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HEALTH
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ANNUAL REPORT
of the
Medical Officer of Health
for the Year
1943.

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BOROUGH OF LUDLOW.

**Annual Report of the Medical
Officer of Health, 1943.**

LUDLOW,

15th May, 1944.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the health of the Borough during the year ending 31st December, 1943.

VITAL STATISTICS.

The statistics for the year are again satisfactory and show a high Birth-rate and a low Infantile Mortality rate when compared with the figures for the country as a whole.

INFECTIOUS DISEASES.

No serious epidemic of any Infectious Disease took place. The protection of the child population against Diphtheria was continued, and it is gratifying to report that no case of Diphtheria was notified in the Borough during the year.

TUBERCULOSIS.

The register has been revised and at the end of the year there were forty cases remaining on it. Eight new cases were notified and six deaths took place from this disease during the year. Maintenance allowances are now given in certain cases to families where the wage-earner is under treatment at a Sanatorium. This is a reform which has been needed for a long time and should have good results in lessening the incidence of new cases in such families, many of which were due to the poverty into which those families fell and the resultant mal-nutrition of the "contacts" in the home.

MILK SUPPLY.

During the year efforts have been made to raise the quality of the Milk retailed in the Borough, and the new legislation

proposed by the Government as regards the heat treatment of raw milk should do much to lessen the spread of disease through contaminated milk supplies.

HOUSING.

During the year provision has been made to make available both labour and material for essential repairs to houses which have deteriorated during the war years. Local Authorities are also empowered to requisition empty houses for families inadequately housed.

The Government are planning to provide, as soon as is possible, temporary houses which are intended to relieve the great demand for houses which is certain to follow the end of the war. In addition, plans have been laid for the building in the country as a whole of 100,000 houses of a permanent character in the first post-war year, and a further 200,000 houses in the following year.

WATER SUPPLY.

The Council have had under consideration during the year the question of a new and more adequate water supply for the Town, but nothing further can be done in this matter until such time as affairs in the country are more normal.

I have the honour to be,

Your obedient servant,

JAMES L. GREGORY,

Medical Officer of Health.

PUBLIC HEALTH STAFF.

MEDICAL OFFICER OF HEALTH :

JAMES L. GREGORY, M.B., F.R.F.P.S., D.P.H.,
D.T.M. & Hy.

SANITARY INSPECTOR :

WILLIAM GEORGE LANE, M. Inst. M. & Cy. E.,
Cert. Roy. San. Inst.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS.

GENERAL STATISTICS.

Area (in acres)	966
Estimated Population (mid-year) 1943	6,083
Number of Inhabited Houses at 31st December, 1943, according to the rate books	1,553
Rateable Value	£33,245
Sum represented by 1d. rate	£130 4s. 4d.

EXTRACTS FROM VITAL STATISTICS.

LIVE BIRTHS—

	M.	F.	Total
Legitimate	46	62	108
Illegitimate	5	5	10
	—	—	—
Totals	51	67	118
	—	—	—

BIRTH-RATE per 1,000 of the estimated population = 19·4.
(The Birth-rate for England and Wales in 1943 was 16·5 per 1,000)

STILL BIRTHS—

	M.	F.	Total
Legitimate	1	1	2
Illegitimate	0	1	1
	—	—	—
Totals	1	2	3
	—	—	—

RATE per 1,000 total (Live and Still) Births = 40·6.

	M.	F.	Total
DEATHS	35	51	86
	—	—	—

DEATH-RATE per 1,000 of estimated population = 14·1
(England and Wales = 12·1).

INFANTILE MORTALITY—

All Infants per 1,000 Live Births	=	34
Legitimate Infants per 1,000 Live Legitimate Births	=	37
Illegitimate Infants per 1,000 Live Illegitimate Births	=	nil
TOTAL NUMBER OF INFANT DEATHS	=	4

MATERNAL MORTALITY	Nil
---------------------------	-----

DEATHS from—

Cancer (all ages)	...	...	...	...	=	10
Measles (all ages)	...	...	...	...	=	nil
Whooping Cough (all ages)	...	...	...	...	=	1
Diarrhoea (under 2 years of age)	...	...	...	...	=	1

NOTES ON VITAL STATISTICS.

BIRTH-RATE.—The rate of 19·4 is higher than that for the country (16·5) and is also higher than the rate in the Borough in 1942.

DEATH-RATE. The rate of 14·1 is above that of the country in general (12·1) and this is probably accounted for by the age distribution. No “factor of correction” is given at present, so that it is not possible to compare the rate with that of other towns.

INFANTILE MORTALITY.—Four infant deaths took place as against one the previous year. The ages at death were: 14 hours; 1 week; 2 months, and 5 months; the causes of death being: Congenital Debility; Prematurity; Whooping Cough, and Gastro-enteritis respectively.

The Infantile Mortality rate of 34 per 1,000 live births compares favourably with that for the country (49), which latter figure is a new low record.

MATERNAL MORTALITY.—There was no maternal death recorded from causes associated with child-birth. In 1942 there was one.

CAUSES OF DEATH.—The chief causes of death were: Heart Disease 26; Intra-cranial Vascular Lesions 11; Cancer 10; Bronchitis 8; and Tuberculosis 6. These five conditions accounted for 61 out of the 86 deaths, or 71% of the total.

As regards deaths from Infectious Diseases, one death from Whooping Cough and two from Influenza took place.

Deaths from Cancer (10) showed a reduction from 1942, when there were fifteen deaths from this disease.

CANCER DEATH-RATE per 1,000 of population = 1·644

TUBERCULOSIS „ „ „ = 0·990

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES.

STAFF.—There have been no changes in the Staff of the Health Department during the year.

LABORATORY FACILITIES.—Full use has been made of the Laboratories available and close co-operation is maintained with them. Routine Water samples are examined monthly at the Laboratory, Assay Office, Goss Street, Chester. Bacteriological specimens are sent to the Donaldson-Hudson Laboratory, Royal Salop Infirmary, Shrewsbury, and the Government Emergency Laboratory, County Offices, Hereford, is also available if required in the case of enquiries into epidemics, etc. The supply of Antigen in connection with Diphtheria Immunisation is obtained from the latter Laboratory.

NURSING SERVICES IN THE HOME.—The two Associations employing nurses are affiliated with the Shropshire Nursing Federation. Both general nursing and mid-wifery are undertaken. Details of the work carried out during the year will be found in the report of the Shropshire Nursing Federation, the Secretary of which is Miss L. Gough, Claremont Hill, Shrewsbury.

AMBULANCE FACILITIES.—These were set out in detail in last year's report (page 5), and during the year there has been no delay in getting patients to hospital.

TREATMENT CENTRES AND CLINICS.—These are under the control of the County Health Department, and include: School Clinic, Welfare Centre and Ante-natal Centre. The Tuberculosis Dispensary and the Venereal Diseases Centre are at Shrewsbury. An Orthopædic Centre is also held.

The following are the days, hours and places of the various Clinics:—

Clinic.	Place.	Days.	Hours.
School	Dinham	Daily	9—10 a.m.
Infant Welfare Centre	do.	Mondays	10—12 a.m. and 2—4.30 p.m.
Ante-natal Centre	do.	do.	do.
Venereal Diseases	1, Belmont, Shrewsbury.	Tues. & Fri.,	Males
		6—8 p.m.	
Tuberculosis Dispensary	17, Belmont, Shrewsbury.	Mon. & Wed.,	Females
		2—4 p.m.	
		Daily.	By Appointment

NOTE.—On alternate Mondays, a Doctor (Dr. Blake of the County Health Staff) visits the School Clinic, Infant Welfare Centre and Ante-natal Centre.

The Tuberculosis Officer (Dr. A. C. Watkins) also visits the Clinic at Dinham once a month to see cases by appointment.

HOSPITAL ACCOMMODATION—A full list of the Hospitals available for the inhabitants of Ludow Borough was given in my report for last year (page 6).

During the year a visit was paid to the town by the representatives of the Nuffield Provincial Hospitals Trust which is carrying out a survey of hospitals for the Ministry of Health.

Representatives of both the Borough and Rural District Councils met the Surveyors appointed by the Trust and were able to put forward their views as to the requirements of the district as regards hospital accommodation.

The Government's proposals for the future planning of Hospital Services are contained in the White Paper issued in February, 1944, and entitled "A National Health Service."

It is pointed out that Counties and County Boroughs throughout the country vary so much in the size of their population that it would not be practicable to make them responsible for the whole range of Hospital Services. It is therefore proposed to have larger areas constituted and to set up Joint Hospital Boards in these areas, such Boards to administer all Hospitals in the area.

The essential needs of a re-organised Hospital Service are :

- (a) The organising area needs to cover a population and financial resources sufficient for an adequate service to be secured on an efficient and economical basis.
- (b) The area needs to be normally of a kind where town and country requirements can be regarded as blended parts of a single problem, and catered for accordingly.
- (c) The area needs to be so defined as to allow of most of the varied hospital and specialist services being organised within its boundaries.

From the proposals outlined in the White Paper it would appear that it is the intention of the Government to re-organise the entire Hospital Services of the country, and no doubt adequate provision will be made for every type of case requiring hospital treatment.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.—The sources of the Town Water Supply were described in last year's report (pages 7 and 8). These are: The Burway supply; the Fountain Spring supply; and the supply obtained from the Birmingham Corporation's Elan Aqueduct.

The two former supplies did not prove adequate for the needs of the town, especially during the Autumn months, and 14½ million gallons were obtained from the Birmingham Corporation's supply during the year at a cost of £693.

The Council have had under consideration the matter of providing a new supply for the town after the war, and the Surveyor has reported on possible sources of such a supply.

As regards the quality of the water supply, monthly bacteriological tests of samples are made and these have shown the water, after chlorination, to be suitable for domestic purposes.

It is estimated that 95% of the population are provided with water from the main supply, either laid on their homes or obtained from conduits.

The percentage of houses with main water laid on is over 90%, as only a few houses in the area added to the Borough when the area was enlarged in 1934 are not connected to the main supply.

The Surveyor reports that the water has no plumbo-solvent action on pipes but that rapid erosion takes place if the water is in contact with untreated iron pipes. The effect is less upon galvanised piping. Mr. Lane also reports that the increase in the number of houses before the war, and the fact that so many of these new houses have been fitted with baths, etc., has resulted in a greatly increased demand on the supply.

SEWERAGE AND DRAINAGE.—No new Sewers or Drains have been laid during the year. The Corporation have made plans for an increase in the facilities for Sewage treatment at the disposal works as this has become necessary owing to the increased number of houses and the fact that more of them than formerly are on a water carriage system of sewerage.

REFUSE DISPOSAL.—House Refuse is collected weekly throughout the area and conveyed to a controlled tip situated at Fishmore. Rats, which formerly gave trouble, have now been practically eradicated since the Corporation entered into an agreement with the County Council for their Rat Officer to deal with them. The tip is well looked after and is free from nuisance.

MORTUARY.—A building at Dinham has been fitted out as an Emergency Mortuary in case of air-raids. It is not suitable for conducting post-mortem examinations in however, and these are usually carried out at the mortuary attached to the Public Assistance Institution. This latter, however, is not a suitable place for post-mortems, and complaints were made to the Council by one of the Ludlow doctors regarding it. It is hoped that the mortuary at the Public Assistance Institution may be made more suitable, otherwise a new mortuary for the Borough and Rural area will have to be built or a suitable building acquired.

SWIMMING BATHS.—The question of providing a Swimming Bath was considered by the Council and various sites were suggested, but nothing can be done at present.

SCHOOLS.—These are inspected and reported on as regards sanitation by the Medical Officers of the County Education Committee.

SECTION D.

HOUSING.

The Housing situation in the town has not materially altered during the year under review. There is a considerable shortage of housing accommodation, but it is not possible to estimate the extent of the shortage at the present time.

Owing to the shortage of labour and materials there has been an increased deterioration of house property so that the housing problem is one of quality as well as quantity.

The Ministry of Health Circular, 2871 of the 11th October, 1943, dealt with the question of making available both labour and materials to carry out essential repairs to house property.

Powers were given in Circular 2845 of 4th August, 1943, to Local Authorities whereby they could, under certain conditions, requisition unoccupied houses, whether furnished or unfurnished, for families inadequately housed. Formerly this power of requisitioning houses was limited to accommodation required for certain classes of people only, *e.g.* persons evacuated under the Government's Evacuation Scheme (Circular 1949 of 18th January, 1940).

As regards the number of unfit houses in the district, it would be a good thing if the number of these and their condition could be ascertained now so that particulars would be available when the time comes for them to be dealt with, either by repair or by their replacement by new houses.

A certain proportion of such unfit houses may be capable of being rendered fit and the number of such houses could be ascertained now so that, when the time comes, no delay would be experienced before the work could be started.

As regards over-crowding and the demand for houses for young people who have been married since the war started, it is not possible at present to make even an approximate estimate of the houses which may be required under these headings.

The following figures give some of the details with regard to housing in the town :—

<i>a</i>	Total number of Inhabited Houses	...	...	1,553
<i>b</i>	Total number of Council Houses	...	...	175
<i>c</i>	Proposed Post-war (1st year) Building Programme			70
<i>d</i>	Outstanding Closing and Demolition Orders	...		12
<i>e</i>	Estimated number of Over-crowded Houses	...		23
<i>f</i>	Estimated number of Unfit Houses	...	...	48
	(In addition to the 12 in " <i>d</i> ")			

The Surveyor points out that the number of over-crowded houses now is probably much greater than the number given, which was the number at the last survey. He suggests that private enterprise will again become active as it was before the war when 86 houses were built in the five years 1935-1939.

Certainly the need for houses will be very urgent, and the Government are fully aware of this and are endeavouring to make plans to ensure that the demand will be met as expeditiously as possible. There are many difficulties to be faced, among which is the one of knowing where the demand will be greatest, and this again depends on the distribution of industrial concerns.

Plans are being made for the supply of temporary houses which can be quickly made in large numbers, and will be owned by the Government. Although it may be difficult at first to get people used to such an innovation, there is much to be said for it as the houses will at least be planned by experts, and this will surely be better than to repeat what was witnessed after the last war, namely the casual erection of all sorts of buildings which were neither sanitary nor beautiful and, being privately owned, have proved difficult to get rid of.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

MEAT INSPECTION.—At the present time all slaughtering of animals for human consumption in the district is carried out at Craven Arms and the meat distributed from there to the various districts. No routine meat inspection is therefore carried out in Ludlow Borough.

MILK SUPPLY.—In July, 1943, a White Paper on the future policy of the Government with regard to the Milk supply was presented to Parliament. It is entitled "Measures to improve the quality of the Nation's Milk Supply," and deals fully with the proposals of the Government. Paragraph 40 of the publication summarises the contents as follows :—

"All possible steps will be taken to improve the quality of Milk as it leaves the farm. To this end the health of the animals in all dairy herds will be brought under State supervision, special attention being paid to those herds, the milk from which is not heat treated before sale to the consumers; the production and consumption of T.T. milk will be further encouraged. Concurrently with these measures, arrangements will be made to subject to heat treatment as high a proportion of milk, other than T.T. and some Accredited milk, as is practicable. Every effort will be made to provide all schools with heat treated milk, T.T. milk or milk exclusively from single Accredited herds."

It is proposed to transfer to the Ministry of Agriculture and Fisheries the functions of Local Authorities relating to the conditions under which milk, including designated milks, is produced on the farm.

Responsibility for the enforcement of the existing statutory provisions relating to the protection of milk against infection and contamination in milk depôts and retail premises, and during transport and distribution, will remain with Local Authorities.

Further proposals are to empower the Minister of Food to make it an offence to sell milk by retail in any area which he may schedule unless either—

1. It is heat treated as defined by Order; or
2. It is lawfully sold as T.T. milk; or
3. It is Accredited milk sold by a retailer (whether producer-retailer or dairyman) who sells the milk of a single Accredited herd.

Before any area is scheduled the Minister of Food will satisfy himself that adequate plant is available for heat treating the whole of the milk sold in the area, except such milk as is mentioned above under paragraphs 2 and 3.

The number of Milk-producers in the Borough of Ludlow is small (13), and the following are particulars supplied by the Inspector regarding the work of inspection during the year, and defects found :—

Milk Producers on register	...	...	...	12
Milk Shops	...	...	...	2
Sellers of T.T. Milk	...	...	...	1
Sellers of Accredited Milk	...	...	...	2
Inspections of Premises	...	...	...	13
Defects found and remedied	...	...	...	4

A Supplementary Licence was granted to one retailer to sell T.T. milk in the district.

Samples were taken from all the retailers during the year, and of the thirteen samples eight failed to pass the Methylene Blue Test on the first occasion. Subsequently five more samples passed the test after visits had been paid and advice given *re* care to be taken as regards cleanliness of utensils, etc.

As one retailer went out of business this leaves only two who have not yet had satisfactory samples taken. It should be noted that there is no legal standard for raw milk at present, so that no proceedings can be taken if a milk sample taken fails to satisfy the Methylene Blue Test. The object of taking samples is to try and raise the quality of milk sold in the Borough by following up in cases where the milk fails in the test and advising the dairy-man as to better methods of production.

SECTION F.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

The following table gives the number of cases notified during the year ending 31st December, 1943, and number admitted to hospital, and the deaths :—

Disease.	Cases notified.	Admitted to Hospital.	Deaths.
Scarlet Fever	10	4	0
Puerpera Pyrexia	3	1	0
Pneumonia	6	0	0
Erysipelas	1	0	0
Measles	8	0	0
Whooping Cough	20	0	1

It will be seen from the above figures that the incidence of Notifiable Infectious Diseases was again very low.

No cases of Diphtheria, Smallpox, Typhoid Fever or Cerebro-spinal Meningitis were notified.

Scabies is not notifiable, so that accurate figures of its incidence are not available, but in the case of nine persons it was necessary to remove them to Ivy House, Ludlow, for treatment as "in-patients."

DIPHTHERIA IMMUNISATION.

The work of protecting the child population has been continued during the year and the following figures show the position at the end of 1943 :—

	Under 5 years	5—15 years
Approximate estimated number of children in the area as at 31st December, 1944	490	1,050
Percentage of children Immunised as at 31st December, 1943 ...	62%	85%

The number of children actually Immunised in 1943 was :—

Number under 5 years old	Number aged 5—15 years	Total
69	47	116

As was pointed out in last year's report, it is important that all children should be protected as soon as they reach their first

birthday. As there are about 100 births per annum in the Borough we must aim at getting as near this number as is possible protected each year.

It is encouraging to note that during 1943 no cases of Diphtheria were notified. In 1941 the number notified was ten, and in 1942 there were six cases.

It may be repeated that parents can have their children protected at School or at the Welfare Centre. Private Practitioners will also immunise the children at their own surgeries, and the Council will pay a fee for this so that parents need incur no expense at all.

ISOLATION HOSPITAL ACCOMMODATION.

Cases requiring treatment in an Isolation Hospital are sent to Monkmoor Hospital, near Shrewsbury, if beds are available. Doctors who desire a case to be moved are asked to first get in touch with the Medical Officer of Health (Tel. No. Dorrington 44) or with Mr. W. G. Lane (Tel. Ludlow 47), who will arrange for the case to be moved.

At present, mild Scarlet Fever cases are not being sent to hospital unless it is quite impossible for them to be nursed and isolated at home. Many of these cases are very mild indeed and can, with safety, be nursed in their own homes.

On the other hand, any cases of Diphtheria should be sent to hospital as they require skilled nursing, and there is also the danger of complications arising.

No difficulty has arisen during the year in getting cases to hospital and there have been no "return" cases.

TUBERCULOSIS.

The Tuberculosis Register has been revised in conjunction with the Tuberculosis Officer for the area, Dr. A. C. Watkins, and many of the older cases who had been cured or had died or left the district have had their names taken off. The following are the numbers of cases on the Register as at 31st December, 1943:—

MALES.		FEMALES.		Total.
Pulmon.	Non-pulmon.	Pulmon.	Non-Pulmon.	
12	9	14	5	40

NEW CASES.—These numbered eight in all (four males and four females). Four of these were of the Pulmonary type and four Non-pulmonary.

DEATHS.—Six deaths were registered as due to Tuberculosis (four Pulmonary and two Non-pulmonary).

	Ludlow.	E. & W.
Pulmonary Death-rate per 1,000 of population	0·662	0·557
Non-pulmonary „ „ „	0·331	0·110
Total Death-rate (all forms)	0·993	0·668

NEW CASES AND MORTALITY, 1943.

(IN AGE GROUPS)

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0-5 yrs.			1					
5-15 „								
15-25 „				1				2
25-35 „						2		
35-45 „		2			1			
45-55 „								
55-65 „	3	1			1			
Totals	3	3	1	1	2	2	0	2



