

**[Report 1943] / Medical Officer of Health, Guisborough U.D.C.**

**Contributors**

Guisborough (England). Urban District Council.

**Publication/Creation**

1943

**Persistent URL**

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TO THE CHAIRMAN AND MEMBERS  
OF THE  
GUISBOROUGH URBAN DISTRICT COUNCIL

MADAM AND GENTLEMEN,

I beg to submit my Annual Report for the year 1943, which has been prepared on the lines indicated in the Ministry of Health's Circulars No. 2773 and 10/44.

The vital statistics furnished for the year by the Registrar-General show that the number of births remains steady at the higher war-time level, but that deaths also for the year are high: this was due to the unusually great number of deaths in the last quarter of the year, associated with an epidemic of influenza. The infant mortality was also higher than usual but such variations are to be expected when rates are calculated from small numbers only.

Of the deaths during the year exactly one-half occurred at the ages of 65 years and upwards: the proportion in Loftus and in Skelton and Brotton Urban Districts, similarly circumstanced to Guisborough, is very much the same—51% and 52%—while in the Borough of Redcar it rises to 56% and, in the Urban District of Saltburn and Marske-by-the-Sea, to 65%. The difference is probably due to the larger proportion of old people among these latter populations. The proportion of deaths between the ages of 45 and 64 averages 25% over the Combined Districts, the figure for the individual districts varying from 23% to 29%. The remaining deaths, about 20% over the Combined Districts, occur under the age of 45 years, and are, perhaps, much more to be deplored than the deaths beyond the age of 65 when the normal "three score years and ten" is more or less completed.

In investigating which are the chief causes of death a very different result is obtained if one takes deaths at all ages or if one limits the enquiry to deaths under the age of 45 years; with the former one finds that diseases of the arteries, hæmorrhage into the brain, or heart disease, are together responsible for about one-third of all deaths. Under the age of 45 these causes are responsible only for some 6% of the deaths, and first place is now taken by tuberculosis and the acute infectious diseases, which together account for one-fifth of the deaths under 45: the giant in this group is tuberculosis, which alone killed 20 out of the 33 dying in the Combined Districts from what are usually regarded as infections (including influenza).

The district has not suffered heavily from notifiable infectious diseases although there have been more cases than in 1942. There was a considerable epidemic of measles, with 123 cases notified but fortunately no deaths. There were a few cases of scarlet fever, which, after four years of very low prevalence in the Combined Districts, shows signs of again reaching epidemic proportions. There were ten notifications only of whooping-cough, again with no deaths. One case only of cerebro-spinal fever occurred, and this was fatal. Diphtheria, as in the previous three years, has been light, with eight cases and no deaths. Immunisation against this disease has been carried on under the same arrangements as in recent years but I would point out that the number of children immunised in this district during the year—145—is not very much more than the number of children that would reach one year of age, so that the percentage of children immunised is not increasing but is rather less than 70% and not yet to be relied on as sufficient to prevent any outbreak in the district.



### Children Immunised against Diphtheria.

Number immunised		Guisborough U.D.	Loftus U.D.	Redcar Borough	Saltburn & Marske U.D.	Skelton & Brotton U.D.
at end of 1941	...	737	493	2,235	1,121	1,419
during 1942	...	429	568	607	863	304
during 1943	...	145	223	890	176	410
Total immunised 1935—1943	...	1,311	1,284	3,732	2,160	2,133
Estimated number of these						
now over 14 years of age	...	60	60	180	900	110
Estimated percentage of children under						
15 years of age now immunised		69	66	67	98	63

During 1943 only thirteen cases of diphtheria in children under the age of 15 years were notified in the Combined Districts (compared with 33 in 1942), and of these, four children had been immunised, while nine cases occurred among the minority of children who had not been immunised. The one death from diphtheria in the Combined Districts occurred in a non-immunised child. I would repeat what I have stated in previous annual reports, that it has been proved that immunisation lessens by several-fold the risk of the individual child contracting diphtheria, and by still more the risk of a fatal termination if he does contract the illness. The lessened number of cases of diphtheria in 1943 cannot be ascribed definitely to immunisation: the disease naturally recurs in waves and it is probable that now we are in the trough of the waves, affording a good chance for every child to have the benefit of immunisation before the next peak of diphtheria comes along. I should like to point out that in Saltburn and Marske Urban District, where for some years a very high proportion of the children has been protected by immunisation, there were no cases of diphtheria in children either in 1943 or 1942.

The number of new cases (6) of tuberculosis in this district is the lowest figure since 1937 but the number of deaths from this disease is still high. The following table shows the recent trend of the number of deaths from tuberculosis in the Combined Districts:—

### Deaths from Tuberculosis in Combined Districts.

	(2-year periods).							
Deaths from:	1928-9	1930-1	1932-3	1934-5	1936-7	1938-9	1940-41	1942-3
Tuberculosis of lungs:	63	47	42	38	38	44	50	53
Tuberculosis elsewhere:	27	13	17	15	14	11	9	7
Total	90	<del>760</del>	59	53	52	55	59	60

The total deaths from tuberculosis occurring in the Combined Districts are seen to fall from 90 in the earliest two-year period to 52 in the period 1936-1937, and thereafter to rise until in 1942-1943 they just surpassed the number ten years earlier. If however the deaths from tuberculosis of the lungs are taken separately from the deaths from tuberculosis in other parts of the body the important point is seen that deaths from tuberculosis apart from that of the lungs have continued their steady decrease, unaffected apparently by the war, and the rise in deaths from tuberculosis since 1937 is due entirely to tuberculosis of the lungs. There is a difference of origin of the two forms of the disease: tuberculosis of the lungs is practically always due to infection from another human case, while tuberculosis of other parts of the body is in a considerable proportion of cases



due to infection from cow's milk. It would seem therefore possible that improvement in tuberculosis of cattle has been maintained during the war, while there have been more deaths from the human form of the disease.

In recent annual reports I have referred to the fact that the last few months of life of the great majority of persons dying from tuberculosis of the lungs are spent in their own homes, where opportunities for spreading the infection are at their greatest. In 1943 in the Combined Districts 27 persons died from tuberculosis of the lungs: of these, five ( $18\frac{1}{2}\%$ ) died in institutions: the remainder, in their own homes.

**Water-supply:** Roughly three-fourths of the houses in the area are dependent for their water-supply on the Gisborough Water Co., this including Guisborough itself, the village of Dunsdale, and various farms round Guisborough; the remainder of the area is supplied as to the villages of Lazenby and Lackenby by the Tees Valley Water Co., Newton by a small Council supply, and the other villages and townships by private or estate supplies.

The sufficiency of these supplies during 1943 has not given rise to complaint except in the area supplied by the Gisborough Water Co., and to lesser extent in the village of Yearby, in Kirkleatham parish.

The Gisborough Water Co.'s supply failed completely on August 18th, the reservoir being dry and the subsidiary supply from Wyley Beck having failed in its turn owing to rainfall being below normal for several months. The Council opened at once the few old wells along the main street, notices being displayed at the pumps that the water should be boiled before use, and with these and the old spout or spring in Bow Street the population had to carry on until about September 14th, by which time the rainfall enabled the Water Company to commence supplying again. The failure of the water-supply was made all the more serious by the fact that about 60% of the houses in the area affected are furnished with water-closets; it is due to the efforts of the inhabitants themselves to cope with the difficult situation that no epidemic resulted. Similar failures of the Company's supply occurred in 1933, 1929, and 1921. Apart from this long-continued interruption, the supply failed for one day in June and again in November, owing to a burst main, an event which has also recurred periodically in recent years.

For some time before the water supply failed in mid-August there had been complaints of muddiness of the water, i.e. discolouration and sediment, accompanied by an unpleasant smell and taste. This has also been a periodic complaint whenever the level of the water in the reservoir falls below a certain level and would appear to be due to the disturbed sediment from the reservoir overtaxing the filtering mechanism. After filtration the water has now for some years been treated with chlorine, so that bacteriologically the water may be perfectly safe for drinking although unpleasant in appearance and unpalatable to taste. The Council has submitted samples of the water for bacteriological analysis fortnightly and for complete chemical analysis quarterly and have also received from the Water Co. every alternate month a copy of a bacteriological report on a sample submitted by them: all these reports have shown the water to be safe for drinking, and all samples, except two taken in November, reached a high standard of bacterial purity. The Guisborough water, a moorland water, has a solvent action on lead and the Water Co. are under a statutory obligation to treat the water to remedy this. The full chemical analysis of samples taken in 1943 have not shown the presence of lead; it would appear therefore that treatment has been successfully carried out.



According to information supplied by the Sanitary Inspector 86% of the dwelling houses in the district have a direct constant piped supply, 11% get their supply from standpipes or common taps and 3% are dependent on wells or springs.

I am, Madam and Gentlemen,

Your obedient servant,

C. R. GIBSON,

Medical Officer of Health.

Guisborough,

1st June, 1944.

### Vital Statistics for 1943.

	1943.	1942.	1941.	1940.	1939.
Number of Births ... ..	139	132	154	135	125
Number of Deaths ... ..	124	106	106	122	112
Infant Mortality Rate ...	86½	38	51	64½	31½

Notifications received in 1943: Scarlet fever, 10; diphtheria, 8; cerebro-spinal fever, 1; poliomyelitis, 1; erysipelas, 6; pneumonia, 22; measles, 123; whooping-cough, 10; puerperal pyrexia, 1.

Tuberculosis (new cases) in 1943: 4 pulmonary; 2 non-pulmonary.