

[Report 1920] / Medical Officer of Health, North Witchford R.D.C.

Contributors

North Witchford (England). Rural District Council.

Publication/Creation

1920

Persistent URL

<https://wellcomecollection.org/works/pnym7ncq>

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>

North Witchford Rural District Council.

Cambridge

ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH FOR THE YEAR 1920.

GENTLEMEN,

I have the honour to present my Report for the year 1920.

Natural and Social Conditions of the District.

Population 1911—5,215.

Population (estimated 1920)—5,121.

This is the figure given by the Registrar General for the estimation of the Birth and Death Rates, and for your information, it may be well to give some extracts from his memorandum issued to Medical Officers of Health:—

1.—The numbers of births and deaths are those registered during the Calendar year, and are corrected for inward and outward transfers, they will differ therefore from uncorrected figures compiled locally either for the calendar year, or for a period of fifty-two or fifty-three weeks.

2.—POPULATION.—In 1920 demobilization had reached a stage at which it is felt that the distinction between "birth-rate populations" and "death-rate populations" made during the period, when a large part of the male population was under arms, might in general be discontinued.

3.—The classification of some deaths is modified in the light of fuller information obtained from the certifying practitioner in response to special inquiries. The principal subjects of these enquiries are indicated in a table published in the yearly reports of the Registrar General, and this possible source of discrepancy between the returns of the Registrar General, and those compiled locally should be borne in mind particularly in regard to the causes of death dealt with in that table.

PHYSICAL FEATURES.

A repetition of previous reports is here necessary.

The district varies in different parts. It is flat with slight elevations, but no hills.

The villages of Doddington, Wimblington and Manca are built on these elevations, while the village of Benwick and the scattered hamlet of Welches-dam are on drained Fen soil.

I may here point out to you that the main part of the district is composed of Fen land, which is drained by artificial means. This land is rich and fertile, and owing to its fertility it provides the inhabitants with abundant occupation. From facts gleaned from reliable sources, and from my own knowledge of the various conditions of the people, the North Witchford district is in a state of prosperity. There is little poverty and Poor-law relief is not excessive.

Beyond Agriculture there is no special occupation for the people, and they are dependant upon this for their livelihood. The district is situated some distance from a General Hospital, and none exists in the district itself.

Addenbrooke's Hospital at Cambridge, the Infirmary at Peterborough, and the Cottage Hospital at Wisbech are available for the people. At Hunstanton there is a Convalescent Home, which is of service to persons recovering from debilitating conditions.

VITAL STATISTICS.

The total number of Deaths registered for the year 1920 was 54, Males 26, Females 28. In 1919 this number was 59.

North York and District

Church

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

St. John's Church, North York

The Death rate is 10'5 per thousand. This is the lowest I can remember. The 1919 rate was 11'9 and the 1918 rate was 14'2. The Death rate for the whole of England and Wales was 12'4.

The Infant death (i.e. those under one year of age) totalled 4—all male children—in 1919 this number was 9. There were no deaths amongst illegitimate children.

The rate here is calculated on the number of registered births and it works out at 31'02. This is most pleasing, in that it is, in itself, extremely low, and it compares favourably with 1919, when it was 103 per thousand registered births, and even with 1917 when it was 50'6.

GENERAL CAUSES OF DEATH.

	Males.	Females.
Whooping Cough	2	0
Pulmonary Tuberculosis	2	4
Other Tubercular Diseases	1	1
Cancer	1	0
Organic Heart Disease	1	5
Bronchitis	0	2
Pneumonia	3	1
Other Respiratory Diseases	1	0
Diarrhoea (under 2 years)	1	0
Parturition	0	1
Congenital Debility	1	0
Violence (not Suicide)	2	0
Other Defined Diseases	11	14
Totals	26	28

Births. The total number of births in 1920 was 65 males and 62 females making 127. This again compares favourably with recent years. In 1919 there were 87 births and in 1918 there were 90 births.

The Birth rate was 24'7 per 1,000 of the population. In 1919 this was 16'9 per 1,000 of the population. In 1918 it was 17'3 per 1,000 of the population. The 1920 figures come nearly up to pre war conditions e.g., in 1913 the Birth rate was 26'05 per thousand.

The Birth rate for the whole of England and Wales for 1920 was 25'4 per thousand.

This is considerably more satisfactory as the above comparative figures show. Although our figures do not quite come up to the average for the whole of England, they show a great improvement on the 1918 and 1919 Birth rates.

Sanitary Circumstances of the District.

Water. Doddington, Manea, and part of Wimblington are supplied with Marham water, the water from the Wisbech Water Company. There appears no reason why the remaining part of Wimblington should not derive benefit from this supply. The hamlet of Welches-dam is too small and too scattered, I fear, to be considered in any scheme for the supply of water. It derives its water from the river and from the roofs of the houses. The rain water, so caught, is stored in suitable receptacles.

The most pressing matter in my report is the supply of good water to Benwick, and I shall leave no stone unturned until I have succeeded in carrying this matter through. I have reported it year after year and it has been shelved.

I refer you to my last year's report :—

"The supply of water from the Wisbech Water Company, for Benwick, requires your serious consideration, and, gentlemen, not only your consideration but your action. In spite of repeated reports from me of the condition of affairs in this village, with regard to its water the matter has been shelved. The time has come for Benwick to be properly supplied with good water. The people are entirely dependant on soft water caught from the roofs, and from an almost stagnant river, through an in-efficient filter bed. There are times in the year when there is nothing but stinking water for the people to drink. Such a condition of affairs must not be allowed to exist. The remedy is so simple. This good water is passing, less than four miles, from Benwick. There are houses, fields and farms all along the road, which would only be too pleased to pay for it on the way."

The first part of the paper is devoted to a general survey of the history of the subject, and to a consideration of the various theories which have been advanced to explain the origin of the disease.

The second part of the paper is devoted to a consideration of the various theories which have been advanced to explain the origin of the disease.

The third part of the paper is devoted to a consideration of the various theories which have been advanced to explain the origin of the disease.

Sanitary Circumstances of the Disease

The sanitary circumstances of the disease are of great importance, and it is necessary to consider them in detail. The first of these is the question of the spread of the disease, which is usually attributed to the action of the miasmatic theory. The second is the question of the mode of transmission, which is usually attributed to the action of the miasmatic theory. The third is the question of the mode of treatment, which is usually attributed to the action of the miasmatic theory.

The fourth part of the paper is devoted to a consideration of the various theories which have been advanced to explain the origin of the disease.

The fifth part of the paper is devoted to a consideration of the various theories which have been advanced to explain the origin of the disease.

The sixth part of the paper is devoted to a consideration of the various theories which have been advanced to explain the origin of the disease.

The seventh part of the paper is devoted to a consideration of the various theories which have been advanced to explain the origin of the disease.

Sanitary Circumstances of the Disease

The sanitary circumstances of the disease are of great importance, and it is necessary to consider them in detail. The first of these is the question of the spread of the disease, which is usually attributed to the action of the miasmatic theory. The second is the question of the mode of transmission, which is usually attributed to the action of the miasmatic theory. The third is the question of the mode of treatment, which is usually attributed to the action of the miasmatic theory.

The fourth part of the paper is devoted to a consideration of the various theories which have been advanced to explain the origin of the disease.

The fifth part of the paper is devoted to a consideration of the various theories which have been advanced to explain the origin of the disease.

The sixth part of the paper is devoted to a consideration of the various theories which have been advanced to explain the origin of the disease.

The seventh part of the paper is devoted to a consideration of the various theories which have been advanced to explain the origin of the disease.

RIVERS AND STREAMS.

There is little pollution of these.

DRAINAGE AND SEWERAGE.

This is in a fairly satisfactory state, and the sewerage is practically all treated by filter beds.

CLOSET ACCOMMODATION.

There are no open middens. There are 280 pail closets and 40 water closets. There are no waste water closets.

SCAVENGING.

The Councils carts remove house refuse, and empty pails periodically.

SANITARY INSPECTION OF THE DISTRICT.

(a) Number of Inspections made during 1920 was 380.

(b) Notices : Statutory, one.

Informal, twenty-two.

All these have been complied with.

There are no Common Lodging Houses, Knacker's Yards, or Offensive Trades in this district.

Schools. These are under the control and supervision of the County Medical Officer, who is also School Medical Officer.

Food.

(a) **Milk Supply.** This is good as regards its purity, and it is in sufficient quantity in the villages. However, in the open country, the milk is more difficult to procure. In the Fens, grass does not grow to perfection, and it is only on the more elevated parts known as high land, that cows can be well grazed. This necessitates the use of substitutes—Glaxo and Condensed Milk—in the lower-lying parts. Of late years goat-keeping by the cottagers has considerably increased. I strongly recommend people who have difficulty in obtaining cows' milk, to keep a goat. It is most economical and beneficial.

(b) **Other Foods.** Premises have been inspected but no unsound food has been found. The condition of the bake-houses is good. There is no public abattoir in the district. The slaughter houses are all kept in fair condition. Meat is inspected frequently by the Sanitary Inspector and myself. No carcasses have been condemned for Tuberculosis. The quality of meat is improving.

Prevalence and Control over Infectious Diseases.

The number of Cases of Infectious Diseases were as follows :—

Scarlet Fever	5
Puerperal Fever	1
Erysipelas	1
Ophthalmia Neonatorum	1
Tuberculosis	
Pulmonary	8
Other	1
Measles	92
Pneumonia	3

The 92 cases of Measles occurred in two Epidemics, one in Wimblington during February and March with 44 cases, and another at Manea in October and November which accounted for nearly all the rest. The origin of these epidemics is very doubtful.

As there is no Isolation Hospital in the district, it is impossible to properly isolate the initial cases, and so possibly prevent an epidemic.

There were no deaths from this disease.

The Tubercular Cases are under the treatment and control of the County Tuberculosis Officer. The notification of these cases has been prompt.

Small Pox : There have been no cases of this disease, and no vaccinations have been performed for this, under the Public Health Small-pox Regulations, 1917.

There has been no Anthrax or Rabies during the year.

There are no regulations regarding Influenza, nor has there been any epidemic of this. Any cases, that may have arisen, were mild ones. There has been no death from Influenza.

This journal is published weekly, except on Sundays, and is sent to all subscribers free of charge.

Published by the American Medical Association, 535 North Dearborn Street, Chicago, Ill.

CONTENTS

The Journal of the American Medical Association is published weekly, except on Sundays, and is sent to all subscribers free of charge. It is published by the American Medical Association, 535 North Dearborn Street, Chicago, Ill.

Food

The food of the human race is the most important factor in the maintenance of health and the prevention of disease. It is the basis of all life, and its proper selection and preparation are of the utmost importance.

Other food. The food of the human race is the most important factor in the maintenance of health and the prevention of disease. It is the basis of all life, and its proper selection and preparation are of the utmost importance.

Prevalence and Control over Infectious Diseases

The prevalence and control over infectious diseases is a subject of great importance to the medical profession and the public. It is a subject that has attracted the attention of the most eminent authorities in the field.

The prevalence and control over infectious diseases is a subject of great importance to the medical profession and the public. It is a subject that has attracted the attention of the most eminent authorities in the field.

The prevalence and control over infectious diseases is a subject of great importance to the medical profession and the public. It is a subject that has attracted the attention of the most eminent authorities in the field.

The prevalence and control over infectious diseases is a subject of great importance to the medical profession and the public. It is a subject that has attracted the attention of the most eminent authorities in the field.

The prevalence and control over infectious diseases is a subject of great importance to the medical profession and the public. It is a subject that has attracted the attention of the most eminent authorities in the field.

Maternity and Child Welfare.

This is carried out by the County Authorities.

Diseases of Parturient Women and Children have been few.

*There has been no epidemic of Diarrhoea.

Sanitary Administration.

Staff—Consists of Medical Officer of Health and Sanitary Inspector.

Hospital Accommodation.—There is no Isolation Hospital either for Small Pox or other diseases in the district. This is a matter to which attention should be given. It must not be anticipated that the good fortune which has shone on us lately, in the matter of epidemics, will continue always, and we may find ourselves suddenly confronted by difficulty. An Isolation Hospital is needed.

Maternity and Child Welfare

The Department of Maternity and Child Welfare is a branch of the Department of Health and is concerned with the health and welfare of women and children.

Sanitary Administration

The Department of Sanitary Administration is a branch of the Department of Health and is concerned with the health and welfare of the community. It is responsible for the administration of the various sanitary services and for the supervision of the various sanitary workers.

The Department of Sanitary Administration is a branch of the Department of Health and is concerned with the health and welfare of the community. It is responsible for the administration of the various sanitary services and for the supervision of the various sanitary workers.

Housing.

I here refer you to the Appendix and would point out that, at the moment of writing, houses are being rapidly erected in the Parishes of Doddington, Benwick, Manca and Wimblington.

The following is a list of houses that are now being erected by the Council :

Doddington	8
Benwick	8
Wimblington	10
Manca	10

Private enterprise may possibly account during 1921, for :—

Doddington	1
Wimblington	2
Manca	3

The Housing question is just as serious now as last year, except that building appears to be less expensive.

It will always be a serious problem, for the death rate is a declining one, and the birthrate an increasing one.

The natural increase is greater.

The methods for the prevention of disease improve year by year, and Medical Curative Science is making rapid strides.

The love of fresh air and outdoor exercises, the Child Welfare efforts, and the efforts of various other organizations, all make for life. So, Gentlemen, this life must be housed and well housed.

I have the honour to be, Gentlemen,

Your obedient servant,

CECIL STEPHENS. M.D

Medical Officer of Health.

APPENDICES.

HOUSING CONDITIONS STATISTICS, YEAR ENDING, 31ST DECEMBER, 1920.

1.—General.

(1) Estimated population.	5,121
(2) General death-rate.	10'5
(3) Death-rate from tuberculosis.	1'5
(4) Infantile mortality.	31'02
(5) Number of dwelling houses of all classes.	1,149
(6) Number of working class houses.	1,014
(7) Number of new working-class houses erected.	5

2.—Unfit Dwelling Houses.

I.—INSPECTION.

(1) Total number of dwelling-houses inspected for defects (under Public Health or Housing Acts).	55
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulation, 1910.	3
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.	3
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation.	21

II.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority of their officers.

10

III.—ACTION UNDER STATUTORY POWERS.

A. Proceedings under section 28 of the Housing Town Planning, etc., Acts 1919.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs.

2

(2) Number of dwelling-houses which were rendered fit—
(a) by owners.

1

(b) by Local Authority in default of owners.

0

(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close.

0

B. Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied.

0

(2) Number of dwelling-houses in which defects were remedied—

(a) by owners.

0

(b) by Local Authority in default of owners.

0

C. Proceedings under sections 17 and 18 of the Housing, Town Planning, etc., Act, 1909.

(1) Number of representatives made with a view to the making of Closing Orders.

0

(2) Number of dwelling-houses in respect of which Closing Orders were made.

0

(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit.

0

(4) Number of dwelling-houses in respect of which Demolition Orders were made.

0

(5) Number of dwelling-houses demolished in pursuance of Demolition Orders.

0

3.—Unhealthy Areas.

Areas represented to the Local Authority with a view to Improvement Schemes under (a), Part I, or (b), Part II, of the Act of 1890 :—

(1) Name of area.

(2) Acreage.

(3) Number of working-class houses in area.

None.

(4) Number of working-class persons to be displaced.

4.—Number of houses not complying with the building byelaws erected with consent of Local Authority under section 25 of the Housing, Town Planning, etc., Act, 1919.

No byelaws

5.—Staff engaged on housing work with, briefly, the duties of each officer.

(1) Medical Officer of Health—Supervising.

(2) Sanitary Inspector and Surveyor.

(3) Architect.

CECIL STEPHENS.

8th April, 1921.

Medical Officer of Health.

