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Congleton Rural District Council

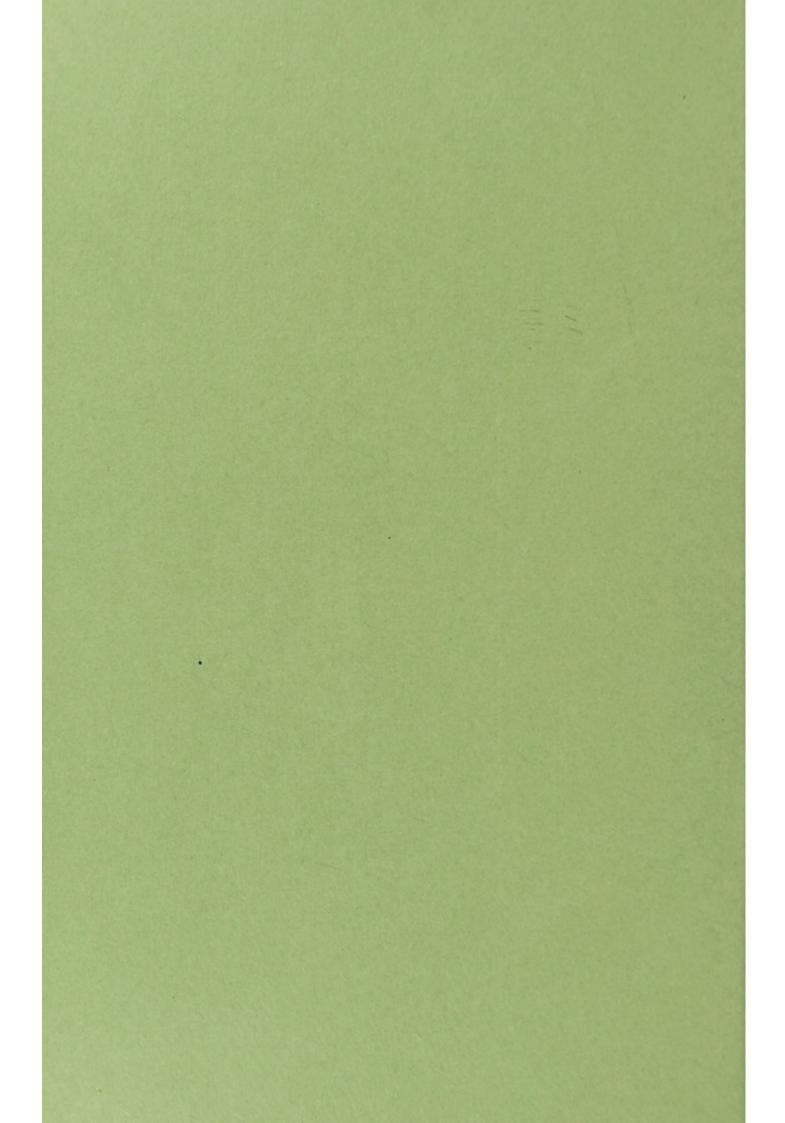
REPORT

on the

Health and Sanitary Circumstances
of the District

for the

Year Ended 31st December, 1951



Medical Officer of Health:

C. D. CORMAC, M.A., B.M., B.Ch., D.P.H. (Resigned September, 1951)

H. R. DUGDALE, M.B., Ch.B., D.P.H.

(Acting from October to December, 1951)

Sanitary Inspector:

REGINALD C. FORD, M.S.I.A.

To the Chairman and Members of the Congleton Rural District Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you the Annual Report on the Health and Sanitary Circumstances of the Rural District of Congleton for the year 1951.

This report relates to the work of your previous Medical Officer of Health, Dr. C. D. Cormac, who gave up his duties in September, and for the remainder of the year the duties of M.O.H. were carried out by Dr. H. R. Dugdale, of Macclesfield.

As in previous reports the work undertaken by the Cheshire County Council in connection with their Health Services as they apply to our District are listed in detail.

I wish to place on record my thanks to your Clerk and the members of his staff for their assistance in enabling me to carry out my duties, and in particular to your Sanitary Inspector and Engineer for their help in the preparation of this Report.

I beg to remain,

Your obedient Servant,

L. RICH,

Medical Officer of Health

SECTION A.

Statistics and Social Conditions Extracts from Vital Statistics

Fatiment Developing					
Estimated Population					13,090
Births					
Live Births—					
			Total	Male	Female
Legitimate			200	101	99
Illegitimate			11	5	6
Still Births—					
Legitimate			7	I	6
Illegitimate			_	_	_
Live birth rate per 1,000 mid 1951				opulation	16.1
Live birth rate for Engl			-		
population					15.5
Still birth rate per 1,000					
Still birth rate per 1,000					-53
Still birth rate for Englar population			7		.36
population					.50
Infantile Mortality					
The total number of deat	ths is s	hown	as foll	ows :-	
			Total	Male	Female
Legitimate			7	6	I
Illegitimate				_	_
Infantile mortality rate per	1,000	live b	oirths .		33.2
Infantile mortality rate for	Englan	d & W	Vales		29.6
Legitimate Infants per 1,0	ooo leg	itimate	e live b	oirths	35
Illegitimate infants per 1,0	oo illeg	gitimat	e live l	oirths	0

Deaths

	Total	Male	Female
Deaths, all ages	156	87	69
Death rate per 1,000 estimated averag	e popul	ation	11.9
Death rate for England & Wales per 1,0	oo of po	pulation	12.5

The following table shows the deaths from all causes within the District during the past year :—

Cause		Tot	al Male	Female
Tuberculosis, respiratory		2	I	I
Tuberculosis, other		—	_	
Syphilitic disease		—	_	-
Diphtheria			_	_
Whooping Cough			_	-
Meningococcal infections			_	-
Acute Poliomyelitis		. I	I	_
Measles			_	_
Other infective and parasitic diseases				ataby -
Malignant neoplasm, stomach			I	I
Malignant neoplasm, lung, bronchus		. 3	3	_
Malignant neoplasm, breast		. 2	_	2
Malignant neoplasm, uterus			_	-
Other malignant & Lymphatic neopl	asms		7	5
Leukaemia, aleukaemia			I	_
		. 3	I	2
Vascular Lesions of nervous system		. 20	13	7
Coronary disease, angina		. 18	9	9
			2	2
		. 25	13	12
		. 7	4	3
		. 3	I	2
Pneumonia			I	3
Bronchitis		. 7	4	3 -
Other diseases of respiratory system		. —	-	_
Ulcer of stomach and duodenum		. —	_	_
Gastritis, enteritis and diarrhoea			_	_
		. I	I	_
		. —	_	
Pregnancy, childbirth, abortion		. —	_	-
		. —	_	_
Other defined and ill defined disease	· s	. 33	17	16
Motor vehicle accidents		. I	I	_
All other accidents		. 7	6	I
			_	-
Homicide and operations of war			_	_
The contract to the same	TOTAL	. 156	87	69
			0/	09

Deaths from Puerperal and Maternal causes :-

Puerperal Sepsis ... o
Other Maternal causes ... o

Maternal Mortality rate per 1,000 live and still births o

SECTION B.

General Provisions of Health Services for the Area

The following is an abstract from my report to the South-East Cheshire Divisional Health Committee concerning various aspects of the Local Health Authority's services as applicable to Congleton Rural District.

Care of Mothers and Young Children

Infant Welfare Centres are held at Mow Cop, Scholar Green, Rode Heath and Holmes Chapel.

As an indication of the popularity of these Clinics, the following are the average attendances of mothers and children at each session.

Welfare Centre		Total Attendances		No. of Clinics held	Average No. per Clinic	
		0-1	1-5		0-1 1-5	
Holmes Chapel		368	485	23	16 21.1	
Mow Cop		58	85	24	2.4 3.5	
Rode Heath		144	278	24	6 11.6	
Scholar Green		209	280	23	9.1 12.2	

In addition many mothers in the Rural District, for convenience, attend at Clinics held in Sandbach and Congleton. It is difficult to separate out the attendance figures as applying strictly to Congleton Rural District.

The purpose of these clinics is mainly preventive. Here, the mother is taught how to rear her children properly so as to prevent disease and such conditions developing which, in former years exacted such high toll of infant life. The justification for the continuance of Maternity and Infant Welfare Clinics is shown by the ever falling infant and maternal mortality rates.

Home Nursing

The District Nurses serving in our area are as follows: -

Name	Address	Telephone No.
V. Spencer	Black & White Cottages, Astbury.	Congleton 451
G. Magee	Booth Bank Road, Goostry.	Holmes Chapel 3244
L. B. Blunsum	19 West Way, Holmes Chapel.	Holmes Chapel 2226
M. A. Wood	2 Drenfell Road, Scholar Green.	Kidsgrove 466
E. M. Deane	5 Elworth Street, Sandbach.	Sandbach 256

These Nurses are available at all times for the administration of treatment and nursing under the direction of the family doctor.

Vaccination and Immunisation

The campaign against Diphtheria by means of Immunisation continues to be waged with vigor. There is no doubt that unless we maintain a high percentage of immunisation in our population we are likely to have a return of this devastating and crippling disease.

Progress is also being made with immunisation against Whooping Cough. Whilst we cannot guarantee the same high degree of immunity in this disease, there is no doubt that the severity of the attack, when it does occur is much diminished.

STATISTICS

Diphtheria Immunisation

Pre-school children	 	91
School children	 	7
		98
Reinforcing injections	 	25

Whooping Cough Immunisation

Pre-school children	 	43
School children	 	3
		46

Combined Immunisation (Diphtheria and Whooping Cough)

Pre-school children			18
School children .	 	W	-
		90 71	18

Primary Vaccination

Pre-sch	ool childr	en	 	50
School	children		 	4
Adults			 	5
				59

Re-Vaccination

Pre-sch	ool childr	en	 	_
School	children		 	3
Adults			 	28
				31

Ambulance and Sitting-case Car Transport

An ambulance and sitting-case car service is provided for the District by transport based at Congleton, Sandbach and Alsager. Arrangements have also been made with neighbouring Divisions for the use of their ambulances in case of emergency.

It has not been possible to separate out from the figures for the whole Division that particular part of the work which applies strictly to the Congleton R.D.C., but I can report that the monthly ambulance mileages have not shown any great change from the previous year.

Sandbach Ambulance Committee have provided a Utilicon Ambulance for the use of Sitting-cases. This has resulted in considerable saving, as the cost per patient per mile with using this vehicle is less than when we have to employ private taxis.

Domestic Help Service

The use of this service continues to grow.

In a Rural district there are many instances of old people living on their own who are not willing to go into an Old Peoples Home. It is only by employing Home Helps in these cases that these people can continue to carry on. In addition the Home Helps make it possible for many expectant mothers to have their babies at home.

STATISTICS

Hama I	Ialno amplaced de	ring v	NCT.		
riome F	Ielps employed du	110			
	Full Time				-
	Temporary				3
	Casual				11
					14
				-	
	,				
Home H	lelps employed at	31st D	ecemb	er, 19	51
	Full Time				-
	Temporary				
	Casual				
				-	
				-	6
Applicati	ions received durin	ng 195	I		
	Confinement				15
	Sickness				
	Tuberculosis				_
	Aged and Infirm				4
				-	24
				-	-4
Cases at	tended during 195	I			
	Confinement				II
	Sickness	***			5
	Tuberculosis				_
	Aged and Infirm				3
				AT SA	19

SECTION C.

Sanitary Circumstances of the Area

Water Supply

I am indebted to Mr. N. A. F. Rowntree, Engineer and Manager of the Mid and South-East Cheshire Water Board for the following information.

The quality of the water supplied in Congleton Rural District during the year has been satisfactory.

The quantity of water available for supply in the Congleton Rural District is more or less the same as set out in the 1950 Report. The whole trouble in this area of supply is that the yield from Mow Cop Pumping Station is slowly failing. Outside assistance of any real value is impossible without extensive mainlaying. Reference was made in the 1950 Report to three schemes which have been approved by the Board. The first of these, the 6" main between Holmes Chapel and Twemlow was started in 1951 and should be completed by May 1952 and it is hoped will help to relieve some of the shortages.

The proposed 12" main between Cledford and Holmes Chapel has been deferred by the Ministry of Housing and Local Government as a result of the restriction of capital expenditure.

The third main from Radway Green through Alsager (not in the Board's area) to the Congleton Rural District is at present being considered by the Ministry.

The actual quantity of water supplied to the Congleton Rural District Council for the year ending 31st December, 1951, was 115,745,000. The population for the 1951 Census was 13,090. The population supplied from piped water mains was 12,500. The daily figure of 872,000 gallons gives a figure for all purposes of 69.7 gallons per head per day.

The estimated industrial consumption for the area is 302,000 gallons per day.

Bacteriological examinations of the raw and treated waters have been carried out at regular intervals, and Chemical Analyses have also been taken.

There is no danger of plumbo-solvent action.

There has not been any action required in respect of contamination.

Sewerage

The Council's various Sewage Disposal Works have been satisfactorily maintained during the year under review although improvements and enlargements are becoming more urgently necessary due to the expanding building programme.

The need for extension at Holmes Chapel has been mentioned in previous reports and investigations are still proceeding. Trade wastes which are discharged to these works cause the sewage to be such that greatly increased filtration capacity is necessary at high capital cost. With a view to reducing the initial costs of construction, the possibility is being explored, of constructing an aeration plant to deal with the sewage flow in excess of that which can be treated in the existing disposal works. To prove whether this type of plant would be suitable, a small experimental tank has been installed; but first an overhead electricity line had to be constructed as the supply was only available about half a mile distant from the site. The plant has been in operation for three months and the results so far obtained are very satisfactory.

The Red Bull neighbourhood of Church Lawton is another area needing sewerage, as also does the Rode Heath district of the Parish of Odd Rode. Outline Schemes have been prepared in both cases.

The Twemlow Green proposed new works have been delayed again because of agricultural objections to the new site. It was the Council's intention to enlarge the existing works but Highway objections caused them to seek a more distant site downstream for the construction of entirely new works. Now, agricultural objections are causing them to adopt the compromise scheme of retaining the present works as part of the new works, the enlargements to be constructed on land adjoining the present site.

A sewerage Scheme for the built up portions of the Parish of Goostrey was designed in 1939, the war intervened and the Scheme did not proceed. An Outline Scheme was submitted to the Ministry after the war, but the costs were considered to be too high.

At Brereton Green sewerage is also necessary. This area will no doubt be one of the earliest to be sewered.

Closet Accomodation

No. of conversions from conservancy to watercarriage system 60

No. of houses on conservancy system in built-up areas including 150 in Townships referred to above as being in need of improved sewerage disposal facilities. ... 254

Public Cleansing

Scavenging of parts of the Rural District continues, that is the removal of house refuse and nightsoil is undertaken in 11 Parishes out of a total of 20.

Of these the work is carried out by direct labour in 8 of the Parishes and by contract in the other three.

The erection of houses, particularly by the Council, in those areas where no scheme is in operation is presenting a problem with regard to refuse disposal and is a matter which will have to be considered very seriously in the near future.

Complaints from those areas where the work is undertaken are very few, not always genuine and, in any case, are dealt with as soon as possible.

Sanitary Inspection of the Area

No.	of	inspections	by	the	Sanitary	Inspector	 2	987
No.	of	defects rem	edie	d			 	640

Rodent Contol

The prevention of Damage by Pests Act, 1949, is an Act which the Council is responsible for administering and a separate Public Health Department operates for this purpose.

By direct labour all sewers, disposal works, refuse tips and other premises controlled by the Council are kept under observation and treated as required.

Supervision and treatment of industrial business and agricultural premises is undertaken. For these a charge is made, the amount depending upon the degree of infestation and the labour and materials involved.

For private houses no charge is made.

To enable this work to be carried out expeditiously a full-time operator is employed and he is provided with a small motor van for the transport of necessary equipment and materials.

Co-operation with adjoining Authorities occurs when borderline infestations have to be dealt with.

SECTION D.

Housing

No. of houses rendered fit in consequence of service of informal notices	77
No. of houses in respect of which notices were served under Housing Act requiring repairs and which were render- ed fit after service of informal notice	Nil
No. of houses in respect of which notices were served requiring defects to be remedied	Nil
No. of houses overcrowded at the end of the year (estimated)	300
No. of houses demolished	2

SECTION E.

Inspection and Supervision of Food

Milk

The production side of milk, i.e. supervision and inspection of cattle and buildings, continues to be carried out by the Ministry of Agriculture and Fisheries, and, this being a County District, the sampling of milk in course of delivery and offered for sale is carried out by the County Council.

With regard to retail distribution, milk purveyors are visited regularly and advised where necessary upon desirable improvements of buildings and methods.

Meat and Other Foods

As controlled slaughtering continues to operate, all private slaughter houses remain closed.

Model Byelaws, Series I. dealing with the handling, wrapping and delivery of food have been adopted.

Food retailers are regularly inspected and are co-operative in applying advice for the better handling and protection of foodstuffs offered for sale.

The exposure of goods outside shop premises, a most undesirable practice, is rapidly becoming a thing of the past.

SECTION F.

Prevalence of and Control over Infectious Disease

There has been a higher incidence in the number of cases of Measles and Pneumonia notified this year, but fortunately, no deaths have been recorded from these two conditions.

I regret to report that there were 11 cases of Food Poisoning notified. There is no doubt that the prevalence of Food Poisoning continues to increase, and many more cases occur than are actually notified. If food were properly protected and the people preparing our meals handled food and utensils in a clean manner, this disease could be eliminated.

Tuberculosis, like most infectious diseases can be prevented to a large extent, provided we are prepared to take the trouble to do what is necessary.

The Council's responsibility in this matter is to see that people suffering from infectious Tuberculosis are so housed that they are not likely to infect other members of their family.

The use of Mass Radiography enables the disease to be detected in its very early stages, practically before it is actually infectious, and the Public must be educated to take advantage of the visits of these units to the particular Parishes in the District. The response on the part of the Public to date has been disappointing.

We are also beginning to develop the use of B.C.G. Vaccine as a means of protecting those contacts of Tuberculosis who are known to be subsceptible to the disease. This work is still in its experimental stage. For the time being in this area vaccination is being restricted to close contacts. In Berkshire, work is being done on children about to leave school.

There is no doubt that all this will lead eventually to a situation where all individuals who are susceptible will be offered vaccination against Tuberculosis. The time will approach when Tuberculosis will be as rare as Diphtheria. Whilst not wishing to appear too optimistic, I do think that here is something worth striving for—greater than anything which medical science has yet achieved.

NOTIFIABLE DISEASES (other than Tuberculosis) during the Year 1951

															Cases	
					A(AGE]	DISTRIBUTION	RIBL	JTIO	Z				Total Cases	Total Cases Admitted to	Total
		Under	I	2	3.	4	5	IO	15	20	35	45	65 & over	Notified	Hospital	Deaths
	::	1	1	I	I	I	13	ı	1	1	I	1	1	81	12	1
- /	:	7	I	9	3	7	7	1	1	1	- 1	1	1	21	1	1
	:	1	1	I	1	1	1	1	1	1	1	T	1	I	I	1
	:	7	00	00	II	13	77	9	1	3	7	1	1	130	I	1
	:	1	1	1	I	1	3	ı	7	3	1	7	4	91	I	F
												7				
Poliomyelitis	:	1	I	I	1	1	1	1	1	I	1	1	1	8	I	I
	:	1	1	1	1	1	1	1	1	1	1	7	I	8	I	1
	:	1	I	1	1	1	1	1	I	3	I	3	7	II	I	1
	:	1	1	1	1	1	1	1	1	7	1	1	.1	73	1	1

TUBERCULOSIS

For comparative purposes I have recorded the notifications of Tuberculosis during 1951 in conjunction with the notifications of this disease received each year since 1942.

Notifications-1942 to 1951

	1942	2	1943	3	1944	4	1945	1946	1	1947		1948	19	1949	1950		1951
MALE	P NP	4P	P NP	4P	P NP	4P	P NP	P NP		P NP		P NP		P NP	P NP	I.P	P NP
Up to I year	::															н	
I- 5		1		I													
5-15		1		2		2		7		2				7			
15-25	I		1				I	1		-	No.	I					I
25—35					7	I							2		1		I
35—45	2		1	1						1 1		1	1		1		
45—55	I				1		3	1					1				
55-65	I						1								3		ı
65 & over								1									ı
FEMALE																	1
Up to I year																	
I— 5		I						-	-								
5-15						I	2	-	-								7
15-25	I	2	I	2				2		7		1	I	I	I		3 1
25-35	I		1				1	1		1							1
35-45				7	1			I					1				
45—55												I	-				
55-65																	
65 & over										1							
TOTAL	7	5	4	∞	4	4	6 2	7 5		5 4		3 0	7	3	9		7 4
																ı	

Deaths-1942 to 1951

P NP P NP P NP P NP P NP I I I I I I I I		19	1942	1943	1944	1945	1946	1947	1948	1949	1950	1961
rear	MALE	Ь	NP	P NP	P NP		P NP					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		:									I	
E ear I I I I I I I I I I I I I I I I I			ı	I	I							
E ear I I I I I I I I I I I I I I I I I	5-15											
Ear I I I I 3 0 0 I 0 2 2 I I 2 I I I I I I I I I I I	15-25									I		
E ear I I I I I I I I I I I I I I I I I	25—35								,	I		
E ear 1 I I I I 3 0 0 I 0 2 2 I I 3 0 2 I 2	35-45									ı		I
E	45—55										I	
E ear 1					I			1			I	
ear 1 2 I 1 I 2 I 1 I 2 I 2 I 2 I 2 I 2 I 2 I 2 I 3 I	65 & over						1		1			
ear 1 1 1 1 1 1 1 1 1 1 1 1	FEMALE											
2 I I I 3 0 0 I 0 2 2 I I 3 0 2 I I 2		:										
2 I I I 3 0 0 I 0 2 2 I I 3 0 2 I I 2	1-5		I									
	5—15											
1 I I 3 0 0 I 0 2 2 I I 3 0 2 I I 2	15-25	7	I		I			I				
3 3 1 1 1 3 0 0 1 0 2 2 1 1 3 0 2 1 2	25—35	I		I	I			I				
3 3 1 I I 3 0 0 I 0 2 2 I I 3 0 2 I 2	35-45											1
3 3 1 I I 3 0 0 I 0 2 2 I I 3 0 2 I 2	45—55											
3 3 1 I I 3 0 0 I 0 2 2 I I 3 0 2 I 2												
3 3 I I I 3 0 0 I 0 2 2 I I 3 0 2 I. 2	65 & over							1				
		3	3									

FACTORIES ACTS

(1) Inspections for the purposes of the provision as to health (including inspections made by the Sanitary Inspector):

Premises	No. on Register	No. of inspections	No. of written notices	No. of occupiers prosecuted
(i) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities		36	0	0
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority		38	0	0
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)			0	0
Total	81	74	0	0

⁽²⁾ Cases where defects were found—NIL
Outworkers under Sections 110 and 111—1

