[Report of the Medical Officer of Health for Acton].

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THE

Urban District Council of Acton.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

YEAR 1898.

BY

G. A. GARRY SIMPSON, M.R.C.S., L.S.A.,

Fellow of the Royal Institute of Public Health,

Medical Officer of Health, Acton, W.

ACTON:
PRINTED BY J. KNOWLES, 5 AND 6, MARKET PLACE.
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BY

C. A. CLARKE WILKINSON, M.R.C.S., L.S.A.,

Fellow of the Royal Institute of Public Health.

Medical Officer of Health, Ealing, W.

ACTON:

Printed by Kemp & Son, Acton Press.

1890.

The Urban District Council of Acton.

ANNUAL REPORT OF THE MEDICAL OFFICER

FOR THE YEAR 1898.

To the Chairman and Members of the Acton District Council.

GENTLEMEN,

The year 1898 was remarkable, from a meteorological point, for the persistent absence of rain, the mild conditions which generally prevailed when cold should have been experienced, and the phenomenal heat of September, which equalled the highest record of this century, viz. 92.1 shade temperature.

During the quarter ending September 30th, the infant mortality was 124·2 per 1,000 registered births. The majority of deaths was due to causes which are recognised on all hands to be, in a measure, preventable; for they were practically restricted to the children of the poorer class and were largely due to parental ignorance and neglect of the laws of health and disease.

The question of educating the public as regards infant feeding and the ordinary rules of hygiene, will I trust, ere long be taken up in earnest by the Government and those responsible; for it is truly lamentable that one-fourth of the whole mortality in the British Isles is among children under one year of age.

Our system of education should concern itself with teaching every scholar those ordinary principles of hygiene, which are of the first importance to the individual and the community, even to the sacrifice of other matter which is now taught.

The building trade has been very active during the year, and in these enlightened times, the strict supervision of the erection of dwellings is a matter of the highest importance, for a damp and badly built house is responsible for much suffering and often death. The Mr. PASSMORE EDWARDS Cottage Hospital was opened in May, and is doing most useful work. A Public Library and Fire Station are also in process of erection.

I am pleased that you purpose erecting a "Destructor Furnace" with as little delay as possible, and that the question of providing means for Isolating Infectious Cases will not be long in abeyance; both these matters are, as you know, of vital importance, especially now that the population is so rapidly increasing.

I take this opportunity of strongly advising you to adopt the Housing of the Working Classes Act, 1890. Part I. of the Act enables you to deal with unhealthy areas. Part II., with unhealthy or obstructive buildings.

I have dealt with the vital statistics under the various headings, and will only briefly allude to one or two points. With regard to the population, it will be noticed that I still adhere to the method adopted for many years, viz.: to allow six persons for each occupied house; but the correct way to obtain a local census, is to allow six for each occupied house, and one for each unoccupied house, so as to allow for caretakers, &c.; by this means you get a better estimation of the population. In future, I would suggest this latter method.

Our annual death rate is again satisfactory, as is also our birth rate.

I am, Gentlemen,

Your obedient servant,

G. A. GARRY SIMPSON.

POPULATION.

In the middle of 1898, the number of inhabited houses was 5,427; allowing as usual six persons for every occupied house, the population is 32,562, an estimated increase of 930 compared with 1897.

The following table shows the number of the population and the inhabitated houses at the four preceding censuses:—

Year.	Inhabited Houses.	Population.
1861.	610	3,151
1871.	1,568	8,306
1881.	2,844	17,110
1891.	4,084	24,207

BIRTHS.

The total number registered was 995 (475 boys, 520 girls).

The birth-rate per 1,000 persons living was 30·5

The following table shows the births since 1890:—

Year.	Number of Births.
1890.	704
1891.	772
1892.	763
1893.	831
1894.	834
1895.	874
1896.	894
1897.	973
1898.	995

Birth-rate for London 29·5 per 1,000 persons living.

MORTALITY.

General Mortality.—There were 507 deaths registered of parishioners who were resident in the Parish, and 10 of parishioners who died in Public Institutions outside the Parish, making a total of 517 deaths.

The recorded general death-rate is therefore 15·8 per 1,000, as against 15·9 in 1897. The London death-rate was 18·7 per 1,000 living.

This ordinary death-rate cannot be taken as a true index of the healthiness of the Parish, nor can it be justly compared with other sanitary districts, unless some allowance is made for the relative proportions of males and females at different ages in the districts compared.

Death-rates vary according to the nature of the population of the respective districts; for instance, in a district containing a large number of very young or very old people, the death-rate would be considerably higher than in a district consisting of middle-aged people.

Thus in this country the mean annual death-rate is as follows :—

	Males.	Females.
Under 5 years of age	68·1 ...	... 58·1
10 to 15 „	3·7 ...	... 3·7
25 „ 35 „	9·3 ...	... 8·6
35 „ 45 „	13·7 ...	... 11·6
45 „ 55 „	20·0 ...	... 14·6
Over 75 „	169·1 ...	... 155·8

It will thus be seen that the death-rates of different districts cannot be compared with one another, unless they are reduced to a common standard.

What preventive measures against disease have achieved during the last 50 years, despite the increased strain of the struggle for existence, is shown from a consideration of the difference in the average number of years lived by each individual.

From 1838 to 1854 the average lifetime was 39·9 years for males and 41·9 for females (Farr); from 1871-80, it was 41·4 years for males and 44·6 for females (Ogle); and from 1881-90, it was 43·7 years for males and 47·2 for females (Tatham).

The following table shows the various ages at which death occurred in the district :—

Under 1 year	181	Under 5 ...	268
1 year and under 5	87		
5 years and under 15	11	Over 5 ...	239
15 „ „ 25	11		
25 „ „ 65	116		
65 „ and upwards	101		
	507		507

The following table compares the death-rate of children under one year per 1,000 registered births, and the birth-rate for the last twelve years :—

	Birth-rate per Thousand.	Deaths of Children under 1 year. Per Thousand Registered Births.
1887.	28·7	147
1888.	31·1	182
1889.	34·1	175
1890.	28·3	151
1891.	30·8	146
1892.	30·5	185
1893.	31·9	192·5
1894.	30·2	160·6
1895.	31·6	168·1
1896.	30·3	168·9
1897.	30·7	198·3
1898.	30·5	181·9

It will thus be apparent that our infant mortality, though high, is an improvement on the previous year. I have frequently alluded to the causes of a high infant mortality, and I purpose drawing up a leaflet giving simple instructions with regard to infant feeding. These leaflets will be supplied to the Registrar of the district who will give one to each person who registers a birth.

In the latter part of the year a warning was issued to parents and guardians as to the dangers attending the use of "Condensed Separated" and "Condensed Skimmed" milks for the feeding of infants and young children. "Condensed Separated" milk is milk condensed after the fat has been separated by a centrifugal machine. "Condensed Skimmed" milk is milk condensed after the cream has been skimmed off. I may note here that Nestlé's Condensed Milk contains the whole of the original solid matter of the milk.

The amended Infant Life Protection Bill came into force on the 1st of January, 1898.

It is a matter of regret that the clause allowing a woman to receive one child for hire and reward without coming under the Act is still partially retained. Those women who receive children — mostly illegitimate—and adopt them, one child at a time, for a sum down, do not come under the Act, providing they receive payment exceeding £20. Thus they are not affected by the provisions of the Act if they receive £20 and 1s. This is too small a price for the disposal of an illegitimate child to ensure that some women will not continue, by accepting one child at a time, to rid themselves of their charges by ill-feeding and exposure.

ZYMOTIC DEATH-RATE.

The total number of deaths registered from Zymotic diseases was 78.

The Zymotic death-rate for the year was 2·3 per 1,000 of the population.

In the following table the death-rate and Zymotic death-rate are so arranged that comparison can be made for the last eleven years :—

	1888.	1889.	1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.
Small Pox ...	—	—	—	—	—	—	—	—	—	—	—
Measles ...	1	25	11	9	24	2	15	6	24	2	6
Scarlet Fever ...	2	1	3	4	—	10	3	3	1	—	3
Diphtheria ...	2	8	7	2	4	2	5	5	8	28	8
Whooping Cough	9	13	3	6	25	5	17	5	21	—	10
Typhoid Fever...	—	1	1	—	3.	4	2	2	2	2	—
Diarrhœa and Dysentery ...	10	12	18	24	34	60	17	44	37	80	50
Puerperal Fever	—	—	—	—	1	6	4	2	—	—	1
Total number of deaths from seven Zymotic Diseases ...	24	60	43	45	91	89	63	67	93	130	78
Deaths from other causes ...	282	377	298	368	334	396	330	411	371	373	439
Total Deaths ...	306	437	341	413	425	486	393	478	464	503	517
Death-rate from seven Zymotic Diseases per thousand ...	1·9	2·8	1·9	1·8	3·6	3·4	2·2	2·4	3·1	4·1	2·3
Death-rate from other causes per thousand	12.9	16·1	12·0	15·3	13·4	15·2	12	14·8	12·6	11.8	13·5
General death-rate per thousand ...	13·99	18.9	13·9	17·1	17	18·6	14·2	17·2	15·7	15·9	15·8

In London the Zymotic death-rate was 2·78 per 1,000.

NOTIFICATION OF INFECTIOUS DISEASES.

There were 234 notified, as against 221 in 1896.

The following table gives the number reported each year since the Act came into force :—

	1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.
Small Pox	—	—	13	7	2	—	—	—	—
Scarlet Fever	108	63	74	192	86	67	193	93	167
Diphtheria	14	8	27	41	22	32	23	89	35
Membranous Croup ...	4	—	13	1	—	—	—	4	—
Typhoid Fever	13	13	15	19	15	28	14	10	9
Continued Fever ...	—	—	—	1	—	—	—	—	—
Puerperal Fever... ...	1	—	1	2	1	3	3	—	1
Erysipelas	22	18	37	77	41	31	26	25	22
	162	102	180	340	167	161	259	221	234

SMALL-POX.

No cases have been notified since 1894, and no deaths have occurred during the last fourteen years. "The Conscience Clause" has practically reduced the Vaccination Act to a dead letter, and many foresee a revival of the terrible scourge of small-pox.

The opinions arrived at by the majority of the Royal Commission on vaccination I have summarised in the form of questions and answers:—

Q. Has small-pox diminished since the introduction of vaccination?

A. Yes!

Q. In those households attacked, does the disease differentiate between the vaccinated and the unvaccinated members?

A. Yes! The vaccinated escaped and the unvaccinated suffered out of all proportion to their respective numbers.

Q. In an affected community, does small-pox make the same differentiation as in infected households?

A. Yes!

Q. Are those classes who are re-vaccinated, *i.e.*, postmen, policemen, nurses, specially protected as compared with the rest of the community?

A. Yes!

Q. Small-pox in pre-vaccination days claimed 80 per cent. of its victims among children, but since infantile vaccination was inaugurated, has the mortality been very largely transferred to the latter periods of life—when the protective power of infant vaccination has largely worn out?

A. Yes!

Q. Among those attacked, do those who have been vaccinated have milder attacks and furnish fewer deaths than those who have not been vaccinated?

A. Yes!

Q. Does vaccination, properly performed, afford greater protection from small-pox than vaccination insufficiently or ill-performed?

A. Yes!

The above report constitutes a tower of evidence which is quite impregnable.

Writing to me on the subject, one of our greatest Sanitarians says: "No eloquence of mine will make those believe in vaccination who resolutely refuse to listen to argument. They wilfully shut their ears or misuse their understandings, and nothing short of an epidemic of Small-pox will cause them to recognise facts as they really are."

SCARLET FEVER.

One hundred and sixty seven cases were notified during the year.

The seasonal curve of comparative prevalence was at its minimum in March, and maximum in October, when it assumed an epidemic

form. I made frequent visits to the schools in the district, and received valuable help from Mr. BOVEY and the School Board Officers, Messrs. LAMBERT and SHUTE.

HOW THE DISEASE IS SPREAD.

1. Sometimes the disease is kept a secret, no Medical Practitioner being called in.

2. The disease may be so mild as to escape the notice of the relatives, and their attention is only called to the child when desquammation has set in.

3. Ignorance of the parents as to the nature of the illness and neglect to call in medical advice.

4. In three or four instances children were found peeling freely and playing in the streets with other children, and in one case a child had been sent to Sunday School peeling freely. On being censured the parents invariably pleaded ignorance as to the nature of the illness.

5. *Return Cases.*—During the year there were good grounds for belief that the infection in two instances was communicated by patients who had been recently discharged as free from infection, from the Willesden Isolation Hospital. This is a rare occurrence, for every possible effort, in my belief, is taken to prevent it, but the circumstance is worthy of note by parishioners, who will always do well to isolate children for at least a few days after their return home.

In my report of November, 1898, to the Council on these return cases, I mentioned that possibly the micro-organism that caused the disease might remain in the throats of the patients after apparent convalescence. The following is Dr. KLEIN'S report to the Local Government Board, which I have copied from the British Medical Journal of January 21st, 1899:—

"*Microbes Association with Scarlatina.*—Dr. KLEIN makes a further report on the streptococcus, named S. scarlatinæ or conglomeratus, isolated by him from the throat and nasal discharge of patients suffering from scarlatina. It is not found in the desquammating skin, urine, or aural discharge. Dr. KLEIN expresses the opinion that it is the persistence of this organism in the throat of patients discharged as cured which gives rise to the 'return cases.'"

Some people regard Scarlatina as a disease which does not demand the same strict precautions against spread as Scarlet Fever; and many parishioners have expressed great surprise on being informed that Scarlatina is essentially Scarlet Fever of a mild type. It would be a gain if all medical practitioners referred to all such cases, not as Scarlatina but as mild attacks of Scarlet Fever.

DIPHTHERIA & MEMBRANOUS CROUP.

Thirty five cases were notified, and eight deaths were recorded. As to the efficacy of Diphtheria Antitoxin, good reports upon its employment come from all parts of the globe, but, unfortunately, the remedy is too generally used as a "dernier resort." In the latter part of the year I forwarded the following circular letter to the practitioners in the district :—

9th December, 1898.

DEAR DOCTOR,

I am pleased to inform you that I have made arrangements with the Jenner Institute of Preventive Medicine to keep me supplied with Diphtheria Antitoxin, which will enable me to let you have the same at any hour of the day or night.

I also keep by me a special Syringe recommended by the Institute with full directions as to its use, and the dose recommended.

I need not remind you of the satisfactory results that are obtained by the *early* use of Diphtheria Antitoxin, and I feel sure this arrangement will meet with your hearty approval.

The cost of the Antitoxin will be 2/6 for 2000 units.

Believe me,

Yours faithfully,

G. A. GARRY SIMPSON,

Medical Officer of Health, Acton.

Five cases that were notified as Diphtheria, turned out to be cases of Ulcerated sore-throat caused by slight escapes of coal gas from defective pipes and burners.

MEASLES.

Measles becomes epidemic every two years, and 1898 followed the rule, but we had few deaths compared with previous epidemic years, and there can be no doubt of the value of the leaflet which I distribute in the spring and autumn.

TYPHOID FEVER.

Nine cases were notified, but no deaths occurred.

Typhoid is generally conveyed by water or milk, and, when there is already a case in the house, by infected hands, linen and food.

In almost all the cases notified insanitary conditions were found, but we must not conclude haphazardly, that insanitary defects are the actual cause of the disease. Sewer gas produces a lowered state of vitality, and renders the inmates more prone to disease in almost any form.

The Bacillus Typhosus must be either inhaled with specifically infected sewer air, or swallowed in food or drink.

I have made arrangements to apply *Widal's* Typhoid Serum Reaction, to assist the diagnosis of any doubtful cases.

PHTHISIS.

Under the above heading I have included all the deaths due to Tubercle Bacilli, and they number 48.

About one half were registered as Tabes Mesenterica or Consumption of the Bowels, the remaining cases were due to Tuberculosis of the Lungs and Tubercular Meningitis.

The year 1898 will ever be remembered for the inauguration of the National Society for the Prevention of Consumption and other forms of Tuberculosis. The object of the Society is to educate the Public that Tuberculosis is a preventible disease, and to establish Open

Air Sanatoria for the Treatment of Patients. It is now clear that Tuberculosis is due to neglect of the simplest sanitary precautions. The idea that Consumption is an inherited disease and could not be escaped, has now been disposed of. Persons may inherit a certain delicacy of constitution, and cultivate it further by all sorts of insanitary living, sins against hygiene and the like.

The chief predisposing causes are those that lower the vitality of the individual, such as bad air (consequent on overcrowding), damp dwellings, insufficient food, and intemperance.

The immediate or existing cause is the Tubercle Bacillus, which can only be obtained from some other human being or beast affected by Tuberculosis.

This Bacillus may gain an entrance into the body by being inhaled with dust, or by being swallowed with food and drink.

From 30 to 40 per cent. of cows suffer from Tuberculosis, so that unboiled milk is the chief offender, and infants and young children frequently get Tubercular Disease of the glands of the Intestines.

The measures required for the Prevention of Tuberculosis, are :—

I.—*By Individuals.*

(*a.*) The careful disinfection of all expectoration from a consumptive patient.

(*b.*) The disinfection of all milk consumed as food, by boiling, or by " Pasteurisation," viz. : heating the milk in a special apparatus to a temperature of 158 deg. F, keeping at that temperature for 30 minutes, and rapidly cooling.

(*c.*) Choice of a house, which should be situated on pure, dry, and well-drained soil.

II.—*By Local Sanitary Authorities.*

(*a.*) Control of buildings, especially with regard to site, soil, subsoil, drainage, dryness, cubic space, &c.

(*b.*) Prevention of overcrowding.

(*c.*) Notification of Tuberculous Disease.

(*d.*) Disinfection of rooms, houses, and of clothing, bedding, &c., which have been used by consumptive patients.

(*e.*) Registration of all cow-sheds, milk-shops, dairies, &c., with regulations as to site, space, lighting, ventilation and cleanliness.

(*f.*) Systematic inspection of all cow-sheds, dairies and milk shops, by competent inspectors.

(*g.*) Exclusion and isolation of all animals affected with Tuberculosis, by the "Tuberculin Test. (The "Tuberculin Test" can be easily applied by Veterinary Surgeons. It is made by the injection of a small quantity of "Tuberculin" into an animal, and a rise of temperature from three to nine degrees would prove the animal was affected with Tuberculosis.)

(*h.*) Construction of public slaughter houses, in which all animals shall be inspected before and after slaughter.

HOSPITAL ISOLATION.

The following patients were admitted into the Willesden Isolation Hospital during the year :—

NAME.	ADMITTED.	DISCHARGED.	DIED.	DISEASE.
A. F. C.	Jan. 29, 1898		Jan. 30.	Diphtheria.
J. N.	Mar. 8, ,,		Mar. 9.	Diphtheria.
C. S. B.	April 6, ,,	June 10.		Scarlet Fever
E. M. S.	June 15, ,,	Sept. 1.		,,
M. C.	,, 21, ,,	Aug. 18.		,,
G. W.	July 16, ,,	Sept. 8.		,,
C. S.	Sept. 6, ,,	Dec. 22.		,,
F. E. S.	,, 6, ,,	Nov. 24.		,,
W. F.	,, 18, ,,	,, 24. *(sent to Stanmore.)*		,,
J. W.....	Oct. 14, ,,	,, 24.		,,
E. W.	,, 14, ,,	,, 24.		,,
D. F.....	,, 28, ,,	Dec. 29.		,,

SANITARY WORK PERFORMED DURING THE YEAR.

As will be seen by Mr. BOVEY'S Report, a great deal of sanitary work has been performed during the year 1898. I personally visited the dairies and cow-sheds, and distributed a leaflet, showing the legal responsibilities of cow-keepers, dairymen, &c.

WATER SUPPLY.

I have, from time to time, made an analysis of the water supply, which I have always found satisfactory. I should be pleased if householders would take their water from a draw-off tap straight from the rising main. Cisterns should only be used in case of the water being on the intermittent system.

SICK NURSING.

The importance of good nursing in the treatment of disease can scarcely be exaggerated, and a great and good work has been done by the two district nurses connected with the Cottage Hospital. During the five months that the hospital has been opened they have nursed 110 surgical and 64 medical, making a total of 174 cases.

NURSE DAWKINS has been most assiduous in her duties.

The following is a summary of her work during the year :—

Cases Nursed.—Diphtheria	...	6
Scarlet Fever	...	19
Typhoid	...	1
		26

Visits paid to Diphtheria and Scarlet Fever cases, 46. Patients taken to Hospital, 5.

THE FOLLOWING IS THE

ANNUAL REPORT

OF THE

SANITARY INSPECTOR,

For the Year ending December 31st, 1898,

BY WILLIAM T. BOVEY.

Sanitary Inspector's Report for the year ending, 1898.

A brief review of the sanitary work accomplished in the Acton district during the past year, indubitably demonstrates that genuine progress has been the undeviating rule, which, in the aggregate, amounts to an important sum; and it is interesting to note the ameliorative influence that keeps pace with improved sanitation, as is evidenced by the gradual reduction of intensity in zymotic diseases. Much however remains to be done. "War to the knife" has yet to be declared against damp, dirt, and overcrowding; as this trio of health destructors might fairly be accredited with a large proportion of the tuberculous and kindred diseases which swell our annual death-roll. The Sanitary Inspector, were he an Hercules, would fail to clear his districts of the Augean evils, as long as the public maintain a position of carelessness or apathy. Happily there are signs in our social horizon of an early awakening; when public opinion is aroused, a solution of the difficult problem how the evils of damp, dirty, and overcrowded dwellings may be dealt with, and abolished, will doubtless be discovered.

INFECTIOUS DISEASES.

Visits to ensure continued isolation	644
Beds, Bedding, &c., disinfected by steam	82
Rooms, &c., disinfected by fumigation (improved method) ...	123
Disinfectants supplied (exclusive of supplies from the office) bots.	452

HOUSE INSPECTIONS.

Number of dwellings inspected	214
Found more or less insanitary	188
(*Inspections as a rule followed complaints only*)	
House drains and Sanitary fittings tested...	93
Ditto retested	24
(*These do not enclude the water testing of reconstructed drains*)	
House drains taken up and reconstructed	77
Ditto partially reconstructed	41
Visits to ascertain whether notices were being complied with, and to inspect work in progress	542
Soil pipes provided with ventilation	34
Intercepting traps and air inlets fixed	31

Soil pipes taken outside house-walls	4
Scullery sink waste pipes disconnected from soil drains and made to discharge in the open air over trapped gullies... ...	37
Rain water pipes disconnected from soil drains (dwellings) ...	18
Insanitary closets replaced by sanitary apparatus	56
Waste preventors provided or made good	32
Defective roofs made watertight	9
Inspection chambers constructed	41
Defective guttering repaired or replaced (dwellings)	7
Dilapidated walls, ceilings, &c., cleansed and repaired (houses)	13
Dwellings permanently closed (unfit for habitation)	6
Complaints registered	128
Notices served (supplemented by personal interviews with owners and their agents, also by letters)	148
Damp courses added to house-walls (dwellings)	7

ORDINARY NUISANCES ABATED.

Smoke	7
Manure, offal, and other filth deposits	34
Choked drains	45
Overcrowding	8
Cellar flooding	3
Animals, Poultry, &c., ...	22
Dust bins	9
Cesspools abolished	3
Waste gully inlets raised above ground level (dwellings) ...	6
Other nuisances not included with the above	44

GENERAL INSPECTIONS.

Schools	8
Bakehouses...	42
Cowsheds, milkshops and dairies	89
Slaughter houses	97
Piggeries	115
Dust shoot in contractor's brickfield	33
Stabling	53

ARTICLES OF FOOD CONDEMNED.

4 Trunks Skate
2 Cases "Kipper Herrings"
3 Trunks Haddock.
2 „ Hake.

WILLIAM T. BOVEY,
Sanitary Inspector