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BOROUGH OF BASINGSTOKE.

MEDICAL OFFICER'S ANNUAL REPORT.

February 8th, 1909.

GENTLEMEN,

I beg to present the Annual Report of the year, ending December 31st, 1908, with regard to the Borough of Basingstoke, according to the instructions issued by the Local Government Board. The report includes the data given by my predecessor, Dr. Webb, up to the date of my appointment as Medical Officer of Health, on July 9th, 1908.

Basingstoke is situated 306 feet above the sea level and occupies two slopes, facing North and South, and the intervening valley of the river Loddon, and has a subsoil of chalk. The climate is bracing. The surrounding Country is under cultivation and well wooded.

The chief occupations of the inhabitants are mercantile, artisan and labourer, and there is no particular occupation detrimental to health. The house accommodation is ample, especially for the working classes, and the newer houses, of which a great number has been lately built, are well lighted and well drained, and the majority have a small plot of ground at the rear. There are a number of old houses that require structural alteration; they are badly ventilated, insufficiently lighted, and are damp; one such house was condemned in November as unfit for habitation. The surroundings of the houses are well looked after and are clean.

The plans of all buildings to be erected are submitted to the Board for approval.

The Public Water Supply of Basingstoke, with the exception of Worting Town End, to which it will be extended shortly, is obtained from a well 70ft. deep, sunk at a site at West Ham, about a mile to the west of the Town, and is amply sufficient for all requirements. The analytical report is: that it is a typical chalk water, the purest that can be obtained. The site of the well obviates any risk of pollution from the town.

The Milk supply. Entering in so large a proportion into the daily food of infants and young children, and very generally consumed in an uncooked state by all ages and classes, it is of paramount importance that the Milk offered for sale in the Borough should be above suspicion. From the samples taken for examination under the Food and Drugs Act, the quality of the Milk is satisfactory, but a qualitative analysis, naturally, does not include a report on its freedom from contamination by harmful organisms. It is a source of great satisfaction to me that the efforts for determining the presence or absence of tubercle in the milk supply, have been so ably seconded by the Health Committee. The investigation is now being carried out and has proved so far to be highly satisfactory.

As far as could be ascertained with certainty, the milk supply was in no way responsible for the numerous cases of Scarlet Fever, whilst the very few deaths from intestinal affections in young children speaks well for its cleanliness.

From my visits to the Dairies, Cowsheds, and Milkshops in the borough I can, on the whole, report favourably as to their cleanliness and the care taken by the owners to carry out the regulations laid down by the Local Government Board, with the exception at present under your consideration. The cowsheds are far from being perfect in every detail, but on the whole are clean and well ventilated and fairly well drained; the dairies are clean and the water supply, both hot and cold is in most cases pure and ample; the utensils and cans appear to be clean and well kept. In many cases the milk was left in the dairies uncovered and the attention of the owners was called to that fact, and it was pointed out that milk, especially during the summer and autumn months, should not be exposed by being uncovered to contamination by flies and dirt and a protective covering of doubly folded gauze was advised. It is only by instruction and the slow process of education that those who keep cows for the sale of milk, and those who store milk for sale, will appreciate, firstly the importance and value of keeping their cows under healthy conditions, and secondly that the purity of the milk can only be maintained by the strictest adherence to details of sanitation and cleanliness, until then, the rules and regulations laid down by the Local Government Board can only appear irksome, useless and unnecessary.

Unsound Food and Food Inspection.—Slaughter-Houses.

But in one instance was my attention called to food unfit for the use of man offered for sale. In this case the Strawberries offered for sale were condemned, destroyed and the outside salesman fined. The Slaughter-houses were visited and inspected during the hot weather of last summer and were found to be remarkably clean and free from obnoxious smells; the majority of them are well ventilated and drained. The structure in many of the older ones is faulty and their close proximity to the dwelling-house very undesirable. The same is to be said of the lairs for cattle in connection with the Slaughter-houses. I need hardly point out that these evils can only be best remedied by the erection of a public abattoir.

Sewerage and Drainage. With the exception of Worthing Town End, to which the sewerage and drainage is to be extended shortly, the sewerage and drainage is sufficient in all parts of the district and is in good working order. Excremental disposal is by closet, to which water is laid on, and is satisfactory.

On October 28th I reported to you the result of my inspection of the privies, and cesspools in use in Worthing Town End which, in the majority of cases, are in a very unsatisfactory condition.

Removal and disposal of House Refuse is by public scavenger, who collects twice a week. It is to be regretted that zinc portable dust bins are not in more general use, as the litter is blown about the streets out of the uncovered wooden boxes placed on the side walk on the days of collection.

There are no nuisances remaining unabated. No stream or river is being polluted.

The Lodging House has been regularly inspected and is kept in a very satisfactory condition.

The Public and Elementary Schools are well ventilated, clean and are kept in a good sanitary condition; the closets and urinals are clean and well flushed with water.

In July the Infant Department of St. John's School was closed owing to an outbreak of Chicken Pox.

Method of dealing with Infectious Diseases. Any case of notifiable disease is removed, at the request of the medical attendant or parent, to the Isolation Hospital, distant one mile-and-a-half from the town. Hospital accommodation is ample. Disinfection by the Sanitary Inspector is carried out as soon as possible after removal of the patient to the Hospital or after convalescence of any patient nursed at home.

Cases of Scarlet Fever have been occurring sporadically in different parts of the Borough since February 18th, when two cases were notified, one case occurred in April, two in June and since my appointment in July to December fifty cases have been notified, making a total of fifty-five cases during the year, of this number one case was fatal. One case was reported to have developed a nasal and aural discharge on his return home from the hospital and had apparently infected other members of his household. This case shows the importance of parents being on the look out for a possible running from the nose or discharge from the ears in their children even a month after their convalescence from Scarlet Fever, as this discharge is highly infectious. The cases of Scarlet Fever were carefully investigated and considered, but I did not succeed in tracing the source of infection. The milk supply could not be regarded as the suspicious force.

All the cases practically, with one exception, occurred among the working classes and in different parts of the Borough, and with the exception of two, where isolation of the patient and suitable nursing of the patient were obtainable at home, were removed to the Isolation Hospital, but without, as far as could be judged, effecting any appreciable diminution in the number of cases.

For the purpose of comparison, I have collected the number of cases of Scarlet Fever which have occurred since the year 1893, and it is interesting to note the periodical rise and fall in the number of cases in cycles of four to five years. A glance at the diagrammatic table will show that in accordance with the cycle of few cases in 1902—1906, a corresponding increase in the number of cases might have been expected this year and the succeeding four years, as in 1899—1901.

Methods of control of Tuberculosis.—No system of notification of pulmonary tuberculosis, compulsory or voluntary, is in operation in this Borough.

At the meeting of the Health Committee in August, I was authorized to write to the practitioners in the town asking for their co-operation and assistance in enabling the rooms of phthisical patients to be disinfected, either after the death of a patient, or after his removal to a sanatorium, by sending a notice or by requesting the notification of such vacancy by the householder, to the Sanitary Inspector, who would carry out disinfection free of charge. I regret to have to state that not in one instance was this sanitary measure made use of.

Let it be generally understood that Consumption is catching like any other infectious disease, that defective environment is everything in the acquirement of the disease, that hereditary tendency may be but a predisposing cause, and not by any means a necessary element as is generally considered, and the great importance of disinfection of rooms, bedding, clothing and everything that has been in use by the sick person will be readily recognised and disinfection will be as eagerly sought for in such cases as is done in measles, scarlet fever or typhoid fever which, after all, in their aggregate do not account for the number of deaths by Consumption.

Voluntary notification of Pulmonary Phthisis (Consumption of Lung) is in vogue in many towns and boroughs, compulsory notification in some, and I would ask you to give the matter of introducing this measure in this borough your earnest consideration.

Factory and Workshops' Act.

Factories and Workshops have been regularly inspected, 96 inspections of factories and 408 of Workshops were made during the year, and were found to comply, with a few exceptions, with the Act. Bakehouses were also visited and inspected and found satisfactory. A tabulated form accompanies this report.

Vital Statistics during 1908.

These statistics are calculated per 1,000 of estimated population, taken to be 10,000; but the number of inhabitants in this borough is rightly considered to be higher, viz. 11,600, therefore, whilst the birth-rate is smaller, the death-rate is also lower than is actually stated below.

There are 264 births registered this year, males being in excess of females; thus there were born 140 males and 126 females. In the years 1906 and 1907, there were born respectively 306 and 284; the present birth-rate is the lowest since 1902, when it was 263.

The number of infants under one year dying in 1908 was 22 giving a death-rate of 2.2 per 1,000, this number averages the same as the preceding three years. The total number of deaths at all ages is 126 giving a rate of 12.6 per 1,000, slightly higher than 1907, when it was 12.2, and higher than 1906, when it was but 10.8. As stated above this increase is only relative as the size of the population has increased since 1906.

Causes of Deaths.

There were two deaths from diphtheria, one from scarlet fever, two from influenza, fourteen from tuberculosis (consumption), nine from pneumonia, eight from bronchitis, in all 31 deaths from disease of the respiratory tracts—roughly quarter of the death-rate; 12 died of cancer, of the 10 deaths from heart-disease, seven occurred in persons over 65 years and two in infants under 1 year. Five deaths were ascribed to premature birth, three deaths were due to chronic alcoholism. There were no deaths reported from puerperal sepsis.

Yours obediently,

H. AHRENS,

Medical Officer of Health.