

[Report 1940] / Medical Officer of Health, Chester-le-Street U.D.C.

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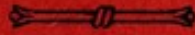
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URBAN DISTRICT COUNCIL
OF
CHESTER-LE-STREET.



REPORT

OF THE

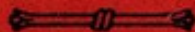
Medical Officer of Health

FOR THE YEAR

1940.

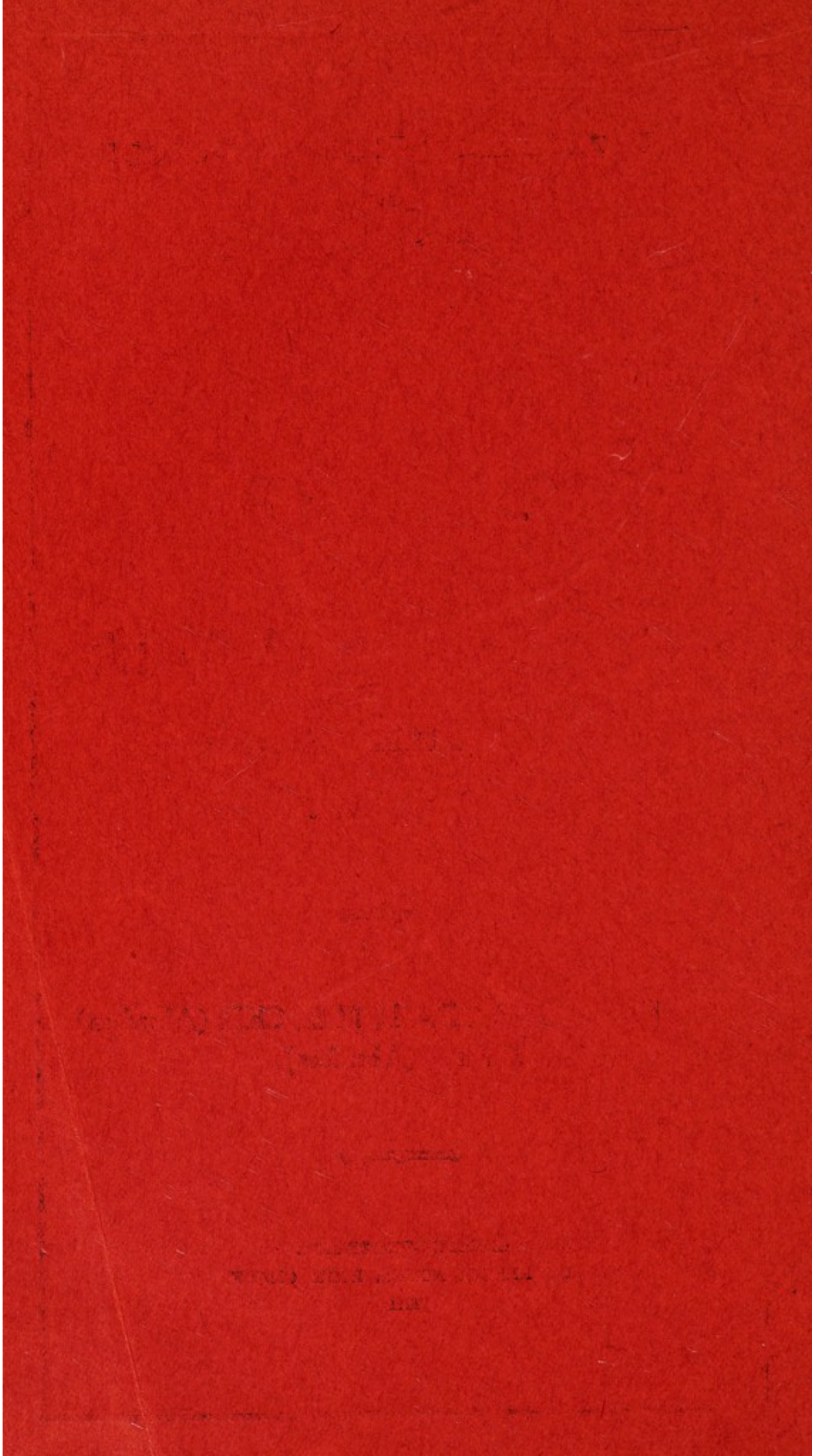


JOHN DOWNIE TRAIL, M.B., Ch.B. (Aberdeen)
D.P.H. (Aberdeen).

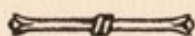


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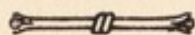
1941.




URBAN DISTRICT COUNCIL
OF
CHESTER-LE-STREET.



REPORT
OF THE
Medical Officer of Health
FOR THE YEAR
1940.



JOHN DOWNIE TRAIL, M.B., Ch.B. (Aberdeen)
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Urban Council Chambers,
Chester-le-Street,

September 27th, 1941.

To the Chairman and Members of the Chester-le-Street
Urban District Council.

Gentlemen,

I have the honour to submit my Annual Report on the Health, Vital Statistics and Sanitary Circumstances of your area for the year 1940, and takes a restricted form as indicated by the Ministry of Health, but is more complete than the report for the previous year.

The Report is prepared on the lines laid down by the Ministry of Health.

Acknowledgment is accorded to all Members of the Council for their encouragement and support, to the Staff for its loyal co-operation and in particular to Mr. George C. Banks, Sanitary and Housing Inspector. His assistance in the preparation of this Report deserves especial reference, and the section dealing with the Sanitary Circumstances of the area has been, as in previous years, almost entirely his own production. The department has now considerable additional responsibilities in connection with A.R.P., and special reference to these activities will be found at the end of the report.

I am, Mr. Chairman and Members,

Your obedient Servant,

JOHN DOWNIE TRAIL,
Medical Officer of Health.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

Medical Officer of Health—

JOHN DOWNIE TRAIL, M.B., Ch.B. (Abd.),
D.P.H. (Abd.).

The Medical Officer holds the combined appointments of District Tuberculosis Medical Officer for the Durham County Council, and that of part-time Medical Officer of Health for the Chester-le-Street Urban District Council.

Sanitary Inspector—

GEORGE C. BANKS, M.R.S.I., DIPLOMA INST.
HYGIENE.

The Sanitary Inspector is a whole-time officer, and holds the Sanitary Inspector's Certificate, the Meat and other Foods Inspector's Certificate, and the Certificate in Sanitary Science as applied to Public Works and Buildings of the Royal Sanitary Institute. The Diploma in Cattle, Meat and Food Inspection of Liverpool University and also the Diploma of the Institute of Hygiene. Ist Class Instructor (A.R.P.S.) Home Office Certificate.

Housing and Shops Inspector—

GEORGE C. BANKS, M.R.S.I., DIPLOMA INST.
HYGIENE.

The Ministry of Health contributes half the salaries of the Medical Officer of Health and the Sanitary Inspector.

STATISTICS AND LOCAL CONDITIONS OF THE AREA.

The district has an area of 2,647 acres, and a population of 17,240.

The number of inhabited houses in 1940 was 4,904.

The actual product of a penny rate for the year ending 31st March, 1940 was £276-4-9, and for the same period the rateable value was £74,089.

The number of inhabited houses was as follows

Terrace Houses	...	...	...	...	2445
Detached Houses	...	...	...	...	107
Semi-detached Houses	...	...	...	...	833
Farm Houses and Cottages	...	...	...	...	16
Houses and Shops combined	...	...	...	...	68
Council Houses	...	...	...	...	1435
Total	...	...	...	...	4904

EXTRACTS FROM VITAL STATISTICS.

	Total	Male	Female
Live Births: Legitimate	315	161	146
Illegitimate	8	6	2
Birth Rate per 1,000 of the estimated resident population			14.2
Still Births			8
Rate per 1,000 (live and still) births			14.2
Deaths	234	128	106
Death Rate per 1,000 of the estimated resident population			15.1

DEATHS FROM PUERPERAL CAUSES.

Puerperal Sepsis	...	...	...	Nil
Other Puerperal Causes	...	...	...	2
Total	...	...	...	2
Rate per 1,000 (live and still) births	...	...	...	6.2

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE.

All infants per 1,000 live births	96.0
Legitimate Infants per 1,000 legitimate live births	82.5
Illegitimate Infants per 1,000 illegitimate live births	7.7
Deaths from Measles (all ages)	1
Deaths from Whooping Cough (all ages)	Nil
Deaths from Diarrhoea (under 2 years)	4

BIRTH RATE.

This shows a slight decrease from last year, being 14.2 compared with 14.7 per 1,000 of the population in 1939. The rate for England and Wales for the same period was 15.0.

DEATH RATE.

Death Rate which is 14.2, is the same as last year 1939, but by the use of the areal comparability factor which is 1.07, and is used here the death rate becomes 15.1.

INFANTILE MORTALITY.

There were 24 deaths of infants under 1 year of age, with an Infant Mortality Rate of 96.0.

As in previous reports, it is again strongly recommended that all mothers including expectant mothers, should avail themselves fully of the extensive facilities provided at Child Welfare Centres, etc.

INFANTILE MORTALITY PER 1,000 LIVE BIRTHS.

1931	...	...	...	...	...	88.0
1932	...	...	...	...	...	101.0
1933	...	...	...	...	...	96.0
1934	...	...	...	...	...	63.0
1935	...	...	...	...	...	89.9
1936	...	...	...	...	...	82.4
1937	...	...	...	...	...	59.9
1938	...	...	...	...	...	81.2
1939	...	...	...	...	...	96.1
1940	...	...	...	...	...	96.0

DEATHS FROM PUERPERAL PYREXIA AND OTHER PUERPERAL CAUSES.

There were no deaths from Puerperal Pyrexia during the year under review, but there were 2 deaths from other puerperal causes. In connection with Puerperal conditions, increasing use is being made of the Sulphonamide group of drugs and they have proved very efficacious in the treatment of those conditions associated with childbirth.

COMPARITIVE TABLE OF VITAL STATISTICS DURING THE LAST 5 YEARS, 1936-1940.

Year.	Estimated Population.	Birth Rate.	Death Rate.	Infantile Mortality per 1000 live births.
1936	16,950	15.9	11.1	59.9
1937	17,000	16.6	12.5	82.4
1938	17,080	15.6	14.3	81.2
1939	17,510	14.7	14.2	96.1
1940	17,240	14.2	15.1	96.0

CAUSES OF DEATH IN 1940.

Causes	Males	Females	Total
All Causes	128	106	234
Diphtheria	1	2	3
Influenza	1	5	6
Tuberculosis of respiratory system	4	1	5
Cancer all forms	12	11	23
Diabetes	1	—	1
Cerebral haemorrhage, etc. ...	16	10	26
Heart disease	29	24	53
Other circulatory diseases ...	6	2	8
Bronchitis	7	13	20
Peptic Ulcer	1	—	1
Diarrhoea (under 2 years) ...	3	1	4
Other digestive diseases	2	2	4
Nephritis	3	1	4
Congenital causes, etc.	3	3	6
Road traffic accidents	2	2	4
Other violence	6	6	12
All other causes	11	11	22
Pneumonia	2	2	4
Other respiratory diseases ...	1	1	2
Suicide	3	1	4
Cerebrospinal fever	1	—	1
Other forms of tuberculosis ...	2	1	3
Premature birth	3	2	5
Appendicitis	2	1	3
Measles	1	—	1

MEASLES.

During 1940, there was a serious epidemic of measles which reached its peak during the month of August. There were 774 cases notified to this department.

A small number of cases required admission to Hospital chiefly as a result of complications, i.e., Bronchial Pneumonia, but it is gratifying to record that despite the large incidence, only one death occurred.

Heart Disease.—It is satisfactory to note the steady decrease in the number of deaths from Heart Disease. There were 53 deaths during the year under review compared with 65 in 1939, and 76 in 1938.

Considering at the present time the periods of extreme anxiety and nervous strain through which the nation is passing and other abnormal conditions created by the war activities, this condition of affairs is most gratifying.

Cancer.—A substantial decrease has been noted in the number of deaths from this disease in 1940, being 23, compared with 37 in 1939.

It is to be hoped that the downward trend will continue. Great stress is given to the importance of early diagnosis, particularly in superficial forms of the disease, so that the disease may be discovered at a stage where a high degree of curability can be obtained by the use of radium or surgical means. Notwithstanding war-time exigencies research continues, and every possible avenue is being explored with the view to defeating the ravages of this disease.



BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1940.

	RATE PER 1,000 TOTAL POPULATION.		ANNUAL DEATH RATE PER 1,000 POPULATION.										RATE PER 1,000 LIVING BIRTHS.	
	Live Births	Still-births	All Causes	Typhoid & Paratyphoid Fevers	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoeals and Enteritis (under) Two years	Total Deaths under One year		
England and Wales	14.6	0.55	14.3	0.00	0.02	0.00	0.02	0.06	0.32	0.00	4.6	55		
122 County Boroughs and Great Towns, including London ...	16.0	0.64	15.8	0.00	0.03	0.00	0.02	0.07	0.29	0.00	5.9	61		
148 smaller Towns Estimated Resident Populations, 25000 to 50,000 at Census 1931 ...	15.7	0.55	13.8	0.00	0.02	0.00	0.02	0.05	0.30	0.00	4.4	54		
London	13.7	0.44	17.8	0.00	0.01	0.00	0.00	0.01	0.18	0.00	5.8	50		
Chester-le-Street	14.2	0.46	15.1	0.00	0.05	0.00	0.00	0.17	0.35	0.00	12.3	76		

The Maternal mortality rates for England and Wales are as follows : { per 1000 Births ... (i.e. live and still),

Puerperal Sepsis.	0.00
Others.	0.00
Total.	0.00

NURSING IN THE HOME.

The conditions under this heading are much the same. Chester-le-Street Nursing Association provides two Nurses for general district work, and there is also a Nurse both at Chester Moor and Pelton Fell also engaged in these duties.

(a) **Infectious Diseases.**—As the great majority of infectious disease cases are removed to the Isolation Hospital (which is situate in the Urban District) no special arrangement for this purpose is in operation.

(b) **Midwives.**—There are 5 certified midwives practising in the Area. These are subject to the supervision of the Inspector of Midwives of the Durham County Council.

The Local Authority does not employ or subsidise any of the above midwives.

The scheme under the new Midwifery legislation is expected to prove of the greatest value.

Any scheme which will tend to reduce the maternal mortality rate is welcomed and encouraged by all interested in this important subject.

LABORATORY FACILITIES FOR THE EXAMINATION OF PATHOLOGICAL AND BACTERIOLOGICAL SPECIMENS.

As in previous years, laboratory facilities for the examination of specimens for Diphtheria, Tuberculosis, and the Enteric group of organisms are available at the Durham University College of Medicine, by arrangement with the Durham County Council.

The following are particulars of the examinations made in 1940:—

Disease.	Positive.	Negative.
Diphtheria	31	72
Tuberculosis	14	38
Enteric Group	0	0

LEGISLATION IN FORCE.

The following Adoptive Acts and Bye-Laws are in force in the district:—

The Public Health Act, 1936, came into operation in July, 31st, of that year and the greatest importance in that new Act consolidates to a considerable extent much of the previous Public Health Legislation.

Bye-Laws as to Cleansing, Nuisances, Common Lodging Houses, Tents, Vans and Sheds, Slaughter Houses, Offensive Trades, Public Bathing and New Streets and Buildings, were sanctioned by the Ministry of Health, 12th February, 1923, Public Health Act, 1925, Parts II, III, IV and V adopted 15th March, 1926.

The Public Health (Smoke Abatement) Act, 1926, came into operation on the 1st July, 1927. The Public Health (Tuberculosis) Regulations, 1930, came into operation in January, 1931, and the Consolidated Housing Act, 1930, came into operation during August of that year.

HOUSING (FINANCIAL PROVISIONS) ACT, 1933.—The Slaughter of Animals Act, 1933, and the Housing Act, 1935 and 1936, also the Housing (Prevention and Abatement of Overcrowding) Act, 1935.

The Public Health Act, 1936, came into operation July, 1936. The Factory and Workshops Act, 1937, and The Food and Drugs Act, 1938, which came into operation on the 1st October, 1939.

The Puerperal Pyrexia Regulations, 1939, came into operation 1st April, 1939, and the Measles and Whooping Cough Regulations, 1939, came into operation on October 23rd, 1939, Public Health (Tuberculosis) Regulations, 1940.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Hospitals provided or subsidised by the Sanitary Authority, or by the County Council:—

(a) **Fever.**—The District is included for the purpose of Isolation Hospital accommodation in that under the Chester-le-Street Joint Hospital Board.

(b) **Smallpox.**—The Smallpox Hospital situate at Black Fell, Birtley, is no longer in use, and provision is now made at Shincliffe Smallpox Hospital. It is pleasing to note that there have been no cases of Smallpox in your area for a number of years.

(c) **Tuberculosis.**—Accommodation for men, women and also children suffering from Tuberculosis is provided by Hospitals and Sanatoria outside the area under the Durham County Council's Tuberculosis Scheme. In some instances, surgical patients receive treatment in the neighbouring Hospitals and Institutions.

The local Dispensary for Tuberculosis in the Urban Area is situate in Ropery Lane, Chester-le-Street.

(d) **Typhoid and Paratyphoid.**—It is pleasing to note that there have been no cases of Typhoid or of Paratyphoid Fevers.

(e) **Children.**—Accommodation and treatment for sick children is provided by the Hospital for Sick Children, Newcastle upon Tyne, and the Children's Hospital, Gateshead, which also admits many cases of general illness among children from this district.

(f) **Orthopaedic.**—Although there is no special provision in the Urban District, for this purpose, facilities are provided by the Hospitals above mentioned. The Royal Victoria Infirmary, Newcastle upon Tyne, is also available for the treatment of patients as and when required.

(g) **Throat, Nose and Ear.**—Treatment for diseases of the ear, nose and throat is afforded by the Newcastle Royal Infirmary and the Throat, Nose and Ear Infirmary, Rye Hill in the same city. There is also a special department for diseases of the eye available in the former hospital.

(h) **Eye.**—There is a special department at the Royal Victoria Infirmary, Newcastle, for the treatment of diseases of the eye.

(i) **Maternity.**—In this connection two hospitals are provided by the Durham County Council. One of these is situate at Bishop Auckland and the other at Blackhill, to which cases from this district may be admitted. It is understood that patients may pay part of the cost of their maintenance, according to their financial circumstances. The Princess Mary Maternity Hospital at Newcastle upon Tyne accepts both paying and non-paying patients.

(j) **Maternal Mortality, Etc.**—The following facilities are afforded by the Durham County Council Authority to Medical Practitioners in cases of Puerperal Pyrexia and Puerperal Sepsis, and the Practitioners of the area have from time to time availed themselves of this service.

- (1) To have a second opinion on the case ;
- (2) To have a bacteriological examination of the
 - (a) lochia ; (b) blood ;
- (3) That the patient may be admitted to hospital ;
- (4) That a trained nurse be provided.

The Puerperal Pyrexia Regulations, 1939, came into operation on the 1st of April, 1939.

Health Visitors' Reports.—There were 12 reports received from Health Visitors, chiefly relating to cases of Tuberculosis. These also, however refer to sanitary defects, overcrowding, change of address, and disinfection of infected premises, and have proved helpful to the department.

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

No special Institutions exist for these cases, but, at present the Chester-le-Street Board of Guardians admits them to its institution Hospital and Cottage Homes, Chester-le-Street, and the older children are accommodated at the Cottage Homes, Medomsley.

AMBULANCE FACILITIES.

(a) For cases of Infectious Disease the Chester-le-Street Joint Hospital Board maintains motor ambulances.

Cases of Puerperal Pyrexia, which have to be removed to Princess Mary Maternity Hospital, Newcastle-on-Tyne, under the Durham County Council Scheme, are removed by arrangement between the Urban District Council and a private ambulance service.

(b) Non-infectious and accident cases are dealt with by the motor ambulance provided by the Chester-le-Street and District Ambulance Committee.

CLINICS AND TREATMENT CENTRES.

PROVIDED BY THE COUNTY COUNCIL.

Maternity and Child Welfare Centre.	Mains House, West Lane, Chester-le-Street.	Wed., 9-30 to 11 a.m., & 1-30 to 3-30 p.m.; and alternate Tuesday mornings (Ante-natal Clinic) from 9-30 a.m. to 11, and 1-30 to 3-30.
School, Dental, Eye & General Clinic.	Hexham Villa, Birtley.	By Appointment.
Tuberculosis Dispensary.	Ropery Lane, Chester-le-Street.	Monday, 9-30 a.m., for men. Thursday, 9-30 a.m., for Women and Children.
Venereal Diseases.	Royal Infirmary, Newcastle-on-Tyne.	Men are attended Monday, 5-30 p.m., Thursday and Saturday at 8-30 a.m., & Wednesday and Friday at 8-30 p.m. Women and Children are seen on Monday at 8-30 a.m. and 3-30 p.m.; on Wednesday and Friday at 8-30 p.m.; and on Thursday at 5-30 p.m.



SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.—Chester-le-Street Urban Area is chiefly dependent on the public supply provided by the Durham County Water Board, and is collected from upland catchment areas. Very few premises are dependent on springs for the domestic water supply. During the years 1939-1940, the supply has not always been adequate. Complaints in that period concerned some parts of Pelton Fell. The extension of the main from Hett Hills to Grance Terrace has, however, remedied this shortage. It is of interest to note that no notifications of water-borne diseases received during the period under report. Complaints from those in occupation of the Hermitage concerning alleged contamination of the water supply at this house is receiving close attention at the time of writing this report, but will be considered at greater length in the appropriate report, i.e., 1941.

Rivers and Streams.—There continues to be some pollution of the "Burn" from time to time due to oil and tar waste from the local By-Product plant. Of 280 inspections pollution was observed on 3 occasions in 1939 and 8 in 1940. The effluent of the Chester-le-Street Sewage Works is chlorinated, thus obviating any pollution from this source.

Drainage and Sewage.—Chester-le-Street has a modern Sewage Disposal works, and, as indicated in the previous paragraph, all sewage matter is chlorinated prior to discharging into the septic tanks. At the time of submitting this report, the land adjacent to the Sewage Disposal works is under cultivation with potatoes. This is another feature in the Council's campaign to encourage the production of more food.

Chester Moor Sewage Works.—The war has been responsible for the non-fulfilment of the Council's ambitious scheme for the elimination of the unsatisfactory disposal plant at Chester Moor. It was hoped to dismantle this plant and to connect Chester Moor to the Chester-le-Street Sewage works with a new sewer. In the meantime the filtering media is being washed and the tanks cleansed (Sept., 1941). This work will accomplish much to improve the present conditions.

Pelton Fell.—The Surveyor had occasion to repair the brick piers carrying the cast-iron sewer at the foot of the Dene between Pelton Fell and Newfield. It appears that the brickwork was damaged by the lengthy and heavy floods due to melting snow. This sewer continues to operate satisfactory.

Privies and Ashpits.—Three privies were converted into water closets in 1939 and 1 in 1940. Unfortunately the outbreak of war has indefinitely delayed the Council's general conversion scheme.

Eradication of Bed Bugs.—As a result of the war, Slum Clearance operations have ceased, consequently disinfection has not been required to the same extent as when Slum Clearance activities are in progress.

The following are the tabulated particulars concerning action taken with regard to the eradication of bed bugs in 1939-1940.

- (1) Number of Council houses found to be infested, 2; disinfested, 2; other houses found to be infested, 6; disinfested, 6.
- (2) Methods employed for freeing infested houses from bed bugs and the name of the fumigant and/or insecticide used—General cleansing and the use of "Pestdoom" liquid bug oil."
- (3) The methods for ensuring that the belongings of tenants are free from vermin before removal Inspection and spraying with liquid bug oil.
- (4) Whether the work is carried out by the Local Authority or by a contractor—By Local Authority.
- (5) The measures taken by way of supervision or education of tenants to prevent infestation or reinfestation after cleansing—Verbal advice.

SCHOOLS.

Chester-le-Street Secondary School.—It is much deplored that hostilities have prevented the ambitious development of these school buildings, which are situated in such ideal surroundings.

There is nothing of moment calling for mention with regard to other schools within the Urban area.

Rag Flock Acts, 1911-1923.—There are no premises in the Urban District in which Rag Flock is manufactured or sold.

Scavenging and Refuse Disposal.—Domestic refuse is removed for the most part by modern covered motor lorries, and the method of disposal is by tipping on waste land.

SUMMARY OF WORK DONE IN THE SANITARY INSPECTOR'S DEPARTMENT DURING THE YEAR 1940.

1.—PUBLIC HEALTH ACTS.	Number of Informal written Notices by Inspector,	Number of Formal Notices by order of Authority.	Number of Nuisances abated after Notice.
Dwelling-houses and Schools:—			
Foul Conditions	—	—	—
Structural Defects	30	1	30
Overcrowding	—	—	—
Lodging-houses	1	—	1
Dairies and Milkshops	—	—	—
Cowsheds	3	—	3
Bakehouses	3	—	3
Slaughter-houses	—	—	—
Ashpits and Privies	29	—	29
Deposits of Refuse and Manure	1	—	1
Waterclosets	16	—	16
Defective Yard Paving	—	—	—
House Drainage:—			
Defective Traps	—	—	—
No Disconnection from Sewers	—	—	—
Other Faults	32	—	32
Water Supply	8	—	8
Pigsties	—	—	—
Animals Improperly Kept	2	—	2
Offensive Trades	—	—	—
Smoke Nuisances	9	—	9
Other Nuisances	—	—	—
Rats	2	—	2
TOTALS	136	1	136

2.—WATER, FOOD AND DRUGS.

Samples of Water taken for Analysis	—
Samples condemned as unfit for use	—
Surrenders of Unwholesome Food	176
Convictions for exposing or selling Unwholesome Food	—
Samples of Food and Drugs taken for Analysis	—
Samples found Adulterated	—

Note.—This is the Slaughtering Centre (Co-operative Slaughter House) of the Ministry of Food and serves a large area. The meat surrendered included: 23 beast carcasses, 18 sheep carcasses, 4 pig carcasses, 1 calve carcass. (a) 58½ lbs. of bacon; (b) 19½ lbs. of bacon.

3.—PRECAUTIONS AGAINST INFECTIOUS DISEASE.

Lots of Infectious Bedding stoved or destroyed	...	...	—
Houses disinfected after Infectious Disease	...	...	56
Schools disinfected after Infectious Disease	...	...	47
Prosecutions for exposure of infected persons or things			—
Convictions for	do.	do.	do.

There is no disinfecter for stoving bedding in the Chester-le-Street Urban area. An effort is now being made to instal such apparatus.

A Disinfecter is much needed in this rapidly expanding area.

4.—GENERAL

Number of New Houses erected during year	...	...	8
Number of such Houses occupied during year	...	...	8
Ashpit-privies converted into Ash-closets	...	...	—
do. converted into Water-closets	...	...	—
Ash-closets converted into Water-closets	...	...	4
Total number of Water-closets in District	...	...	6460
Including 8 additional W.C.s as a result of the new houses above mentioned.			
Ash-closets in District	...	...	824
Ash-pit privies in District	...	...	17

GEORGE G. BANKS, Sanitary and Housing Inspector

FACTORIES, WORKSHOPS AND WORKPLACES.

Premises.	Inspections.	Written Notices.	Occupiers prosecuted.
Factories with mechanical power	125	8	—
Factories without mechanical power	58	—	—
Other Premises under the Act (including works of building and engineering construction but not including outworkers' premises)..	30	—	—
TOTAL ...	213	8	—

SMOKE ABATEMENT.

Control and inspection continues as before, but it has not been necessary to take any action under the special Smoke Abatement Bye-law which came into operation in August, 1937.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS AND REGULATIONS.

Bye-Laws and Regulations in operation for the controlling of common lodging houses, tents, vans, sheds, factories, workshops (including bakehouses), and the following offensive trades: Blood-boiler, bone boiler, fell monger, tanner, leather-dresser, soap-boiler, tallow melter, fat-extractor, tripe-boiler, glue-maker, gut scraper, fish frier, and rag-and-bone dealers.

The new Chester-le-Street Urban District Building Bye-laws came into operation in 1939.

CAMPING SITES.

Number of sites which were used for camping purposes during 1938:—Nil.

Number of camping sites in respect of which licences have been issued by the local authority under Section 26 of the Public Health Act, 1936:—Nil.

Estimated maximum number of campers resident in the area at one time during the summer season, 1939-40:—Nil.

OPEN SPACES.

There is a small but beautiful public park at the riverside which is much frequented by the public. There is also a children's paddling pool and playground adjacent to the park, and a public park at Pelton Fell and a children's Welfare playground at Chester Moor. The limitations of public mobility resulting from the War have more than ever demonstrated the great value of these open spaces.

DISPOSAL OF THE DEAD.

The public Mortuary stands within the precincts of the Cemetery, and a further Mortuary for dead resulting from enemy action is situated in Bland's Opening. This latter building is provided in connection with the local Air Raid Pre-cautions scheme.

STREET CLEANSING.

This work is carried out as effectively as war-time conditions will allow.

RATS AND MICE DESTRUCTION ACT, 1919, Etc.

Constant action is taken with regard to rat extermination, and special efforts are being made to protect the food supplies so vital during the war, from the ravages of these pests.

HOUSING.

1. Inspection of Dwelling-houses during the Year: 1939-1940.		
(1) (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	420 375
(b)	Number of inspections made for the purpose	750 565
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidation Regulations, 1925 ...	120 112
(b)	Number of inspections made for the purpose	340 206
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	36 12
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	15 6
2. Remedy of Defects during the Year without Service of Formal Notices:—		
	Number of defective dwelling-houses rendered fit in consequence of formal action by the Local Authority or their Officers	15 6
3. Action under Statutory Powers during the Year:		
A.—Proceedings under sections 9, 10 and 16 of the Housing Act, 1936:—		
(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	8 9
(2)	Number of dwelling-houses which were rendered fit after serving of formal notices—	
(a)	By owners	8 9
(b)	By local authority in default of owners	Nil. Nil.
B.—Proceedings under PUBLIC HEALTH ACTS:—		
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	22 30
(2)	Number of dwelling-houses in which defects were remedied after serving of formal notices	
(a)	By owners	20 30
(b)	By local authority in default of owners	Nil. Nil.

Year. Year.
1939. 1940.

C.—Proceedings under sections 11 and 13 of the Housing Act, 1936:—

- | | | | |
|--|-----|------|------|
| (1) Number of dwelling-houses in respect of which Demolition Orders were made | ... | Nil. | Nil. |
| (2) Number of dwelling-houses demolished in respect of pursuance of Demolition Orders... | | Nil. | Nil. |

D.—Proceedings under section 12 of the Housing Act, 1936:—

- | | | | |
|---|--------|------|------|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | ... .. | Nil. | Nil. |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | ... .. | Nil. | Nil. |

Note.—The following particulars are based on the figures so far available, and must be at present regarded as approximate.

4. Housing Act, 1936.—Part IV.—Overcrowding:

- | | | | |
|--|--------|------|------|
| (1) (a) Number of dwellings overcrowded at the end of the year | ... .. | 385 | 420 |
| (b) Number of families dwelling therein | ... .. | 565 | 580 |
| (c) Number of persons dwelling therein | ... .. | 1040 | 1020 |
| (2) Number of new cases of overcrowding reported during the year | ... .. | Nil. | Nil. |
| (3) (a) Number of cases of overcrowding relieved during the year... | ... .. | Nil. | Nil. |
| (b) Number of persons concerned in such cases | ... .. | Nil. | Nil. |
| (4) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding | ... .. | Nil. | Nil. |
| (5) Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to Report. | | | |

OVERCROWDING.

The cessation of building houses for overcrowded families and war-time conditions tend to increase overcrowding locally.

INSPECTION AND SUPERVISION OF FOOD SUPPLIES.

Milk Supply.

Farms and Dairies continue to be inspected as in pre-war times. A modern new dairy has been built at the Hermitage Farm and has the County Registration for producing Accredited milk. There are 5 farms in the area and registered milk purveyors number 25. Two farms are registered to produce Accredited milk. The state Veterinary Inspectors visit the farms and milk samples are also taken by the County Food and Drugs Staff.

Meat and Other Foods.

The local slaughtering premises are not now in use with the exception of the slaughter house owned by the Chester-le-Street Co-operative Society. This establishment has been taken over by the Ministry of Food and slaughtering and meat distribution here for both the Chester-le-Street Urban and the Rural areas. Inspection is carried out by the mutual arrangement of your Sanitary and Housing Inspector who holds the Certificate of Liverpool University and the Royal Sanitary Institute in the inspection of meat and other foods, and the two Inspectors of the Chester-le-Street Rural District Council. This arrangement operates in a most satisfactory manner. It will be noted with interest that the Ministry of Health recommend a system of inter-area mutual working arrangement.

CARCASES INSPECTED 1939.

Animals Killed.

Cattle excluding Cows.	Cows.	Sheep.	Pigs.
524	363	1,643	618

Animals Inspected.

500	320	1,425	600
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CARCASES INSPECTED 1940.

Animals Killed.

Cattle excluding Cows.	Cows.	Sheep.	Pigs.
932	513	6,345	1,006

Animals Inspected.

900	511	6,225	1,000
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Food and Drugs Act, 1938.

There are only two ice cream vendors in the Chester-le-Street District Registered under this legislation.

Shops.

The inspection of Shops is being carried out as usual, and particular attention is directed to those Shops in which food-stuffs are sold. Although there is a shortage of building materials, it has been possible to obtain three new rest-rooms in three shops where a number of females are employed.

Military Billets.

Both your Officers have from time to time inspected various billets occupied by the Military. This has been carried out in co-operation with the Military authority, and a number of improvements have resulted from these activities.

Air Raid Shelters.

Public Air Raid Shelters are inspected as frequently as circumstances will permit in view of the increased duties and only two officers to cope with the many and varied obligations of the department. No shelter has been found verminous, but dampness and other matters are receiving attention. A number of Anderson shelters were found to be damp or even flooded, and the Surveyor has accomplished many improvements as a result of sub-soil drainage.

Adulteration.

The inspectors of Durham County Council are responsible for food sampling locally and throughout the County. Reports are received from time to time regarding the operation of this important work.

Chemical and Bacteriological Examination of Food.

These arrangements remain the same. King's College (University of Durham) carry out the analysis of milk for advisory purposes; and the examination of food samples is carried out by the Durham County Analyst, whose premises are at Darlington.

Shell-fish (Molluscan).

Public Health (Shell-fish) Regulations 1934 and Public Health (Cleansing of Shell-fish) Act, 1932.

There are no shell-fish beds or layings in this district.

Nutrition.

There has been much controversy in recent years with relation to public health and nutrition. It has been held, however, that the nutrition of the public has not become impaired as a result of rationing. There is a section of professional opinion which contends that rationing with its controlled dieting has, in fact, resulted in considerable improvement in the general health standards of the community.

**Prevalence of, and control over Infectious and other Diseases,
Notifiable Diseases (other than Tuberculosis) during the year 1940.**

Disease.	Total Cases Notified.	Cases admitted to Hospital	Total Deaths
C.S. Meningitis	5	5	1
Smallpox	—	—	—
Scarlet Fever	11	10	—
Diphtheria	46	46	3
Enteric Fever (including Paratyphoid)	—	—	—
Pneumonia	43	—	4
Erysipelas	9	1	—
Ophthalmia Neonatorum	1	—	—
Puerperal Pyrexia	2	1	2
Whooping Cough	62	1	—
Measles	774	12	1

Measles and Whooping Cough became notifiable under the Measles and Whooping Cough Regulations 1939, being Provisional Regulations, dated October 23rd, 1939.

AGE DISTRIBUTION OF CASES.

Age Group.	Scarlet Fever	Diphtheria	Ophthalmia Neonatorum	Pneumonia	Erysipelas.	Puerperal Pyrexia	C.S. Meningitis	Whooping Cough	Measles
Under 1 year	0	0	1	0	0	0	0	5	25
1 year	0	1	0	0	0	0	0	6	56
2 years	0	0	0	1	1	0	0	9	102
3 "	3	2	0	1	0	0	0	4	108
4 "	2	0	0	1	0	0	0	9	94
5—9 years	5	31	0	2	0	0	1	27	374
10—14 "	1	7	0	1	0	0	0	1	6
15—19 "	0	4	0	1	1	0	0	0	4
20—34 "	0	1	0	11	2	2	0	0	4
35—44 "	0	1	0	5	0	0	3	0	1
45—64 "	0	0	0	8	3	0	0	1	0
65 yrs. & over	0	0	0	11	2	0	0	0	0

MONTHLY INCIDENCE OF CASES.

Disease.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Scarlet Fever	1	1	1	3	0	1	2	0	0	0	2	0
Diphtheria	10	4	0	6	5	4	8	3	1	3	3	0
Pneumonia	7	12	4	2	5	2	2	0	2	0	4	3
Erysipelas	2	2	2	1	0	0	0	0	1	0	0	1
Ophthalmia Neonatorum	0	0	0	0	0	0	0	1	0	0	0	0
Puerperal Pyrexia	1	0	1	0	0	0	0	0	0	0	0	0
C.S. Meningitis	0	0	0	0	0	1	0	1	0	1	1	0
Whooping Cough	0	3	0	0	1	4	8	17	7	9	9	4
Measles	5	5	8	2	17	137	435	120	12	9	4	20

OPHTHALMIA NEONATORUM.

CASES			Vision Un-impaired	Vision Impaired	Blindness (Total)	Deaths
Notified	Treated					
	At Home	in Hospital				
1	1	—	—	—	—	—

Prevention of Blindness.

Only 1 case of Ophthalmia Neonatorum was reported, and a favourable result was achieved.

Under the Public Health (Ophthalmia Neonatorum) Amendment Regulations, 1937, this disease is now notifiable direct to the County Medical Officer of Health, who thereupon arranges suitable treatment.

TUBERCULOSIS.

(All Forms).

**Notifications and Deaths in the Urban Area during the Years:
1936, 1937, 1938, 1939, 1940.**

Year.	Notifications.	Deaths.
1936	34	13
1937	31	14
1938	22	11
1939	21	8
1940	21	9

New Cases and Mortality during the Year 1940.

Age Periods	New Cases.				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 yr.	...	...	...	...	...	...	...	...
1—5	...	...	2	...	...	...	2	...
5—15	...	...	...	1	...	...	...	...
15—25	2	4	...	2	2	1	1	...
25—35	3	1	...	...	2	...	1	...
35—45	2	1	...	1	...	...	...	...
45—55	...	...	1	...	...	...	...	...
55—65	...	...	...	...	...	...	...	...
65 and over	1	...	...	...	...	...	...	...
Totals	8	6	3	4	4	1	4	—

Since the outbreak of war considerable interest has been taken in the application of miniature mass radiography. This has been used in South America, Germany and Holland for some years before the war.

On the commencement of hostilities it was appreciated that mass radiography, by the miniature method, was likely to be of the greatest value in preventing the enrolment of Tuberculous subjects in the Services and industry. The Royal Navy has published the results of the first 18,000 men examined by this means, and it is to be hoped that the opportunity will now be taken of establishing this new method in other services and industries. It seems unlikely that any organisation for dealing with very large numbers, i.e., a calling up for registration purposes, can be developed at the present time, but there are considerable possibilities of carrying out a smaller scheme which would include those sections of the fighting services likely to be subject to the greatest strain. Also all men could be examined before proceeding for service abroad and also cadets who are training for special duties.

The examination of the young adult females who have recently registered—a most important group of persons especially prone to infection—would have supplied data of the greatest value. It is likely that miniature radiography will play an important part in the routine medical examinations of the community after the war. There is no reason to doubt that the increased incidence of tuberculosis disease that became evident after the last war may again become manifest, especially in view of the additional factor of the conditions brought about by aerial warfare. First, facilities can be provided for the examination of all men called up for military service at the age of 20, and there will be no reason why each man should not be re-examined before his discharge. These examinations will supply important information as to the incidence of chest disease in the male population at that age, and the radiographs will provide an invaluable record of the state of the lungs at that time—a record which could be referred to at will by any hospital or medical attendant should the person subsequently develop a chest complaint. Such examinations would depend on the maintenance of conscription after the war.

In civil life in this country the problem would present greater difficulties than those encountered in an undemocratic constitution. It is obvious that such methods would have to be organised and developed on voluntary lines by individual concerns. That this will be done on an increasing scale is not doubted, as it will benefit the health of the employees and be of financial interest to the employer.

A large Dutch industrial concern has, in the last seven years completed an examination of 100,000 employees and their relatives: during this period the number of days sick leave occurring annually in their company as a direct result of

tuberculosis has diminished by no less than 71%. The examinations have been carried out voluntarily, as they would be in this country, and were extended to include the members of the household of any of the staff, being repeated at intervals of eighteen months. No charge is made for the service.

It cannot be too strongly emphasised that all persons with persistent cough for longer than one month, should attend the dispensaries which are available so that full investigation may be undertaken. It is probably a fact that more people would avail themselves of X-ray examination were they not afraid of what the X-ray might reveal. It is also pointed out, that the disease may sometimes be present without any evident signs of ill health, so that increasing use of X-ray examination might lead to the discovery of such cases and lead by early treatment to the elimination as a future source of infection to their family and particularly to the young children, etc.

EFFECT OF WAR-TIME CONDITIONS ON TUBERCULOSIS MORTALITY.

The Minister of Health has given certain figures which make it possible to study the trend of tuberculosis mortality in 1940, as compared with earlier years. Except for slight occasional breaks, the decline in tuberculosis mortality was continuing satisfactorily until the outbreak of war, which has clearly produced a setback. In the last quarter of 1939 there was a slight rise in the number of deaths of males, though not of females. In 1940 there was a distinct rise for both sexes throughout the year. Compared with the immediate pre-war year, 1938, deaths of males increased by 8%, deaths of females by 7%. Roughly, we have slipped back 4 or 5 years. This relative rise has, however, been less than in Scotland, where the male and female deaths in 1940 were 18% and 15% respectively in excess of the 1938 figures but without knowledge of the population at risk—and vast changes have, of course, taken place in its distribution—it would be unwise to stress the difference.

Deaths from Tuberculosis (All Forms) in England and Wales.

Males.	1934.	1935.	1936.	1937.	1938.	1939.	1940.
First and Second Quarter	9743	9204	8836	9022	8292	8550	9238
Third Quarter	3530	3349	3373	3326	3257	3112	3204
Fourth Quarter... ..	4086	4020	3920	3898	3575	3664	3861
Total for year	17359	16573	16129	16246	15124	15326	16303
Females.	1934.	1935.	1936.	1937.	1938.	1939.	1940.
First and Second Quarter	7189	6785	6481	6658	5840	5940	6541
Third Quarter	3025	2803	2658	2640	2540	2417	2558
Fourth Quarter... ..	3161	3079	2956	2985	2672	2593	2744
Total for year	13375	12667	12095	12283	11052	10950	11843

Expressed as a percentage of the 1934 figures, those for 1940 are 94% males and 89% females, as compared with 88% and 82% respectively in 1939, and 87% and 83% in 1938.

No action was taken in 1940 under the Public Health (Prevention of Tuberculosis) Regulations 1925, or under Section 172 of the Public Health Act of 1936.

PUBLIC HEALTH (Tuberculosis Regulation 1940).

The object of this new regulation was to assist the Minister of Labour and National Service in securing as far as possible, that when men with Tuberculous history come before the medical board for enlistment in H.M. Forces, the fact that they have been notified as suffering from Tuberculosis shall be brought to the attention of the board. The operation of these regulations will be limited to the duration of the war.

AIR RAID PRECAUTIONS.

A considerable amount of time is now taken up in this department by the discharge of duties entailed as part of the local air raid precautions organisation.

There exists in the Urban area a small but efficient Casualty Services organisation with: (a) Casualty Services Depot at the Maltings. (b) Ambulance and Mobile Unit Depot at Messrs. Taylor's premises, South Burns. (c) First Aid Post at the Relton Hospital, Chester-le-Street.

All the members of the Casualty Services are fully trained in accordance with the requirements of the Ministry of Home Security and Ministry of Health.

The Casualty Services provides an extensive field of additional duties, and the responsibilities involved are of an exacting nature, and there is little doubt that the activities of the Casualty Services have called for much extra work in this department.

It is, however, a matter for considerable satisfaction to state that the Casualty Services organisation locally are well trained, efficient, and capable of coping with any emergency arising as a result of enemy action. In my opinion, the local Casualty Services compares favourably with any other organisation in other districts of a similar population.

The Sanitary and Housing Inspector is also Officer for Gas-Contaminated Foodstuffs, and he has now operating a scheme for dealing with gas-contaminated foodstuffs including an appropriate number of trained volunteers for this purpose.

The War has considerably added to the exacting responsibilities of practitioners and those connected with the Public Health services.

Many additional duties demand attention, and the nature of the work involved tends to become more complex than ever. I am, therefore, very desirous of extending to the practitioners in the Urban area my appreciation and gratitude for their ready assistance on all occasions, particularly in view of the constant wartime pressure with which they have to contend.



