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Contributors

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Ashford Urban District.

MEDICAL OFFICER'S ANNUAL REPORT FOR 1898.

MR. CHAIRMAN, VICE-CHAIRMAN AND GENTLEMEN,

Although having only been in office for the last four months of 1898 I am only responsible for a report on the Sanitary transactions during that period, I thought it would be more satisfactory if I compiled the vital statistics and those of Infectious Disease for the whole year, and this I have done to the best of my ability.

Beginning then with the Vital Statistics:—

The total number of deaths during the year has been 144.

Ninety-two occurred in the district north of the S.E. Railway and fifty-two in the district south of the S.E. Railway.

This gives a death-rate of 12·42 for the whole district.

The figures for the sub-districts are:—

North Ashford, 12·19.

South Ashford, 13·21.

When it is remembered that the average annual death-rate for England and Wales is 19·1, I think we may congratulate ourselves on these figures.

The Zymotic death-rate is 0·87, which is again a good deal below the average for the whole country.

The births during the year numbered 254, giving a birth-rate of 21.91.

Notification of Infectious Disease.

During the past year there have been 46 cases of Infectious Disease notified, viz. :—

Scarlet Fever, 22.
Enteric Fever, 15.
Diphtheria, 6.
Erysipelas, 3.

Scarlet Fever.

Of the twenty-two cases notified twelve occurred in North Ashford and ten in South Ashford. There cannot be said to have been any definite outbreak, as the cases were pretty evenly distributed through all the months in the year. Most of the cases were of a mild type, and only one ended fatally.

Enteric Fever.

Of the fifteen cases notified thirteen occurred in the old town and only two in South Ashford. Ten cases occurred during the last three months of the year. Five cases occurred in one family, and three others were closely connected with one another and had a common origin.

In all these cases an impure water supply was the probable origin of the disease, as after analysis both wells were condemned. In the larger outbreak there were also sanitary defects in the drainage. One death occurred from this disease.

Diphtheria.

The six cases of diphtheria have been equally distributed between the old town and South Ashford. There have been no notifications of this disease during the last five months. No death has been registered from this disease.

The Sanatorium.

During the past year 16 patients have been admitted to the Sanatorium.

Fourteen were cases of Scarlet Fever, the remaining two being cases of Diphtheria. The average duration of detention per case was 53 days.

Except perhaps in regard to its situation the Sanatorium possesses no redeeming feature, and many serious defects.

The absence of a proper water supply on the premises is a most serious defect, as a plentiful supply is of prime necessity in a hospital for the treatment of infectious diseases where large quantities are used for baths and washing, &c. When water has to be hauled a distance of a mile, as in this case, occasions are likely to arise with more or less frequency of the supplies on the premises suddenly running short with prejudicial results to the sanitary arrangements.

Another and quite as serious defect is the inability to safely treat more than one kind of infectious disease on the premises at one time. I am quite aware that during the past year on two occasions Diphtheria cases were admitted whilst Scarlet Fever was under treatment in the Hospital and that no evil result followed, but I also know that the Medical Officer at that time was very apprehensive lest such evil results should occur, and that the Diphtheria cases were only admitted because it was impossible otherwise to isolate them.

It is, I am sure, incurring a grave risk to treat two infectious diseases at the same time in our Sanatorium, and I should only consent to the risk being taken under circumstances of the gravest urgency.

This defect calls for our serious consideration at the present time when the Vaccination Acts have been so altered as to render the occurrence of Small-Pox a much more likely event than it has been in the past.

There are, I know, several difficulties in the way of building a permanent and up-to-date Infectious Hospital, but I hope that the Council will make up their minds to face these difficulties and surmount them during the present year, or we may find ourselves suddenly in the position of having to deal with concurrent outbreaks of Small-Pox and Scarlet Fever, and having no adequate means of isolating the cases from one another and the general public respectively.

During my four months of office I have made 15 visits to houses in the district for the purpose of inquiring into the causes of infectious disease and examining the sanitary condition of the premises.

In three of these cases I have been able to point out sanitary defects and have taken measures to have them rectified.

In two of these cases also I have had the drinking water analysed, and in both the water has been condemned, with the result that a purer supply has been subsequently obtained.

I have also investigated two alleged nuisances arising from pigstyes and one arising from cowsheds.

I have also visited and reported upon the condition of the water supply of a house in the district which was alleged to be unfit for drinking purposes. This I have had no hesitation in condemning.

During 1899 I hope to make a detailed examination of the district, and shall embody my observations in the annual report for that year.

I have already commenced a systematic examination of all the sources of water supply to the district, but think it will be better to wait until it is complete before giving the results of my observations.

I may remark, however, that nearly 80% of the houses are at present supplied by the Urban Water Works, and I hope that this percentage will be gradually increased, as the danger of contamination is much less with a public supply which is under constant supervision and subject to frequent analysis than when the source is from a private well, situated often in a thickly populated neighbourhood and frequently old and badly constructed.

Analysis of our Town Water continues to show that it is of a high standard of purity, and is in the words of Dr. Adams, of Maidstone, "A model of what a pure water in this part of Kent should be."

During 1899 I hope the purchase of the Henwood Estate may be completed so that the town will then possess and be able to control the source of its water supply.

I remain, Gentlemen,

Yours truly,

CLAUDE M. VERNON,

M.O.H.

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.*

M 3.
(A)

TABLE OF DEATHS during the Year 1898, in the Ashford Urban District,
classified according to DISEASES, AGES, and LOCALITIES.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; public institutions being shown as separate localities. (See note 4 on back of sheet.) (Columns for Population and Births are in Table B.)	MORTALITY FROM ALL CAUSES, AT STATED AGES.							MORTALITY FROM SPECIFIED CAUSES, DISTINGUISHING DEATHS 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.	(i)	1	2	3	4	FEVERS.					10	11	12	13	14	15	16	17	18	19	20	21	22					
									Smallpox.	Scarlatina.	Diphtheria.	Membranous Oroph.	Typhus	Erysipelas or Syphilis.	Continued	Relapsing	Putrid	Cholera.	Erysipelas.	Measles.	Whooping Cough.	Diphtheria.	Scarlatina.	Rheumatic Fever.	Phthisis.	Bronchitis, Pneumonia and Pleurisy.	Heart Disease.	*	Injuries.	All Other Diseases.	TOTAL.				
Ashford (North)	92	15	3	2	4	20	35	Under 5 5 upwds.						1											1	3		1	7				1	10	
Ashford (South)	52	11	5	6	4	19	19	Under 5 5 upwds.	1					1			1								1	1			3					6	
TOTALS	144	26	8	8	10	39	54	Under 5 5 upwds.	1					2			1								2	4		1	10				1	16	34

The subjoined numbers have also to be taken into account in judging of the above records of mortality. See Note 5 on back.

Deaths occurring outside the district among persons belonging thereto.	Under 5																																	
Deaths occurring within the district among persons not belonging thereto.	Under 5																																	

* The heading of column 19 is left blank for the insertion of Influenza, or any other disease which it may be thought desirable to record.

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, Infirmeries, 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	14,758							
Population (Last Census)	115,900							
" (Estimated to middle of 1898)	115,900							
Deaths Rates: <table border="0" style="margin-left: 20px;"> <tr> <td>General</td> <td>12.42</td> <td rowspan="2">} per 1,000 Population, estimated to middle of 1898.</td> </tr> <tr> <td>Infant (under one year of age)</td> <td>102.34</td> </tr> </table>	General	12.42	} per 1,000 Population, estimated to middle of 1898.	Infant (under one year of age)	102.34	<table border="0" style="margin-left: 20px;"> <tr> <td rowspan="2">} per 1,000 Births registered.</td> <td>102.34</td> </tr> </table>	} per 1,000 Births registered.	102.34
General	12.42	} per 1,000 Population, estimated to middle of 1898.						
Infant (under one year of age)	102.34							
} per 1,000 Births registered.	102.34							

In recording the facts under the various headings of Tables A and B, attention has been given to the notes endorsed on the Tables.

Charles W. Vernon Medical Officer of Health.

(Date) March 1st, 1899.