[Report 1956] / Medical Officer of Health, Skelton & Brotton U.D.C.

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SKELTON & BROTTON URBAN DISTRICT COUNCIL

REPORTS

for the Year 1956

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 Public Health Inspector
J. J. PATTISON,
M.R.S.H., M.A.P.H.I., CERT. S.I.B.

TO THE CHAIRMAN AND MEMBERS

OF THE

SKELTON AND BROTTON URBAN DISTRICT COUNCIL

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to submit my Annual Report for the year 1956, the contents and arrangement of which are in accordance with Circular 19/56 of the Ministry of Health. This is the tenth annual report which I have written; I feel that after a time an annual report tends to become stereotyped so that they who read it sigh at the sight of the oft repeated phrases, the familiar tables of statistics and the dull repetition; therefore in what follows I shall attempt to depart from my former limits and write on somewhat wider lines regarding matters that concern the health of the people of the District, though I trust that my digressions will not appear irrelevant or superfluous.

I would like at the outset to record my thanks to the Chairman and Members of the Health Committee for their encouragement throughout the year.

To Mr. F. Wilkinson I am again obliged for his co-operation at all times. To Mr. J. J. Pattison, whose report follows mine, I owe an especial debt for his unstinted help in all matters concerning the health of the District.

It would be remiss of me not to mention the passing away of a name that has a long and honourable history in the service of the people, that of " Sanitary Inspector ". Since today the duties of this officer extend far beyond what is usually implied by the term " sanitary " and besides nuisances, drains, smells and " insanitary conditions " generally, include food inspection, the cleanly handling of food, smoke prevention, investigations into outbreaks of diseases, the matter of housing in its widest aspect and the education of the public in healthy living, I think that the term " Public Health Inspector " better describes to the people the extent of his duties.

I have the honour to be,
Ladies and Gentlemen,
Your obedient servant,
W. H. BUTCHER,
Medical Officer of Health.

District Health Office,
Park Lane,
Guisborough.

March 12th, 1957.

TABLE 1

Public Health Officers

Whole Time Officers	Guisborough Urban District	Skelton & Brotton Urban District	Loftus Urban District
Medical Officer of Health who is also Asst. County Medical Officer No. 4 Area N.R.C.C. and School Medical Officer, N.R.C.C.	Dr. W. H. Butcher		
Public Health Inspectors	Mr. A. T. Pallister*	Mr. J. J. Pattison	Mr. W. C. Ransom*
Additional Public Health Inspector	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 1956 is 12,790, as compared to an estimate of the population in the mid-year 1955 of 12,790.

General Statistics

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

1. Area of the District in acres 15,419
2. No. of inhabited houses according to the rate books 4,144 (less 12 vacant)
3. Rateable Value £75,165
4. Sum represented by a penny rate at 31/3/56 .... £193

Social Conditions

The District is officially styled Urban; certainly the great industries of Tees-side and of the Skinningrove Iron and Steel Works employ the hard core of its people, now that ironstone mining is diminishing, but around us are the brown moors, the green fields and the grey waters of the North Sea dashing against the cliffs of Cleveland. The Council has continued to make steady but sure progress in getting rid of those abominations, pail closets, while there has been an improvement in the water supplies of the higher parts of the District. The infant mortality rate over the years remains above that for England and Wales, but most deaths are due to such factors as prematurity, malformations and other neo-natal

conditions. I see most of the infants and school children; their general health, their physical condition and the parental care that they receive is good. Much of that is due to the work of the Health Visitors, valuable though undramatic, and lacking the emotional appeal of curative medicine. Each Health Visitor is a State Registered Nurse and a Midwife and in addition holds by examination, the Health Visitor's Certificate. I also appreciate the interest taken in the welfare of the school children by the Headmasters and Headmistresses of the schools.

Another digression of mine is to comment on the vital work of the Domestic Help Service, which enables many old people to remain in their houses, instead of being unwilling inmates of costly institutions whether Old Peoples' Homes or Hospitals. The demand for the service is increasing and it may not always be possible to give all the help that it is felt these old folk should have or deserve; many live alone and have no relations: others however have sons or daughters. Unfortunately in some cases the sons or daughters apparently consider that the Domestic Help Service absolves them from all responsibility for the care of their aged parent or parents.

This attitude towards the elderly—a courteous term which was current formerly and seems to have dropped out of use—arouses the curiosity of others besides myself. Does it extend more deeply and more widely than is apparent? I ask this question for several reasons which I shall outline below:—

When I go round visiting the old folk who have domestic help—and they constitute only a small proportion of the elderly—I am struck by how they have to scrape along in poverty, while it is claimed that England has never been so prosperous; yet those who have served her well through two wars and through at least one long and severe depression have not the wherewithal to brighten their declining years. The elderly are increasing in number and will increase still more; it is not their fault that they have survived: their lives have been lengthened by preventive medicine. But do the middle-aged and the young welcome this survival of their elders (in their unconscious minds of course, because naturally they would one and all strenuously deny the contrary)? There still appears a reluctance to employ those getting elderly; I do not suggest that those with some impairment of health should struggle along at tasks no longer within their capacity: on general grounds I agree that a watch maker is more likely to work to a greater age than a London bus driver, but I do not believe that an elderly man in possession of his faculties and senses is more accident-prone than a younger man; on the contrary he has so far survived and experience has taught him to anticipate the mistakes that he and others are capable of making. But today so many of us are employed in occupations where experience and judgement are held in small account and only speed, speed, yet more speed is required. I can well understand that the elderly quite naturally cannot face speed, coupled with monotony, and boredom. Speed, monotony, boredom, frustration, appear the lot of too many people today in industry—it is to be hoped that automation will be the mental salvation of mankind in the second half of the twentieth century.

I now will digress on the health aspects of the employment of married women with families. I am not alluding to the employment of married women who earn substantial salaries, for they can employ domestic labour, adequate in amount and properly paid in the home. I allude to the ordinary woman who earns £3 to £5 a week by an absence from home for anything up to eleven hours a day for five days a week. I ask you, how can she be physically or mentally fit on her return to be a comrade to her husband and her children, much less do the housework, laundry, repair the children's clothes, etc.? Naturally I assume the conditions where she works are being maintained entirely satisfactorily from the health aspect—sometimes assumptions are false.

From time to time I am asked by my Authorities to advise on the medical aspects of an application for rehousing. Naturally I am delighted to help my Authorities in any way and I hope that my observations have been, at least in some cases, of value to each of them in forming a decision. Where there is a tuberculous person in the household, with his or her co-operation I can give a definite opinion about the infectiousness of the case and on the need for rehousing; there I am on firm ground, but with other illnesses I am frankly disappointed with the results of rehousing in the cases that I have followed up. Moreover that is not surprising because in departures from health there are usually other factors besides the housing and these other factors often are such matters as family harmony or discord, relations with the neighbours, satisfaction with one's employment and the personalities of the persons composing the household. These factors can play a big part in the applicant's wish to be rehoused, though naturally he does not realise that, and can be of more importance than the alleged physical reason; moreover since these factors will not be altered by rehousing the expected improvement in health does not take place after rehousing. I shall try to give one or two examples: One Authority rehoused a family one of whose members suffers from a chest complaint (not tuberculous); the family had been living under deplorable housing conditions and rehousing was necessary. But the transfer to a Council house has not helped the patient's chest complaint, because the latter is psychosomatic (one where mind influences body) and depends on his reactions to his family and his family's reaction to himself. Again ageing couples want to be rehoused who have some increasing disability or other; usually they want a bungalow, rarely a flat. Since their house has become too large for them and they would be cosier in smaller accommodation, with less housework and heating, their rehousing is a good proposition, socially and economically, but not because of the physical disability that they give as a reason. That disability is part of anno domini and will not get any less wherever they live; they should be advised to ignore it as much as they can, so that it does not become a disablement. I do not wish to belittle the importance of psychological reasons for rehousing; on the contrary, in justifiable cases they can be most weighty and rehousing can prevent family discord, family break-up and also a mass of ill-defined ill-health. I need only mention the oft-quoted example of the young couple, one of whom is not getting on too well with the "in-laws". The last case is the direct opposite of the person with the chest complaint,

for the young couple on being rehoused leave their uncongenial family environment behind whereas, the chest case took his with him to the new house.

Four instances have come under my notice where houses have been sold to purchasers under circumstances worthy of comment. In each case the purchaser buys the property by paying a substantial weekly or fortnightly payment over a number of years. That is quite a usual procedure; but what makes it of public health interest are the facts: (1) the property is in a serious state of disrepair so as to be unfit for human habitation, (2) each purchaser is a person of straw who is entirely without the resources to make his home fit for human habitation. I am aware of the Latin law tag " caveat emptor " which can be rendered in plain English " Let Joe Muggs keep their eyes open ", but that does not help the purchaser who no doubt was in desperate need of a house, or the Local Sanitary Authority that is faced with an owner-occupier whose resources are stretched to the uttermost to meet the mortgage payments and so has nothing left for repairs.

TABLE 2

Vital Statistics

	Male	Female	Total
Live Births	95	93	188
Legitimate	91	89	180
Illegitimate	4	4	8
Still Births	2	2	4
Legitimate	2	2	4
Illegitimate	—	—	—

Deaths of Infants under 1 year of age

	Male	Female
Total	1	4
Legitimate	1	4
Illegitimate	—	—

The number of births registered being 188 gives a birth-rate of 14.7 per 1,000 of the population; corrected for comparability the birth-rate is 15.1 compared to 15.7 for England and Wales. Five infants under the age of one year died giving an infant mortality rate of 26 per thousand live births compared to the rate for England and Wales of 23.8. Three of the infant deaths were under four weeks of age.

TABLE 3 — Vital Statistics
CAUSES OF DEATH

	Male	Female
Tuberculosis, Respiratory	—	—
Tuberculosis, other	—	—
Syphilitic Disease	—	—
Diphtheria	—	—
Whooping Cough	—	—
Meningo-coccal infections	—	—
Acute poliomyelitis	—	—
Measles	—	—
Other infective and parasitic Diseases	1	—
Malignant neoplasm of stomach	1	1
Malignant neoplasm of lung, bronchus	2	1
Malignant neoplasm of breast	—	3
Malignant neoplasm of uterus	—	1
Other malignant and lymphatic neoplasms	8	3
Leukaemia	—	2
Diabetes	—	—
Vascular lesions of nervous system	17	13
Coronary disease, angina	21	12
Hypertension with heart disease	—	—
Other heart disease	8	14
Other circulatory diseases	7	1
Influenza	3	—
Pneumonia	—	2
Bronchitis	5	2
Other disease of respiratory system	1	—
Ulcer of stomach and duodenum	—	—
Gastro-enteritis and diarrhoea	—	—
Nephritis and nephrosis	1	1
Hyperplasia of prostate	2	—
Pregnancy, child-birth, abortion	—	—
Congenital malformations	1	2
Other defined or ill-defined diseases	5	4
Motor Vehicle accidents	—	1
All other accidents	1	1
Suicide	—	—
Homicide and operations of war	—	—
ALL CAUSES	84	64

TABLE 4

NOTIFIABLE DISEASES, 1956

(other than Tuberculosis)

	All Ages	Under 1 year	1 year	2	3	4	5—	10—	15—	25—	35—	45—	65—
Scarlet Fever	1	—	—	—	—	—	1	—	—	—	—	—	—
Dysentery	1	—	—	—	—	—	—	—	1	—	—	—	—
Pneumonia	16	3	1	—	1	—	1	1	—	—	4	3	2
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	1	—	—	—	—	—	—	—	—	1	—	—	—
Measles	99	4	4	13	14	10	33	—	1	—	—	—	—
Whooping Cough	63	3	5	5	4	7	36	3	—	—	—	—	—
Meningococcal Infection	1	1	—	—	—	—	—	—	—	—	—	—	—
Typhoid	3	—	1	—	—	—	1	—	—	—	—	—	1
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—

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. 148 deaths of residents gave a death-rate of 11.5 per thousand of population; allowing for different age and sex distribution the comparable death-rate is 13.4 compared to 11.7 for England and Wales. Table 3 shows clearly what killed people in Skelton and Brotton in 1956.

SECTION II
Infectious Diseases

Table 4 shows the incidence of notifiable diseases except tuberculosis and Table 5 that of tuberculosis.

Six new cases of respiratory tuberculosis were notified during the year and three of non-respiratory tuberculosis. There were no deaths.

TABLE 5
Tuberculosis

Age Groups Years	Respiratory Form		Non-Respiratory Form	
	Male	Female	Male	Female
0 to 4	—	—	1	—
5 to 9	—	—	—	—
10 to 14	—	—	—	—
15 to 19	—	—	—	1
20 to 24	—	—	—	—
25 to 34	1	2	—	1
35 to 44	1	1	—	—
45 to 64	1	—	—	—
65 and over	—	—	—	—
TOTAL	3	3	1	2

TABLE 6
Immunizations against Diphtheria or Whooping Cough and Diphtheria

	Age Groups			
	Under 1	1 to 4	5 to 14	Total
Completed Immunizations	99	37	60	196
Reinforcing Doses		15	145	160

Immunization is available to children at the hands of the family doctor, or at the school clinics of the Education Authority at Carlin How, Lingdale and New Skelton, and at the infant welfare centres of the Local Health Authority at Carlin How, Lingdale, Brotton and Skelton. Reinforcing doses are given at the schools to children who have been immunized earlier in life.

Regarding protection against smallpox, 25 persons received primary vaccinations and 3 were revaccinated making a total of 28.

Regarding immunization against poliomyelitis there was sufficient vaccine available for some 100 children, of whom 90 received the two injections which at present is considered to be the complete course.

If we look back over such a trifle as twenty years what a contrast the tables present! Scarlet fever has become a negligible disease: measles is still with us, but its severity is less: Poliomyelitis has increased. From what I read in the newspapers, the notified cases of poliomyelitis seem to have a news value far greater than that of more prevalent and equally serious or more serious diseases. This is a pity because most people acquire natural immunity against it, and in an outbreak many harbour the virus without being particularly poorly or even off colour. Nevertheless a crippled individual or a death, rare as are both, is a challenge to Preventive Medicine. The procedure of immunization which was started during the summer is therefore worthy for acceptance by the public, though naturally the degree and duration of its protection can only be found by use over a period of time. Whooping Cough still remains the most deadly and crippling disease of childhood. Since 1952 protection against it combined with that against diphtheria has been offered to infants in the District. The figures given in Table 6 of the infants protected appear to me reasonably satisfactory.

The Salmonella infections however (typhoid, paratyphoid and many forms of food poisoning) still rear their ugly heads from time to time, as I shall record below, for in 1956 there were two separate and entirely distinct outbreaks of typhoid.

No. 1 outbreak affected one child: during the course of the investigation one carrier was found in the same house, the grandmother of the child. Both were removed to the West Lane Hospital, Middlesbrough. The organism found was V1. Phage Type D1. This is the same type as that found in the outbreak which occurred in your District and in the adjacent part of the Loftus District in 1954: in fact the carrier B.Sn. is also grandmother of two of the children infected in 1954 in the Loftus District. Her specimens were frequently examined bacteriologically in 1954, but were always negative: a negative specimen does not absolutely exclude her being a carrier in 1954, because there are carriers who excrete the organisms only at long intervals. It will be recalled that notwithstanding prolonged investigations I never discovered the source of the 1954 outbreak: it may be that in B.Sn. we have the infector. On the other hand she does not give any history of a typhoid-like illness before 1954. Around Christmas, 1954, she was in bed for some weeks; her doctor did not consider her condition was suspicious of typhoid and I was not asked to see her. In case she had been recently infected by her relations in the adjacent part of the Loftus District, with the co-operation of the Surveyor's Department there, I placed in the sewer draining their street sewer swabs over a period of eleven weeks and these were submitted to bacteriological examination on many occasions, but no typhoid organisms were found.

No. 2 outbreak occurred in a boy. The type of organism found belonged to V1. Phage Type E1, so this outbreak has no connection with No. 1 outbreak or with that of 1954. The boy had been over two weeks in hospitals outside your District, when he was transferred to West Lane Hospital as a case of typhoid. Though large numbers of specimens from contacts were examined bacteriologically over a period of weeks, I could find no evidence that he was infected in your District. He may well have been infected in the hospitals. In the Salmonella outbreaks (typhoid, paratyphoid, food poisoning) may I stress the vital importance to the Medical Officer of Health of a scent that is as fresh as possible. I would like to thank Dr. R. Blowers, Director of the Public Health Laboratory, Middlesbrough, for his advice and his staff for the arduous work involved and Dr. C. Elder, Physician Superintendent of the West Lane Hospital, Middlesbrough, for his helpful co-operation and advice.

The figures for tuberculosis show that this is indeed a declining disease in both its forms, the respiratory and the non-respiratory. I am well aware that improved social conditions—better general education, better wages, shorter hours of work, better housing—have played an important part in the decline of the respiratory and of some types of the non-respiratory form; but health supervision and health education, quicker diagnosis and more adequate treatment have played alone a vital part. And now we have B.C.G. immunization as a protection to children and adolescents, who have acquired no natural immunity and who may be particularly at risk. If we turn to those types of the non-respiratory form due to bovine infection what a change do we see and not one due in any way to the improved social conditions of the individual but to healthier animals and purer milk, good inspection and constant supervision.

But still the public must not allow itself to become self-satisfied and apathetic. The miniature Radiographic Unit visited Skelton in 1955 and only some 531 persons thought it worth their while to spend a couple of minutes having an X-ray of their lungs taken. Employers in industry—there are enlightened exceptions—too often do not co-operate in such ways as allowing the unit within their walls and letting the workers attend without wage deductions.

Tuberculosis could be practically stamped out in my districts where its incidence has already fallen to a low figure, if the public, including workers, employers and parents, co-operated heart and soul.

SECTION III

The General Provision of Health Services in the District

. Laboratory Facilities.

This work is now done at the Public Health Laboratory, Middlesbrough, only the biological test for tuberculous milk being carried out at the Public Health Laboratory, Northallerton.

2. **National Health Service Act, 1946.**

With certain exceptions the Guisborough Area Health Sub-Committee of the Health Committee of the County Council exercises the functions of the Local Health Authority in supervising the day to day administration of the services provided under this Act. The Committee meets once a month at Guisborough. It is composed of members of the County Council, of the three District Councils of Guisborough, Skelton and Brotton, and Loftus, and of certain co-opted members. Among the services administered are the following:—

Domestic Help Service.	Home Nursing.
Prevention of illness: Care and After Care.	Health Visiting.
Ambulance Service.	Midwifery.
Vaccination and Immunization.	Care of Mothers and Young Children.

3. **Guisborough Area Voluntary Care Committee.**

I would like to record the work done by this Body for the welfare of persons suffering from tuberculosis and other illnesses. Whereas in connection with the welfare of the tuberculous the Committee has certain funds allocated to it, for the welfare of other sufferers it depends entirely on voluntary contributions. Enquiries and requests for assistance may be made to the Honorary Secretary, District Health Office, Park Lane, Guisborough (Telephone: Guisborough 321).

4. **National Assistance Acts, 1948 and 1951 — Section 47.**

Again I managed to avoid advising the Local Sanitary Authorities to have recourse to the procedure laid down in these Acts.

SECTION IV.

Water Supplies

During the year I took 10 samples of the supply of the Cleveland Water Company; they were all found to be of a satisfactory bacterial quality.

One sample of a source near Tidkinhow was taken; it was found to be of unsatisfactory bacterial quality. Samples of the water in the Docks at Moorsholm were examined. They showed a grossly polluted water. Notices were affixed by the Council warning the public that the water is unfit to drink. With the forthcoming completion of Scaling Reservoir and of the additional installations and mains, I sincerely trust that an adequate supply of constant bacterial purity will be made available for the Charlton area. During the year I again received complaints of the water supplied by the Council to a farm at Moorsholm: bacteriological examination showed a water of the highest degree of purity. Chemical analysis showed 2 parts of copper per million parts. Pig's liver contains 350 parts per million parts. I have on several occasions explained, or tried to explain, to the tenant the facts concerning the satisfactory nature of his supply.

SECTION V.

Clean Air Act, 1956

Notwithstanding the fact that it has been known for years that a polluted atmosphere is responsible for much ill-health, the air in urban areas does not seem to me materially cleaner than it was fifty years ago. The cholera epidemics that recurred in Britain from 1832 to the seventies of the last century were sudden and terrrifying visitations that in the end compelled our forefathers to spend their money in providing pure water supplies. But only very occasionally (I can recall only three occasions in forty years) are sudden and numerous deaths caused by a smoke-laden atmosphere: polluted air acts slowly by causing chronic ill-health which is not dramatic and is apt to be accepted as part and parcel of our existence. The Clean Air Act, 1956, will improve the public health, for it gives the Local Authority power to take definite steps to make the air we breathe cleaner: up to now I have felt that smoke prevention was largely pious platitudes and wishful thinking, though the various Smoke Prevention Societies have done most useful work in educating the public and stimulating interest.

I propose to discuss here as concisely as I am able the matters that I think require at this stage the particular attention of the Local Authority.

Firstly there are the Model Byelaws, which read as follows:—

Part IVA — Smoke Prevention

(106A) (1) There shall be provided in a new building (except in so far as heating is provided by furnaces to which Section 3 of the Clean Air Act, 1956, applies) only such appliances for heating or cooking as are suitably designed for burning any of the following fuels, namely:—

(a) gas,

(b) electricity,

(c) gas coke, or anthracite,

or are appliances of a description exempted conditionally or unconditionally from the provisions of Section 11 of the Clean Air Act, 1956 (which relates to smoke control areas) by any order for the time being in force under subsection (4) of that section.

(2) This byelaw shall not apply in relation to a building begun before the date on which the byelaw comes into operation, or begun after that date in pursuance of plans deposited in accordance with byelaws before that date.

(3) Nothing in the foregoing provisions of these byelaws shall be taken to apply this byelaw when an alteration or extension is made to a building.

Fifty per cent of the smoke in the air of urban areas is caused by domestic fires; actually most of the smoke produced in your District comes from domestic fires: I have never seen smoke from the North Eastern Trading Estate: the mines make a little and the railways engines some at times. Certainly the Skinningrove Steel and Iron Company is with a suitable wind a generous contributor of smoke, and with another wind from Birk Brow there can be seen billowing over the countryside the Tees-side smoke, but the sources

of these pollutions lie outside your District. I understand that more houses are likely to be built in your District within the next few years. If the Model Byelaws were adopted by the Local Authority a definite step towards Clean Air will have been achieved. It will be observed that, though the appliances installed must be suitable to burn smokeless fuels, there is under the Model Byelaws no prohibition of the burning of coal in place of coke or anthracite, so that these buildings may still make smoke. If the Local Authority decides to prohibit the production of smoke, a further procedure is required, not necessary in the immediate future because the rate of progress depends entirely on the supply of smokeless fuels. And this procedure is under Section 11 of the Clean Air Act, 1956, which enables the Local Authority to establish a Smoke Control Area by means of an order confirmed by the Minister of Housing and Local Government. If, under the Model Byelaws, the smokeless appliances are already in the buildings they will not have to be put in the buildings when a Smoke Control Area is established, otherwise the Local Authority must pay 70 per cent. of the cost of the conversions to smokeless appliances: the Minister is empowered to contribute 40 per cent. of the cost. The adoption of the Model Byelaws as applying to new buildings would appear the first step in this important public health advance.

SECTION VI.

Inspection and Supervision of Food

Section 20. Milk and Dairies Regulations, 1949.

No action was necessary during the year under the above regulations.

Food Poisoning Outbreaks.

None were notified to me during the year.

Meat Inspection.

I would draw attention to the figures given in Tables 12 and 13 by your Public Health Inspector, Mr. J. J. Pattison. They show the care and labour taken in this important matter. During holiday periods I have been able to relieve Mr. Pattison in these inspections: it is however, doubtful if I could properly undertake this relief in another district as well, so arrangements were being made towards the end of the year for the Public Health Inspectors of Skelton and Brotton, Saltburn and Marske, and Loftus Urban Districts mutually to relieve each other at such times. All three gentlemen are qualified by examination to undertake Meat and Food Inspection.

SKELTON AND BROTTON URBAN DISTRICT COUNCIL

HEALTH DEPARTMENT,
COUNCIL OFFICES,
SKELTON-IN-CLEVELAND.
6th March, 1957.

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

LADIES AND GENTLEMEN,

I have pleasure in presenting my eighth Annual Report to the Council for the year 1956.

Instead of my usual short introduction I propose this year to make a few personal remarks. Firstly, for better or for worse, for richer but not, I trust, for poorer, the Sanitary Inspector has changed his name. Sir Wavell Wakefield's Bill, The Sanitary Inspectors (Change of Designation) Act, 1956, received the Royal Assent on the 2nd August, 1956, after being propelled through Commons and Lords at a most unparliamentary speed and, since then, the Sanitary Inspector has been known as a Public Health Inspector.

Not all Inspectors are pleased by the new designation and some gloomily predict that the new title may tend to tuck the Inspectorate more firmly under the wing of the Medical Officer of Health. I do not share this view. What's in a name? The important thing is the work done by both Officers, the Doctor and the Inspector, and that they should serve as colleagues, united—by mutual respect for the other's expert knowledge—in the promotion of the nation's health.

Secondly, the extremely unsuitable office accommodation provided for myself and my clerk, Miss M. E. Snowdon, was the subject of a special report by me and resulted in a resolution of the Council at the beginning of the year to build an office block for my department on to the rear of the existing offices. At the time of writing the erection work had not commenced but it is hoped that, when I am drafting my next Annual Report, I shall be doing so under reasonable working conditions.

Finally, 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,
Public Health Inspector.

SANITARY CIRCUMSTANCES OF THE DISTRICT

Generally

During 1956 as much of my time as possible was spent on housing repair work but the demands made upon my services by the public and Councillors through complaints, daily meat inspection work and the attention which must be given to other duties made it impossible for me to deal systematically with the repair and improvement of dwelling-houses. A regular five-yearly inspection of all dwelling-houses must be regarded as an ideal which time and allocation of duties does not now permit. Although some useful work has been done many houses need serious repair, a large number of dry closets still remain to be converted to water closets and water supplies require great improvement. These are all major defects needing much time to remedy.

Water Supply

In 11 dwellinghouses water taps and sinks were provided in sculleries in place of standpipes or other supplies. The position in regard to dwellinghouses can be summarised as follows:—

TABLE 7

1.	Number of houses supplied by standpipes	231
2.	Number of houses supplied by wells and springs	71
3.	Number of houses having direct supply	3842
	Total	4144

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 1956 were:—

New sewers laid: 550 yards of 9 inch and 485 yards of 6 inch. In addition, 95 yards of 6 inch sewers were relaid.

Most houses in the area have drains connected to the public sewers. 77 additional connections were made to the sewers for gully drains and closet conversions; 339 visits were made for the purpose of testing 117 drains totalling 459 yards of 4 inch pipe. In addition, 15 gullies, 23 chambers and 2 intercepting traps were provided.

Closet Accommodation

With reference to water closets the water carriage system is not general in the area, nearly one-third of the sanitary accommodation consisting of pan or pail closets. 87 dry closets were converted to water closets during the year, 198 grants of £7/10/- being paid by the Council. During the past 8 years an average of 123 conversions per year have been done.

The conversion of the 1,268 dry closets remaining in the district depends mainly upon the improvement of the water supply.

Eighteen 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 8

Water-closets	3049
Pan closets	1268
TOTAL	4317

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.

The time lost during the year in sickness amounted to 1,012 man/hours. For the financial year ended 31st March, 1957, the cost of the service was estimated at £5,330. Other items relating to the department were:—

Total mileage of vehicles	12,396
Loads of refuse collected and tipped	3,242
Approximate weight of refuse	6,484 tons
Trade refuse collected— loads	10
bins	652
Visits of inspection to tips, etc.	103

The refuse tips were regularly treated for the destruction of rats, mice, flies, crickets, cockroaches, etc.

Factories

Eighty-one visits were made to factories and one defect was found and remedied, in respect of insufficient sanitary accommodation.

TABLE 9

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	22	30	0	0
2. Factories in which Section 7 is enforced	32	39	0	0
3. Other premises in which Section 7 is enforced	3	12	1	0
TOTALS	57	81	1	0

Table 9—*continued*

2. Cases where defects were found

Offence	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector
Insufficient Sanitary Accommodation	1	1	0	0
Unsuitable or defective Sanitary Accommodation	0	0	0	0
Other offences	0	0	0	0
TOTALS	1	1	0	0

Workplaces

Twenty-three visits were paid to workplaces (being places other than factories where persons are employed except in domestic service). Six defects were found and remedied.

Schools

Twelve visits were made to schools. Defects, involving rat-proofing work, were remedied at two schools.

Shops

One hundred and sixty-eight visits to shops, dealing in all classes of goods, resulted in 15 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.

Three licences were issued by the Council for Moveable Dwellings and one licence was granted for a site at Brotton to accommodate 10 caravans.

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

There are nine slaughterhouses in the district but only six are licensed by the Council for regular slaughtering.

Washing facilities were provided at one premises. 1,071 visits were made to these slaughterhouses for the supervision of improvements and meat inspection purposes.

Eradication of Bed Bugs, Cleansing, etc.

Seventeen visits were made for the disinfestation of 3 verminous houses of, in one case, lice and, in 2 cases, bed bugs. Advice and assistance was also given in respect of infestations of " silver fish " and " red spiders ". Insecticides used were Gammescane and D.D.T. powders and smokes.

Rodent Control

The rodent operative, appointed jointly by the Loftus and the Skelton and Brotton Urban District Councils, continued his duties in the two areas. By the end of the year the Council's sewers had been treated twice, while five business premises and seventeen houses were treated at the request of the owners. Eleven allotments and one other premises were also treated and the Council's refuse tips received ten treatments. Two rick surveys were done for Ministry statistical information. The bodies of 51 rats and 25 mice were found but these represent, of course, only a small percentage of the actual number killed. The poisons used so far have been " Antu," zinc phosphide, arsenious oxide, " Warfarin " and red squill. The technique recommended by the Ministry of Agriculture, Fisheries and Food was employed.

Housing

Sixty new houses were erected during the year, 22 by the Council.

Much of my time for the twelve months was again spent on housing repair work, no fewer than 1,082 houses being visited in connection with repairs and other works needed under the Housing or Public Health Acts, necessitating a total of 2,117 visits. Lingdale, Boosbeck and Margrove Park were the areas in which I tried to concentrate, but demands upon my time were made by other duties and other parts of the district, making it impossible to work systematically in any area. A great deal of work has been done but much more remains to be commenced.

Some houses are steadily deteriorating. Another disturbing feature is the practice of some owners in leaving houses un-tenanted for long periods in the hope of being able to sell the property. These empty houses fall into a state of disrepair very quickly and soon become unfit for habitation and not repairable at reasonable cost.

TABLE 10

Housing Appendix — Statistics

New houses erected in 1956

(*a*) By Private Owners	38
(*b*) By the Council	22

1. *Inspection of dwellinghouses during the year*

(1) (*a*) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	1,082
(*b*) Number of inspections made for the purpose	2,117
(2) (*a*) Number of dwellinghouses (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

Table 10—Housing Appendix — Statistics — *continued*

(3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	1
(4) Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found to be not in all respects reasonably fit for human habitation	32
2. *Remedy of defects during the year without service of formal notices*	
(1) Number of defective dwellinghouses rendered fit or repaired in consequence of informal action by the local authority or their officers	584
3. *Action under Statutory Powers during the year*	
A. Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936	
(1) Number of dwellinghouses in respect of which notices were served requiring repairs	14
(2) Number of dwellinghouses rendered fit after service of formal notices	
(*a*) By Owners	9
(*b*) By local authority in default of owners	3
B. Proceedings under Public Health Acts	
(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	0
(2) Number of dwellinghouses in which defects were remedied after service of formal notices	
(*a*) By Owners	0
(*b*) By local authority in default of owners	0
C. Proceedings under Sections 11 and 13 of the Housing Act, 1936	
(1) Number of dwellinghouses in respect of which Demolition Orders were made	0
(2) Number of dwellinghouses demolished in pursuance of Demolition Orders	2
D. Proceedings under Section 12, Housing Act, 1936, Housing Act, 1949 (3), or Local Government (Miscellaneous Provisions) Act, 1953 (10, 11)	
(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

Table 10—Housing Appendix—Statistics—*continued*

4. *Housing Act*, 1936, *Part* 4, *Overcrowding*

(1)	(*a*) Number of dwellings overcrowded at end of year	66
	(*b*) Number of families dwelling therein	80
	(*c*) Number of persons dwelling therein	512
(2)	Number of new cases of overcrowding reported during year	1
(3)	(*a*) Number of cases of overcrowding relieved during the year	2
	(*b*) Number of persons concerned in such cases	12
(4)	Particulars of any cases in which dwellinghouses 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, sixty-six were overcrowded at the end of the year, giving a percentage of 2.1.	

5. *Housing Act*, 1949, *and Housing Repairs and Rents Act*, 1954

(1)	(*a*) Number of Improvement Grants made	20
	(*b*) Number of Improvement Grants refused	0
(2)	(*a*) Number of Certificates of Disrepair granted	1
	(*b*) Number of Certificates of Disrepair revoked	0

TABLE 11

Nuisances

Total number of inspections made for nuisances only			1915
Nuisances found			553
Nuisances in hand, end of previous year			162
Total needing abatement			715
Abated during the year			578
Outstanding at end of year			137
Notices served, informal	553	Complied with	578
Notices served, statutory	0	Complied with	0
Number of summonses or other legal proceedings			0

FOOD

The Food Hygiene Regulations, 1955-56, became fully operative during the year and 135 abstracts of the Regulations were distributed to the occupiers of food premises. Every opportunity was taken to emphasize the importance of food hygiene during visits to shops, etc., and while giving lectures to the Women's Institutes, Parent-Teacher Associations, Toc H., Grammar School Scouts, etc.

A total of 168 visits were made to various places where food is sold or handled, apart from slaughterhouses, and in 11 instances constant hot water supply apparatus and sinks

or wash-basins were installed where not previously available. At one food shop a drainage nuisance was abated. The food premises in the area may be classified as follows:—

Public Houses	20
Off-Licence Premises	7
Clubs (5 Workingmen's Clubs, 1 British Legion, 4 Institutes)	10
Fish & Chip Shops	17
Grocers, Confectioners, General Dealers	87
Bakehouses	5
Ice Cream Retailers	36
Ice Cream Storage and Distribution Depot	1
Butchers	14
Greengrocer	1
Snack Bars	2
Canteen	1
Dairies	7
Slaughterhouses	6

Milk

At the end of the year there were 7 dairies and 8 retailers on the register; 23 visits were made and one defect was remedied. Sixteen visits were also made to cowsheds.

Meat and Other Foods

There are 21 licensed slaughtermen in the district.

Six of the nine private slaughterhouses in the district are licensed by the Council for regular slaughtering by local butchers. One of these slaughterhouses is also used by a Loftus butcher whilst two slaughterhouses are being used for the slaughter of animals for a wholesale trade outside the urban area in addition to the local trade.

A considerable amount of extra work, including some early morning work, has now to be done on meat inspection, resulting in other work having to be curtailed. 1,071 visits were made to slaughterhouses and 1 to other premises for meat and other foods inspection purposes and the following foods were condemned as being diseased or otherwise unfit for human consumption:—

TABLE 12

	lbs.
Beef	3474
Mutton	35
Pork	510
Veal	67
TOTAL	4086

All the food was surrendered voluntarily by the tradesmen concerned and, after being thoroughly coloured with Acid Green Dye, the food was mostly disposed of to the Knacker's Yard at Charltons. A small percentage was buried.

TABLE 13

Carcases and Offal inspected and condemned in whole or in part

	Cattle Excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed	778	180	18	1891	921	—
Number inspected	778	180	18	1891	921	—
All diseases except Tuberculosis & Cysticerci Whole carcases condemned	1	—	—	—	2	—
Carcases of which some part or organ was condemned	87	15	1	16	26	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	11.3%	8.3%	5.6%	0.85%	3.04%	—
Tuberculosis only : Whole carcases condemned	1	—	1	—	—	—
Carcases of which some part or organ was condemned	44	28	—	—	21	—
Percentage of the number inspected affected with tuberculosis	5.8%	15.6%	5.6%	—	2.3%	—
Cysticercosis Carcases of which some part or organ was condemned	—	—	—	—	—	—
Carcases submitted to treatment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Bakehouses

There are 5 bakehouses on the register, all of which are considered non-domestic in type; 10 visits were made and no defect was found.

Fish and Chip Shops

Eighteen visits were paid to fried fish and chip shops, of which there are 17 on the register.

Ice Cream Shops

The 37 registered ice cream premises received 45 visits. There is
in the district.

Public Houses

Twenty-one inspections were made of the 20 public houses. Hot w
improved in 3 premises.

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

TABLE 14

Public Health Inspector's Summary for the Year ended 31st December, 1956.

1. Housing Repair Work done during the year

Roofs renewed or repaired	88	Water Closets provided	18
Chimneys rebuilt or repaired	3	Water closets repaired	15
Walls rebuilt or repaired	17	Bathrooms provided	22
Walls pointed or rendered	1	Closet pans renewed	239
Wall dampness remedied	51	Pan closets repaired	26
Eaves gutters renewed	13	Pan closets converted to water closets	87
Rain-water pipes renewed	7	Dust bins renewed	72
Connections to sewers	77	Dust bins provided	88
Drains tested (number)	117	Wash-houses repaired	4
Drains tested (length, yards)	459	Wash-houses provided	1
Drains renewed	2	Wash-boilers renewed or repaired	6
Extra drains provided	115	Coalhouses provided or repaired	6
Choked drains cleared	15	Ceilings renewed or repaired	31
New gullies	15	Wall plaster renewed or repaired	47
New chambers	23	Floors renewed or repaired	33
New intercepting traps	2	Windows renewed or repaired	36
Waste pipes renewed or repaired	9	Windows re-corded	7
Yards paved	3	Ranges and ovens renewed or repaired	9
Yard paving renewed or repaired	6	Fireplaces renewed or repaired	22
Sinks renewed or provided	20	Doors renewed or repaired	79
Sculleries provided or repaired	20	Pantries or food stores provided or repaired	18
Water supply installed in houses	11	Handrails provided or renewed	10
Water pipes renewed or repaired	14	Stairs renewed or repaired	10
Premises cleaned	1	Offensive accumulations removed	4

2. Visits, Notices, etc.

Total visits made during the year	3610
Complaints received and investigated	420

(*a*) Nuisances

Houses inspected	999
Number of inspections	1915
Nuisances found	553
Nuisances in hand	162
Total needing abatement	715
Number abated	578
Outstanding	137

TABLE 14—*continued*

Public Health Inspector's Summary for the Year ended 31st December, 1956

2.—Visits, Notices etc.—*continued*

(*b*) Housing—

Houses inspected	83	Representations	1
Number of inspections	202	Closing Orders made	0
Houses unfit	1	Closing Orders determined	0
Houses with defects	32	Demolition Orders made	0
Houses made fit informally	6	Houses demolished	2
Houses made fit formally	12		

(*c*) Premises visited, etc.—

Water supply	108	Churches	4
Drainage	339	Closet Conversions	609
Stables and Piggeries	20	Overcrowding	10
Fish and Chip Shops	18	Verminous Premises	17
Moveable Dwellings	15	Infectious diseases	45
Factories, mechanical	39	Disinfections	3
Factories, non-mechanical	30	Slaughterhouses	1071
Building Sites	12	Shops & Stalls (Food Inspection)	1
Workplaces	23	Butchers	24
Bakehouses	10	Fishmongers	4
Cinemas, etc.	8	Grocers	28
Refuse Collection	14	Fruiterers	29
Refuse Disposal	89	Cowsheds	16
Rodent Control	66	Dairies	23
Schools	12	Ice Cream Shops	45
Shops	168	Restaurants	9
Public Houses	21	Miscellaneous	30

(*d*) Notices served—

Informal Housing Acts	18	Statutory Housing Acts	14
Informal Public Health Acts	553	Statutory Public Health Acts	0

(*e*) Notices complied with—

Informal Housing Acts	6	Statutory Housing Acts	12
Informal Public Health Acts	578	Statutory Public Health Acts	0

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