

HEALTH AND HOUSING IN MALTON.

(SPECIALLY CONTRIBUTED)

III

Infectious Diseases in Malton and Norton

Our usual result of bad housing, over-crowding, and dirt is the spread of infectious diseases. So far as administrative measures are concerned, these diseases fall mainly into two groups, namely, those which are not notifiable to the Medical Officer of Health and those which are not notifiable. The notifiable diseases are as follows:- Smallpox, scarlet fever, diphtheria, membranous croup, typhoid and typhus fever, puerperal, continued, and relapsing fever, cholera and erysipelas. Chief among those not yet compulsorily notifiable are measles, whooping cough, infective diarrhoea, acute rheumatic fever, pulmonary phthisis, influenza, and others.

A Defective Law

The time cannot be far distant when all infectious diseases must become notifiable to the sanitary authorities, and this especially with regard to such diseases as affect school attendance, for it is amongst children at school age that infection spreads most rapidly. The sooner an outbreak of the disease is made known to the sanitary officials, the greater the power of the latter to constitute preventive measures. No child who shows signs of "feverishness" should be sent to school. He should be put to bed until the mother is certain of the course to be pursued. Unfortunately, many mothers keep their children at home, or even allow them to run about in the street, trusting to blind chance for the child's recovery. It is through sheer carelessness or indifference on the part of the mother that the greater part of infectious disease spreads. It may possibly be set down to ignorance; if so, all the more need of the qualified lady visitor, to whom reference was made in the preceding article.

Malton has been singularly fortunate with regard to the incidence of infectious disease – an

indication that the children are on the whole healthy and well able to resist the attacks of bacteria or their products. It is the body which is depressed in vitality or injured from previous disease which falls so ready a prey to the invading host. It may also be said that our schools are careful about the matter of infection, and that the work of the Medical Inspector has proved most useful. Even if his visits did no more than improve the state of the children's hair, and wage relentless war against the flea, they would be justified. But they do effect more than this. They guarantee the community against the spread of infectious diseases through the schools.

Small-Pox in Malton and Norton

(Incubation period: 12 to 14 days, quarantine 18 days)

Small-pox visited the town in 1872, about which time there was a general epidemic throughout the country. No further case occurred in this district until 1892, when one case was notified in February and another in December of that year; the first a visitor from Batley, the second a tramp from Bradford. Thanks to the vigilance of the officials and medical men in attendance there was no spread of the disease. Small-pox, however, was present in various parts of the country, and again in 1893 the disease was brought into the town by a tramp from Pontefract; this case was taken to the Workhouse and proved fatal. Four cases occurred between April and May of the same year. These were traced to a female tramp exposing herself whilst suffering from the disease. Of these cases, two proved fatal in persons who had come in contact with the case referred to, and in whom no reliable history of vaccination could be procured. The balance of medical

opinion still declares that vaccination is the only means of preventing the spread of small-pox. Again, in 1894, small-pox made its appearance in the person of a tramp in the Workhouse; fortunately the case as of a mild character, and this, taken with the careful precautions of the Workhouse Medical Officer, prevented the spread of the disease. To sum up briefly the above statements, it may be said that Malton has had an immunity from small-pox for over twenty-six years, with the exception of the introduction of the disease by tramps.

Scarlet Fever

(Incubation period: 2 to 6 days, quarantine 14 days)

Scarlet fever, or scarlatina, is probably, next to measles, the most commonly known infectious disease, and, therefore, the less dreaded by the average patient, and here again one feels the need of "instructions to parents." Over and over again have we met parents imbued with the fatalistic notion that children "must have the measles," or ought to have scarlatina, at least once, in order "to make them strong." Now just to combat this opinion let us at once state that these diseases are responsible for many serious conditions, amongst which may be mentioned blindness, deafness, deaf-mutism, bronchitis, disease of the kidneys, and many other diseases which bring in their train suffering and poverty. We write for the purpose of giving information to those who most need it, and offer no apology for lack of scientific arrangement or terminology. Thirty-five cases of scarlet fever were notified in the year 1892, whilst in the year 1899 not a single case came to the knowledge of the sanitary officials. After this year, as will be seen from the chart and tables, a steady rise took place in the cases reported, reaching 32 cases in 1903; in 1904 there were only five cases reported, but the next year, 1905, proved the maximum with 38 reported cases. The explanation of this rise and fall in the number of cases of scarlet fever is to be found in the susceptibility of children to the contraction of the disease. After an epidemic of scarlet fever, the majority of children have been rendered immune, and therefore it is not until a number of children are born and grow up to a susceptible age that another spread may be

expected. We may illustrate this in a homely way by saying that the more often the same seed is sown, the poorer the crop.

The chief centres in this district for the disease are Westgate, Old Malton, Greengate, and Old Maltongate. We might go further and even particularise the houses in which the disease occurs, but we shall for the present content ourselves by this reference, and trust that the houses in these areas receive the careful attention of the Sanitary Inspector and the Estate.

Typhoid Fever

(Incubation period: 7 to 21 days, quarantine 28 days)

Enteric or typhoid fever was a very common disease in the Malton district for years anterior to 1891. The records do not lead themselves to accurate description, and we shall content ourselves with study of such data as have come to our hands since the introduction of the Infectious Diseases (Notification) Act, 1889, which was adopted here in November, 1891.

There were five deaths from the disease in 1891. It is significant that at his period the question of the purity of the water supply to the town was one of peculiar importance, and it became almost the first duty of the newly appointed medical officer of health, Dr. H. M. Holt, to enquire, advise, and report upon this important subject in conjunction with the surveyor. We need not go into past history further than to remark that the recommendations contained in such "Joint report" were adopted by the local Council, and accepted by the Local Government Board, with the result that Malton has a water supply second to none, both as regards quantity and purity.

With the provision of a pure water supply typhoid fever disappears from the death records until 1902 when there were two deaths; both at the same address, and both were contracted at Rosedale. It is of importance to notice that no case of typhoid arising in the district proved fatal during the ten years 1892 to 1902; the next case of typhoid proving fatal in a child of nine years of age, in the year 1903. From this date there is no further death until 1907 when two deaths occurred. The origin of these last cases, in the

opinion of the Medical Officer of Health, was due to eating of infected ice-cream. There is no death recorded from this disease in 1908; indeed only one case was notified during the year, and this was in all probability contracted from a visitor – a “typhoid carrier.” That there have only been five deaths from typhoid fever since 1891 is a record of which the town has reason to be proud.

Diphtheria

(Incubation period: 2 to 3 days, quarantine 28 days)

This disease is steadily on the decline as a cause of death. This is, however, not due to any improvement in local environment, but entirely to more certain methods of treatment. There can be little doubt that such disease arises in connection with faulty sanitation, and spreads by intimate association of children in school and at play. We might particularly refer to an outbreak at Old Malton in 1903, and here again it occurred in Westgate. There is no denying the fact that old property becomes insanitary, and is a fruitful predisposing cause of much disease. One word

more before we quit this subject. We note the political cry for “Territorials” fit to bear arms in the preservation of their country; now let us draw the attention of those responsible for that cry to the conditions of the men whom they are addressing. These are for the most part “unfit,” vide Report on Physical Deterioration before referred to. Furthermore, one potent cause of this unfitness is the home conditions under which most of the material from which Territorials are drawn live. These are such as to produce unfitness, hence our advice is “to first set your house in order” by providing proper dwellings fit to preserve the health of those who may be called upon to bear arms in the preservation of the country in general and the property of individuals in particular.

Finally, puerperal fever seems to have disappeared from the districts of Norton and Malton.

The following tables show the exact number of cases of infectious disease notified in the Malton and Norton Urban Districts, and may be useful for purposes of comparison:-

Malton

Disease	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	Total
Typhoid	4	4	6	2	2	16	6	1	2	6	6	1	0	1	17	1	75
Scar. Fever	12	11	12	5	5	5	0	13	15	21	32	5	38	12	4	2	192
Erysipelas	4	14	6	10	5	3	2	1	1	2	4	3	3	2	0	3	63
Diphtheria	0	8	3	1	1	0	0	1	0	4	7	0	4	1	0	1	31
Puer. Fever	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
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Total	21	38	27	18	13	24	8	16	18	33	49	9	45	16	21	7	363

Norton

Typhoid	2	2	4	3	2	2	4	3	6	5	3	4	2	1	5	3	51
Scar. Fever	1	9	9	4	10	1	5	26	9	8	27	2	8	9	2	8	138
Erysipelas	3	7	5	9	10	3	4	10	4	9	11	2	8	8	6	8	107
Diphtheria	0	14	5	0	0	0	1	6	1	1	4	3	6	3	1	0	45
Puer. Fever	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	2
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Total	6	32	23	16	22	6	14	45	21	23	45	12	24	21	14	19	343

The General Health

of the child has a distinct bearing upon the question of infectious disease. If health is neglected in childhood, existing physical defects will become more marked and may spread to other parts of the body. Comparatively few parents give enough attention to the teeth of their children, and neglected and defective teeth may involve very serious results indeed. There is also

the positive treatment of the child of the child to consider, especially in relation to their encouragement in all right kinds of recreation. If children are not taught to play in healthy ways, they may learn to do it in unhealthy ones. This teaching should be begun in the home and be continued in the school. Another subject, which deserves an article to itself, is the employment of young children, whether for half or all their time. Cases of extreme exhaustion through over-

employment have been known in Malton, and may be known again. Careful enquiries into the evils of over-work show that many children have abnormal heart signs as a consequence of it.

Remedial Measures

One of the simplest and most useful of remedial measures is the use of clearly printed cards containing short descriptions of the commoner infectious diseases, with the period of incubation and the first measures of relief, coupled with an instruction to send at once for the Medical Officer of Health. This matter of infection is of the utmost importance, as is disinfection, and, in some areas, the provision of an isolation hospital. In Malton the Medical Officer of Health has been so successful in reducing the number of infectious cases, that it cannot be said that there is justification for the establishment of a hospital for the Malton authority only. On the other hand, if two or three authorities would join together in building and maintaining a hospital in a suitable district, this would be an immense boon to the neighbourhood.