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RURAL DISTRICT
OF
OSGOLDCROSS

ANNUAL REPORT
of the
Medical Officer of Health

FOR THE YEAR

1949





RURAL DISTRICT
OF
OSGOLD CROSS

Gentlemen,

I have the honour to present for your information and consideration a Report on the Health and Health Services of the District during the year 1949.

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1949

For your info. The details of the personal health services administered by the District Council are included.

The District Health Service has now been with us for over a year. Many of the difficulties it brought with it are still with us. The dental service is still over-run, and there is still delay in obtaining spectacles for school children. During the recent months the waiting time has been reduced. We still have too few hospital beds; the shortage of beds has been a serious factor in the treatment of our tuberculous patients.

BY

J. F. FRASER.

M.B., B.S., D.P.H., D.Obst., R.C.O.G.

ANNUAL REPORT

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OF THE

Medical Officer's Section,
Health Department,
9, Horsefair,
Pontefract.

To the Chairman and Members of the Council.

Gentlemen,

I have the honour to present for your information and consideration a Report on the Health and Health Services of the District during the year 1949.

The Annual Report of the Sanitary Inspector dealing with the Sanitary Circumstances of the District, Housing and the Inspection and Supervision of Food Supplies is complementary to this Report.

For your information certain details of the personal health services administered by the County Council are included.

The National Health Service has now been with us for over a year. Many of the difficulties it brought with it are still with us. The dental service is still overrun, and there is still delay in obtaining spectacles for school children, though of recent months the waiting time has been reduced. We still have too few hospital beds; the shortage of sanatorium accommodation for the tuberculous patient is, if anything, more acute.

The housing position remains a matter of serious concern. Despite every effort there appear to be more people needing houses than there were twelve months ago. The adverse effect on health which results is difficult to assess accurately, but in view of the increased risk of acquiring infection and the obvious discomforts of overcrowding, there must be much misery caused through friction with landlords, family rows, and uncertainty regarding the future.

National Officer's Section,
Health Department,
St. Paul, Minn.,
November 1919.

To the Chairman and Members of the Council,

Gentlemen,

I have the honor to present for your information and consideration a report on the Health and Health Services of the District during the year 1919. The Annual Report of the Sanitary Inspector dealing with the Sanitary Administration of the District, Health and the Inspection and Supervision of Food Supplies is complementary to this report.

Your information relative to the status of the personal health services administered by the County Council are appended.

The National Health Service has now been with us for over a year. Many of the difficulties it brought with it are still with us. The health service is still overtaxed, and there is still delay in obtaining specimens for school children, though of recent months the waiting time has been reduced. We will have the low hospital budget, the shortage of sanitation accommodations for the thousands of patients in, it is true, very many.

The housing problem remains a matter of serious concern. Though every effort is being made to get people moving from their crowded tenements and the adverse effect of cold which results in illness is more noticeable, yet in view of the fact that the regular inspection and the various agencies of control, there are still many crowded tenements existing, and the situation is still unsatisfactory. Very truly, and respectfully,
The Director.

Our project for improving the water supplies of the District is now going ahead and 1950 should see a mains water supply at Birkin and Heck.

In the field of sewerage much remains to be done.

I am Gentlemen,

Your Obedient Servant,

John F. Trauer

Medical Officer of Health.

Our project for improving the water supply of
the District is now going ahead and 1950 should see a
water supply at Buxton and Hock.
In this field of sewerage work remains to be done.

I am, Gentlemen,

Yours obedient servant,



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P A R T O N E

STATISTICS AND SOCIAL CONDITIONS

Area of the District: 33,954 acres.
 Registrar-General's estimate of population: 7,560
 Number of inhabited houses at end of 1949: 2,308
 Rateable value at end of 1949: £28,315
 Product of a penny rate(at 31st December,1949): £105

These figures show a population decrease of 230.

VITAL STATISTICS.

<u>Live Births.</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	58	59	117
Illegitimate	10	7	17
Total	68	66	134

Birth rate per 1,000 estimated population - 17.72

<u>Still Births.</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	-	1	1
Illegitimate	-	-	-

Rate per 1,000(live and still)births - 7.40
 Rate per 1,000 estimated civilian population- 0.13

<u>Deaths.</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
All age groups	44	41	85
Infants under 1 year			
Legitimate	2	4	6
Illegitimate	-	-	-

Maternal Deaths.
 N I L

Death Rates.

General rate per 1,000 population 11.24
 All infants per 1,000 live births 44.77
 Legitimate infants per 1,000 legitimate live births 51.28
 Illegitimate infants per 1,000 illegitimate live births Nil
 Maternal Deaths Nil.

The number of births has fallen by 13 as compared with last year, and the birth rate has also fallen slightly. Deaths have increased by 19 during the same period, though the average age at death remains much the same.

PART ONE

STATISTICS AND SOCIAL CONDITIONS

Area of the District: 11,824 square miles.
 Registered population: 7,240.
 Number of inhabited houses at end of 1943: 2,302.
 Reliable value at end of 1943: 228,312.
 Product of a heavy winter (first December, 1943): 4,000.
 These figures show a population decrease of 250,000.

VITAL STATISTICS

Live Births	Deaths	Total
117	20	137
117	20	137
117	20	137

Birth rate per 1,000 living population - 11.7

Still Births	Deaths	Total
1	1	2
1	1	2
1	1	2

Rate per 1,000 living and stillbirths - 7.10
 Rate per 1,000 estimated civilian population - 0.11

Infants under 1 year	Deaths	Total
2	4	6
2	4	6
2	4	6

MARRIAGES

N I D

DEATHS

General rate per 1,000 population	11.24
All infants per 1,000 live births	44.77
Infants under 1 year per 1,000 live births	22.22
Live births	11.24

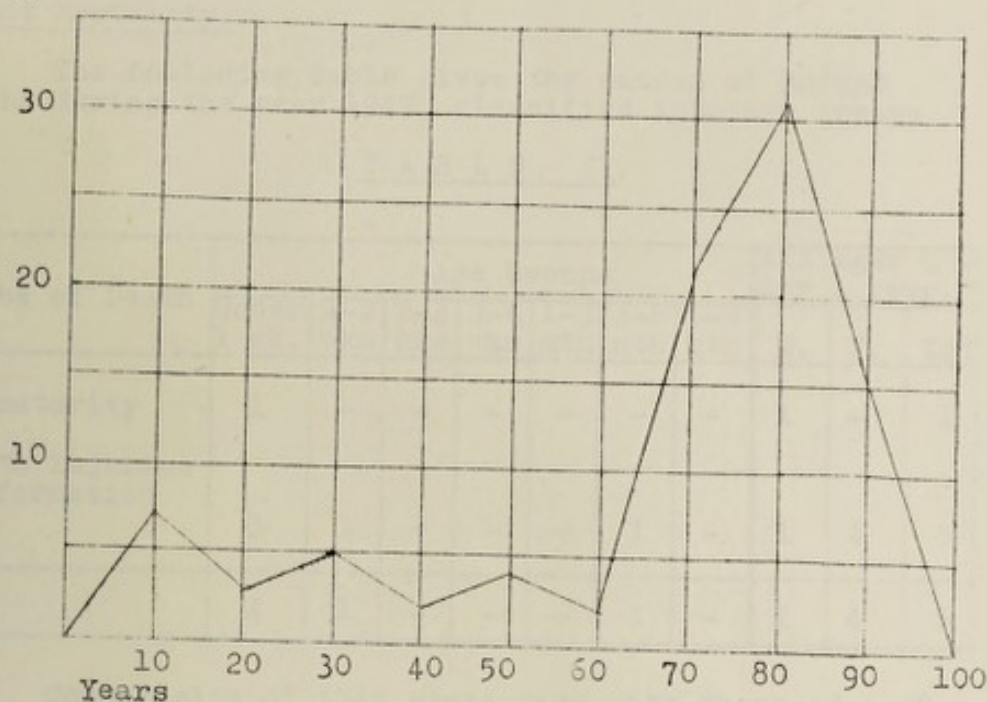
MARRIAGES AND DEATHS

1943 Deaths: 20

1941 Deaths: 20

The number of deaths has fallen by 25% as compared with 1941 year, and the birth rate has also fallen slightly. Deaths have increased by 12 during the same period, though the average age at death remains much the same.

No. of
deaths



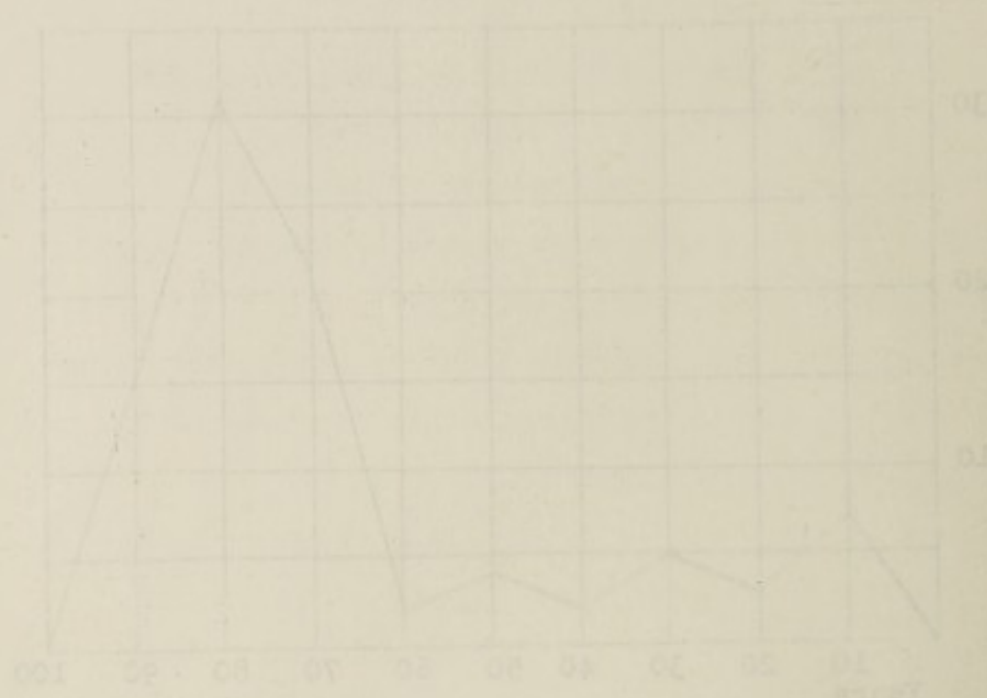
The principal causes of death are set out in the following Table.

T A B L E I.

	Male	Female	Total.
Tuberculosis Pulmonary	-	1	1
Syphilitic Diseases	-	1	1
Cancer	6	7	13
Diabetes	-	1	1
Intra-cranial vascular lesions	2	5	7
Heart Diseases	14	5	19
Other diseases of circulatory system	1	-	1
Bronchitis	4	3	7
Pneumonia	2	1	3
Other respiratory diseases	-	1	1
Ulcer of stomach or duodenum	2	-	2
Other digestive diseases	2	1	3
Nephritis	1	1	2
Premature Birth	1	-	1
Con. Mal. Birth injuries, infant diseases	1	4	5
Road Traffic accident	1	-	1
Other violent causes	-	1	1
All other causes	7	9	16
Totals	44	41	85

Of the principal causes of death that showing the greatest change is the number of deaths from Cancer which has risen from 4 to 13.

No. of
Deaths



The principal causes of death are set out in the following table.

TABLE I

Causes of Death	Males	Females	Total
Tuberculosis	1	1	2
Typhoid	1	1	2
Cancer	1	1	2
Infantile	1	1	2
Inter-uterine vascular lesions	1	1	2
Heart Disease	1	1	2
Other diseases of circulatory system	1	1	2
Bronchitis	1	1	2
Pneumonia	1	1	2
Other respiratory diseases	1	1	2
Ulcer of stomach or duodenum	1	1	2
Other digestive diseases	1	1	2
Nephritis	1	1	2
Prostatic disease	1	1	2
Gen. Mal. Birth Defects	1	1	2
Infantile diseases	1	1	2
Other violent causes	1	1	2
All other causes	1	1	2
Totals	44	41	85

Of the principal causes of death that are the greatest change in the number of deaths from any one cause is from 1900 to 1920.

Infant Mortality.

The following Table gives the causes of infant deaths during the year 1949, classified into age groups.

T A B L E II.

Cause of Death	Age Groups							All ages under 1 year.		
	Under 1 wk.	1-2 wks	2-3 wks	3-4 wks	1-3 mth	3-6 mth	6-9 mth	M.	F.	Tot
Prematurity	1	-	-	-	-	-	-	1	-	1
Birth injuries malformation etc.	3	1	-	-	-	1	-	1	4	5
	4	1	-	-	-	1	-	2	4	6

Comparison of 1949 statistics with those of 1948, 1947 and 1946.

	<u>1949.</u>	<u>1948.</u>	<u>1947.</u>	<u>1946.</u>
Live Births	134	147	136	153
Population	7,560	7,790	7,624	7,467
Birth Rate	17.72	18.87	17.84	20.49
Death Rate	11.2	8.47	13.11	10.85
Infant Death Rate	44.77	6.53	66.18	52.0

P A R T T W O

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

The following Table shows the prevalence of infectious diseases throughout the year.

T A B L E III

Disease.	Jan/ Mar	Apr/ Jun	Jul/ Sep	Oct/ Dec	Total	No. admit- ted to hospital.	Deaths
Scarlet Fever	2	1	1	3	7	6	-
Whooping Cough	1	11	6	1	19	-	-
Measles	34	8	2	-	44	-	-
Pneumonia	2	2	1	1	6	2	3
Erysipelas	2	-	-	1	3	1	-
Paratyphoid	-	-	1	-	1	1	-
	41	22	11	6	80	10	3

Infant Mortality

The following Table gives the causes of infant deaths during the year 1947, classified into age groups.

TABLE II

Cause of Death	Age Groups							Total
	0-1 Mths	1-2 Mths	2-3 Mths	3-4 Mths	4-5 Mths	5-6 Mths	6-12 Mths	
Transitory	1	-	-	-	-	-	-	1
Birth Injuries	1	1	-	-	-	-	-	2
Malformation	1	-	-	-	-	-	-	1
Other	1	1	-	-	-	-	-	3

Comparison of 1947 statistics with those of 1946 and 1945

	1947	1946	1945
Infant Death Rate	22.77	22.22	22.22
Birth Rate	12.2	12.2	12.2
Death Rate	12.2	12.2	12.2
Population	12.2	12.2	12.2
Live Births	12.2	12.2	12.2

TABLE III

Infant Mortality and Burial Statistics

The following Table shows the prevalence of infectious diseases throughout the year.

TABLE III

Disease	Total	Male	Female	Total	Male	Female
Scarlet Fever	1	1	-	1	1	-
Whooping Cough	1	1	-	1	1	-
Measles	1	1	-	1	1	-
Parvovirus	1	1	-	1	1	-
Erythema	1	1	-	1	1	-
Paratyphoid	1	1	-	1	1	-
Total	41	41	-	41	41	-

Diphtheria.

No case of diphtheria was notified.

Immunisation.

During the year 75 children under the age of 5 years and 65 between the ages of 5 and 15 received a primary immunisation against diphtheria. In addition 132 children received a reinforcing injection. The annual comb-out in the schools was carried out by Dr. Kehelly as in former years.

TUBERCULOSIS.

The following Table summarises particulars contained in the Register of tuberculous persons.

T A B L E I V

No. of cases in Register:	Respiratory		Non-Respiratory		Total.
	M.	F.	M.	F.	
At the commencement of 1949.	12	12	8	3	35
Notified during 1949	2	2	-	-	4
Removed during 1949	1	1	1	-	3
At the end of 1949	13	13	7	3	36

There were three removals from the Register, the reasons being one death; one removal from the district; and one recovered.

P A R T T H R E E

MATERNITY AND CHILD WELFARE.

At the beginning of 1950 an Ante-Natal Clinic will be held in Knottingley specially devoted to the needs of the expectant mothers in the Rural District. They will be collected by ambulance bus from their homes and return transport will also be provided.

During the year 11 women were sent to Leeds Maternity Hospital; 2 to Northgate Lodge, Pontefract; 1 to Wakefield General Hospital; 3 to Castleford Maternity Home; 12 to Walton Hall Maternity Home and 8 to Hazlewood Maternity Home.

Four midwives were employed in the area, one living at Monk Fryston, one at Whitley Bridge, one at Darrington and one at Brotherton. The last two shared the Rural District with other areas.

1949 saw the issue of Gas and Air machines for analgesia, to all midwives, and it is hoped that the beginning of 1950 will see the issue of the new drug pethedine. Each of these should prove a useful weapon in the fight for painless childbirth.

The following analysis of births occurring during 1949, adjusted by transferred notifications, indicates how the various maternity services and institutions were used.

1. No. of births occurring in the district during 1949.

Domiciliary Cases.

<u>L.B.</u>	<u>S.B.</u>	<u>Total.</u>
83	1	84

2. Outward Transfers.

- - -

3. Inward Transfers.

51	-	51
		<u>135</u>

Inward Transfers.

Private arrangements	1
Leeds Maternity Hospital	11
Pontefract Nursing Home	7
Northgate Lodge, Pontefract	2
Fairfield Nursing Home	1
Wakefield General Hospital	1
Castleford Maternity Home	3
Willows Nursing Home, Leeds	1
Walton Hall Maternity Home	12
Hazlewood Maternity Home	8
Hamilton Annex, Doncaster	1
Moorgate Hospital, Rotherham	1
Manygates Maternity Home, Wakefield	2
	<u>51</u>

Care of the Premature Infant.

Five premature infants were notified during the year. In each case a special investigation was made and help given as required. Close liaison exists between hospitals and Authorities.

Certain efforts have been made during the year to improve the care given to the premature infant. A special cot and other equipment is held in the ambulance depot at Pontefract and is instantly available on call by a general practitioner or midwife. The equipment is carried to the patient's house by ambulance. In addition, the services of a specially trained Health Visitor are available.

P A R T F O U R

SCHOOL MEDICAL SERVICES.

Routine school medical inspections were carried out in the Osgoldcross schools during the year. Cases requiring consultation with a specialist, that is to say, orthopaedic cases; ear, nose and throat cases, and eye cases were referred to the appropriate Clinic in Pontefract and dealt with there.

An ultra violet ray lamp was installed in the Headlands Clinic, Pontefract, during the year, and a number of Osgoldcross children have received treatment there. The need has been great and the benefits apparent.

P A R T F I V E

HOME NURSING.

Home Nursing Services have been maintained during the year, and Nurses Groves and Ashworth have been kept fully employed.

P A R T S I X

CARE AND AFTER CARE.

An effort has been made during the year to implement our obligations under the National Health Service Act of 1946, under this heading. The Pontefract Infirmary found itself unable to obtain the services of an Almoner and after a good deal of negotiating, a Health Visitor was given access to the Hospital, on the one hand to furnish background histories of patients where such information was of importance, and on the other hand to obtain early information of the discharge of patients whom the personal health services might be able to assist.

Home Helps.

The Home Help Service has grown greatly during the year, and the demand for it has increased 600%. It is now proving necessary to exercise restriction on the type of case for which Home Help is provided. The practice adopted is to give first consideration to a confinement and to emergency surgical and medical cases where the mother of the family is incapacitated. Chronic cases are allowed Home Help after the above needs have been fulfilled. The chronic sick can thus obtain help only intermittently and this is not altogether satisfactory. However, the full establishment of Home Helps has been clearly laid down and must be adhered to; there is some prospect that it might be increased in the near future.

P A R T S E V E N

MENTAL HEALTH

Work under the Lunacy and Mental Treatment Acts 1890 and 1930 has been undertaken by a Duly Authorised Officer living in Pontefract, and we have one Mental Deficiency Social Worker, Miss Simons, for work under the Mental Deficiency Acts.

P A R T E I G H T

AMBULANCE SERVICE.

The area is served by ambulances from Pontefract, Knottingley and Castleford. All these operate on an agency basis on behalf of the County Council. It is expected that the services will be completely taken over by the County Council by the middle of 1950 and will then operate directly under the County Ambulance Officer.

An office visit was made to the
Hospitals during the year, and a
number of patients have received treatment.
The work has been good and the benefits
apparent.

PART FIVE

HOME NURSING

Home Nursing Services have been maintained
during the year, and Nurses Groves and Ashworth have
been kept fully employed.

PART SIX

PAID AND UNPAID CASES

An effort has been made during the year to
eliminate out of patients under the National Health
Service Act of 1948, under this heading. The Hospital
Infirmity found itself unable to obtain the services of
an Almoner and a good deal of negotiating. A Health
Visitor was given access to the Hospital, on one hand
to furnish background histories of patients where such
information was of importance, and on the other hand to
obtain early information of the diagnosis of patients
where the personal health services might be able to assist.

Home Help

The Home Help Service has grown greatly during the
year, and the demand for it has increased 50%. It is
now known necessary to increase provision on the type
of cases which Home Help is provided. The provision
should be to give them a consideration to a certain amount
to emergency surgical and medical cases where the matter of
the family is important. Cases where the matter of
Home Help after the above have been limited. The
chronic cases are now being helped only occasionally and
this is not altogether satisfactory. However, the full
employment of Home Help has been clearly laid down
and must be adhered to; there is some prospect that it
might be increased in the near future.

PART SEVEN

MENTAL HEALTH

Work under the Lunacy and Mental Treatment Acts
1890 and 1912 has been continued by a full staff of
Officers acting in conjunction with the Home Help
Department, Mental Health, and the Home Help
Department.

PART EIGHT

AMBULANCE SERVICE

The area is served by ambulances from the
Hospitals and General. All these operate on an
agency basis on behalf of the County Council. It is
expected that the services will be completely taken over
by the County Council by the middle of 1950 and will then
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