/44, which proved T.B. present.

FOOD AND DRUGS (Milk & Dairies) BILL, 1944.

The Bill primarily concerns the cleanliness of milk - not its safety. Local Authorities are still in control of milk in transit, and on sale and they can exercise their public health duties even on the farm if that is necessary. All these powers however will not suffice for dealing with the two most common diseases transmitted by milk, viz:- Tuberculosis and Undulant Fever. The Medical Officer of Health has no power to suspend or stop the sale of milk found to be infected with either of these two diseases; Section 18 of the Milk and Dairies Order only applies to those notifiable Infectious Diseases mentioned in the Public Health Act of 1936. Many children can be infected for months before any action could be taken under the Tuberculosis Order, even if the cow is found to be affected. Tuberculosis can be spread before the cow shows signs of it and so part of Section 25 of the Food and Drugs Act, 1938, is inadequate to protect. Here the County Council has to enforce the Section. It is asked by the Ministry of Health with Defence Regulations 55G to urge Local Authorities to take frequent samples, but if the Medical Officers of Health have no power to stop the sale of Tuberculous milk, it is largely a waste of time taking samples and reporting. Again Section 9 of the Food and Drugs Act gives the seller loopholes for escaping punishment,

SANITARY DEPARTMENT.

From TableXVl it will be seen that the majority of Statutory Notices, viz., 100 were in connection with Section 39 of the Public Health Act, 1936, which deals with drains, sewers, soil pipes, rain water pipes, spouts, sinks, etc. This is to be expected since we are dealing with much old property. Next in order there were 92 Abatement Notices re Nuisances (Section 92). There were 55 Notices in connection with the provisions of dustbins and 41 dealing with repair or cleansing of Closets (Section 45). The total number of informal notices was 652 and of these 307 went to Statutory Notices. At the end of the year 146 Informal Notices and 123 Statutory Notices had not been complied with.

Producers' Licences: (Tuberculin Tested Milk.
(a) Licences authorising bottling of the milk on farm - 1.
(b) Non-bottling Licences..... - Nil.

*Accredited Milk:
(a) Licences authorising bottling of milk on the farm - Nil
(b) Non-bottling Licences..... - Nil

Distributors Licences:
(a) Tuberculin tested milk..... - 1
(b) Bottling Licences (for premises other than place of production)..... - Nil
(c) Pasteurised Milk (from Co-op)..... - 1

Accredited Milk:
Bottling Licences (for premises other than place of production)..... - Nil

Pasteurised Milk:
(a) Holder process..... - 1
(b) H.T.S.T. Process..... - Nil.

Number of new Licences issued during the year.... - 3.

From the time of Galin to the present day the advances in Hygiene and sanitation are due to the Medical advancements. The future health of the people after housing lies in the teaching them hygiene by Health Visitors, and every scholar should leave school with a good knowledge of that subject.

There are certain standards of living which influence the maintenance of health. These are housing, food, drink, occupation recreation, availability of medical and nursing care. These themselves or combined cannot guarantee health. There must be a natural power or constitution to be able to resist microbic invasion and withstand climatic conditions. Further, since a sound body requires mind, the emotional make up and a persons reactions to, or ability to, stand discipline and life's stresses are requisites for health. The last may break down even if the two former were good and the lowered natural resistance can fail to give health if the others were good. All this points to the value of hygiene from the earliest life and preventive medical measures for Maternity and Child Welfare. If childhood is not directed along healthy lines in homes then dangerous inhibitions can be initiated. The importance of health visitors cannot be overestimated for the future of the Race.

*By Defence Regulation 55G Accredited Milk may be from a single herd.

SUMMARY OF WORK RE SANITARY INSPECTORS. TABLE XVI.

Re Notices and Samples of Milk and Water.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
Total Complaints:	73	108	174	106	152	104	100	117	155	109	88	75	1361
Informal Notices:	37	60	100	44	42	96	30	39	91	38	38	37	652
Statutory Notices:-													
Sec. 39 (Drains, etc.)	19	8	7	-	17	4	-	-	13	8	15	9	100
" 45 (W.C. Repairs)	7	1	5	3	1	4	-	-	10	-	6	4	41
" 56 (Yar s, etc.)	2	1	-	-	4	1	-	-	6	1	1	-	16
" 75 (Dustbins)	3	3	10	1	22	2	-	-	8	2	3	1	55
" 93 (Nuisances)	12	5	6	-	17	4	-	-	23	9	8	8	92
" 138 (Water Supply and Waste)	-	-	-	-	1	-	-	-	2	-	-	-	3 - 307.
Milk Samples and Bottles:	33	28	26	18	31	18	23	38	21	13	22	17	288
Water Samples:	7	-	3	3	3	3	3	9	-	-	3	3	37

TABLE OF ANIMALS INSPECTED.

	1938	1939	1940	1941	1942	1943	1944.
Cattle:	1494	1722	1605	1275	1645	1807	1659
Sheep:	3794	5032	8806	8091	7366	5258	5049
Pigs:	3097	2823	1107	623	83	99	80
TOTALS:	8385	9577	11518	9917	9094	7164	6788

WATER SUPPLY:

Samples taken have shown it's purity.

LETTERS POSTED FOR HEALTH DEPT., 1944. TABLE XVLL

Medical Officer of Health:	
Letters.....	1578
Cards, etc., re Immunisation Notices.....	4420
TOTALS:-	5998
Sanitary Inspectors:	
Statutory & Informal Notices & letters relating thereto.....	526
Other letters.....	126
TOTALS:	652
GRAND TOTALS:.....	6650.

EMERGENCY HOUSING.

The Government plan for rapidly easing the position of housing is to provide 400,000 houses by the end of the first year after the war and a certain number of temporary houses, and is prepared to extend the scope of the housing Subsidies to private builders. As compared with the 400,000 permanent houses, the first instalment of temporary dwellings will be 500,000 as soon as possible. Apart from the framework many kinds of material can be used for it's walls. As the houses are to be provided as an urgency measure to last ten years, the internal timber need not be so seasoned as for permanent houses. There is no doubt that they will, with reasonable care, last longer than ten years. Since the last war over 50,000 various types of prefabricated houses have been built. The Governments Scheme is based on estimates of the various materials that will be availble year by year.

Briefly, houses are required to house the newly married, to reduce overcrowding, to replace houses unfit to live in and to receive new entrants into the district. School buildings are required and thousands of houses for repair work. The pre-war housing programme is also in arrears. The skilled men of the building trade is now estimated at only 4000,000 and the Government consider it will take two years to double this number, and it will take three years to number 1,250,000 men. With shortage of various materials it is obvious one must rely on mass production of some sort, and assembling on sites, the ready made (prefabricated) sections of houses if one wished a rapid solving of the housing difficulty. There are various types to meet the various needs. Prefabrication gives speed in erection any construction, insulation and blast has less effect on them.

The situation has become acute and will be so for some time. Various highly skilled Government Advisers have studied the whole housing problem from every angle. Ministry of Health Circular 2871 gives power to the local authority to repair houses. Though the amount that can be expended is £500 and £400 by Circular 9/44 January, 1944, yet in certain cases more can be expended by M.H. Circular 2845. To hasten procedure in acquiring sites, Circular 14/44 of February, 1944, gives details. One thing the Council should seriously consider is the question of a trained woman housing manager for Council Estates so that she can assist in the many ways of her duties both the Council and the occupants. In planning it is well to consider the needs of these in these Estates for both a Health Centre and a Social Centre for various relaxations.

The number of old persons will increase for some years and therefore in any Housing Scheme provision must be made for them. There will be those who can look after themselves, those who are incapable from some defect and others who will require institutional treatment. A properly devised Scheme should be thought of. The Temporary Houses will be a blessing to those living in Insanitary Hovels, rather than continue living in them.

The proposals of the Government do not touch the housing of the working classes as they should. Christianity is essentially concerned with the lives of the poor and nothing furthers ill-health so much as the deplorable condition of the dwellings of the indigent population. In Blyth we have hundreds of houses in condemned areas in which people (mainly miners and their families) live in squalor and damp houses patched up from time to time - some of them little better than piggeries. These cry aloud for much sympathy for their sufferings. I believe there should be an independent Central Housing Board answerable only to the Minister of Health as to planning and expenditure. This should be given full executive powers and should only submit any plans or planning to the Ministry of Health for disapproval (not approval) within 21 days.

TABLE XVIII.

HOUSING ACT, 1936 - PART IV, OVERCROWDING - 1944

A. (i) Number of dwellings overcrowded at end of year 353
(ii) " " families dwelling therein 353
(iii) " " persons " " 2095

B. Number of new cases of overcrowding reported during the year 49

C. (i) Number of cases of overcrowding relieved during the year 55
(ii) Number of persons concerned in such cases 332
(iii) " " cases of overcrowding relieved in houses owned by the Local Authority (included in C (i) 2
(iv) " " cases of overcrowding relieved in the course of Slum Clearance operations Nil

D. Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding. Nil

E. Any other particulars with respect to overcrowding conditions, upon which the Medical Officer of Health may consider it desirable to report.-

Where Holdings are situated.	No. of Holdings.	No. of O/C Holdings	O/C Percentage of Total No. of Holdings.	O/C Percentage of No. of Holdings in each area.
In Municipal Houses	1,870	48	.51	2.56
In areas scheduled for clearance	961	125	1.34	13.00
In Houses other than the above	6,497	180	1.93	2.80
TOTALS:	9,328	353	3.78	-

O/C = Overcrowded.

TABLE XIX. OVERCROWDING SURVEY – HOUSING ACT, 1936. 1944

WARD:	BEBSIDE		CROFT		DELAVAL		PLESSEY		RIDLEY		WATERLOO		WHOLE BOROUGH WITHOUT COUNCIL HOUSES OR CLEARANCE AREAS		ALL COUNCIL HOUSES IN BOROUGH		WHOLE BOROUGH	
P.O.	B		C		D		P		R		W							
	Holdings	%	Holdings	%	Holdings	%	Holdings	%	Holdings	%	Holdings	%	Holdings	%	Holdings	%	Holdings	%
O/C	28	5.1	57	4.5	9	2.9	23	2.5	22	1.2	41	2.4	180	2.8				
U/C	519	94.9	1197	95.5	306	97.1	885	97.5	1743	98.9	1667	97.6	6317	97.2				
TOTAL	547	100%	1254	100%	315	100%	908	100%	1765	100%	1708	100%	6497	100%				
	B.S.		C.S.		D.S.		P.S.		R.S.		W.S.		ALL CLEARANCE AREA HOLDINGS IN BOROUGH.					
O/C	34	10.1	24	15.5	8	11.6	27	13.7	17	12.7	15	10.4	125	13.0				
U/C	301	89.9	131	84.5	61	88.4	97	83.3	117	87.3	129	89.6	836	87.0				
TOTAL	335	100%	155	100%	69	100%	124	100%	134	100%	144	100%	961	100%				
	B.M.		C.M.		D.M.		P.M.		R.M.		W.M.							
O/C	1	2.3	18	4.9	1	.3	28	2.6	–	–	–	–			48	2.5		
U/C	42	97.7	346	85.1	382	99.7	1047	87.4	–	–	5	100%			1822	97.5		
TOTAL	43	100%	364	100%	383	100%	1075	100%	–	–	5	100%			1870	100%		
	Whole Ward		Whole Ward		Whole Ward		Whde Ward		Whole Ward		Whole Ward		WHOLE BOROUGH WITHOUT COUNCIL HOUSES SUM TOTAL		SUM TOTAL		SUM TOTAL	
O/C	63	6.8	99	5.6	18	2.3	78	3.7	39	2.0	56	3.0	305	4.1	48	2.5	353	3.7
U/C	862	93.2	1674	94.4	749	97.7	2029	96.3	1860	98.0	1801	97.0	7153	95.9	1822	97.5	8975	96.3
TOTAL	925	100%	1773	100%	767	100%	2107	100%	1899	100%	1857	100%	7458	100%	1870	100%	9328	100%

Families housed at minimum standard = 335

KEY. – O/C = Overcrowded; U/C = Uncrowded. P.O. = Private Owners. B.S.= Bebside Slum. B.M.= Bebside Municipal.

REPORT ON OVERCROWDING SURVEY - BOROUGH OF BLYTH, 1944.

TABLE XX.

FAMILIES	Number of Families containing the equivalent number of persons shown at the head of each column													Total	Over-Crowded	% Over-Crowded	Borderline Cases.
No of units	Up to 1	1½ and 2	2½ and 3	3½ and 4	4½ and 5	5½ and 6	6½ and 7	7½ and 8	8½ and 9	9½ and 10	10½ and 11	11½ and 12	12½ and over				
Total Families	741	2479	2908	1738	37	396	148	51	19	4	5	2	-	9,328			
No. of Overcrowded families in the previous line	-	-	19	108	51	88	48	22	13	2	2	-	-		353	3·7	335
DWELLINGS.	Number of dwellings with the "Permitted Number" shown at the head of each column.																
Permitted Number	Up to 1	1½ and 2	2½ and 3	3½ and 4	4½ and 5	5½ and 6	6½ and 7	7½ and 8	8½ and 9	9½ and 10	10½ and 11	11½ and 12	12½ and over				
Total Dwellings	1	145	1120	79	3143	372	980	1335	715	343	233	74	188	9,328			Each holding constitutes a "Dwelling"
No. of overcrowded dwellings in the previous line	-	20	167	1	109	31	17	6	2	-	-	-	-		353		

"Persons" means "Units"
i.e. - Adults = 1 Unit
Children under 10 years of age = ½ Unit
Children under 12 months not counted.

Table showing Overcrowding figures for successive years.

Year	No. Overcrowded	% Overcrowded
1935	985	10·99
1936	867	9·14
1937	564	5·93
1938	489	5·12
1939	378	3·93
1940	322	3·35
1941	420	4·47
1942	384	4·12
1943	359	3·85
1944	353	3·70

TABLE XX1.

DEATH RATE DURING TWO WAR PERIODS.

1914 - 1918.				1939 - 1944.			
Infant Mortality:	Births Deaths	4,001) 538)	= 134.4 per 1,000 Births registered.	Infant Mortality:	Births Deaths	3,614) 203)	= 56.2 per 1,000 Births registered.
Tuberculosis (Respiratory)	Cases Deaths	211) 166)	= 78.7	Tuberculosis (Respiratory)	Cases Deaths	281) 141)	= 50.2
Tuberculosis (Non-Respiratory)	Cases Deaths	123) 89)	= 72.3	Tuberculosis (Non-Respiratory)	Cases Deaths	72) 25)	= 34.7
Diphtheria	Cases Deaths	81) 9)	= 11.1	Diphtheria	Cases Deaths	166) 42)	= 5.5
Infectious Diseases (other than Diphtheria & Tuberculosis).	Cases Deaths	2166) 156)	= 7.2	Infectious Diseases (other than Diphtheria & Tuberculosis.	Cases Deaths	4134) 144)	= 3.5

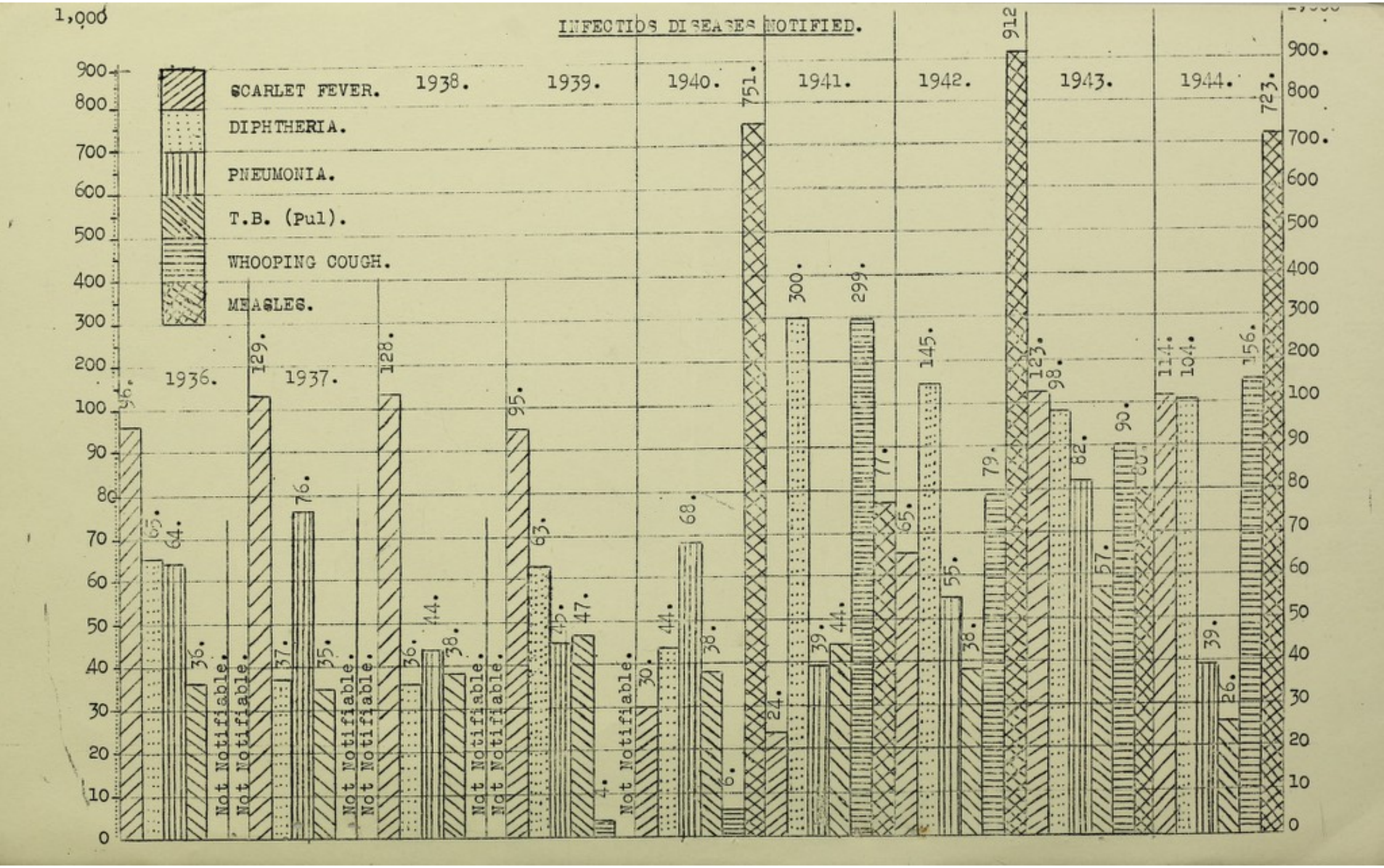
VACCINATIONS,

TABLE XX11.

For the years 1932 to 1944 inclusive.

1932	99
1933	90
1934	78
1935	115
1936	110
1937	84
1938	102
1939	85
1940	191
1941	98
1942	144
1943	157
1944	167

The increase in the number done in 1940 was due to the vaccination of children who were being evacuated abroad. Dr. Gallacher was Public Vaccinator until his death in July, 1942, when Dr. Milne was appointed.


INFECTIOS DISEASES NOTIFIED.
1,000
900
800
700
600
500
400
300
200
100
90
80
70
60
50
40
30
20
10
0
SCARLET FEVER.
DIPHTHERIA.
PNEUMONIA.
T.B. (Pul).
WHOOPING COUGH.
MEASLES.
1936.
1937.
1938.
1939.
1940.
1941.
1942.
1943.
1944.
96.
65.
64.
36.
Not Notifiable.
129.
76.
37.
35.
Not Notifiable.
128.
36.
44.
38.
Not Notifiable.
95.
63.
45.
47.
4.
Not Notifiable.
30.
44.
68.
38.
6.
751.
24.
300.
39.
44.
299.
77.
65.
145.
55.
38.
79.
912
123.
98.
82.
57.
90.
80.
114.
104.
39.
26.
156.
723.