

[Report 1945] / Medical Officer of Health, Newton-le-Willows U.D.C.

Contributors

Newton-le-Willows (England). Urban District Council.

Publication/Creation

1945

Persistent URL

<https://wellcomecollection.org/works/bv764kmf>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

LIBRARY



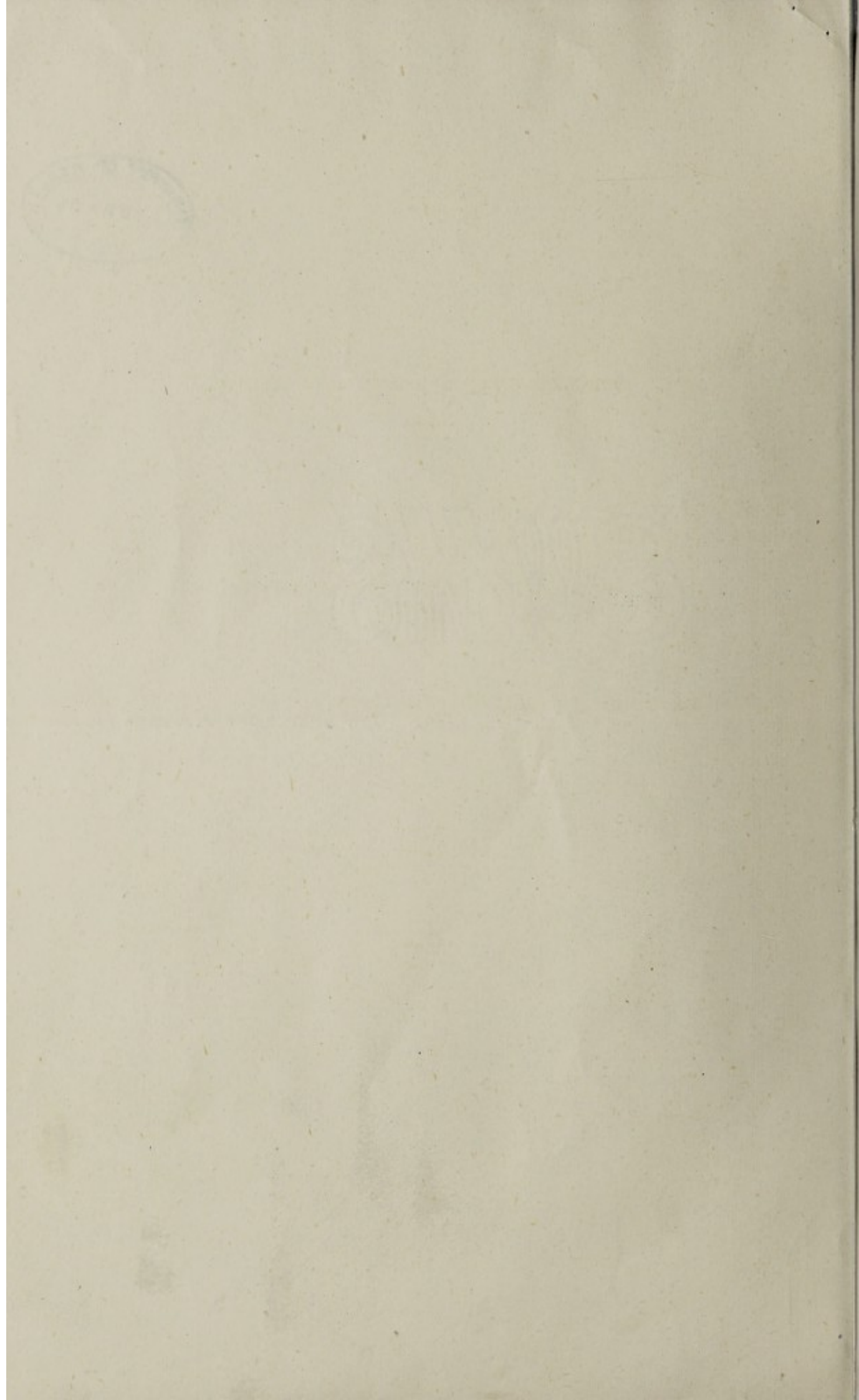
URBAN DISTRICT OF NEWTON -LE- WILLOWS.

ANNUAL REPORT OF THE MEDICAL OFFICER
OF HEALTH.

FOR THE YEAR 1945.

WITH

SPECIAL REPORT ON THE
PECULIAR POLICY OF THE
HEALTH COMMITTEE.



URBAN DISTRICT COUNCIL OF NEWTON-LE-WILLOWS.

REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR, 1945.

Health Department,
Latham House,
Cross Lane,
Newton-le-Willows.

Ladies and Gentlemen,

I have the honour to present my Annual Report on the Health Services and sanitary circumstances of the Urban District for the year ending 31st December, 1945.

The year was significant for the termination of hostilities after six years of war, with its restriction and disorganisation of normal Health Services, and the heavy responsibilities of Civil Defence.

The cessation of hostilities, however, did not lighten the work of the officials. The closing down of the Casualty Services entailed considerable work which is not yet completed, and the continued shortage of food created an increased demand for dried milks and supplementary foods for the children attending the Child Welfare Centre.

On the whole the health of the District has been satisfactory although the medical practitioners have been inundated with patients needing medical treatment for much illness of a minor and often ill-defined nature.

The Birth Rate showed an increase for the third year in succession and equalled that of 1936. The Death Rate remained about the average for recent years.

Infant Mortality Rate showed a slight increase on the previous year, and at 64 per thousand live births is too high in comparison with the national figure of 46.

During the war years there seems to have been a definite increase in infant deaths due to prematurity and congenital defects.

Infectious Diseases:

The incidence of notifiable disease, 432 cases, showed little change from 1944; there was a marked decrease in the occurrence of scarlet fever and whooping cough but a relative increase in the incidence of measles.

Four cases of diphtheria occurred giving the lowest incidence for this century. There was one death due to delay in the administration of antitoxin.

Diarrhoea was prevalent in the late summer and autumn and in the latter part of the year 28 cases of dysentery were notified. In only one case was bacteriological confirmation obtained, the majority of cases being notified too late for successful investigation.

Diphtheria Immunisation:

Immunisation continues as a regular feature of the Monday afternoon sessions of the Welfare Service and the response with regard to the pre-school child is reasonably satisfactory. The percentage of school children protected is maintained largely by the numbers of children immunised in their early years and now attaining school age.

It is estimated that about 52% of pre-school children and 71% of school children have been immunised, giving a total of 65% for the District.

(OVER)

Although this degree of immunisation is valuable in preventing an extensive outbreak of diphtheria it is not nearly high enough to eliminate the disease. It must not be assumed that the record low incidence of diphtheria is due entirely to immunisation as the disease is notoriously erratic in incidence from year to year.

Every effort by all concerned is necessary to maintain and increase the percentage of immunised children.

As this District was late in commencing immunisation, being in fact the last local authority in Lancashire to adopt an immunisation scheme, the question of re-immunisation by a boosting injection has not yet arisen. It will be necessary to introduce a re-immunisation scheme during the winter of 1946-47.

Isolation Hospital:

It is with extreme regret that I have to record that Mrs. F. Crockett, Matron of the Hospital, passed away on the 30th June, 1945, after thirteen years of most efficient and valued service, during which she had been mainly responsible for the very high standard in nursing attained by the hospital.

She was succeeded by Miss E.M. Thomas, S.R.N., R.F.N. who had previously served the Council as Matron at the Wartime Nursery.

I have every confidence that Miss Thomas will maintain the high level of efficiency which one has come to expect in the Council's Isolation Hospital.

Admissions reached the remarkably low figure of 152, of which only 65 were cases resident within the District. Four deaths occurred in the Hospital during the year.

The continued disuse of two wards and the low admission rate enabled the Hospital to operate satisfactorily in spite of the numerous changes in and shortage of nursing and domestic staff.

Maternity and Child Welfare:

Attendance at the Maternity and Child Welfare sessions has been maintained at a high level and the health and condition of the pre-school children of the District is remarkably good.

The children appear to be clean and well cared for and it is rare to find a verminous head amongst those attending the Clinic. The position is not so satisfactory amongst the children of working class parents who do not avail themselves of the facilities provided at the Clinic. However "dirty heads" are not found amongst the younger children in any quantity during the process of home-visiting.

Again there was a great demand from expectant mothers for confinements in hospital and the slight fall in the number of institutional confinements is due to the greater difficulty in obtaining admission in the increasingly congested maternity hospitals.

The re-establishment of the Council's Home Help Scheme in the latter part of the year was opportune but I doubt whether the one woman appointed will be anywhere near fully engaged.

Lack of assistance in the home is only a secondary consideration and the greatest demand for hospitalisation arises from inadequate accommodation due to overcrowding, living in lodgings and unfit and dilapidated houses.

The problem is more likely to be solved by an intensive housing programme than by a miniature Home Help Scheme. Doubtless the Home Help will be of value to those mothers able to be confined at home.

Those recommendations of the Ministry regarding the care of premature infants which were adopted in 1944 have been continued and a careful watch is kept on all premature babies in the area by the Health Visitor. The padded garments provided by the Council, however, have not proved popular with the midwives.

This Council adopted the Lancashire County Council scheme for the care of unmarried mothers in 1944, and during the year under review three cases were dealt with under the provisions of the scheme.

Conferences: I must place on record, with regret, that the hope expressed in my 1944 Report that the Maternity and Hospitals Committee would be progressive enough to be represented at national and regional Maternity and Child Welfare Conferences by their Medical Officer of Health has not materialised.

The attitude of this Committee on this matter is antiquated, reactionary and wholly unsatisfactory.

The frequency with which one hears the parrot cry, "Dr. Watkins never went to conferences" seemingly indicates that these who utter it are still living in the bad old days of the part-time general practitioner Medical Officer of Health.

The representation of the Council at National Conferences by two lay members, which might have been expedient up to 1939, may no longer be in the best interests of the ratepayers now that the Council is served by a Medical Officer of Health, engaged full-time in Public Health.

In no other committee of the Council does the Chairman normally attend conferences without his or her Chief Officer.

The adjoining Urban District of Golborne, which also employs me as Medical Officer of Health is fully alive to the importance of conferences to the chief officer concerned and to the district and has sent me as a delegate to the National Maternity and Child Welfare Conferences at their own expense.

It is a ridiculous paradox that a Medical Officer of Health holding a joint appointment cannot represent both local authorities at a conference thereby maintaining harmonious relations and saving expense.

An amusing study in inconsistency is revealed when the exclusion of the Medical Officer of Health on the grounds of ante-diluvian custom is considered in connection with the meetings of the North Western Federation for Maternity and Child Welfare.

Throughout 1944 and part of 1945 I attended these meetings as an appointed delegate of the Committee. Then in 1945, without any reason being given, this privilege was withdrawn and the Committee relapsed into representation at these conferences without the Medical Officer of Health.

One can be forgiven if one wonders whether this Committee's policy is entirely free from personal animosity or not.

It is greatly to the credit of the staff of the Maternity and Child Welfare Department that their diligence and devotion to duty have maintained the efficient service of this Department to the community at a higher level than ever before in spite of difficulties which would not have arisen if this Committee had kept in line with modern procedure.

Wartime Nursery:

Attendances slumped badly after VE Day and in view of the pending withdrawal of the full Exchequer grant in March, 1946 it was decided to close the Nursery at that time.

The Education Authority has plans for opening a Nursery School on these premises during 1946.

This Nursery, which was one of the best in the County, served its purpose in wartime, but at a very heavy cost.

Housing:

The housing position became progressively more depressing during the year; no new houses were built, and the shortage of materials and labour, with restrictions on repairs, increased the general discomfort.

More houses require demolition, more overcrowding needs alleviating and a full housing programme as soon as possible will do much to improve the health and happiness of the community.

In conclusion I wish to thank all those who have given me their support and assistance throughout 1945 and during the five and a half years of my service in Newton-le-Willows.

Particularly would I record my appreciation of the efficient co-operation of the staffs of the Maternity and Child Welfare Department, the Hospital, the Health Department, the County Midwives and the ladies of the Voluntary Committee, and especially to Councillor A. Tully for his continuous support and that integrity of purpose so necessary in a servant of the public.

I remain,

Yours faithfully,

S.K. APPLETON M.D., D.P.H., D.T.M.

Medical Officer of Health.

SPECIAL REPORT ON THE
ADMINISTRATION OF THE HEALTH DEPARTMENT.

As this is my last Annual Report I must place on record certain restrictions imposed upon the office and administrative authority of the Medical Officer of Health during 1946 by the Health Committee.

I trust that these facts will be carefully considered, along with the incomplete representation at M. & C.W. Conferences, by all concerned with the future of the Urban District of Newton-le-Willows and ignored, of course, if of no significance.

In March it became necessary for me to protest against the continuance of an irregular system by which the typist in the Health Department is responsible for her actions only to the sanitary inspector.

The occasion was the appointment of a new typist and the objection was on the grounds that the confidential registers and confidential correspondence of the M.O.H. should not be in the care of a girl over whom he has no control.

I removed the confidential registers to my office until such time as the new typist proved her discretion and indicated that I should also move the cupboard in which they were kept.

As a result I received the following ludicrous letter, composed by the sanitary inspector, signed by the Chairman of the Health Committee and sent without the knowledge of the Clerk of the Council or the approval of the Committee.

"Miss Barbara Twiss of 39, Hope Street, has been appointed Sanitary Inspector's Clerk, and it is desired to clear the air of any misapprehension such as arose over the temporary appointment when Mrs. Herwood was on four weeks leave of absence.

The Chief Sanitary Inspector has been instructed to countenance no transference of office equipment or furniture; nor must instructions be given to his staff except through him. He is directly responsible to the Health Committee for the proper performance of his duties and the organisation of his own department.

These arrangements do not in any way vary those which have held over the past 30 years, and I trust that this will now make the position clear and restore the cordial relationship etc, etc.

Yours faithfully,

(Signed) T.B. BALL."

(The underlining is mine).

This letter has never been withdrawn and is therefore still operative. It has been approved by the Council in a redrafted form, but the Clerk of the Council has found it expedient to minute this girl's appointment as "Clerk in the Health Department" and, in reply to an enquiry from the Ministry of Health, he also found it very expedient to deny the intention of the Council to recognise a separate sanitary department.

Unfortunately for these claims any reference in Committee to this girl as "sanitary inspector's clerk" is always upheld and members of the Health Committee speak and act as though there is a separate sanitary department.

The fact that the Clerk of the Council has persisted in sending the draft minutes of the Health Committee to the sanitary inspector for correction, throughout the whole of my appointment at Newton-le-Willows, in spite of requests that they come to me first, suggests that he himself recognises the sanitary inspector as the chief officer of the Health Department.

Never has the sanitary inspector shown me these draft minutes without being asked for them.

The position is this: The M.O.H., not being prepared to negotiate with the sanitary inspector for the loan of this typist, is dependent on the voluntary assistance of typists in other departments and other local authorities he serves. (2) Orders given in the Health Department are blocked by the sanitary inspector, unless given through him; just what he gains by being designated "office messenger-boy" is not clear. Incidentally the additional sanitary inspector and typist are quite prepared to be co-operative in the absence of the sanitary inspector. (3) The existence of these restrictions has effectively destroyed the necessary liaison in the Health Department. (4) The sanitary inspector has issued an independent Annual Report with the connivance of the Health Committee, but without the approval of his superior officer.

Without further comment I would ask all who read to answer for themselves the following questions regarding the Council's policy in this matter:-

1. Is it a wise policy?
2. Is it consistent with normal procedure in Urban District administration?
3. Does it contribute to the efficiency of administration within the Health Department?
4. Does it enhance civic dignity?
5. Is it consistent with the competency expected if this District is to survive as a separate unit of Local Government?
6. Is it permissible within the terms of the Sanitary Officers (Outside London) Regulations 1936?
7. Is it fair to appoint my successor without fully informing him of these extraneous restrictions in the Health Department?

S.K. APPLETON.

Medical Officer of Health.

3. SANITARY CONDITION OF THE AREA.

There has been no important change in sanitary circumstances during 1945.

Eight bacteriological and one chemical analysis of the water supply were carried out during the year and in each case the report was satisfactory.

The water is supplied from deep wells and is chlorinated. all dwellings are supplied by mains directly to the house except in two instances, the supply being constant.

In view of the proximity of cess-pools to one of the water headings it is advisable that chlorination should be continued, and to this end a plant for the permanent chlorination of the water supply is essential.

4. DIPHTHERIA IMMUNISATION.

The following table shows the number of children between the ages of one and fourteen years, immunised under the Council's scheme by the M.O.H. as at the 31st December 1945.

Age.	1 to 4.	5 to 9.	10 to 14.	Total.
Number :	701	866	1109	2676
Immunised privately : (approx)	115	285		400
Totals :	816	2260		3076
Percentage of child population.	51.79%	70.63%		64.49%

The immunisations carried out during 1945 are :-

1 to 4 years	217
5 to 14 years	22

Total	239
-------	-----

Re-immunisations - 6.

5. PATHOLOGICAL SPECIMENS

The following specimens were submitted for examination either to the E.M.S. Laboratory, St. Helens, or to the Public Health Laboratory, Manchester :-

Throat swabs	37
Spinal fluid	2
Faeces	3
Blood	9
Sputum etc.	3
Total	54

6. ISOLATION HOSPITAL:

Patients admitted to the Hospital during 1945.

	M.L.S.	Haydock	W'ton Rural	H.M. Forces	Total	Deaths.	
						N.L.W.	Haydock
Diphtheria	3	5	-	-	8	-	1
Suspected Diphtheria	6	6	-	-	12	-	-
Scarlet Fever	33	52	5	3	93	1	-
Suspected paratyphoid	2	-	-	-	2	-	-
Pneumonia	1	-	-	-	1	-	-
Cerebro-spinal fever	2	-	-	-	2	-	-
Acute dysentery	2	7	-	-	9	-	-
Ophthalmia neonatorum	3	-	-	-	3	-	-
Erysipelas	1	1	-	-	2	-	-
Measles	2	2	-	-	4	-	-
German measles	3	-	-	-	3	-	-
Tb. Meningitis	1	-	-	-	1	1	-
Chicken pox	-	-	-	2	2	-	-
Mumps	-	-	-	2	2	-	-
Influenza	2	1	-	-	3	-	-
Gastro-enteritis	2	1	-	-	3	1	-
Glandular fever	1	-	-	-	1	-	-
Pyelitis	1	-	-	-	1	-	-
Totals	65	75	5	7	152	3	1

In dealing with the above cases the ambulance travelled 1,575 miles in the year.

7. MATERNITY & CHILD WELFARE.

The 1945 totals are followed by the 1944 and 1943 figures for comparison.

Attendances	1945.	1944.	1943.
Ante-Natal.....	774	766	768
Post-Natal.....	1	7	4
Child Welfare Clinics..	8388	8195	7721
Total	<u>9163</u>	<u>8968</u>	<u>8493</u>

Confinements in Institutions.

Council's Scheme.....	68	65	51
Private	88	76	68
Public Assistance	5	3	9
Total cases	<u>161</u>	<u>144</u>	<u>128</u>

Health Visitor's visits.

First visits	370	370	360
Other visits	2856	3446	3214
Expectant mothers	51	88	113
Infant life protection.	49	12	23
Puerperal Pyrexia.....	-	-	4
Ophthalmia Neonatorum .	38	12	21
Re Immunisation	305	215	417
Miscellaneous	93	25	37
Adoptions	51	-	-
Total	<u>3813</u>	<u>4168</u>	<u>4189</u>

Cod liver oil and Orange juice, as provided under the National Scheme, were issued through the Clinic by Food Office personnel as in previous years.

Two Garden parties and two Christmas parties were organised by the Health Visitor and Voluntary Committee and were well supported and enjoyed by the mothers and children.

At the first party Saving Certificates were presented to three VE Day babies by the Chairman of the Council.

MILK.

Proprietary Dried Milk ----- 13,680 pkts. sold.
(Cow & Gate, Farex, Hemolac, L'Brand
M.O.Food, Trufood, Vitasac, etc.)

Virol, Malt, Glucose, vitamin preparations and supplementary foods have also been supplied.

The following statistical information has been supplied to me by the Sanitary Inspector as required under Section 27 (18) of the Sanitary Officers (Outside London) Regulations, 1935 :-

8. STATISTICAL SUMMARY OF INSPECTIONS MADE: NOTICES SERVED ETC.

Analysis of visits made.

Dwelling house - Housing Act	3
Public Health Acts.	198
Re-inspections - Public Health Acts	313
- Housing Act.	10
Courts, Passages	7
House Drainage	134
Rat Infestations	71
Milk Sampling	10
Ashpits and Bins	124
Cesspools, Septic Tanks	4
Privies and Pails	5
Tips	19
Keeping of Animals	29
Butchers' Shops and Stalls	15
Meat Inspection	11
Other Food Premises and Stalls	108
Dairies, Cowsheds, Milkshops	17
Factories	22
Workplaces, Offices	5
Water Sampling	11
Food & Drugs Act Sampling	12
Offensive Accumulations	5
Schools	6
Verminous premises	47
Infectious Disease	73
Interviews - Owners	14
- Contractors	19
- Officials	5
Shop Acts	2
Salvage	62
Food Inspection	44
Bakehouses	5

(List continued overleaf)

Public Conveniences	2
Water Supply	45
Licensed Premises	4
Petroleum Acts	6
Common Lodging House	2
Food Preparation Premises (including ice-cream prems)	11
Miscellaneous	109
Total	1589

Complaints received and investigated 185

In the following tables of defects specified in notices "the defects remedied" include defects which were noted in the previous year.

Analysis of Defects specified in Notices.

Type of Defect	P.H.A.		Housing Act.	
	Noted.	Remd.	Noted.	Remd.
Choked drains	33	38		
Defective, insuff. or unsuitable drainage	6	15		
Defective sinks	6	3	-	2
Defective and/or insufficient waste pipe	5	8	-	1
Defective waste pipe	41	38		
Insufficient water supply	48	51		
Defective water supply cisterns	2	1		
Defective sash cords etc.	16	26		
Defective window frames	5	-		
Defective external eills	2	13		
Absence of or insufficient ventilation	1	6		
Defective floor paving	2	4	-	1
Damp Floor paving	-	2		
Damp and defective floor paving	2	2		
Defective floor boards and under-timbers	8	7		
Wallplaster - damp	5	-	-	1
- defective	14	35	1	1
- damp and defective	9	24	1	6
Defective brickwork and pointing of walls and chimney stacks	23	23	-	1
Defective roof and chim. flashings	20	33		
Defective ceiling plaster	12	17		
Damp ceiling plaster	2	2	1	-
Damp and defective ceiling plaster	3	3		
Defective and/or insufficient paving & drainage-yards & approaches	6	6	-	1
Defective yard gates	8	10		
Defective yard walls and fences	10	8	1	2
Defective closet - structures	11	5	1	1
- roofs	8	5		
- cisterns	11	7		
- basins & joints	16	19		
Defective Cess-pools	-	2		
Insanitary ashpits	1	2		
Defective dust bins	38	14	-	2
Absence of refuse store	21	24		
Absence of/or defective and/or insufficient - gutters	30	39	-	3
- downspouts	5	-	-	2

Type of Defect	P.H.A.		Housing Act.	
	Noted.	Remd.	Noted.	Remd.
Rainwater pipes ventilating drains	5	28	-	2
Waste water " " "	-	1	-	
Defective and/or choked drain vent shafts.	-	4		
Defective and/or choked flues	-	3		
Defective fire-grates	3	11		
Defective ovens and ranges	9	11		
Defective washboilers (structures & grates)	8	13	-	1
Filthy yard surfaces	1	-		
Dirty walls and ceilings	1	2		
Dirty floors	1	-		
Defective stair treads	1	-		
Absence of sufficient washing accommodation	2	4		
Verminous condition - bugs, fleas cockroaches	12	12		
Offensive accumulations	1	-		
Cowsheds - Lime washing	-	3		
- structure	1	1		
- drainage	1	1	-	16
Miscellaneous	21	48		
Factories - cleanliness	5	5		
- ventilation	1	1		
- Sanitary accommodation	3	2		
- Drainage	2	2		
Totals	507	641	2	40

Notices served

	No. Served	Premises affected.	Complied with	Defect Notd. Rmd.	
Public Health Acts Informals	198	303	194	507	641
" " " Statutory	21	21	20	33	30
Housing Acts Informals	1	1	1	2	2