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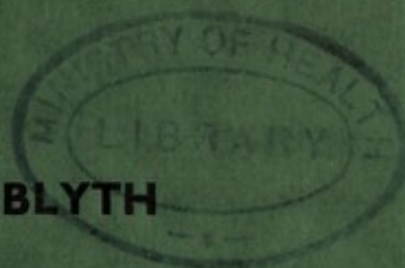
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BOROUGH OF BLYTH

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1948

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

PUBLIC HEALTH DEPARTMENT,
"DINSDALE,"
MARINE TERRACE,
BLYTH,
NORTHUMBERLAND.

March, 1949.

THE HISTORY OF

THE

REIGN OF

CHARLES THE FIRST

BY

JOHN BURNET

OF LINCOLN'S INN

ESQ.

LONDON



BOROUGH OF BLYTH

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PUBLIC HEALTH DEPARTMENT,
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MARINE TERRACE,
BLYTH,
NORTHUMBERLAND.

March, 1949.

DEPARTMENT OF HEALTH

REPORT

Medical Officer of Health

FOR THE YEAR

1918

REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1918
BY THE MEDICAL OFFICER OF HEALTH
J. H. [Name]
M.D.

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MEMBERS OF THE HEALTH COMMITTEE.

Chairman.....ALDERMAN DONNACHIE.

Vice-Chairman.....THE MAYOR.

ALDERMAN MURDY.

COUNCILLOR RHODES.

COUNCILLOR ALLISON.

„ ROURKE.

„ BARKER (G. W.).

„ RYDER.

„ BREADIN.

„ SEARLE.

„ CURRY.

„ SHEWAN.

„ HOOPER.

„ SMITH.

„ KAY.

„ SOULSBY.

„ LAING.

„ SUMMERS.

„ PROCTOR.

STAFF OF THE PUBLIC HEALTH AND MATERNITY AND CHILD WELFARE DEPARTMENTS, 1948.

Medical Officer of Health..... { A. G. NEWELL, M.D. ; C.M. ; L.M. ;
Assistant School Medical Officer { D.P.H.
and Port Health Officer..... }

Ophthalmic Surgeon A. T. PATERSON, M.D. ; F.R.C.S.
(Edin.) ; D.P.H.

Women's Advisory Clinic MRS. D. SINTON, D.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.
W. HUNTER, M.D. ; B.S. ; M.R.C.O.G.
MR. ARTHUR, F.R.C.S. ; M.R.C.O.G.

Dental Surgeon H. O. J. BEDGOOD, L.D.S.

Senior Sanitary Inspector G. A. GILL, M.S.I.A.

Deputy Senior Sanitary Inspector J. G. SIMPSON, M.S.I.A. (Resigned
September, 1948).

Additional Sanitary Inspector N. G. GODFREY, C.R.S.I. (Joined 1st
December, 1948).

Health Visitors { MISS R. M. FINLAY, S.R.N. ; S.C.M.
(up to 4th July, 1948) { MISS D. ROBSON, S.R.N. ; S.C.M.

Temporary Clerk C. FELLOWS.

NOTE : All Specialists and Health Visitors up to 4th July, 1948.

BOROUGH OF BLYTH.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1948.

1st March, 1949.

Your Worship, Ladies and Gentlemen,

I have the honour to present to you my Annual Report on the Public Health and Sanitary conditions in the Borough during the year 1948.

I am pleased to record the year has been a healthy one.

The Housing question still remains a disturbing one.

I wish to offer my thanks to all members of the Council for their support, and to my brother officers and my staff for their co-operation.

I remain,

Your Worship, Ladies and Gentlemen,
Your Obedient Servant,

A. G. NEWELL,
Medical Officer of Health.

To the Mayor, Aldermen, and
Councillors of the Borough
of Blyth.

COMMENTS ON STATISTICS.

Birth Rate : There is a definite decrease in comparison to last year's rise (difference of 4.6 per 1,000).

Death Rate : There was a healthy year to record—a difference of 3.2 per 1,000. From the graph I have had made out you will see April was the highest number of deaths. Further the largest cause of deaths—169—was from circulatory diseases (heart and blood vessels). I have dealt further in my report on this.

Infant Mortality : There was a rise (11.4 per 1,000 live births) due to the number of 36 deaths on a lesser birth rate.

The Neo-Natal Mortality is a very definite improvement.

"Still Births." There was a less number of deaths from this cause.

Tuberculosis : During the year there were 6 deaths and they all died within a year (see page 22).

BRIEF SUMMARY OF STATISTICS.

Total Deaths :

There were 362 deaths during 1948. Of these 132 were on the age groups of 55 to 75, and there were 83 among those over 75 years of age. Thus 63.8 per cent of deaths were among those over 55 years of age.

Infant Deaths :

There were 40 deaths of infants under one year and of these 14 were neo-natal. Thus nearly one-third were neo-natal.

Infectious Diseases :

There were 673 cases of measles—less than any of the last four epidemics of the disease. This formed the largest number of cases of the infectious diseases. Whooping Cough come next with 182 cases. Scarlet Fever cases numbered 89. In none of these was there much difference between the incidence among the two sexes. There was one case of acute poliomyelitis, and two of para-typoid. The total notifiable diseases were 1090.

Tuberculosis :

There were 35 deaths (same as last year)—30 being pulmonary tuberculosis. On our register we now have 256 cases of tuberculosis of which no less than 208 are pulmonary cases. The total new cases numbered 57 pulmonary and 19 non pulmonary.

Cancer :

There were 51 deaths from this disease and most located in the stomach. The sex distribution was very nearly equal.

Housing :

247 persons were rehoused during 1948 (See page 43).

Circulatory Diseases :

I have gone through all the notifications of deaths which have been ascribed singly, or in combination, with a disease of the heart or some part of the circulatory system. In a table I have given, I find that of a total of 173 such cases there are 83 which can be ascribed as caused by heart disease of its muscular condition, and the balance as due

to some disease of the circulatory system. This is 47.9 per cent as true heart affections and 52.0 per cent deaths due to disease of the blood vessels. So far as the sex distribution is concerned there is very little difference between them in either group cause (39 males and 44 females died of true heart affections and 45 males and 44 females from the circulatory vessels). The greatest number of deaths occurred between the ages of 71 and 80 years, viz., 73 (or 42.1 per cent), nearly equally among the sexes. Of combined age groups the largest number, 109, of deaths from these diseases occur between the ages of 61 and 80 years. Actual valvular disease of the heart was only reported in 22 cases (or 12.7 per cent). As 61 of the causes included under heart affections (viz., Heart failure, myocarditis and myocardial degeneration) are all either associated with some other disease or with arterio sclerosis we may safely infer that under heart and circulatory disease we have a much larger group of diseases of the circulatory blood vessels causing death. This analysis is interesting in view of war and post war stresses. Between 51 and 80 years we find no less than 72.2 per cent of the total due to heart and circulatory causes of death. The largest single cause among all the groups was cerebral haemorrhage and of these 49 cases they were about equal among the two sexes between the ages of 61 and 80.

The Role of the Medical Officer of Health in the National Health Service.

The National Health Service Act modifies and extends all previous legislation regarding the Personal Health Services. The Medical Officer of Health ceases to have administrative responsibility for domiciliary medical out-relief or Hospital Services. He is recognised as the expert in Health Education and in Social Medical Welfare (Part III of this Act).

Section 22 imposes an obligation on the *authority* to provide *clinical* care. Through this and the Education Act he still remains responsible for a great part of the medical (including dental) care of mothers, infants and school children (but treatment will be under private doctors).

Whilst most services are free there are *payments* (under Part III) for meals in nurseries and in occupation centres, home helps, loan of certain goods. The expectant mother in a Hospital is at an advantage over the one at home for her confinement.

Adviser : The Medical Officer of Health must advise the Local Authority on all measures that can be taken under the Act. He is the Executive Officer for their directions. He is the leader of the Professional and Non-Professional team of workers (doctors, dentists, health visitors, midwives, nurses, social workers, health education officers, home helps, clerical staff and sanitary inspectors). He has to direct the efforts of this team for the benefit any time for all individuals or the community.

Co-ordinating Link : The Minister of Health has said the Medical Officers of Health will be *co-ordinating links* in the administrative chain of the three major divisions of Public Service—domiciliary, hospital and local authority services. They have the experience with the infectious diseases and in health administration. The flow of patients to the Hospitals will depend on many local conditions and it appears the M.O.H. will be the best person to advise Hospital Management Committees.

The general medical practitioners will be connected with the Home Nursing Service and Domestic Help Service. In connection with such there may arise question of priorities and the Medical Officer of Health may be called to decide between one case and another.

Health Visitor : Is now called upon to advise the whole family on health questions as she finds, and to act as an agent for social amelioration. She has to bring to the notice of the Medical Officer of Health conditions requiring amelioration. She has to give information to the private doctor facts about the patients illness or before going to Hospital. On infant feeding she has to tell the doctor what is being done. The District Health Visitor may be asked by the private doctor to "follow up" the treatment. She has a statutory duty to advise in prevention of illness. To be effective the Medical Officer of Health must have control of the Service.

The "Health Authority" (County) is responsible for providing maternity services and its ancillary services and for medical aid to midwives.

As it is a *Statutory Duty* of the Medical Officer of Health to safeguard the health of the people he must be informed by the whole of his team of all matters affecting health in any way. He is concerned with Epidemiology.

Section 28 is the "care and after care" Section whereby social workers will be concerned with those of Tuberculosis, Venereal Disease, Mentally defective and ill persons. It is the Section which gives the local authority power to make proposals in the prevention of illness. These may be (1) Health Education; (2) Mental preparation for old age; (3) Surveys to secure medical attention for middle or old age persons; (4) periodic medical overhauls for specific purposes.

Hospitals have to supply returns of discharges to M.O.H.

The Health Authority is responsible for the welfare of Home of the Mentally Defective or mentally ill persons and for provision of occupation centres.

As the Medical Officers of Health are the only members of the medical profession who are *legally required* to hold a registrable post graduate qualification which requires special knowledge there can be no question their status is that of specialists. Irrespective of population, or in the position of an area health officer under the County health administration, the knowledge and status is the same. At present with the shortage of these special qualified men some counties are taking those without or only with the new *certificated* health officer qualification (not D.P.H.). Such men will be appendages for years and so many will not enter the field in the future; and as a sign of which recruits have considerably dropped.

Future Work of the M.O.H. Summarised.

Environmental Hygiene.

Recognition of Infectious and other diseases and means of prevention.

Scientific knowledge and practical application of sanitation.

Food diseases, knowledge of unsound food and drinks.

Statutory laws to be known and applied.

Bringing comfort and health to the community.

Housing Surveys—advising on needs of persons for houses.

Training of veterinary and sanitary inspectors re food inspection by M.O.H.

Some relationship with Health Centres.

By Section 22 organising liaison between Assistant Medical Officers (including School M.O.'s) and the Obstetric and Paediatric Services.

Investigation of premature and neo natal deaths.

After care of those left hospitals and of the handicapped.
Morbidity and mortality statistics and a clerk who understands these.

Statistical approach to many health and social problems.

Health Education.

Public Restaurants and such like as to their hygiene.

Sanitation in all its aspects.

Rodent Control.

Smoke prevention.

Water supply.

Social Medicine.

What Borough Medical Officers of Health have lost :

Infant Welfare Services.

Maternity Services.

Ambulance Services.

Immunisation.

Home Helps service.

Administrative control of Hospitals (where it existed).

Vaccination is a function of general practitioners.

Antitoxin will be supplied directly to general practitioners through the local Hospital Service.

Section A.

Statistics and Social Conditions of the Area.

Area.—No change in the Borough Area took place in 1948, and the acreage remains as formerly at 6487.

Population.—(Registrar-General's estimate for year 1948) 33,980

Rateable Value £170,264

Sum represented by a Penny Rate £660

Extracts from Vital Statistics.

Extracts from Vital Statistics.				Against 1947.	
The Birth Rate per 1,000 population . . .	19.7			24.3	
The Death Rate per 1,000 population . . .	10.6			13.8	
The Infant Mortality Rate per 1,000 Live Births	59.7			48.3	
The Neo-natal Mortality Rate (dying in 4 weeks) per 1,000 births	20.8			33.4	
The Still Birth Rate per 1,000 Live and Still Births	19.0			22.4	
Tuberculosis Death Rate per 1,000 population	1.03			1.1	
Maternal Mortality	Nil.			Nil.	
	1944	1945	1946	1947	1948
Number of Births (Live)	719	627	741	808	670
Number of Deaths	337	367	395	469	362
Number of Births in excess of Deaths	342	260	346	339	308

The principal causes of Infant Deaths were as follows:—

Gastro Enteritis (1 Neo-Natal)	8
Prematurity (5 Neo-Natal)	5
Pulmonary Atelectosis (2 Neo-Natal)	2
Pneumonia	6
Acute Bronchitis	3
Collapse of Lung	1
Convulsions	2
Measles	1
Pulmonary Congestion	1
Anencephalus (1 Neo-Natal)	1
Cerebral Haemorrhage (1 Neo-Natal)	1
Congenital Malformation (1 Neo-Natal)	2
General Debility (Twin pregnancy) (1 Neo-Natal)	1
Intestinal Obstruction (1 Neo-Natal)	1
Acute Meningitis	1

General Debility	1
Congenital Heart disease (1 Neo-Natal)	1
Mongolism (Neo-Natal)	2
(16 Neo-Natal)	40

Neo-Natal Deaths = (Infants who died within 4 weeks).

NEO-NATAL DEATHS.

	1947.	1943.
Broncho Pneumonia	1	1
Prematurity	15	11
Pemphigus Neonatorum	1	1 Tumour of Brain.
Gastro-Enteritis	2	1
Spina Bifida	1	1
Neonatal Septicaemia	1	4 Congenital defects.
Staphylococcal Septicaemia	1	1 Convulsions.
Cerebral Haemorrhage	2	1
Neonatal Hip Infection.....	1	1 Haemorrhagic diathesis.
Debility	1	1
Asphyxia	1	1 Inanition.

The principal causes of death (of all ages) were as follows :—

	Males.	Females.	Total.
Heart	68	57	125
Brain	24	26	50
Lung	9	7	16
Kidney	2	5	7
Liver	1	1	2

Notifiable Diseases :—

(a) Pneumonia	6	9	15
(b) Measles	1	—	1
(c) Whooping Cough.....	1	—	1
Cancer	25	29	54
Senility	3	7	10

Violence :—

(a) Road Accidents	1	—	1
(b) Drowned	—	1	1
(c) Other causes	7	1	8

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Tuberculosis Pulmonary	16	14	30
Tuberculosis Other	2	3	5
Prematurity	2	3	5
Gastro-Enteritis	4	4	8
Malignant Growths	3	1	4
Convulsions	2	—	2
Rheumatic Fever	1	1	2
Other Causes	10	5	15
	<hr/> 188	<hr/> 174	<hr/> 362

169 of all deaths were in persons 65 years and over—47%.

40 of all deaths were in infants under 1 year—11%.

Cancer Deaths in 1948—Situation of Disease Age Groups in years.

SITE.	25—45		45—55		55—65		65—75		Over 75		Totals.		Grand Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
<i>Buccal Cavity.</i>													
Jaw	—	—	—	—	—	—	—	—	1	—	1	—	1
<i>Digestive Tract.</i>													
Colon	—	—	—	—	—	1	—	—	—	1	—	2	2
Stomach ...	—	—	2	1	4	2	2	—	1	2	7	5	14
Rectum ...	—	—	1	—	1	—	2	—	—	—	4	—	4
Liver	—	—	—	—	1	1	2	—	—	—	3	1	4
Pancreas ...	—	—	—	—	1	—	—	2	—	1	1	3	4
Bowel	1	—	—	—	—	—	—	—	—	1	1	1	2
<i>Respiratory System.</i>													
Lung	—	—	1	—	1	—	1	1	—	—	3	1	4
Bronchi ...	—	—	—	—	1	1	—	—	1	—	2	1	3
<i>Genito-Urinary System.</i>													
Bladder ...	—	—	—	—	—	—	1	—	—	1	—	1	2
Uterus	—	—	—	—	—	3	—	2	—	—	—	5	5
Prostate ...	1	—	—	—	—	—	—	—	—	—	1	—	1
<i>Other Organs.</i>													
Breast	—	—	—	1	—	3	—	1	—	1	—	6	6
Pelvis	—	—	—	1	—	—	—	—	—	—	—	1	1
Melano	—	—	—	—	—	—	—	1	—	—	—	1	1
Totals ...	2	—	4	3	9	11	8	7	3	7	23	28	54

Laboratory Facilities.

Bacteriological (Public Health Laboratory Service, Newburn).

From 10th December, 1948, this service operated from: The Newcastle General Hospital, Newcastle on Tyne.

A. Pathological.

(1) Throat, Nose and Ear Swabs.

Corynebacterium	Diphtheria Present	1
"	" Not found	108— 109
Haemolytic Streptococci	" Present	37
" "	" Not found	103— 140

(2) Sputum.

B. Tuberculosis	Present	187
" "	Not found	286
" "	Insufficient Material	3— 476

(3) Blood No reaction with organisms of enteric group of Br. abortus

3— 3

(4) Faeces (Pathogenic) no organisms found

9

Faeces B. Tuberculosis not found

1— 10

(5) Skin

1— 1

(6) Vincents. No organisms found

1— 1

(7) Urine. Culture sterile

2

B. Tuberculosis not found

1— 3

(8) Other specimens. No organisms of any pathological significance

2— 2

B. Water, Milk, etc.

(1) Water Samples (various samples)

43

(2) Milk Samples.

(a) For B. Tuberculosis

40

" " " (Tests not carried out)

2— 42

(b) For Methylene Blue

40

" " " (Tests not carried out)

2— 42

(c) Pasteurised Milk (Methylene Blue Test)

" " (Phosphatase Test)

18

" " (Pathogenic Test)

1— 3

ANNUAL HEALTH REPORT, 1948.

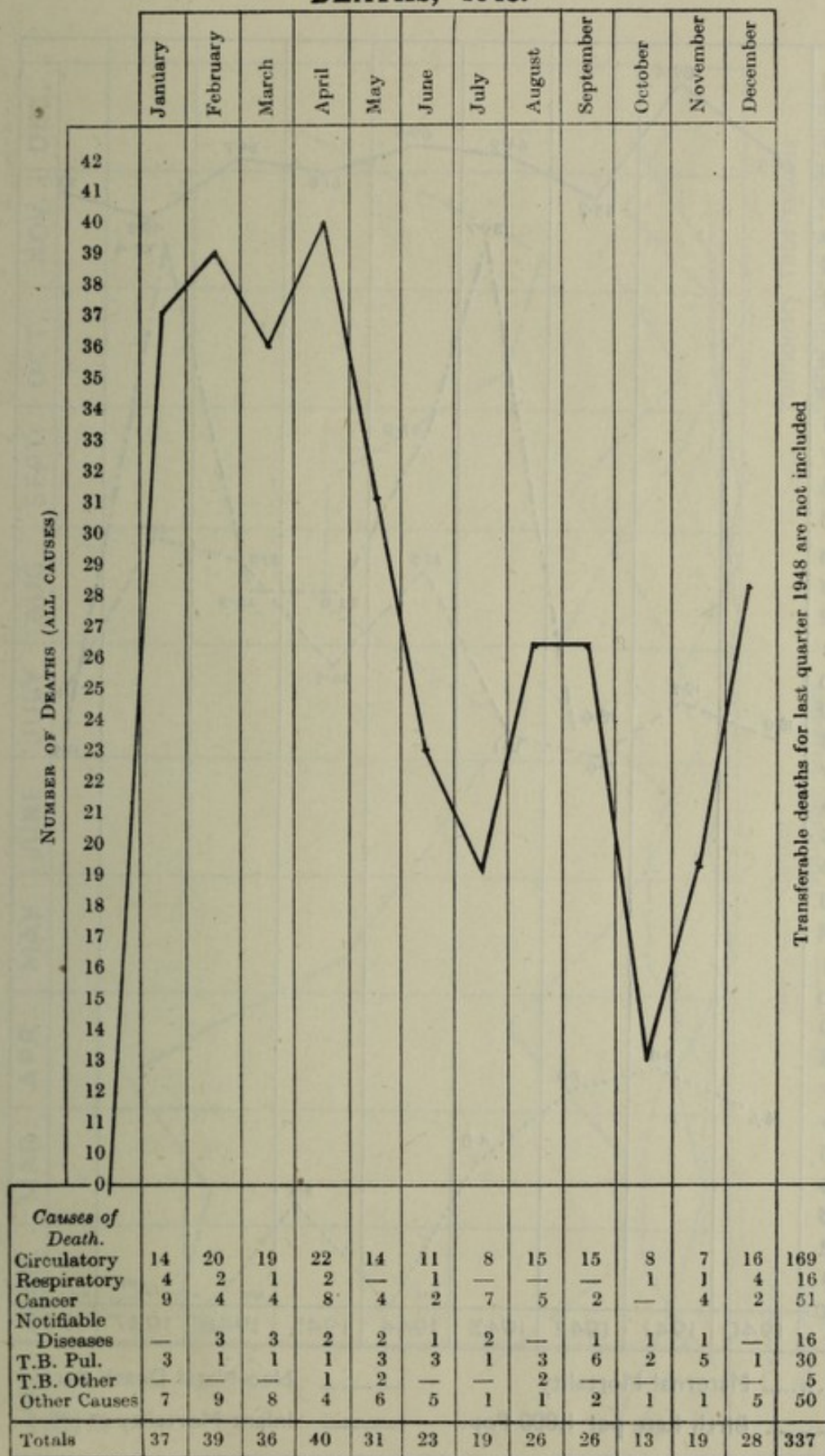
Statistics of Blyth for the last Ten Years.

No. Cases of Infectious Diseases.																	
Year.	Popu- lation.	Deaths.	Death Rate.	Live Births.	Birth Rate.	Infantile Deaths.	Infant Death Rate.	Neo- Natal Death Rate.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Polio-Myelitis.	Bowel Complaints		Tuberculosis.	
														Dysentery Typhoid Para- Typhoid	Pul.	Non.P	
1939	34,470								Not Notifiable. 751	95	Not Notifiable. 6	63	1	9	47	15	
1940	34,520		14.2	552	18.0	38	64.5			30		44	1	18	38	1	
1941	34,770	438	13.1	573	19.3	48	89.4		77	24	299	300	—	1	44	13	
1942	31,600	384	11.8	539	17.6	23	52.3	18.6	912	65	79	145	—	1	38	8	
1943	30,590	403	11.9	604	18.1	39	64.9	39.7	80	123	90	98	—	4	57	8	
1944	30,540	377	12.32	719	23.5	50	69.5	27.9	723	116	156	116	—	2	57	17	
1945	31,080	367	12.0	628	20.5	38	61.8	22.8	87	69	79	108	—	11	56	8	
1946	33,020	395	12.7	741	23.8	48	64.7	22.9	641	44	67	51	1	2	55	7	
1947	33,920	469	13.8	808	24.3	45	48.3	33.4	256	29	122	23	1	Nil.	47	11	
1948	33,980	362	10.6	670	19.7	40	59.7	20.8	673	89	182	10	1	3	57	19	

Registrar's Return. Deaths (All Causes) and Age Distribution—1948.

CAUSE OF DEATH.	Under 1 yr.	1-2		2-5		5-15		15-20		20-25		25-35		35-45		45-55		55-65		65-75		Over 75 yrs.		Total.	Un- class ified
		M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.		
Heart Disease	1	1	-	-	-	-	1	2	-	2	-	5	1	5	2	5	11	24	16	18	22	62	54	116	8
Brain "	1	1	-	-	-	-	-	-	-	-	-	-	2	-	1	6	4	8	6	8	10	23	26	49	2
Lung "	3	3	-	-	-	-	-	-	-	-	1	1	-	-	-	3	-	1	2	2	1	9	7	16	
Kidney "	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	2	1	-	-	2	2	5	7	
Liver "	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	1	1	2	2	
Zymotic Diseases :																									
(a) Pneumonia	4	3	-	2	-	-	-	1	-	-	-	-	-	-	1	-	-	-	2	-	1	5	9	14	1
(b) Measles	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
(c) Whooping Cough ...	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
Cancer	-	-	-	-	-	-	-	-	-	-	1	-	1	-	5	3	6	11	7	3	7	23	28	51	3
Senility	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	5	1	5	6	4
Violence :																									
(a) Road Accidents	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
(b) Drowned	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	-	-	-	-	-	-	1	1	
(c) Other Causes	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	1	1	-	6	-	6	2
Tuberculosis Pulmonary ...	-	-	-	-	-	-	-	1	2	2	1	5	4	2	6	2	3	2	-	-	-	16	14	30	
" Non-Pulmonary	-	-	-	-	-	-	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	2	3	5	
Prematurity	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3	2
Gastro-Enteritis	4	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4	8	
Malignant Growths	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	1	3	1	4	
Convulsions	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	2	
Rheumatic Fever	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	2	
Other Causes	3	2	-	-	-	-	1	-	-	-	-	-	1	1	1	-	-	-	-	1	7	5	12	3	
M. 20	16	1	2	2	2	3	4	6	3	4	11	7	11	7	23	9	25	43	33	34	49	171	166	337	25
F.																									
Grand Total	36	5	5	11	23	50	83	132	83	132	171	166	337	25											

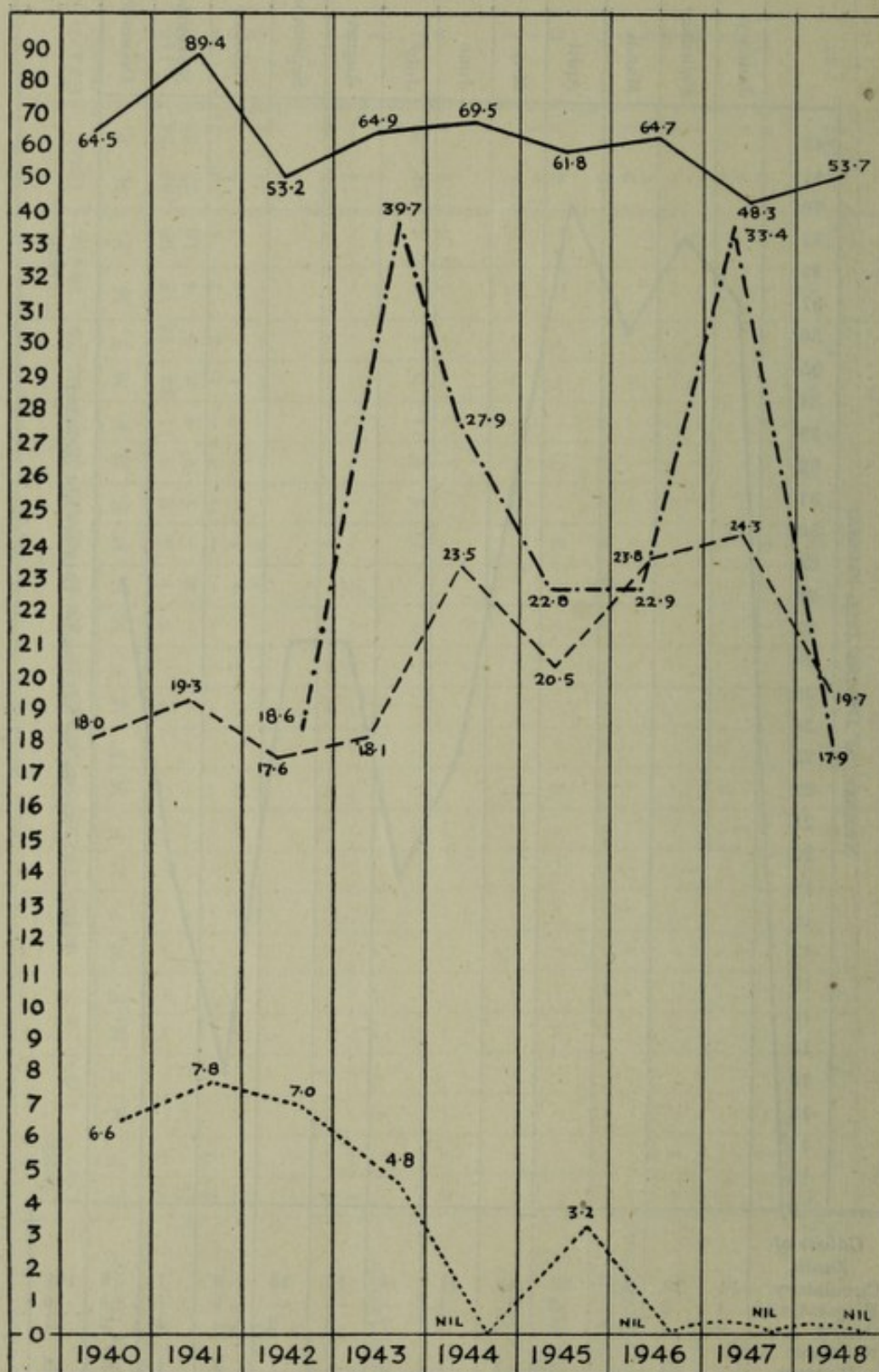
DEATHS, 1948.



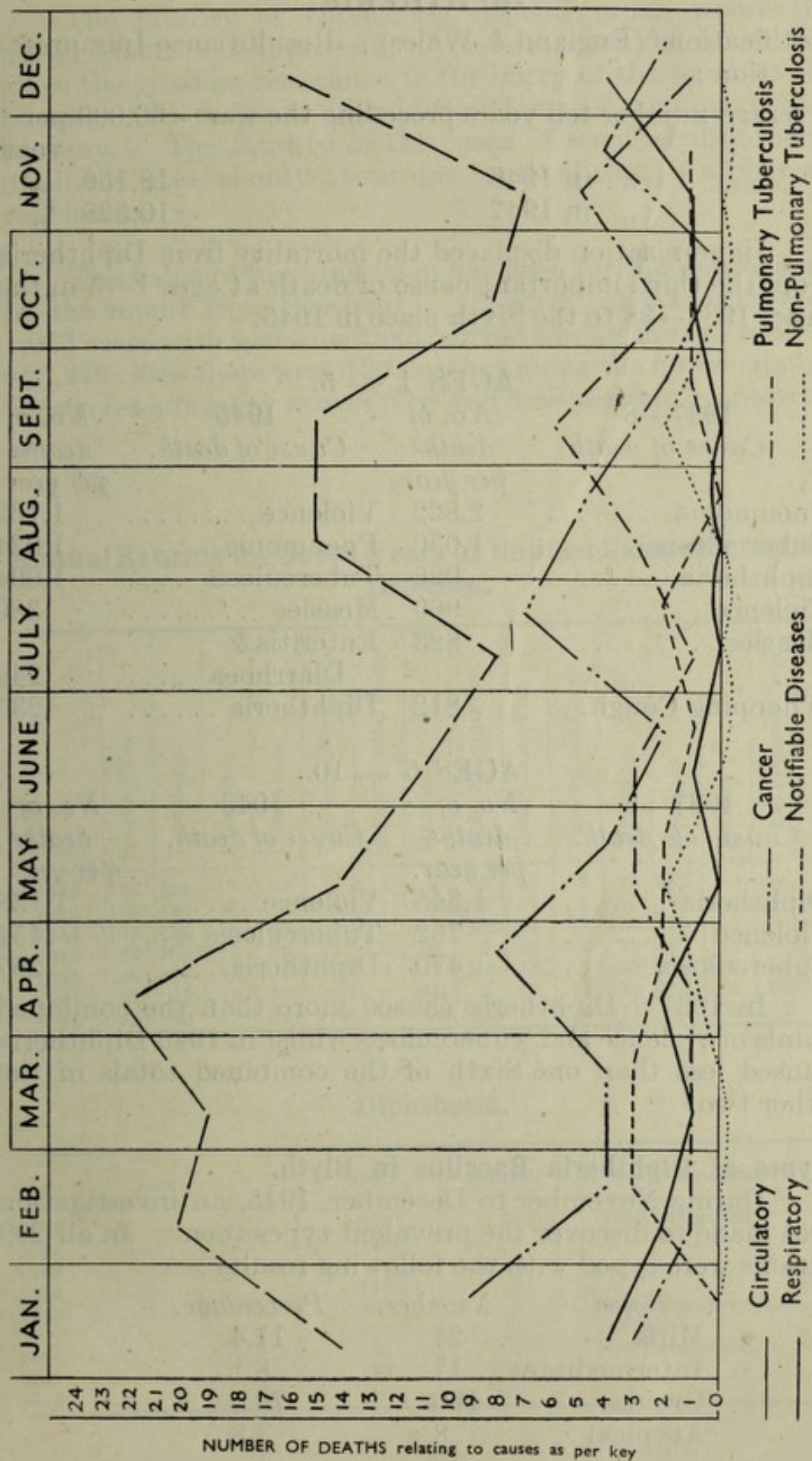
Transferable deaths for last quarter 1948 are not included

Transferable Deaths 25

362



..... Maternal Mortality
 - - - - - Birth Rate per 1,000 Pop.
 - - - - - Neo-Natal Death Rate
 ————— Infant Mortality per 1,000 live births



DIPHTHERIA.

Notifications (England & Wales) : Results since Immunisation :—

Average number ten years preceding the war = 60,000 per year:
 „ in 1946 = 18,156 „
 „ in 1947 = 10,528 „

Immunisation displaced the mortality from Diphtheria from the third important cause of death at ages 1—5 in the years 1937—38 to the Sixth place in 1945.

AGES 1 — 5.			
1937—8	No. of	1945	No. of
<i>Cause of death.</i>	<i>deaths</i>	<i>Cause of death.</i>	<i>deaths</i>
	<i>per year.</i>		<i>per year.</i>
Pneumonia	2,822	Violence	1,162
Tuberculosis	1,030	Pneumonia	1,034
Diphtheria	985	Tuberculosis	1,004
Violence	960	Measles	380
Measles	823	Enteritis &	
		Diarrhoea	249
Whooping Cough	812	Diphtheria	235

AGES 5 — 10.			
1937—8	No. of	1945	No. of
<i>Cause of death.</i>	<i>deaths</i>	<i>Cause of death.</i>	<i>deaths</i>
	<i>per year.</i>		<i>per year.</i>
Diphtheria	1,345	Violence	1,128
Violence	762	Tuberculosis	454
Tuberculosis	470	Diphtheria	257

In 1937-8 Diphtheria caused more than the combined totals of violence and Tuberculosis whilst in 1945 Diphtheria caused less than one-Sixth of the combined totals of the other two !

Types of Diphtheria Bacillus in Blyth.

During November to December, 1945, an investigation was made to discover the prevalent types then. In all 209 strains were typed with the following results :—

<i>Type.</i>	<i>Number.</i>	<i>Percentage.</i>
Mitis	24	11.4
Intermediate	17	8.1
Gravis	160	76.5
Atypical	8	3.8

Diphtheria.

The fatality of Diphtheria depends upon where the initial lesion first appeared. When it is on the tonsil this gives the greatest resistance to the entry of the toxin to the blood; and so gives an additional reason against tonsillectomy. The fatality of the cases of tonsillar diphtheria of all the sites, is only about one tenth of that of a pharyngeal lesion.

The value of immunisation has been further emphasised by the report from Scotland. Of 4,272 cases investigated 1,023 cases with seven deaths occurred among the inoculated; of 3,249 cases there were 120 deaths among the uninoculated. This gives a fatality rate of 0.68 and 3.69 per cent respectively.

Annual Returns for Seven Years of Notified Cases of Infectious Diseases.

Year	Scarlet Fever	Diphtheria	Erysipelas	Pneumonia	Puerperal Pyrexia	Cerebro-Spinal Fever	Dysentery	Oph. Neonatorum	Tuberculosis Pul.	Tuberculosis Other	Whooping Cough	Measles	Malaria	Para-Typhoid Fever	Polio-Myelitis
1942	65	145	7	55	4	3	1	5	38	8	79	912	—	—	—
1943	123	98	13	82	6	1	4	2	57	8	90	80	—	—	—
1944	116	116	12	39	3	1	2	Nil.	57	17	156	723	—	—	—
1945	69	108	6	35	3	9	10	3	56	8	79	87	1	1	—
1946	44	51	13	58	2	3	1	Nil.	55	7	67	641	2	1	1
1947	29	23	13	50	1	8	Nil.	2	47	11	122	256	1	Nil.	1
1948	89	10	18	32	2	3	Nil.	Nil.	57	19	182	673	Nil.	3	1

Diphtheria.

Year.	Cases.	Deaths.	Remarks.
1941	300	20	Not Immunised.
1942	145	5	" "
1943	98	3	" "
1944	116	6	" "
1945	108	3	One Immunised (Dec., 1942).
1946	51	1	Not Immunised.
1947	23	Nil.	
1948	10	Nil.	

DIPHTHERIA IMMUNISATION (Blyth).

Period—Year 1948.	Number of children who completed a full course of immunisation (including temporary residents).		Total	Total number of children who were given a secondary or re- inforcing injection (i.e. sub- sequent to complete full course.
	Age at final injection.			
	Under 5 yrs.	Yrs. 5-14		
1st January to 30th June	274	17	291	124
1st July to 31st December	330	16	346	107
	604	33	637	231

Immunisation 1947.

By Local Doctors	55
By M.O.H.	449
Inward Transfers	14
Total	<u>518</u>

Totals of deaths and original notifications during the past eight years are as follows (England and Wales):—

	DIPHTHERIA.	
YEAR.	DEATHS.	CASES.
1940.....	2,480	46,281
1941.....	2,641	50,797
1942.....	1,827	41,404
1943.....	1,371	34,662
1944.....	934	29,949
1945.....	722	25,246
1946.....	472	18,283
1947.....	245*	10,469*

PULMONARY TUBERCULOSIS—1944-1948.

Tables shewing the number of Pulmonary Tubercular cases notified in the respective year, and the number of deaths which have occurred, and the time elapsed from notification to death :—

Year.	No. of Notifications.	No. of Deaths.	Period within which death occurred.				
			Under 1 year.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.
1948	57	6	6	—	—	—	—
1947	47	16	6	10	—	—	—
1946	55	23	21	2	—	—	—
1945	56	20	12	7	1	—	—
1944	58	24	5	5	6	7	1
Totals ...	273	89	50	24	7	7	1

Number of *days* death occurred after notification of Tuberculosis :—

Days	1	2	3	4	10	11	14	15	19	20	
Deaths	1	1	2	1	1	1	1	1	1	1	11

Number of *months* death occurred after notification of Tuberculosis :—

Months	1	2	3	4	5	6	7	8	9	10	11	
Deaths	4	3	5	5	3	3	4	5	4	1	2	39
Total deaths occurring within 1 year of notification ...												50

Explanation : of 50 deaths under one year during the last five years eleven died within 20 days and 39 within eleven months after the dates of notification.

Tuberculosis—1944-1948.

NOTIFICATIONS.

DEATHS.

	Males.		Females.		Males.		Females.	
1944	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
Totals	28	12	29*	5	16*	2	10	2
"	40		34		18		12	
Grand Totals	74				30			

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

1945

Totals	35	4	21	4	10	2	10*	2*
"	39		25		12		12	
Grand Totals	64				24			

* Includes Non-notified T.B. Cases—4 Deaths.

1946

Totals	40	5	15	2	22	11	5*	Nil.
„	45		17		33		5	
Grand Totals	62				38			

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

1947

Totals	28	7	19	4	18*	4	12	3*
"	35		23		22		15	
Grand Totals	58				37			

* Includes Non-notified T.B. cases—3 Deaths.

1948

Totals	26	16	30	4	16	2*	14	3*
"	42		34		18		17	
Grand Totals	76				35			

* Includes Non-Notified T.B. Cases—2 Deaths.

Tuberculosis—1938-1948.

Year.	All forms of Tuberculosis notifications per year.	Number of Deaths, per year.	Death Rate per 1,000 population.
1938	48	25	0.7
1939	62	31	1.0
1940	49	30	1.1
1941	57	20	0.6
1942	48	31	0.9
1943	65	20	0.6
1944	74	30	0.9
1945	64	24	0.7
1946	62	38	1.2
1947	58	37	1.1
1948	76	35	1.03

TUBERCULOSIS.

Statement of Tuberculosis—1948 (as per Register).

	MALES.		FEMALES.		TOTAL.
	Pul.	Non-Pul.	Pul.	Non-Pul.	
(a) Number of cases of Tuberculosis on register at commencement of year.....	138	26	88	23	275
(b) Number of new cases notified under the "Regulations of 1930" for the first time during the year	26	16	30	4	76
(c) Number of cases restored to Register having been removed previous to 1948	—	—	—	—	—
(d) Number of cases added to Register and brought to notice otherwise than by formal notification	1	—	5	1	7
(e) Number of cases removed from the Register during the year ...	39	14	41	8	102
(f) Number of cases remaining on the Register at the end of the year	126	28	82	20	256

Tuberculosis—1948.

Summary of information extracted from Records Department relating to cases removed from the Tuberculosis Register of the Borough during 1948.

	DEATHS.				Grand Total.	
	Pulmonary.		Non-Pulmonary.			
	Males.	Females.	Males.	Females.		
	16	14	1	2		
Total	30		3		33	
	RECOVERED.					
	11	15	10	1		
	26		11			37
	REMOVED FROM DISTRICT.					
	12	12	3	5	32	
	24		8			
						102

TUBERCULOSIS—1948.

Age Groups.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Males	Females	Males	Females	Males	Females	Males	Females
0-1	—	—	—	—	—	—	—	—
1-5	2	1	2	1	—	—	—	1
5-15	3	2	7	1	—	—	1	1*
15-25	9	16	4	2	2	3	1*	1
25-35	6	7	2	—	1	5	—	—
35-45	2	3	—	—	5	2	—	—
45-55	3	—	—	—	6	2	—	—
55-65	1	1	—	—	2	2	—	—
Over 65	—	1	—	—	—	—	—	—
Totals	26	31	15	4	16	14	2	3
Grand Totals	57		19		30		5	

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

TUBERCULOSIS—1948.

Ward Distribution and Notifications of Deaths.

Ward.	Notifications.	Deaths.
Bebside	6	6
Croft	18	7
Delaval	8	5
Plessey	15	4
Ridley	9	5
Waterloo	20	8
Totals	76	35

INFECTIOUS DISEASES AND AGE DISTRIBUTION.

Number of Cases of Infectious Diseases originally notified during the year 1948 and of the Final numbers according to Age and Sex, 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 unknown Numbers originally notified.	Scarlet Fever.		Diph- theria.		Whooping Cough.		Measles.		Adute Pneu- monia.		Cerebro- Spinal Fever.		Ery- sipelas.		Acute Polio- myelitis.		Enteric Fever.		Para- typhoid Fever.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Civilians (all Ages)	46	43	4	6	94	88	346	327	15	17	3	—	8	10	—	1	1	—	1	2
Non-Civilians (All Ages)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GRAND TOTALS	89		10		182		673		32		3		18		1		1		3	
Final numbers after correction																				
0—	—	—	—	—	13	10	27	36	3	3	—	—	—	—	—	—	—	—	—	—
1—	5	3	—	—	31	25	101	100	—	—	—	—	—	—	—	—	—	—	—	—
3—	10	7	—	—	31	34	116	108	—	—	—	—	—	—	—	—	—	—	—	—
5—	16	19	—	—	19	19	101	82	1	4	1	—	—	—	—	—	—	—	1	—
Civilians—	13	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10—	2	1	3	2	—	—	1	1	5	4	1	—	1	3	—	1	—	—	—	2
15—	—	—	—	—	—	—	—	—	5	4	—	—	5	7	—	—	—	—	—	—
25—45.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65 and over	—	—	—	—	—	—	—	—	1	2	—	—	2	—	—	—	—	—	—	—
Total Civilians	46	43	3	2	94	88	346	327	15	17	2	—	8	10	—	1	—	—	1	2
GRAND TOTALS	89		5		182		673		32		2		18		1		—		3	
Non-civilians 15—45 and over or N.K.	—		—		—		—		—		—		—		—		—		—	

Other Notifiable diseases.	Originally Notified.		Final Numbers after correction.	
	M.	F.	M.	F.
Civilians.	—	2	—	2
Puerperal Pyrexia	—	—	—	—

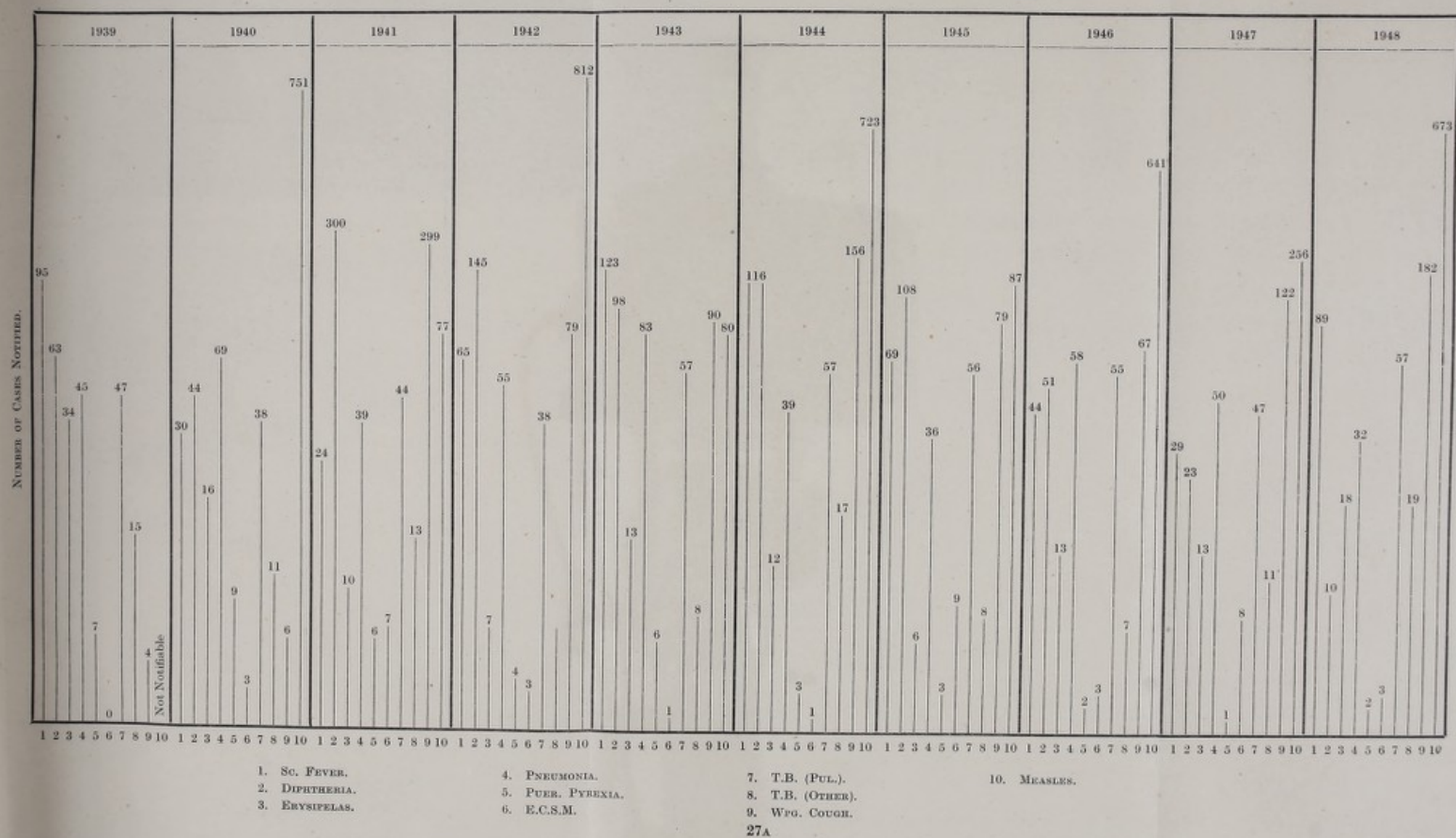
Corrected notifications :—
 1 Diphtheria to Scarlet Fever.
 1 Scarlet Fever re-diagnosed as Throat Infection.
 4 Diphtheria re-diagnosed as Tonsillitis.
 1 Enteric Fever re-diagnosed as Influenza.
 1 Cerebro Spinal Fever re-diagnosed as Influenza.

NOTIFIABLE DISEASES, 1948.

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.	Total.
Scarlet Fever	—	3	5	11	6	36	25	3	—	—	—	—	—	—	89
Enteric	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Diphtheria	—	—	—	—	—	2	2	4	2	—	—	—	—	—	10
Erysipelas	—	—	—	—	—	—	—	2	—	3	8	4	1	1	18
Tuberculosis. Pul.....	—	—	1	—	2	3	2	25	13	5	3	2	1	1	57
Tuberculosis. Other	—	1	—	1	1	7	1	6	2	—	—	—	—	—	19
Pneumonia	2	3	—	—	1	4	1	6	1	2	4	5	3	3	32
Enceph-Letharg	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Oph-Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	2	—	—	—	—	—	—	2
E.C.S.M.	—	—	—	—	—	—	1	1	1	—	—	—	—	—	3
Whooping Cough	22	27	31	34	30	38	—	—	—	—	—	—	—	—	182
Measles	63	110	91	121	103	183	—	1	1	—	—	—	—	—	673
Dysentery.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio-Enceph'tis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio-Myelitis	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Para-Typhoid Fever	—	—	—	—	—	1	—	—	2	—	—	—	—	—	3
—	87	144	128	167	143	274	32	52	22	10	15	11	5	—	1090

Note : 1 Scarlet Fever was re-diagnosed as Throat infection. 1 Enteric Fever and 1 Cerebro-spinal Fever were re-diagnosed as Influenza, and 5 cases of Diphtheria were re-diagnosed (4 as Tonsillitis and 1 as Scarlet Fever).

INFECTIOUS DISEASES NOTIFIED—BOROUGH OF BLYTH—10 Years.



SCABIES REPORT—1948.

School Children.

Baths	94
Dressings	17
Examinations by M.O.H.	39
New Patients	43
Recurrences	1
Number of Adult Contacts	70
Number of Adult Contacts treated	6

M. & C. W.

Baths	18
Dressings	2
Examinations by M.O.H.	7
New Patients	10
Recurrences	Nil.
Number of Adult Contacts	3
Number of Adult Contacts treated	1

School Children.

<i>Month.</i>	<i>Baths.</i>	<i>Dressings.</i>	<i>Exam. by M.O.</i>	<i>New Patients.</i>	<i>Recurrences.</i>
January	8	—	—	6	—
February	11	2	5	2	—
March	16	6	5	5	—
April	11	2	4	5	—
May	11	2	5	5	—
June	10	3	—	4	—
July	5	1	5	1	—
August	2	—	1	1	—
September ...	4	1	2	2	—
October	5	—	4	3	1
November	3	—	3	3	—
December	8	—	5	5	—
	94	17	39	43	1

M. & C. W.—1948.

<i>Month.</i>	<i>Baths.</i>	<i>Dressings.</i>	<i>Exams. by M.O.</i>	<i>New Patients.</i>
January	3	—	—	2
February	6	2	3	2
April	4	—	—	2
May	2	—	2	2
June	1	—	2	—
September	2	—	1	2
	18	2	8	10

**Summary of Blyth Residents who were treated at Blyth V.D.
Clinic during the Year ended 31st December, 1948.**

	Syphilis.		Soft Chancre.		Gonorrhoea		Non- venereal or undiag- nosed conditions.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Number of cases under treatment or observation on the 1st January, 1948	19	71	—	—	9	7	1	5	29	83
2. Number of cases (defaulters) removed from the register during any previous year which returned during the year for treatment or observation of the same infection	2	3	—	—	—	—	—	—	2	3
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) ...	14	8	1	—	37	18	77	28	129	54
4. Transfers from other areas	35	12	1	—	23	—	9	—	68	12
TOTAL	70	94	2	—	69	25	87	33	228	152
5. Number of cases discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal	6	6	1	—	26	18	71	26	104	50
6. Number of cases which ceased to attend before completion of treatment	—	6	—	—	—	—	—	—	—	6
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure.....	—	5	—	—	—	1	—	—	—	6
8. Transfers to other areas	39	5	1	—	37	1	13	2	90	8
9. Number of cases remaining under treatment or observation at 31st Dec., 1948	25	72	—	—	6	5	3	5	34	82
Total	70	94	2	—	69	25	87	33	228	152

Section B.

SOME FACTS ABOUT INFECTIOUS DISEASES.

Scarlet Fever. This has been proved to be caused by the haemolytic streptococci. They are spread by "carriers" (i.e., those who have them in their nose or throat but are not affected) and by convalescent cases discharged from Hospital or after treatment at home. In these cases I like to see that swabs show their throats to be free before sending children to school. Such people (as milkers) can infect milk from their breath or cough. The disease is of a mild type from that one used to see in one's younger days. The treatment of mild types at home is advisable if there are not other children and, if the housing conditions and nursing are satisfactory.

Measles is very dangerous to children, from its attendant respiratory complications. No child under two years of age should go near a case or into a house with one. Pneumonia and ear discharge are the two complications to be avoided. Bed is essential.

Chicken Pox is highly infectious and mainly affects children under ten years. There is a long incubation period of three weeks and this affects return to school or contacts. There is some relation between "shingles" and chicken pox. If a child comes in contact with a case of "shingles" he may develop chicken pox. Hence some advocate the isolation of such cases from children in the house.

Diphtheria has been well dealt with in previous reports. The Diphtheria germ produces a toxin (Poison) and this gets into the blood (not the germ). This toxin can be precipitated by potash alum. Behring found that the body produced an anti-toxin which neutralised the toxin, and that this anti-toxin could be used as a curative. He injected the toxin into horses and got the anti-toxin from their blood. The anti-toxin serum was purified and standardised. Next it was found that the anti-toxin could be deprived of its noxious properties by chemical means, and thus we got toxoid which is used in immunisation. In the ten years before Immunisation the average annual deaths was about 3,000. In 1946 there were only 472 as a result of progressive immunisation. (A.P.T. is alum precipitated toxoid). One out of four unimmunised children under 4 years of age who get diphtheria dies and one out of every two of those under 2 years.

Smallpox in its worst form is about the vilest disease imaginable. Many tragedies have resulted from this disease being caught from the want of proper vaccination. Having worked in many outbreaks and in charge of a smallpox Hospital, I can only advise parents never to neglect vaccination.

INFANT WELFARE CLINIC.

New Delaval.

No. of children on Register at beginning of year :	
Age under 1 year	27
Age 1—5 years	3
No. of children who first attended during the year and who on the date of their first attendance were :—	
Age under 1 year	55
Age 1—5 years	17
Total No. of children who attended the centre during the year and who at the end of the year were :—	
Age under 1 year	41
Age 1—5 years	66
Total No. of attendances at centre during the year.	
By children under 1 year of age	401
By children aged between 1—5 years	90
Total consultations made by Medical Officer of Health	219
No. of half-day sessions attended by Medical Officer of Health	25
No. of half-day sessions centre was open	25

INFANT WELFARE CLINIC.

Cowpen.

No. of children on Register at beginning of year :—	
Age under 1 year	14
Age 1—5 years	13
Total No. of children who first attended Centre during the year and who on the date of their first attendance were :—	
Age under 1 year	22
Age 1—5 years	—
Total No. of children who attended the centre during the year and who at the end of the year were :—	
Age under 1 year	25
Age 1—5 years	37
Total No. of attendances at centre during the year :—	
By children under 1 year	220
By children aged 1—5 years	34
Consultations made by Medical Officer of Health	160
No. of half-day sessions centre was open	22

INFANT WELFARE CENTRE.

Beulah House.

Number of children on Register at beginning of year:—	
Age under 1 year	201
Age 1—5 years	56
Total number of children who first attended centre during the year and who on the date of their first attendance were:—	
Age under 1 year	368
Age 1—5 years	61
Total number of children who attended the centre during the year and who at the end of the year were:—	
Age under 1 year	321
Age 1—5 years	504
Total number of attendances at centre during the year:—	
Children under 1 year	3721
Children 1—5 years	649
Consultations made by Medical Officer of Health	1649
Number of half-day sessions centre was open	143

Ante Natal.

Ante Natal. Post Natal.

Total number of women who attended during the year	669	—
Total number of attendances during the year	1392	—
Total consultations with Medical Officer of Health	1361	Dr. Sinton —
Number of sessions clinic was open ..	100	—

Diphtheria Immunisation.

Against Pertussis. Against tussis & Diphtheria.

Number of children immunised	677	9	25
Number of half-day sessions held during year	47		

Number of Births 683	13 Still births.	
	670 Live births (350 Males 320 Females).	

NEO NATAL DEATHS.

	1943	1947	1948
Prematurity	11	15	5
Gastro Enteritis	1	2	1
Cerebral Haemorrhage	1	2	1
Debility	1	1 (Twin)	1 (Twin)
Asphyxia	—	1	—
Inanition	1	—	—
Convulsions	1	—	—
Congenital defects	4	—	1
Spina Bifida.....	1	1	—
Broncho Pneumonia.....	1	1	—
Pulmonary Atelectasis	—	—	2
Tumour of Brain	1	—	—
Anencephalus	—	—	1
Internal Obstruction	—	—	1
Haemorrhagic Diathesis	1	—	—
Pemphigus Neonatorum	—	1	—
Neonatal Septicaemia	—	1	—
Staphylococcus Septicaemia.....	—	1	—
Neonatal Hip Infection.....	—	1	—
Congenital Heart Disease	—	—	1
Mongolism.....	—	—	2
Totals.....	24	27	16

Section C.

BLYTH AND DISTRICT NURSING ASSOCIATION.

(The Association ceased from 4th July, 1948).

	<i>Blyth.</i>	<i>New Delaval.</i>	<i>Bebside.</i>
Number of Nurses	7	1	1
Number of Maternity cases Dr. attended.....	69	35	—
Number of Midwifery cases by Midwives.....	213	21	28
Number of Medical Cases Dr. not in attendance	112	51	18
Number of Surgical Cases	146	46	26
Number of Chronic Cases	46	4	3
Total Cases	586	157	75
Number of Midwifery visits	—	—	461
Ante-Natal Visits	3870	346	280
Post-Natal Visits	394	113	154
Visits to Maternity cases	4553	1008	—
Visits to Surgical cases	—	—	—
Visits to Chronic cases	8757	2250	1039
Visits to Medical cases	—	—	—
Number of Casual visits	—	—	324
	17574	3717	2258
Number of children nursed under 5 years of age ...	54	—	—
Nights on duty	221	56	25
Patients booked into hospital 1948.....	354	—	—

BLYTH MATERNITY CASES.

<i>Year.</i>	<i>Total Number of Maternity Cases. (Births)</i>	<i>Number sent to Hospital.</i>	<i>Number attended by Doctors & Midwives.</i>
1948	683	317	366
1947	831	357	474
1946	747	271	476
1945	627	264	363
1944	719	252	467
1943	629	282	347
1942	539	312	326
1941	573	151	422

GYNAECOLOGICAL CLINIC.

Closed 5th July, 1948. Start of New Health Service.

Number of Sessions during 1948	11
Number of women attending	61
Number of attendances	141
Number of consultations.....	141

THE R.H. FACTOR OF PREGNANCY.

The discovery of this factor has been found to be related to the causation of the destruction (Haemolysis) of red corpuscles in the newborn (Haemolytic disease of them) and to the severe reactions following blood transfusions. These are found to be due to iso-immunisation to the Rh antigen (foreign protein). This means that a person who is

Rh negative will form Rh antibodies when Rh positive blood is introduced into the blood stream of such a person. (Iso-immunisation means the formation of immune antibodies *against* some antigen not in the blood of a person but found in that of another person). The blood of a person is introduced into that of another as when blood is used in transfusion and when the blood of the mother and infant she is carrying passes between them. The iso-immunisation i.e. self immunisation only occurs when the blood group antigen of another is introduced and which the recipient has not. Thus we recognise two groups of human beings, viz., Rh positive and Rh negative. Tests exist whereby the red blood cells can be found to contain or not the antigen Rh. Rh antigen is responsible for the opposing Rh antibody and though several variations of Rh antigen exist the first discovered (called anti Rh) is responsible for 95 per cent of all the dangers due to Rh blood groups. This anti Rh antibody is made by Rh negative blood people immunised by the Rh positive antigen. When the incompatible blood is introduced the red cells become agglutinated (i.e., they run together and are destroyed). Thus we have one type of blood which is agglutinated by anti-Rh serum and called Rh positive and a second type of blood which is not so agglutinated and called Rh negative. In England there are 83.2 per cent Rh positive and 16.8 per cent Rh negative. This Rh positive antigen is called D and its antibody is Anti-D. The blood group antigens come from the action of *genes* and are transmitted from parents and form the genotype of a person's blood. There are six common antigens and give rise to many types. The anti-D—the commonest Rh antibody—exists in two forms. One will agglutinate red cells containing antigen D suspended in saline. The other will not so agglutinate D positive cells and will render them incapable of being agglutinated subsequently by saline agglutinating anti-D.

How Iso-immunisation to Rh occurs: Normally the sera (i.e., the blood fluids) of Rh negative persons are free from Rh antibodies. Rh antibodies in them can only be found when (a) Rh. negative women have had one or more pregnancies with Rh positive fetuses and (b) when either a male Rh negative person had a transfusion or injection of blood from a Rh positive person. Now when an Rh negative person is given repeated transfusions of Rh *positive* blood then, sooner or later, his blood will form Rh

antibodies and destroy the Rh positive cells. Some Rh negative persons will react on a single transfusion whilst a much smaller number do not show any sensitization even after repeated transfusions. The reaction may be mild, moderate or severe (alarming with blood in urine and failure of the kidney and may die 5—18 days after transfusion).

Influence on pregnancy : If a Rh-negative woman is pregnant with a Rh positive foetus she may become sensitized to the Rh antigen and form Rh antibodies. Whether this happens depends on (1) number of previous pregnancies with positive foetuses or previous Rh positive blood introduced into her circulation ; and (2) whether for some unknown reasons she becomes either sensitized only at her second pregnancy, or after repeated pregnancies or in some cases never become sensitized. Though Rh negative women may be married to a Rh positive man there is only a small chance of her becoming sensitized to the Rh antigen and producing children with Haemolytic disease. The incidence of Haemolytic disease is only about 1 in 200 of all pregnancies. (Schwartz, Levine, Booman, Daley and Dodd). It is now known that women who have received Rh positive blood transfusion are less likely to produce an affected child in any subsequent pregnancy since they have already been sensitized. Therefore, it is now regarded as important Not to transfuse with Rh positive blood any Rh negative female who may in the future bear children. This is because the sensitization to Rh antigen may last fourteen years and even for life. Since a woman who aborts may have been sensitized all pregnant women must be questioned about any " missed " periods (even 10—12 weeks). Even small amounts of Rh positive blood may sensitize an Rh negative person to the Rh antigen.

The Case against Artificial Insemination for women I put as follows :—

1. It is contrary to the marriage vows.
2. Partners of marriage were not meant to be means of experiments like cattle and it is a poor outlook for such partners if their love cannot give them sufficient courage to bear their infertility and rely on companionship and other common interests.

3. Is it not a pathological mind of a woman who would resort to insemination by any "donor."

4. The A.I.D. (Artificial insemination donor) child may turn out to be a mental defective or a delinquent. Is the woman to take the whole responsibility for this or is she to blame the "donor," and if the "donor" has he not equal right to blame the mother!

5. How is any wife to know her husband is not a "donor" to another woman having a child? Would any normal wife agree to such?

6. If the donor is a bachelor that may mean enticing the habit of masturbation which no scientific enquiry should encourage.

7. Is it really possible for a child in after life not to guess that it has no parent from the vast difference in character and characteristics? Is it right conduct towards the child?

8. Will young married couples in future have no right to ask their "intended husbands" whether they have been such a donor! It would lead to unhappiness if it was discovered later.

9. If only the presence of a child is necessary married couples who are childless can adopt a child after full investigation as to parentage.

10. I think local authorities should pass a resolution that none of its medical officers shall partake in the use of insemination without risk of prompt dismissal.

11. Should the General Medical Council not consider this act of a doctor to be unprofessional conduct?

MATERNITY BENEFITS.

Maternity Benefits under the National Insurance Scheme should be known. There are three kinds. 1. £4 *grant towards expenses* and this can be claimed seven weeks before the expected day of confinement but must not be later than three months after the event. 2. *Attendance allowance of £1 for four weeks after confinement* for any additional help needed in the house during that period. It must be claimed within ten days after confinement. If the mother is not well someone else can claim and sign for her.

These two grants can be only claimed on either the mothers *or* the husband's insurance—not on both.

3. Mothers who have been working or registered at Employment Exchanges over the year ending six weeks before the expected date may be paid a *maternity allowance* instead of the attendance allowance. This maternity allowance is 36/- a week for 13 weeks beginning six weeks before confinement conditional to the woman giving up her work during this period. It has to be claimed seven weeks before the *week* in which baby is expected. A claim a week late loses part of the allowance (Full details in leaflet N.17).

PREMATURE BABIES.

Total notified during 1948	17
----------------------------------	----

Of these there were born :—

(a) At home	6
(b) In Hospital or Nursing Home	11

Of the number born at Home :—

1. Nursed entirely at home	5
2. Died during first 24 hours	2
Of these still births	—
3. Who survived at the end of one month	3

The number born in Hospital or Nursing Home :—

1. Who died during first 24 hours	1 (3 hours).
2. Who survived at end of the month.	8 (1 died at 1 month).
3. Still born	1

Section D.
HOUSING
Bebside Slum Clearance Area
SUMMARY A.

	ADULTS.		CHILDREN.	
	M.	F.	M.	F.
No. 1	197	185	34	36
" 2	112	88	7	12
" 3	102	103	23	30
" 4	7	6	1	2
" 5	23	22	2	4
" 6	1	1	—	—
" 7	3	1	2	—
" 8	6	5	—	1
Totals	451	411	69	85

Cowpen Slum Clearance Area.
SUMMARY B.

	ADULTS.		CHILDREN.	
	M.	F.	M.	F.
No. 1	11	14	—	—
" 2	7	7	1	—
" 3	10	10	2	2
Totals	28	31	3	2

SUMMARY C.
Houses situated in above areas but not included in Slum Clearance Orders.

ADULTS.		CHILDREN.	
M.	F.	M.	F.
6	5	1	—

SUMMARY OF ALL AREAS.

	ADULTS.		CHILDREN.	
	M.	F.	M.	F.
Bebside Areas	451	411	69	85
Cowpen Areas	28	31	3	2
Other Houses	6	5	1	—
	485	447	73	57
	932		160	

Total 1,092 population.

Note the small Child population.

**Bebside & Cowpen Clearance Areas
and other houses situated in above areas but not included
in Slum Clearance Orders**

Tenants and Sub-Tenants in occupation of houses when
census was taken on 13th January, 1949.

Area.	No. of Tenants.	No. of Sub-tenants.	Total.
Bebside No. 1	127	9	136
" " 2	46	9	55
" " 3	60	4	64
" " 4	5	—	5
" " 5	15	—	15
" " 6	1	—	1
" " 7	3	—	3
" " 8	3	—	3
	260	22	282
Cowpen No. 1	10	1	11
" " 2	7	—	7
" " 3	7	—	7
	24	1	25

Other Houses situated in above areas but not included
in Slum Clearance Orders.

	4	1	5
--	---	---	---

SUMMARY.

	Tenants.	Sub- tenants.	Total families.
Bebside Areas	260	22	282
Cowpen Areas	24	1	25
Other Houses	4	1	5
	288	24	312

Permanent Houses Allocated to Blyth ...	610	including 59 Permanent Aluminium of which 54 completed by 31.12.48.	
Completed	447		
To complete.....	163	+ 150 Temporary Bungalows completed.	
Under Construction	128		
To commence	35		
Plus new allocation at Bebside	100	163 + 100 to complete.	
Temporary Prefab. erected by 31st December, 1948	150		
Council Houses allocated to private builders.....	10		
Completed	8		
Due for Construction	2		

RE-HOUSING.

Number of families granted Council Houses, 1948, as per Lists received from Rates Dept. :—

	FROM WARDS.						
	Beb- side.	Croft.	De- laval.	Pless- ey.	Rid- ley.	Water- loo.	Totals.
<i>By Points Scheme.</i>							
To North Farm Estate	15	15	3	7	13	7	60
„ Newsham Road Estate	—	10	1	8	2	8	29
„ Previous Council Houses.....	2	6	3	8	6	2	27
„ Prefabs.—Broadway.....	1	4	—	2	1	1	9
„ Prefabs.—Isabella	4	6	—	2	2	1	15
Totals.....	22	41	7	27	24	19	140
<i>Slum Clearance.</i>							
To North Farm Estate	—	13	4	—	1	—	18
„ Newsham Road Estate	—	2	32	—	—	36	70
„ Prefabs.—Broadway.....	—	—	6	—	—	9	15
„ Prefabs.—Isabella	—	—	—	—	4	—	4
Totals.....	—	15	42	—	5	45	107
Points Scheme						140	
Slum Clearance						107	
Total/.....						247	

HOUSING REPORT, 1948.

Houses completed in 1948.

Permanent Traditional—Direct Labour	107
Permanent Traditional—Contractors	100
B.I.S.F. Permanent Prefabs.—Contractors	Nil.
Aluminium Prefabs.—Contractors.....	54

Houses in Progress 31st December, 1948.

Permanent Traditional—Direct Labour	100
Aluminium Permanent Prefabs.—Contractors.....	5

Houses approved by Ministry of Health but not commenced 31/12/48.

Permanent Traditional	97
Aluminium Permanent Prefabs.	Nil.

Permanent Houses built by Private Enterprise, 1948.

Permanent Traditional	3
Conversions—Flats	4

No. of families re-housed in 1948.

Slum Clearance	} 261
Allocated	
War Damage	Nil.
Houses completed but not yet occupied	Nil.

Houses completed Post War.

Prefabs.—Tarran	44
Prefabs.—Aluminium Temporary.....	106
Prefabs.—Aluminium Permanent	54
Prefabs.—B.I.S.F. Permanent	72
Traditional	332
Total	<u>608</u>

Bebside Clearance Orders—Population 1937-1938.

	No. IN FAMILY.				TOTAL.
	Adult.		Under 10.		
	M.	F.	M.	F.	
No. 1	218	189	52	49	508
No. 2	117	91	21	47	246
No. 3	112	95	29	39	275
No. 4	10	7	1	1	19
No. 5	35	33	9	14	91
No. 6	6	6	3	1	16
No. 7	3	3	3	1	10
No. 8	5	6	4	2	17

Cowpen Clearance Orders.

No. 1	25	24	2	2	53
No. 2	5	9	5	3	22
No. 3	13	12	—	3	28
	549	475	129	132	1,285

TOWN AND COUNTRY PLANNING ACT, 1947.

By this Act "development values" now belong to the State. Councils of Counties and County Boroughs must submit developmental plans of their areas. The Act transfers to the state the development values existing in land which is either undeveloped or not fully developed. Any person seeking to develop land must first gain permission to do so from the Local Planning Authority, and if so permitted must pay to the Central Land Board a "developmental charge" which will correspond with the increase in the value of the site. It is not the "use value" of the land but the "developmental value" which is transferred from the owner to the State. (This was the Liberal Party's policy). By the Act the charge also extends to existing houses. Thus if a house is enlarged by more than one-tenth, or 1,750 cubic feet (whichever is the greater) this incurs a "developmental charge." Further if the house is turned into the use of any other purpose (e.g., a shop, office, club, etc.), there will be a "developmental charge." A purchaser of land or a house should not pay more than the existing value of the house without any problematical "developmental charge" which he indeed would have to pay over again, and so would increase the charge. The Act cannot prevent inflated prices for land or houses.

Reletting of Slum Clearance Houses and Demolition of such.

Every purchaser of a house takes on the liability of required repairs to the house whatever the condition the house may be at the time of purchase.

The Medical Officer of Health, in my opinion, is not justified in condemning a house so that an owner may escape his liabilities and thereby sabotage the legal and moral rights of tenants. (See cir. M.H. 61/47 (2).)

By Council Minute 947 of 8th May, 1947, the Minister of Health has informed the Council that it is open to the Council to take steps towards the demolition of houses if they are in a *derelict and dangerous* condition or if it is necessary to prevent the buildings being re-occupied but, (as stated in Circular 61/47) such demolition should not take place if the work is likely to have any detrimental effect upon the erection of new houses.

At the same time a letter was considered from the National Coal Board (Cowpen Coal Unit) for permission to relet houses in the Slum Clearance areas when they were vacated, in consequence of the occupiers thereof having been rehoused by the Council. On this the Housing Committee recommended: That subject to the Medical Officer of Health being satisfied that such houses are fit for reoccupation and to the common yards of such houses being made reasonably good, and to the approval of the new tenants of the *Slum houses* by the Committee or Chairman and Town Clerk and in the latter case to the *ultimate confirmation* thereof by the Committee, the National Coal Board (Cowpen Coal Unit) be permitted to relet the houses to miners at present resident in the Borough on the distinct understanding that the Council accept no responsibility whatsoever for providing housing accommodation for such miners when the slum houses are required to be demolished in pursuance of the Slum Clearance Orders. (The italics are mine).

M.H. Circular 61/47 of 27.3.47 is very clear. The separate items are : (*Italics are mine*).

(1) Local authorities have powers under the Housing and Public Health Acts to require owners of houses to carry out repairs.

(2) Action under the Public Health Acts is appropriate to occupied houses in Clearance areas *whether or not* the orders have been confirmed, *and* to houses *subject* to demolition orders.

(3) Defence regulations 68A and 68AA enable local authorities to *require* a certain amount of *essential* repair work as a *condition of authorising* the re-occupation of a condemned house on licence, but this does not imply that the house has been made fit for human habitation.

(4) Where a house subject to a demolition order or clearance order *or* compulsory order is *not required* for accommodation purposes *or* is *uninhabitable*, it should *not be demolished*, unless the work can be carried out without detriment to the building of new houses. Where compulsory purchase order has been confirmed and notices to treat have not been served care is to be taken to obtain extension of time to prevent lapsing.

(5) Where conditions are so bad that it is necessary to deal with a clearance area on which action has been suspended, the procedure under Part III of Housing Act, 1936, will have *to be undertaken afresh* and if public enquiry had been held the Minister would be prepared to consider re-opening of the Inquiry.

The position of statutory notices on houses for demolition is now this. The Council has vetoed the service of statutory notices for repairs, etc., on houses which would be more suitable for demolition and re-housing of tenants are in immediate contemplation. All houses in the clearance areas will be subject to demolition in the future. But other houses apart from clearance areas will be subject to the same decision. So it amounts to this that where repairs, etc., are required in any house (slum clearance or otherwise) which

is so bad that a demolition order hangs over it at some time, the repairs required to give the tenants justifiable amenities will not be subject to a statutory notice. This means they may have to tolerate uncomfortable conditions as a mere request to owners to carry out repairs will not be done. I do not think this is a good policy.

The tenants of a house have a right to security against house defects which a landlord should be compelled to incur whether accepting rental or not and not await notice of demolition for some indefinite period unless the tenants can be *definitely* rehoused within six months and the house *prevented* from reoccupation. The health and comfort of the people transcend in importance over the owner who has neglected the proper maintenance of the house. The purchase of defective houses by people (often on loans) to simply draw in an income should be put an end to.

STATUTORY NOTICES.

The Public generally do not understand why their complaints are not quickly attended to. Their complaints may concern a defective roof, broken waste water pipes, worn out pointing of bricks, dampness, water-closet defects, etc. Each of these can only be dealt with under a certain section of the Public Health Act of 1936 and there are either certain provisos as to time or the issue of notice to "Owner" or "Occupier." In certain cases of default the local authority may do the required work and here again each case has to be considered as to the advisability of this procedure. Thus Section 95, sub-section (2), and Section 290 of the Act quoted gives provision for the local authority to carry out the works in default, to abate the nuisance or complaint. There are provisions for imposing penalties in default without in any way prejudicing the local authority's power. Some cases would go to Court and other cases would not be taken there. If the notices were incorrectly served from any reason there would be both further delay as well as loss of money. The "Statutory Owner" is defined in Section 343 of the Public Health Act and beside him there may be the real owner of the property. By Section 290 (6) the local authority can recover costs of reasonable expenses.

The procedure usually carried out are :—(1) Informal Notice of request to carry out certain things indicated. (2) Report to the Public Health Committee to issue a Statutory Notice. (3) This has to be confirmed by the Council. Then follows the time allowed to remove the complaint as indicated. At the end of this time if no action is taken the Medical Officer of Health sends the case to the Town Clerk for prosecution or other action as the case may be. If taken into the Court it usually states a time for the abatement. Thus from the first day of complaint to the final time of the Court's Order three months may easily pass. Finally the decision taken should be reported to the Medical Officer of Health otherwise continuance of complaint and inspections would go on.

HOUSING PRIORITIES.

There is no doubt the allocation of houses from post war shortages is a vexed matter when so many persons claim needs and show grounds for hardship. I might here summarise briefly the various grounds on which priorities may be granted, or at least which are of utmost importance.

1. Slum or unhealthy conditions of the house.
2. Overcrowding—this in relation to size of family, sex separation and the number of rooms.
3. Displaced homes from bombing.
4. Separation of families.
5. Young married couples living with the parents of either.
6. Tuberculosis cases.
7. On medical certificates.
8. Pregnancy.
9. Residential qualification.
10. Skilled workers.
11. Exchange of houses.
12. Displacement by court order and squatters.

A few remarks on each may be permitted :—

Slums or unhealthy conditions of the house : These demand a high priority. If houses are unfit for human habitation then there is no excuse for permitting further residence within them. Precious lives are made unhealthy and infectious and other diseases are maintained by these terrible conditions.

Overcrowding : This may be determined by the conditions in the Housing Act. I am of the opinion, however, that the kitchen should not be calculated as a bedroom as a kitchen was never intended as such. Further if a room is uninhabitable for any reason it must be excluded from any provision of "Points."

Displaced Homes from result of bombing : The individuals have right of high priority till the house has been improved or rebuilt as the case may be.

Separation of families : This may result from one or more of the above mentioned. Their union is deserving of sympathetic consideration according to the circumstances relative to the above.

Young Married couples with "in laws." This has caused a great deal of unnecessary friction. Where the conditions are great according to the Medical Officer of Health I should keep them in fifth priority.

Tuberculosis : This is a class by itself and depends on many factors. Thus age of patient, overcrowding, exposure to children, insanitary conditions, personal factors of the family. The Medical Officer of Health is the only person to advise on the priority to be given. These cases demand early removal in most cases. In every case after removal the room which they occupied must be disinfected before re-occupation. (In England and Wales (1945)—40% of deaths from all causes among females in the age group 15 to 20 years is from Pulmonary Tuberculosis.)

On Medical grounds : Pulmonary Tuberculosis must always take first place. All other medical grounds (by certificate or not) must be gone into by the Medical Officer of Health. It is impossible for a layman to evaluate the medical certificates. It would be best to divide these into

- (1) Urgent ;
- (2) Priority but less urgent than (1) ;
- (3) Not recommended on medical grounds.

Apart from Tuberculosis certain other cases for consideration would be : some respiratory diseases ; heart cases ; rheumatic affections ; physical disabilities and some nervous complaints. Pregnancy by *itself* is not a ground for priority or transfer.

Residential Qualification per se is not a ground for priority. There is great need in some areas for workers to come in and it would interfere with their need to make this qualification absolute.

Skilled workers : Such as doctors, nurses, engineers, architects, sanitary inspectors and others would come in such a category should be entitled to consideration for a house as they have to live in the area and work for the community as a whole.

Exchange of Houses, i.e., a family of two occupying 4 or 5 rooms could be moved to a smaller council house giving an opportunity of a larger family in smaller house or overcrowded to take theirs.

Displaced persons from a court order and squatters gives much for consideration and only each case can be considered on its merits.

The removal of tuberculous individuals in houses either overcrowded or with insufficient accommodation for segregation—especially where young children are—is a matter of outstanding importance in the selection of priorities for housing as well as for the interests of Public Health.

DOMESTIC PESTS.

These in a house concern your health since they attack your food and can convey disease, and some interfere with your comfort and peace of mind, whilst others have an economic interest by the destructive action on furniture, clothes and house timber. Altogether they comprise the following : Flies, fleas, bed bugs, lice, cockroaches, booklice, beetles, moths, ants, spiders, rats, mice, moulds, etc. A few points of some may prove useful.

All life—animals or plants—require food, water and oxygen, and all reproduce their kind in some way. In some egg-laying insect pests the eggs hatch into miniature adults (cockroach and louse). In others the egg hatches into a wormlike creature called a larva, maggot, or grub. This passes into a restful stage called a pupa (or chrysalis) before the adult emerges.

Rats : They are the most serious of all pests. There are usually two sharp-edged incisors in each jaw and these continue to grow throughout their life to compensate for

the loss through constant gnawing. They are very prolific and the breeding season extends to nine months. Rats like human food either in the house or farm produce. It is known to carry several diseases, e.g., Plague, trichinosis, rat-bite fever, dysentery, foot-and-mouth-disease, influenza on horses, and suspected against gastro-enteritis and leprosy. Its faeces can contaminate food and utensils. It is highly destructive to the timber of houses. Open dustbins or overflowing dust bins encourage rats. Refuse should be burnt as far as possible. All food should be covered and out of reach. Traps and special rat poisons are available and the Health Department is out to assist. The community should insist on a rat extermination scheme by the Local Authority.

Mice : Will not stay in a house if they cannot reach food.

The Bed Bug is a most objectionable and troublesome pest. From a dirty house it may enter into a clean house and attack its members. Blood is its food. It lives in crevices and behind wallpaper. Constant particular cleansing of room furniture, etc., is essential, and fumigation by the Local Authority.

Fleas : Four kinds may infest a home :—the human flea, the dog flea, the cat flea and the fowl flea. Rat and mice fleas can also be found if these exist in the building. The human flea lays its eggs in rugs, carpets, dirty crevices in floors and in dust. Best preventive is thorough systematic cleanliness, carbolic washing of dogs, pyrethrum powder on cats, and exclude fowls into the house. Eucalyptus is a repellant to fleas. Sulphur is useful in a hen-house and creosote added to the white wash for the walls of such. If necessary fumigation can be done.

Flea eggs develop into tiny white maggot-like larvae and these live in dirt and rubbish. The larva spins a cocoon and passes into the resting pupa stage—the whole occupies a month in summer but longer in winter. Fleas, it is said, cannot jump up more than about six inches and larvae are on the floor. A clean floor is the best defence. (I can't agree with the six inches from experience). Cats and dogs have their fleas and so add to those of any human fleas in the house. Chicken fleas can get on to humans. *Against human fleas* : Undiluted Lethane 384 will stupefy fleas (as also chloroform). Fumigation can be done by

Naphthalene (5 lb. per 1,000 cu. ft.) for 24 hours. The crystals can be used again. For cats and dogs wash in carbolic soap and brush and comb.

Lice transmit trench fever, relapsing fever and typhus. Eggs laid are known as "Nits." School children put their heads together and an infected person can thus transmit to a healthy head. For clothes dry heat is better than steam if the body or crab louse exists.

House Fly is well known as having its breeding in manure. Protection of food is essential. For a "fly paper" mix 5 parts of castor oil and 8 parts of resin, warm till the resin is dissolved. Apply warm to strips of glazed paper to hang up.

Cockroaches—often called "blackbeetles." They eat any kind of food and leave excreta on food, utensils or clothing. They are a most disgusting nocturnal pest. It is difficult to eradicate the infestation as the eggs are difficult to destroy owing to its hard integument. Fumigation too may not reach the crevices where they are. Whilst 4 parts of sodium fluoride mixed with 1 part of boric acid will kill them it must be remembered the fluoride is poisonous and so protect foods, and children must not get to this preparation. A trap of a jam jar with treacle in it with a paper cone to let them in and fall might succeed.

Beetles : Are probably to be found in the ground floors of, I should think, about 90 per cent of all old houses and perhaps 25 per cent of all houses in Blyth. It is unfortunate that there is not a combined effort of all persons (who have seen them in their houses) to destroy them by planned effort. The Public Health Department has given every assistance with various powders but sporadic efforts by a few will not eradicate them. They are destructive to property (joists and boards).

The two front wings of the beetle are hard boring sheaths (termed Elytra) and they protect the hind wings folded up under them. As the body is also covered in by these sheaths the order of the beetles is Coleoptera which signify sheath-wings. The mouth parts are adapted for biting and chewing. "Grub" is the name given to the larva. The pupa of the beetle has its wings and legs free.

There are several varieties : Grain-beetle ; house beetle ; flour beetle ; pea beetle ; skin-eating beetle (damages skins, furs, woollen fabrics, carpets, etc.) ; the larder or bacon beetle ; common furniture beetle (responsible for "worm-eaten" furniture and woodwork in houses) ; blistering beetles (one is the "Spanish fly" from which cantheridin is obtained).

Beetles are so common in Blyth that more notice is here given them. There are several kinds which invade the home or food stuffs.

1. Wood boring beetles making wood "worm eaten." They are small, dark brown insects.
2. Furniture beetle, dark brown to red in colour with short yellowish grey hairs.
3. "Death watch beetle" with pale hairs and small pits giving it a mottled appearance.
4. Small furniture beetle—dark brown.

Eggs may be laid on rough surface of unpolished wood especially old furniture and it may go on undermining the wood all this time. Fumigation may be necessary but a liquid insecticide is a necessary application to the wood. Wash unpolished wood with washing soda.

Carpet Beetle is oval in shape with a reddish brown stripe down the middle of the back. The adult lives outside but invades the house to lay eggs in carpets or rugs, or feathers of cushions or pillows. The adult gets some of its food from flowers (lupins, etc.). Washing of floors and fumigation will eradicate them.

Mealworms are the larvae of certain blackbeetles and are found in meal and flour. Though found in mills it may enter the home flour, and if so found all flour must be burnt and the receptacle washed with hot water thoroughly. Flour and meal must be kept covered to prevent any female beetle entering it to lay eggs.

Flour Beetles—4 varieties—can get into all cereal foodstuffs. The infested flour becomes pinkish and on exposure to air turns light brown. A small quantity can be sterilised by exposure in a hot oven to a temperature of 185°F. This destroys all stages of the beetle and does not destroy the flour. Spread it out in shallow dishes and put into the oven.

Weevils : Most insects found in grain and cereals are called weevils but few of them are such. Two true weevils infest a house. (1) The granary or black weevil and (2) the rice weevil. There is more rarely a pea weevil and a bean weevil. They are very destructive and the larvae live inside the kernel of the grain. They destroy the nutritive properties of the grain and they breed all the year round. Rough skins of the grain, larval skins and dead weevils may be found in infested grain and be ground up in flour. A high temperature kills them. If any packet is found infested destroy it. Keeping cereals in a dry cool place reduce their activities.

The saw-toothed weevil infests grocery stores of all kinds (cereals, dried fruits, sweets, etc.). Buy small quantities, clean store cupboards, cool dry place.

Larder Beetle attacks meals and cheese and makes tunnels in them in which are larval skins. Makes food unpalatable. Prevention is by covering food and fine gauze to safes.

Moulds are (1) 'Pin mould' attacks jam, fruits and fruit juices. (2) The blue mould of jam is a penicillium but more often attacks cheese. May be found on damp walls. (3) A mould causes "dry rot" of wood. Food infected should be burnt. Walls must be stripped and the paper burnt. Cut out all "dry rot."

Removal of dirt by the use of soap : A combination of an alkali with fat forms what we call a soap. Owing to the shortage of fats there arose a call for detergents. Soap can only be used with water and the constitution of the water may cause difficulties ("Hard Water"). A new detergent is sodium hexameta-phosphate which when used with ordinary soaps prevents the precipitation of calcium and magnesium soaps and enhances the detergent action of soap. Drinking glasses or bottles containing milk or beer show brilliance after washing with soap—hexametaphosphate and the rinsed glass can be left to dry in the air without the use of a cloth—again preventing further contamination. Fabric articles washed in this manner give much cleaner results and longer use of them. I think milk bottles might be cleansed in this solution before sterilisation by that in plant.

HOUSING.

(1) Applications sent by M.O.H. to Rating Officer .	189
(2) Overcrowding Statements issued	88
(3) Tuberculosis Cases included in (1)	41
(4) Tuberculosis cases rehoused	20

Phoenix Street Area : This area still calls for serious consideration and action—demolition and rebuilding on the site, and to rehouse the population there.

RODENT CONTROL.

The Council has accepted the delegation of powers for the control of rodents. Certain grants become available on certain conditions being carried out by the Ministry of Food and Agriculture. Rodent infestation occurs on land, in dilapidated properties, sewers, refuse tips, banks of rivers, etc. Rats cause enormous destruction of food, destroy property, and carry germs of disease. The main diseases they cause are plague, rat virus and salmonella, cause of gastro-enteritis, rat bite fever. Weil's disease (spirochetal jaundice) in this country is spread by rats. Trichinosis is found in pigs, cats, rats and dogs and evidence exists that rats are contributors to infection of pigs, and human beings get it from ingestion of pig meats. Thus there is outstanding reasons for rat extermination. The sporadic effort of killing such as may be caught is wasteful of time and makes no contribution to the problem. The Medical Officer of Health was asked to prepare a "scheme." This was done and the scheme was approved by the Ministry of Food and Agriculture. It involved the appointment of a whole-time Rodent Officer so that work will be done daily by planning and the attention to the sewers, as required by the Ministry, shall be systematically dealt with. In no other way can a scheme be properly carried out. The Public Health Committee did not see its way to appoint the officer.

FACTORIES ACTS, 1937 and 1948.

1. INSPECTIONS for purposes of provisions as to health
(including inspections made by Sanitary Inspectors) :—

Premises. (1)	M/c line No. (2)	Number on Register. (3)	Number of			M/c line No. (7)
			Inspections (4)	Written notices. (5)	Occupiers prosecuted. (6)	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	97	7	3		1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	2	82	98	4	Nil.	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	3	Nil.	Nil.	Nil.	Nil.	3
Total		179	105	7	Nil.	

2. CASES IN WHICH DEFECTS WERE FOUND (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars.	M/c line No.	Number of cases in which defects were found.				Number of cases in which prose- cutions. were instituted.	M/c line No.
		Found.	Remed- ied.	To H.M. In- specter.	By H.M. In- specter.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Want of cleanliness (S.1)	4	3	2		1	Nil.	4
Overcrowding (S.2)	5						5
Unreasonable tempera- ture (S.3)	6						6
Inadequate ventilation (S.4)	7	2					7
Ineffective drainage of floors (S.6)	8						8
Sanitary Conveniences (S.7)							
(a) Insufficient	9	1					9
(b) Unsuitable or de- fective	10	3	3		2	Nil.	10
(c) Not separate for sexes	11						11
Other offences against the Act (not including offences relating to Outwork)	12	5	4			Nil.	12
Total	60	14	9		3	Nil.	60

Section E.

GLEANINGS OF PUBLIC HEALTH INTEREST.

Diphtheria : Owing to immunisation and antitoxin the death rate under 15 years fell from 28 per 100,000 in 1941 to 6.7 in 1944 for England and Wales.

Diphtheria Immunisation : A new antigen called ALPO₃—made by adding purified toxoid to a suspension of pure aluminium phosphate (ALPO₃) instead of a mixture of the hydroxide and phosphate as in the A.P.T. is now used. This new antigen has been found to give 95.6 to 97.9 per cent conversion rates against in many cases 68 to 74 per cent. The new antigen does, however, give rise to a nodule formation at the site.

B.C.G. for Tuberculosis : The vaccine is a living culture and is administered into the skin proper or under the skin. Whilst the Scandinavian experts give excellent results, in Britain owing to greater incidence a more cautious line is taken. Those vaccinated should be protected against exposure to the infection till after the immunity has developed. This raises difficulty re segregation.

D.D.T. : A residue must be left in the sprayed area and owing to its slow action the period within which insects will die will vary from a few minutes to over an hour.

Bread and Canine E pilepsy (Hysteria) : Agene is used to improve flour to produce white bread. But in the agene process the flour is treated with nitrogen trichloride to bleach it. If white bread is given to dogs, ferrets, etc., they get epilepsy.

Streptomycin has given magic results in tuberculous meningitis but not in chronic tuberculosis. It is toxic and must be used with care. It has also produced resistant organisms to its action.

It is said that all the good that streptomycin can do is going to be done in the first six or eight weeks of treatment. There is a danger that any tubercle bacilli that become resistant may, if inhaled, by others, from the outset in them become resistant and so streptomycin would be useless. Hence the necessity of restricting the use of streptomycin in those cases in which benefit can occur.

Food poisoning : Outbreaks and investigations have proved the necessity of the personal hygiene of food handlers and the method of washing and drying of crockery and cutlery.

Staphylococcal Infections : Outbreaks of staphylococcal food poisoning have been recorded. An infection of ice cream was traced to the nose and hands of the people who made it. Another outbreak among 167 miners was due to pressed-beef sandwiches where the staphylococci was isolated from the nose and hands of the butcher who prepared the pressed beef. It is not generally known that nearly half of all healthy adults harbour them in their nose and one fourth are hand carriers of them. Thus from the skin of the hands, forearm and faces wiped in roller towels commonly used either in a public institution or a home any skin affection could be spread.

Fog and Respiratory disease : Fog has to be associated with cold weather to make it deadly. But fog produced by layer of cold air will prevent the fumes from factory chimneys from rising into the upper air and if the fumes contain fluorine or heavy sulphur then deaths among such cases may arise.

450 children die yearly in England & Wales from Bovine Tuberculosis usually from consuming raw milk.

Between six and seven million persons in this country were, in 1945, of pensionable age and the number is increasing.

Smoke Pollution : Domestic and Industrial fuel pollutes the air of Great Britain yearly to the extent of about three million tons of solid matter with five million tons of sulphur dioxide besides products of partial combustion (e.g., Methane, Carbon dioxide, etc.). At last the Minister of Health has forbidden local authorities from installing out moded grates and stoves in new council houses. (69 types are approved).

Dangerous Drugs : Regulation 4 of the Dangerous Drugs Regulations, 1948, makes it a duty of every authorised person to take proper care of any dangerous drug in his possession. He shall keep his stocks under lock and key.

Resisting Organisms.

In our endeavours to prevent and cure disease modern science has given us the sulphonamides, penicillin, and streptomycin—each having different chemical composition and acting differently. Only certain bacteria are sensitive to each of these, and on the other hand some bacteria become more resistant by their use. Again, some strains belonging to the class sensitive to these therapeutic agents become more resistant—why we do know definitely. *Corynebacterium*—to which genus the Diphtheria germs belong—are sensitive to penicillin whilst the mycobacteria—to which the tubercle and leprosy germ belong—are sensitive to streptomycin. But in each case there may be strains whose strength of resistance is increased and this seems to be truer of streptomycin. Thus they require careful use, and so far in the case of streptomycin it has only proved of undoubted value in the case of tuberculous meningitis.

Operation for Adenoids.

“Damage to the superior constrictor muscle of the pharynx, or the presence of scar tissue—e.g., as the result of operation for the removal of adenoids—diminishes the swallowing action, mucus will not be swallowed but will accumulate in the nasopharynx, especially at night, and there stagnate with increase of bacteria.”

(Sir Charlton Briscoe, Bart, M.D., F.R.C.P.).

Nose Trouble (Sinusitis) gives rise to inflammation of adenoid tissue on the back and side of the throat, opposite the nose passages. If the Sinusitis is not treated the removal of adenoids will not cure it. Tonsils are given to prevent infection of the body and there is generally no call to operate on them even if adenoids have to be removed.

Tuberculosis Control.

By the continued application of epidemiological methods in the state of Minnesota (U.S.A.) tuberculosis has been eradicated at the school age level. The annual infection is brought down to only 0.33 per cent, and so this means among 300 infants born only one will be infected in three years. The methods employed were: (1) Provision for adequate isolation and treatment of contagious cases. (2) Tracing all sources of infection from ill children. (3)

Tracing contacts of contagious adults who have died or are still alive. (4) Tracing infections transmitted by domestic animals. (5) Chest X-ray surveys (large scale these were). (6) A Tuberculosis programme. By these methods the mortality rate for the entire state is about 20 per 100,000—in 12 counties it is 10 and in the lowest it is 5 per 100,000. (Amer. Journ. of Pub. Health). Veterinarians have so eradicated bovine tuberculosis that it is rare to have this type in human beings. The Tuberculin test is regarded by Dr. Myers (Minnesota) as the one only refined epidemiological agent and advises its continued use. • “So called immunising substances, such as the B.C.G. and the vole tubercle bacillus, which sensitize the tissues to tuberculo-protein could serve no purpose except as a smoke screen for the tubercle bacillus to Minnesota.” He does not believe that they have been proved in their efficacy in tuberculosis control. Comparing the Scandinavian results he shows that the mortality in the United States was 41 per cent below the Scandinavian rate. The total mortality rate in New York was 25 per cent less than in Scandinavia. He concludes (with other evidence) that the epidemiological methods far outdistances those by this immunising agent. The B.C.G. agent would preclude the finding of tuberculosis in the early stage.

Streptomycin in Pulmonary Tuberculosis.

For information of the Council conclusions resulting from the Medical Research Council's trials may be briefly put as follows: It has not a marked effect on the presence of the tubercle bacilli in the sputum. The best results were got in early acute cases before cavities were formed. In some cases resistant strains were isolated and in them the effect was not so good. Its value is proved in tuberculous ulcerations of the larynx, pharynx and tongue. As there is a risk of resistant tubercle bacilli being treated it is obvious the cases for treatment must be carried out by experts or at any rate in only suitable cases, and the community must not think it will do for types of tuberculosis.

T.B.

In 1946 there were 50,000 new cases and almost 23,000 deaths. About 2,000 due to milk infection. There were 21,000 deaths by direct infection from another person. X-Ray of one million persons of all ages shows one in every 250 has it in active form and one in every 50 in active form temporarily.

Accidents.

At the Royal Society of Medicine meeting in November, 1948, it was asserted that over 8,000 people were killed yearly in England and Wales from accidents and of these 6,000 took place in the home (i.e., 40% of the total). The fatality rate of home accidents was six times that of the industrial accidents. Prompt admission of home accidents to Hospitals was necessary. Education and propaganda offered hope for reduction.

Maternity.

The conjoint report by the Royal College of Obstetricians and Gynaecologists and the Population Investigation Committee gives an insight into the varying conditions under which maternity is carried out both in homes and hospital as well as the various services available. Only a brief summary of some points is here given.

Supervision at Clinics	54%
Supervision by Doctors	5%
Supervision by Municipal midwives	14%

Less than half attended during the first three months. If a doctor is seen at every visit the abnormal side of pregnancy may be emphasised. Some clinics are overcrowded. Many confinements take place in "appalling conditions of overcrowding." Whilst this apparently does not increase the risk of delivery—home delivery carries a low risk of still birth and neo natal death—yet 5% are later admitted to Hospital for among them the rates for still births and neo natal deaths are very high. Many women prefer confinement at home if they had better homes.

Analgesies : Only 5 per cent of those confined at home and half of those in Hospitals were given analgesia. 48% of those attended by doctors had some form of relief compared with only 7.6% attended by midwives.

Paediatrics.

We know that certain diseases in early pregnancy can affect the unborn infant as well as the Rh factor. So it is essential to see the mother who has not had german

measles should not be exposed to such infection in early pregnancy. To prevent a wrong type of blood transfusion being put into a Rh-negative woman all women should have their blood typed before marriage at least. Early immunisation of the infant with whooping cough vaccine has shown good results. (Waddell and L'Engle immunised 129 infants with it at ages of one week, one month, and two months with 70% good results). It should be remembered whooping cough immunity takes two months to develop so there is little object in postponing too late. Further it saves unnecessary injections by having it combined with diphtheria immunisation. To prevent cross infection in wards and the treatment of special affections our future maternity homes will have to provide special cubicles for premature infants, diabetic mothers, tuberculous mothers and certain primiparae cases. The lay person has not the knowledge of the requirements for such homes.

A Virus affecting livers.

Certain persons it has been found may be "carriers" of a virus causing inflammation of the liver. Insufficient sterilisation of needles used for injections may transmit the virus. Hence the great importance of thorough sterilisation of syringes and of needles.

Milk Tests.

In my monthly reports to the members of the Public Health Committee reference is made to these. Their simple explanation is as follows: *The Methylene Blue* is related to the number of microorganisms present in milk. The more there are the quicker the milk is decolourised of its blue colour. If it took $5\frac{1}{2}$ hours to remove the colour by the technique of the test then the milk would not be likely to have more than 500,000 organisms, whereas if there were 4 million of them their activity would cause the colour to disappear in 2 hours or earlier. A very bad milk would decolourise instantly or within 20 minutes. *The Phosphatase test* is a check on efficient pasteurisation or not, i.e., whether the milk has been subjected to 145°F for 30 minutes, by the Holder process, or to 162°F for 15 seconds by the H.T.S.T. (as now being done), and in both immediately cooled to 55°F. It is a glass colour test by certain Lovibond units. A properly pasteurised milk corresponds to 2.3 units; improperly from 2.3 to 6 units; and gross errors in pasteurisation are over 6 units. (Tubercle Bacilli are destroyed at 140°F (60°C) in 15 to 20 minutes).

Geriatrics. (The study of disease of the aged).

In 1900 there were, in Great Britain, 1,750,000 people over 65 years; in 1937 the number was 2,750,000; by 1941 the estimate was 4,300,000. By 1951 it is said there will be 5,500,000, i.e., $11\frac{1}{2}$ per cent of the total population. This is what science and your Medical Officers of Health do. The future housing problem must include houses for the older persons and many of these persons will be working citizens. A prominent surgeon even now says use them up to 80 years of age if fit. Fitness is the test.

Freezing Point of Milk.

This is found by the cryoscope which shows any variation in the limits of the freezing points of milk, i.e., from minus 0.53°C and minus 0.57°C . *Fresh* milk always freezes between these degrees, and any addition of water would freeze the milk at a higher temperature (nearer to its freezing point of zero). The apparatus is simple. In a vacuum flask in its centre is a compartment into which a tube containing milk is inserted. Around *this* tube in the compartment is put alcohol. Into the space between the centre compartment and inner side of the flask is put ether. This ether reduces the temperature of the alcohol to below 0°C , and this reduces the temperature of the milk. The special thermometer recording these degrees is inserted into the milk and the degrees are read off by a magnifying glass. The milk is stirred while it is cooled. The passage of fluids between membranes is determined upon the osmotic pressure of the fluid and its freezing temperature. The osmotic pressure of milk is dependent on its soluble contents (i.e., non-fatty solids). The addition of water would reduce the concentration of soluble matter and therefore the osmotic pressure, and so raise the freezing point to 0°C . How then if a sample was below the freezing standard can you say it is due to a poor quality milk? This is settled by what is called Veith's Ratios. Veith found if the non-fatty solids were divided into 24 parts there were 13 parts of Lactose, 9 of Protein and 2 of mineral matter; and the addition of water did not alter these ratios. In a genuinely poor quality of milk from a cow these ratios are out of order. The Lactose is well down and to a lesser extent the protein. For the test the milk used must be *fresh*. Souring reduces lactose and so the pressure.

Slaughterhouse at Blyth.

It is pleasing to note the Public Health Committee has decided on much required alterations and has included the estimated cost of £2,000 in the next year's estimates.

Disinfection.

I am glad to report the Public Health Committee has agreed to the purchase of a Thresk disinfecter which I recommended and the Borough Engineer will decide the site.

Staphylococcal Food Poisoning from Infected Lambs' tongues.

The danger from handling food that has been cooked and not kept continuously in cold storage until ready to serve is illustrated by this outbreak of food poisoning recorded in the Ministry of Health's monthly Bulletin.

Approximately 1,600 persons regularly had lunch in a canteen attached to a large factory. On 10th December, 1947, of 1,072 people who ate a meal consisting of "braised lambs' tongue" and vegetables approximately 50 were taken ill 2-3 hours later.

Two persistent hand carriers and one intermittent nose carrier of the infecting staphylococcus were found among the kitchen staff who had helped to skin the tongues. The staphylococcus was frequently isolated in large numbers from cuts and abrasions on the skin of the two hand carriers. The same organism was found also on table tops and in floor dust.

The outbreak was due to faulty handling of a meat product cooked the day before it was intended to be eaten.

Health of School Children.

1153 children were medically examined by me during the year. Of these

49.0	per	cent	were	of	Grade	A.
48.9	"	"	"	"	"	B.
2.4	"	"	"	"	"	C.

During the year 66 were operated on for Tonsils and Adenoids apart from those of the above number who may have previously had such an operation.

A new plastic film (Shellene) has been made for inner bags for wrapping frozen foods. It will not crack (even at very low temperatures), is strong, flexible, can be washed in hot water, the bags don't leak and can be re-used.

Solutions of ascorbic acid in which fillets of the more usual varieties of fish used were dipped has been found to improve them and prevent rancidity.

Pulverised dried egg shells are easily assimilated and utilised by hens and chicks.

Work in flour and other mills and in the mines may be revolutionised by an aerodynamic precipitator (dust collector), designed by a Swedish engineer in Northern Ireland. It can clear a dust-laden atmosphere up to 90 per cent efficiency.

The proper function of salt is to bring out other flavours and not to develop a salty taste. Sugars decrease and acids increase "Saltiness" and so sweet products take more salt than sour ones. Products with more fat require more. Salt can be used to increase the sweet taste of a product without using more sugar.

A scientific expedition has spent several months in the Antarctic investigating the specific characteristics of various types of whale meat in relation to the use of whale meat for human food.

A Locust from Palestine was found in a fruit shop at Blyth.

REMOVAL OF TONSILS.

Dr. A. F. Adamson (M.O.H., Hendon), includes in his annual report a note by Dr. F. P. M. Clarke supporting recent warnings that a conservative line should be adopted in regard to the operation for the removal of tonsils. "I have found," says Dr. Clark, "that a very large number of children who have had tonsils removed for one reason or another, have derived little or no benefit from the operation and indeed, frequently, the condition sought to be improved by the operation is aggravated. 'Enlarged tonsils' is not a local disease, per se, just confined to the tonsils, but usually the sequel to a descending infection from the nasal accessory sinuses. The tonsils function as a protective trap to prevent free spread of infection into the general system. They also

serve in children, the purpose of producing an autogenous immunity and resistance to bacteriological infections. The complete extirpation of organs of such importance is a serious consideration, and the removal of tonsils alone, without adequate attention to the factors involved in the production of this condition, is meaningless and unscientific." At Dr. Clarke's clinics, at Hendon and elsewhere, a very thorough examination is made of each case of "suspected" tonsils and adenoids, both throat and nose, and a careful account is taken of any present or previous throat or nasal defect. Mere enlargement alone, unless so gross as to cause obstruction, is not taken as an indication for operation. A definite pathological "history" and condition must be present, which is not likely to yield to conservative treatment, before operation is advised. The above supports the view I have previously reported on. It is supported by the late Medical Adviser to the Ministry of Education.

FOOD.

The Food Investigation Board has issued an interesting report on its activities for the years 1940-46. Increased researches have been given to vegetables, especially the potato. During 1940-45, the main investigations were as to the dehydration of foodstuffs, and the work was mainly on cabbage (rich in ascorbic acid), carrot (rich in carotene) and potato (starchy vegetable). Scalding was found to be an important factor in the process and it was found that the more completely vegetables were dried the longer they keep in good condition. Two methods of mashed potato powder were developed. The best product of meat dehydration was drying precooked minced meat in a current of hot air. (Vitamins of lean meat are water soluble which they note should be retained). A fat content of 40 per cent is recommended for dried meat both for nutritive value and flavour. Palatable dehydrated products could be prepared from precooked minced flesh, and all main species of white and fatty fish. Investigations also showed that the production of a good quality spray-dried egg was a practical possibility. It was found that pasteurisation at a higher temperature than normal (e.g., $190^{\circ} = F87.7^{\circ}C$) instead of $165^{\circ}F$ ($73.9^{\circ}C$) produces a remarkable improvement in the keeping properties of spray-dried milk. A further development was the production of compounded food blocks of various foods (porridge, soups, stews, meat and fish dishes, fruits and milk drinks). The deterioration of dried egg

stored at warm temperatures was reduced if the glucose present in the egg pulp was removed prior to drying and this can be done by fermentation with yeast. The preservation of certain varieties of apples can be improved by "skin coating" the apples with oily or waxy materials. Freezing of herrings allows their distribution in better condition.

Maggots in food may have been bred in the food itself (e.g., cold joint exposed to flies) or bred in a container (e.g., clean milk put into dirty bottles in which maggots may have been living).

Certain beetles (mainly abroad) and their larvae have been known to invade the human bowel through the anus when the person was sleeping. (This infection is known as *Canthariasis*). A common tapeworm of the rat, and occasionally found in man, has as its intermediate host various beetles which infest meals and stored cereals (additional reason for destruction of rats).

FOOD INFECTION.

1. *Germ*s can be swallowed by food and drink. These can be conveyed by the dirty hands of those handling food. The careless ones thus can convey disease to others especially to children. The measure of protection is got by the regular washing of the hands after use of the lavatory, before handling food, and before meals; also after dressing any septic case or skin disease. Germs are spread by the nose and mouth so don't cough or sneeze on to any food.

2. *Crockery* should be rinsed in very hot water. In handling cups to others use the handle—don't pass the cup with your fingers inside it. A special detergent will clean glasses which can be allowed to dry without a cloth.

3. If working at a Canteen or tea shop see that the *spoons, knives and forks* have been well washed and dried by a clean cloth.

4. If you have had *any illness* and work at a food kitchen, canteen or tea shop your doctor should certify you fit before you join your job. No diarrhoea should be neglected. If any infectious disease in your house you must stay away till ordered by the Medical Officer of Health.

5. Protect food from flies. "Blown" tins should be taken to the Sanitary Inspector.

6. Use pasteurised milk or boil the milk.
7. Educate children from putting dirty fingers into the mouth.
8. See a doctor if any signs of diarrhoea and vomiting.
9. Your milk bottle on being emptied should be rinsed first with *cold* water and then hot water before leaving at your door step.
10. In hot weather stand your milk bottle containing the milk, in a basin or sink with cold water—if you have not a refrigerator.
11. Milk readily absorbs foul smells so should not be near drains.
12. The excreta of mice and rats can carry infection to any food they get on to.

NOTES RE FOOD.

REFRIGERATION.

Zero to 5 degrees is the usual temperature for the storage of ice cream though some manufacturers hold it at 15°. A fluctuation of 2 degrees is regarded as good as can be expected whereas a range of 10 degrees would be very bad. Air should be allowed to circulate all round above and below the food or any in sacks as otherwise the centres of the sacks may be 4 degrees warmer than the exterior. This difference in temperature may aid growth of moulds which can be rapid at 18 degrees.

Gelatine Control Order limits the use of gelatine in food and gelatine is not permitted in ice cream.

Plums : The acid of plums can dissolve the Zinc in galvanised utensils and so cause illness.

FAT IN FOOD STUFFS.

Lean meat contains 6– 8 per cent of fat.

Cheese	„	4–30	„	„	„	„	(depending on quality of milk used).
Dried Egg	„	42	„	„	„	„	
Rabbit	„	5	„	„	„	„	
Herring	„	10	„	„	„	„	
Flour	„	1–2	„	„	„	„	
Bread	„	1	„	„	„	„	
Oatmeal	„	8	„	„	„	„	

The energy value of fats :

1 gram (15 grains) of fat has a heat value of 9.3 calories.

1	„	„	„	protein	„	„	„	4.1	„
1	„	„	„	carbohydrates	„	„	„	4.1	„

Thus fats have twice the energy, weight by weight, of proteins and carbohydrates. The average requirement for an adult man doing 8 hours work is :

Protein	100 grams	= 100 x 4.1 =	410 calories.
Fat	100 grams	= 100 x 9.3 =	930 „
Carbohydrates	500 grams	= 500 x 4.1 =	2050 „
			<hr/>
			3590 „
			—— per day.

The fats our bodies can absorb are glycerides of fatty acids and all of these have their carbon chains with an even number of carbon atoms. Our bodies cannot deal with those of uneven numbers of carbon atoms, and so *synthetic* margarine which was attempted failed to be of use owing to the mixture of hydro carbons of even and odd—carbon atom chains.

FOOD POISONING.

Food poisoning may occur from germs or their toxins. These may occur in several ways :

1. From diseased animals.
2. Diseased or infected products from animals (including in the term all forms of animal life—fish, mussels, etc.).
3. Infected vegetables.
4. Diseased vegetables.
5. Artificial make up products (Sausages, meat pies, cream cakes, ice cream, etc.).

Any of the above may become the cause of epidemics or illness or indispositions. They may be caused thus by :

- (1) Extraneous infection (e.g., sewage infected water, infected milk, infected flour, rats and mice, etc.).
- (2) During the process of manufacture or preparation.

This may result from :

- (a) insufficient cleanliness of the plant.
- (b) from personnel—e.g., by coughing, insufficient cleanliness of hands, carrying infection from an infectious case in the house, a “carrier.”
- (c) Storage : Damp cupboards can affect some foods where there is ill ventilation—some foods will not remain good without recooking. Infection can easily occur by the excreta of rats, mice, some insects (cockroaches).
- (d) Method of cooking. Whilst good cooking will kill the organisms it will not destroy the toxins of any. Therefore, some such as sausages and meat pies demand a higher temperature than others. If the skins of sausages were slit up for cooking the contents would become much safer if there was any infection.

In food poisoning cases the symptoms generally are mainly two, viz. : vomiting and diarrhoea, both an effort of nature to get rid of the poison. These symptoms may be very severe to mild indispositions, but in all of them it is necessary to supply fluid to make up for the loss which causes shock from dehydration. On the other hand some persons are allergic to certain foods. Thus as I knew of a lady who would get an asthmatic attack on taking milk ! We all know how shell fish act on some people. Recently certain types of salmonella organisms in sausage caused an outbreak and in these salmonella diseases the vomiting is predominant and so distinguishes the cases from those of typhoid (eberthella). It is obvious symptoms of disease may not be known of any animal brought to a slaughter-house and so a case of salmonella infected meat could be passed. Hence the importance of a veterinary inspector having passed animals likely to be sent there. Good cooking by its heat will protect us against any mild infection of such, but not a massive one. Thus we see the value of being particular as to how our food is dealt with.

CIRCULATORY DISEASE.

Raised Blood Pressure. (Hypertension).

The cause in many cases is obscure. Bloodlessness of the cortical areas of the kidneys as been shown to produce a pressor substance, called Renin, which acts on the muscle of the middle coat of the arterial system and causes spasm of the arteries whereby the blood pressure is raised. This explanation in cases of kidney disease (nephritis) cannot explain why most cases of raised blood pressure have such earlier, and last throughout their lives. Experiments by Trueta and others seems to provide a possible explanation in that where the cortex of the kidney is bloodless there is a diversion of blood supply from the cortex to the medullary area and this may stimulate the production of the renin necessary for the development of essential hypertension. There are people who on examination through emotion get a temporary high blood pressure which returns to normal on rest. Individuals at old age whose arterial walls are of good quality will not suffer arterial degeneration till late whereas those with poor walls will have degeneration earlier and suffer from raised blood pressure. But if there is affection of the kidneys then the degeneration occurs earlier in all. Raised blood pressure may cause enlargement (hypertrophy) of the heart but the chief blood vessels of the heart (the coronary arteries) remain normal because in them the blood flows through during rest of the heart (diastole) so that the raised blood pressure produces no stress on their walls. Whilst adrenaline (and possible renin) produces constriction of the terminal blood vessels (at the periphery) their effect on the coronary vessels is to dilate them.

Altered functions produces various subjective sensations which are called symptoms of illness (e.g., pain, headache, breathlessness, etc.), whilst altered *structure* produce *signs* called *physical signs* of disease (e.g., swelling, dullness of an area of the lung, murmur of the heart, etc.). Physical signs by themselves do not constitute illness nor need they incapacitate one. In the circulation of our blood we have to deal with four main factors. 1. The blood coming to the right side of the heart by the venous system. 2. The adequate contraction of the right ventricle to send the blood through the lungs and to the left side of the heart. 3. Sufficiently powerful contractions of the left ventricle through the aorta and through all blood vessels and help the venous system to get blood to the heart. 4. Nervous control of the blood vessels to maintain their tone.

Since the right heart has got to *receive* blood from the venous system before it can act (blood is its stimulus) it follows that if anything impeded this reception the heart's action would cease. This happens in shock and circulatory failure in some severe infections. Nature allows for this necessity although there is a drop in the blood pressure in the veins. The cross section of the venous system is greater than the arterial system so it shows how greatly the heart and therefore our lives are dependent upon the venous system. The suction action of respiration helps to draw up blood to the right heart with the negative pressure in the empty right auricle. The amount of blood that the heart can put out is related to the pressure within the right auricle which depends on the venous pressure which is filling it. An increase in the pressure in the right auricle increases the cardiac output. When the heart is reaching its maximum output the rising auricular pressure has less effect. When no further cardiac output can be increased any rise in auricular pressure would lead to a fall in cardiac output. When this maximum effort of the heart has been passed then venesection will lower the auricular pressure and so relieve the heart and improve the output. But to go and do venesection when the heart has not reached its possible maximum output would only lessen the auricular pressure and the cardiac output and so fail. Likewise in transfusion of blood—if the maximum output has been passed transfusion would raise the auricular pressure with failing cardiac output with a possible fatal result.

Arteries have elastic tissue in their walls and when extra blood is pumped into them by the heart (during systole) they stretch. During rest of the heart (diastole) the arteries recoil exerting a pressure (diastolic pressure) which maintains the flow of blood till the next contraction (systole) of the heart. Anything (disease or resistance) will effect this elasticity and cause increased pulse pressure and so a rigid wall will want a greater pressure to stretch it as well as lessening the diastolic recoil. Thus extra work is thrown on the left ventricle of the heart and the lessened diastolic pressure interferes with the blood to the heart blood vessels.

Diminished contractility causes a fall in blood pressure and so lessens nutrition to the tissue.—Increased contractility leads to raised blood pressure (both systolic and diastolic) and so to increased work for the left ventricle which forces the blood out of the heart.

During rest the amount of blood circulating is put at 3 litres per minute. Healthy persons are said to have a circulation rate of 12-15 litres per minute whilst in athletes it may go to 25 litres per minute.

The respiratory centre at the base of the brain is stimulated by an accumulation of carbonic acid (CO_2) in the blood and so produce respirations. Excess of CO_2 from any failure of the circulation rate would therefore cause breathlessness and the pulse rate is also increased. If there is increased work thrown on any particular chamber of the heart the muscle increases in size (hypertrophies), and if this gives an adequate circulation we then say the circulation is adequately compensated. The causes of failure of compensation ('break downs') are numerous and consequently require different treatment. An emotional person who had no symptoms with increased blood pressure may, on being told, become anxious and the circulation becomes worse. Sometimes a clot may become lodged in a vessel (lung, limb, etc.), and so block the circulation there (this is called an embolus) and cause sudden serious symptoms. Thrombosis (clotting) in an artery or vein is a more gradual process.

The instrument for testing the blood pressure is the sphygmomanometer. The patient must relax physically and mentally. It is no use in women rolling up a sleeve and causing a tight band above the cuff of the instrument as this raises the pressure reading—both arms and shoulders should be bare. Cold affects blood pressure so it is no use taking the pressure of a woman shivering—a warm room is essential. If the person is excited it may be necessary to take 2 or 3 readings.

There are several acute diseases of the arteries which are rare which would raise the blood pressure. (In one, spasm of the lower limb arteries require special exercises). The chronic degenerative diseases are: (1) Atheroma—disease of lining cells (2) Arterio-Sclerosis—sclerosis of middle wall. (3) Hypertension—primarily of arterioles. In arteriosclerosis the muscle in the middle of the wall as well as the elastic tissue become replaced by fibrous tissue and later has calcium salts deposited therein. In very extreme cases you may have a calcareous tube. A greater effort is called for by the heart to force the blood through

the narrowed and less elastic vessel and so the systolic pressure is raised. There is an increase pulse pressure with a low or normal diastolic pressure. There is no hypertension which is characterised by a persistent rise in the *diastolic* pressure. Sclerosis, fibrosis or calcification does not necessarily lead to narrowing of the lumen of the vessel. Obstruction occurs from atheroma, inflammation or thrombosis. In *Hypertension* we have disease of the *arterioles* generalised but specially of the small arteries of the kidney and retina. They become the seat of lipoid degeneration and spasm. There is peripheral resistance and consequently increased *diastolic* blood pressure. In the *absence* of kidney disease, certain endocrine disorders or secondary to other disease we have a condition called "essential hypertension" (Primary Hypertension) in many persons between 45-55 years of age and they are the usual cases treated for blood pressure. Thrombosis may occur. Patients often live in spite of local hardening but the vessel immediately above is weaker and may burst (haemorrhage). A raised blood pressure without a raised *diastolic* pressure does not indicate hypertension. The pressure may rise to 240/140 or higher. Such cases need rest, dieting and sedation. Drugs to lower it may induce thrombosis.

THE LICENSING BILL.

Most of the general public have little idea of the objects of this Bill and awful results have been predicted by some. All that is proposed is that in the new towns which will be built under the Town & Country Planning Act the "public houses" shall be owned by the State, and, *if necessary*, "public houses" in the "adjacent areas" shall also be taken over by the State. The object of the latter is primarily to prevent breweries setting up competing "public houses" just outside the boundary. The other object is to prevent refusing to sell beer to state public houses and establishing such on the boundaries. The state has no intention of setting up breweries as it did in Carlisle. The Royal Commission on Licensing of 1931 unanimously recommended state management and the Commission found there was less drunkenness, and decided under state ownership with no curtailment of freedom to drink. The Brewers make too much profit. In the year 1946-7 the profits (after all such) was £49 million and with the extra penny a pint now they still have a profit of £30½ millions. The landlord at the "Pub" will have to please the state and not a "licensing" company.

THE CHILDREN'S BILL.

It is important for members of the Council to know some of its provisions. The object of the Bill was to put an end to the provisions of the Poor Law on July 4th, 1948, and to adopt the chief recommendations of the Curtis and Clyde Committees. The Home Office is the Central responsible Authority and locally Children's Committees will function.

Clause I puts a duty on the local authority (being the Council of a County or County Borough) to receive into its care any child under the age of seventeen in its area who is an orphan, or deserted, or whose parents are unable to care for it properly and the intervention of the local authority is necessary. The local authority cannot take the child away against the opposition of the person in charge, but if the local authority consider the child is not properly looked after, then it will take the case through the Children's Committee to a Juvenile Court for decision. The parent-child relationship is stressed and the second clause whilst giving the local authority in certain cases parental rights, there is provision to allow the child to go back to the parent or guardian. The local authority has full power as to what accommodation and maintenance it may make. New houses can be provided and old ones improved. The bill encourages voluntary organisations. All voluntary homes must be registered from the 1st January, 1949, by the Secretary of State. Grants are available to voluntary organisations for special expenses and up to University standard to age of 21 or beyond.

The provisions of the Child Life Protection are extended to all children below school leaving age and in certain cases to those up to 18 years of age. By Section 33 the voluntary organisation might board out children in the areas of the local authority, and the Home Secretary may make the voluntary organisation solely responsible for the supervision of the boarding out of these children. But under the Children and Young Persons Act, 1933, the Secretary of State could authorise officers of the local authority to inspect voluntary homes. As to the conduct of homes and nurseries consultation with the Medical Officer of Health is intended and even in their administration. A parent could place a child with anyone and without any permission being required. A local authority under the Public Health Act, 1936, has powers for supervising children placed with persons *for reward* and could get a Court Order for removal if the house was regarded as unsuitable. Since there are always three million children under five years of age there was need for such a bill to prevent some of the tragedies.

Section F.

SANITARY SECTION, 1948.

Public Health Act, 1936. Summary of Notices Served.

No. of Informal Notices served during the year :—

Bebside.	Croft.	Waterloo.	Ridley.	Plessey.	Delaval.	Total.
39	107	155	92	26	25	444

No. of Informal Notices compiled during the year :—

Bebside.	Croft.	Waterloo.	Ridley.	Plessey.	Delaval.	Total.
12	33	55	34	17	5	156

No. of Statutory Notices served during the year :—

Ward.	Section 39	Section 44	Section 45	Section 56	Section 75	Section 93	Section 138	Total.
Bebside	2	1	2	—	1	22	—	28
Croft	21	—	15	3	8	47	—	94
Waterloo	28	—	12	4	3	59	—	106
Ridley	13	—	8	1	7	31	1	61
Plessey	7	—	11	—	7	25	—	50
Delaval	1	—	—	—	1	3	—	5
	72	1	48	8	27	187	1	344

No. of Statutory Notices compiled during the year :—

Ward.	Section 39	Section 44	Section 45	Section 56	Section 75	Section 93	Section 138	Total.
Bebside	—	—	2	—	1	25	—	28
Croft	28	—	19	3	7	63	—	120
Waterloo	28	—	11	1	4	45	—	89
Ridley	14	—	9	2	5	34	1	85
Plessey	7	—	12	1	5	15	—	40
Delaval	1	—	—	—	1	8	—	10
	78	—	53	7	23	190	1	272

No. of Statutory Notices withdrawn during the year :—

Ward.	Section 39	Section 44	Section 45	Section 56	Section 75	Section 93	Section 138	Total.
Bebside	2	1	2	—	—	20	—	25
Croft	2	—	—	—	—	2	—	4
Waterloo	—	—	—	—	—	6	—	6
Ridley	1	—	1	1	2	6	—	11
Plessey	40	—	11	12	—	75	—	138
Delaval	—	—	—	—	—	1	—	1
	45	1	14	13	2	110	—	185

FOOD & DRUGS.

Milk & Dairies Regulations, 1926-1946. Details of Samples taken.

Samples of Raw Milk from producers outside Borough :

METHYLENE BLUE.		BACILLUS TUBERCULOSIS.				Total Samples.
Satis- factory.	Unsatis- factory.	Positive.	Negative.	Tests not carried out.	Animals Slaughtered	
21	14	1	34	—	1	70
FROM PRODUCERS INSIDE BOROUGH.						
2	3	1	4	2	1	12
	Not carried out.					
	2					2
23	2	17	2	38	2	84

Pasteurised Milk.

METHYLENE BLUE.		PHOSPHATASE TEST.		PATHOGENIC ORGANISMS.	Total Samples.
Satis- factory.	Unsatis- factory.	Satis- factory.	Unsatis- factory.	Satis- factory.	
4	—	18	—	1	23

Food & Drugs Act, 1938. Milk (Chemical Analysis).

Two samples of milk from retailers inside the Borough were examined during the year and both samples proved satisfactory.

Other Foods.

The following foodstuffs were examined during the year for the presence of pathogenic organisms :—

1. Duck Egg (1).
2. Hen Egg (1).
3. Bottle of Kia-Ora Orange Squash (1).
4. Bottle of Mussels (1).

In each case the samples were found to be sterile.

Food & Drugs Act, 1938. Details of Analyst's Reports.

Ice Cream.

No. of Samples.	Methylene Blue Test.	Result.	Time taken to reduce Methylene Blue	Sample taken from.
1	Grade I.	Satisfactory	4½ hrs. or more	Dry ice container in cart.
2	" "	"	do.	Continuous freezer in factory.
3	" "	"	do.	Freezer conservator in shop.
4	" "	"	do.	Mobile Van.
5	" "	"	do.	Freezer in factory.
6	" "	"	do.	Unfrozen from ageing bucket.
7	" "	"	do.	Freezer in factory.
8	" "	"	do.	Freezer in factory.
9	Grade II.	"	2½-4 hours.	Container in shop.
10	" "	"	do.	Freezer in factory.
11	Grade III.	Unsatisfactory.	2-2 hours.	Dry ice container in shop.
12	" "	"	do.	Container in cold room.
13	" "	"	do.	Freezer in factory.
14	Grade IV.	"	0 hours.	Continuous freezer in shop.
15	" "	"	do.	Cutting machine—unwrapped.
16	" "	"	do.	Continuous freezer in shop.
17	" "	"	do.	Cutting machine.
18	" "	"	do.	Freezer conservator in shop.

Food & Drugs Act, 1938. Other Foods.

The following foodstuffs were condemned and destroyed as unfit for human consumption :—

Fish	Tins.	113	Figs	140 lbs.
Fruit	,,	118	Prunes.....	230 lbs.
Milk	,,	705	Chestnuts	12½ lbs.
Meat	,,	89	Tomatoes ... 5 cwt.	3 qr. 4 lb.
Vegetables	,,	185	Peas.....	50 lbs.
Pickles	,,	9	Bacon	23¾ lbs.
Preserves	,,	85	Butter	4½ lbs.
Soups	,,	61	Bread	920½ lbs.
Fruit Juice ...	,,	16	Sugar.....	49 lbs.
Miscellaneous .	,,	21	Tea	3½ lbs.
		—	Cheese	2¾ lbs.
		1,402	Dried Egg.....	43 pkts.
		—	Tomato Ketchup	1 Gallon.
			Black Puddings ..	34 lbs.
			Chicken	7½ lbs.
			Pigeon (No.).....	25

Meat Inspection.

Animals Slaughtered.

Month.	Cattle.	Sheep.	Pigs (Cottager)	Total.
January	61	485	9	555
February	63	348	7	418
March	79	362	13	454
April	80	125	7	212
May	73	118	1	192
June	60	142	—	202
July	76	200	—	276
August	173	437	—	610
September	218	495	2	715
October	239	780	8	1,027
November	255	953	27	1,235
December	66	482	14	562
Totals	1,443	4,927	88	6,458

The following carcasses, part carcasses and organs were condemned as unfit for human consumption :—

	No.	Weight in lbs.
Cattle, Entire Carcasses and all organs	12	9,561
Sheep, Ditto	8	556
Cattle, Part Carcasses and/or Organs	1,162	11,329
Sheep, Ditto	199	779
	1,381	22,225

Imported Meat.

The following part carcasses and banned meats were condemned as unfit for human consumption :—

Cattle, No. 11.	Weight	184 $\frac{1}{4}$ lbs.
Sheep, No. 3.	Weight	28 lbs.
Corned Beef 12 oz. tins, 109		81 $\frac{3}{4}$
Corned Beef 6 lbs. tins, 57		342 lbs.
		—
		636
		—

Public Health Act, 1936—Water Sampling.

The following water samples were taken during the year for bacteriological analysis :—

	<i>No. taken.</i>	<i>Satis- factory.</i>	<i>Unsatis- factory.</i>
1. Newcastle Water	9	9	—
2. Hepscott Water (before Chlorination)	9	8	1
3. Mixed Hepscott and Newcastle Water (after Chlorination)	9	9	—
4. Tynemouth Water	9	9	—
5. Newcastle Water (House supply)	1	1	—
6. Hepscott Water (Bakery supply)	5	4	1
7. Hepscott Water (Standpipe) ..	1	1	—
	—	—	—
	43	41	2
	—	—	—

Three samples were submitted for chemical analysis and proved to be satisfactory.

Carcases Inspected and Condemned.

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed	1,354	89	Nil.	4,927	109
„ inspected	1,354	89	Nil.	4,927	109
All disease <i>except</i> Tuberculosis					
1. Whole carcasses con- demned		3		8	
2. Carcasses of which some part or organ condemned	1,004			137	1
3. Percentage of the number inspected affected with disease <i>other than</i> Tubercul- osis	74.15	3.37		2.94	1.13
TUBERCULOSIS					
1. Whole carcasses con- demned	2	7		Nil.	Nil.
2. Carcase of which some part or organ con- demned	206	Nil.		Nil.	Nil.
3. Percentage of the number inspected affected with disease <i>other than</i> Tubercul- osis	13.36	7.86		Nil.	Nil.

COMMENTS ON SANITARY DEPARTMENT.

Raw Milk Samples tested during the year 1948 :—

- (a) From outside the area—70 of which one found with T.B.
- (b) From inside the area—12 of which one found with T.B.

Pasteurised Milk : Total samples 23 of which all were satisfactory to the tests.

Ice Cream : Of 18 samples tested 8 proved unsatisfactory.

Statutory Notices : Total issued—344 or about 29 per month, or little over 14 per month per Sanitary Inspector or 3 per week each.

Slaughterhouse : Total animals slaughtered was 6,458 or nearly average of 640 per month. There were 12 cattle and 8 sheep destroyed entirely.

Under Housing Act : 526 visits were made re inspection by M.O.H. and Sanitary Inspectors.

Total Visits on all matters averages nine per day to each Sanitary Inspector.

Houses disinfected : 486.

Rats and Mice : 143 investigations made which occasioned 333 visits in all and 67 rats were caught.

Cats and Dogs : 139 dogs and 59 cats were humanely destroyed.

POSTAGES.

<i>Month.</i>	<i>By M.O.H.</i>	<i>By San. Insp.</i>	<i>General.</i>	<i>Total.</i>
January	81	77	548	706
February	73	40	509	622
March	25	40	540	605
April	64	46	397	507
May	50	40	460	550
June	71	36	552	659
July	69	26	142	237
August	54	28	38	120
September	58	40	34	132
October	38	23	44	105
November	13	30	27	70
December	39	27	48	114
	635	453	3339	4427

Total Postage cost for 1948—£34 17s. 0½d.

SANITARY DEPARTMENT.

Main details re complaints made.

Month.	Beetles.	Bins.	Drains.	Food Con- demna- tions.	All House defects.	Over- crowd- ing.	Rats.	Water- closets or Privies.	Totals of all Complaints.	TOTALS PER WARDS.					Mth.	
										B.	C.	D.	P.	R.		W.
January	1	1	11	4	19	1	4	3	85	10	16	4	1	14	40	Jan.
February	2	—	7	10	19	1	—	4	62	7	8	4	—	9	34	Feb.
March	3	—	9	2	9	1	—	2	51	5	11	4	3	18	10	Mar.
April	3	3	5	8	20	4	1	3	73	11	11	5	10	5	31	Apr.
May	5	—	6	6	20	2	1	—	60	4	13	2	3	9	29	May.
June	5	3	5	13	19	—	3	2	64	4	19	19	3	17	2	Jun.
July	3	—	6	7	16	1	5	2	65	5	14	3	10	12	21	July.
August	8	1	9	5	44	1	4	3	100	6	32	2	14	19	27	Aug.
September	2	—	8	8	19	2	2	—	66	3	12	3	11	16	21	Sept.
October	—	1	6	7	15	2	2	1	60	2	15	5	6	6	26	Oct.
November	2	1	6	4	25	1	10	2	73	6	17	1	9	19	21	Nov.
December	1	—	9	1	13	—	1	8	39	4	9	2	2	8	14	Dec.
TOTALS	35	10	87	75	238	16	33	30	798	67	177	54	72	152	276	

The Total of 798 gives average of 66 per month. This gives eight per week for each Sanitary Inspector. Mr. Gill in charge of P, R & D Wards had a total of 278 complaints or 23 per month. Mr. Simpson (left 1st October) had 406 in 9 months or 48 per month.

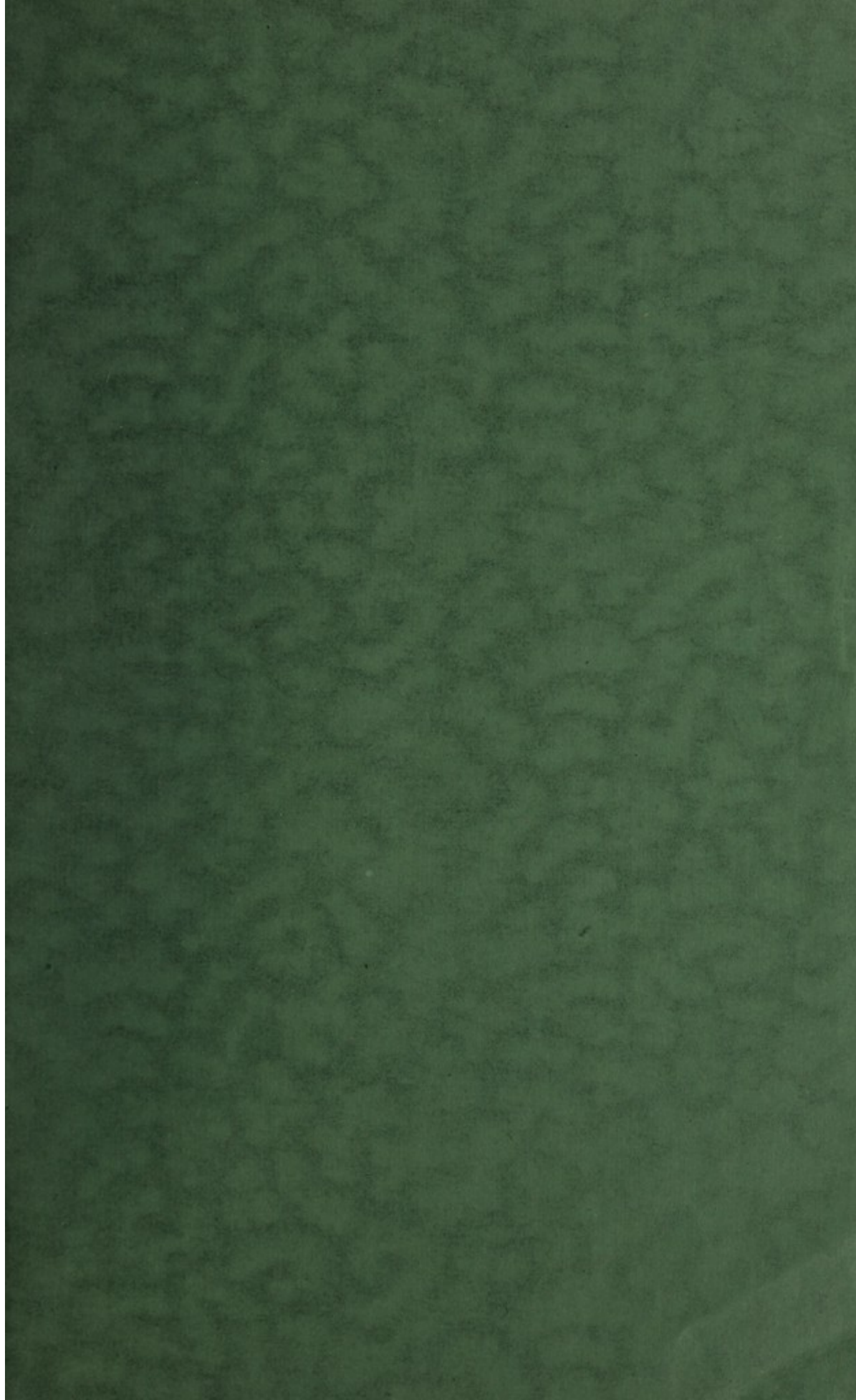
DETAILS—re Destruction of Cats and Dogs, and Disinfection.

	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	
Houses Disinfected I.D.	18	27	86	139	64	37	30		10	9	17	12	449
" Owners' request...	2	4	4	3	6	3	3		2	6	2	2	37
Bedding Disinfected	1 Mattress	1 Suit.			*								486.
Clothing Disinfected		1 Overcoat											*
Nurses Uniforms Disinfected							1				1	1	2 Bedcovers.
Bedding Destroyed													7 Pillows.
Overlays	1	2	5	1	1	1	3		2		1		2 Blankets.
Mattresses	2			4	4	3	5		9		4	3	4 Cushions.
Feather Beds	3	1		1	1	1			2				
Bed Ticks	1			2	2				4				
Blankets	6	4	1	2	2	5	2			5	6		
Pillows													
Verminous Premises Treated	2	6	10	6	20	14	24		5	13	4	9	
Choked drains cleared	16	21	10	7	14	9	10		11	4	9	11	
<i>Rats and Mice.</i>													
Investigations	34	31	5	8	5	4	16		7	9	15	9	113
Premises Treated	10	10	5	8	5	4	16		7	9	15	9	98
Visits	35	31	12	26	15	16	56		23	30	55	24	333
Rats Recovered	3	3	9	3	2	5	7		4	15	13	3	67
Mice Recovered	11	2								18	17	77	
<i>Cat and Dog destruction.</i>													
Dogs	8	8	8	6	8	7	20	18	10	14	9	23	139
Cats	4	1	8	1	6	4	5	8	5	6	9	2	59
													198

Total Cost of Chloroform used £6 0s. 9d.

1880

DEATHS - DEPARTURES OF CIVIL AND MILITARY PERSONNEL



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