

Dr. Thorne Thorne's report to the local government board on the circumstances attending an extensive diffusion of scarlet fever in Great Massingham and other villages in the Freebridge Lynn Rural Sanitary District, and on certain points relating to the sanitary administration of the district.

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Dr. Thorne Thorne's Report to the Local Government Board
on the Circumstances attending an Extensive Diffusion of
Scarlet Fever in Great Massingham and other Villages in the
Freebridge Lynn Rural Sanitary District, and on Certain
Points relating to the Sanitary Administration of the District.

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Medical Department,
July 24, 1877.

I.—GENERAL DESCRIPTION.

The village of Great Massingham, in the Freebridge Lynn Union, in Norfolk, is situated about 13 miles east of King's Lynn. It occupies an exposed and elevated site in a slight basin having an outlet to the east. The soil is stated to consist of sand and gravel to a depth of about 10 feet to 15 feet, beneath which is Boulder Clay overlying Chalk. The houses are scattered round numerous open spaces. These spaces are to a great extent occupied by shallow sheets of water, which, besides causing nuisance at times owing to the sewage they receive, must greatly add to the natural dampness of the site. The population, which is mainly agricultural, numbered 887 in 1871.

II.—SANITARY CIRCUMSTANCES.

In many respects the sanitary circumstances in Great Massingham are unsatisfactory in the extreme.—Though the *water-supply* is derived in part from several deep wells which are sunk in the chalk, and which are stated to be so constructed as to prevent soakage into them from the surface soil, it is also to a not inconsiderable extent derived from shallow wells in the sand and gravel. These latter wells are in several instances so situated that they must run constant risk of being fouled by surface soakage, and, in one instance, one of them, which is largely resorted to, is situated in dangerous proximity to one of the sheets or pools of water which receives sewage.—Here and there some provision has been made for *drainage* in the village, but the liquid refuse is in these cases almost invariably conveyed to the pools. In many instances, however, there is no drainage provision, and the slops and liquid filth are in consequence thrown either into privy-pits, or into open receptacles for ashes and refuse, or still more frequently on to the ground around the houses. Some of the yards were, owing to this cause, in an indescribably filthy condition, being in parts quite flooded with filth.—*Common privies* form the general means for the disposal of excrement, but they are very deficient in number, as many as from three to six cottages having in several instances but one privy between them. The pits in connexion with them are sunk in the porous surface soil, into which their contents soak. Many of the privies are the source of great nuisance. Some are filthy and dilapidated, and the contents of one was found to soak into the cottage against which it was built. More than one was quite unapproachable owing to the filth surrounding them, and from this cause several households have been compelled for months past to do without any form of closet whatever.

III.—PREVALENCE OF EPIDEMIC DISEASE.

Owing to circumstances to which I shall refer, but little trustworthy information could be procured as to the past sanitary history of Great Massingham, and an examination of the death registers afforded no assistance in this respect, for until 1875 (when the provisions of the Act to Amend the Law relating to the Registration of Births and Deaths in England came into operation) the causes of death were but rarely certified. Thus, out of a total of 65 deaths registered in the five years 1870-74, the cause of death was only certified in two instances. Certain groups of cases of "low fever," probably enteric fever, were heard of as having occurred some few years back, but there had been no recent cases of this type. In the autumn of 1874, however, scarlet fever became epidemic in the village, the number of cases up to the end of the following March being variously estimated at from 100 to 200. The attacks were, however, of a comparatively mild type, and only three of them appear to have terminated fatally. Early in 1876 occasional cases occurred in the village of Grimstone about five miles west of Great Massingham, in the highway to King's

Lynn. Since that date, Grimstone has never for any length of time been free from scarlet fever, and early in December last that disease became widely spread throughout the village, about 50 cases and three deaths taking place. At the present time it appears to have subsided there. But about the same date that the disease became epidemic in Grimstone, scarlet fever re-appeared in Great Massingham, and there it has again attacked at least 100 persons. This second epidemic in the village appears to have been of a very mild type, and no death is certified as having been caused by it. Minor outbreaks of the same disease have also occurred in several other parts of the Freebridge Lynn rural sanitary district during the present year. Thus in South Wootton there were 15 cases and one death; in Roydon there were several cases, one of which ended fatally; and in Gayton there was also a small outbreak. About 20 cases occurred in the urban sanitary district of King's Lynn, with which place the infected portions of the Freebridge Lynn district were in unrestricted communication.

IV.—SANITARY ADMINISTRATION OF THE DISTRICT.

In June 1873 the rural sanitary authority of the Freebridge Lynn Union appointed a medical officer of health for their entire district, at an annual salary of 100*l.*, and also an inspector of nuisances at the same salary. Both appointments were made for one year, and the inspector of nuisances was required to devote his whole time to the duties of his office. During the year ending June 1874, the medical officer of health was supplied with information as to the existence of cases of infectious disease in the district, both by means of the returns of the poor law medical officers with which he was duly provided, and by means of voluntary assistance afforded him in this matter by private medical practitioners. Every case which came under his notice was immediately visited by him, and measures were, with the assistance of the inspector of nuisances, at once taken with a view of staying the spread of the disease. These measures are stated to have included certain means of disinfection, such isolation as could be procured, and in at least one instance speedy burial of the dead. The inspector of nuisances appears also to have been diligent in the performance of his duties; indeed, the Sanitary Authority, in a communication addressed to the Local Government Board in May 1874 with regard to the officers referred to, state, that "comparatively few nuisances remain in existence after the active measures taken and the work completed during the past 11 months."

In June 1874 the Sanitary Authority, however, determined not to renew these appointments. The medical man who had been medical officer of health was requested to retain the title, but the terms of his appointment were such as to debar him from performing the duties properly belonging to the office, for he was only to act when "specially called in," and for each such separate service he was to receive a special fee. The two relieving officers were at the same time appointed to act as inspectors of nuisances.

Judging from the circumstances which I ascertained during my inspection, it is evident that from this moment the sanitary administration of the Freebridge Lynn Union became characterised by neglect of the gravest description. The medical man holding the office of medical officer of health, was not called upon to act in any case until December 1874, when he was requested to visit Great Massingham on account of the first of the two epidemics of scarlet fever to which reference has been made. He then reported that scarlet fever had been widely epidemic there for some months past, and that it had also broken out in Little Massingham. Isolation being at that stage of the epidemic, in his opinion, not only useless but impracticable, he limited himself to making certain recommendations as to disinfection, but he at the same time pointed out to the Sanitary Authority the uselessness of such a visit as he had been instructed to make, adding that "the way to stop preventible disease is to attack the first case, and not to wait till a whole village is ravaged before steps are taken to arrest it." According to the report book of the inspector of nuisances for that portion of the district in which Great Massingham is situated, it appears that during December 1874 and January 1875, this officer in four instances advised that infected clothing in Great Massingham should be disinfected. But in the absence of the advice and supervision of a medical officer of health, he did not know how such disinfection was to be carried out, and the consequence is that none was attempted.

At last the epidemic subsided, and on the Authority receiving information to that effect they on the 14th of February instructed the medical officer of health to visit

Great Massingham a second time, in order, according to a communication which they addressed to the Local Government Board, "to report if danger of infection" had passed away.

Then followed the frequent recurrence of scarlet fever cases in Grimstone throughout 1876, and the extensive diffusion of the disease as an epidemic in that village, in Great Massingham, and in other parts of the district during the past winter. No action whatever was however taken by the Authority to stay the spread of the disease in any portion of the district during the whole of that period, notwithstanding the fact that its prevalence was frequently brought under their notice in numerous ways, as by occasional references to it in the report book of the inspector of nuisances, entries and special notes on the returns of pauper sickness, and in one instance, by means of a special communication from a practitioner in King's Lynn as to the outbreak at South Wootton. Beyond the fact that this latter communication was immediately forwarded by the Clerk to the Chairman of the Sanitary Authority, and laid before the Authority more than three weeks after, at the same time as an erroneous statement of the inspector of nuisances to the effect that the outbreak had subsided, nothing whatever appears to have been done with regard to any portion of this widely spread epidemic until May 1877. On the 5th of that month the rector of Great Massingham, acting on behalf of himself and other residents of the parish, wrote to the Sanitary Authority and expressed the opinion that the village ought to be carefully inspected by the medical officer of health "in order to ascertain, if possible, the cause of the recurrence " and continuance of the epidemic." On the following day a special meeting of the Sanitary Authority was held for purposes other than the consideration of the epidemic in the district, and in view of the rector's communication the "medical officer of health" was requested to undertake "the necessary inspection," and to report on the matter at the next meeting on the 18th of May. The report was to the effect that upwards of 100 cases of scarlet fever had occurred in Great Massingham, that other villages were infected, and the district was stated to constitute "a source of contagion " to the whole of the western division of the county."

These three visits to Great Massingham constitute the work of the medical officer of health for the Freebridge Lynn Sanitary District for nearly three years.

With regard to the duties of the inspector of nuisances, it is quite obvious from the condition in which I found Great Massingham, that the efficiency as to nuisance-removal to which the Authority bore testimony in May 1874 had long since ceased. Not only was this officer quite ignorant as to many of the gross nuisances prevailing in the village, but several of the inhabitants who made loud complaint as to the conditions of filth by which their houses were surrounded, had clearly no idea that there was any officer to whom they could appeal in the matter. From January 1875 to May 1877 there are 50 entries in the inspector's report book relating to Great Massingham; four of them, made at different intervals, are to the effect that there were "no nuisances" in the place, or that the parish was "in a satisfactory state," and most of the remainder relate to privy nuisances, some of which, reported as far back as from six to eighteen months ago, were still in existence at the date of my inspection. The inspector of nuisances in question appears to be an intelligent officer, and with regard to the great neglect which characterises that portion of his district which I visited, it should be noted, 1st, that an important portion of his time is taken up with his work as relieving officer; 2nd, that he has never received any instructions as to the duties he was expected to perform in his capacity as inspector of nuisances; and 3rd, that when serious nuisances were reported, and again reported, by him to the Sanitary Authority, no action whatever was at times taken concerning them.

Since mention has been made in another part of this Report to a prevalence of scarlet fever in King's Lynn, it may be well by way of contrast to refer to the sanitary administration of that borough with regard to infectious disease. From information supplied to me it appears that the urban sanitary authority have arranged to pay a fee to the poor law medical officers practising within their district each time that they report the existence of a case of infectious disease to their medical officer of health, and that information thus acquired is invariably supplemented, as indeed was the case formerly in the Freebridge Lynn District, by reports of a similar character, which are voluntarily forwarded to the same officer by private medical practitioners. By such means the officers of the Authority were informed of all the cases of scarlet fever which appeared in King's Lynn during the period of the recent epidemics in the Freebridge Lynn Union. The houses affected were at once visited by the medical officer

of health and if necessary the inspector of nuisances also; printed instructions, which are always kept in readiness, were delivered to the householders, describing the measures which should be adopted to prevent the spread of the disease, and in case of a death, the precautions which should be taken in connexion with the burial of the dead. These instructions were always supplemented by verbal explanations on the part of the medical officer of health, who also exercised a personal supervision in regard to the measures adopted for the disinfection or destruction of infected articles, &c. The result of this action, even in the absence of the provision by the urban sanitary authority of means of isolation for infectious diseases, has up to the present date been highly satisfactory; no spread of the disease has in any instance taken place beyond the house first affected, and nearly every case has been a single one. It is, indeed, impossible not to connect the action taken with the notable restriction of the disease in King's Lynn, as compared with its wide-spread prevalence in the Freebridge Lynn rural sanitary district, where no similar action was taken.

R. THORNE THORNE.

Local Government Board, June 1877.
