

[Report 1897] / Medical Officer of Health, Andover R.D.C.

Contributors

Andover (England). Rural District Council.

Publication/Creation

1897

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Health Office

Audover 18th Feb. 1898.

To the Chairman & Member of the Audover
Rural District Council



Sentences

I beg to present my report for the year ending 31st Dec^r. 1897.

During that period 109 deaths, 1225 births have been registered.

The death rate is 11.2 per 1000, a most satisfactory one. The causes of death are given in Table A attached to this report.

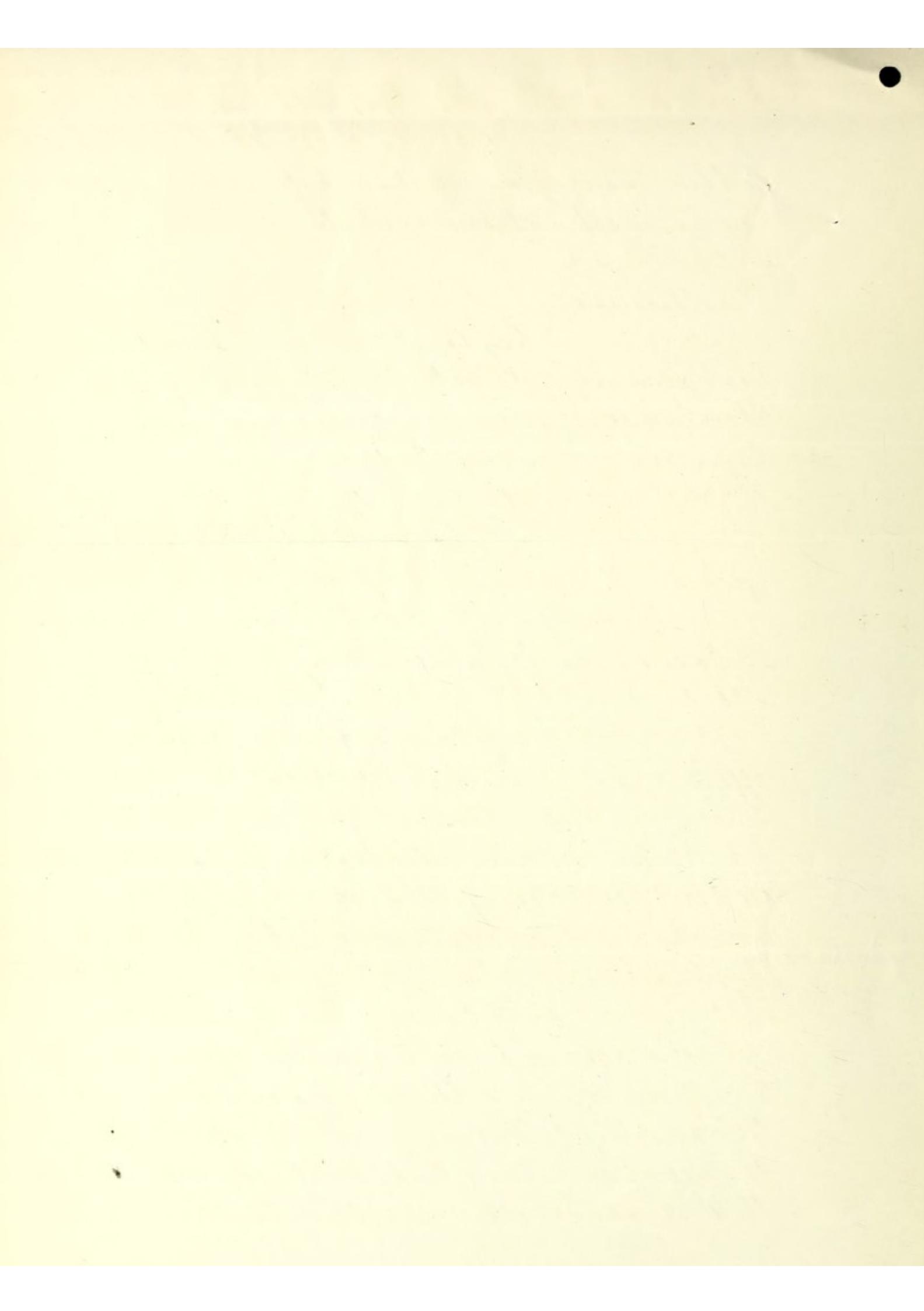
Under the Infectious Diseases (Notifiable) 23 cases were brought to my notice

Scarlet Fever

Eight cases, four houses only being affected, four patients were treated in the Berthon Tent, which answered its purpose well. The cause of infection was traced in five of the cases. They were all carefully disinfected after their illness, as were the bedding, clothing, etc.

Diphtheria

Nine cases, four children were ill with this disease in the same. The source of infection could be clearly traced to apparently convalescent children sent into the country for change of air. One of these died soon after contracting the disease. The others were removed to the Boston Hospital at the Union



such time. The five other cases here were widely separated parts of the district, & in which no cause could be discovered, every precaution has taken to prevent its spread.

Typhoid Fever

The cases here certified, both of which proved fatal. Careful inquiry failed to find any sanitary defect that might have produced the illness.

Erysipelas Four Cases

Whooping Cough

Was prevalent amongst the younger portion of the population at the commencement of the year.

Measles

Has been very generally present amongst the children of the villages though not of a severe type it has found necessary to close the Abbotts Ann Foundry, & Upper Clapton Schools for some weeks. In my opinion some further steps should be taken to prevent the spread of this highly infectious disease. Beyond closing the schools no other precautions are taken. The children still mix in the streets, & the parents interchange visits between the affected houses. This applies more especially to the if not exclusively to the poorer portion of the population. The absence of children is duly reported from the schools thru the

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Allendance is so small as to threaten a reduction of the Grant power the Education Department & Inspector should call the Sanitary Authority to see that the first cases here arrested & disengaged properly used.

Influenza has again broken out, & though of a less virulent type than the first epidemic it has been more extensive, most of the inhabitants of villages being attacked at one & the same time so much so, that difficulty was experienced to get the people nursed, & the duties of the more populous districts carried out. nearly all cases were of a gastric type. The absence of lung complications must in a great measure be attributed to the mildness of the winter months. With the cessation of these epidemics at the end of the year the health of the inhabitants has been exceptionally good.

Numerous inspections have been made by your Inspector & myself. Any nuisance he finds unable to deal with will be brought to the notice of your Council & action accordingly shall be taken.

I am
Yours Obedient Servt
Ernest A. Farr





NOTES ON TABLES A AND B.

NOTE 1. *Medical Officers of Health of "Combined Districts" must make a separate Return for the District of each District Council.*

2. *Medical Officers of Health acting for a portion only of the District of a District Council should write, in the heading of the Table, the designation of the Division for which they act.*
3. *The words "Urban," "Rural," or "Metropolitan" must be inserted in the appropriate space in the heading, according as the District is Urban or Rural, or is within the Metropolitan Area.*
4. The "Localities" adopted for the purpose of these statistics should be areas of known population; such as parishes, groups of parishes, townships or wards.

As stated at the head of the first column in each Table, *Public Institutions* should be regarded as separate localities, and the deaths in them should be separately recorded. Workhouses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people, and especially of sick people, are received are Public Institutions for the purpose of these statistics.

5. *The deaths which have to be classified in this Table (A), and summed up in the horizontal line of "Totals," are the whole of those registered as having actually occurred in the several localities comprised within the Division or District. But the registered number of deaths frequently requires correction before it can give an exact view of the mortality of a Division or District; and the two lowest horizontal lines are provided for the purpose of enabling Medical Officers of Health to indicate, to the best of their ability, what the extent of such corrections should be. Details concerning the corrective figures, e.g., the institutions that have been considered, or the particular localities to which corrections apply, may appear in the text of the report or in supplementary tables.*

Area and Population of the District or Division to which this Return relates.		
Area in Acres	63288	
Population (Last Census)	9709	
,, ("Estimated to middle of 1897")		
Death Rates.	General 111	per 1,000 Population, esti- mated to middle of 1897.
	Infant (under one year of age) 97.2	per 1,000 Births Registered.

(A)

TABLE OF DEATHS

during the Year 1897, in the *Orissa*

District,

classified according to DISEASES, AGES, and LOCALITIES.

Names or Localities adopted for the purposes of those Statistical Public Institutions being shown as separate localities. (See note 4 on back of sheet.)
(Columns for Population and Births are in Table B.)

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K² 11.
(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 1897, in the City of London District; classified according to DISEASES, AGES and LOCALITIES.

NAME OF LOCALITY adopted for the purpose of these Statistics ; Public Institutions being shown as separate localities. (See Note 2 on back of sheet.)	POPULATION AT AGE, Estimated to middle of 1897. (a.)	AGE, under 5 or over 5. (b.)	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.												
			1	2	3	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	6	7	8	9	10
<i>Bermondsey</i>	2457	56																							
<i>Bow and Bermondsey</i>	1180	18																							
<i>Bethnal Green</i>	1740	36																							
<i>Camden Town</i>	4302	113																							
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NOTES ON TABLE B.

(See also Notes on back of Table A.)



- NOTE 1. The present *Table B.* is concerned with population, births, and sickness (not with mortality) in the district or division to which the Table relates.
2. As stated in the heading of Col. (a), *Public Institutions* should be regarded as separate localities, and the new cases of sickness in them should be separately recorded. Workhouses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people, and especially of sick people, are received, are Public Institutions for the purpose of these statistics.
3. *Comments on any unequal incidence of notifiable disease upon the several localities, and considerations as to the local incidence of Consumption and other prevalent diseases, should be made in the text of the Report.*

