[Report 1962] / Medical Officer of Health, Clevedon U.D.C.

Contributors

Clevedon (England). Urban District Council.

Publication/Creation

1962

Persistent URL

https://wellcomecollection.org/works/a5zpmbus

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



MECHALLY E 83

URBAN DISTRICT OF CLEVEDON

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1962



Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit a report upon the Health and Sanitary conditions of the Urban District during 1962, in which is incorporated a summary of some of the work of your Public Health Inspectors. It is also a personal honour to report on what was the last year's work of my father, the late Dr. George Macleod, who died on 2nd October, 1962, after more than 43 years of service as Medical Officer of Health to the town.

It was fitting that he died in office: during recent years more and more of the functions, and some of the statutory powers formerly exercised by your Medical Officer of Health have been whittled away. Development of the many and necessary public and home health services has been at County Council level, leaving environmental hygiene as the responsibility of the local Medical Officer. Most of his work is now advisory: he may be called on as an expert in purely medical matters such as arise, for example, in connection with outbreaks of infectious disease or food-poisoning; secondly, he may be needed as a counsellor in those personal problems which come to the notice of the local council in its capacity as a big but benevolent landlord. Thirdly, he must be an interpreter ... and, it is hoped, an intelligible one... of medical and scientific opinion on current health topics; putting Health Education across to the public just as Health Visitors, doctors, rurses and others put it across to the private individual. In such an advisory capacity, the late Dr. George Macleod was able to bring to your deliberations a comprehensive knowledge derived from experience gained almost equally in public health medicine, family doctoring and hospital administration. The National Health Service, as it exists today, tends to keep these three branches of medical practice in almost watertight compartments and this fact, together with the increasing complexity of medicine, makes it rare if not impossible for any one doctor to attain wide, authoritative experience in all three. Whatever arrangements may obtain here in the future, the efficient development of health services depends more than ever before on the closest understanding and personal co-operation between Local Authority doctors and those at work in general practice or in hospital.

I wish to acknowledge with thanks the help and encouragement received from yourself, from members of your Council, from the Council Officers and staff, from my colleagues and from the County Medical Officer of Health.

I have the honour to be

Your obedient Servant,

A.I. MACLEOD

Clevedon, 7th June, 1963.

1. Public Health Staff

Public Health Inspector - J. Topham, A.M.I.Mun.E., M.I.H.E., M.R.S.H.

Assistant Health Inspector - K. Ashworth, M.A.P.H.I.

Medical Officers (part-time) - G. Macleod, M.A., M.D., D.P.H. (died 2nd October, 1962)

A.I. Macleod, M.A., M.B., B.Chir. (Appointed 3rd October, 1962)

2. Summary of Vital Statistics

Area of District 3,467 acres

Population (mid-year estimate) 11,080 (10,700)

Rateable Value £162,464 (£151,735)

Product of one penny rate £661 (£620)

Comparable figures for 1961 are in brackets.

BIRTHS

Live Births Number	Male 81 (73)	Female 85 (66)	Tota 166	(139)
Rate per 1,000 population	(adjusted)		16.2	(14.03)
Illegitimate Live Births (per cent of total	7 (5)	7 (4)	14	(9)
live births)			8.43%	(6.5%)
Still Births	- ()		- ,	
Number Rate per 1,000 total live	2 (nil) and still births	1 (nil)	3 (n 17.75	il) (nmil)
Total Live and Still Birt	hs 83 (73)	86 (66)	169	(139)
Infent Deaths (deaths under one year)	2 legit. (0)	2 legit. (1 le	git) 4	(1)
Infant Mortality Rates				
Total infant deaths per 1 Legitimate infant deaths Illegitimate " "	,000 total live bi per 1,000 legitima " "illegitim	rths - te live births - ate " " -	24.1	(7.2) (7.7) (0)
Neo-Natal Mortality Rate (deaths under 4 weeks) Rate per 1,000 total live		Number	2 12,05	(7.2)
Early Neo-Natal Mortality (deaths under 1 week) Rate per 1,000 total live		Number	1 6.02	(7.2)
Perinatal Mortality Rate (Stillbirths and deaths u Rate per 1,000 total live		ed) Number	4 23.7	(7.2)

Maternal Mortality (including abortion)

Number of deaths - 0
Rate per 1,000 total live
and still births - 0

Home Confinements in the District - 26 (15)

DEATHS

Number	Male	Female	Total
	88 (79)	108 (109)	196 (188)
Death Rate	(per 1,000 pf population)	adjusted (Crude	11.1 (12.2) death rate 15.9)
	Average age at death		73.25 years (73.4)
	Area comparability factor	(for births)	1.08 (1.08)
	n n n	(for deaths)	0.70 (0.69)

Causes of Death of Infants under one year

One girl at 24 hours ... Cerebral oedema
One girl at 8 days ... Meningomyelocoele (Congenital abnormality)
One boy at 4 months ... Broncopneumonia from Haematoma of Liver
One boy at 7 months ... Phocomelia (Congenital abnormality)

Some of the principal causes of death:-

	Male		F	emale	T	otal
	1962	1961	1962	1961	1962	1961
Cancer of lung and bronchus Other malignant diseases	.8 12	(2) (17)	3 21	(0) (20)	11 33	(2)
Other diseases of the heart	20 10	(19) (14)	21 24	(23) (23)	41 34	(42) (37)
Cerebral vascular diseases Pneumonia	11	(10)	21 2	(25)	32 8	(35)
Bronchitis & respiratory diseases	6	(5)	2	(2)	8	(7)
Tuberculosis (pulmonary) Influenza	1 2	(0)	0	305	1	(0)
THE THORING	-	(1)	-	(0)	4	(1)

The Area Comparability Factors for use with crude birth and death rates make allowances for the way in which the sex and age distribution of the local population differs from that of England and Wales as a whole. Clevedon's adjusted live birth rate can be compared with the provisional rate for England and Wales per 1,000 home population (as at 30.6.62.) which was 18.0. This latter figure is the highest recorded since 1947. Corresponding death rate for England and Wales was 11.9 per 1,000 home population (Clevedon 11.1).

The town has long contained a large number of elderly people but the proportion of old to young has fallen in recent years. At the 1951 Census, Clevedon had 20.3% of persons aged 65 and over; Somerset (including Bath C.B.) had 13.6% and England and Wales as a whole had 10.9% The 1961 Census figures are not yet available in detail but ratio between sexes gives a clue to age-structure of the population. Ladies last longer; therefore an aged population contains many more females than males. In 1951 there were 1,370 females in Clevedon for every 1,000 males (c.f.: 1,179 for Somerset including Bath C.B.): by 1961 Clevedon had 1,286 females per 1,000 males (c.f.: 1,103 for Somerset including Bath C.B.)

3. Public Health

The health of the town remained generally good. Apart from some influenza at the beginning of the year, infectious illnesses were noticeably absent. Only eight cases of notifiable disease were reported.

Notifiable Diseases

	1962	1961
Whooping Cough	0	(15)
Measles	1	(223)
Food Poisoning	1	(6)
Puerperal pyrexia	0	(4)
Pneumonia	0	(1)
Meningcoccal infection	0	(1)
Pulmonary T.B.	5 *	(1)
Scarlet Fever	1	(0)

* Three non-respiratory, two respiratory

In this context, one might question the value, as a public health measure, of the continued statutory notification of some infectious diseases such as measles, acute primary pneumonia, perhaps also scarlet fever and puerperal pyrexia. By contrast, the study and ultimate control of certain non-infectious conditions (e.g. congenital abnormalities and puerperal pyrexia) would be helped by widespread notification. During the year, polio vaccine by mouth became available for routine use; this oral method gives better protection than the original Salk vaccine by injection. There has been no case of polio here since 1957.

The smallpox outbreak at the beginning of the year caused some alarm though no-one was at risk in this area. Indiscriminate mass vaccination plays no part in the control of an outbreak: spread of the disease is prevented by the painstaking tracking, vaccinating (or re-vaccinating) and subsequent surveillance of all contacts of a case. None the less, public confidence in this method needed much reassurance. A number of people travelling about the country were vaccinated as were those going abroad. The International Certificate now supplied to the latter could be improved. At present a person vaccinated for the first time requires inspection and certification that he has been successfully protected: he can rely on this complete protection for three years. No such inspection and certification is required for a re-vaccinated person who may, therefore, if his inoculation has failed, remain unknowingly at risk of contracting the disease and passing it on to others.

Routine primary vaccination in infancy is still the right thing to do and it should be done between the first and second birthdays.

Health Education

Arrangements have been made for one of the Ministry of Health's Mobile anti-smoking units to come here in December, 1963, when the facts about smoking and health will be put across to children at Clevedon Secondary School and Highdale Primary School. Deaths from lung cancer throughout the country have risen again and the proven association between heavy, continuous cigerette smoking and lung cancer must be made known to teenagers and young adults who have most to gain by avoiding the habit. Adults who have smoked for years may reckon it too late to avoid the consequences but they should consider the example they set to youth. Eleven deaths from cancer of lung occurred in this district during the year.

4. Clevedon Hospital and Knoll Maternity Home

Clevedon Hospital and Knoll Maternity Home continue to function busily. Publication of the "Hospital Plan for England and Wales 1962" drew immediate and widespread indignation against the threatened closure by 1975 of these two units. Your Council's representatives took up the matter energetically and met officers of the South West Regional Hospital Board on 6th November, 1962. I have no doubt whatever that the Clevedon Hospitals have a continuing and important function within the framework of the new Hospital Plan. Since 1948 there have been changes

in the type and scope of work performed here, many of which could not have been foreseen 14 years ago. The next 13 or 14 years will see more changes but the overall need of the hospital facilities here will remain: population statistics make that obvious and the recent unexpected rise in birth rate has already caused an official demand for more maternity beds, not less. An analysis of places of birth is given below.

Analysis of Places of Confinement

	Clevedon Babies (Live and Still)		Births at The Knoll from all areas		
YEAR	Total Births at Hospital, Home and The Knoll	Births at home confinement only	including Clevedon		
1955	107	21	234		
1956	138	22	275		
1957	127	22	277		
1958	149	32	291		
1959	139	25	225 *		
1960	142	23	. 286		
1961	139	15	298		
1962	169	26	340		

[#] The Knoll was closed for repairs and redecorations from 22nd August until the end of September, 1959.

5. Housing and Home Health Services

On the 7th April, 1962, twenty ladies took up residence in the first block of Old Peoples' Homes at Wain's Close, together with the Warden appointed to help them. Plans have already been prepared for a further block of twenty homes which will incorporate the few improvements suggested by experience with the first block.

Responsibility for the care of the elderly always has and always will be a family affair and the community plays a supporting role. Old people cling to their independence, their privacy and their feeling of usefulness (or "belonging") to the community in which they live and dwellings such as your Council has put up help them to preserve all three. But increasing age or infirmity or both still bring the common dread of losing all in an institution or long-stay hospital and the excellent Home Health Services (e.g. home help, nursing, health visiting at County level and Meals-on-Wheels at local voluntary level) are vital in keeping old people under their own roofs as long as possible.

For the aged infirm however, there is increasing need of homes run either by public or private enterprise where the occupants can enjoy privacy, surrounded by some of their own furniture and possessions and be assured for the rest of their lives of professional nursing care for all but the most serious illnesses. Such a place can be a home from home and there is no place like home in which to end one's days.

Lastly, it should be remembered that many young, and some not so young, people will devote time, energy, money and even sacrifice their own health to maintain and care for their elderly relatives within the family; accepting help from the Community only as a last resort, yet deserving relief from their burden in order to take an occasional and much-needed holiday. This is not easily arranged but is always most gratefully accepted.

The Meals-On-Wheels service, organised by the W.V.S., will enlarge its facilities when a kitchen at Church House, Marson Road, is in operation, providing about 200 meals per week, compared with about 132 meals per week as at present. The Red Cross Medical Loan Depot and Food Service continues good service and much voluntary work has been done by members of the St. John Ambulance Brigade. When the proposed new and larger Ambulance Station for this area is built at Nailsea, the Clevedon Station will close. I accept this inevitable development with regret and hope that recruitment to the St. John organisation here will not be lessened by the future move.

Housing: Action Taken During the Year:-	
<u>1962</u>	1961
(i) Houses demolished or closed under	
Sec. 17 Housing Act, 1957 - 4	(2)
(ii) Certificate of disrepair - application 0 received -	(1)
(iii) Houses made fit during the year - 14	(5)
(iv) Number of temporary houses - prefabs - 22	(22)
(v) Number of applicants for Council houses 120 at end of year -	(82)
(vi) Council houses sold during year - 0	(1)
(vii) Old Peoples' dwellings erected by L.A 20	-
(viii) Old Peoples' dwellings - Applications for - 78	(127)
(ix) Houses erected during year by Private Enterprise 54	(67)
(x) Houses in multiple occupation (Housing Not known, but it anticipated that	survey

(xi) Number of permanent dwellings in district:

	Permanent dwellings at 31.12.1961.	Gained fro conversion and erected during 1962	s (a) + (b)	Less houses demolished, closed, etc. during year	Permanent dwellings at 31.12.1962
L.A.	450	21	471	-	471
P.E.	3,056	79	3,135	4	3,131
TOTALS	3,506	100	3,606	4	3,602

can be carried out in

near future.

Improvement Grants

Discretionary	1962	1961		1962	1961
Applications (received) - Number of dwellings -	16 26	(15) (26)	(approved)	13 23	(14) (25)
Applications approved in respect of owner/occupier Average cost per dwelling	annway	red -		6 6776	(7) (£1,069)
Grant payable by Local Aut			£7,1		(£8,627)

As, in all cases of tenanted property, the Council have approved a maximum rent higher than the controlled rent, landlords appear to be making use of the scheme to obtain a quick return of capital expenditure.

Standard	1962	1961
Applications received and approved	28	(22)
Number of houses where standard amenities have been provided	13	(24)
Number of applications approved in respect of owner/occupiers during year	20	

There are site licences for nine caravan sites. The two main sites now comply with model standards, the remainder are small sites which present no problems. The estimated maximum number of occupants resident during the year was 80.

6. Sanitary Services

Water supply is ample and of satisfactory quality. All houses have a piped supply. Chlorination remains an essential precaution because of housing in the catchment area. It is carried out efficiently but complaints are sometimes heard that there is "too much chlorine"; this will appear to be so when water has stood in pipes and tanks for some time but it can be dispelled by allowing the tap to run for a while before drinking water is drawn off.

It is now established that the controlled addition of fluoride to drinking water is a practicable, effective and safe way of reducing the incidence of dental decay. The results of a five-year fluoridation study made in this country and the Einister of Health's announcement (10th December, 1962) that he would agree to local authority schemes to carry out this important new public health measure were noted with approval.

Sewage: the scheme is in hand for construction of a main relief sewer at an approximate cost of £300,000. Proposals for a Long Ashton District trunk sewer outfall in the neighbourhood of the Blackstone Rocks, about 3,500 feet from the Sea Wall, are reported as being without risk of pollution of the coast; but one cannot feel any less concerned about the prospects of so much crude sewage in the vicinity of the Marine Lake, even though the dangers of bathing in such water are difficult to define precisely. Cesspits, where they still exist, are emptied free of charge every six months; additional visits are charged on a rate per hour basis.

House and Trade Refuse Collection and street cleansing have been the subjects of an intensive work study and are all carried out satisfactorily. A large proportion of business premises make use of the weekly trade refuse scheme at a charge of 24/- per annum.

Rats in the Swiss Valley area of the town were troublesome towards the end of the year at a time when the rodent officer had resigned and difficulties were being experienced in finding a replacement.

7. Food and Food Hygiene

All hotels, boarding houses and food shops have been inspected and found satisfactory. There are 36 retail ice-cream premises in the district.

In accordance with Clean Air Act, 1956, routine SO2 and grit observations have been made on a "Volumetric" type instrument.

In accordance with Agricultural (Safety, Health and Welfare Provisions) Act, 1956, all premises visited during the year and found to be satisfactory, re-visits having been made to approximately half the farms.

The Slaughterhouse, which is owned by and leased from the Local Authority, has been regularly inspected. There is no bacon factory or knackers' yard in the district.

- 8 -

Carcases and Offal inspected and condemned in whole or in part during year

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	480	219	3,978	1,947	2,704
Number inspected	480	219	3,978	1,947	2,704
All diseases except Tuberculosis and Cysticerci					
Whole carcases condemned	-	13	2	4	12
Carcases of which some part or organ was condemned	23	40	14	11	127
Percentage of the number inspected affected with disease other than					
tuberculosis and cysticerci	4.7%	24.2%	0.4%	0.8%	5.1%
Tuberculosis only					
Whole carcases condemned	-	-	-	-	-
Carcases of which some part or organ was condemned	-	-	-	-	30
Percentage of the number inspected affected with					4 400
tuberculosis		-			1.1%
Cysticercosis	-	-	-	-	-