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

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

SURBITON

IMPROVEMENT COMMISSION.

SURBITON URBAN SANITARY AUTHORITY.

Seventeenth Annual Report

OF THE

Medical Officer of Health,

1893.

BULL AND SON, PRINTERS AND BOOKBINDERS, SURBITON.

Surbiton Urban Sanitary Authority.

SEVENTEENTH ANNUAL REPORT

OF THE

Medical Officer of Health,

1893.

Mr. Chairman and Gentlemen,

In accordance with the requirements of the Local Government Board I have the honour to lay before you this my seventeenth annual report on the health and sanitary condition of the district under your care.

Mortality.

The deaths of non-residents occurring in Public Institutions situated in the District are excluded, and those of residents occurring in Public Institutions situated beyond the limits of the district are included, with this correction the deaths for Surbiton for 1893 are 122. For 1892 they were 121.

Death Rate.

The population at the Census of 1891 was 10052 and this has now been officially estimated to the middle of 1893 to be 10271 living in 1980 houses on an area of 1000 acres, thus giving 10·27 persons to the acre, and 5·1 per house. The death rate for the year will consequently be 11·87 per thousand per annum. This compares with 11·94 of the year before. For last year the death rate for all England and Wales is 19·2 as against 19·0 per thousand per annum the previous year.

ymotic Diseases.

The deaths due to the principal zymotic diseases are 7, being three from scarlatina, three from diptheria, and one from typhoid fever, none from either measles or whooping cough. This gives a zymotic death rate of 0·6, that for England and Wales in the same period was 2·47 which is considerably in excesss of 1·90 the year before.

Causes of Death

Of these 122 deaths, 55 are males and 67 females, 26 were 70 years and upwards, and 15 were under one year of age. There died of phthisis, 4; of other lung diseases, 25; of heart disease, 19; of cancer, 7; of violence, 6; of premature birth, 1; of epidemic influenza, 6.

Births.

The number of births has greatly decreased, being 186 as against 218 last year; of these there were boys 94; girls 92. The birth rate is therefore 18·2. Last year it was 21·5. For England and Wales it is 30·8. The deaths of infants in 1891 were 136 per thousand births; in 1892 they were 105·5; and last year 80·6, a very marked diminution.

The following are some particulars respecting the various diseases of the zymotic group:—

Small-Pox.

One case only of this disease was notified, it was removed at once to hospital, the inmates of the house re-vaccinated and all necessary disinfection and precautions resorted to. The patient recovered and no further case occurred.

Typhoid Fever.

Five cases were notified; the first in January, a domestic servant, she was removed to the Isolation Hospital and died there; the second did not occur until November, this too was removed to the hospital and subsequently died; the other three were all in December, one was taken to the hospital and died on the third day following removal; the other two are still under treatment. Enquiries were made respecting them all but nothing was found in common, and nothing to satisfactorily account for any of them. One was in all probability contracted at Wimbledon where she lived, being taken ill when over here on a visit. Without implying that locality had anything to do with it, all these cases were located on the Hill. Though three of these five cases died, the returns for the year show only one—the other two having died in 1894.

Measles.

Very few cases of this disease and no deaths. There were some cases of German measles but so far as could be ascertained all were mild in character.

Whooping Cough

During the autumn and winter of 1892 whooping cough was prevalent and many cases were under treatment at the beginning of the year, but favoured by the fine weather in March convalesence speedily set in and there have been practically none since.

Scarlet Fever

It is a matter of common knowledge that this disease in conjunction with diphtheria has been prevalent throughout the whole country for the last twelve months or more, and particularly in the metropolis where the accommodation provided by the Metropolitan Asylums Board has been inadequate to meet the demands made upon it; under these circumstances it was only to be expected that we in company with all the surrounding sanitary districts should suffer likewise, and this has been the case in Surbiton to an extent, speaking from personal knowledge and recollection, far greater than at any time during the last twenty-five years. The actual number of cases were not recorded till

1890 when 3 were notified, in 1891 there were 3 also, in 1892 only 4, but in 1893 no less than 94. These were distributed as follows :—

January, 4.	April, 1.	July, 16.	October, 23.
February, 2.	May, 2.	August, 8.	November, 8.
March, 0.	June, 11.	September, 12.	December, 7.

Out of this large number only three cases terminated fatally, being a case of mortality of 3·2 per cent. nearly; 35 patients were removed to the Isolation Hospital. The chief characteristic of this epidemic has been its mildness, a very large number having scarcely ailed at all, and it is to this feature that its extensive dissemination is probably due. Personally I met with several cases where the disease had been unrecognised with the result that children were found in the streets and elsewhere desquamating freely, and it is morally certain that there were many other such cases undiscovered going about in apparently perfect health but highly infectious. On 18th May, 526 children at St. Mark's Schools were inspected and one boy was found peeling. He was isolated until the process was terminated; the schools were closed for $3\frac{1}{2}$ weeks and the various rooms very thoroughly disinfected.

Similarly, on September 4th, owing to the succession of cases in July and August, the Christ Church Schools were closed from September 4th to October 2nd, with the hope that the spread of infection might be thereby influenced.

Early in July in consequence of a day boarder being notified with the disease, the children in a private school were inspected by the school medical attendant and myself and cases of scarlatina were found that had not been recognised and for whom no medical advice had been sought, nor adequate precautions taken to prevent the spread of infection. Consequent upon this and the refusal to break up the school, cases occurred in succession until eight at least were under treatment.

In nearly all cases either examinations were made of houses, enquiries set on foot, or information was sought and obtained as to where possibly contracted, means of isolation, use of disinfectants, &c. In many cases the disease was found to have been contracted elsewhere, Paris, London, &c., and in several it spread, though such precautions as were practicable in small houses were adopted.

Diphtheria.

There were 23 cases this year in 19 houses with three deaths, as against 16 cases and 1 death in 1892, and 21 cases with 10 deaths in 1891. In one house there were two cases and in another four. Concerning this latter the first case was resident in London and being taken ill came home, when the disease was speedily developed and recognised. Unfortunately, the proffered isolation at the hospital was not taken advantage of, three other members of the family took it and one died. Six cases in all went to the hospital, of whom one died a few hours after admission. Another notified case was that of a convalescing boy removed home from school, and several were reported as being of very slight nature.

In the majority of cases the cause could not be put down to insanitary houses, though here and there defects were discovered, but certainly in one case the surroundings were most unsatisfactory, and in every probability contributed the cause. Diphtheria is increasingly prevalent throughout the whole country and according to returns just issued "the deaths were last year more numerous than in any previous year on record."

The following table records some of the facts in connection with the diphtheria cases of each year.

	Houses invaded.	Cases.	Deaths.	Average Age per case.	Case Mortality. per cent.
1890 ...	31	36*	3	19·5	8·3
1891 ...	16	21	10	9·8	47·6
1892 ...	14	16	1	18·1	6·2
1893 ...	19	23	3	18·7	13·0

*27 of these cases were due to an infected milk supply.

Epidemic Influenza

At the beginning of the year there were cases, but at the commencement of the exceptionally mild weather that set in so early the epidemic seemed to disappear, to return however in November. It has been very severe in individual instances, and there have been proportionately more cases of lung complications than on previous visitations. In all there were 6 deaths.

Erysipelas

There have been an unusual number of cases notified this year—15 in all—as compared with previous years, though some of them were of a very mild character indeed. They were mostly in April and May.

Notification Act

Extract from Notification Book.

	Scarlet Fever.	Diphtheria & Memb. Croup.	Enteric Fever.	Puerperal Fever.	Erysipelas.	Contin. Fever.	Small pox.	Totals.
1890	3	36	1	2	4	0	0	46
1891	3	21	1	0	10	0	0	35
1892	4	16	3	1	5	0	0	29
1893	94	23	5	2	15	2	1	142

The large increase in notifications is mainly due to the Scarlet Fever epidemic. This Act is working satisfactorily, and large though the record of scarlet fever is, yet my observation tells me that it would have been far away larger but for the restrictions that follow notification, and the wholesome restraining influences of a knowledge that sanitary officials are apt to find out and take cognizance of carelessness in the exposure of infected persons, &c. An example of the utility of this Act presents itself when a case of infectious illness occurs in the house of a laundress. This formerly meant concealment or loss of business on the one hand, with a very good chance of infection on the other, but now the sanitary official makes use of his knowledge of the presence of the disease, or should do so, to protect the interests of the employer and preserve the business of the employed, and this can most effectually be done by proper advice as to isolation and disinfection and certifying when the danger is past. This has only been practicable in all

cases since the Act came into force, and in every instance where I have carried it out I have been quite satisfied with the results.

I would here again gratefully acknowledge the assistance and courtesy which I have in nearly every instance received at the hands of both my medical colleagues and the heads of families, though I wish it were a little more generally known that the Act requires dual notification, that is, that *both*, the doctor and the head of the house must notify.

Isolation Hospital

The having a place to send infectious cases to has been of immense advantage, and without it I hardly know how we should have fared in the matter of scarlatina during this past year. The isolation of the infectious sick is the chief means to prevent the spread of contagion, and early removal has in all probability achieved this in numerous households, while for the working classes, the excellent nursing and judicious feeding have doubtless contributed to the saving of many lives. The admissions during the year were 45, shown thus:—

Scarlet Fever.	Diphtheria.	Typhoid.	Small pox.
35	6	3	1

in addition to which must be mentioned one case difficult of diagnosis that was admitted for observation under suspicion of scarlet fever and kept in a ward by himself, till at the expiration of the proper time he was found not to have the disease, and was discharged.

It is my duty and pleasure to report that as far as the well being of the patients is concerned I am perfectly satisfied with all the arrangements. The management of the wards—as to cleanliness and ventilation; the care of the patients—as to nursing, feeding, exercise, and not by any means the least in cases of protracted convalesence—amusement, leave in my opinion nothing to be desired, and this highly satisfactory state of things is largely due to the

personal care and attention of Miss Homewood, the Matron, and her excellent staff of nurses, and having had a considerable number of cases under my care at the hospital I feel it proper to make this acknowledgment.

Mortuary

Last year I drew attention to the need there was for a mortuary for the district and to the great inconvenience occasioned to medical men by having to go so far for post-mortem purposes, and to them and to relatives and witnesses by the inquests being under present circumstances necessarily held at Kingston. If a suitable mortuary were provided, the enquiries would be held here, at a saving of time and expense to all concerned. Last year there were no less than 16 inquests, with a post-mortem examination in nearly every case, on persons who had died in this district. This is a strong case for the need of such accommodation, and I trust your Board will take the subject into consideration.

General Sanitary Work

Last year I had occasion to comment on the "Report on the drainage of Surbiton by the Lancet Sanitary Commission" and on the Report by Dr. Seaton on "The Health and Sanitary condition of Surbiton, made at the request of the Surbiton Commissioners." I showed how it was these were brought about, *e.g.*, by letters, &c., in the local press and elsewhere of a certain few who had found their house drains out of order, and were striving to fix the responsibility on some one—a very natural and proper thing to do—and by others who were apparently anxious to make out that the whole district was badly sewered and the majority of the houses ill drained, &c. These two reports were published, had articles devoted to them in the newspapers and were discussed at your Board. Further, your Chairman invited occupiers having reason to doubt their house sanitation to apply for inspection, and promised every facility to that end, and presuming that this alleged anxiety must be based on general dissatisfaction or apprehension, caused a number of copies of Dr. Seaton's report to be

published to meet the expected demand. How has the result justified all this? Fifteen months have elapsed since these offers were made, and practically there have been no appeals for help, excepting in those cases where notifiable illness has occurred and set householders in search of a cause, and not one single copy of Dr. Seaton's report has been applied for.

I do not infer from this that there is an absolute indifference on the part of occupiers to the state of their houses, because I know there is not, but it may be fair to assume that a belief is prevalent that things are not by any means so bad as was sought to be made out, and that there exists a confidence, based upon results, that the Sanitary Authority are aware of their responsibilities and alive to the duties devolving on them.

In connection with this and in furtherance of a desire to do all that was in my power to promote the well being of the district I stated that I purposed making an inspection of certain classes of houses where I believed it was likely reforms were required, and to that end made an application to your Board for temporary extra sanitary assistance, but to this proposal the surveyor demurred stating that it had not yet been shown he could not give the necessary time, and the chairman asked me to present a more detailed statement of what I proposed to do. This I should have done in due course, but about this time the notifications of infectious diseases were rapidly coming in, necessitating such a considerable increase of work that I first postponed, and then ultimately had to abandon the idea of carrying it out that summer. I hope however to devote some time to it this year.

Minniedale.

The question of Minniedale should surely come before your Board this year. This part of the district receives visits from the Sanitary Inspector and myself from time to time, but nothing satisfactory can be done until an efficient system of drainage is devised and proper access provided.

At present the sanitation is far from satisfactory, and the occupants being mainly of the class that sets about the performance of the sanitary duties devolving on it in the most perfunctory manner, matters are continually falling in arrears. Moreover the approaches are for the most part utterly neglected, and though it is private property and has not been taken over by the local authority yet something in the shape of a footpath ought to be made in the hygienic interests of the residents, especially the children, and of those who have occasion to visit there, for in wet weather the road is almost impassable. In its present condition and as it has been for some long time past, Minniedale and the access thereto is an eyesore in a neighbourhood of this character.

Inspector's Report.

The Sanitary Inspector reports as follows:—During the early part of the year the old brick sewer at the west end of the Victoria Road was found to be in an unsatisfactory state owing to the rotten condition of the brickwork and of the old and imperfect connections made therewith; on discovering these facts it was removed and a new pipe sewer substituted.

The usual inspections of bake-houses, milk-shops, and cow-sheds have been made, and in one case extensive structural alterations were demanded and have been satisfactorily carried out.

The sewers have been flushed at regular intervals and the inspections made during these operations always afford satisfactory evidence that they are working efficiently and are free from deposit.

The alteration made during the present contract for the dust removal of calling at every house in the district once in every seven days during the summer months in lieu of once in fourteen as heretofore—has given very great satisfaction, and obviated many serious dust bin nuisances which occurred under the old regulations.

The building bye-laws are being well observed in most cases, but it is to be regretted that up to the present time the Local Government Board have refused to adopt the more stringent clauses relative to sanitary work which were sent them for their approval.

The improved system of sanitation is now being gradually adopted in houses built prior to the passing of the present bye-laws, but the occasional inspection and cleansing of traps connected with house drainage is a matter much neglected, and frequently leads to difficulties.

Inspector's Report of Sanitary Work completed during 1893.

	No. of complaints received during the year	29
	No. of inspections of houses, premises, &c.	142
	No. of re-inspections of houses and premises, &c. ...	76
	No. of cesspools abolished	1
	No. of house-drains tested	12
	No. of beddings destroyed	2
Results of Inspection.	Orders issued for sanitary amendments of houses ond premises	7
	Houses, &c., cleansed, repaired, white-washed	2
	Houses disinfected after infectious illness	30
House Drains.	Houses re-drained	35
	House drains repaired, cleansed, trapped, &c.	26
	Ventilated	1
Privies and W.C.'s.	Repaired, &c.	1
	Supplied with water	17
	New provided	25
Dust Bins	New provided	4
	Repaired, covered, &c.	nil

Water Supply	Wells condemned	nil
	Cisterns (new) erected	20
	Cisterns cleansed, repaired and covered	2
	Waste pipes connected with drains, &c., done away with	12
Miscellaneous.	Dust removal—No. of communications received and attended to	189
	Removal of accumulations of dung, stagnant water, animal and other refuse	nil
	Animals removed being improperly kept	nil
Regularly Inspected.	Bake-houses	11
	Licensed cow-sheds	15
	,, slaughter-houses	1
	Legal proceedings, e.g., summonses	nil

I am, Gentlemen,

Yours obediently,

OWEN COLEMAN, M.D., D.P.H.,

Medical Officer of Health.

February 12th, 1894.

(A) *TABLE OF* DEATHS *during the Year 1893, in the Urban Sanitary District of Surbiton, classified according to* DISEASES, AGES, *and* LOCALITIES.

NAMES OF LOCALITIES adoped for the purpose of these Statistics; public institutions being shown as separate localities.	MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES.								MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHED DEATHS OR OF CHILDREN UNDER FIVE YEARS OF AGE.										
	At all ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.		Diphtheria.	Enteric or Typhoid.	Influenza.	Puerperal.	Scarlet Fever.	Phthisis.	Bronchitis, Pneumonia and Pleurisy.	Heart Disease.	Injuries.	All other Diseases	TOTAL.
SURBITON	115	15	7	3	1	53	36	Under 5	1				1		2		2	16	22
								5 upwds.	1		6	1	1	4	19	19	4	38	93
COTTAGE HOSPITAL....	4					2	2	Under 5											
								5 upwds.							1		1	2	4
Deaths occuring outside the district among persons belonging thereto.	3		1	1	1			Under 5					1						1
								5 upwds.	1	1									2
TOTALS	122	15	8	4	2	55	38	Under 5	1				2		2		2	16	23
								5 upwds.	2	1	6	1	1	4	20	19	5	40	99
Deaths occuring within the district among persons not belonging thereto.	12			1	2	6	3	Under 5											
								5 upwds.							1	1	7	3	12

(B) *TABLE OF* POPULATION, BIRTHS, and of NEW CASES of INFECTIOUS SICKNESS, *coming to the knowledge of the Medical Officer of Health, during the year, 1893, in the Urban Sanitary District of Surbiton; classified according to* DISEASES, AGES *and* LOCALITIES.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; Public Institutions being shown as separate localities.	POPULATION AT ALL AGES.		Registered Births.	Aged under 5 or over 5.	New Cases of Sickness in each Locality, coming to the knowledge of the Medical Officer of Health.							Number of such Cases Removed from their Homes in the several Localities for treatment in Isolation Hospital.						
	Census, 1893.	Estimated to middle of 1893.			Scarlatina.	Diphtheria	Enteric or Typhoid.	Puerperal.	Erysipelas	Small Pox.	Contd. Fever.	Scarlatina.	Diphtheria	Enteric or Typhoid.	Puerperal	Erysipelas.	Small Pox.	Contd. Fever.
SURBITON	10052	10271	186	Under 5	13	2						6	1					
				5 upwds.	79	21	5	2	13	1	2	27	5	3			1	
COTTAGE HOSPITAL....				Under 5														
				5 upwds.	2				2			2						
TOTALS				Under 5	13	2						6	1					
				5 upwds.	81	21	5	2	15	1	2	29	5	3			1	

TABLE I.—*Summary of Births and Deaths and Mortality from certain Classes of Diseases for 12 years.*

	1882	1883	1884	1885	1886	1887	1888	1889	1890	1891	1892	1893
Zymotic Diseases	18	4	15	4	8	6	10	2	6	12	4	7
Total Deaths	118	111	125	104	123	108	137	100	110	136	121	122
Death Rate	11·8	10·8	11·9	9·7	11·4	10·0	12·6	9·09	10·0	13·5	11·9	11·8
Mortality from Phthisis	5	12	10	12	7	5	14	8	7	6	10	4
,, ,, other Lung Diseases ..	9	15	27	16	27	27	16	11	17	32	21	25
,, ,, Heart Diseases	14	14	14	12	8	16	19	17	17	7	11	19
,, ,, Cancer	5	2	1	2	3	4	2	9	5	2	6	7
,, ,, Violence	1	1	1	1	4	3	8	1	5	4	3	6
Total Births	246	236	221	222	206	200	209	192	166	210	218	186
Birth Rate..	24·6	23·0	21·0	20·7	19·2	18·5	19·3	17·4	15·09	20·8	21·5	18·2

TABLE II. *Deaths from seven chief Zymotic Diseases for 12 years.*

	1882	1883	1884	1885	1886	1887	1888	1889	1890	1891	1892	1893
Small Pox	0	0	0	0	0	0	0	0	0	0	0	0
Measles	7	0	0	0	1	3	2	1	1	0	1	0
Scarlet Fever	0	1	4	0	0	1	0	0	0	0	0	3
Whooping Cough	7	0	6	2	1	0	2	0	2	2	2	0
Diphtheria	1	0	4	2	0	2	4	1	3	10	1	3
Fever, Typhus	0	0	0	0	0	0	0	0	0	0	0	0
,, Enteric	2	1	0	0	1	0	2	0	0	0	0	1
Diarrhœa	1	2	1	0	5	0	2	0	0	0	0	0
Deaths from 7 chief Zymotic Diseases	18	4	15	4	8	6	12	2	6	12	4	7
Death Rate from 7 chief Zymotic Diseases	1·8	·3	1·4	·46	·74	0·5	0·92	0·18	0·54	1·1	0·3	0·6
Total Death Rate	11·8	10·8	11·9	9·7	11·4	10·0	12·6	9·09	10·0	13·5	11·94	11·87
,, ,, ,, England and Wales..	19·6	19·5	19·6	19·0	19·3	18·8	17·8	17·9		20·2	19·	19·2
,, ,, ,, Birth Rate	33·7	33·2	33·5	32·5	32·4	31·4						30·8