[Report 1938] / Medical Officer of Health, Stafford R.D.C.

Contributors

Stafford (England). Rural District Council.

Publication/Creation

1938

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STAFFORD Rural District Council.



Annual Report

of the

Medical Officer of Health
and the

Chief Sanitary Inspector
for the Year 1938.

1939.

STAFFORD:

Printed by W. H. Smith & Son, Ltd., Greengate



Rural District Council.



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Annual Report.

To the Chairman and Members of the Stafford Rural District Council.

> 7, St. Mary's Grove, Stafford, May, 1939.

LADIES AND GENTLEMEN,

The Annual Report on the health of the Stafford Rural District has been prepared, as in previous years, in compliance with the recommendations of the Ministry of Health. Having been appointed Medical Officer of Health to the Stafford Rural District Council only as recently as February, 1939, I have been content to prepare this report on data and figures available in files, etc. I have had several conversations with Dr. Marson, former Medical Officer of Health, on the subject-matter of the report. My grateful thanks for much valuable assistance in the preparation of the report are due to Mr. J. W. Cook, Chief Sanitary Inspector and Mr. R. Langmaid, Assistant Sanitary Inspector. A considerable proportion of the report has been prepared by Mr. J. W. Cook and he signs the report accordingly.

During 1938 the Public Health Officers of the Rural Council were:

HERBERT MARSON, Esq., M.D., B.S. (Durham), L.R.C.P. (London), F.R.C.S. (Eng.), whole-time Medical Officer of Health (resigned February, 1939).

J. W. Cook, Esq., M.R.S.I., Certified Meat Inspector, Chief Sanitary Inspector.

RICHARD LANGMAID, Esq., A.R.S.I., etc., Assistant Sanitary Inspector.

Statistics and Social Conditions of the Stafford Rural Area.

Area						79	,308 Acres
Popul. Ge	neral I			The second		strar 	13,320
Number асс				ouses (3,923
RATEAL	BLE VA	LUE					£49,768
Sum R	EPRESE	NTED I	ву а Р	ENNY R	ATE		£191

The chief industries of the Stafford Rural area are Agriculture and Dairy-Farming. A minority of the population, chiefly of the younger generation, while resident in the area, find employment in the County Town of Stafford where the chief industries are Engineering and Shoe Manufacturing.

Unemployment is not a serious problem in the area.

Extracts from Vital Statistics of the Year 1938.

(Relating to net births and deaths after correction for inward and outward transfers as furnished by the Registrar General).

				Total.	
Live Births: Legitimate Illegitimate		92	116 6	208	Birth Rate per 1,000 of the estimated Resident Population 16.2
Stillbirths: Legitimate Illegitimate		4 0	2	6	
Deaths (all cause	es)	79	73	152	Death Rate per 1,000 of the estimated Resident Population 11.4

Deaths from puerperal causes:-

Puerperal Sepsis Other Puerperal of	auses	 	1	Death total births	(live	and	still)
Total		 	2				

Death Rates of Infants under one year of age:-

Deaths.

Total.		M.			F.	
M. 1	F. Legitin	nate	5	Legitim	ate	. 5
5	6 Illegitin	mate	Nil	Illegitin	nate	. 1
All Infants	per 1,000 l	ive births				50.7.
Legitimate	Infants pe	r 1,000 le	gitin	nate live	e	
						48.0.
	e Infants p					
live bi	rths					111.0.
				35.1.	E	Total
				Male.	Female.	Total.
	Deaths from s)					
(all age:	s) Deaths from	 Measles		10	10	20
Number of lall age	Deaths from es)	Measles		10	10	20
Number of land age Number of land age	s) Deaths from	Measles		10 Nil	10 Nil	20 Nil
Number of Cough (Number of Cough (Number of Cough (Number of Number of Numbe	Deaths from es) Deaths from	Measles Whooping Diarrhœa		10 Nil 1	10 Nil Nil	20 Nil 1

During 1938 there were no causes of sickness or invalidity specially noteworthy in the area.

The table appended shews the comparative Death Rates in the district for the previous five years:—

Death Rates per 1,000 of the Estimated Population.

1933	 	···		9.2.
1934	 			11.4.
1935	 		9	12.6.
1936	 			13.6.
1937	 			12.5.

Laboratory Facilities, Ambulance Facilities, Nursing in the Home, Treatment Centres and Clinics, Public and Voluntary Hospitals.

No important developments or alterations have been made made in the services provided in the district under the above heads.

The construction of an Isolation Hospital common to a number of districts in the Mid. Staffordshire Area, including Stafford Borough and Stafford Rural Areas, has been decided upon by the Ministry of Health. This scheme will have many advantages.

The Medical Practitioners practising in the area of the Rural District Council took full advantage of the facilities offered to them re Examination of Bacteriological specimens, Throat Swabs, Sputum Examinations, etc., during the year.

Incidence of Notifiable Diseases (other than Tuberculosis) during 1938.

DISEASE.	Total Number of Cases Notified.	Total Deaths.
Small Pox	Nil	Nil
Scarlet Fever	. 66	Nil
Diphtheria	. 12	Nil
Enteric Fever (including Para-	N'I	ATIL
Typhoid)		Nil
Puerperal Fever	Nil	Nil
Puerperal Pyrexia and others	. 3	2
Pneumonia	16	2 7
Erysipelas	1	Nil

The Incidence of Scarlet Fever and Diphtheria in 1938 and during former years is shewn in the following Tables:—

Scarlet Fever.

Year.	Total number of Cases.	Rate per 1,000 of Population.	Total Deaths.
1934	18	1.48	Nil
1935	18 32 32	2.4 2.4 3.5 4.96	Nil
1936	32	2.4	Nil
1937	47	3.5	Nil
1938	66	4.96	Nil

Diphtheria.

Year.	Total number of Cases.	Rate per 1,000 of Population.	Total Deaths.
1934	5	.41	Nil
1935	7	.41 .53 .68 .30	Nil
1936	9	.68	1
1937	4	.30	1
938	12	.9	Nil

Tuberculosis.

New Cases and Mortality during 1938.

Age Periods.	LIAT .	New	Cases.	-		Deaths.			
	rerious.	Respin	atory.		on- ratory.	Respi	ratory.	Non- Respirate	
0— 1— 5— 15— 25— 35— 45— 55— 65 and	M. — 1 2 1 1 2 1	F. — 1 1 1 2 — —	M. 1 — — — — — — — — — — — — — — — — — —	F. 1	M. — — — — — — — — — — — — — — — — — — —	F. — — — — — — — — — — — — — — — — — — —	M. 1	F. —	
upwards Totals	8	5	1	1	4	2	1		

Deaths in Various Age Groups.

Under 1 months 1 5 1—3 months 1 Nil 3—6 months 1 1 6 months—1 year 2 Nil 1—5 years 1 Nil 5—10 years 1 1 10—20 years 1 1 20—30 years 2 4 30—40 years 2 1 40—50 years 13 3 60—70 years 15 15 70—80 years 23 21 80—90 years 8 16 Over 90 years 1 1 Causes of Death. Male. Female. Appendicitis 1 1 Totals 79 73 Causes of Death. Male. Female. Appendicitis 1 1 Bronchitis 3 2 Cancer 10 10 Cougenital: Debility, Prematurity, etc. 1 4 Whooping Cough 1 Nil	Ages at Death.				Male.	Female.
3—6 months 1 1 1 6 months—1 year 2 Nil 1—5 years 1 Nil 5—10 years 1 1 1 1 1 1 1 1					1	5
6 months—1 year	1—3 months				1	Nil
6 months—1 year	3—6 months				1	1
1—5 years 1	6 months—1 year				2	Nil
5—10 years 1 1 10—20 years 1 1 20—30 years 2 4 30—40 years 2 1 40—50 years 7 4 50—60 years 13 3 60—70 years 23 21 80—90 years 23 21 80—90 years 8 16 Over 90 years 1 1 Causes of Death. Male. Female. Appendicitis 1 1 Bronchitis 3 2 Cancer 10 10 Congenital: Debility, Prematurity, etc. 1 4 Whooping Cough 1 Nil Influenza 2 Nil Respiratory Tuberculosis 4 2 Other Tuberculosis 1 Nil Liver Disease 1 Nil Diabetes 1 Nil Other Respiratory Diseases 3 11 Pneumonia (all forms) 5 2 Other Respiratory Diseases 1 Nil					1	Nil
10—20 years 1 1 1 20—30 years 2 4 30—40 years 2 1 4 30—40 years 2 1 4 40—50 years 7 4 4 50—60 years 13 3 3 60—70 years 15 15 15 70—80 years 23 21 80—90 years 8 16 1	5—10 years				1	1
20—30 years 2 4 30—40 years 2 1 40—50 years 7 4 50—60 years 13 3 60—70 years 15 15 70—80 years 23 21 80—90 years 8 16 Over 90 years 1 1 Causes of Death. Male. Female. Appendicitis 1 1 Totals 79 73 Causes of Death. Male. Female. Appendicitis 1 1 Totals 79 73 Causes of Death. Male. Female. Appendicitis Totals T					1	1
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50—60 years 13 3 60—70 years 15 15 15 70—80 years 23 21 80—90 years 8 16 Over 90 years 1 1 1 Totals 79 73 Causes of Death. Male. Female. Appendicitis 1<					7	
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70—80 years 23 21 80—90 years 8 16 Over 90 years 1 1 Totals 1 1 Totals Causes of Death. Male. Totals Tot					15	15
Name					23	21
Totals 1 1 Causes of Death. Male. Female. Appendicitis 1 1 1 Bronchitis 10 10 Concer 10 10 Congenital: Debility, Prematurity, etc. 1 4 Whooping Cough 1 Nil Influenza 2 Nil Respiratory Tuberculosis 4 2 Other Tuberculosis 1 Nil Liver Disease 1 Nil Diabetes 1 Nil Other Tuberculosis 1 Nil Liver Disease 1 Nil Diabetes 1 Nil Cerebral Hæmorrhage, etc. 4 2 Heart Disease 3 11 Pneumonia (all forms) 5 2<					8	16
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Causes of Death. Appendicitis 1 1 1 Bronchitis 3 2 Cancer 10 10 Congenital: Debility, Prematurity, etc. 1 4 Whooping Cough 1 Nil Influenza 2 Nil Respiratory Tuberculosis 4 2 Other Tuberculosis 4 2 Other Tuberculosis 1 Nil Liver Disease 1 Nil Diabetes 1 Nil Cerebral Hæmorrhage, etc. 4 2 Heart Disease 21 13 Other Circulatory Diseases 3 11 Pneumonia (all forms) 5 2 Other Respiratory Diseases 1 Nil Other Digestive Diseases 1 Nil Acute and Chronic Nephritis 2 1 Puerperal Sepsis Nil 1 Other Puerperal Diseases Nil 1 Senility 3 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>2011</td></t<>						2011
Appendicitis Male. Female. Bronchitis 3 2 Cancer 10 10 Congenital: Debility, Prematurity, etc. 1 4 Whooping Cough 1 Nil Influenza 2 Nil Respiratory Tuberculosis 4 2 Other Tuberculosis 1 Nil Liver Disease 1 Nil Diabetes 1 Nil Cerebral Hæmorrhage, etc. 4 2 Heart Disease 21 13 Other Circulatory Diseases 3 11 Pneumonia (all forms) 5 2 Other Respiratory Diseases 1 Nil Other Digestive Diseases 1 Nil Acute and Chronic Nephritis 2 1 Puerperal Sepsis Nil 1 Other Puerperal Diseases Nil 1 Senility 3 8 Suicide 3 Nil Deaths from other violence		The second of	Γotals		79	73
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Bronchitis	Appondigitie					
Cancer1010Congenital: Debility, Prematurity, etc.14Whooping Cough1NilInfluenza2NilRespiratory Tuberculosis42Other Tuberculosis1NilLiver Disease1NilDiabetes1NilCerebral Hæmorrhage, etc42Heart Disease2113Other Circulatory Diseases311Pneumonia (all forms)52Other Respiratory Diseases1NilOther Digestive Diseases11Acute and Chronic Nephritis21Puerperal SepsisNil1Other Puerperal DiseasesNil1Senility38Suicide3NilDeaths from other violence58Other definied diseases66						
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Suicide 3 Nil Deaths from other violence 5 8 Other definied diseases 6 6						8
Other definied diseases 6 6					3	
Other definied diseases 6 6					5	
The same of the sa						
Totals 79 73						NO.
100000 111 77 70		all are	Totals		79	73

Table of Comparison.

	England and Wales.	Stafford R.D
	Rates per 1,000	Population.
Births.		
Live	15.1	16.2
Still	0.60	0.60
Deaths.		
All causes	11.6	11.4
Typhoid and Para-	0.00	0.00
Typhoid Fevers	0.00	0.00
Smallpox	0.00	0.00
Measles	0.04	0.00
Scarlet Fever	0.01 0.03	0.08
Whooping Cough	0.03	0.00
Diphtheria Influenza	0.07	0.15
	0.11	0.10
Notifications.	0.00	0.00
Smallpox	2.41	4.90
Scarlet Fever	1.58	0.90
Diphtheria Enteric Fever	0.03	0.00
E-main alon	. 0.40	0.08
Pneumonia	1.10	1.20
2.10.1110.111		
	Rates per 1,000	Live Births.
Deaths under 1 year		
of age		50.7
Deaths from Diarr-		
hœa and Enteritis		
under 2 years of	5.5	0.00
age	5.5	0.00
Maternal Mortality.		nonequil to
Puerperal Sepsis	0.89	4.6
Others	2.19	4.6
Total	3.08	9.2
	Dates per 1 000	Total Births.
	Rates per 1,000	
Maternal Mortality.	Rates per 1,000	
		4.46
Puerperal Sepsis		
Puerperal Sepsis Others	0.86 2.11 2.07	4.46
Puerperal Sepsis Others	0.86 2.11 2.07	4.46 4.46
Puerperal Sepsis Others	0.86 2.11 2.07	4.46 4.46 8.9
Others	0.86 2.11 2.97	4.46 4.46 8.9
Puerperal Sepsis Others Total	0.86 2.11 2.97	4.46 4.46 8.9
Puerperal Sepsis Others Total	0.86 2.11 2.97 Rates per 1,000	4.46 4.46 8.9

I note from the previous Reports of the former Medical Officer of Health that the Council has been concerned at the shortage of houses in the Rural Areas for Agricultural workers. Employers of labour are very concerned by the serious depletion of labour on the land. The Council recognises that houses for workers on the land must be as attractive as possible if the Agricultural Industry is to face the competition of the migration of workers to the towns. The town has, we know, the great advantage of being compact, and that it is very difficult indeed for the scattered population of Rural Areas to be given the amenities of town life in the way of Water Supply, Sewerage, etc., but the Council would appear to be determined to face many of these difficulties. This is reflected by the schemes for Water Supplies, Sewerage, etc., which are being actively pursued. An urge has been given to such schemes by the recent movements towards National Fitness, etc., and the Councillors are fully alive to the great responsibilities resting upon them with regard to the adequate housing, etc. of the Rural population. Housing sites have been, and are being, selected and the provision of houses possessing all the proper and adequate amenities re Water Supplies, Sewerage, etc., may help to stem the drift of the Rural population towards the towns. People bred and born on the land are usually faithful to the land, and we know that it would be an enormous pity if their allegiance to the Rural Areas falters because of the inability of young Agricultural Workers to gain possession of suitable houses when they wish to marry and rear sons and daughters, lusty and vigorous, eager to carry on the great traditions of Agricultural Workers. These facts and hopes are recognised by the people on the land, and the Council is fully aware of the good work which can be done. The many schemes being promoted are evidence of the awareness of the Council.

The Housing needs of the Area are receiving earnest attention. The judicious choosing of sites is in progress, and we must all hope that, before long, such sites will be occupied by good, stout houses possessing all the amenities consistent with the progress of Public Health.

The provision of adequate Sewerage arrangements at Brocton, Milford and Walton, Water Schemes for the Eastern and Western Areas, the erection of houses in the different Parishes—all are being given the Council's

keen attention. It is to be hoped that such schemes will soon emerge from the paper stage and become accomplished undertakings. The Councillors realise the need for protecting the interests of Ratepayers. Money is not to be spent idly, but full value for any increased rates will be enjoyed by the population. Many people in the area are keenly alive to the problems which are being attacked by the Council, and the solutions of such problems are eagerly awaited.

The Stafford Rural Council has drawn up Model By-Laws, and these are in the hands of the Ministry of Health. When put into practice these By-Laws will help enormously the work of the Sanitary Inspector, enabling his views and suggestions to carry emphasis and authority. We realize the handicap under which he must be working at present, but the Model By-Laws will obviate the majority of these difficulties.

Prevalence of, and control over, Infectious and other Diseases.

The provision of a Joint Infectious Diseases Hospital for the Mid Staffordshire Area has been referred to earlier in the report. Owing to the predominant number of workers in the area engaged in the milk industry, the majority of cases of Scarlet Fever are removed to the Isolation Hospital. When a case of Scarlet Fever occurs in a home where milk is produced, the case is invariably transferred to the Isolation Hospital.

The head teachers of the various schools in the area notify the Medical Officer of Health of all cases of Infectious Diseases occurring among the scholars. This is most helpful in enabling the Medical Officer to have an indication of the prevalence of Infectious Diseases, e.g. Chicken Pox, not calling for Statutory Notification by Medical Practitioners.

During 1938 the Council apparently found it necessary to circularise the various Doctors practising in the area, calling attention to the great importance of prompt and accurate notifications of Infectious Diseases. Stress was laid upon the number of persons in the Rural Area engaged in the milk-producing industry, and the occurrence of major epidemics of e.g. Scarlet Fever, likely to follow any great laxity in the notification of actual clinical cases of the disease. This appeal received a ready response, and notification is satisfactory.

The closure of schools re the checking of epidemics of Influenza, etc., is applicable by the Staffordshire Education Committee. Several schools in the area were closed for several days in May-June, 1938 owing to the occurrence of Influenza. The disease ran a fairly benign course, but school closure can be a most valuable aid in the control of Infectious Diseases, notifiable and nonnotifiable. It was found necessary, for example, to close Stowe Council School (from 25:5:38 until 3:6:38 inclusive) and Colwich Church of England School (from 16:5:38 until 20:5:38 inclusive) owing to the occurrence of minor outbreaks of Influenza. During April, 1938, Mumps was an Infectious Disease which proved troublesome at Gnosall, while Chicken Pox was fairly prominent among children at Colwich and Rickerscote in February, 1938.

Immunisation of Children against Diphtheria.

During 1938 the Council instituted a scheme for the protection by immunisation of children in the area against Diphtheria. This was a most important step forward in the Public Health work of the area. An interesting point in this connection is that Immunisation of Children against Diphtheria is a compulsory measure in France. Many parents fail to take advantage of the facilities offered re immunisation of their children. This is most foolish and regrettable, as Diphtheria is a most deadly disease, especially in children, and is responsible for many deaths and much crippling disability. It is to be hoped that in the future all parents will take advantage of the Council's Immunisation against Diphtheria Scheme.

The following short account of the working of the scheme during 1938 may be of interest:—

The schools in the area included in the scheme at its inception in 1938 were Adbaston Council, Berkswich C.E., Bradley Endowed, Church Eaton C.E., Colwich C.E., Great Haywood C.E., Great Haywood R.C., Forton Parochial, Gnosall Parochial, Gnosall Council (Infants), Gnosall Knightley C.E., Gnosall Moreton C.E., Haughton C.E., High Offley C.E., Norbury C.E., Stowe Council, Stowe Hixon St. Peter's C.E.

In these schools immunisation was offered to all children under eight years of age. It is proposed that, in future years, immunisation should be restricted in schools to "entrants" only.

In 1938, 385 forms were issued explaining the scheme and inviting parents to give permission for the protection of their children against Diphtheria. The percentage of consents was 71.9. 269 children received immunising doses and only one slight local reaction occurred. Five pre-school children were also treated. Each child was given three subcutaneous doses (1 c.c. each) of Messrs. Burroughs Wellcome's Toxoid Anti-Toxin Mixture at an interval of 14 days between each dose. The effectiveness of the immunisation is at present being confirmed by the Schick Test.

As the scheme was instituted only in 1938 the 71.9 percentage of consents must be looked upon as fairly satisfactory. As has been stated previously, Diphtheria is one of the most serious diseases which a child may contract, and this must be brought home to parents by every possible means.

AIR RAID PRECAUTIONS.

The Chief Air Warden has devoted considerable time to the various Schemes for Air Raid General Precautions in Rural Areas. His burden is no light one and he and his enthusiastic helpers are deserving of much praise for their efforts.

It will be realized that the needs of the Stafford Rural Area are quite different from those of cities or large towns. The Stafford Rural Area contains few undertakings, etc., likely to be the object of bombing by hostile aircraft. The people in the Area are not closely segregated, and farms, etc., are situated widely apart. Bombs dropped at random would, therefore, appear to be the chief risk to which the Stafford Rural Area would be exposed. From this point of view, the number of casualties would be very few, and a direct hit upon any village in the Area would appear to be extremely improbable. It is suggested, therefore, that the provision of elaborate and expensive schemes for protection do not arise as far as Stafford Rural Area is concerned.

The planning and positioning of "First Aid Points" will be one of the essential precautions in the Area, and these are now being determined. This "Point" will possess the necessary equipment as regards First Aid, etc. Such a "Point" will be provided for approximately

each 500 of the population with the allocation of 3 Air Raid Wardens for the same degree of population. The fully-equipped parties, e.g. Rescue Parties, Decontamination Squads, etc., will be available within call at the nearest town. The co-ordination of A.R.P. Schemes between the Rural Area and Stafford Borough is under discussion.

Volunteers are still coming forward, and arrangements for training in First Aid, etc. are in hand. The Doctors in the Area have assisted in the various schemes, and, following a series of First Aid Lectures, arranged by the Chief Air Warden, 188 candidates were successful in gaining Certificates.

Schemes for the training of Women Ambulance Drivers, Nursing Auxiliaries, etc., are being put into operation as quickly as possible.

The Officers of the Council are following closely the suggestions and instructions of the Ministry of Health, etc., with regard to Air Raid Precautions in Rural Areas.

OFFICE ACCOMMODATION.

The Council realizes that the Office Accommodation provided for the Public Health Staff is cramped and inadequate. It is recognised that the work of this Department has grown and will continue to grow even more in the near future. The need for New Council Offices has already been discussed by the Council, and it to be hoped that a favourable outcome will result. The new Schemes re Water-supplies, etc., will add still more to the accommodation requirements of the Area.

ALEXANDER THOMSON,
M.B., Ch.B., D.P.H. (Edin.).

Report by Mr. J. W. Cook.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.

Western Area.

A Borehole has been sunk at the Hollies, Gnosall, to a depth of 603 feet, and during 14 days' Test-Pumping yielded an average of 21,000 gallons of water per hour. The water has been examined, chemically and bacteriologically, and found to be of excellent quality. The sinking of a second Borehole is now under the consideration of the Ministry of Health.

The Parishes supplied from this source would be:—Adbaston, Bradley, Church Eaton, Ellenhall, Forton, Gnosall, Haughton, High Offley, Ranton.

The provison of pure running water will be a boon to the inhabitants of these areas, and it is to be hoped that the scheme will be hurried forward (Medical Officer).

Eastern Area.

The Council has entered into an agreement with the Stafford Borough Council whereby water from the reservoir at Milford will be supplied in bulk to the Parishes of:—Fradswell (delayed), Gayton, Stowe, Weston. The Medical Officer would wish to point out that, despite the discussion which has arisen as to the supply to Fradswell, the provision of pure water on tap would appear to outweigh many adverse criticisms, even on questions of financial grounds.

The Rural Council are providing and laying their own water mains. Samples of this water are taken periodically by the Staffordshire County Council and is found to be of satisfactory quality, chemically and bacteriologically.

The Parishes with a piped supply laid and maintained by the Stafford Borough Council are: Berkswich, Brocton, Castle Church, Creswell, Part of Hopton, Part of Seighford, Tixall.

About 280 houses at Gnosall are supplied by water gravitating from a spring at Audmore.

At Marston and Whitgreave tap-water is provided, the supply being obtained from the Staffordshire County Council's Pumping-Station at Yarlet Bank.

Private Water Supplies.

Enson is supplied by gravitation from a spring on the Harrowby Estate. Salt, Ingestre and Hopton obtain supplies from springs at Weston Bank and Salt Bank on the Shrewsbury Estate.

The Parish of Forton is supplied with tap-water from the Newport Urban District Council's Pumping-Station, and also from the Aqualate Estate Company's spring. The water is of good quality.

The remaining parts of the Stafford Rural District are dependent upon wells and springs for their water supplies. Periodically samples of water are taken from such sources and submitted to bacteriological and chemical examination.

DRAINAGE AND SEWERAGE.

The Council extended the sewer at Walton by approximately 380 yards, thus completely draining the Crescent and the new houses on the main road.

The Medical Officer would remind the Council that proper sewerage facilities have not yet been provided for the Parishes of Brocton, Milford and Walton. The Council recognises this is a problem calling for urgent solution, and the Consulting Engineers of the Council are now busy preparing a suitable and adequate scheme. The unsatisfactory sewerage in these Parishes has been the subject of many complaints. The problem is receiving the earnest attention of the Council and a solution is not far away. These areas have grown considerably, and are probably destined to grow even more in the near future. The present sewerage system is totally inadequate and the Council realizes the urgency of the problem.

The drainage generally is to tanks and cesspits with soakaways, and there are complaints where the land is hard-packed and where the soil is clay.

Closet Accommodation.

During 1938, 8 conversions from privies to pan closets were made. The approximate figures now are:—

Water Closets	 	 	2,554
Pan Closets	 	 	1,110
Privies	 	 	564

Public Cleansing.

The Council has undertaken the removal of house refuse by contract from the following Parishes:—Berkswich, Brocton, Castle Church, Creswell, Colwich, Gnosall, 22 houses in Seighford and Hopton.

In the undermentioned Parishes ashtips are provided: Church Eaton, Haughton, Hopton, Stowe, Seighford, Tixall, Weston.

Sanitary Inspection of the Area.

Tabular Statement furnished by the Chief Sanitary Inspector:—

Houses Inspected		 	 1,019
Houses reconditioned		 	 32
Houses repaired		 	 44
Houses demolished		 	 3
Houses closed		 	 2
Houses under notice		 	 250
New houses built		 	 78
Bakehouses Inspected		 	 25
Shops Inspected		 	 163
Butchers' Shops Inspected		 	 32
Slaughterhouses Inspected		 	 279
Knackers' Yards Inspected	1	 	 60
Samples of water taken		 	 40
Farms Inspected		 	 1,400
Cowsheds reconditioned		 	 9
New Cowsheds built		 	 12
New cooling places with b	oiler	 	 15
Visits paid re Drainage de	fects	 	 117

Shops and Offices-Shops Acts, 1912-1934.

A Register of the various Shops, Catering Establishments, etc., has been made. Details re numbers, etc. are

shewn in tho following table:-

Type of Establishment.		Number in Area.	Number of Assistants employed.
Bakehouses		 6	6
Public Houses		 47	14
Post Offices		 30	9
General Provisions' Store	s	 42	10
Butchers' Shops		 8	5
Drapers' Shops		 3	Nil
Confectioners' Shops		 5	Nil
Fish and Chip Shops		 2	Nil
Boot Repairing Shops		 6	Nil
Motor Accessory Shops		 9	3
Cooked Meat Shop		 1	Nil
Catering Establishments		 4	4
			-
T	otal	 163	51
			19.1 - 181

Camping Sites.

No licences were issued by the Council in 1938 for Camping Sites.

Smoke Abatement.

The three Factory Chimneys at Colwich, Knighton and Weston gave no trouble during 1938.

Swimming Baths and Pools.

There are none in the Rural District.

Eradication of Bed Bugs.

One case of infestation by the Body Louse (Pediculus Humanus Corporis) was reported and received attention, the person being cleansed and bedding burned.

Disinfestation by Sulphur Fumigation, etc. is carried out by the Council's officers.

Schools.

The Sanitary conditions of Schools is fairly good, without the provision of water closets and drainage to sewers.

The following table give the names of the various Schools and the sources of their water supplies:—

School.			Sour	ce of W	ater Suppl	ly.
Adbaston			 	Water	conveyed Scho	
Berkswich			 	languiste.	Tap Wat	
Bradley			 		Well Wat	er
Colwich			 		Tap Wat	er
Church Eat	on		 		Well Wat	er
Forton			 		Tap Wat	er
Gayton Par	ish		 		Tap Wat	er
Great Hayw	rood	(2)	 		Tap Wat	er
Gnosall (2)			 	Tap &	Well Wat	er
High Offley			 		Well Wat	er
Hixon			 		Well Wat	er
Haughton			 		Well Wat	er
Hyde Lea			 		Tap Wat	er
Marston			 Tap	Water	from Coun	ity
				Council	's Reservo	irs
Stowe			 		Well Wat	ter
Weston			 		Well Wat	ter
Ranton			 		Well Wat	ter

HOUSING.

1.—Insp	pection of dwelling-houses during the year:-
1. (a)	Total number of dwelling-houses inspected for housing defects under the Public Health and Housing Acts 1019
(b)	Number of inspections made for purpose (a) 1222
(2)	(a) Number of dwelling-houses included under 1 (a) above which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932 Nil
	(b) Number of inspections for purpose 2 (a) Nil

 (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation (4) Number of dwelling-houses (exclusive of 	27
those referred to under (3) above) found not to be in all respects reasonably fit for human habitation	326
2.—Remedy of defects during the year without service of formal notices:—	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or its	
Officers	76
3.—Action under Statutory powers during the year.	
(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices	
(a) By Owners	Nil
(b) By Local Authority in default of Owners	Nil
(b) Proceedings under Public Health Acts	:
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	Nil
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a) By Owners (b) By Local Authority in default of	Nil
Owners	Nil
(c) Proceedings under Sections 11 and 13, of the Housing Act, 1936:—	
(1) Number of dwelling-houses in respect of which demolition orders were made	3

(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	1
(d)	Proceedings under Section 12 of the Housing Act, 1936:—	
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil
4.—Ho	using Act, 1936, Part IV, Overcrowding:-	
(a)	(1) Number of dwelling houses over- crowded at the end of the year	5
	(2) Number of families dwelling therein	8
(1.)	(3) Number of persons dwelling therein	40
(D)	Number of new cases of overcrowding reported during the year	Nil
(c)	(1) Number of cases of overcrowding relieved during the year	11
	(2) Number of persons concerned in such cases	53
(d)	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
(e)		.,11

INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply.

Total number of dairy farms in the district, 690. Total number of cowsheds, 1,644. Total number of cows, 16,580.

During the year 1,400 inspections were made and 209 notices were served.

Twelve new cowsheds were erected and 9 reconditioned, while 15 new dairies separate from cooling places were provided.

The sampling of the milk for bacterial content and for Tubercle Bacilli is undertaken by the Staffordshire County Council.

(b) Meat and Other Foods.

There are seven licensed, and one registered, slaughter houses in the Rural District.

Two hundred and thirty-six inspections of the slaughter houses were made during the year, and 871 carcases inspected.

The 6 butchers' shops are regularly inspected, also the travelling-vans carrying meat and provisions for sale. Inspections of premises where food is stored are also carried out.

Carcases Inspected and Condemned.

	Cattle exclud'g Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	238	420	29	140	44
Number inspected	238	420	29	140	44
All diseases except tuber- culosis.					
Whole carcases condemned	Nil	44	Nil	10	Nil
Carcases of which some part of organ was condemned Percentage of the number	Nil	62	Nil	Nil	Nil
inspected with disease other than tuberculosis	Nil	25%	Nil	7.1 %	Nil
Tuberculosis only. Whole carcases condemned	l Nil	140	Nil	Nil	Nil
Carcases of which some part of organ was condemned	Nil	32	Nil	Nil	Nil
Percentage of the number inspected affected with tuberculosis	Nil	40%	Nil	Nil	Nil

There is no Meat Marketing Scheme in force in the Stafford Rural District under Part III of the Public Health (Meat) Regulations, 1924.

The 56 small shops are regularly inspected, and the provisions of the Shops Acts have been explained to each shopkeeper.

- (c) Adulterations. Action is undertaken by the Staffordshire County Council.
- (d) The Staffordshire County Council undertakes the chemical and bacteriological examination of food.

REPORT UNDER SECTION 128 OF THE FACTORIES ACT, 1937.

1. Inspections.

For purposes of provisions as to health. Including inspections made by Sanitary Inspectors.

	Number of					
Premises (1).	Inspections (2).	Written Notices. (3).	Occupiers prosecuted (4).			
Factories. With mechanical power	9	5	Nil			
Factories. Without mechanical power	1	Nil	Nil			
Other premises under the Act (in- cluding works of building and engin- eering construction but not including outworkers' prem-	26	Nil	Nil			
Totals	36	5	Nil			

2. Defects found.

	Nı	Number of defects in		
Particulars	Found	Remedied	Referred to H.M. Inspector	respect of which Prosecu- tions were instituted
(1).	(2).	(3).	(4).	(5).
Want of cleanliness Overcrowding	2	2	_	=
Unreasonable temperature	_	_		_
Inadequate ventilation Ineffective drainage of floors Sanitary conveniences:	=	=	_	=
Insufficient	-	-	_	
Unsuitable or defective	-	_		_
Not separate for sexes Other Offences	3	3		_

The two defects in the section 'Want of cleanliness' consisted of lack of attention to the whitewashing of walls. Lack of adequate means of escape in the event of fire explained the three defects in the 'Other Offences' Section. All these defects were remedied following written notices to the occupiers.

OUTWORK IN UNWHOLESOME PREMISES. (SECTION III FACTORIES ACT, 1937).

No work under this heading was being carried out in the district during 1938.

J. W. COOK, M.R.S.I., etc., Chief Sanitary Inspector.



