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Contributors

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SKELTON & BROTON
URBAN DISTRICT COUNCIL

REPORTS

for the Year 1950

of the Medical Officer of Health

W. H. BUTCHER, V.R.D., M.A.,

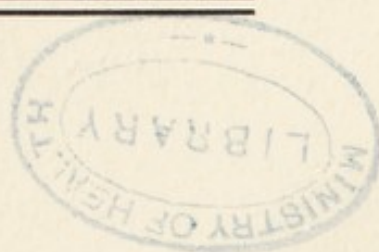
D.M., D.P.H., BARRISTER - AT - LAW,

SURGEON COMMANDER R.N.V.R.

and of the Sanitary Inspector

J. J. PATTISON, M.R. SAN. I.,

M.S.I.A., CERT. S.I.B.





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TO THE CHAIRMAN AND MEMBERS
OF THE
SKELTON & BROTON URBAN DISTRICT COUNCIL

MADAM AND GENTLEMEN,

I beg to submit my fourth Annual Report for the year 1950, the contents and arrangements of which are in accordance with the Ministry of Health's Circular 2/50.

It would be useful to enquire what has been the outstanding event in the District in 1950 within the sphere of the prevention of ill-health ; for Public Health, or Preventive Medicine, or Social Medicine to use a name which is to-day becoming fashionable in journals and universities, though it means neither more nor less than do the two older names, is the science that investigates the causes of health and the causes of deviations from health with a view to preventing members of the community departing from a state of health. This is an entirely different matter from treating and attempting to cure people who are already ill, which is the present function of family doctors and hospitals. In fact, the National Health Service Act, 1946, has thrown the limelight on hospitals, which, necessary though they are, should not be regarded as the culminating aim and final achievement of Medicine, for to prevent is financially more economical, ethically more humane, and socially more efficient than to cure. The emotional appeal of hospitals, not only to the public, which is quite understandable, but also to the medical profession, remains, however, great ; public health does not awake from our unconscious minds primitive images of the powerful beneficent father-figure surgeon operating in the symbolic operating theatre, or of the mother-figure nurse in the shaded light of the ward bending in the night watches over the sufferer's cot. Compared with these images, a health visitor (a State Registered Nurse with usually two additional qualifications) tramping from house to house inculcating the principles of healthy living is a vision of drabness ; so is the sanitary inspector viewing a leaking roof in the presence of an aggrieved tenant ; so is the medical officer of health weighing the problem of a doubtful water supply, or carrying out investigations into the causes of some unhealthy condition of the inhabitants of his district, an investigation which may yield few positive results for years, or immunising a batch of children, a measure that produces a negative, namely an absence of diphtheria. Yet public health has achieved so much in the hundred years of its official existence. During the first five or six decades of that period it was occupied with environment in a narrow physical sense and with the epidemics which accompanied such an environment ; it had no option because in the Victorian era environment for the bulk of the population was so bad that something had to be done about it before anything else could be attempted ; it was in fact so bad that even the privileged classes did not escape its effects, for the Prince

Consort died of typhoid fever and his son, the Prince of Wales, some years later nearly died of it. The term environment means much more to-day ; in fact, it means so much more that a new term has been coined and it is now often referred to as Social Conditions. Whatever the name used, it means the sum total of the agents that react on the individual's mind and body—his house, his work, his neighbours, his food, his upbringing, his family, etc.—for the individual is indeed the product of all these and of more besides reacting on his personality.

By its very achievements, by ridding the community of devastating and mysterious epidemics, by abolishing from the land the grossest squalor and filth, Public Health has lost the means of making an emotional appeal to the public. Will Public Health be given the same opportunities in the future as in the past ? For what Public Health can achieve rests primarily on the support it gets from the public and the public is swayed largely by emotion, only rarely and temporarily by reason when weighing the claims of preventive and of curative medicine. Unless the conditions in the Public Health Service keep pace with those in other specialities of medicine, I do not envisage that progress continuing. But to return to my enquiry, the most important event in the District in 1950 was unfortunately a negative one ; it is not what has been achieved, but what has not even been commenced. It is with the deepest regret that I record that in 1950 the expected start was not made in the construction of the Scaling Reservoir—expected at least by me in my anxiousness, or simpleness ; so for the fourth year in succession—I know that repetition wearies the reader—it is my duty to repeat that Scaling Reservoir should be commenced without further delay since the health of your District depends largely on it getting more water ; of that there is no manner of doubt. Apart from the chance of outbreaks of water-borne diseases at times of low rainfall, sanitary improvements long overdue are being held up for want of sufficient water. The same tale has been told for more than thirty years and in those thirty years the use of water has increased, not grown less.

A matter that will concern Public Health more in the future is the reactions of the individual to certain aspects of the environment ; I have particularly in mind at the moment overcrowding, where two families share a house which has not been adapted for that purpose, although other factors in the environment would be equally worthy of study. I do not restrict myself to the effects of physical overcrowding, serious although these are, but I refer here to the psychological effects on the individual. Two families, particularly two housewives, can rarely share a house without undesirable psychological reactions manifesting themselves. I have noted on the various occasions when I come into professional contact with mothers and children that definite psychoneurotic reactions are frequently discoverable and on enquiry I find in many cases a shared home. Marriage is generally a difficult adaptation and a shared house does not make it any easier. I feel that some priority in the rehousing of such cases would obviate mental ill-health, psychosomatic illnesses and maladjustments generally.

In conclusion I wish to thank the Chairman and Members of the Public Health Committee for their courtesy throughout the year ; Mr. F. Wilkinson, the Clerk of the Council, and Mr. F. Stringer, the Surveyor, for their co-operation ; and Mr. J. Pattison,

the Sanitary Inspector, whose report follows mine, for his valuable help on all occasions. My administrative work is done from the Guisborough Area Health Office of the North Riding County Council and has been greatly facilitated throughout the year by the willing labour of the two clerical officers, Miss M. Imeson and Miss J. Waite.

I am, Madam and Gentlemen,
Your obedient servant,

BROTTON,
1st May, 1951.

W. H. BUTCHER
Medical Officer of Health.

TABLE 1
Public Health Officers

Whole Time Officers	Guisborough Urban District	Skelton & Brotton Urban District	Loftus Urban District
Medical Officer of Health also District Medical Officer No. 4 Area N.R.C.C.	Dr. W. H. Butcher		
Sanitary Inspectors	Mr. J. A. Thompson*	Mr. J. Pattison	Mr. E. Hollis*
Additional Sanitary Inspectors	Mr. E. Ward		

*Also Surveyor of the District concerned

SECTION I

Statistics and Social Conditions of the Area

Population

The Registrar-General's estimate of the population of the District in the mid-year 1950 is 13,000, as compared to an estimate of the population in the mid-year 1949 of 12,880.

General Statistics

I am indebted to the Financial Officer of the Council for the following figures :—

1. Area of the District in acres	....	....	15,309
2. No. of inhabited houses according to the rate books			3,899
3. Rateable Value	....	....	£47,333
4. Sum represented by a Penny Rate	....	....	£186

Social Conditions

The District consists of an industrial belt comprising Skelton, New Skelton, North Skelton, Brotton and parts of Carlin How with a "Y" shaped prolongation to the southwards composed of Skelton Green, Boosbeck, Margrove Park, Charltons and Lingdale. These are situated amidst agricultural lands studded with farms ascending with swelling slopes to the moors which attain a height of nearly 1,000 feet. On the border of these, beyond the wooded valley of the Hagg Beck, is the community of

Moorsholm. To the north the District is bounded by Huntcliff attaining a height of 300 feet above the sea in almost sheer descent.

Ironstone mining remains the general, but a decreasing, industry in the District itself. The ironstone mines are in number five, or six if Longacre be considered a separate mine. Factories for the light industries are coming into operation; apart, however, from keyworkers they employ at present mostly female labour. The Skinninggrove Iron and Steel Works situated just outside the District employ from 600 to 700 of those resident in the District. During 1950 the industries have maintained full employment, a factor of great importance to the health both physical and mental of the population.

TABLE 2
Vital Statistics

		MALE	FEMALE	TOTAL
Live Births	....	109	102	211
Legitimate	....	108	100	208
Illegitimate	....	1	2	3
Still Births	....	6	2	8
Legitimate	....	6	1	7
Illegitimate	....	—	1	1

Deaths of Infants under 1 year of age

		MALE	FEMALE
Total	....	6	5
Legitimate	....	6	5
Illegitimate	....	—	—

The number of births registered being 211 gives a birth-rate of 16 per 1,000 of the population; corrected for comparability the birth-rate is 17 compared to ~~17.6~~ for England and Wales. Eleven infants under the age of one year died giving an infant mortality rate of 52 per thousand births compared to the rate for England and Wales of 29.8.

TABLE 3
Analysis of Infantile Mortality

CAUSE OF DEATH	Under 1 wk.	1-2 wks.	2-3 wks.	3-4 wks.	Total under 4 wks.	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	Total deaths under 1 year
Convulsions										
Acute Bronchitis	—	—	—	—	—	—	—	—	1	1
Aspiration										
Pneumonia	 1	—	—	—	1	—	—	—	—	1
Prematurity	 2	—	1	—	3	—	—	—	—	3
Tuberculous										
Meningitis	 —	—	—	—	—	—	1	—	—	1
Congenital										
Defects	 3	—	—	—	3	1	—	—	—	4
Heart Disease	 —	—	—	—	—	1	—	—	—	1
TOTALS	 6	—	1	—	7	2	1	—	1	11

TABLE 4—Vital Statistics
CAUSES OF DEATH

	MALE	FEMALE
Tuberculosis, Respiratory	2	1
Tuberculosis, other	—	1
Syphilitic disease	—	—
Diphtheria	—	—
Whooping Cough	—	1
Meningo-coccal infections	—	—
Acute poliomyelitis	—	—
Measles	—	—
Other infective and parasitic diseases	—	—
Malignant neoplasm of stomach	3	1
Malignant neoplasm of lung, bronchus	3	—
Malignant neoplasm of breast	—	1
Malignant neoplasm of uterus	—	2
Other malignant and lymphatic neoplasms	9	1
Leukaemia	—	—
Diabetes	—	—
Vascular lesions of nervous system	11	13
Coronary disease, angina	12	9
Hypertension with heart disease	2	3
Other heart disease	16	17
Other circulatory diseases	5	—
Influenza	3	1
Pneumonia	3	—
Bronchitis	2	2
Other diseases of respiratory system	1	1
Ulcer of stomach and duodenum	—	—
Gastro-enteritis and diarrhoea	—	—
Nephritis and nephrosis	1	5
Hyperplasia of prostate	1	—
Pregnancy, childbirth, abortion	—	—
Congenital malformations	3	1
Other defined or ill-defined diseases	9	5
Motor vehicle accidents	—	—
All other accidents	6	1
Suicide	1	—
Homicide and operations of war	—	—
ALL CAUSES	93	66

The deaths are classified under thirty-six headings based on the Abbreviated List of International Statistical Classification of Diseases, Injuries and Causes of Death 1948. 159 deaths of residents gave a death-rate of 12.2 per thousand of population; allowing for differing age and sex distribution the comparable death rate is 13 compared to 11.6 for England and Wales. Table 4 in its new form shows clearly what killed people in Skelton and Brotton in 1950. The infantile mortality remains excessive.

TABLE 5
NOTIFIABLE DISEASES, 1950
(other than Tuberculosis)

	All Ages	Under 1 year	1 year	2	3	4	5—	10—	15—	25—	35—	45—	65—
Scarlet Fever	20	—	—	2	2	2	6	3	4	1	—	—	—
Infantile Paralysis	1	—	—	—	—	—	—	1	—	—	—	—	—
Pneumonia	9	—	—	—	—	1	1	—	—	—	2	5	—
Puerperal Pyrexia	1	—	—	—	—	—	—	—	1	—	—	—	—
Measles	5	—	2	1	—	1	1	—	—	—	—	—	—
Whooping Cough	25	3	2	7	3	1	9	—	—	—	—	—	—

SECTION II

Infectious Diseases

Table 5 shows the incidence of notifiable infectious diseases except tuberculosis.

Diphtheria

No case was notified. Immunization was available to children either at the hands of the family doctor, or at the School Clinic of the North Riding of Yorkshire Education Authority at Carlin How, or at the Infant Welfare Centres of the Local Health Authority at Brotton, Skelton and Lingdale, while I was able to arrange sessions at the various schools where the family doctors gave reinforcing doses to children who had been immunized earlier in life.

TABLE 6
Immunization against Diphtheria

<i>Age Groups</i>			
0 to 4 years	....	....	112
5 to 14 years	....	....	4
Reinforcing doses	....	....	120

Smallpox

Fifteen immunizations were performed during the year, all by the family doctors. This important preventive measure appears now almost disregarded.

Tuberculosis

Thirteen new cases of respiratory tuberculosis were notified during the year and three of non-respiratory tuberculosis.

TABLE 7
Tuberculosis

AGE GROUPS			RESPIRATORY FORM		NON-RESPIRATORY FORM	
Years			Male	Female	Male	Female
0 to 4	....	....	1	—	—	2
5 to 9	....	....	—	1	1	—
10 to 14	....	....	—	2	—	—
15 to 19	....	....	—	1	—	—
20 to 24	....	....	1	3	—	—
25 to 34	....	....	—	—	—	—
40 to 55	....	....	1	2	—	—
56 to 65	....	....	—	1	—	—

The Mass Radiography Unit 1C, of the Newcastle-upon-Tyne Regional Hospital Board, spent three weeks in the area of the three Local Sanitary Authorities. I give details of the work done during the twelve days the Unit was stationed at the Institute, Skelton in Table 8 overleaf.

TABLE 8

Mass Miniature Radiography Survey : Statistical Report

Total radiographed	....	....	549
Total passed on miniature film	....	....	519
Total recalled for large film	....	....	30
Total failed to attend for large film	....	....	—
Total passed on large film	....	....	11
Total diagnosed on large film	....	....	14
Total recalled for investigation	....	....	5

ANALYSIS OF NON-TUBERCULOUS CASES

Silicosis	....	....	2
Bronchiectasis	....	....	2
Cardiovascular diseases—congenital	....	....	1
Cardiovascular diseases—acquired	....	....	1
Miscellaneous	....	....	4

ANALYSIS OF TUBERCULOUS CASES

Category "A"—active disease, newly discovered	....	....	1
Category "B"—inactive disease—(1) newly discovered	....	....	5
(2) previously diagnosed	....	....	2

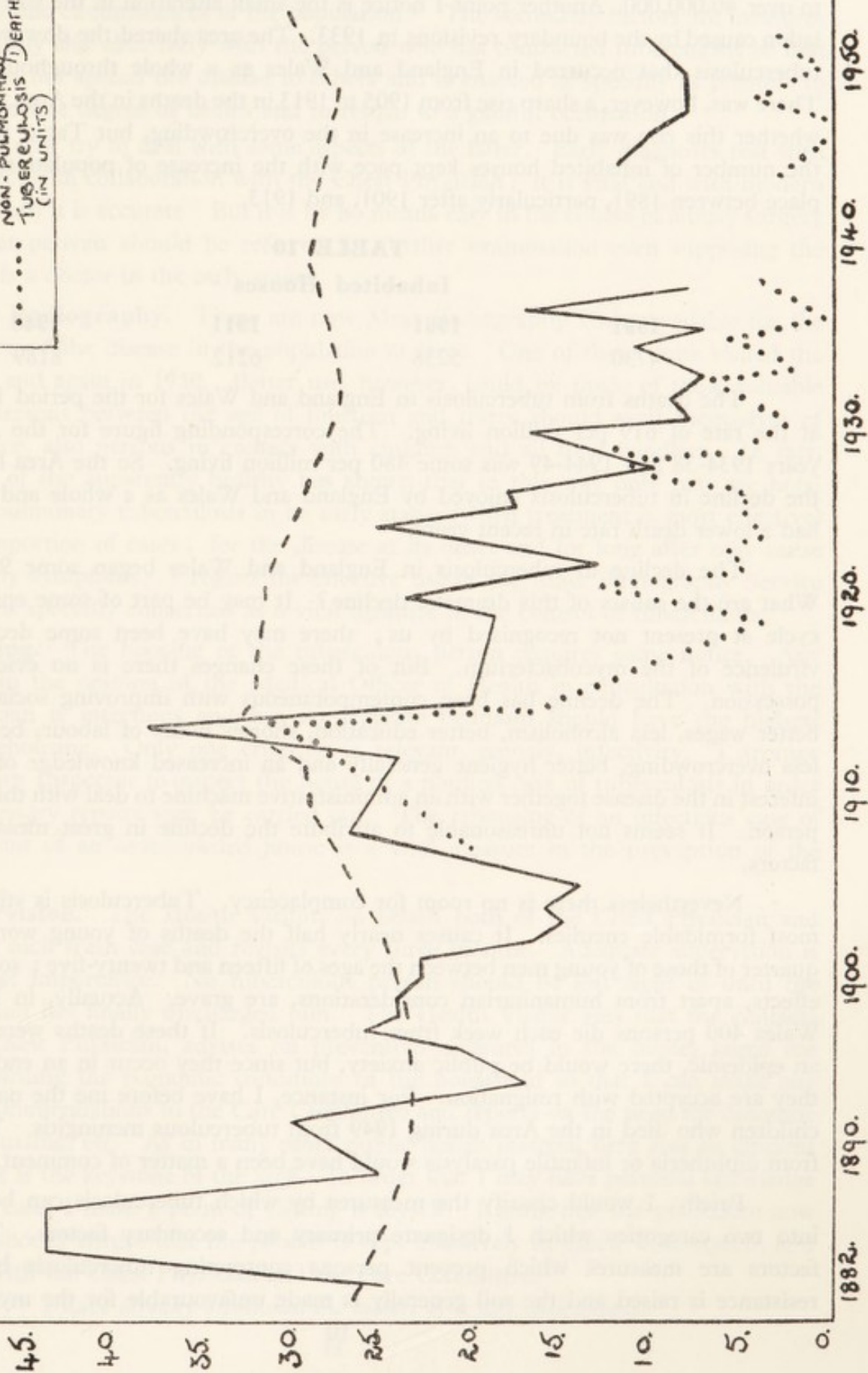
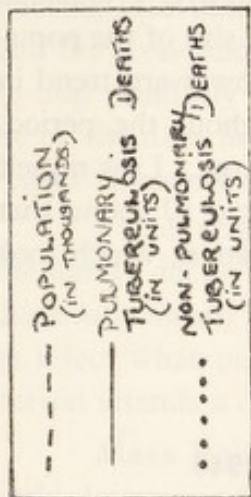
There are two strains of the mycobacterium that cause tuberculosis ; one of these has become adapted to be parasitic primarily on man and secondarily on the cow, the other to be parasitic primarily on the cow and secondarily on man.* So there are two forms of tuberculous disease : one affects the lungs, known as the respiratory or pulmonary form and is caused by the human strain of the mycobacterium (less than 1% is caused by the bovine strain). The other affects the glands, bones, abdomen and meninges or covering of the brain and is known as the non-respiratory or non-pulmonary form. Of this form some 60% is caused by the human strain of the mycobacterium and some 40% by the bovine strain ; the relative amounts, however, vary in different parts of the country depending on the amount of tuberculous milk consumed. To prevent non-respiratory tuberculosis caused by the bovine type of the mycobacterium it is necessary either to produce our milk from cows free from tuberculosis or to subject all milk to efficient treatment by heat.

(To avoid discrepancies due to small numbers I have grouped the three districts together and refer to them below as the area.)

I give in Table 9 the deaths from respiratory tuberculosis since 1882 and of non-respiratory tuberculosis since 1906 in the three districts. Because the boundaries of the districts of Guisborough, Skelton, Brotton and Loftus have not remained exactly co-extensive throughout these sixty-seven years, I have also given the figures of the populations at risk throughout the period. I hope that this procedure will make the data to a reasonable degree comparable. For these statistics I am indebted to the careful and full annual reports of my two predecessors in office, Dr. W. W. Stainthorpe from 1882 to 1918 and Dr. C. R. Gibson from 1919 to 1946. Only during the war years of 1916-1918 and 1939-43 were there no records written of the relevant figures. There are points in Table 9

* For completeness I mention a third strain affecting birds, but this is of no importance to the public health.

TABLE 9.



that I think are of interest. The population in 1948 is less than a thousand greater than in 1881. In the same period the population of England and Wales rose from over 27,000,000 to over 40,000,000. Another point I notice is the small alteration in the size of the population caused by the boundary revisions in 1933. The area shared the downward trend in tuberculosis that occurred in England and Wales as a whole throughout the period. There was, however, a sharp rise from 1905 to 1913 in the deaths in the Area. I ask myself whether this rise was due to an increase in the overcrowding, but Table 10 shows that the number of inhabited houses kept pace with the increase of population, which took place between 1891, particularly after 1901, and 1913.

TABLE 10
Inhabited Houses

1891	1901	1911	1948
4730	5238	6212	8189

The deaths from tuberculosis in England and Wales for the period 1939-45 were at the rate of 619 per million living. The corresponding figure for the Area for the years 1934-38 and 1944-49 was some 480 per million living. So the Area has shared in the decline in tuberculosis enjoyed by England and Wales as a whole and has actually had a lower death rate in recent years.

The decline in tuberculosis in England and Wales began some 90 years ago. What are the causes of this dramatic decline? It may be part of some epidemiological cycle at present not recognised by us; there may have been some decrease in the virulence of the mycobacterium. But of these changes there is no evidence in our possession. The decline has been contemporaneous with improving social conditions, better wages, less alcoholism, better education, shorter hours of labour, better housing, less overcrowding, better hygiene generally and an increased knowledge of and greater interest in the disease together with an administrative machine to deal with the tuberculous person. It seems not unreasonable to attribute the decline in great measure to these factors.

Nevertheless there is no room for complacency. Tuberculosis is still one of our most formidable enemies. It causes nearly half the deaths of young women and one quarter of those of young men between the ages of fifteen and twenty-five; so its economic effects, apart from humanitarian considerations, are grave. Actually, in England and Wales 400 persons die each week from tuberculosis. If these deaths were to occur in an epidemic, there would be public anxiety, but since they occur in an endemic disease they are accepted with resignation. For instance, I have before me the names of three children who died in the Area during 1949 from tuberculous meningitis. Three deaths from diphtheria or infantile paralysis would have been a matter of comment.

Briefly, I would classify the measures by which tuberculosis can be diminished into two categories which I designate primary and secondary factors. The primary factors are measures which prevent persons contracting tuberculosis because their resistance is raised and the soil generally is made unfavourable for the mycobacterium.

Two of the primary factors are the concern of the Local Sanitary Authority, namely, housing and sanitary conditions ; the other two primary factors are general nutrition and the economic circumstances of the population.* The secondary factors are measures to deal promptly and effectively with the person who has contracted tuberculosis so that he or she does not spread the disease to others and is enabled as speedily as possible to regain a reasonable degree of health and to return to a gainful occupation.

I shall now try to deal with some aspects of the latter. Early diagnoses rest with the family doctor in collaboration with the Chest Physician ; it is vital and with modern diagnostic means it is accurate. But it is by no means easy in the course of a busy surgery to select what persons should be referred for further examination even supposing the person attends a doctor in the early stages.

Mass Radiography. There are now Mass Radiography Units available for the early detection of the disease in the population at large. One of these units visited the area in 1949 and again in 1950. Better use, however, could be made of these valuable units. All persons between the age of fourteen and thirty should avail themselves of the the service, also persons in contact with children and all food handlers. In fact, investigation of the apparently healthy has shown that in this way only may we hope to diagnose pulmonary tuberculosis in its early stages (when treatment is most effective) in a high proportion of cases ; for the disease at its onset and for long after may cause no noteworthy symptoms. I regard the effective use of the Mass Radiography Service by the persons specially concerned as a vital measure in the control of tuberculosis.

Housing. The housing of the tuberculous person requires some notice. Any person who in the opinion of the Medical Officer of Health in consultation with the Chest Physician is infectious and has no separate bedroom should have the highest priority in rehousing. Only one criterion is relevant, namely, infectivity. I arrange for the Sanitary Inspector to inspect the house of a notified case of tuberculosis in order that any necessary repairs may be carried out. The rehousing of an infectious case of tuberculosis out of an overcrowded house is a vital measure in the prevention of the disease.

Supervision. The Health Visitor, on behalf both of the Chest Physician and myself, visits each fresh case and revisits every three months. Adequate supervision is of the greatest importance. No tuberculous person should be lost sight of until the Chest Physician has finally discharged him. The Health Visitor sees that the contacts attend the Chest Physician, advises on preventive measures in the home, keeps me informed regarding the economic conditions of the household so that I can make any necessary recommendations to the Care Committee and reports on the need for domestic help, home nursing, etc. As in many other public health matters, here also an efficient Health Visitor is the keystone of the arch. In order that I may have personal knowledge of each fresh case, I make a point of visiting it myself. I think that the procedure now in operation should ensure that the patient is kept effectively in touch with myself, and through me with the Chest Physician and the Care Committee.

* *I have already mentioned the matter of a safe milk supply.*

With the shortage of beds and staff for the treatment of tuberculosis the domiciliary care of the tuberculous person is coming to occupy a more ambitious position, although present housing conditions often make the nursing of the infectious patient at home both difficult and dangerous, particularly until he or she has been thoroughly trained in preventive measures by a period in a sanatorium.

SECTION III : Water Supplies

At the end of January the Cleveland Water Company withdrew the notice that advised the boiling of their water. Table 11 shows the satisfactory results obtained from the Lockwood Beck Supply after that date. Table 12 and 13 refer to the Moorsholm Supply. Complaints of abdominal cramps over a period of years were received from the occupiers of a dwelling in Moorsholm; samples of water were taken which showed the presence of no less than 2.8 parts of lead per million; this lead accounted for the colic from which the persons had suffered. The lead pipes in the house were replaced with copper or tin lined pipes in accordance with the requirements of the Local Sanitary Authority. These two tables are of further interest because they show how very pure is the Moorsholm Supply both bacteriologically and chemically, an opinion I had already formed from examination of the gathering ground, though, as was already known, it is plumbo-solvent.

There is a point, however, which I should mention, namely, the protection of one of the streams at the point where it gushes out of the howe to the entrance of the pipe, a matter of a few yards. I have walked over much of the mountainous and moor country of Britain and it has been the rarest experience to find a dead sheep lying in a stream, but in the last fifteen months on the Cleveland Hills I have found no fewer than five dead sheep wedged in becks. It must be borne in mind that the Moorsholm Supply is not subjected to treatment; hence the two reasons for my suggestion.

TABLE 11
Bacteriological Results of the Treated Waters
Cleveland Water Co.

No.	Date 1950	No. of colonies developing on Agar per ml. at 37° C. in 2 days	Presumptive Coliform Reaction from 100 ml.	Bact. Coli Type 1 from 100 ml.
1	17th January	450	present	present
2	24th January	80	absent	absent
3	30th January	40	absent	absent
4	16th February	less than 1	absent	absent
5	14th March	20	absent	absent
6	26th April	40	absent	absent
7	7th June	40	absent	absent
8	27th July	less than 1	absent	absent
9	12th December	20	absent	absent

TABLE 12
Moorsholm Water Supply—Bacteriological Results

No.	Date	No. of colonies developing on Agar per ml. at 37° C. in 2 days	Presumptive coliform reaction from 100 ml.	Bact. Coli Type 1 from 100 ml.
1	11th July, 1950	1	absent	absent

TABLE 13
Moorsholm Water Supply—Chemical Results in parts per million

Sample 1 (11/7/50)

Turbidity (silica scale)	 less than 3	Nitrate nitrogen	 0.0
Colour (Hazen)	 Nil	Nitrite nitrogen	 less than 0.01
Reaction pH	 5.6	Free ammonia	 0.000
Total solids dried at 180° C.	 60	Albuminoid ammonia	 0.000
Free carbon dioxide	 29	Oxygen absorbed in 4 hrs. at 27° C.	 0.00
Chlorine in chlorides	 14	Metals : iron	 0.05
Alkalinity as calcium carbonate	 12	manganese	 2.8
Hardness : total	 17	Other metals	 absent
temporary	 12	Residual chlorine	 Nil

SECTION IV

Inspection and Supervision of Food

On the 31st August and 1st September I attended a Conference on Clean Food held in London under the auspices of the Central Council for Health Education, and towards the end of the year I was organising filmstrip demonstrations to the food handlers of the District.

Food Poisoning Outbreaks

No outbreaks of food poisoning were notified to me. Other information and the relevant statistical tables will be found on pages 23 to 24.

SECTION V : Housing

Of Bell's Huts, Carlin How, thirteen are still in use for human habitation. Certainly there is no legal obligation for the Local Sanitary Authority to rehouse the occupants of these dwellings ; but these persons continue to live under conditions inimical to healthy living, so their rehousing in fit houses is of some concern to the Local Sanitary Authority in the interest of the public health. I trust that with the Council's housing programme progressing it will be possible to remove these dwellers from their unhealthy environment and demolish these dwellings. I well realise that the Local Sanitary Authority

has weighty and difficult decisions to make to satisfy the many claims for rehousing : there are the infectious consumptives who should have the highest priority ; there are the families who share a house ; there are those who live in unfit houses ; there are families that overcrowd houses ; there are those who live, not, it is true, in houses legally unfit, but in houses well below any standard of reasonable amenity, houses that have to be constantly patched up now here, now there. The real solution is more new houses and yet more new houses.

SECTION VI

Sanitary Circumstances of the District

In my Annual Report for 1949 I attempted to place on record the serious position which arose in the Urban District of Skelton & Brotton (the position in Loftus was, if anything, worse) owing to lack of water and the conclusions which I reached after much thought regarding the impracticability of getting rid of those noxious contraptions—the pail closets, and those anachronisms—the standpipes. It was only by the grace of Providence that these two districts escaped in that year epidemics of water-borne diseases. I have not yet forgotten that.

To-day I shall enquire whether anything has happened, or has been accomplished since the writing of that report which would enable me to alter, or at least to modify, that opinion. Certainly nothing has been done at Scaling ; not a sod has been cut although one-third of 1951 has passed. It may well be that work will not be commenced on that scheme until 1952.

I wish to make it quite clear that a conversion scheme by the Local Sanitary Authority up to fifty houses or less, which is all that the Regional Office of the Ministry of Health would consider when the matter was mooted some two years ago, appears to me to be entirely ineffective because it will not to any measurable extent improve your public health ; because it will not lower by a decimal your Infant Mortality Rate which is too high ; in short, because it is an inadequate measure to deal with some 2,100 pail closets. There is also attached to the Ministry's approval the provision that the medical officer of health give reasons on grounds of the public health why the particular area for conversion should have been selected. During 1950 I made some investigations into the distribution of infant deaths in the District over a period of 4 years and I came to the conclusion that, like the pail closets, the infant deaths are pretty evenly distributed throughout the built-up parts of the District ; there are in fact no black spots, or at least the spots are all equally grey. So there is no particular part of the District which I can recommend for reasons of the public health to receive priority for any conversion scheme. I shall refer again to this matter of localities when I am discussing the hydrodynamics of the supply. In fact your Council is doing both better and at lower cost, as things are at present, without any small conversion scheme approved by the Regional Office of the Ministry of Local Government and Planning, for in 1950 108 pail closets were converted

into water closets, 106 at the cost to the Local Sanitary Authority of £7/10/- each. Under a compulsory conversion scheme each conversion would cost the Local Sanitary Authority half of the actual cost, certainly a larger sum than £7/10/-. What I envisage is the abolition of the pail closets, or at any rate, preparations so that they are abolished as soon as the appropriate time arrives. When is the appropriate time? There lies the crux of the matter. Before I attempt to discuss that, I must endeavour to give some figures of the increased consumption of water when the 2,100 pail closets have been replaced by water closets and the 464 houses have a piped supply into the house. Owing to the courtesy of Mr. J. J. Thompson, the Water Engineer of the Guisborough Urban District Council, I know how much water is consumed in the same type of property in Guisborough with a water closet and without a bathroom; it is 24 gallons per head per day. I also know that it is accurate to state that the number of persons per house in your District is 3.5. Beyond that, however, I enter into a realm of surmise, for the figures are largely arbitrary; they are not exact because they depend on assumptions; for instance, I have to assume how often the chain of the flush is pulled per day by each person in the house; I have to assume how many buckets of water are carried each day per person from a standpipe. On these two assumptions depend my calculations of the amount of extra water likely to be used. With these reservations I calculate that an additional 92,200 gallons per day will be required in the case of the conversions; if piped supplies only be introduced into the houses now supplied by standpipes an additional 15,100 gallons per day would be used.

The Secretary of the Cleveland Water Company, Mr. R. N. Hindmarch, informs me at the date of writing this that he has instructions to begin pumping from the Commondale Beck at the rate of 300,000 gallons per day as soon as the level of Lockwood Beck Reservoir falls by 12 inches. This means that it will take longer for the reservoir to become empty at times of low rainfall—how much longer it is difficult to estimate, for it depends on how much the consumption of water is continuing to increase; obviously, the more the demands on the reservoir the smaller will be the margin of the safeguard which the increased use of the Commondale Beck supply is intended to provide. In any case I would point out that this additional supply does not mean any increase of pressure of the water in the reservoir which depends on the height above sea level of Lockwood Beck or of its subsidiary reservoirs or tanks where break of head takes place. Therefore, it will not mean additional water at the higher parts of the District, such as Skelton Green and upper Brotton. I feel sorry for those people at the end of the draw such as upper Brotton and Skelton Green, North Terrace, Loftus, and East Loftus, for those are the people who suffer first and are relieved last in any water shortage; in fact, conversion schemes in middle and lower Brotton, Boosbeck and Carlin How are bound, in my opinion, to have adverse effects on those houses beyond them at higher levels on the draw in times of low rainfall. The Charlton is supplied by Messrs. Dorman Long & Company. The latter informed the Local Sanitary Authority some time ago that they had not sufficient water for a conversion scheme at the Charlton. Actually, the Guisborough Urban District Council have an agreement with Messrs. Dorman

Long & Company to take water from that supply, water most necessary for the public health of Guisborough.

Section 47 of the Public Health Act, 1936, provides the necessary legal powers for the replacement of earth closets, etc. by water closets at the joint expense of owner and Local Authority. The house must have a sufficient water supply and what constitutes a sufficient water supply is defined in Section 90 (6) of the same Act. An owner might raise as a defence in the Courts the insufficiency of the water supply and, in view of the fact that there has been insufficiency of water in the District of late years, he might raise it successfully. In my opinion, the abolition of pail closets awaits a more ample water supply.

The abolition of standpipes is a more modest proposal affecting some 464 houses and requires an extra 15,100 gallons a day. If a piped supply be introduced into a house the pipe should be so laid that later a water closet can be provided with the minimum additional work and cost. Even with this proviso it means two bites at the cherry and entails greater cost, more upheaval and disturbance, in many cases more digging and a less economical use of labour, since conversions will be done afterwards at the same properties.

I have always maintained since my first Annual Report for 1947 that the Scaling Scheme should be commenced and completed as soon as possible ; and I still maintain that there is not sufficient water in the District to enable us safely to embark on the projects under discussion in this appreciation.

Scaling is not yet begun, much less completed, so that the Local Sanitary Authority has ample time in which to make the necessary preparations such as meeting, discussing and negotiating details with owners, Regional Officers of the Ministry, the local Water Company, etc., accumulating material, some of which is already scarce—such as piping, flushing cisterns, water closet pans, etc., perhaps arranging to divert some of the labour force on the completion of the Scaling Scheme on to the proposed works of the Local Sanitary Authority. These preparations are in some cases quite extensive ; for instance, at Moorsholm new sewerage works will have to be constructed. In some parts of the District extensions of the mains are necessary, for instance at the Charlton ; as the result of the work that I did in the early part of 1951 I am in the position to state that that supply is not at all times of a satisfactory quality for domestic use unless subjected to treatment even if it were sufficient in quantity. Again there are parts where it may be cheaper and easier to get access across private land. Such preparations will ensure that the Local Sanitary Authority is in the position immediately and rapidly to convert into water closets every pail closet and as a corollary to replace standpipes by piped supplies. With Scaling nearing completion the Local Sanitary Authority will be in the strongest position to rebut successfully objections which might be raised by owners, other persons or bodies.

Other information regarding the sanitary circumstances together with the relevant tables will be found on pages 18 to 26.

SKELTON & BROTTON URBAN DISTRICT COUNCIL

HEALTH DEPARTMENT,

COUNCIL OFFICES,

SKELTON-IN-CLEVELAND.

18th April, 1951.

*To the Chairman and Members of the
Skelton & Brotton Urban District Council*

MADAM AND GENTLEMEN,

I have pleasure in presenting my second Annual Report to the Council, for the year 1950.

I express my thanks to the Members of the Council for their help and courtesy during the year and I am indebted to my colleagues, especially to Dr. Butcher, for the support and co-operation given to me at all times.

I am,

Your Obedient Servant,

J. J. PATTISON,

Sanitary Inspector.

SANITARY CIRCUMSTANCES OF THE DISTRICT

Generally

During 1950, as in 1949, most of my time was spent on housing repair work. Although a lot of work was completed, many houses were needing repair at the end of the year. A large number of dry closets still require conversion to water-closets and water supplies need great improvement. These are all major defects needing much time to remedy.

Water Supply

The dry summer period of 1949 was not repeated during 1950 with the result that a regular supply of water was maintained to most houses in the area. One exception was New Brotton, where the spring supplying the property, which had failed the previous year, was not wholly restored. The Council undertook the delivery of water to the houses in tanks twice weekly but, by the end of the year, the water company had agreed to extend a water main to the rear of the property and the owners undertook to make the necessary connections.

It must not be inferred, of course, that the water supplies to the whole of the district are adequate. They are inadequate and the Cleveland Water Company's Scaling Reservoir Scheme should be proceeded with immediately.

In eighteen dwelling-houses water taps and sinks were provided in sculleries in place of standpipes or other supplies. The position in regard to dwelling-houses can be summarised as follows :—

TABLE 14

1. Number of houses supplied by standpipes	....	464
2. Number of houses supplied by wells and springs	....	80
3. Number of houses having direct supply	....	3355
TOTAL	....	3899

Sewerage and Drainage

With the exception of outlying houses and farms the district is served by public sewers discharging to the sea. A sewage disposal works owned by the Council receives the sewage from the village of Moorsholm.

Some lengths of sewer, damaged by mining subsidence, need relaying. Sewers laid and repaired during 1950 were :—

Brotton and Boosbeck Housing Estates, 130 yards 9 inch and 660 yards 6 inch sewers. In addition, 162 yards 12 inch, 248 yards 9 inch and 8 yards 4 inch sewers were renewed. Some 500 yards of surface water sewer had also to be repaired.

Most houses in the area have drains connected to the public sewers. Ninety additional connections were made to the sewers for closet conversions ; 171 visits were made for the purpose of testing 146 drains totalling 455 yards of 4 inch pipe. In addition, 36 gullies, 27 chambers and 3 intercepting traps were installed.

Closet Accommodation

In regard to water-closets, the water carriage system is not general in the urban area, more than half of the sanitary accommodation consisting of pan closets ; 108 of these closets were converted to water-closets during the year, 106 of them being aided by grants from the Council of £7/10/- per conversion.

Although the conversion of all dry closets in the area to water-closets is essential, no real progress can be made until there exists an adequate supply of water to all parts of the district.

Three water-closets were added to existing premises and, including those associated with new houses, the number and description of sanitary conveniences at the end of the year was :—

TABLE 15

Water-closets	....	....	....	1880
Pan closets ....	....	....	....	2029
Middens ....	....	....	....	12
TOTAL	....	....	....	3921

Refuse Collection and Disposal

The system of refuse collection and disposal remained the same as outlined in the 1949 report. Very few complaints were received regarding irregular collections during the year but difficulty was experienced in maintaining the two tips in proper condition. When refuse is dumped out of a vehicle men seem to lose interest in it.

The time lost during the year in sickness was high, amounting to 1,852 man/hours. For the financial year ended 31st March, 1951, the cost of the service totalled £3,843. Other items relating to the department were :—

Total mileage of vehicles	....	....	11,292
Loads of refuse collected and tipped	....	....	3,780
Approximate weight of refuse	....	....	7,560 tons
Trade refuse collected—loads	....	....	3
bins	....	....	502
Visits of inspection to tips, etc.	....	....	143

Factories

Sixty-four visits were made to factories and one intimatatory notice was necessary relating to lack of cleanliness.

TABLE 16
1. Inspections

Premises	No. on register	No. of Inspections	No. of written notices	Occupiers prosecuted
1. Factories in which Sections 1 to 6 are enforced	18	28	1	—
2. Factories in which Section 7 is enforced	24	34	—	—
3. Other premises in which Section 7 is enforced	2	2	—	—
TOTALS	44	64	1	—

2. Cases where defects found

	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector
Lack of cleanliness	1	1	—	—
TOTALS	1	1	—	—

Workplaces

Four visits were made to workplaces (being places other than factories where persons are employed except in domestic service). No defect was found.

Schools

Four visits were made to schools and one defect was remedied.

Shops

Ninety-three visits to shops, dealing in all classes of goods, resulted in only two defects being found which were remedied during the year.

Premises and Occupations which can be controlled by Bye-Laws or Regulations

There is no Common Lodging House, House Let in Lodgings, or Offensive Trade in the district.

One licence was issued by the Council for a Moveable Dwelling.

The Knacker's Yard at Charltons was again licensed. Ten visits were made.

There are eight privately owned slaughterhouses on the register and twenty-two visits were made. The majority of these are not ideal but are used solely for the slaughter of "cottagers' pigs."

Swimming Baths and Pools

In the district there are no (a) public or (b) privately owned swimming baths or pools open to the public.

Eradication of Bed Bugs, Cleansing, etc.

Only one house, privately owned, was found to be verminous, due to fleas, and this was disinfested.

Rodent Control

A rodent operative, appointed jointly by the Loftus and the Skelton and Brotton Urban District Councils, commenced his duties in the area during October. By the end of the year the Council's sewers had been treated twice and the refuse tips once, while three business premises were treated at the request of the owners. The bodies of 122 rats and two mice were found but these represent, of course, only a small percentage of the actual number killed. The poisons used so far have been zinc phosphide, arsenious oxide and red squill. The technique recommended by the Ministry of Agriculture and Fisheries was employed.

Housing

Only eight new houses were erected during the year, all by private owners.

Most of my time for the twelve months was again spent on housing repair work, no fewer than 964 houses being visited in connection with repairs needed under the Housing or Public Health Acts, necessitating a total of 1,653 visits. Lingdale, Boosbeck and Margrove Park were the areas concentrated upon. A great deal of work has been done but much more remains to be commenced. It would seem that the labour force available is insufficient to cope with the outstanding repairs within a reasonable time.

TABLE 17
Housing Appendix—Statistics

New houses erected in 1950

(a) By private owners	....	....	....	....	8
(b) By the Council	....	....	....	....	0

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)	....	....	964
(b) Number of inspections made for the purpose	....	....	1653
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	....	....	0
(b) Number of inspections made for the purpose	....	....	0
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	....	....	0
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found to be not in all respects reasonably fit for human habitation	....	....	179

Table 17—Housing Appendix—Statistics—continued

2.	<i>Remedy of defects during the year without service of formal notices</i>	
(1)	Number of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers	82
3.	<i>Action under Statutory Powers during the year</i>	
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	54
(2)	Number of dwelling houses rendered fit after service of formal notices	
(a)	By owners	39
(b)	By local authority in default of owners	0
B.	Proceedings under Public Health Acts	
(1)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	1
(2)	Number of dwelling houses in which defects were remedied after service of formal notices	
(a)	By owners	1
(b)	By local authority in default of owners	0
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	0
(2)	Number of dwelling houses demolished in pursuance of Demolition Orders	2
D.	Proceedings under Section 12, Housing Act, 1936	
(1)	Number of separate tenements or underground rooms in respect of which closing orders were made	0
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	0
4.	<i>Housing Act, 1936, Part 4, Overcrowding</i>	
(1)	(a) Number of dwellings overcrowded at end of year	76
	(b) Number of families dwelling therein	89
	(c) Number of persons dwelling therein	564
(2)	Number of new cases of overcrowding reported during year	0
(3)	(a) Number of cases of overcrowding relieved during year	2
	(b) Number of persons concerned in such cases	8
(4)	Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority has taken steps for the abatement of overcrowding	Nil
(5)	Of the total number of houses surveyed and recorded since overcrowding provisions were introduced in the Housing Acts, i.e. 3,144, 76 were overcrowded at the end of the year, giving a percentage of 2.42	

TABLE 18**Nuisances**

Total number of inspections made for nuisances only	....	1168
Nuisances found	....	448
Nuisances in hand, end of previous year	....	154
Total needing abatement	....	602
Abated during the year	....	452
Outstanding at end of year	....	150
Notices served, informal	448	Complied with 451
Notices served, statutory	1	Complied with 1
Number of summonses or other legal proceedings	....	1

In connection with the abatement of nuisances, one owner was prosecuted for failing to comply with a Notice served under Section 39 of the Public Health Act, 1936, to repair a defective water closet drain. The court made an order for the work to be done in fourteen days, failing which a penalty of 10/- per day would be imposed; £2/2/- costs were awarded to the Council. The work was satisfactorily completed within the fourteen days allowed.

FOOD**Milk**

One new dairy was constructed and, at the end of the year, there were 9 dairies and 10 retailers on the register; seventeen visits were made and no defect was found; 9 visits were also made to cowsheds.

Meat and Other Foods

There are 33 licensed slaughtermen in the district.

All slaughtering for the area is done at the Middlesbrough Abbatoir under the regional scheme of the Ministry of Food. Local food inspection, however, entailed 109 visits and resulted in the following foods being condemned :—

TABLE 19

Food	WEIGHT	
	<i>lbs.</i>	<i>ozs.</i>
Beef	772	8
Mutton	195	12
24 cans C.C. Beef	96	12
17 cans Pork Brawn	30	13
20 cans Luncheon Meat	19	5½
1 can Danish Pork	1	0
1 can Jellied Veal	3	0
72 cans Baked Beans	72	0
6 cans Condensed Milk	4	15
1 bag Peas	112	0
Cod Fillets	14	0
TOTAL	1322	1½

In addition there were the following foods not weighed :—

18 packets Chocolate Cup	17 tubs Chocolate Cup
18 packets Pudding Mixture	15 tins Junkets
23 packets Frutella Sauce	2 tins Chocolate Spread
33 packets Table Dessert	12 tubs Celery Salt
2 packets Dessert Mould	33 Jars Sandwich Spread

All the food material was surrendered voluntarily by the tradesmen concerned.

Bakehouses

There are 5 bakehouses on the register, all of which are considered non-domestic in type ; 15 visits were made.

Fish and Chip Shops

Twenty-six visits were paid to fried fish and chip shops, of which there are 21 on the register.

Ice Cream Shops

The 27 registered retailers of ice cream received 44 visits. There is no manufacturer in the district.

Public Houses

Twenty-three inspections were made of the 21 public houses. Sanitary accommodation was improved in one case.

Summary supplied by the Sanitary Inspector to the Medical Officer of Health, in pursuance of Article 27 (18) of the Sanitary Officers (Outside London) Regulations, 1935

TABLE 20

Sanitary Inspector's Summary for the Year ended 31st December, 1950

1. Housing Repair Works done during the year

Roofs renewed or repaired	 108	Water closets provided	 11
Chimneys rebuilt or repaired	 12	Water closets repaired	 12
Walls rebuilt or repaired	 88	Bathrooms provided	 5
Walls pointed or rendered	 30	Closet pans renewed	 198
Wall dampness remedied	 84	Pan closets repaired	 56
Eaves gutters renewed	 30	Pan closets converted to water closets	 108
Rain-water pipes renewed	 13	Dust bins renewed	 38
Connections to sewers	 90	Dust bins provided	 136
Drains tested (number)	 146	Wash-houses repaired	 29
Drains tested (length, yards)	 455	Wash-houses provided	 12
Drains renewed	 10	Washboilers renewed or repaired	 25
Extra drains provided	 46	Coalhouses provided or repaired	 12
Choked drains cleared	 25	Ceilings renewed or repaired	 67
New gullies	 36	Wall plaster renewed or repaired	 122
New chambers	 27	Floors renewed or repaired	 60
New intercepting traps	 3	Windows renewed or repaired	 163
Waste pipes renewed or repaired	25	Windows re-corded	 37
Yards paved	 37	Ranges and ovens renewed or repaired	 66
Yard paving renewed or repaired	19	Fireplaces renewed or repaired	 15
Sinks renewed or provided	 60	Doors renewed or repaired	 99
Sculleries provided	 3	Pantries or food stores provided or repaired	53
Water supply installed in houses	15	Handrails provided or renewed	 17
Water pipes renewed or repaired	16	Stairs renewed or repaired	 19

2. Visits, Notices, etc.

Total visits made during the year	....	....	....	1960
Complaints received and investigated	....	....	....	261

(a) Nuisances—

Houses inspected	....	706
Number of inspections	....	1168
Nuisances found	....	448
Nuisances in hand	....	154
		—
Total needing abatement	....	602
Number abated	....	452
		—
Outstanding	....	150
		—

(b) Housing—					
Houses inspected	....	258	Representations	....	0
Number of inspections		485	Closing Orders made	....	0
Houses unfit	....	0	Closing Orders determined		0
Houses with defects		179	Demolitions Orders made		0
Houses made fit informally		82	Houses demolished	....	2
Houses made fit formally		39			
(c) Premises visited, etc.—					
Water Supply	....	20	Churches	....	2
Drainage	....	171	Closet Conversions	....	227
Stables and Piggeries		4	Overcrowding	....	20
Fish and Chip Shops		26	Verminous Premises	....	2
Moveable Dwellings		2	Infectious Diseases	....	45
Factories, mechanical		28	Disinfections	....	26
Factories, non-mechanical		34	Slaughterhouses	....	22
Building Sites	....	2	Shops and Stalls (Food Inspection)		24
Workplaces	....	4	Butchers	....	31
Bakehouses	....	15	Fishmongers	....	2
Cinemas	....	4	Grocers	....	34
Refuse Collection	....	12	Fruiterers	....	4
Refuse Disposal	....	131	Cowsheds	....	9
Rodent Control	....	24	Dairies	....	17
Schools	....	4	Ice Cream Shops	....	44
Shops	....	93	Restaurants	....	2
Public Houses	....	23	Miscellaneous	....	12
(d) Notices served—					
Informal Housing Acts		125	Statutory Housing Acts		54
Informal Public Health Acts		448	Statutory Public Health Acts		1
(e) Notices complied with—					
Informal Housing Acts		82	Statutory Housing Acts		39
Informal Public Health Acts		452	Statutory Public Health Acts		1

J. J. PATTISON,
M.R. San. I., M.S.I.A., Cert. S.I.B., Sanitary Inspector.

