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R.D.C.**

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NEWCASTLE-UNDER-LYME  
RURAL DISTRICT COUNCIL

ANNUAL REPORT  
(INTERIM)  
of the

MEDICAL OFFICER OF HEALTH  
(W.F. Young, M.B., D.P.H.)

FOR THE YEAR 1943



The Chairman and Members of the  
Newcastle-under-Lyme Rural District Council.

Gentlemen,

Ministry of Health Circular No.10/44 of February 15th, 1944, required that Annual Reports of Medical Officers of Health for 1943 should be on similar lines to those laid down for 1939, 1940, 1941, and 1942, viz., that they should be confined to essential and urgent matters which had affected the Public Health during the year, and should pay special attention to such of these as arose from or were connected with the War. It was again requested as for 1942 that, on grounds of national security, certain statistics and other information should not be published.

The above requirements have been complied with in the restricted form of Report which I now have the honour to present to the Council.

I am, Gentlemen,

Your obedient Servant,

(Signed) W.F. YOUNG,

22nd September, 1944.

Medical Officer of Health.





## SECTION A.

### Statistics and Social Conditions in the Area.

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In accordance with the request of the Ministry of Health certain statistics are withheld from publication.

It may be stated however that in this District the Birth Rate and the (uncorrected) Death Rate were both a little lower than those in England and Wales as a whole; the Infantile Mortality Rate was rather higher, while the Death Rate from diarrhoea and enteritis of children of less than two years of age was considerably lower.

The notification rate of puerperal fever and pyrexia was very much lower than that for England and Wales, and Maternal Mortality (all causes) was nil.

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Rateable Value 1st April, 1943	...	...	...	£57,580
Sum represented by a penny rate	...	...	...	£234

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There was again no evidence that the war had any markedly harmful effects on the population as a whole. There can of course be no doubt that among most classes of civilians war conditions have taken their toll. Longer hours of work; the depressing effect of the black-out; the shortening of leisure hours resulting from the calls of home-guard and civil defence duties; difficulties and delays in connection with travelling, together with a multitude of major and minor inconveniences of all sorts have added their quota to conditions leading inevitably to overstrain. Although the effects of such circumstances cannot be estimated statistically they are nevertheless very real. It may however be added that the general reaction after four years of total war continued to be remarkably good.

Medical inspection in the District's public elementary schools showed that there was no falling-off in the health of the children; it may indeed be said that in areas where school-feeding-centres had been opened in 1942 definite improvement in the health and general well-being of a considerable number of children was remarked by Head Teachers.

Reports from the three Infant Welfare Centres in the District and from the County Council Health Visiting staff showed that there was continued improvement in the health of the "under fives".



There can be little doubt that the issue of national dried milk, fruit juices, and cod liver oil to these children played an important part in the prevention of diseases which it was anticipated might otherwise result from a shortage of certain articles of food. Apart from this negative result, the general improvement in the standards of health and nutrition was really noteworthy, and assuming that this improvement was due in part at least to the increased use of national dried milk etc., it is to be hoped that it may be found possible to continue to issue these products either free or at Cheap rates to suitable classes of children after the war.

The "Points" method of rationing has resulted in the virtual disappearance of that pernicious article of the diet of many pre-war babies ... condensed milk. Its departure in company with the white loaf constituted a land-mark in the history of dietetics, and if it is found possible to prevent their return it may perhaps be considered by future generations that from this point of view the war was not an unmitigated evil.

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#### SECTION B.

##### General Provision of Health Services in the Area

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There is no change to record in the provision detailed in previous Reports, and during the year there was no change in personnel.

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## SECTION C.

### Sanitary Circumstances of the Area.

#### Water, Drainage, and Sewage Disposal.

Mains supplies continued to be adequate in quantity and quality, and no intermittency in these supplies came to notice. Approximately 91 per cent of domestic premises in the District have piped supplies from mains. The number of persons in houses supplied by mains through stand-pipes is less than fifty. Of the three piped supplies from Water-Works two were chlorinated.

As a result of bacteriological and chemical analyses supplies from a few shallow wells were found to be unsatisfactory. One public well of considerable yield was reconditioned and the water was subsequently found to be pure. In several other cases connection of houses to mains was effected.

The supply to the village of Butterton is still insufficient in quantity. Water has to be carried to nearly all the houses from a spout at the roadside. This water was however found on analysis to be of satisfactory quality. The need for a piped supply to the village continues to be urgent.

With regard to drainage and sewerage there is no change to record.

The Disposal Works at Audley were inspected in December by a consulting engineer, who reported that the effluent was "quite good", and that the plant was receiving every care and attention. Suspended solids were however reported to be excessive, and it appears that this defect can only be remedied by the installation of suitable humus tanks.

There is still no adequate provision in a considerable part of Audley Parish. Night-soil is collected here, and sewage discharged into open ditches. It should be added that in July, 1944, the Council's consulting engineer presented a revised scheme for sewerage and sewage disposal in this area at a cost of £58,500. This scheme took proposed housing sites and the possible increase in population into account. It was approved by the Council and application was to be made to the Ministry of Health for formal consent to the borrowing of the money.

A scheme for sewerage and sewage disposal in Ashley Parish estimated to cost about £14,000 was under consideration by the Council at the outbreak of war, and another for the reconditioning of the disposal plant at Madeley, at an estimated cost of £4,000 was prepared in 1935.



Improved arrangements are also necessary in a number of localities. The main requirements were fully dealt with in a Report I presented to the Council in September, 1944, in connection with the Government's White Paper on a National Water Policy and the Rural Water Supplies and Sewerage Act of that year. A copy of this Report will be forwarded to the Ministry of Health and to the County Medical Officer of Health for Staffordshire in due course.

#### Public Cleansing.

There is little change to record. Scavenging is undertaken in the parish of Audley by direct labour, and in the parishes of Madeley, Keele, and Betley by contract. Parts of Whitmore and Chorlton parishes receive attention, but collections are made here once a month only.

#### Sanitary Inspection.

The work of the Sanitary Inspector's Department was again restricted as a result of war-time increases in duties unconnected with sanitary matters.

The question of arrangements for the return of the Department to normal duties was considered at a meeting of the Clerk, the senior Sanitary Inspector, and myself in December, when suggestions were made in connection with this end: These included clerical assistance for the senior Sanitary Inspector. The conclusions arrived at were submitted to the Council early in 1944 and its approval was duly signified.



## SECTION D.

### Housing.

There was no change to record in the conditions reported in 1942, when it was stated that much difficulty was experienced in dealing with increased dilapidation of the older properties.

During 1943 essential repairs, e.g., to roofs etc, were carried out in some instances, and a few certificates were issued to contractors to enable necessary materials to be obtained.

A number of cases of overcrowding came to notice, but abatement could not be effected.

Housing matters in general and building programmes in particular began however to receive more detailed attention early in the year. In May the Clerk to the Council presented an estimate of housing needs which had been prepared after consultation between an official of the Ministry of Health and the Council's officers. In the Clerk's estimate the total number of houses required for re-housing was given as 742. Of these 67 were needed to replace houses included in clearance areas, fourteen to replace individual demolitions, 100 for agricultural workers, (these last had been approved by the Ministry of Health in February, 1939), and the remainder for further re-housing in respect of clearance areas, demolitions, and overcrowding cases which further surveys were expected to disclose. A small margin was also included to meet general needs.

An estimate of 275 houses, (175 in Audley parish, and 100 in Madeley parish) was given for the first year's programme.

Under the joint scheme of the Ministries of Health and Agriculture the construction of six houses for agricultural workers, (two at Aston, two at Chapel Chorlton, and two at Madeley), was commenced early in the year. These were occupied early in 1944 at a weekly rental of 10/- plus rates.



## SECTION E.

### Inspection and Supervision of Food.

#### Meat.

Slaughtering of cattle etc, and inspection of meat continued to be carried out centrally outside the District.

A few pigs were killed under licence at domestic premises.

#### Milk.

The majority of the farms in the District produce "accredited" milk. Sampling is undertaken by County Council Inspectors. A few unsatisfactory samples came to notice; as the result of suggestions made by the Council's Inspectors conditions of production in these cases was improved, and subsequent samples were found to be satisfactory.

No "accredited" licences were suspended or revoked during the year.

#### General.

Eighty-seven inspections of retail premises for the sale of food, including butchers' shops, general grocers's shops, and bakeries were made. Premises were found to be satisfactory on the whole, and no notices were served.

The following food-stuffs were condemned:- Cheese, 137 lb.; butter, 12 lb.; approximately 100 lb. of tinned meat, vegetables, and jam; eggs, 204. Individual quantities condemned were all small.

## SECTION F.

### Notifiable Infectious Disease.

The following Table shows the numbers of cases notified during the last five years.

Table 1.

	1939	1940	1941	1942	1943
Scarlet Fever	33	24	6	29	13
Diphtheria	1	2	3	12	7
Whoopingcough <sup>x</sup>	1	19	52	69	159
Measles <sup>x</sup>	2	73	345	152	192
Erysipelas	7	9	2	4	8
Ophthalmia Neonatorum	2	4	1	5	2
Pneumonia <sup>†</sup>	7	26	21	3	18
Cerebro-spinal Fever	0	3	0	2	2
Smallpox	0	0	0	0	0
Typhoid Fever	0	0	0	0	0
Paratyphoid Fever	0	0	3	0	1
Puerperal Pyrexia	2	0	0	2	1
Acute Anterior Polio-myelitis	0	0	1	1	0

<sup>x</sup> Became notifiable in October, 1939.

<sup>†</sup> Notifiable cases only.

Table 2.

### Deaths from Infectious Diseases.

(a) Notifiable Cases.

Scarlet Fever.. 0.    Diphtheria.. 0.    Whoopingcough.. 0.  
 Measles.. 1.    Cerebro-spinal Fever.. 1.    Acute Anterior  
 Polio-Myelitis.. 0.    Pneumonia (Notifiable and Non-  
 notifiable).. 5.

(b) Non-Notifiable Cases.

Influenza.. 9.    Diarrhoea (children under two years of age)..1.



## Incidence of Infectious Disease

### (a) Notifiable.

Scarlet Fever. The thirteen cases notified were scattered throughout the District, and were all of mild type. Eleven were admitted to Hospital.

Diphtheria. All of the seven cases notified were admitted to Hospital. Four occurred among children, and of these two had not had courses of immunisation.

It is of interest to note that three scattered cases were notified in women between the ages of 16 and 21 years who did not seem to have had courses of immunisation. Diphtheria is not common at these ages, and their occurrence rather seems to suggest that infection may have been more than usually prevalent. If this was so it seems fair to assume that an outbreak of the disease among children at susceptible ages may have been obviated by immunisation. It is of course stated that outbreaks among children are not so likely to occur in communities where 75% have had courses of immunisation.

Diphtheria prophylaxis is referred to below.

Cerebro-spinal Fever. The two cases notified were of children of respectively five and three months, and there was no apparent connection between them. One was fatal. Both were admitted to Isolation Hospital.

Paratyphoid Fever. The single case notified was that of a girl aged fourteen. The origin of infection could not be traced. Bacteriological examination of the faeces and urine of the eight home contacts all proved negative.

Measles. Scattered outbreaks occurred in the early part of the year.

Whoopingcough. A considerable number of cases were reported from the Madeley area in July, and Madeley Endowed School was closed. A few cases were reported from Chapel Chorlton in July and August, at Audley in September, and rather more at Alsager's Bank in November.

### (b) Non-notifiable.

Influenza. A moderate number of cases were reported throughout the District in February and March, and an outbreak of epidemic proportions occurred in December. The following schools were closed:- Madeley Endowed, in March and December; Chapel Chorlton, in February, April, and December; Maer Parochial, in March, November, and December; Hales, in November; Muccestone, in December; Madeley Heath, in December.

The disease seems to have been of moderate severity, and complications other than a pharyngeal type of cough appear to have been comparatively infrequent. Six cases of influenzal pneumonia were notified of which one was fatal.



## Diphtheria Prophylaxis.

Satisfactory progress continued to be made during the year with the immunisation campaign, and protective inoculation was offered for approximately all un-immunised children from the ages of nine months to fourteen years.

Table 3 gives some particulars with regard to immunisation in 1942 and 1943.

Table 3.

- (a) Numbers of children who completed courses of immunisation in 1942 and 1943:-

	<u>0-5 years of age</u>	<u>5-14 years of age</u>	<u>Total</u>
1942	275	257	532
1943	379	399	778

- (b) Estimated percentages of children who had completed courses of immunisation by the ends of the years 1942 and 1943:-

	<u>0-5 years of age</u>	<u>5-14 years of age</u>
1942	56%	59%
1943	72%	80%

With regard to the percentage (72) of children under the age of Five years who completed courses of immunisation during year, it should be explained that although the earliest age for immunisation is nine months, this percentage has had to be computed on the basis of the total child-population at ages 0-5 years, as the numbers of children between the ages of 0-9 months are not available separately. It will be realised from this that the percentage of eligible children (viz. of ages 9 months - 5 years) who have had courses of protective inoculation will be proportionately higher than 72%

No deaths were registered.



### SCABIES ORDER, 1941.

Such measures as were available with regard to ascertainment of cases continued to be made use of, and by the end of the year it appeared that the numbers were tending to diminish. The disease is however one that patients tend to try to conceal.

Work at the Treatment Centre at the First Aid Post at Raven's Lane continued to proceed smoothly and efficiently. A proportion of cases were cared for by their own doctors, and treatment at the Centre was in the main restricted to cases in which attention at home was unlikely to be effective, e.g., in severe cases and where whole families were involved. Civil Defence vehicles continued to be used for the transport of cases living at a distance, but the proportion of these was small.

The application used was benzyl benzoate emulsion, and the great majority of cases seem to have been cured after either one or two treatments.

In-patient treatment was found to be necessary in the case of a mother and five children, and the family was admitted to a Public Institution.

Tables 4 and 5 give some figures of the work carried out at the Treatment Centre at Raven's Lane First Aid Post.

Table 4.

#### Scabies Treatment Centre.

##### Quarterly Attendances in 1943.

Quarter	Adults		School Children		Children under Five		Totals
	New	Old	New	Old	New	Old	
First	14	15	14	16	2	2	63
Second	6	7	13	20	1	1	48
Third	2	1	7	9	-	-	19
Fourth	4	3	9	3	1	1	21
	26	26	43	48	4	4	151

Total number of Cases dealt with during the Year:-	78
Average number of attendances per case:-	1.9
Number of recurrences:-	12
Number of Sessions held during the Year:-	32

Table 5.

Total Numbers of Attendances since the Centre  
was opened (July, 1942).

Adults		School Children		Children under Five		Totals
New	Old	New	Old	New	Old	
75	82	92	119	11	12	391

Total number of Cases since the Centre was opened:- 177  
 Average number of attendances per case:- 2.3  
 Total number of Sessions held since opening:- 51

### TUBERCULOSIS

Table 6.

New Cases and Mortality during 1943

Age Periods	New Cases				Deaths			
			Non-				Non-	
	Respiratory Males	Respiratory Females	Respiratory Males	Respiratory Females	Respiratory Males	Respiratory Females	Respiratory Males	Respiratory Females
0 ..	-	-	-	-	-	-	-	-
1 ..	-	-	-	1	-	-	-	1
5 ..	1	1	3	1	-	-	-	-
15 ..	3	1	-	1	1	-	-	-
25 ..	3	-	-	1	1	-	-	-
35 ..	2	-	-	-	1	-	-	-
45 ..	-	1	-	-	1	1	-	-
55 ..	1	-	-	-	-	-	-	-
65 and upwards.	-	-	-	1	-	1	-	1
Totals:	10	3	3	5	4	2	0	2

The numbers of new cases notified and coming to knowledge otherwise than by notification during the last five years were as follows:-



Table 7.

<u>Notifications etc.</u>	<u>1939</u>	<u>1940</u>	<u>1941</u>	<u>1942</u>	<u>1943</u>
Pulmonary	15	18	9	4	13
Non-Pulmonary	3	7	6	6	8
<u>Deaths during the same period:-</u>					
Pulmonary	7	6	5	3	6
Non-Pulmonary	0	1	0	2	2

The possible increase in the number of pulmonary cases as a result of war conditions remains an anxiety. It is of interest however to observe that the larger number of new pulmonary cases in 1943 does not necessarily mean an increased incidence. Table 7 shows that the numbers of new pulmonary cases rose from four in 1942 to thirteen in 1943, and the corresponding numbers of deaths from three to six. The mean number of new pulmonary cases during the last eleven years was 12.5, and the corresponding mean number of deaths was 5.5; from this it may be seen that the number of new pulmonary cases notified during 1943 was only 0.5 higher than the mean for the eleven years ended in December, 1943, and that the number of deaths in 1943 was also only 0.5 higher than the mean for the same period.

On account of annual fluctuations in population the actual numbers of new cases and deaths do not of course give a true picture. This could be provided by giving the incidence, viz., the new pulmonary cases, and deaths, per 1,000 population, but for security reasons figures from which population could be estimated have at present to be withheld. It may be said however that the new-case rate per 1,000 population and the deathrate per 1,000 population during 1943 were only slightly above those for the six-yearly period ended before the outbreak of war.

During the war years, and especially in 1943, increasing numbers both of suspected cases and of contacts of newly-discovered cases have been to the Dispensary for examination. This would, no doubt, account for a proportion of the increased number of new cases in 1943. The increase in the number of new cases examined is reflected in the increasing number of specimens of sputum examined, viz., 52, of which however only two were found to be positive.

The new Allowances Scheme already shows promise. The provision of adequate allowances for dependents during the incapacity of bread-winners is one of its objects, and apart from the humanity of this aspect of the matter, there can be no doubt that the scheme will have beneficial results in connection with earlier diagnosis and treatment. The fear of being diagnosed tuberculous may defer patients who have dependents from seeking advice, and if the scheme succeeds in removing anxiety on the score of economic disaster, the cost may prove to be well worth while. The immediate results of earlier diagnosis and treatment are two-fold; (1) the patient's chances of recovery and return to work are improved, and (2) the admission to sanatorium of an increased proportion of infectious cases will have considerable influence on the prevention of spread among susceptible contacts.

There is no evidence that any particular occupation had an influence on the incidence of the disease.

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Causes of Death in the District  
during 1943

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In accordance with the requirements of the Ministry of Health this information has been withheld.

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NEWCASTLE-UNDER-LYME RURAL DISTRICT COUNCIL

REPORT OF MEDICAL OFFICER OF HEALTH

HOUSING CONDITIONS

1. In its third Report the Rural Housing Sub-committee of the Central Housing Advisory Committee made certain recommendations affecting Rural District Councils, (Chapter XII paras 8-13). Among these is one suggesting that Councils should review arrangements for administering the housing service, and remedy any weaknesses discovered. The Report also recommends that a thorough and comprehensive survey of housing conditions should be made as soon as possible, and suggests that it should be completed within a period of twelve months after the termination of the European War. This survey is to be the basis of a long-term programme of repair, reconditioning, and the provision of new houses for general needs, the relief of overcrowding and the replacement of houses to be demolished, to be carried out within a period of years to be prescribed by the Minister of Health.
2. The above recommendations have a close bearing on some aspects of the housing work of the Council's Public Health department, and it seems desirable that I should refer to them in some detail.
3. With regard to the administration of the Council's housing service and the remedy of any weaknesses, it is of course common knowledge that during the War it has in the main been impossible to attend to any but the most crying needs. The time has however now arrived when very considerable effort will be required in the endeavour to make good the accumulated deficiencies of the past five years.
4. It must be admitted that in the period before the War full information as to housing conditions was not available. Attempts were made on a number of occasions to set comprehensive surveys on foot, but with the exception of the complete survey in connection with over-crowding in 1936, it was never found possible to reach such a stage of completion as would enable reliable conclusions to be drawn. A considerable number of houses were nevertheless inspected each year, and the results recorded in card-index form, and this action formed the basis of policy in connection with repairs and the comparatively large programme of clearance area work commenced in 1933. Action with regard to clearance areas was continued until the outbreak of War, when about a dozen small areas were awaiting Ministry of Health inquiries.
5. The housing aspect of post-war reconstruction has now engaged the Council's attention for about a year.  
Towards the end of 1944 the Chairman of the Council requested that particulars might be made available of areas where dilapidation has become most marked, and with my collaboration the chief Sanitary Inspector has now prepared a schedule of these, which is to be presented to the Council's Public Health Committee at the end of this month. In addition to the clearance areas referred to at the end of paragraph 4 the schedule includes a number of comparatively large groups of houses which show marked dilapidation. It was thought desirable to include also several groups which, as a result of the general raising of standards of hygiene, amenity, and comfort, can no longer be regarded as satisfactory.





6. The extent of the problem has become clearer as a result of the preliminary survey referred to above. There can of course be no question of the urgency of the matter, and it is evident that if arrangements are to be put on an adequate footing within a reasonable period the tempo of housing work will have to be speeded up considerably.

Although it is not necessary that every working-class house should be inspected, recording of all is desirable. (In its Report the Rural Housing Sub-committee suggests that the inspection of farms and small-holdings should be included). On a rough estimate a programme of say 80-90 houses a week will be necessary if the survey is to be completed within twelve months. A considerable amount of additional time will be needed for clerical work in connection with the completion of record-cards, classification and filing, and work in connection with clearance areas and the demolition of individual houses. It is desirable that the question of over-crowding should also receive attention during the course of the survey, and the amount of clerical work in connection with this will be considerable.

7. It will be clear from the above that housing matters will in the future take a very considerable toll of the attention and time of the Council and also of the Public Health department's staff, and I need not add that this will be during a period when numerous other aspects of post-war reconstruction will be in urgent need of consideration.

I beg to suggest therefore that the Public Health Committee of the Council should appoint forthwith a small Sub-committee to deal with housing matters. This Sub-committee would no doubt wish to consider in detail a number of matters referred to in the Rural Housing Sub-committee's Report, and these would include a review of the work of the Sanitary Inspector's department in connection with housing and the question of the provision of clerical assistance; the basis of the survey; and the setting-up of housing standards. The detailed consideration of reports on individual houses and proposed clearance areas, and suggestions for action in connection with these are likely to require much time. The setting-up of a target for the survey, and the preparation of monthly records of progress would also seem to be desirable.

8. The public conscience in this country with regard to housing matters is now fully awakened, and the stage is set for the start of a great housing drive. Apart from the question of the improvement of the health and general well-being of the population there are important reasons why rural housing as such calls for special attention. In the history of Public Health an opportunity such as this has never been offered, and it is earnestly to be hoped that the record of the next few years may show improvements greater beyond comparison than those of even the previous century.

9. In accordance with the requirements of paragraph 17(6) of the Sanitary Officers Regulations, 1935, I am forwarding copies of this Report to the Ministry of Health and the County Council.

(Signed) W.F. YOUNG,

Medical Officer of Health.

23rd January, 1945.