

[Report 1947] / Medical Officer of Health, Newton Abbot R.D.C.

Contributors

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Newton Abbot Rural District Council

COUNCIL OFFICES,

KINGSTEIGNTON ROAD,

NEWTON ABBOT.

Mr. Chairmen and Councillors,

I beg to submit my Annual Report for the year 1947.

It is limited in its scope but is in accordance with Ministry of Health instructions. All necessary records are preserved so that a comprehensive survey may be compiled when the time is considered appropriate.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres)	92,650
Population - 1931 Census.....	20,788
Population - Mid 1947	23,690
Number of Inhabited Houses	7,200
Rateable Value as at 1st. January, 1947.....	£131,489
Rateable Value as at 31st. December, 1947.....	£134,124
Product of a ld rate (as at 1st. April, 1947).....	£ 540

VITAL STATISTICS.

BIRTHS.

The following table shows that the Birth Rate for the District is slightly below that for England and Wales as a whole. It has remained fairly constant during the past two years being 17.6 per 1000 total population for 1947 and 17.99 for 1946.

LIVE BIRTHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate.	207	193	- 400
Illegitimate	8	9	- 17
	<u>215</u>	<u>202</u>	<u>417</u>
Live Birth rate per 1000 total population	-	-	17.60
The corresponding rate for England and Wales	-	-	20.50

STILL BIRTHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate	6	5	- 11
Illegitimate	1	-	- 1
	<u>7</u>	<u>5</u>	<u>12</u>
Still Birth rate per 1000 total population	-	-	0.50
Still Birth rate (England & Wales) per 1000 total population	-	-	0.50



DEATHS.

The death rate for the Rural District is a little above the average as will be seen from the accompanying table. The average age at death of all occurring during the year being 66.6 years, showing that the majority live to a ripe age.

Death rate per 1000 resident population	-	14.77
Death rate (England and Wales) per 1000 resident population	=	12.00

Infant Mortality.

(Deaths of Infants under One year of age)

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate	7	4	- 11
Illegitimate	-	-	- --

The Infant Mortality Rate (i.e. Deaths of Infants under One year per 1000 live births) - 26.37

The corresponding rate for England and Wales - 41.00

AGE AT DEATH.

	<u>Males.</u>	<u>Females.</u>
Infants under 1 year.	7	4
1 - 5	2	3
5 - 15	1	-
15 - 25	2	3
25 - 35	3	3
35 - 45	10	3
45 - 55	5	12
55 - 65	23	24
65 - 75	45	49
75 and over	66	85
	-----	-----
	164	186
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Total - 350.

Natural increase of population (excess of births over deaths) - 67

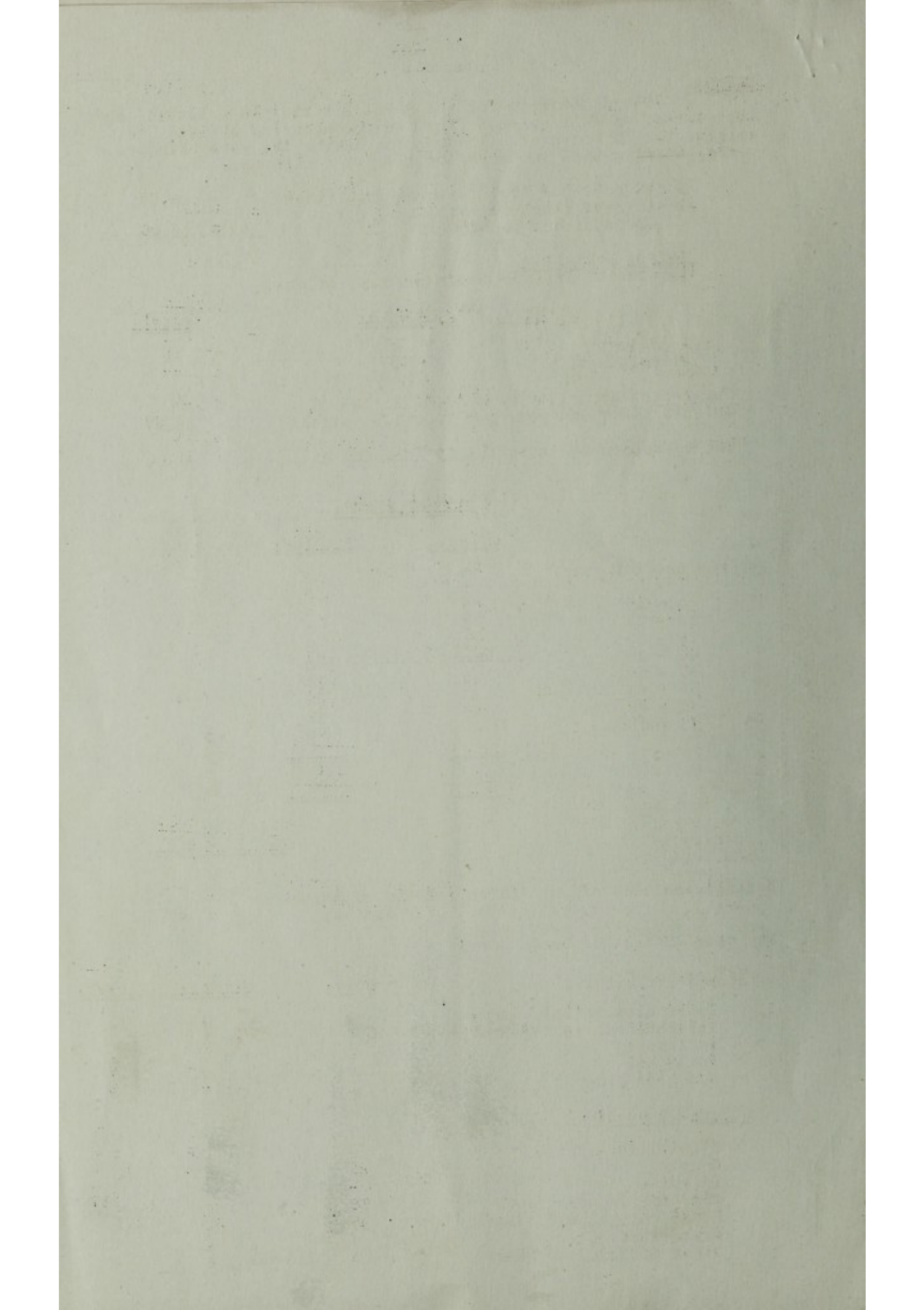
The chief causes of death were:

Infectious Cases:-

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Tuberculosis (Pulmonary)	8	4	12
Tuberculosis (Non-Pulmonary)	-	1	1
Influenza	1	1	2
Pneumonia	3	4	7
Whooping Cough	2	-	2

General Causes:-

Syphilitic disease	1	-	1
Cancer	22	28	50
Diabetes	-	4	4
Cerebral Haemorrhage	19	24	43
Heart and Blood Vessels	49	68	117
Bronchitis	7	8	15
Other diseases of Lungs	4	2	6



General Causes of death continued.	Male.	Female.	Total.
Digestive Diseases	4	4	8
Nephritis	5	8	13
Premature Birth	3	-	3
Other causes in child birth	3	4	7
Suicide	3	1	4
Road Traffic accidents	2	-	2
Other violent causes	12	4	16
All other causes	16	21	37
	<u>164</u>	<u>186</u>	<u>350</u>

It will be seen from the following table that Measles and Whooping Cough were the most prevalent infectious diseases. Of all infectious diseases, these two are perhaps the most difficult to control, for they cannot be accurately diagnosed until the characteristic symptoms arise. In Measles, the case is highly infectious from the onset, but the distinguishing rash does not occur until the fourth day of illness and in the meantime all children coming into contact with the case may have become infected. In the case of Whooping Cough, the child may cough for as long as three weeks before the characteristic whoop develops, and so may spread the infection over a wide area before adequate steps can be taken. It follows that the compulsory notification of these two diseases does not give the Medical Officer the same opportunity of limiting the spread of infection as in other cases. It may be that their ultimate control will be by immunisation as in the case of Diphtheria. Advances have been made in the case of Whooping Cough, but the vaccine cannot yet be guaranteed to give immunity, and until this can be done (as in the case of Diphtheria) the opportunity of having children immunised against Whooping Cough will not be offered to the Public.

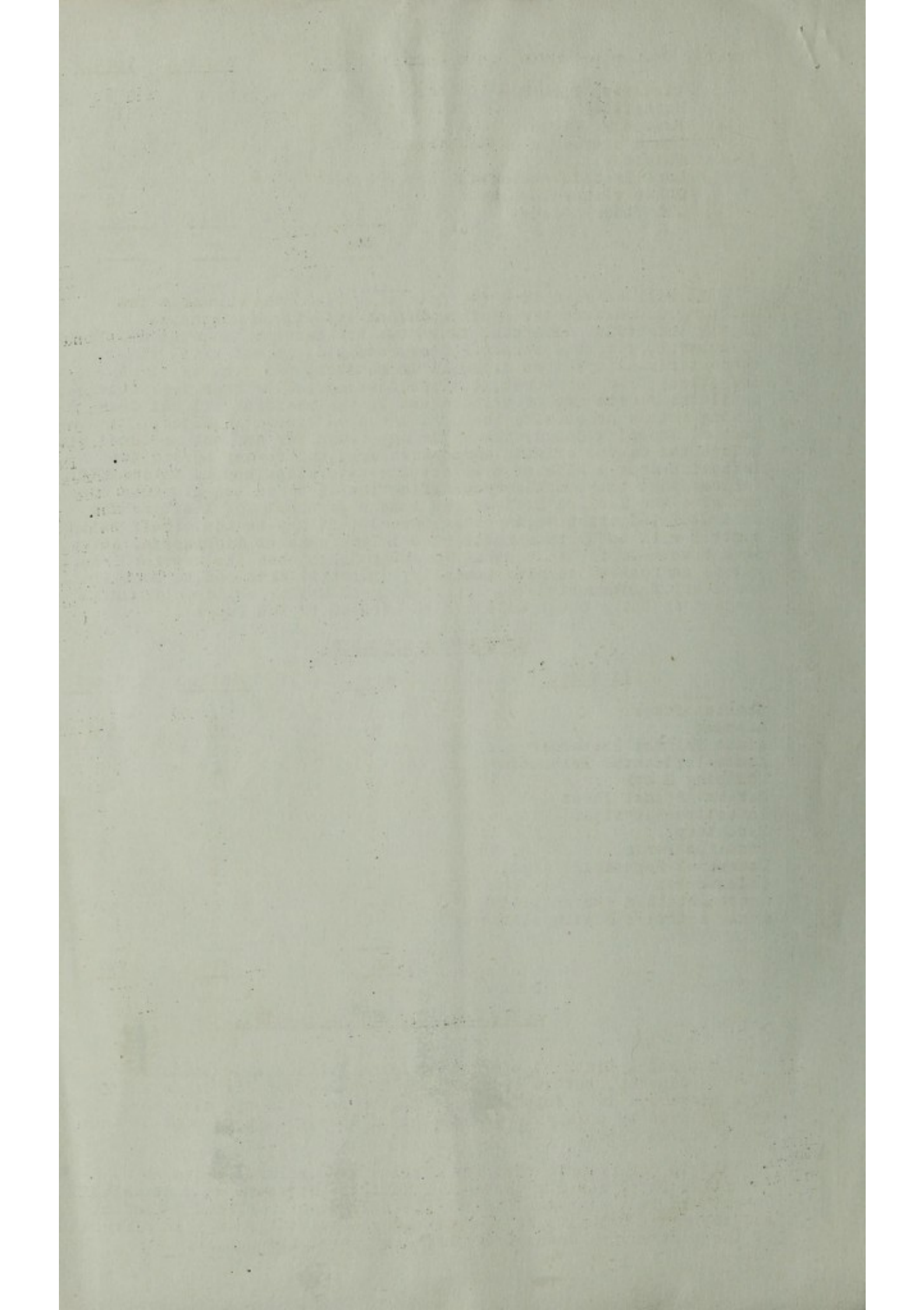
INFECTIOUS DISEASES.

<u>Disease.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Scarlet Fever	1	2	3
Measles	70	73	143
Acute Primary Pneumonia	3	1	4
Acute Influenzal Pneumonia	1	1	2
Whooping Cough	17	14	31
Cerebro Spinal Fever	2	-	2
Infective Hepatitis	1	-	1
Dysentery	1	-	1
Undulant Fever	-	1	1
Puerperal Pyrexia	-	2	2
Chicken Pox	-	1	1
Acute Anterior Encephalitis	-	1	1
Acute Anterior Poliomyelitis	4	1	5
	<u>100</u>	<u>97</u>	<u>197</u>

ACUTE ANTERIOR POLIOMYELITIS.

The Rural District did not avoid the nation wide epidemic of this disease, but it escaped very lightly, for six cases only were diagnosed in a population of 23,690 and although each case was followed by paralysis in greater or lesser degree, none of these cases proved fatal.

It is unfortunate that the disease is popularly known as Infantile Paralysis for the name itself is the cause of considerable alarm. It is a misnomer for the disease is not confined to infants and the great majority of cases recover completely, only in a fraction of the most severe cases does permanent paralysis result.



The first case that occurred in the Rural District, was that of a soldier (aged 23) who returned from Italy and reached Newton Abbot on the 3rd. July. Inquiries showed that he must have been suffering from the disease during his journey across Europe. He was removed to the Royal Naval Hospital, Plymouth, and so far as could be ascertained, no further cases occurred that could be traced to him.

As the accompanying table shows, the next case did not occur until the 6th September, i.e. two months later:-

<u>Case.</u>	<u>Date.</u>	<u>Parish.</u>	<u>Age.</u>
1.	3rd. July,	Ipplepen.	23
2.	6th September.	Kingskerswell.	6
3.	17th September.	Kingsteignton.	9
4.	7th November.	Aller (Kerswells.)	6
5.	25th November.	Ipplepen.	3½
6.	13th December.	Hawkmoor (Bovey Tracy)	17

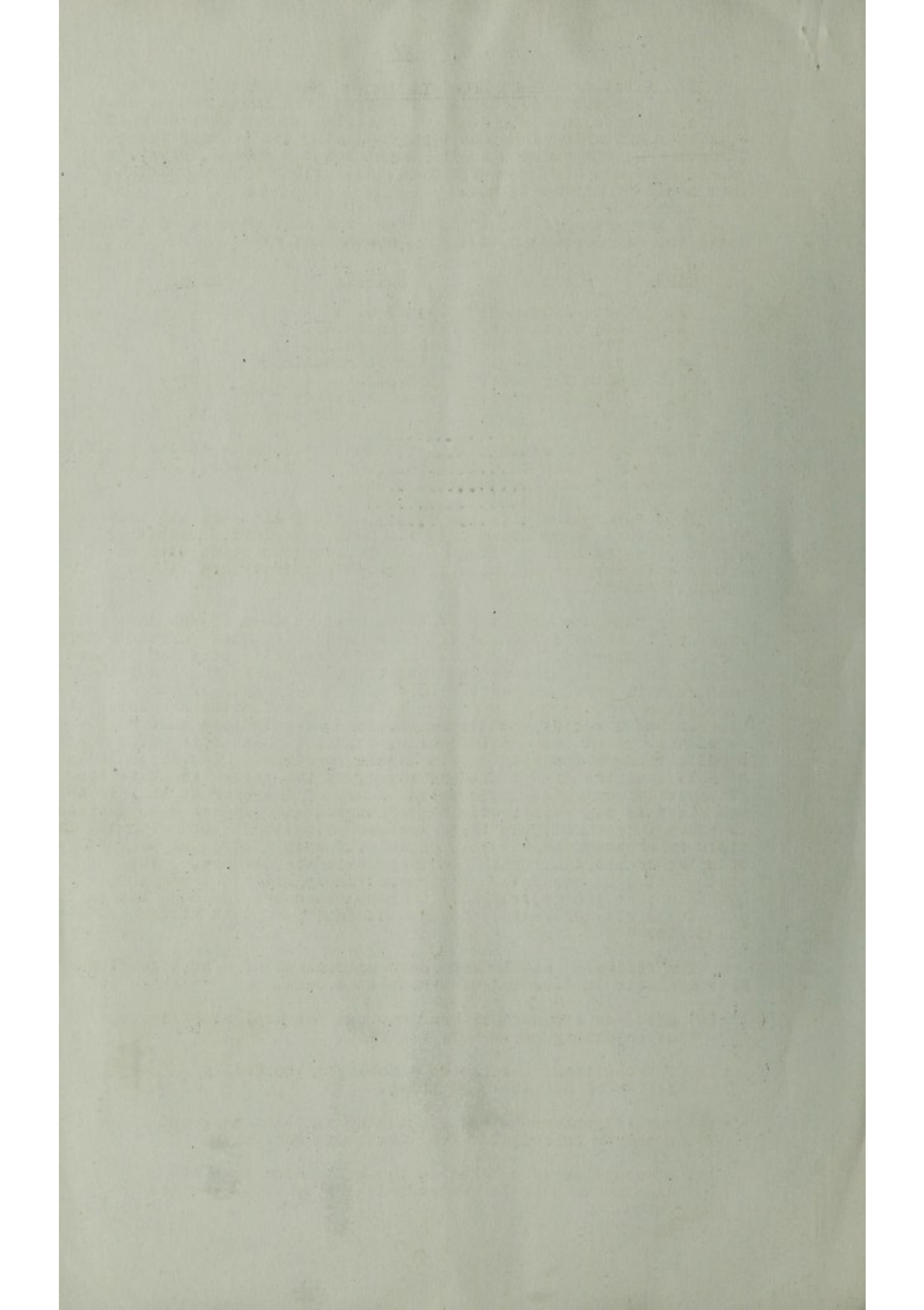
Each case was closely inquired into as soon as it was notified but no factor common to all cases could be discovered, nor could any contact between the cases be traced.

In co-operation with the County Medical Officer, all cases when confirmed were removed to the Swilly Isolation Hospital, Plymouth, so that they should be in immediate contact with an Orthopaedic Surgeon and receive appropriate treatment at the earliest moment.

This 1947 epidemic was much the most serious of any that have occurred in these Islands, even so we have been more fortunate than Europe and America. The Virus of the disease is resident in the country and it is problematical to try and explain the low rate of incidence in previous years. Although the density of our population favours the spread of infection, infection produces both disease and immunity, and it may be that we gain more than we lose by continuous widespread infection, especially in an invasion that results in much immunity and in little reaction. The known facts of Poliomyelitis do not fit any theory of the spread and behaviour of other infections. The popular theory at the present time is that the Virus is now almost universally distributed in human communities and that in general, man is so accommodating to it that with him it can form a benign associate, and only exceptionally, due to factors of which we are ignorant, does it produce the disease. The distribution of recognised Poliomyelitis in Britain last year, suggests that the majority of the population was infected but that only a minority presented the disease in a form that allowed of its diagnosis.

The following action was taken on receipt of a notification of Poliomyelitis on learning of a suspected case.

- (a) All practitioners in the area and the Medical Officers of adjoining areas were notified.
- (b) The confirmed cases were removed to the Swilly Isolation Hospital, Plymouth.
- (c) Investigations of the associated circumstances and a search for mild or abortive cases were made.
- (d) Precautions were taken on the assumption that the disease is capable of transmission by mild abortive cases.



DIPHTHERIA IMMUNISATION.

Immunisation of school children has been conducted as vigorously during 1947 as in previous years. Sessions were held at various School and Maternity and Child Welfare Clinics in the District, and in thinly populated hamlets the children were treated at schools.

That immunisation against diphtheria is well worth while is apparent when it is seen that no case of diphtheria was notified during the year.

Age groups of immunised children are given in the following table:-

<u>Age.</u>	<u>Numbers.</u>
0 - 1 years	1
1 - 2 "	112
2 - 3 "	56
3 - 4 "	14
4 - 5 "	16
5 - 9 "	35
9 - 15 "	6
TOTAL	240

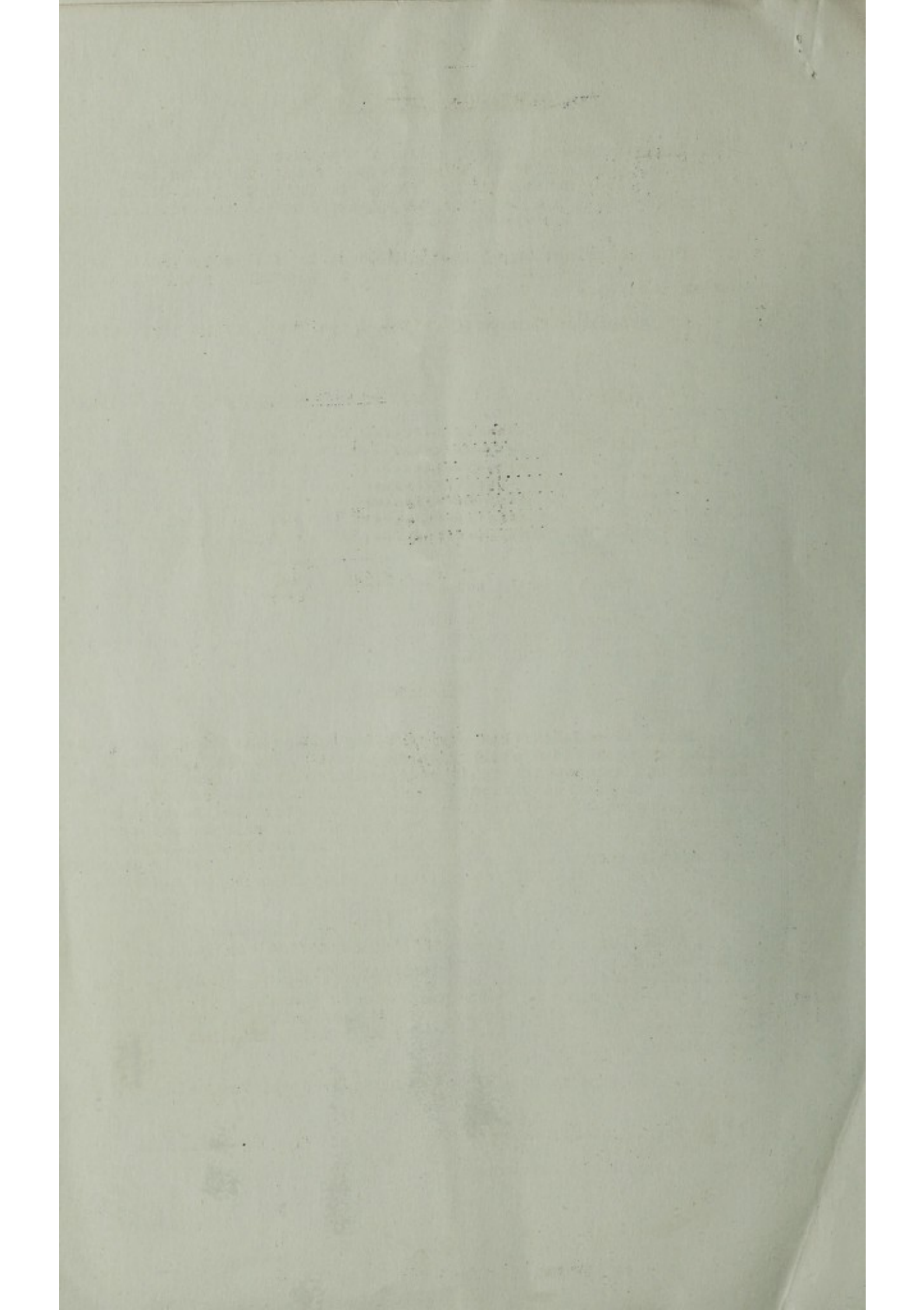
OVERCROWDING.

There is considerable overcrowding in the District due to the housing shortage that still remains acute. The Rural District Council has gone as far as it was permitted in the erection of new houses. It must be obvious that Local Authorities cannot by their own efforts supply sufficient houses to overtake the persistent demand, and only when controls are removed and private enterprise is allowed to function will the gap between supply and demand be appreciably narrowed. These difficulties will be further increased when the time comes for the Requisitioning Order to be rescinded.

A constant stream of requests comes to the Public Health Department for help in securing housing accommodation and many distressing cases come to light. Perhaps the commonest is from the ex-service man who has married and is compelled to live with his own or his wife's parents. With the arrival of children the discomforts and lack of privacy are aggravated and much domestic unhappiness results.

The new Council Houses are allocated on the following "Points System":-

(a) Degree of overcrowding:- persons per room (excluding kitchen)	<u>Points.</u>
2	0
3	2
4	4
5	6
Where mixing of sexes over 10 years.	5



	Points.
(b) Present accommodation:	
Insanitary or unfit.	10
Lodgings.	5
(c) Length of residence in Rural District.	
(1 point for each 5 years)	1
(d) Employed in the Rural District.	3
(e) Service in H.M. Forces.	
1914-1918	
1939-1945 (Per year)	1

It will be noted that no provision has been made for points to be given to applicants who require modern houses because of ill health. Letters are received from doctors pointing out that the ill health of certain of their patients is aggravated (if not caused) by the continued occupation of particular houses because of structural defects or of unfavourable situations. On occasions the Tuberculosis Officer has written of patients who have been discharged from Sanatoria as cured and pointing out that if they have to return to their former unfavourable dwellings there would be great possibility of a relapse.

It would be a great help to these particular cases if the total number of "points" to be allotted were increased by (say) 5. This allocation of 5 points to be at the discretion of the Medical Officer of Health, who would make a personal investigation into such cases before deciding on his allocation.

It is regretted that owing to shortage of staff in the Office of the Public Health Department, the preparation of the Sanitary Officer's Report has been delayed.

John Brown
.....

17th. November,
1948.

Medical Officer of Health.

