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Borough of Redcar

1947

ANNUAL REPORTS

by the

MEDICAL OFFICER OF HEALTH

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and the

CHIEF SANITARY INSPECTOR

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ERRATA

Page 7	Line 17	For "sesions" read "sessions".
Page 8	Line 33	For "that" read "than".
Page 10	Line 6	For "disinfect" read "disinfest".
Page 14	Line 23	For "occured" read "occurred".
Page 17	Line 41	For "ad" read "and".
Page 21	Line 3	For "posible" read "possible".

INDEX

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres)	7,035
Population (Registrar General's estimate for mid-1947)	26,550
Number of inhabited houses	7,430
Rateable value	£178,988
Sum represented by a penny rate	£709

Redcar is a town, partly residential, partly holiday resort, and partly industrial. Extensive development schemes are being carried out within the borough, and in some areas immediately adjoining, so that it is anticipated the population of Redcar will increase considerably within the next few years.

TABLE I

VITAL STATISTICS

	Total	Male	Female		
LIVE BIRTHS	571	304	267	—Rate per 1,000 of the population ...	21.5
Legitimate	544	292	252		
Illegitimate	27	12	15		
STILL BIRTHS					
Legitimate	10	5	5	—Rate per 1,000 (live and still) births	17.2
Illegitimate	Nil	Nil	Nil		

Deaths from puerperal causes ...	Nil	— Rate per 1,000 total births ...	Nil
Deaths from other maternal causes	1	— Rate per 1,000 total births ...	1.72
Deaths of infants under 1 year of age	20	— Rate per 1,000 live births ...	35
Deaths of legitimate infants under 1 year	19	— Rate per 1,000 live births ...	33.25
Deaths of illegitimate infants under 1 year	1	— Rate per 1,000 live births ...	1.74
Deaths from enteritis and diarrhoea under 2 years of age	1	— Rate per 1,000 live births ...	1.74
Notifications of Puerperal pyrexia	1	— Rate per 1,000 total births ...	1.72

The live birth rate is above the rate for England and Wales. The still birth rate is below that for the country as a whole.

It is good to be able to record no deaths from puerperal causes.

TABLE II

BIRTH-RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1947

Rates—per 1,000 of the Civilian Population

	Redcar	England and Wales	126 County Boroughs & Great Towns including London	148 Smaller Towns (Resident Population 25,000—50,000 at 1931 Census)	London Administrative County
BIRTHS					
Live births	21.5	20.5*	23.3	22.2	22.7
Still births	0.37	0.5*	0.62	0.54	0.49
DEATHS					
All causes	13.7	12.0*	13.0	11.9	12.8
Typhoid & Paratyphoid (Enteric Fever)	0.00	0.00	0.00	0.00	0.00
Scarlet-fever	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.03	0.02	0.03	0.02	0.02
Diphtheria	0.00	0.01	0.01	0.01	0.01
Measles	0.00	0.01	0.02	0.02	0.01
NOTIFICATIONS					
Typhoid	0.00	0.01	0.01	0.00	0.01
Paratyphoid	0.03	0.01	0.01	0.01	0.01
Cerebro-spinal Fever (Meningitis)	0.03	0.06	0.05	0.05	0.05
Scarlet-fever	3.27	1.37	1.54	1.37	1.31
Whooping Cough	1.99	2.22	2.41	2.02	2.80
Diphtheria	0.00	0.13	0.15	0.14	0.14
Erysipelas	0.33	0.19	0.21	0.18	0.22
Measles	14.90	9.41	9.13	9.58	5.29
Pneumonia	0.64	0.79	0.89	0.68	0.64

* Rates per 1,000 of the total population

TABLE III

INFANT DEATHS

Rates per 1,000 Live Births

	Redcar	England and Wales	126 County Boroughs & Great Towns including London	148 Smaller Towns (Resident Population 25,000—50,000 at 1931 Census)	London Administrative County
DEATHS					
All causes under 1 year of age	35	41	47	36	37
Enteritis and diarrhoea under 2 years	1.74	5.8	8.0	3.7	4.8

Twenty infants died under the age of one year. Seven of these were born prematurely, and four were born so deformed that they died shortly afterwards.

One child under two years died of enteritis.

The table above gives death-rates per 1,000 live births, in Redcar, in England and Wales, and in other components of the country.

The table on the following page gives an analysis of all deaths, the total number of which was 347. Cancer caused 44 of these, or 12.7%. Groups 19, 18 and 20, in that order, accounted for 107, 45 and 16 deaths respectively; that is, heart diseases and diseases of the blood vessels claimed 168 or 48.4% of the total. 61% of all deaths, that is 212, were of persons over 65 years of age.

The same table shows that twenty deaths were caused by pneumonia. Now only seventeen cases of pneumonia were notified during the year. The contradiction in figures appears partly because those cases of pneumonia which died outside our area, though included in our deaths table, would not be notified in Redcar. Also, although broncho-pneumonia is included under pneumonia as a cause of death, it is not officially notifiable as an infectious disease.

TABLE IV

DEATHS FROM ALL CAUSES AND IN AGE GROUPS

Cause of death	MALES							FEMALES							
	0-	1-	5-	15-	45-	65-	Total	0-	1-	5-	15-	45-	65-	Total	Total
1. Typhoid and paratyphoid fevers															
2. Cerebro-spinal fever															
3. Scarlet fever															
4. Whooping Cough								1						1	1
5. Diphtheria															
6. Tuberculosis of respiratory system				1	5		6				2	1		3	9
7. Other tuberculous diseases			1				1					1		1	2
8. Syphilis															
9. Influenza						2						1		1	3
10. Measles															
11. Acute poliomyelitis and polioencephalitis															
12. Acute infecticus encephalitis															
13. Cancer of buccal cavity & oesophagus (M) uterus (F)						3	3					1	1	2	5
14. Cancer of stomach and duodenum						5	5					1	2	3	8
15. Cancer of breast															
16. Cancer of all other sites					8	15	23					3	5	8	31
17. Diabetes						1	1								1
18. Intra-cranial vascular lesions					3	16	19				3	4	19	26	45
19. Heart diseases				5	12	32	49			1	4	9	44	58	107
20. Other circulatory diseases					2	7	9					1	6	7	16
21. Bronchitis					2	5	7	1				2	6	9	16
22. Pneumonia	1	1		1	4	5	12			1		1	6	8	20
23. Other respiratory diseases					1	1	2						4	4	6
24. Ulcer of stomach or duodenum					1		1								1
25. Diarrhoea (under 2 years of age)								1						1	1
26. Appendicitis															
27. Other digestive diseases			1		1		2						6	6	8
28. Nephritis				1	6	5	12					3	5	8	20
29. Puerperal sepsis															
30. Other maternal causes											1			1	1
31. Premature birth	5						5	2						2	7
32. Congenital malformation, birth injury, etc.	3						3	1						1	4
33. Suicide					1		1				1		1	2	3
34. Road traffic accidents				1			1								1
35. Other violent causes	1		1	3	1	1	7	3						3	10
36. All other causes	1			1	1	4	7		1		1	7	5	14	21
TOTAL—ALL CAUSES	11	1	3	13	48	102	**178**	9	1	2	12	35	110	**169**	**347**

LOCAL AUTHORITY CLINICS, ETC.

Although the Borough Council is only indirectly concerned with the running of these services, I know it will be of interest to have a resumé of the facilities provided for Redcar residents.

The majority of the clinics are held at No. 5 Turner Street, a house situated fairly centrally. Particulars of these clinics are given below.

Antenatal Clinic—Tuesdays, 2-0 p.m.

Post-natal Clinic—Fourth Wednesday in month, 10-0 a.m.

Child Welfare Sessions—Thursdays, 2-0 p.m.

Minor Ailment Clinics for school and pre-school children—
Mondays, 9-30 a.m. and Fridays, 10-0 a.m.

Diphtheria Immunisation—Mondays, 9-30 a.m.

Orthopaedic Consultant's Clinic—Fourth Monday in month, 2-0 p.m.

Other clinics held in the town are :—

Antenatal—Dormanstown Methodist Chapel, alternate Thursdays, 2-0 p.m.

Diphtheria Immunisation—

Dormanstown Infants School, first Thursday in the month, 10-0 a.m.

Ophthalmic Consultant's Sesions :—

West Dyke School, Tuesdays as required.

Ear, Nose and Throat Consultant's Sessions—South Bank, as required.

Chest Clinic—No. 8 Station Road, Wednesdays, 1-30 p.m.

Dental clinics are held at 5 Turner Street, for expectant and nursing mothers, pre-school and school children. But there is such a shortage of dentists, that it is impossible to have sessions regularly, or frequently enough to meet the need that exists.

Despite the serious lack of Health Visitors, it is hoped that it will be possible soon to establish a Child Welfare Centre in Dormanstown. Weekly sessions would have been instituted in that part of the town ere now had a building been available.

The existing premises, Nos. 5 Turner Street and 8 Station Road, are unsuitable and out-of-date. Plans have been prepared for much-needed alterations and improvements at No. 5 Turner Street.

HEALTH EDUCATION

Despite the difficulties attendant upon a life and death struggle, the Government, during the recent war, devised the National Health Service, which will come into operation on July 5th, 1948.

All who have the welfare of the community at heart, must agree that the advancement of preventive medicine, and of curative medicine is essential. Loud and diverse are the arguments as to the best means of approach, but there can be only one goal, the establishment throughout the country of a Health Service of the highest order.

When that object is achieved the facilities at present enjoyed only in the most progressive and enlightened areas will be found in all. And here I would stress the over-riding importance of education in the promotion of health. By education I do not mean schooling in the ordinary subjects, but in the advantages to be gained by developing a positive outlook on health.

The Public Health Service, or Preventive Medicine, in this country, has been built upon the work of men who, in the face of prejudiced and violent opposition, persevered and succeeded in their efforts to abate and prevent the frightful outbreaks of smallpox, cholera, and other killing and disabling diseases.

Ignorance, prejudice and apathy are not manifestations of a distant past. They are with us still, impeding progress, and worst of all is apathy. As recently as eight years ago diphtheria claimed 46,000 victims in England and Wales.

It is a curious reflection upon a small but important section of the community, that any "plugging" of this, that or the other, by a health worker, immediately arouses suspicion.

The listener wonders " Now what is he (or she) getting out of this? These people are paid to go round with their sales-talk, and I expect they get a bonus for each child immunised, or vaccinated, or wearing spectacles, etc."

At a meeting I have been asked, by an apparently intelligent man, if many school children were referred to an ophthalmic specialist, not because of eye troubles, but so that either the doctor, or the optician, or both, could have a bigger "rake-off".

A surprisingly large number of parents are confused about immunisation and vaccination, and believe that they are practised with the idea of preventing many more diseases that diphtheria and smallpox. Hence the disgust expressed when a child who has been either immunised or vaccinated develops, say, measles.

These parents are the ones whose arguments run—" I was never immunised (or vaccinated) and I never ailed anything. My grandfather was vaccinated and he had measles, whooping cough, a rupture and gall stones."

Now the importance of this minority of our folk lies in the harm they can do—unwittingly I believe—to children in their care, and in the effect their mistaken views have upon other parents who may be wavering. It is well known that folk will act upon the weighty words of a neighbour and ignore absolutely the advice of a doctor or nurse. Often we find a mother bringing her child to be immunised, not because she has been "chivvied" by nurse and doctor, but simply because Mrs. So-and-so next door thought it was a good thing.

The Central Council for Health Education was established in 1927. It provides expert advice and assistance to Local Authorities on such matters as Health campaigns and propaganda and it is supported by the Ministry of Health.

The Central Council also issues instructive pamphlets and placards to clinics and dispensaries, to hotels and other establishments serving food and drink to the public. The provision of safe and wholesome food and drink is of concern to all, and especially to a place like Redcar which depends so much on summer visitors. I will refer to this again under "Food and Drink Infection".

The poster with the words "Coughs and Sneezes Spread Diseases" has been seen by most of us. What proportion of us pays heed to this obvious warning?

Ordinary good manners and consideration for others would make such a poster unnecessary. But let us stand in a queue, travel by bus or train, go to a theatre or cinema, and fortunate we are if we escape being freely sprayed with the spittle of coughers and sneezers.

Another pamphlet distributed by the Central Council for Health Education is entitled "Unwelcome Guests". The "guests" are lice, fleas and bugs.

A lot of rubbish is thought and talked about vermin. Folk who might be expected to know better, believe, or profess to believe, that some persons are by nature lousy. Every now and then a mother says that her child's blood is too weak, or too strong, or that the child's hair is of the kind that attracts lice, or that the child's general condition draws vermin.

The life and habits of the louse have been thoroughly investigated. No person has been found to have skin, hair or blood which was more acceptable to the louse than skin, hair and blood of other persons.

It has been proved, however, and it is commonly known that some human hosts are not disturbed by the bites of lice, fleas and bugs. Other people suffer acute and prolonged itching when bitten.

Now the life of a louse attacking the latter group is uneasy and short. The irritated host scratches and hunts until his tormentors are destroyed. Therefore, such people are rarely infested.

The former group, those who feel little or no discomfort when bitten, will soon become infested unless they take ordinary pride in their persons and practise ordinary cleanliness.

In some parts of the country more than fifty per cent of young women going into the forces were verminous.

Anyone may pick up vermin in a conveyance, a place of entertainment, or at work. Despite overcrowding and other difficulties today, there is no excuse whatsoever for those who are persistently lousy. Active help and advice are gladly given by Health Department staffs to those anxious to disinfect themselves and their homes.

The Central Council, along with Health Visitors and School Nurses, Sanitary Inspectors, District Nurses, Doctors, Dentists, Social and Welfare Workers have been, and are doing their best to make the people health conscious.

I am convinced that informed lay persons in their daily contacts at work and leisure, could give valuable help in rousing the public to take an interest in health matters. And no lay body in any community should be as well qualified, or as keen, as the Local Health Committee, to keep the public informed and abreast of developments.

Unless we can sufficiently interest John Citizen and his wife, and their children, in the promotion and maintenance of health, mental and physical, the National Health Service will not achieve its object. And that would be a pity.

TABLE V

NOTIFICATIONS OF INFECTIOUS DISEASES

	1947 Population 26,650	1946 Population 25,810	1945 Population 24,120
Scarlet Fever	87	68	39
Diphtheria	0	12	17
Enteric Fever (Typhoid and Paratyphoid)	1	1	—
Measles	397	107	558
Whooping Cough	53	43	38
Puerperal Pyrexia	1	—	1
Erysipelas	9	6	4
Pneumonia	17	21	11
Cerebro-spinal Meningitis	1	—	2
Acute Anterior Poliomyelitis (Infantile Paralysis)	2	—	—
Pulmonary Tuberculosis	16	19	6
Other forms of Tuberculosis	—	8	6

Measles, scarlet fever and whooping cough, in that order, continue to form the bulk of notifications.

Measles was most prevalent in January and February, scarlet fever in February and March.

TABLE VI

CASES OF NOTIFIABLE INFECTIOUS DISEASE ADMITTED TO THE JOINT ISOLATION HOSPITAL, GUISBOROUGH, IN 1947

Scarlet Fever	38
Measles	2
Measles and Pneumonia	2
Paratyphoid (Enteric Fever)	1
Cerebro-spinal Meningitis	1
Acute Anterior Poliomyelitis (Infantile Paralysis)	2
Erysipelas	1
	47

Ten other patients were admitted for observation, but in no case was the final diagnosis one of notifiable disease.

INFECTIOUS DISEASES

DIPHTHERIA

I have mentioned this infection already. Indeed I find it difficult to keep off it, for it is a disease which should not occur in this country today.

The incidence of diphtheria in the years 1940—47 is shown in the following table :—

DIPHTHERIA

Year	Deaths	Cases
1940	2,480	46,281
1941	2,641	50,797
1942	1,827	41,404
1943	1,371	34,662
1944	934	29,949
1945	722	25,246
1946	472	18,283
1947	246	10,469

The figures for 1947 are provisional, but it is obvious that the downward trend is being maintained.

It is estimated that if 75% of children were immunised, diphtheria would be stamped out. Some areas have exceeded that figure, but less than 35% of Redcar children are protected.

In Redcar, in 1947, 239 children were immunised for the first time, and 160 children were given a reinforcing injection.

There have been no deaths from diphtheria for two years, and in 1947, there were no cases. Such a pleasing state of affairs may lead to a false sense of security liable to be rudely dispelled.

In the decreasing incidence of diphtheria there lies the risk that—as with smallpox and vaccination—people will tend to think "There hasn't been any diphtheria here for years; we needn't bother having the children immunised".

And so, unless we can impress on the public the need to make immunisation a routine procedure for all children, we will be exposed to the risk of a sudden flare-up of diphtheria. The danger of epidemics is greater in towns like Redcar which have a large seasonal influx of visitors.

SCARLET FEVER

87 cases of scarlet fever were notified in 1947. They were generally of the mild type prevalent in recent years. There have been no deaths from scarlet fever in the years 1944—47.

MEASLES

397 cases of measles were notified in 1947. Two, complicated by pneumonia, were admitted to the Isolation Hospital. Two ordinary cases were sent in also because of difficult home circumstances.

There were no deaths from measles.

WHOOPING COUGH

53 cases of whooping cough were notified in 1947, and there was one death, a child aged three months.

Immunisation against whooping cough has been widely practised for some years in the United States, and in Canada, but so far, in this country, only a few Health Authorities make provision for this. Large scale trial immunisation is being carried out with Ministry of Health support in some of the larger centres, and other authorities are offering immunisation independently at their clinics.

There is an increasing demand for immunisation, as whooping cough, with its serious complications is a disease to be feared.

In Redcar, parents who wish to have their children inoculated against whooping cough get this done by the family doctor.

ACUTE ANTERIOR POLIOMYELITIS (INFANTILE PARALYSIS)

The 1947 epidemic of infantile paralysis was much the most serious recorded in the British Isles since the disease first became notifiable in 1912. The corrected notifications in 1947 totalled about 7,500. The highest figure recorded in any previous year was in 1926, when there were 1,397 cases.

In view of the thousands of visitors to Redcar, from areas known to have widespread cases, more than a little concern was felt. Routine precautions were taken in schools for a month after the last case was notified.

In view of our limited knowledge of the mode or modes of transmission of this disease such precautions as we did take were presumptive.

How many abortive, but none-the-less infectious, attacks occured in the town will never be known, but we were most fortunate in having only two confirmed cases. They were pre-school children, and both developed paralysis, very slight in one case, more marked in the other.

TUBERCULOSIS

During the year 16 new cases of tuberculosis of the lungs were notified. There were nine deaths from respiratory and two from other forms of tuberculosis.

Deaths from all forms of tuberculosis in England and Wales, in 1946, were the lowest on record—22,847. And yet the notification rate has been mounting steadily since 1939. Possible explanations for these diverse trends are, a new awareness on the part of the public for the desirability of early examination of contacts, and the use in some areas of routine mass radiography.

Tuberculosis is still the cause of almost one third of all deaths between the ages of 15 and 39 years.

A tragic feature of the present time is the lack of nursing personnel in tuberculosis sanatoria. Wards have had to be closed while others are short-staffed.

The inevitable result is that there are long delays in many cases, before patients are admitted to hospital. Not only may the waiting period at home lessen the patient's ultimate chance of recovery, but the other members of the household are more liable to be infected. The danger depends partly on the individual resistance; on the degree of exposure, which is closely bound up with housing conditions; on the extent of the disease, and on unknown factors.

I am glad to say that, in Redcar, housing applicants suffering from tuberculosis, or persons with children exposed to infection, are given the first available suitable accommodation.

NOTIFICATIONS OF TUBERCULOSIS, 1947

Male Age Groups							*Female Age Groups*							
0—	10—	20—	30—	40—	50—	Total	0—	10—	20—	30—	40—	50—	Total	Total
—	2	2	4	1	—	9	—	—	7	—	—	—	7	16

SMALLPOX AND VACCINATION

From the coming into operation of the National Health Service in July, 1948, vaccination will not be compulsory. In effect there has been no compulsion for many years, and only about 40% of children born nowadays are vaccinated.

It is hoped in the future to rely on persuasion and common sense to achieve a satisfactory level of protection for our people against smallpox.

Under the Vaccination Acts, one doctor attempted to carry out free vaccination over a large area. In the new Health Service, free vaccination will be performed by all family doctors who wish to join the scheme—and the vast majority of them have agreed to vaccinate their own patients.

Why is such a small proportion of our population protected against smallpox?

Most certainly it is because smallpox is a comparatively rare disease nowadays in the British Isles. That is the chief reason. Others are, ignorance of the object of vaccination, prejudice against any form of "interference with nature", and, of course, just apathy.

Now vaccination is today more necessary than it has been at any time since it helped to stamp out smallpox. Although there is unceasing vigilance on the part of our Public Health personnel at sea- and air-ports, every now and then, some traveller incubating smallpox enters the country. The incubation period is that stage of the disease before the signs appear, but the individual is none-the-less infectious, and a menace to all who come in contact with him.

In 1947, there were 79 cases of smallpox in England with 15 deaths. In these days of rapid transit from countries where smallpox is endemic, it is easy for persons incubating the disease to travel far and wide before signs of illness appear.

Every infant should be vaccinated. Advantages of early vaccination are early protection, with little likelihood of general upset, and less chance of upset if vaccination has to be done again in later life. Vaccination of infants is as simple as diphtheria immunisation, and just as important.

FOOD AND DRINK INFECTIONS

The prevention of disease caused by food and drink is a matter of obvious concern to a place like Redcar, which caters so much for holiday-makers.

It is pleasing to know that no cases of food poisoning were notified as such during 1947. There was one case of paratyphoid or enteric fever, and one death from enteritis or diarrhoea in an infant under two years of age.

Food poisoning, like most illnesses, may kill, or it may be so mild that the patient does not call in the doctor. Even when medical attention is sought because of the usual bellyache, diarrhoea and vomiting, there may not be enough evidence to notify the case as food poisoning.

We must not preen ourselves on our present good fortune, for in the past few years, all over the country, there has been a sharp increase in the number of cases classed as food and drink infections.

During 1947, in the 126 great towns, and the 148 smaller towns in England and Wales, over 4,000 infants under two years of age died of enteritis or gastro-enteritis. That deplorable death roll occurred in a population of about twenty-six and a half million, and probably most of these deaths could have been avoided. An important factor in the infant mortality rate is the decline in breast feeding. Today only about 50% of babies are breast fed beyond the age of four months. In addition to food poisoning, which is a form of gastro-enteritis, the other chief infections conveyed by food and drink are :—

BOVINE TUBERCULOSIS, which kills every year between 1,500 and 2,000 persons—most of them young—in England and Wales. Many thousands more are disabled.

This type of tuberculosis is almost invariably spread by raw milk from tuberculous cows.

TYPHOID AND PARATYPHOID FEVER (ENTERIC FEVER) AND DYSENTERY. These diseases are conveyed in excreta to food and drink. The carrying agents are dirty fingers, flies or contaminated water.

SCARLET FEVER, TONSILLITIS AND DIPHTHERIA. These diseases are usually carried directly in the spittle from person to person. When otherwise spread it is nearly always by raw milk into which some careless person has coughed or sneezed.

Why has there been recently a great increase in food and drink infections?

The probable causes are (1) a lowered standard of personal and public hygiene arising during the war; (2) the great expansion of communal feeding, and (3) the increase in the use of "made-up" foods.

How can these diseases be prevented?

Again, we come back to the most important factor—education of the public, of individuals, in this case food and drink handlers. And food and drink handlers are obviously not confined to hotels, canteens, ad other public catering establishments. They are in every home.

First and foremost, scrupulous personal cleanliness is essential on the part of every person engaged in the handling of food and drink at every stage. It seems superfluous to add that facilities should be available for achieving scrupulous cleanliness both in person and premises.

There should be medical supervision of handlers, whether they be engaged in factories preparing and packing foods, or employed in hotels, restaurants, canteens and shops; on ice-cream barrows, market stalls, etc.

Workers in school kitchens and school canteens should be under particularly careful observation as children are more at risk than are the older sections of the community.

It is many a long day since strict measures were introduced to ensure wholesome water supplies. And yet, every year we have to report the deaths of between 1,500 and 2,000 young persons because we have failed to tackle effectively the problem of tuberculous milk.

Milk from Tuberculin-tested herds is safe, and so is pasteurised milk. Raw milk is not safe. Until the long-overdue day when milk is compulsorily pasteurised, or drawn from otherwise healthy herds, which are regularly tuberculin-tested, all raw milk should be boiled before use.

We have a lot of hard teaching to do and prejudices to overcome. In this work the help of informed lay persons would be invaluable.

RINGWORM

This is a contagious rather than an infectious disease, and is particularly intractable when it attacks the hair. The condition is due to a fungus whose site of election is the hair of the head, and it nearly always affects only those under fourteen years.

Ringworm of the scalp is a troublesome complaint. There are reports of its increasing incidence up and down the country.

Usually ringworm is spread by direct contact from child to child, a simple matter. In its early stages, which may last for weeks, the disease is rarely noticeable to naked eye examination. By the time it becomes obvious, each case has had ample opportunity to spread the contagion.

A letter has been sent to all hairdressers in the Borough asking them to be especially watchful when dealing with children, and to take every care that instruments and towels are free from contamination. No barber could be blamed for cutting hair that appeared to be perfectly normal, but, as I have mentioned, such hair may be in the initial stages of ringworm, and precautions should be taken accordingly.

About twenty children have attended the clinic during the year.

Usually treatment is necessary for months, in some instances for a year or longer, so children are not excluded from school. Indeed there is more supervision of many of them at school than there is at home. We can be sure that at least while under the teacher's eye, those heads known to be affected are constantly kept covered.

SCABIES

This is another condition which is contagious rather than infectious. It is readily spread by direct contact as when children hold hands or tumble over each other at play.

Scabies is caused by a tiny creature, the itch mite, which is invisible to the naked eye. It attacks places where the skin is thin, such as the webs of the fingers, the under surface of the wrists, the belly and so on. It is rarely found on the face or head.

When it does lodge in the skin, the itch mite causes a very small watery blister to appear. Itching is the chief symptom and, especially when the victim is warm in bed does the irritation become intolerable. It is impossible to sleep, scratching leads to septic sores, and the patient, adult or child, suffers acutely. In its early stages, before incessant scratching has caused sores, scabies can be readily cured.

As with vermin, anyone may be unlucky enough to get infested with the itch mite. And also as with vermin, there is no excuse for those families who always have one or more members affected and keep scabies going all the year round.

I am glad to say we have found less than a dozen such families in Redcar.

HOUSING

The above heading brings to my mind not so much houses, as the present disturbing shortage of homes.

My work brings me daily into contact with those who are living in extreme unhappiness. The bitter disappointment and the years of frustration which are weighing so heavily on so many of our people can be partly appreciated by those who visit them and talk with them.

Worry, whatever its source, and especially when prolonged indefinitely, causes a great deal of illness, its gravity depending to some extent on the individual.

As time goes on the effect on the health of those concerned is becoming more noticeable.

In 1947 there were completed in Redcar by the Local Authority :—

Permanent Houses		10
Temporary Houses		35
Aged Persons Houses		30
	Total	75
Private Enterprise—Permanent Houses ...		14
	Total	89

At 31st December, 1947, there were 1,555 applicants, including 963 ex-servicemen, on the waiting list for houses.

Applicants for Aged Persons Houses totalled 85.

Houses under construction at the end of 1947 :—

Local Authority—Permanent		136
Local Authority—Temporary		25
Local Authority—Aged Persons Houses ...		6
	Total	167
Private Enterprise—Permanent		13
	Total	180

The industrial development going on in and adjacent to the town has brought large numbers of workpeople into the area, thereby aggravating the housing problem.

The seriousness of the situation needs no emphasis.

MILK SAMPLING

During the year 28 samples were tested for keeping qualities. Four of these samples were unsatisfactory. Investigations followed and steps were taken to deal with posible causes of the unsatisfactory results. Further tests made showed that the samples were up to required keeping standards.

ICE-CREAM

16 samples of ice-cream were taken and were submitted to the Public Health Laboratory at Northallerton.

No pathogenic organisms were isolated.

Inspection of food and meat is referred to in the report of the Chief Sanitary Inspector.

WATER SUPPLIES

There has been no alteration in the sources of our water supplies during 1947. These are, one adit, one spring, and the Cleveland Water Company and Tees Valley Water Board.

Alterations and extensions were made on the supply lines to meet the requirements of the new houses built and under construction during the year.

The average daily consumption per head of the population was between 26 and 27 gallons.

All houses in the borough except 25 have water piped in from the mains. In some of the larger houses which have been divided up into flats, water has not been piped to every flat.

Some examples of the findings of analyses, bacteriological and chemical, are given on the following pages. I am indebted to the Borough Engineer for these reports. A total of 32 analyses were done during the year.

In no case did the analyst's report suggest that the supplies would be unsafe, after the routine purification measures carried out prior to the water going into distribution. Samples taken from points throughout the town confirmed this.

SUMMARY OF RESULTS OF CHEMICAL ANALYSES OF WATER SAMPLES FROM VARIOUS POINTS ON THE SUPPLY

Date of Sample	2nd June	2nd June	2nd June	2nd June	29th Sept.	4th Nov.	1st Dec.	1st Dec.	1st Dec.	1st Dec.
Where taken	Spring, Upleatham	Tunnel	90 Broadway West	30 Elm Road	18 Tod Point Road	Reservoir Outlet	Spring, Upleatham	Tunnel	Reservoir Outlet	93 Broadway West
Turbidity, parts per million Silica Scale	Nil	12	Less than 5	Less than 5	Less than 5	Less than 5	Less than 5	Nil	Less than 5	Nil
Reaction pH	6.5	6.9	7.3	7.3	7.3	7.7	6.5	6.9	7.3	7.1
Total solids dried at 180°C	230	880	85	440	105	440	225	870	440	135
Free Carbonic Acid	23	60	Trace	10	3	4	23	60	10	4
Chlorine as Chlorides	43	38	8	33	6	33	43	38	33	7
Alkalinity as Calcium Carbonate	50	330	30	135	40	145	50	330	145	35
Hardness—Total	115	710	40	305	55	315	115	720	315	55
Hardness—Temporary	50	330	30	135	40	145	50	330	145	35
Nitrogen as Nitrates	4.2	0.0	0.0	1.4	0.0	0.8	3.2	0.0	1.8	0.0
Nitrogen as Nitrites	Absent	Absent	0.1	0.01	Less than 0.01	Less than 0.01	Absent	Less than 0.01	Less than 0.01	0.01
Free Ammonia	0.000	0.17	0.000	0.032	0.012	0.53	0.012	0.16	0.47	0.062
Albuminoid Ammonia	0.00	0.000	0.062	0.032	0.090	0.060	0.016	0.000	0.048	0.090
Oxygen absorbed in 4 hours at 27°C	0.00	0.00	3.80	0.60	5.30	0.60	0.00	0.00	0.25	5.8
Metals—Iron	0.03	0.35	0.12	0.29	0.16	0.30	Less than 0.03	0.50	0.12	0.12
Manganese	Absent	0.68	Absent	0.08	Absent	0.15	Absent	0.64	0.17	0.03
Lead	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
Free Chlorine parts per million	Absent	Absent	Absent	Absent	Absent	0.15	Absent	Absent	0.55	Absent

REPORTS ON BACTERIOLOGICAL EXAMINATION OF WATER SAMPLES FROM VARIOUS POINTS ON THE SUPPLY

Date of Sample	Where taken	Colonies from 1 c.c. on Agar in 3 days at—20°C	Colonies from 1 c.c. on Agar in 2 days at—37°C	Coliform Organisms in 100 c.c.	Strept.	B. Enteritidis Sporogenes
2nd June, 1947	Spring—Upleatham	270	70	—	—	—
2nd June, 1947	Tunnel	300	26	Present	—	—
2nd June, 1947	Cleveland—Upleatham	240	12	Present in 1 ml.	—	—
2nd June, 1947	Reservoir Outlet	7	—	—	—	—
2nd June, 1947	30 Elm Road	5	2	—	—	—
2nd June, 1947	90 Broadway West	14	16	—	—	—
29th Sept., 1947	18 Tod Point Road	800	90	—	—	—
4th Nov., 1947	Reservoir Outlet	2	—	—	—	—
1st Dec., 1947	Spring—Upleatham	3	—	—	—	—
1st Dec., 1947	Cleveland—Upleatham	80	3	Present in 20 ml.	—	—
1st Dec., 1947	Tunnel	—	—	—	—	—
1st Dec., 1947	Reservoir Outlet	—	—	—	—	—
1st Dec., 1947	93 Broadway West	3	1	—	—	—
1st Dec., 1947	'Orwell', Kirkleatham St.	3	—	—	—	—

SMOKE ABATEMENT

This is a subject in which the average citizen takes little or no interest. The reply to a remark of mine, about the outpouring of thick black smoke from some factory chimneys was "Where there's muck there's money". There was no appreciation of the damage to health, and the enormous waste involved in the production of such smoke.

It has been calculated that two and a half million tons of coal are lost each year in smoke. The invisible gases which are dissipated in the smoke are equivalent to several million tons of fuel, so that if there were no "muck" there would be a good deal more money.

We all pay lip service to the sentiment "Clear air and sunshine, clean surroundings and a healthy environment for children". The National Smoke Abatement Society have been striving hard and long to bring about a reduction, and ultimately, elimination of atmospheric pollution. Their efforts continue and are worthy of every support.

Of the two great causes of smoke, the domestic source is the more difficult to deal with. However, there are in production appliances which enormously cut down coal consumption and smoke emission while at the same time giving added comfort and cleanliness. It is to be hoped that in a not distant future every new house will have such an appliance fitted.

Permission to set up any power-using establishment should be conditional upon the satisfying of the local authority that all possible steps will be taken to eliminate smoke.

In Redcar, we are comparatively fortunate as there descends on us only part of the industrial and domestic smoke from Tees-side. But we need only go a few miles away to see the blackened houses, the gardens with neither fresh green grass nor flourishing flowers. No home can be kept bright and clean under that persistent pall of foul, evil-smelling smoke. The housewife's work is a never-ending, and a loosing battle with grime.

ANNUAL REPORT
FOR THE YEAR 1947

by

W. TUTIN,

A.R.S.I., M.I.P.C., M.S.I.A., M.I.H.,

Certified Meat and Food Inspector (R.S.I.),
Chief Sanitary Inspector and
Cleansing Superintendent.

Health Department,
"Teeswold,"
Coatham Road,
Redcar.

To the Mayor, Aldermen and Councillors of the Borough of Redcar

Madam and Gentlemen,

I have the honour to present to you my Annual Report for the year ending 31st December, 1947. The past year has been a year of much difficulty and concern. A great deal of time has been taken chiefly in the slow progress of clearing the decks for a return to our normal place following the upheaval caused by the war. Unfortunately, we are finding, as we did in the early days of the war, that such a change over cannot be effected very quickly.

Housing work is still the greatest of burdens, chiefly due to the great deterioration of old property and the non-release of repairing materials except under licence. The requirement of a licence is a regular excuse used by certain types of property owners to evade their responsibilities.

Much of our time has been taken up, during the year, by visiting and re-visiting houses occupied by applicants for Council houses.

Inspections

The following is a tabulated statement of the number of inspections made during the year under review :—

Total number of inspections	7097
Total number of re-inspections	8273
Total number of nuisances found	6408
Total number of nuisances abated	6277
Total number of Informal Notices (including verbal and written Notices)	6345
Total number of Statutory Notices	Nil
Total number of Informal Notices complied with	6277
Total number of Statutory Notices complied with ...	Nil
Total number of Informal Notices outstanding	68
Total number of Statutory Notices outstanding	Nil

Sanitary Works and Improvements

Dilapidated dustbins	480
Choked drains	727
Choked and defective eave spouts	329
Choked sewers	104
Defective flushing apparatus	71
Keeping of animals, poultry, etc., in an insanitary condition	37
Defective construction of drains	41
Defective W.C. basins	47
Choked street gullies	82
Defective paving of yards	10
Defective set-pots	7
Defective fire-places	31
Premises in a verminous condition (including Military)	127
Overcrowded condition of premises	206
Choked and defective rain-water pipes ...	74
Broken plasterwork	81

Sanitary Works and Improvements (continued)

Dirty condition of dwelling-houses	161
Dirty condition of water-closets, urinals, etc.	93
Accumulation of rubbish	104
Defective roofs	97
Dirty condition of yards	61
Defective floors of dwelling-houses	59
Defective and insanitary condition of sinks ...	17
Premises in need of lime-washing	21
Offensive smells	841
Insufficient sink accommodation	17
Dirty condition of cowsheds	4
Defective construction of windows	31
External walls requiring re-pointing ...	302
Choked and defective waste-pipes	210
Defective and dangerous condition of outbuildings	17
Total	4479

INFECTIOUS DISEASES AND DISINFECTION

Number of infected houses inspected ...	126
Number of infected houses disinfected ...	126
Number of schools disinfected	16
Number of classrooms disinfected	128

FACTORIES AND WORKSHOPS

Number of inspections of Factories and Worshops	91
Number of nuisances found	17
Number of nuisances abated	17
Number of complaints from H.M. Inspector ...	10

BAKEHOUSES

Number of Bakehouses on Register ...	34
Number of notifications received from H.M. Inspector	6
Number of notifications dealt with	6
Number of Bakehouses added to Register ...	Nil
Number of Bakehouses removed from Register	Nil
Number of nuisances discovered and dealt with	14
Number of inspections	181

COWSHEDS

Number of Cowkeepers within the Borough ...	8
Number of Cowsheds within the Borough ...	16
Number of Registered Cowkeepers	8
Number discontinued during the year ...	Nil
Number registered during the year	Nil
Number of inspections	321
Number of notices dealt with	14

DAIRIES AND MILKSHOPS

Number on Register	35
Number discontinued during year	Nil
Number registered during year	Nil
Number of inspections	192
Number of notices dealt with	11

PUBLIC CONVENIENCES

The cleansing of all the various Public Conveniences in the Borough is under the control of the Health Committee. Some of our conveniences are inadequate to cope with the summer season demand especially the Ladies' conveniences on the sea front. A comprehensive scheme for improvement by rebuilding has been held up since 1939. All the conveniences throughout the Borough have been cleansed daily.

WATER SUPPLY

Bulk supplies from the Cleveland Water Company are mixed with the Corporation's own water derived from Worts Well Spring and adits in the Reservoir. The water is chlorinated and filtered on passage from the Reservoir to the town mains. The western portion of the Borough, including Warrenby and Dormanstown is supplied with water purchased in bulk from the Tees Valley Water Board. A few houses in Kirkleatham are supplied direct from the Cleveland Water Company.

SHOPS ACTS

Regular inspection of shops have been carried out and surprise visits made at all times with a view to seeing that the various Shops Acts and Regulations have been carried out.

The following is a summary of defects found and remedied during the year :—

	Number Inspected	Number Remedied	Number Outstanding
Rooms not at reasonable temperature	27	27	Nil
Lack of ventilation	7	7	Nil
Insufficient sanitary accommodation ...	2	2	Nil
Lack of accommodation for taking meals	4	4	Nil
Insufficient washing accommodation ...	5	5	Nil
Seats not provided for assistants ...	2	2	Nil

PREMISES REGISTERED UNDER SECTION 14 OF THE FOOD & DRUGS ACT, 1938

A.—Premises used for manufacture and storage of ice-cream intended for sale :

Number on Register	Number of Inspections	Number of Nuisances found	Number of Nuisances dealt with	Number of Samples taken
26	282	16	16	16

All samples were submitted for bacteriological examination. No Pathogenic Organisms were isolated.

B.—Premises used for the preparation and manufacture of sausages or potted, pressed or preserved food intended for sale :—

Number on Register	Number of Inspections	Number of Nuisances found	Number of Nuisances dealt with
26	296	15	15

RAT AND MICE DESTRUCTION ACT, 1919

During the year, a surface campaign was carried out. The town was divided into 55 areas and so many areas were treated each week. The number of rats killed by estimated caluculation was 986 rats.

After four areas had been treated, the first areas were again test baited.

At the same time the sewers were treated for rat infestation.

In March, 1948, all the manholes which had shown poison takes in the last treatment, were baited and poisoned.

134 manholes were baited and poisoned; there were 35 pre-bait takes and 18 partial takes, this giving an estimated kill of 135 rats.

The Refuse Tip has had periodical treatment and the infestation has definitely decreased.

Summer Camps

Three camps are licensed (under Section 269 Public Health Act, 1946). These camps are well managed and have adequate sanitary accommodation. One of these camps was extended during the year and additional water closets and ablution buildings were erected to cope with the extension.

Eradication of Bed Bugs

26 houses were dealt with on receipt of complaint of vermin infestation. Each case was treated by spraying with D.D.T. and only in four cases was it necessary to give a second treatment.

Markets

The holding of the market on High Street has been continued during the year, cleansing has been carried out on Saturday evenings after the stalls have been dismantled.

Housing

During the year very much extra work has been thrown on to inspection service by following up of all applications for new houses. In many cases three and four visits have had to be made to verify information given. In all, 876 visits have been made under this heading.

Meat and Other Food Inspection

Centralized slaughtering is still carried out at the Government slaughter-house, Middlesbrough, and meat distributed through the Redcar meat department. Periodical visits are made to this department. The premises have been kept in a clean condition. Meat has been condemned at the department on only a few occasions during 1947. This was chiefly on account of putrefaction. Saturday and Sunday slaughter of cottager's pigs has been carried out as usual in order to accommodate workmen who are engaged on other work during the week. All pigs slaughtered have been inspected. The Food Control Office have continued to co-operate with our Department by informing us of pig licences issued.

The following articles have been condemned as unfit for food and in no case was statutory action necessary :—

Meat	473 lbs.
Imported Meat	433 lbs.
Fish	1259 lbs.
Black Pudding	112 lbs.
Eggs	409
Miscellaneous Canned Foods	940 tins
Packed Foods	970 pkts.
Chestnuts	72 lbs.
Sweets	9 lbs.

PUBLIC CLEANSING

Refuse Collection

One cannot submit a report on this branch of our Public Health Service without mentioning the desperately hard time we had during the first three months of the year due to the exceptionally hard winter and the extra work undertaken by the continuous and heavy snow falls together with severe frost. This naturally interfered considerably with our Refuse Collection work. Nevertheless we survived and quickly got back to a weekly collection of household refuse and for Cafes, Hotels and Fish Shops twice weekly during winter months and daily during the

summer months. Spare parts for motor vehicles have been so very difficult to obtain, that much improvisation has had to take place to keep the vehicles on the road.

Refuse Disposal

All our refuse is disposed of by means of Controlled Tipping and in accordance with the Ministry of Health recommendation.

Street Cleansing

The best system for Street Cleansing is still in operation. Every endeavour is made to keep the streets clean and tidy. This is difficult as some residents and visitors do not give much help. These people will persist in throwing papers and cartons in the street. All main streets are swept daily and the High Street is cleansed at the rate of two and three times daily.

The following is a summary of the service given to the different streets :

Swept daily	26.16 miles
Swept three times weekly	7.25 miles
Swept at least once weekly ...	8.96 miles

In addition to the above a mechanical sweeper is used continually on all main roads during the summer months.

Gully Cleansing and Channel Flushing

During the year all gullies throughout the Borough are cleansed by a Mechanical Gully Cleansing Machine. They are resealed with a suitable disinfectant solution.

Sewer flushing and Channel flushing is carried out by the same machine.

Cleansing Costs

The following is a summary of the costs of your public cleansing service :

Refuse Collection—

Total number Loads collected—7,280
Total estimated tonnage collected—10,920
Weight of refuse per thousand population per day—23.93 cwts.
Nett cost per ton collected—13/6.15
Nett cost per thousand populatoin—£283/15/4.61d.
Nett cost per thousand premises—£910/17/3.4d.

Refuse Disposal—

Nett cost per ton disposed—2/1.03d.
Nett cost per thousand population—£43/16/1.84d.
Nett cost per thousand premises—£140/12/4.14d.

Street Sweeping—

Total square yards of surface cleansed during the year—11,640,000
Nett cost per 10,000 square yards—6/7.87d.
Nett cost per thousand population—£152/11/6.46d.

Gully Cleansing—

Total number of gullies cleansed—35,600
Nett cost per 1,000 gullies—£15/7/4.98d.
Nett cost per thousand population—£21/14/7.34d.

The Basis of this Report is as follows :—

Estimated normal population—26,000
Approximate number of premises—8,100

Tonnage collected (estimated)—10,920 tons
Cost of Refuse Collection—£7,378
Cost of Refuse Disposal—£1,139
Cost of Street Cleansing—£3,967
Cost of Gully Cleansing—£565

SALVAGE

During the year the collection of reclaimable materials chiefly paper has continued with satisfaction. There has been an increase in the waste paper figures, but a decrease in kitchen waste and metals. The total income from the sales of reclaimed materials has increased by £163.

The following is a summary of articles reclaimed and sold during 1947 :

	Approx. Wt. Tons	Cwts.	Amount. £	s.	d.
Waste Paper ...	229	9	1537	15	0
Ferrous Metals ...	19	19	57	12	5
Non-ferrous Metals		15¾	21	16	0
Textiles (mixed) ...	9	9¾	66	14	9
Bones	4	1½	23	16	5
Bottles and Jars ...	17	13	100	17	2
Kitchen Waste ...	15	16½	27	6	3
	297	4½	£1835	18	0

The expenses in connection with this work amounted to £1,238/3/2 which left a balance of £597/14/10 excess of income over expenditure.

Since salvage operations were commenced in 1939, our total collections have been :—

Weight	3,398 tons
Value	£14,948
Approx. Expenditure ...	£8,737

leaving a balance of £6,221 excess of income over expenditure.

In conclusion I wish to express my appreciation and thanks to the Chairman and Members of tte Health Committee, and to the members of the staff and workmen of the Council or their continued support and co-operation, and for the help received from them in the discharge of my duties.

I am, Madam and Gentlemen,

Your obedient servant,

W. TUTIN,

Chief Sanitary Inspector &
Cleansing Superintendent.

HOUSING STATISTICS

Number of New Houses completed in 1947 :—

(a)	Council ...	40 (including 30 aged persons' homes)
(b)	Other	14
(c)	Prefabs.	35

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR :

(1)	(a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	576
	(b)	Number of inspections made for the purpose	887
(2)	(a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	150
	(b)	Number of inspections made for the purpose	321
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	Nil
(4)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	161

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :

(1)	Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers ...	330
(2)	Number of dwelling-houses where work is in progress but not yet complete	121
(3)	Number of notices in course of preparation (not yet served) ...	44
(4)	Number of notices outstanding	81

3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :

A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
(2)	Number of dwelling-houses rendered fit after service of formal notices :	
	(a) By owners	Nil
	(b) By local authority in default of owners	Nil

B.—Proceedings under Public Health Acts :

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	Nil
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :	
	(a) By owners	Nil
	(b) By local authority in default of owners	Nil

C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :

(1)	Number of dwelling-houses in respect of which Demolition Orders were made	Nil
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	Nil

D.—Proceedings under Section 12, Housing Act, 1936 :

(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil

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