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Contributors

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TO THE CHAIRMAN AND MEMBERS

SKELTON AND BROTTON URBAN DISTRICT COUNCIL!

GENTLEMEN,

I beg to submit my Annual Report for the year 1944, in accordance with the Ministry of Health Circular 49/45. It is shorter than pre-war reports, but, in view of the removal of the restriction on the publication of population figures, etc., I have thought it might be of interest to resume the inclusion in the report of summaries of figures providing some measure of the health of the population, in order that an estimate may be made of the direction and extent of any progress or change.

The Registrar-General estimates the population of the urban district at the middle of 1944 as 12,060: the last census, in 1931, gave the population of the district as 13,710. Since then the estimated population has almost steadily fallen each year, until in 13 years, the decrease is estimated at 1,650.

The number of births in the year was 269, the largest number since 1925. This number corresponds to a birth-rate of 22.3 births per thousand of population, compared with an average rate of 18'2 in the five years 1939—43, and of 16'6 in 1934—38.

There were 156 deaths of residents of the district during 1944, corresponding to a death-rate of 12'9, against the average rate of 13'5 in 1939—43 and of 13'3 in 1934—38.

The number of infant deaths during the year was 13; this gives an infant mortality rate of 48 infants dying per thousand births. On the comparatively small local yearly figure of births this rate might by chance vary widely; during the five years 1939-43 the yearly rate varied between 48 and 72, and averaged 60 infant deaths per thousand births. The average rate for the whole country in 1944 was 46; that for the Combined Districts, 38; so the local figure might well be less.

These vital statistics, and the figures for earlier five-year periods for comparison are given in Table 1 at the end of this report. The table covers a period of sixty years. The earliest "Annual Report of the Medical Officer of Health" for this district that I have is for the year 1882, and a few figures will illustrate the changes that have occurred since then. In 1882 the population of the district was estimated at 13,559—not much different from the census population in 1931. The number of deaths in 1882 was 212, and 102 of these occurred under the age of 1 year while 31 only were at the age of 60 years or upwards. Compare this with the 13 infant deaths in 1944 and the 80 deaths of people aged 65 years or upward, out of a total of 156. Expressing this in another way the average age of those dying in 1882 was 21 years; in 1944, it was 56. One cannot conclude that in these 60 years the span of life in the district has been lengthened by 35 years, for that is vitiated by the fact that the population in 1882 included a far larger proportion of children and a much fewer number of old people than now; there were, for instance, 595 children born in 1882 compared with what we now consider the large figure of 269. The altered incidence of death is partly the cause and partly the result of the changed age-constitution of the population. Death has not only changed the age at which it strikes; it has changed its weapons. In 1882 there were 29 deaths from the common acute infectious diseases and 8 from diarrhoea in young children; in 1944 there were, in the district, no deaths from the acute infections, and two from diarrhœa in young children.

Infectious disease was not prevalent in the district in 1944: there were 16 cases of scarlet fever, nine of them in the last three months but widely spread over the district. This disease is now usually one of the least dangerous of the infections, and, for those cases removed to hospital and treated with scarlet fever antitoxin, an isolation period of two weeks is usually found sufficient.

Five cases of measles were notified but more were intimated by Head Teachers in the last quarter of the year, particularly from Brotton. School intimations also were received of an epidemic of mumps in Lingdale in November and December.

Two notifications of diphtheria were received, but in one the diagnosis was not confirmed after removal to hospital and bacteriological examination. The number of children immunised in this and adjoining districts during 1944 are given in the following table; in this district only 58 children were immunised during the year. As there were 240 children born in 1943, who would, during the year, have reached an age at which they should be protected by immunisation, it is apparent that the number of unprotected children in the district is increasing. It cannot be too strongly emphasised that diphtheria in a child not protected by immunisation is a very serious disease with a high death-rate; that immunisation is safe, almost painless and has no unpleasant after-effects; and that it affords considerable protection against catching the disease or, if the disease is nevertheless contracted, it will ensure a mild attack.

Diphtheria Immunisation: N. R. Combined Districts.

Dipitelleri	a minimumsu	CIOIL: 11. Zi	. Combined	Districts.	
	Guisborough U.D.	Loftus U.D.	Redcar Borough.	Saltburn and Marske U.D.	Skelton and Brotton U.D.
No. of children immunised:					
during 1943	145	223	890	176	410
during 1944	134	114	437	111	58
Estimated number of children					
under 5 years of age	620	635	1810	459	1090
Estimated percentage of these					
immunised at end of 1944	63	48	66	80	60
Estimated number of children					
aged 5-14 years	1187	1225	3698	816	1957
Estimated percentage of these					
immunised at end of 194-	4 72	75	65	98	60
(A) Cases of diphtheria in 19	44				
in children under 15 yea		7	36	0	1
(B) Number included in (A					
known to have completed					
course of immunisation r					
less than 12 weeks before			16		0
the onset	0	4	10		0
(C) Deaths from diphtheria 1944 in children under 15		0	2	0	0
(D) Number included in (U	4	0	0
known to have completed					
course of immunisation r					
less than 12 weeks befo					
the onset of the disease		_	0	_	_

There were twenty new cases of tuberculosis during the year, and six deaths from this disease. Both these figures are higher than pre-war ones. The following table illustrates the progress that has been made in dealing with tuberculosis:—

Deaths from Respiratory Tuberculosis: N. R. Combined Districts.

	Number of deaths from Resp. Tuberc 187 173		Notified before Death.					
			Unnotified before death.	Number	Percentage known sputum positive.	% dying within one month of notification.	% dying five years or more after notification.	
1920-24		187	70	117	25	26	0.0	
1925-29		173	36	137	46	17	3.6	
1930—34		110	17	93	58	16	7.5	
1935—39		105	18	87	68	13	13.8	
1940-44		125	17	108	71	10	9.3	

The number of deaths decreased in each successive period with the exception of the last, when war conditions were responsible for some increase. The proportion of cases unnotified before death has fallen from 1 in 3 to about 1 in 7, and most of these latter, occurring in institutions outside the area, may have been notified in the district of occurrence. The percentage of the notified cases known to be sputum positive has increased steadily from 25% to 71%, owing to the increasing use being made of laboratory facilities provided. In the earliest period 26% of those dying died within one month of notification, as against 10% in the last period, while in the five years prior to the war over 13% of those dying had survived at least five years after notification, the largest proportion so far achieved.

Verminous Infestation: There would appear to have been, due to war-time conditions, some deterioration of personal and household cleanliness in the district: that is to say, the more careless portion of the population have been still more careless. Nineteen cases of scabies were reported through the schools, most of these at Brotton and Lingdale. Of 14 patients admitted from this district to the Joint Fever Hospital during the year two were found to be infested with head-lice. No case of infestation with body-lice has come to notice Three informal notices to cleanse dirty houses were served by the Sanitary Inspector.

After the issue of the Ministry of Health Circular 2645, in May, 1942, dealing with scabies, I was informed by the County Medical Officer that the County Council had approved the recommendation "that the whole-time health visitors of the County Council be instructed to visit premises in which cases of scabies are reported at the request of a district medical officer of health or on the instructions of the County Medical Officer; and that no charge be made for such services." Advantage of this has been taken when it seemed expedient.

No Cleansing Station has been provided by this District Council.

Venereal Disease: Assistance has been given in affording publicity to educative work in combatting venereal disease by displaying in public lavatories posters on the subject supplied by the County Council. A talk on Veneral Disease at a meeting arranged by the Women's Institute, Brotton, was given by your Medical Officer.

Water-Supply of the Area: The water-supply of the area has been generally satisfactory in quantity and in quality during the year, except for occasional short interruptions in the supply in the high parts of the district. The greater part of the area (3,368 houses) is supplied by the Cleveland Water Company, but the Council furnish a piped supply to the village of Moorsholm (104 houses), and Charltons (113 houses) has an independent piped supply. None of the water has ever been reported to have a solvent action on lead and no chemical or bacteriological examinations were made during the year.

The proportion of dwelling-housess in the district estimated to be supplied from public water-mains direct to the houses is 86%, and, by means of stand-pipes, 12%. The proportion of the population supplied in the same manner may be taken as the same.

Post-war Housing: The Council's post-war programme has been declared as the erection of 120 houses in the first two years, 64 on a site at Brotton and 56 at Boosbeck. The lay-out plans have been approved by the Ministry and the preparation of the plans for roads and sewers is proceeding.

Milk: The area is an important milk-producing district, there being 105 registered cowkeepers and dairies. Previous to the war samples of milk were regularly submitted for laboratory examination as regards bacteria, i.e. cleanliness, and the returns over some years showed steady improvement. Early in the war inspectors were appointed by the County War Agricultural Executive Committee to visit milk producers in their area and advise as to methods of milk production, and, as it seemed unnecessary to have two sets of officials covering the same ground, visits by your Sanitary Inspector to milk producers became less frequent and the submission of samples for examination on behalf of the Council ceased. It was important for the proper nutrition of the inhabitants of our country that the quantity of the milk produced should be increased, and very remarkable success in this object was accomplished under war-time conditions. But, however, shortage of labour, transport, etc., would not favour that progress in cleanliness which was being made before the war, and, in fact, complaints by householders of sour milk have been more frequent. A few samples of milk were submitted for bacteriological examination in the last months of the year to furnish some indication as to whether or not any change was apparent in the general level of cleanliness. The number of samples taken is small on which to base any definite statement, but so far as it goes the enquiry suggests that there has been a deterioration of cleanliness.

	Pe		Percentage			
Total milk samples		per l	C.C.		26	with B. Coli
submitted.	under	10,000	30,000	over		not found in
	10,000	-30,000	-100,000	100,000	1	1/100th c.c.
In 1937 and 1938: 42	5	19	67	9		71
In 1944: 11	19	0	36	45		19

Before the war nine out of ten samples submitted had a bacterial count of under 100,000 per c.c.; now 5 out of 11 samples do not reach that standard.

I am, Gentlemen, Your obedient servant,

C. R. GIBSON,

Guisborough,

August 8th, 1945.

Medical Officer of Health.

APPENDIX.

Statistics and Social Condition of the Area.

Area (in acres): 15,309.

Registrar-General's estimate of resident population, mid-1944: 12,060.

Number of inhabited houses (end of 1944) according to Rate-books: 3,684

Rateable value: £49,235.

Sum represented by a penny rate: £192.

The districts consists of ten villages separated and surrounded by agricultural land. The population is largely industrial, employed in ironstone mining and in iron and steel works.

1. SUMMARY OF VITAL STATISTICS.

				Deaths at Ages	at Ages	Deaths from all	Yearly	Yearly	Infant Mortality Rate
Period.	Population.	Births,	Deaths.	Under 1 year.	1—4 years.	forms of Tubercu- losis.	Birth-	Death- rate.	(Infant deaths per thousand births).
1884—1888	12,700	2553	1073	382	185	I	40.5	16.9	1492
1889—1893	11,842	2073	006	331	166	1	35.0	15.2	159
1894—1898	12,200	2088	945	315	133	1	34.5	15.5	151
1899—1903	13,240	2257	666	329	118	1	34.1	15.1	145½
1904-1908	14,500	2349	1088	299	167	118	32.4	15.0	127
1909—1913	15,202	2385	1023	268	157	69	31.4	13.5	112
1914-1918	15,000	2196	1211	273	1	81	29.3	16.5	124
1919—1923	15,860	2040	955	.961	103	58	26.0	12.5	96
1924-1928	14,716	1389	839	85	89	62	18.9	11.4	. 61
1929—1933	13,702	1128	881	91	38	31	16.4	12.9	\$00 1
1934—1938	12,986	1077	998	84	22	23	9.91	13.3	78
1939-1943	12,420	1131	836	89	20	19	18.5	13.5	09
1944	12,060	269	156	13	2	9	22.3	12.9	48½
	-			-	-				

2. NOTIFIABLE DISEASES, 1944 (other than Tuberculosis).

Total Deaths	- 1	1	1	1	ro
Cases Admitted Hospital	10	1	1	1	1
65	1	T	1	1	1
45			1	1	1
35	-	1	- 1	ı	1
25		Ī	1	1	1
15	-	-	1	1	1
10	6	- 1	1	1	-
ıo	61	1	1	60	1
4	2	1	.1	1	1
8	-	1*	. 1	1	1
2	1	1	1	1	-1
1 year		1,	1	-	4.
All Under 1 year	-1	i	1	1	1
All	16	-	-	ro	
	:	- 1	:	:	:
	Scarlet Fever	Diphtheria	Erysipelas	Measles	Pneumonia
1	The state of the s				

3. PATIENTS ADMITTED TO GUISBOROUGH & DISTRICT JOINT ISOLATION HOSPITAL

-
Districts)
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Combined
Riding
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P
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Н
North
(from

43/44	110	22	1	1	1	-	4	40	179	32
42/43	32	36	1	00	-	1	9	36	114	29
41/42	27	73	2	1	-	-	2	30	139	24
40/41	48	99	1	1	1	2	- 18	29	154	25
39/40	26	32	2	1	1	1	12	12	85	16
38/39	128	73	-	1	1	9	-	1	210	1
37/38	227	32	4	1	65	1	T	1	266	1
36/37	220	30	44	2	5	1	1	1	301	1
35/36	148	23	1	2	4	1	1	1	177	1
34/35	290	132	60	-	3	-	1	1	429	i
1/4/33 to 31/3/34	149	54	2	. 2	60	1	1	1	210	1
- 01	1	:	:	÷	• :	:		-	:	tients
	Scarlet Fever	Diphtheria	Enteric Fever	Erysipelas	Puerperal Fever	Poliomyelitis	Cerebro-spinal Fever	Others	TOTAL	Service & outside patients (included)