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Borough of Ludlow



ANNUAL REPORT of the Medical Officer of Health for the Year 1945.



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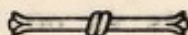
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Public Health Staff

MEDICAL OFFICER OF HEALTH :

JAMES L. GREGORY, M.B., CH.B., F.R.F.P.S., D.P.H.,
D.T.M. AND HY.

SANITARY INSPECTOR :

WILLIAM GEORGE LANE, M.INST.M. AND CY.E.,
CERT. ROY. SAN. INST:

(Resigned 30th November, 1945).

H. V. JAMES, M.I.M. AND CY.E., CERT. ROY. SAN. INST.
(Appointed 1st December, 1945).

BOROUGH OF LUDLOW

Annual Report of the Medical Officer of Health, 1945

LUDLOW.

1st June, 1946.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health of the Borough for the year ending 31st December, 1945. It has been drawn up in accordance with the Ministry's Circular 28/46, dated 11th February, 1946, and is divided into six sections.

STATISTICS.

Generally speaking the statistics are satisfactory and although there is a slight decrease in population as shown in the figures supplied by the Registrar General, this is due no doubt to many persons returning to London and other places from which they had been evacuated during the war.

The Death-rate of 16.5 per 1,000 is high, but is not comparable with other districts as no "comparability factor" is supplied, without which a fair comparison cannot be made.

The Infant Mortality Rate is lower than that for the country but should be lowered still further.

INFECTIOUS DISEASE.

Apart from an out-break of Measles among the children in the early part of the year there has been no undue prevalence of any Infectious Disease. For the third year in succession there has been no case of Diphtheria notified. The number of children immunized against this disease during the year was 179, of whom 125 were under the age of five years. The control of this disease by inoculation is one of the greatest triumphs of preventive medicine in our time.

TUBERCULOSIS.

Twelve new cases and five deaths were notified in 1945 as compared with seven new cases and three deaths during the previous year. Among the factors which help to reduce people's vitality so that they fall victims to this disease are insufficient nourishing food and over-crowding in small, badly ventilated houses.

The disease being widespread, nearly all are infected, but it is only those who are badly nourished and whose powers of resistance are low who develop the disease as we know it. This is being demonstrated in those countries to-day where the people have suffered prolonged under-nourishment and are now falling victims to Tuberculosis. The decrease in the deaths from the disease in this country during the last 25 years or so have been in great measure due to a higher standard of living among the poorer people in the country. They have been able to resist the disease instead of dying of it. More will have to be done in the future as regards the isolation of infectious cases of Tuberculosis if we are to lessen the annual number of new cases notified.

HOUSING.

Although the war has now been over for ten months, its results remain with us and one of these is the complete dislocation of all trade which a war causes. No houses were completed in the Borough in 1945 and even now progress is very slow indeed. Particulars of the housing programme are given in Section D of the report, from which it will be seen that a site has been obtained and laid out for the first year's housing programme.

A survey of existing houses is to be made shortly with a view of ascertaining the condition of all the houses in the town, and soon it is to be hoped facilities will be available to have necessary repairs and reconstruction work carried out on those that need it.

At present all available labour is being concentrated on new houses and only essential repairs are allowed on other houses.

Capt. W. G. Lane resigned his post as Surveyor and Inspector for the Borough in November, 1945, after many years of service which has been of great value to the community. He came to Ludlow after the 1914-18 war and has been responsible for many improvements in the town both as regards housing, roads and otherwise.

I would like to take this opportunity of thanking him for his co-operation at all times in the Public Health Work at Ludlow and to hope that he will have many years to enjoy his retirement from active work.

I have the honour to be,

Your obedient servant,

JAMES L. GREGORY,

Medical Officer of Health.

Section A

STATISTICS AND SOCIAL CONDITIONS.

GENERAL STATISTICS.

Area (in acres)	966
Registrar-General's estimate of the Population, mid 1945	5,965
Number of Inhabited Houses as at 31st Dec., 1945 ...	1,553
Rateable Value	£33,590
Product of Id. Rate	£131/15/10

LIVE BIRTHS—

	Total	M.	F.
Legitimate	97	51	46
Illegitimate	15	5	10
Totals	112	56	56

BIRTH-RATE per 1,000 of the population = 18.7

STILL BIRTHS—

	Total	M.	F.
Legitimate	2	0	2
Illegitimate	0	0	0
Totals	2	0	2

STILL BIRTH-RATE per 1,000 total (live and still births) = 17.2

	Total	M.	F.
DEATHS—	99	53	46

DEATH-RATE per 1,000 of the population = 16.5

DEATHS FROM PUERPERAL CAUSES—

	Number	Rate per 1,000 Births
From Puerperal Sepsis	0	0
From other Puerperal causes	0	0

DEATHS OF INFANTS UNDER ONE YEAR—

	Number	Rate per 1,000 Births
(a) Legitimate Infants per 1,000 legitimate births	3	31
(b) Illegitimate Infants per 1,000 illegitimate births	1	66
(c) All Infants per 1,000 total births	4	35

DEATHS from—

Cancer (all ages)	...	...	...	12
Measles (all ages)	...	...	...	0
Whooping Cough (all ages)	...	...	...	0
Diarrhoea (under two years of age)	...	...	...	0
Tuberculosis (all forms)	...	...	...	5

NOTES ON VITAL STATISTICS.

BIRTH-RATE.—Births notified numbered 112, which is an average number and gives a birth-rate of 18·7 per 1,000 of the population. (The birth-rate for England and Wales was 16·1).

Fifteen of the births were illegitimate as against ten in each of the years 1943 and 1944, and six in 1942. In 1941 there were no illegitimate births in the Borough.

STILL BIRTHS.—These numbered two, the rate per 1,000 of the population being 0·33. (England and Wales = 0·46).

INFANTILE MORTALITY.—There were four deaths of children under one year of age, and the Infantile Mortality Rate is therefore 35 per 1,000 live births. (England and Wales = 46). The ages at death were as follows: 1 day, a week, 4 months and 2 months.

The causes of death were: Injury at birth, Volvulus, Congenital Syphilis and Bronchitis in the order given above.

MATERNAL MORTALITY.—There were no maternal deaths during the year. The last one was in 1942.

DEATH-RATE.—Ninety-nine deaths took place and this gives a death-rate of 16·5 per 1,000. (England and Wales = 16·1). Details of the principal causes of deaths in the Borough are given at the end of the report and it will be seen that the chief causes were Heart Disease and Cancer. There were five deaths from Tuberculosis.

No deaths were due to any Infectious Diseases during the year.

Section B

GENERAL PROVISION OF HEALTH SERVICES.

STAFF.—Mr. W. G. Lane, Surveyor and Sanitary Inspector, resigned his appointment as from the 30th November, 1945, and his place has been taken by Mr. H. V. James, who took up his duties early in December, 1945.

LABORATORY FACILITIES.—The Donaldson Hudson Laboratories at the Royal Salop Infirmary, Shrewsbury, have undertaken the work of examination of samples of milk, water

and pathological specimens submitted to them. The services rendered by the Laboratory have been most helpful and I would like to take this opportunity of thanking Dr. A. J. Rhodes and his Staff for their co-operation.

NURSING SERVICES IN THE HOME.—This is carried out by the Nurses of the two Nursing Associations in Ludlow. Details of the work carried out will be found in the report of the Shropshire Nursing Federation, Shrewsbury, to which both of the Associations are affiliated.

AMBULANCE FACILITIES.—The following Ambulances are available for persons in the district :—

<i>Ambulance</i>	<i>Station</i>	<i>'Phone No.</i>
St. John's & B.R.C.S.	Ludlow.	Ludlow 184
County Council	Cross Houses	Cross Houses 242
Infectious Diseases	Shrewsbury	Shrewsbury 2510

During the year a conference was held at Shrewsbury to discuss the whole question of Ambulance Services in the County, and it was decided that the County Health Committee should draw up a scheme for the whole County. A report of this has not yet been received.

TREATMENT CENTRES & CLINICS.—These are under the control of the County Council and include: School Clinic, Infant Welfare and Ante-natal Centre, Orthopædic Clinic and a Clinic for Diphtheria Immunization.

The Tuberculosis Dispensary is at Shrewsbury and also the Venereal Diseases Clinic.

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

<i>Clinic.</i>	<i>Place.</i>	<i>Days.</i>	<i>Hours.</i>
School	Dinham	Daily	9—10 a.m.
Infant Welfare	do.	Mondays	10—12 a.m. & 2—4-30 p.m.
Ante-natal Centre	do.	do.	do.
Venereal Diseases	1, Belmont, Shrewsbury	Tues. & Fri., (Men) Mon. & Wed., (Women)	6—8 p.m. 2—4 p.m.
Tuberculosis Dispensary	17, Belmont, Shrewsbury	Daily	By Appointment

NOTE.—A Doctor is in attendance at the School Clinic, Infant Welfare and Ante-natal Centres on alternate Mondays. The Tuberculosis Officer also visits the Clinic once a month to see cases by appointment.

An Orthopædic Surgeon attends once a quarter.

ATTENDANCES AT WELFARE AND ANTE-NATAL CENTRE, 1945.

Aged 0-1 years.		Aged 1-5 years		Expectant Mothers.	
1st visits.	Total attend.	1st visits.	Total attend.	1st visits.	Total attend.
120	1,263	63	1,286	30	122

These figures show a good attendance of infants. The total number of births was 112 in the Borough, so some of the infants attending were from homes outside the Borough. The attendance of expectant mothers for the first time is not so good, however, and it is to be hoped that more will attend as the importance of this work is more generally recognised.

HOSPITAL ACCOMMODATION.—A list of the Hospitals available for the inhabitants of the district was given in the report for 1942. Reference was made to the visit to the county of the representatives of the Nuffield Provincial Hospital Trust in the report for 1943.

The report of the surveyors has now been published by the Ministry of Health and contains a full account of the hospitals available in the West Midland Area. The report can be obtained (price 5/-) from H.M. Stationery Office by anyone who is interested in the question of the provision of hospitals in the area.

Briefly the surveyors state that in their opinion the town of Shrewsbury should be made a hospital centre for a population of 250,000, and that a new central hospital should be built there with all facilities for the treatment of medical and surgical cases and with the usual special departments.

The Special Hospitals, the Cottage Hospitals and the Institutions for the chronic sick would have ties with this general hospital and it, in its turn, would be linked with the hospitals of a major medical centre elsewhere.

The surveyors state further that until re-building can take place it may be possible to obtain some of the advantages of a united hospital service by appointing to the three larger hospitals (Royal Salop Infirmary, County Council Hospital and the Eye, Ear and Throat Hospital) a common medical staff which should include physicians, surgeons, obstetricians, etc., etc., all engaged whole time in their respective specialities.

This medical staff would be responsible for the consultant work at the Cottage Hospitals and at such other Medical Institutions in the County as had not their own specialist staff.

As regards maternity beds, the surveyors recommend that in the future the hospital department for complicated midwifery should be associated with the proposed new general hospital at Shrewsbury. Meantime the County Hospital and the Royal Salop Infirmary will have to provide this service.

It is also recommended that there should be at least two specialist obstetricians in the county.

More beds for normal lying-in will no doubt be required under pressure of the increased demand for institutional confinement. Some of these could be provided in association with the Cottage Hospitals in the out-lying towns.

Section C

SANITARY CIRCUMSTANCES OF THE AREA.

This section of the report deals with Water Supplies, Sewerage and Sewage Disposal, Drainage, Refuse Collection and Disposal and other matters concerned with environmental hygiene.

WATER SUPPLY.

The sources of the town's supply are three in number and the following is a brief account of them:-

1.—BURWAY SUPPLY. This comes from springs in a field on Burway Farm about a mile to the north of the town and about 200 yards from the River Teme. Pipes are laid about 8ft 6ins. deep in gravel and sand and are perforated to collect the water which is taken to the pumping station at Mill Street. Here it is chlorinated and then pumped to the reservoir for distribution.

This water is not always constant in its purity, and consequently the chlorination process has to be kept under close observation as, in times of heavy rain-fall, the amount of chlorine has to be increased owing to an increased chlorine demand of the water.

2.—FOUNTAIN SPRING SUPPLY. This supply comes from a spring in Whitcliffe Woods and is of considerable natural purity but it is chlorinated.

3.—ELAN AQUEDUCT. This is the City of Birmingham supply, and it is tapped at a point 691 feet above O.D., and the water taken in a 4in. concrete-lined cast-iron pipe to the Whitcliffe Woods reservoir. About 15 million gallons per annum are used from this stand-by supply.

The reservoirs are two in number and are covered and ventilated. The one is at Whitcliffe Woods and is constructed of concrete. It has a capacity of 60,000 gallons and a top water level of 540 feet above O.D. The other reservoir is at Whitcliffe Common, is constructed of brick work and concrete, and has a capacity of 240,000 gallons. Its top water level is 424 feet above O.D.

The statutory area of supply comprises the whole of the Borough and parts of the Parishes of Ludford and East Hamlet in the Ludlow Rural District.

The consumption of water at present is 240,000 gallons per twenty-four hours, or approximately 40 gallons per head of the population.

Twelve samples for bacteriological examination were submitted during the year and one for chemical examination.

The bacteriological reports showed that the raw Burway water may be grossly polluted in times of floods, but the results obtained after chlorination were satisfactory.

The chemical report was satisfactory and showed the water to be a soft one with a neutral reaction (p H 7.2.)

SEWERS AND SEWAGE DISPOSAL.

During the year no new sewers have been constructed. The sewage disposal works have functioned well and the effluent obtained appeared to be satisfactory although no examination of it has been made.

The Royal Commission on Sewage Disposal laid down certain standards for sewage effluents and it is of importance that the effluent should satisfy these standards. In the event of any complaint being made as to pollution of the river into which the effluent discharges, it would be greatly in the Council's favour if it could be stated that the effluent conformed with the standard laid down by the Royal Commission. It would therefore be advisable if a sample of the effluent was submitted for examination at least once a year.

The present disposal works are situated by the side of the Teme and the sewage is pumped to this point after being screened at the pumping station near the town. Treatment is by passing through sedimentation tanks (three of these are used at a time while the other three are rested and cleaned out), from which the sewage passes to a series of three percolating filter beds and then to a large irrigation area from which the effluent flows to the River Teme.

At the last time of visit in May, 1946, two of the rotating distributory arms were not functioning and therefore only one bed was in use. The Surveyor is having the necessary repairs carried out as it is important that the three beds should be all working.

The filter bed medium has been down for many years but appears to be in fairly good condition as far as could be judged from inspection. The best way to judge its efficiency, however, is by the quality of the effluent produced. At present there is no gauge to measure the flow of sewage per twenty-four hours, so that it is not possible to say with accuracy whether the works are over-loaded or not.

REFUSE DISPOSAL.

There has been no change in the system of collection or disposal of house refuse, which is collected weekly and "tipped" at the site at Fishmore.

Some complaints were received of nuisance due to paper being burnt at the tip, but this has now been stopped. Rats are dealt with by arrangement with the County Council.

MORTUARY.

This belongs to the Public Assistance Institution and is situated at Ivy House. A water supply has been provided, together with electric lighting and heating, and further improvements will be made it is hoped in the near future. The Mortuary will then be in all respects a satisfactory one. It is also used for deaths taking place in the Rural District.

Section D

HOUSING.

Number of Inhabited Houses	...	...	1,553
Number of Houses owned by Council	...	...	175
New Houses built in 1945	...	...	0
Number of applications for Council Houses	...	...	216

HOUSING PROGRAMME.

First year's building programme	...	...	56
Second year's building programme	...	...	90
Temporary housing programme	...	...	0

The Housing position in Ludlow is similar to that throughout the country as a whole, *i.e.* there is an acute shortage of houses. Many families are living in over-crowded conditions, others are in houses which are in a very bad condition owing to neglect during the war years, while many young married couples cannot find a house at all.

This condition of affairs will need some time to remedy, and the Council are fully aware of it and are trying to get new houses put up as soon as possible. It is hoped that a survey of all existing houses will be made at an early date so that a complete picture of the position and of the needs of the town will be available.

As regards repairs to the older houses, it is generally thought that these should be limited at present to essential repairs for the maximum number of houses rather than to more extensive works on a smaller number.

All the available labour is needed to build new houses and the Ministry have asked local authorities to concentrate on this work.

At the time of writing, a site has been acquired at Dodmore Lane, East Hamlet, extending to $5\frac{1}{2}$ acres, and the laying out of the site, construction of roads and sewers, etc., is almost completed. A site for the second year's building programme has not yet been acquired.

During a time of re-construction such as we are now entering on there are sure to be many suggestions for improvement and for the provision of amenities in a district, but it should never be lost sight of that the provision of proper housing for the people is a matter of the utmost urgency, and should take precedence of all other work. It is now generally recognised that the provision of houses for the poorer people in a community, *i.e.* a house with modern conveniences, is not likely to be a paying proposition, and will therefore have to be undertaken by local authorities with the help of subsidies from the State.

From the health stand-point one of the most serious conditions is the over-crowding in so many houses both in Urban and Rural Districts in this country. Tuberculosis is an example of a disease which is spread from one member of a family to another in households where the patient has to occupy the same room (and in some cases the same bed) as another healthy member of the family. The latter, in such conditions, soon becomes a victim of the disease.

The chances of such infection would be greatly lessened if every infectious tubercular patient could have a room to himself.

Section E

INSPECTION AND SUPERVISION OF FOOD.

MEAT INSPECTION.

Since January, 1940, control of live-stock and slaughtering has been in operation and since that date there has been no slaughtering of animals for human consumption in any slaughter-house in Ludlow.

Slaughtering has been centred at Craven Arms where there is a central abattoir. It is not certain yet what the future policy will be as regards these premises, but from the stand-point of the Public Health the most important point is that all meat should be subject to inspection.

Previous to 1940, there were upwards of 13,000 slaughter-houses in England and with such a number it was not possible for a qualified meat inspector to be present all the time that slaughtering was taking place. Therefore, it is to be hoped that

some kind of central abattoirs will be established in time where the accommodation is adequate both as regards lairage for the animals, slaughtering and inspection of the meat.

During the year the Inspector has examined various tinned food which was found to be unfit for human consumption and had to be destroyed. Much of this had been damaged in transit from overseas.

MILK.

There are twelve Milk Producers on the register and visits have been paid to the premises concerned during the year. Samples were taken as in previous years and advice given *re* better methods of production when the results of sampling were not satisfactory. In February, 1946, only one sample failed to pass the Methylene Blue Test.

Milk Producers on register	...	...	12
Milk Shops	...	...	2
Seller of T.T. Milk	...	...	1
Sellers of Accredited Milk	...	...	2
Number of Inspections made	...	...	12
Defects found	...	...	3
Defects remedied after notice	...	...	3

No heat treatment of milk is carried out in the Borough but it is probable that sooner or later this will become more universal. It has been stated that 70% of all milk sold in England is now "heat treated," and in the larger cities the percentage is over 90%.

As stated in previous reports it is intended to transfer to the Ministry of Agriculture the present functions of local authorities with regard to the supervision of the production of milk, but although legislation exists now for this transfer, it is not yet operative.

The reason that most medical men advocate heat treatment of milk is that this would render all milk safe at once, whereas the cleaning up of herds will take some years at least to complete.

Section F

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

There has been no serious prevalence of Infectious Disease in the Borough during the year. In the first quarter of the year Measles was prevalent among the younger children and 144 cases were notified, but there were no fatal cases.

No cases of Scarlet Fever or Diphtheria were notified and the protection of children against the latter disease has been continued.

This is chiefly carried out by the County Health Staff at the Schools and Welfare Centre.

During the year 179 children were immunized—125 being under five years of age and 54 being aged from five to fifteen years. Taking the number of children aged one year as being 116 the number of these immunized in 1945 was 87, which is a very high percentage indeed. It only remains for this high figure to be continued each year to ensure that Diphtheria will cease to be a menace to child life in the district.

The following table gives the number of notifications of each Infectious Disease received and the number sent to hospital and the deaths :-

Disease.	Cases notified.	Admitted to Hospital.	Deaths.
Measles	181	0	0
Pneumonia	4	0	0
Erysipelas	7	0	0
Ac. Polioencephalitis ...	1	1	0
Puerperal Pyrexia ...	6	0	0
Totals	199	1	0

ISOLATION HOSPITAL ACCOMMODATION.

Cases of Infectious Disease requiring hospital isolation are sent to Monkmoor Hospital, Shrewsbury, if beds are available. The ambulance is sent from Shrewsbury for such cases. The telephone number of the hospital is : Shrewsbury 2510.

Medical Practitioners are asked to telephone the Medical Officer of Health (Pontesbury 74) or the Sanitary Inspector (Ludlow 47) before sending a case into hospital.

TUBERCULOSIS.

The following were the number of notified cases of Tuberculosis remaining on the register as at 31st December, 1945 :-

MALES.		FEMALES.		Total.
Pulmon.	Non-pulmon.	Pulmon.	Non-pulmon.	
14	11	13	8	46

These figures show an increase of one pulmonary and two non-pulmonary male cases compared with 1944, and a decrease of two pulmonary female cases and an increase of two non-pulmonary female cases.

NEW CASES NOTIFIED.—Twelve new cases were notified and of these six were male pulmonary cases and one female pulmonary. Three of the new non-pulmonary cases were male and two were female.

In 1944 the number of new cases was seven, and in 1943 there were eight.

DEATHS.—Five deaths were registered as due to Tuberculosis—four from the pulmonary form and one from Meningitis. All the deaths were of males. The number of deaths in 1944 was three.

DEATH-RATE.—The death-rates for the Borough from this disease were as follows; and the rates for the country are also given for comparison (1944 figures are the latest available):—

	Ludlow	Eng. & Wales (1944)
D.R. per 1,000 Pulmonary T.B.	0.670	0.485
„ „ Non-pulmonary T.B.	0.167	0.098
All forms	0.837	0.583

NEW CASES AND MORTALITY, 1945 (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.								
5-15 „			3	1			1	
15-25 „	1	1						
25-35 „	1			1				
35-45 „	1				3			
45-55 „	1							
55-65 „	2				1			
Over 65 yrs.								
Totals	6	1	3	2	4	0	1	0

Tuberculosis is still responsible for nearly 25,000 deaths each year in England and Wales. More than 54,000 new cases were notified in the whole country in 1944.

More effort might be made to prevent these new cases arising, as the stamping out of the disease is more likely to be the result of prevention of new cases rather than by the treatment of established cases. It should be more fully realised by everyone that the greatest danger from this disease lies in the presence in any home of a patient whose sputum is positive, *i.e.* contains living tubercle bacilli. It is such patients who spread the disease among others.

All such persons cannot at present be isolated in a sanatorium or hospital, and the next best thing is to ensure that they have a bedroom to themselves at home so that no healthy member of the family will have to share their bedroom. Local authorities can help in this matter by giving preference to such families when Council Houses are to be let. It may in some cases be necessary to grant a reduction in the usual rent for such families, but this, in the long run, would be better than providing for their relatives who may fall victims to the disease and have to be kept in a Sanatorium for many years.

CAUSES OF DEATH, 1945.

Cause of Death.	Number of Deaths.
I.—Heart Diseases	35
II.—Cancer	12
III.—Intra-cranial Vascular Lesions ...	8
IV.—Bronchitis	5
V.—Tuberculosis	5
VI.—Diseases of Digestive Tract ...	4
VII.—Nephritis	3
VIII.—Syphilitic Diseases	2
IX.—Suicide	2
X.—Road Traffic Accidents	1
XI.—Other violent causes	3
XII.—All other causes	19
	—
	99
	—



