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Contributors

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Hatfield Rural District Council.

ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH FOR THE YEAR 1918.

*To the Chairman and Members of the Hatfield Rural
District Council.*

GENTLEMEN,

I have the honour to present my Annual Report for the year 1918.

96 Births have been registered, and taking the population as estimated for the birth rate at 8,552, the birth rate works out at 11·2 as compared with that for England and Wales of 17·7. In 1917 the rate was 14·6, which was very low, therefore the position gives cause for very serious thought.

116 Deaths have been registered, and taking the population as estimated for the death rate as 7,633, the rate works out at 15·1. Civilians only are included in the population for these estimates.

Influenza was prevalent in June and July, and again in October, November and December, and accounted for 16 deaths. Respiratory diseases, which were, at all events, referable to Influenza in some cases, accounted for 35 deaths.

There were 15 deaths from Pulmonary Tuberculosis; Whooping Cough was responsible for 3 deaths, and Diphtheria for 2. There were no deaths from Diarrhoea or any notifiable disease, with the exception of those noted already.

The rate of infantile mortality for 1,000 births works out 62·5, as against 97 for England and Wales.

Notification of Infective Diseases.—There were three notifications of Diphtheria, one of Enteric and one of Paratyphoid Fevers, one of Scarlet Fever, and 28 of Measles. One case of Scarlet Fever and one of Diphtheria were removed to the hospital. Bacteriological examinations were made in two cases.

A special report has been written upon the Influenza Epidemic.

The Hertford and Ware Joint Hospital provides eight beds for the use of the District, Scarlet Fever and Diphtheria alone being provided for.

Accommodation for two Smallpox patients has been provided by arrangement with the Hitchin Rural Authority.

Vaccination against Smallpox has often been neglected by parents of children. Although the number of unvaccinated persons in the District is not so large as in some districts, it becomes a matter of importance that there should be no unvaccinated persons in the country. For the last two years preliminary manifestations of an epidemic of this disease have not been absent.

Various inflammatory conditions of the skin have been very common for the last two years, and the number of notifications of Smallpox, from widely separated portions of the country, have increased. I cannot too strongly recommend parents of unvaccinated children to lose no time in having the operation performed.

The Schools have been regularly inspected.

Little Heath Schools were closed in January and Northaw School in April on account of General Catarrhal Sickness; North Mymms Schools in June, on account of Whooping

Cough and Chicken Pox; Lemsford School in March, on account of Measles; Ponsbourne School in December, Cuffley and Little Heath Schools in October, North Mymms, Hatfield and Westfield Schools in November, on account of Influenza; Essendon Schools in December, on account of Whooping Cough.

This list shows well that there has been a great amount of sickness in the District, and that Influenza has been the chief cause of it. The Parish Nurses, who are under the supervision of the County Superintendent, have performed much useful work, and the whole of your District is properly provided for.

The Maternity Centres which have been opened under the ægis of the County Council will, I hope, in the future, show satisfactory results. The work of the nurses in the important branch of health visiting is one to which I attach great importance, and will I hope bear fruit. There has been no occasion to call upon the County Nursing Association for a supply of nurses for cases of measles.

The Sewage Works at Hatfield and at Little Heath have given satisfaction, and I have received no complaints. No further steps have been taken with regard to the sewerage of Welham Green, but I hope the Council will take this matter into consideration at an early date.

Sanitary Inspector's Work.—Systematic inspection of every part of the District is of great importance. Every part of the District should be visited at least once every month, whether there have been complaints or not. Further, defects which have been found to exist and which have been remedied should not be left until complaint is again made, but an eye should be kept upon the premises where they have existed, so that recurrence is prevented.

Schemes for the erection of houses have been made for the various parishes.

In connection with these, great difficulties are apparent in estimating the future needs of the population. Economic conditions which are at present in sight, will very possibly cause migration of numbers of persons from agricultural districts, and it is not an easy matter to estimate what the ebb and flow of the population will be in the next few years. So far as I can judge now, more machinery will be in use on farms and fewer people employed. There are no industries in the District at the present time which can cause a great influx of people into it, nor is there any immediate prospect of any appearing. On the whole, some caution should be exercised in the number of houses which are provided.

The Water Supply for the whole District is sufficient, but in the near future Welham Green should be supplied from the Barnet Water Works Main.

I am, Gentlemen,

Your obedient servant,

LOVELL DRAGE, M.A., M.D. (Oxon.),
Medical Officer of Health.

Hatfield Rural District Council.

SPECIAL REPORT UPON THE INFLUENZA EPIDEMIC, 1918

*To the Chairman and Members of the Hatfield Rural
District Council.*

GENTLEMEN,

As in my Annual Report of 1891, so it is in connection with this special report upon the Epidemic, or rather, Pandemic, I must begin by a statement of its peculiarities, which are :—

- (1) The sudden appearance after a longer or a shorter period during which no prevalence has existed, or in places where no appearance has previously occurred.
- (2) The occurrence of either definite preliminary instances of the disease prior to the general outbreak or the occurrence of the manifestations of diseases which can be linked up with it.
- (3) Caprice in the selections of localities or even habitations affected.
- (4) Remarkable want of uniformity in the speed of progress.
- (5) Capriciousness in its method of attack upon individuals.

Sudden appearances of Epidemics of any infective disorders are rather apparent than real. There are always manifestations of disease occurring long before the outburst, which is sudden to those whose duty does not concern itself with matters of Public Health. So long ago as 1916, a few cases of definite mild Influenza were noticed from time to time. In addition to these cases of disease, there were cases connected with the intestinal and nervous systems which can be attributed to the action of members of the same groups of Bacteria as those which are connected with Influenza.

In the Epidemics of Influenza occurring in 1733, 1743, 1762, 1775, 1782 and 1783, the relation with intestinal disease was well marked.

In the Epidemic of 1658, 1732, 1738 and 1775, the relation with diseases of the nervous system was noted.

In 1653, bleeding from the nose, much affection of the head, bleeding from the lungs and often dysenteric affections were specially noted as characteristic of the Epidemic, and it will be seen later that these manifestations of disease have been prominent during the present Epidemic. In the winter of 1917, the number of cases of Gastric Intestinal Catarrh, accompanied by vomiting, Diarrhœa and Jaundice were very noticeable, and they continued right up to the outbreak of Influenza in June, 1918. Throughout this period there were numerous cases of Spotted Fever and other affections of the brain and spinal cord constantly reported in various parts of the country, although none were reported in the Hatfield Sanitary District.

It appears reasonable to connect all these manifestations of disease with Epidemic Influenza, and if this is so, Influenza Epidemics must be considered in the light of a progressive infection, caused by Bacteria which attack various parts of the body when the bodily resistance of the part of the body which is attacked is sufficiently reduced. These Bacteria are carried in the human anatomy in varying degrees of development. So long as the bodily conditions are unsuitable for the development of specific disease producing powers, no specific disease results, but given suitable conditions for their development, and a low resistance of the body to disease, specific disease results.

It is quite impossible to account for the caprice of the disease in its method of attack upon localities and individuals in any other way. I have carefully considered the effect of climate and soil and the conditions under which human beings live in the various parts of the world, and the conclusion arrived at is, that the disease is a progressive infection, and that it is conveyed about the world in human bodies, not necessarily by Bacteria possessing their specific disease producing powers, but more often than not by Bacteria in course of development.

I propose to give the death rates in the years which were the first after the 40 years' interval in which Epidemic Influenza was absent from the Country.

The death rate for 1888 (the year previous to the Epidemic) was 13 per 1,000; 1889 15.8; 1890 15.5; 1891 11.6; 1916 10.13; 1917 14.6; 1918 15.1.

These figures tend to shew that Influenza conditions which I noted first in 1916, began to manifest themselves in the death rate in 1917, and it is hoped that as in 1891, a normal death rate will be reached in 1920.

The features of this Epidemic are :—

- (1) The large number of children who suffered.
- (2) The Association of intestinal with pulmonary affections.
- (3) The occasional association of Diphtheria.
- (4) The type of pulmonary affection; many cases of Broncho-Pneumonia, accompanied by hæmorrhage from the nose and the bronchial tubes.
- (5) A peculiar blue discolouration of the skin, unlike ordinary Cyanosis.
- (6) The outbreak began in ~~January~~ ^{June} and ended in July; recommenced in ~~November~~ ^{October} and continued until the end of the year.

The ordinary symptoms noted have been common to all Influenza epidemics—those noted above are those which, although they have been present in some previous epidemics, are especially worthy of attention.

It will be seen from the mortality list that the number of deaths has been excessive.

It was hoped that protective inoculation would have been of some use in checking the progress of the epidemic, but I have failed to observe any successful results, or at all events any which lead me to recommend the District Council to provide vaccines. The fact is, that Influenza attacks appear to be caused by a considerable number of bacterial types, and at present no one of these seems to

be more responsible than another; in all probability the action of vaccines in prevention, if any, is in the way of heightening the powers of the body in resistance to disease. When the best is said, a vaccine contains chemical substances of unknown chemical composites which are unstable, but there are various chemical substances of known composition which are stable, and which can be used to increase the bodily resistance to disease. At the present moment therefore, the best cause to pursue when Influenza is prevalent, is to keep the body in as perfect health as possible, and at the beginning of an attack to preserve the bodily powers by warmth and remedies which will increase the powers of resistance to the disease. In severe attacks, I have no hesitation in saying that the heart is the most important organ to which attention should be paid by the physician. So far as my experience goes, patients suffering severely, pull through, if this point receives adequate attention.

I am, Gentlemen,

Your obedient Servant,

LOVELL DRAGE, M.A., M.D. (Oxon),

Medical Officer of Health.

