

**[Report 1945] / Medical Officer of Health, Newcastle-under-Lyme (Union)
R.D.C.**

Contributors

Newcastle-under-Lyme (England). Rural District Council.

Publication/Creation

1945

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Rural District Council



Annual Report


of the

Medical Officer of Health

(W. F. YOUNG, M.B., Ch.B., D.P.H.)

FOR THE YEAR 1945





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THE

YOUTHS' AND GIRLS' ANNUAL REPORT

ANNUAL REPORT

NATIONAL OFFICE OF HEALTH

WASHINGTON, D. C.

NEWCASTLE-UNDER-LYME RURAL DISTRICT COUNCIL.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

(W. F. YOUNG, M.B., Ch.B., D.P.H.)

FOR THE YEAR 1945

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

MADAM AND GENTLEMEN,

Ministry of Health Circular No. 28/46 requires that Annual Reports of Medical Officers of Health for 1945 should again be prepared on the lines laid down for the years 1939-44, viz., that they should be confined to essential 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. These requirements have been complied with in the Report I now have the honour to present.

In my Report for 1944 additional reference was made to post-war reconstruction, and the subjects of water-supply, sewerage and sewage disposal, and housing were dealt with in detail. It seemed desirable that this process should be developed further in respect of the past year, and the writing of the appropriate sections has accordingly been based on these lines.

During 1945 the preparation of a number of extensive and far-sighted schemes was undertaken by the Council, and it has been a pleasure not only to give particulars of these but also to be able to record the substantial advances that have been made in the actual work of carrying them out.

I may perhaps be allowed to take this opportunity of thanking the Chairman and Members of the Council for their encouragement and support during the year.

I am, Madam and Gentlemen,

Your obedient Servant,

W. F. YOUNG,

Medical Officer of Health.

"THE GABLES,"

TRENTHAM,

STOKE-ON-TRENT.

OCTOBER, 1946.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area : 40,015 acres.

Rateable Value (April 1st, 1945) : £58,001.

Sum represented by a penny rate : £234.

Registrar-General's estimate of resident population : 15,980.

Number of inhabited houses as at 1st April, 1946 : 4,612.

Table 1 shows the distribution of these houses by parishes.

TABLE 1.

<i>Parish</i>			<i>Parish</i>		
Ashley	..	325	Madeley	..	760
Audley	..	2317	Maer	..	169
Balterley	..	62	Mucclestone	..	125
Betley	..	190	Tyrley	..	231
Chorlton	..	120	Whitmore	..	166
Keele	..	147			

SOCIAL CONDITIONS.

The termination of the war during the year was accompanied by some readjustment of conditions of employment. During the war-years a considerable number of women were employed at munition factories outside the District, and it seems that on release only a comparatively small proportion sought fresh work. Of the married women a few resumed daily domestic work, while quite a number of single women from the more urban parts of the District continued to be employed at textile factories in Newcastle-under-Lyme. The end of the war did not bring much change of employment among men, and by the end of the year demobilisation had not proceeded to any great extent.

With regard to the health of the population there is no evidence that there was any general deterioration during the war years.

In a recent report the Chief Medical Officer of the Ministry of Health notes that vital statistics for these years were much better than was generally to be expected. The epidemics most to be dreaded did not occur; in 1944 the birth-rate reached its highest point since 1926; the loss of infant life was steadily curtailed, and the infantile mortality rate for 1944 was at the new low record of 45 deaths (under one year) in every thousand live births, six points below the figure before the outbreak of war. Despite the loss of over 7,000 lives at ages under fifteen as direct and indirect results of enemy action, the mean annual death-rates during 1940-44 among children of 1-14 years of age were below the rates for any year prior to 1939. Tuberculosis, essentially one of the diseases expected to increase in war-time, increased in 1939-41, but in 1942 and 1943 there was a sharp fall to the peacetime level, and the death-rate from this disease in all its forms is now lower than ever before. (This subject is mentioned further on page 31 of this Report).

This is indeed a remarkable record, and it is a matter for congratulation to many services in addition to those of Public Health that such results were obtained in the face of great and ever-increasing difficulties.

There seems to be no doubt that the successful maintenance of the Nation's health has been largely due to improved nutrition. The disadvantages of restrictions and monotony of diet have been to a great extent offset by the enrichment of certain foods and the improvement of diet and cooking by educational propaganda. Although there are at present no accurate means of assessing the state of the health of the population as a whole, it seems quite certain that the average states of health and nutrition of new-born babies and young children have greatly improved, and further that this is due to the better average nutrition of the mothers as a result of higher wages, rationing of food, priorities, and supplements. It is paradoxical that the piecemeal improvisations of a war-emergency should result in what may well prove to be an important landmark in the history of Public Health.

The improvement of nutrition generally is a subject of vital importance, and the results so far achieved give great encouragement to all who are planning to maintain and accelerate progress. It is, however, only one part of wide fields of research likely to result in measures directed towards the improvement of health and well-being generally. The Nation's first care meantime must be to see that war-time gains are not lost in peace.

TABLE 2.

VITAL STATISTICS.

				<i>Newcastle-u-Lyme R.D.</i>	<i>England and Wales</i>
				<i>Rates per 1,000 of the estimated resident Civil- ian Population</i>	<i>Rates per 1,000 Total Population</i>
LIVE BIRTHS :					
		M	F		
Total	.. 285	153	132	17.8	16.1
Legitimate	260	140	120	16.3	— *
Illegitimate	25	13	12	1.6	— *
STILLBIRTHS :					
		M	F		
Total	.. 13	8	5	0.81	0.46
Legitimate	10	7	3	0.63	— *
Illegitimate	3	1	2	0.19	— *
DEATHS :					
Total	.. 198	101	97	12.4	11.4

				<i>Rates per 1,000 Related Live Births. Newcastle-u-Lyme R.D.</i>	<i>England and Wales</i>
DEATHS UNDER ONE YEAR OF AGE :					
		M	F		
Total	.. 8	5	3	28	46
Legitimate	8	5	3	28	— *
Illegitimate	—	—	—	—	— *

* Rates not available.

				<i>Rates per 1,000 Live Births. Newcastle-u-Lyme R.D.</i>	<i>England and Wales</i>
Deaths from Diarrhoea and Enteritis under two years of age				.. 3.5	5.6

It may be seen from the above Table that the birth-rate in the District during the year was 1.7 per 1,000 population higher than that for England and Wales as a whole, and that the death-rate was also 1.0 per 1,000 population higher.

The general death-rate of 12.4 is the crude rate. No comparability is available for 1945, and the corrected rate cannot therefore be calculated. The corresponding rate in 1944 was 11.4, and the considerable increase is accounted for mainly by the increased number of deaths among females, the individual causes of increase being intracranial vascular lesions ("strokes"), and heart disease.

The infantile mortality rate of 28, (15 per 1,000 live births lower than the rate for England and Wales), is noteworthy.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

HEALTH EDUCATION.

Under the County Council programme Central Council for Health Education films were shown at Halmerend and Madeley in February. The subjects include 1 were Ante-Natal Care, Breast Feeding, Pediculosis, Posture, and Tuberculosis.

In October I made a Report to the Council with regard to Health Education, and suggested that subscription should be made to the Central Council for Health Education. This was agreed to, and arrangements for a comprehensive programme in co-operation with the County Council were put in hand in May, 1946.

In September the Council purchased a motor-ambulance formerly used by its Air Raid Precautions Service.

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

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER, DRAINAGE AND SEWERAGE, AND SEWAGE DISPOSAL.

In my Annual Report for 1944 the provisions of the Rural Water Supplies and Sewerage Act, 1944, were referred to in some detail, and a statement of the position in this District by Parishes as at mid-1944, together with an outline of the Council's proposals, was included.

During 1945 further action was taken in pursuance of the Council's programme, mainly in connection with sewerage and sewage disposal. The statement below gives particulars of the position by Parishes as at mid-1946.

ASHLEY PARISH.

WATER.—A main supply was provided for a few houses at Rock Lane.

SEWERAGE, ETC.—The Council's Consulting Engineer had been instructed to prepare a scheme.

AUDLEY PARISH.

WATER.—It had been agreed that the Staffordshire Potteries Water Board's proposed new main to run through Audley Parish should be connected with the Council's Audley water works main for use in case of emergency.

The question of the installation of water-softening plant at the Council's water works at Audley was under consideration during the year.

SEWERAGE, ETC.—It had been decided that work should be undertaken on the first section of the final part of the scheme for Audley village, etc. The scheme includes the provision of a new sewer from New Road, Bignall End, to Wereton and thence to the lower part of Halmerend (taking in Wynn Bank and Wynn Brook), and thence up High Street as far as Wesley Place. The necessary extension of the Council's disposal works at Audley was also to be put in hand. The cost of this work will approximate £60,000

BALTERLEY AND BETLEY PARISHES.

SEWERAGE, ETC.—The Council's Consulting Engineer had been instructed to prepare a scheme.

CHORLTON PARISH.

SEWERAGE, ETC.—The Council's scheme for Baldwin's Gate, which will include portions of Whitmore and Madeley Parishes, had been approved in principle by the Ministry of Health. The estimated cost of this scheme is £14,480.

KEELE PARISH.

SEWERAGE, ETC.—The Council's Consulting Engineer had been instructed to prepare a preliminary report.

MADELEY PARISH.

WATER.—A Consulting Engineer had been instructed to prepare a scheme for the supply of approximately eight houses at Bowsey Wood.

SEWERAGE, ETC.—The Council's Consulting Engineer was preparing a scheme for the reconstruction of the sewage works near Madeley village, and also for the laying of new sewers.

MAER PARISH.

WATER.—Private mains at Aston were taken over by the Council in July, 1945.

MUCCLESTONE PARISH.

SEWERAGE, ETC.—The Council's Consulting Engineer had been instructed to prepare a preliminary report for the sewerage, etc., of Knighton village.

TYRLEY PARISH.

WATER.—The question of adequate water supplies to scattered farms and small groups of houses presents considerable difficulty. Of a total number of 216 properties in the Parish seventy-six are supplied from public mains, forty-two from private mains, eighteen from piped supplies from wells, and eighty from pumps only. In this last class there are about nine farms, the majority being large, and supplies

to a proportion seem to be uncertain in quantity and variable in quality, while similar sources of supply to a number of domestic premises were also found to be unsatisfactory. It seems likely that supplies from mains in adjoining areas could be made available but for a variety of reasons the cost would be high.

SEWERAGE, ETC.—The Council's Consulting Engineer had been approached with a view to the preparation of a scheme for the sewerage of about fourteen houses at Loggerheads.

WHITMORE PARISH.

SEWERAGE, ETC.—Provision for the part of the Parish at Baldwin's Gate is referred to under Chorlton Parish.

The Council's sewage disposal works at Audley were inspected by a Consulting Engineer in January and June, 1945, and on each occasion their condition was reported to be satisfactory.

TABLE 3.
SUMMARY OF RESULTS OF ANALYSIS OF WATER
SUPPLIES DURING 1945.

				Bacteriological		Chemical	
				Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
PUBLIC MAINS :							
Audley	..	..	..	2	—	2	—
Bearstone	..	..	..	1	—	1	—
L.M.S. (Baldwin's Gate)	..			—	—	—	—
Market Drayton Water Co.	..			—	—	—	—
Staffs. Potteries Water Co...				1	—	—	—
				4	—	3	—
PRIVATE MAINS :							
Hales Estate	..	..	..	1	—	1	—
Loggerheads Sanatorium	..			1	—	1	—
Maer Estate	..	..	..	1	—	1	—
Whitmore Estate	..	..	..	4	—	4	—
				7	—	7	—
OTHER PRIVATE SUPPLIES (By Parishes) :							
Ashley	..	..	..	1	1	—	2
Balterley	..	..	..	—	4	—	4
Madeley	..	..	..	1	3	1	3
Maer	..	..	..	2	2	3	1
Tyrley	..	..	..	6	1	6	1
Whitmore	..	..	..	—	2	2	—
				10	13	12	11
TOTAL NUMBERS OF ANALYSES :							
Public Mains	..	..	..	4	—	3	—
Private Mains	..	..	..	7	—	7	—
Other Private Supplies	..			10	13	12	11
				21	13	22	11

It will be noted that all the unsatisfactory analysis in the above Table are those of waters taken from private supplies other than mains.

The tenants deriving supplies from unsatisfactory sources were advised as to the precautions to be taken with water used for drinking purposes, etc. Mains supplies were available near a number of such houses, and several notices were served in these cases during the year.

With regard to the above results of analysis of public mains water, the samples submitted were those of water in supply. Chlorination plant is installed at the Council's water-works at Audley, but the construction of the plant does not permit of the ready taking of pre-treatment samples. During a period when the chlorination plant was out of action, however, samples submitted showed a very high degree of purity. Of the two other large public undertakings supplying water to the District, I am informed that samples of the Staffordshire Potteries Water Board supplies are submitted for analysis before as well as after treatment. The Bearstone supply (from Nantwich Rural District) is not subjected to chlorination.

Supplies generally throughout the District during the year were adequate in quantity.

No chemical analysis showed evidence of plumbo-solvent action.

Approximately twenty houses only are supplied with mains' water through stand-pipes.

Particulars by Parishes of estimated percentages of domestic premises supplies (a) from publicly and privately-owned mains, and (b) from publicly-owned mains only were given in my Annual Report for 1944. The total estimated percentages in these categories were 91 and 86 respectively.

With regard to the percentages of *population* supplied, no accurate figures are available. They are likely, however, to approximate to those given for premises.

PUBLIC CLEANSING :

Mr. L. Scawn, Chief Sanitary Inspector, reports as follows :—

“The position with regard to scavenging in the District has not changed to any appreciable extent. Collections of household refuse and salvage are made from approximately 70% of the houses in the whole of the Rural District, amounting to some 3,000 dwellings. This work is carried out by two motor-waggons, one of which is engaged part-time, and one horse-drawn vehicle.

“Night-soil is collected from four of the eleven Parishes in the Area. Two horse-drawn vehicles are used and one motor-waggon. Some difficulty has been experienced during the year with regard to labour for this work, and adverse conditions have been created to some extent by the dearth of suitable disposal ground.”

SECTION D.

HOUSING.

Much difficulty continued to be experienced in connection with repairs, and it was not found possible to deal with more than a small proportion of cases.

Table 4 gives some particulars of action taken during the year and of its results.

TABLE 4.

DETAILS OF ACTION TAKEN DURING THE YEAR.

Number of informal notices served	.. .. .	24
Statutory notices served under Section 9 (H.A. 1936)		Nil
Statutory notices served under Section 11 (H.A. 1936)		Nil
Number of houses in clearance areas under Section 25 (H.A. 1936)	.. .. .	11
Overcrowding abatement notices	.. .. .	Nil

RESULT OF ACTION TAKEN.

Number of houses where repairs were in hand	..	29
Number of houses where repairs had been completed		41
Number of houses reconditioned under Housing (Rural Workers') Acts	.. .. .	Nil
Number of houses demolished (Section 11 and Section 25)		1
Number of overcrowding cases abated	.. .. .	Nil

Mr. L. Scawn, Chief Sanitary Inspector, reports as follows :—
“Approximately 100 applications were received from August to the end of the year for licences to carry out building repairs work. In practically every case inspections were made to ascertain whether the repairs were essential. Ninety-two licences were issued. The majority of the licences were for repairs to eaves-guttering, windows, plaster work, and external painting, and applications were made in a number of cases as a result of preliminary notices served on owners under the Housing Acts. About ten per cent of the applications received were for the erection of new buildings.”

HOUSING SURVEY.

The total number of houses inspected during the year was 778. Table 5 gives details of the numbers inspected under the categories suggested in the Third Report of the Sub-Committee of the Central Housing Advisory Committee published in May, 1944.

TABLE 5.

1. Satisfactory in all respects	..	..	..	..	325
2. Minor Defects	..	..	..	..	52
3. Requiring repair, structural alteration or improvement	..				286
4. Appropriate for reconditioning under the Housing (Rural Workers) Acts	..	..	..	..	2
5. Unfit for habitation and beyond repair at reasonable expense	..	..	..	..	113
Total					778

The County Joint Housing Advisory Committee issued a detailed statement of suggested standards of fitness in June, 1945, and this formed the broad basis of the Survey in this Area.

It may be seen from the Table that a considerable proportion of the houses inspected by the end of the year were found to be either in need of repair or unfit and beyond repair at reasonable expense. It should be explained in this connection that attention was largely concentrated on "blighted" areas, and the figures must therefore not be taken as representing average conditions. There is a little doubt that in addition to the Council's own houses a considerable proportion will be found to be satisfactory in all respects.

The "blighted" areas are chiefly in Audley and Madeley Parishes. Among them are some sizeable groups of old properties in which dilapidation proceeded rapidly during the War.

With regard to overcrowding the Chief Sanitary Inspector reports as follows :—

"The number of actual overcrowding cases in the Rural District appears to be small. The number found to exist during the survey of houses, up to the end of December, 1945, is eight. The cases are based on the Ministry standard as laid down in the Housing Act, 1936.

“The number of cases where there are no proper facilities for the segregation of sexes as far as bedroom accommodation is concerned, is no doubt much higher, but these, although admittedly in need of additional accommodation, cannot be classed as definitely overcrowded cases.”

The question of the housing of cases of tuberculosis is referred to in Section F.

The standards referred to above are basic in nature and from some points of view may be regarded as minimum. For a variety of reasons it is likely that a long period must elapse before every house in the District can be made to conform to them in all respects.

Apart from actual standards of hygiene there are two aspects of the matter which have an important bearing on the housewife's point of view. A number of the older properties in the District are found to be sound enough in the ordinary sense, but a proportion of them are inconvenient to a degree that constitutes real defect. The other question is that of the outlook from that part of the premises where so much of a housewife's time is spent, viz., the kitchen and scullery. In a considerable number of individual houses and in some groups the outlook is practically limited to a cramped yard and perhaps the wall of the privy. The lot of a housewife may not be an easy one, and it does not savour too much of idealism perhaps to assume that the conditions under which she works should be made as convenient and agreeable as possible.

It is to be hoped that the time is not too far distant when a constant hot-water supply will be available in every house. This provision, on either a communal or an individual basis, is worthy of attention when future housing schemes are under consideration. In this connection it is perhaps not out of place to mention in addition the subject of the warming and air-conditioning of bedrooms.

TOWN PLANNING AND POST-WAR HOUSING.

During the year a great deal of work was carried out by the Council's General Housing, Town Planning, and Post-War Housing Committees.

For a number of reasons progress in Post-War development was somewhat delayed in 1945, but early in 1946 it was found possible to speed up the programme considerably. The statement below gives some details by Parishes of the position as at the end of June, 1946.

ASHLEY PARISH.—The Council's Architect's lay-out plan had been approved by the County Council Planning Officer, and sites had been acquired for two Swedish-type houses and for twenty-eight others.

AUDLEY PARISH.—At the Wereton site forty houses were under way, road excavation was well in hand, and the laying of sewers had been commenced. Work was well advanced on eleven pairs of houses. The Council's Architect had prepared a sketch lay-out for some Airey pre-fabricated houses.

Six houses under construction at Halmerend had reached the roofing stage.

The selection of sites at Alsager's Bank, and of further sites at Halmerend, was delayed pending receipt of further information with regard to the Council's sewerage scheme in Audley Parish.

BETLEY PARISH.—A site for ten houses had been agreed upon close to that of existing Council houses. A site for two Swedish timber houses had also been selected nearby. Delay is likely to occur pending further information with regard to a sewerage and sewage disposal scheme for the village.

CHORLTON PARISH.—Advertisement for tenders had been made for six houses at Chapel Chorlton.

KEELE PARISH.—The question of suitable sites was under consideration.

MADELEY PARISH.—A lay-out had been prepared for 208 houses at the Moss site, and the Ministry of Health's approval for a first instalment of fifty-two houses had been obtained.

A lay-out plan for the erection of twelve bungalows for aged persons at Furnace Lane had been approved and submitted to the Ministry of Health.

Plans for one pair of Type A houses and for two Swedish timber houses at Onneley had been submitted to the Ministry.

MAER PARISH.—An otherwise ideal site for eight houses opposite the village school was not considered suitable on account of lack of services. It seems likely that a site within the reach of the Council's sewerage scheme will be selected.

MUCCLESTONE PARISH.—Arrangements were under consideration for the erection of two Swedish timber houses and six others at Knighton.

TYRLEY PARISH.—Arrangements were in hand for the selection of a number of sites in the Parish.

WHITMORE PARISH.—Plans for a pair of Type A houses to be erected on the Council's site at Acton had been submitted to the Ministry of Health.

In June, 1946, the Council decided to order ninety-six Airey prefabricated houses.

A total of ten licences for the building of houses under private enterprise had been granted up to the end of June, 1946.

Six such houses had been completed by this date, and three more were under construction.

Table 6 shows the number of Council houses in the District by Parishes as at the end of 1945.

TABLE 6.

<i>Parish.</i>			<i>Parish.</i>		
Ashley	..	12	Madeley	..	38
Audley	..	90	Maer	..	6
Balterley	..	—	Mucclestone	..	10
Betley	..	10	Tyrley	..	36
Chorlton	..	2	Whitmore	..	—
Keele	..	12			

The total number of 216 Council houses represents 4.7% of all the houses in the District.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

Mr. L. Scawn, Chief Sanitary Inspector, reports as follows :—

“FOOD.

The small amount of slaughtering now carried out in the District is restricted to animals killed under licence for domestic use. All meat for sale in the Rural Area is killed and inspected outside the District, but routine inspections at the shops are carried out.

During the year 129 inspections have been made of food premises, including butchers' shops, general grocers, and bakeries. The premises were found to be quite satisfactory generally and no notices were served.

Foodstuffs condemned during the year :—

63 lb. Meat.

31 lb. Meat (canned).

43 lb. Tinned Jam and Vegetables.

MILK.

Inspections of farm premises were carried out during the year and the fairly high standard of cleanliness and the generally good condition of the buildings maintained, and in some cases improved. A few reports of unsatisfactory milk samples were received, but these were not of a serious nature. It was found necessary to serve notices on milk producers in a small number of cases. The majority of these notices were complied with satisfactorily.”

SECTION F.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The following Table shows the numbers of cases notified during the last five years together with the annual average numbers during this period.

TABLE 7.
(Civilians only).

					Average Numbers for 5 Years					
					1941	1942	1943	1944	1945	
Scarlet Fever	..	..	6	29	13	20	10	15.6
Diphtheria	..	..	3	12	7	3	—	5.0
Whooping Cough	..	..	52	69	159	19	73	74.4
Measles	..	..	345	152	192	144	126	191.8
Ac. Poliomyelitis	..	..	1	1	—	1	—	0.6
Ac. Polioencephalitis		..	—	—	—	—	—	—		
Typhoid Fever	..	..	—	—	—	—	—	—
Paratyphoid Fevers		..	3	—	1	—	—	0.8		
Acute Pneumonia*	..	..	21	3	18	13	9	12.8
Dysentery	..	..	—	—	—	—	—	—
Cerebrospinal Fever		..	—	2	2	—	—	0.8		
Ac. Encephalitis Lethargica			—	—	—	—	—	—		
Erysipelas	..	..	2	4	8	14	10	7.6
Smallpox	..	..	—	—	—	—	—	—
Puerperal Pyrexia	..	..	—	2	1	5	2	2.0
Ophthalmia Neonatorum	..		1	5	2	1	1	2.0		

* Notifiable cases only, viz. : primary or influenzal.

TABLE 8.

Analysis by Age-Groups and Sex of Cases of Notifiable Infectious Disease.

(Civilians only).

Age Periods			Scarlet Fever		Whooping Cough		Measles		Diphtheria	
			M	F	M	F	M	F	M	F
0	..	..	—	—	5	2	2	3	—	—
1	..	..	—	—	8	12	16	20	—	—
3	..	..	—	1	11	9	20	17	—	—
5	..	..	—	2	10	13	27	15	—	—
10	..	..	7	—	—	1	4	—	—	—
15	..	..	—	—	1	—	1	1	—	—
25 and over	..		—	—	—	1	—	—	—	—
Age unknown	..		—	—	—	—	—	—	—	—
Totals			7	3	35	38	70	56	—	—

Age Periods				Acute Pneumonia		Erysipelas	
				M	F	M	F
0	..	..	..	1	—	—	—
5	..	..	..	—	1	—	—
15	..	..	..	2	1	2	2
45	..	..	..	2	—	—	4
65 and over			..	1	—	1	1
Age unknown			..	1	—	—	—
Totals				7	2	3	7

TABLE 9.

COMPARISON OF THE RATES OF INCIDENCE IN THE DISTRICT OF CERTAIN INFECTIOUS DISEASES DURING 1945 WITH THOSE FOR ENGLAND AND WALES.

	England and Wales (Rates per 1,000 Civilian Population)	Newcastle-u-Lyme Rural District
NOTIFICATIONS :		
Typhoid Fever	0.01	0.00
Paratyphoid Fevers	0.01	0.00
Cerebrospinal Fever	0.05	0.00
Scarlet Fever	1.89	0.62
Whooping Cough	1.64	4.57
Diphtheria	0.46	0.00
Erysipelas	0.25	0.62
Smallpox	0.00	0.00
Measles	11.67	7.88
Pneumonia	0.87	0.56
Puerperal Fever and Pyrexia*	9.93	6.71

* Rates per 1,000 total births (live and still).

TABLE 10.

COMPARISON OF DEATH-RATES FROM CERTAIN INFECTIOUS DISEASES DURING 1945.

	England and Wales (Rates per 1,000 Civilian Population)	Newcastle-u-Lyme Rural District
DEATHS.		
Typhoid and Paratyphoid Fevers	0.00	0.00
Scarlet Fever	0.00	0.00
Whooping Cough	0.02	0.00
Diphtheria	0.02	0.00
Influenza	0.08	0.00
Smallpox	0.00	0.00
Measles	0.02	0.06

The following notes give some particulars of the incidence, etc., of infectious disease.

(a) NOTIFIABLE INFECTIOUS DISEASES.

SCARLET FEVER.

Of the ten cases notified five occurred in a private residential school ; the remainder were scattered throughout the District. All were of mild type, and there were no deaths.

DIPHTHERIA.

No civilian cases were notified during the year, and no deaths occurred. Reference to this disease is made below under "Diphtheria Prophylaxis."

Seven cases of the "gravis" type were notified from a Prisoners-of-War Camp in the District. Among these there were no deaths.

PNEUMONIA (notifiable cases only).

The one fatal case that occurred was that of a person of 84 years of age.

MEASLES.

It may be seen from Table 7 that the number of cases notified was lower than the average for the last five years.

Ashley C.E. School was closed for a period at the end of March. Apart from a small outbreak at Audley in January most of the cases were scattered throughout the District, and almost all occurred during the first quarter of the year.

There was one death.

WHOOPING COUGH.

Audley and Madeley were the Parishes mostly affected. Hales School was closed for a time in March.

No deaths occurred.

(b) NON-NOTIFIABLE INFECTIOUS DISEASES.

Accurate records of this type of infectious disease are, of course, not available. Information supplied by the Head Teachers of elementary schools nevertheless gives indications

as to the locality of certain infections during periods when schools are open. The co-operation of Head Teachers continued to be of great value in connection with precautions against the spread of infectious disease in schools.

CHICKENPOX.

A moderate number of cases occurred in the Madeley Heath, Leycett and Keele areas from January to April.

MUMPS.

Large numbers of cases were notified from various parts of the District during the first part of the year. Alsager's Bank C. and Raven's Lane C. schools were heavily affected.

INFLUENZA.

Very few cases were notified by Head Teachers. A moderate number of cases of an epidemic type of sickness and diarrhoea however, came to notice throughout the year, mainly at school clinics, and this seemed to form part of an infection probably of influenzal type that has swept the country for some years. The majority of cases showed enteritis of lower-bowel type, with varying degrees of prostration. Recovery as a rule took place fairly soon. Infectivity seemed to be high, the disease frequently affecting practically all the members of families.

There were no deaths.

PNEUMONIA (Non-notifiable cases).

Six deaths were registered.

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 ten months to fourteen years.

Table II gives some particulars with regard to immunisation in the years 1942-45 inclusive

TABLE II.

(A) NUMBERS OF CHILDREN WHO COMPLETED COURSES OF IMMUNISATION IN THE YEARS 1942-45.

			One to Five years of age	Five to Fourteen years of age	Total
1942			275	257	532
1943			379	399	778
1944			239	150	389
1945			274	29	303
			1167	835	2002

(B) ESTIMATED PERCENTAGES OF CHILDREN WHO HAD COMPLETED COURSES OF IMMUNISATION BY THE ENDS OF THE YEARS 1942-45.

			One to Five years of age	Five to Fourteen years of age
1942			70%	59%
1943			90%	80%
1944			84%	90%
1945			81%	93%

The estimated percentage of children of 1-14 years of age immunised as at the end of 1945 was 88.9.

During the year 930 children of school-age were given "re-inforcement" injections.

Percentages of school-children immunised are based on the numbers on roll in the twenty public elementary schools in the District. These numbers by no means represent the total number of children of school-age; they are, however, the most reliable basis on which an estimate of immunisation percentages can be made.

Percentages of children of ages 1-4 years are based on the numbers of children on health visitors' and district nurses' registers. There is reason to believe that in this group (as well as in the school-age group) the numbers under-estimate the total. They remain, however, the most suitable that are available for the purpose.

For a variety of reasons it does not seem to be possible to improve the 1-4 years percentage, although attention has again been concentrated on this most important group. Wastage from sickness and absence from home at the times when injections are due are not unimportant factors. The main obstacle is, however, the scattered character of a considerable proportion of the population. The Minister of Health has arranged for the transfer of responsibility for the immunisation of children of this group as from January, 1946, to Welfare Authorities (in this area the County Council), and it will be interesting to observe whether the percentage of immunisations in the group is raised as a result.

It seems likely that saturation-point has nearly been reached in the school-age group, and this accounts in the main for the small number (29) of immunisations carried out during the year. "Reinforcement" injections have now been offered in respect of practically all school-children, and it may be said that a climax has been reached in the sense that the fullest possible use has been made of the disposable means of prevention of diphtheria. There remains, unfortunately, a hard core of parents who refuse or evade consent to the immunisation of their children. The refusal, etc., percentage in the 1-4 years group as at the end of the year was 3.9, and in the 5-14 years group 4.7.

I am glad to be able to report that during the year no cases of diphtheria at ages 0-14 years were notified, and that no deaths were registered.

SCABIES ORDER, 1941.

Use continued to be made of such measures as were available with regard to the ascertainment of cases. The co-operation of doctors, head teachers of schools and of health visitors and district nurses was of great value.

The disease is, of course, one that patients tend to conceal, and it is accordingly not possible to draw accurate conclusions as to its incidence. The numbers of cases discovered among school-children during medical inspection and during school nurse's routine visits may nevertheless be regarded as a rough index, and on this basis the numbers for 1945 show a marked decrease when compared with those for 1944. The numbers of attendances at the Treatment Centre have also fallen from 146 in 1944 to 44 in 1945.

Particulars of the numbers of cases attending the Centre, etc., are given in Tables 12 and 13.

TABLE 12.

SCABIES TREATMENT CENTRE.

Quarterly Attendances in 1945.

Quarter	Adults		School Children		Children under Five		Totals
	New	Old	New	Old	New	Old	
First	..	2	—	13	11	—	26
Second	..	1	—	3	4	—	8
Third	..	1	—	7	—	—	8
Fourth	..	—	—	2	—	—	2
		4	—	25	15	—	44

Total number of <i>Cases</i> dealt with during the year	..	29
Average number of attendances per case	..	1.5
Number of recurrences	..	0
Number of Sessions held during the year	..	14

TABLE 13.

TOTAL NUMBERS OF ATTENDANCES SINCE THE CENTRE WAS OPENED
(JULY, 1942).

Adults		School Children		Children under Five		Totals
New	Old	New	Old	New	Old	
102	97	153	176	25	28	581

Total number of <i>Cases</i> dealt with since opening	..	278
Average number of attendances per case	..	2.1
Total number of sessions held since opening	..	95

TUBERCULOSIS.

TABLE 14.
NEW CASES AND MORTALITY DURING 1945.

			NEW CASES				DEATHS			
			Males		Females		Males		Females	
Age Periods			Respir- atory	Non- Respir- atory	Respir- atory	Non- Respir- atory	Respir- atory	Non- Respir- atory	Respir- atory	Non- Respir- atory
0	..	..	—	—	—	—	—	—	—	—
1	..	..	—	—	—	1	—	1	—	—
5	..	..	—	1	1	1	—	—	—	—
15	..	..	2	1	—	1	—	—	—	—
25	..	..	1	—	1	—	1	—	1	—
35	..	..	3	—	1	—	1	—	—	—
45	..	..	1	—	1	—	1	—	—	—
55	..	..	1	—	—	—	1	—	—	—
65 and upwards	..	..	—	—	—	—	—	—	—	—
Totals	..	..	8	2	4	3	4	1	1	—

TABLE 15.
INCIDENCE AND NUMBERS OF DEATHS DURING THE LAST
TEN YEARS.

		New Cases		Deaths	
Year		Respiratory	Non- Respiratory	Respiratory	Non- Respiratory
1936	..	11	6	1	—
1937	..	10	5	6	2
1938	..	15	7	8	4
1939	..	15	3	7	—
1940	..	18	7	6	1
1941	..	9	6	5	—
1942	..	4	6	3	2
1943	..	13	8	6	2
1944	..	10	4	3	—
1945	..	12	5	5	1
Totals	..	117	57	50	12
Averages	..	11.7	5.7	5.0	1.2

TABLE 16.

INCIDENCE-RATES AND DEATH-RATES OF PULMONARY TUBERCULOSIS
IN THE DISTRICT DURING THE LAST TEN YEARS.

Year	Incidence-Rate of Pulmonary Cases (Numbers of New Cases per 1,000 Population)	Death-Rate of Pulmonary Cases (Deaths per 1,000 Population)
1936	0.67	0.06
1937	0.62	0.37
1938	0.93	0.50
1939	0.92	0.43
1940	1.07	0.36
1941	0.51	0.30
1942	0.24	0.18
1943	0.80	0.37
1944	0.62	0.19
1945	0.75	0.33
Averages ..	0.61	0.31

It may be seen from the above Table that the average incidence-rate and death-rate during the last five years of the period were respectively 0.26 and 0.07 lower than those during the first five years. The numbers concerned are, of course, too small, and the periods too short, to have real correlation values, but the figures for the war years and subsequently are nevertheless more satisfactory than might have been expected.

It must be emphasised, however, that it is by no means certain that this apparent improvement in the state of affairs will continue. The disease is one in which onset may be slow and without marked symptoms, and for this reason and a number of others diagnosis is apt to be delayed. Since 1939 many factors favourable to the spread of the disease have been in operation, and this has been at a time when the measures of control at our disposal, never of great effectiveness, have been severely handicapped. It is a melancholy reflection, that modern improvements in connection

with diagnosis and in our knowledge of the nature of the pulmonary form of the disease are likely to be offset by deterioration in our power of application of methods of control and treatment.

A serious aspect of the matter is the diminution in the number of beds available in sanatoria ; both from the preventive and curative points of view it is particularly unfortunate that a proportion of cases suitable for admission will have to be treated at home at a time when overcrowding tends to be more prevalent, and housing conditions among the poorer families have deteriorated so much.

It is, of course, unnecessary to stress the importance of the housing factor, but it may not be out of place for me to refer to the vital need for the provision of suitable accommodation for cases who are either eligible for home-treatment, or for whom Sanatorium treatment is desirable but not available.

A proportion of cases comes to notice for which the minimum requirements of a separate room for the patient in a dry, well-ventilated house cannot be provided. Before the War it was found possible to re-house a few cases of tuberculosis in Council houses, and I suggest that the subject of priority for such cases should take an important place when the allocation of the houses to be provided under the present extensive building-schemes is under consideration.

TABLE 17.

CAUSES OF DEATH
IN NEWCASTLE-UNDER-LYME RURAL DISTRICT IN 1945.

				M	F	Death Rates per 1,000 Civilian Population
All Causes				101	97	12.4
1.	Typhoid and para-typhoid fevers			0	0	0.00
2.	Cerebro-Spinal Fever			0	0	0.00
3.	Scarlet Fever			0	0	0.00
4.	Whooping Cough			0	0	0.00
5.	Diphtheria			0	0	0.00
6.	Tuberculosis of Respiratory System			3	1	0.25
7.	Other forms of Tuberculosis ..			1	1	0.13
8.	Syphilitic Diseases			0	1	0.06
9.	Influenza			0	0	0.00
10.	Measles			1	0	0.06
11.	Acute poliomyelitis and Polio- encephalitis			0	0	0.00
12.	Acute infectious encephalitis ..			0	0	0.00
13.	Cancer of mouth and oesoph- agus (M) and uterus (F) ..			0	2	0.13
14.	Cancer of Stomach and Duo- denum			3	3	0.38
15.	Cancer of Breast			—	5	0.31
16.	Cancer of all other sites ..			13	5	1.13
17.	Diabetes			0	2	0.13
18.	Intercranial vascular lesions ..			8	13	1.31
19.	Heart Disease			26	31	3.57
20.	Other diseases of the circu- latory system			4	3	0.44
21.	Bronchitis			7	2	0.56
22.	Pneumonia			5	2	0.44

				Death Rates per 1,000 Civilian Population		
				M	F	
23.	Other respiratory diseases	..		3	2	0.31
24.	Ulcer of Stomach and Duo- denum	.. .. .		0	0	0.00
25.	Diarrhoea under two years	..		1	0	0.06
26.	Appendicitis	.. .. .		0	0	0.00
27.	Other digestive diseases	..		3	3	0.38
28.	Nephritis	.. .. .		4	4	0.50
29.	Puerperal and post-abortive sepsis	.. .. .		—	0	0.00*
30.	Other maternal causes	..		—	1	0.06*
31.	Premature Birth	.. .. .		0	1	0.06
32.	Congenital malnutrition, birth injuries, infantile diseases	..		2	1	0.19
33.	Suicide	.. .. .		0	0	0.00
34.	Road traffic accidents	.. .. .		0	1	0.06
35.	Other violent causes	.. .. .		4	3	0.44
36.	All other causes	.. .. .		13	10	1.44

* Per 1,000 total births (live and still).

The figures given in Table 17 are those supplied by the Registrar-General, who states that the classification of some deaths is modified in the light of fuller information obtained from the certifying practitioner in response to special inquiries.

This possible source of discrepancy between the figures given in Table 17 and those in the body of the Report must be borne in mind with regard to the causes of death.





