

**[Report 1896] / Medical Officer of Health, Beeston U.D.C.**

**Contributors**

Beeston (Nottinghamshire, England). Urban District Council.

**Publication/Creation**

1896

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*Beeston*



ANNUAL REPORT

OF THE

MEDICAL OFFICER

OF HEALTH

FOR THE YEAR ENDING DECEMBER 31st, 1896.

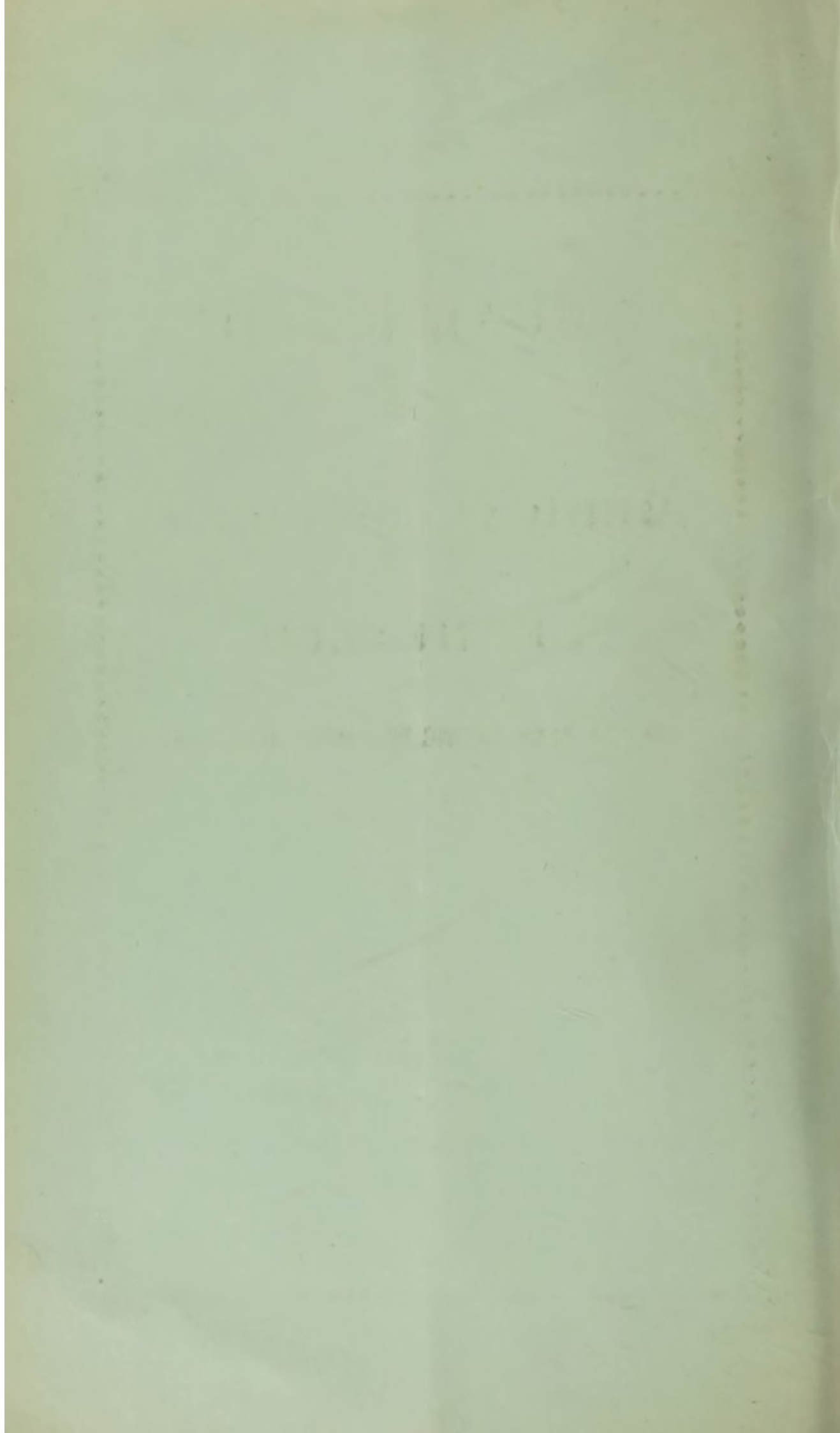
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BEESTON:

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BEESTON, NOTTS.,

FEBRUARY 1st, 1897.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to present to you my Fourth Annual Report on the sanitary condition of this district, together with the statistics of mortality and sickness during the year 1896.

**METEOROLOGICAL CONDITIONS.**—From the table which I append at the end of this Report (kindly supplied by G. Fellows, Esq., of Beeston Fields) it will be seen that the year was rather warmer and wetter than its predecessor. The spring was mild and open causing an early season, but the autumn was very cold, wet and unsettled. The first 7 months each had a mean temperature above their respective averages, but the succeeding 5 months were below their usual mean. The number of frosts were considerably below the number usually recorded, and none were of great intensity or duration. The rainfall—25·20 inches—although still below the average, was 2 inches more than in 1895. This makes the 5th year in succession with a deficient rainfall,

It will thus be seen that the conditions not having been extreme the public health has not been materially affected thereby, thus differing markedly from 1895, when both respiratory diseases and diarrhoea were greatly increased, the former by the severe frosts of January and February, and the latter by the heat and drought of the late summer months.

I estimate the population on August 1st, 1896, to have been 9,000. During the year there have been:—

	259	births	and	113	deaths	as	against	
	245	"	"	113	"	"	in	1895
	244	"	"	100	"	"	"	1894
	221	"	"	108	"	"	"	1193
	224	"	"	106	"	"	"	1892
(of the births there were	136	males	and	123	females).	This	gives	a
Birth-rate of						and a deathrate of		
28·7				12·5	per 1,000	per annum	for	1896
29·6				13·6	"	"	"	1895
30·5				12·5	"	"	"	1894
29·1				14·2	"	"	"	1893

It is interesting to note that although the number of deaths this year is exactly similar to that of 1895 the population has meanwhile increased by

750, so that our death-rate has decreased by rather more than 1 per 1,000. The fact, too, that the number of births to the number of deaths is as  $2\frac{1}{4}$  to 1 is a satisfactory feature.

The deaths are classed under the following heads;—

	1896	1895	1894	1893
Small-pox .....	0	0	0	0
Measles .....	8	0	9	0
Scarlatina .....	1	0	0	0
Diphtheria .....	1	1	1	1
Croup .....	3	1	0	0
Typhus Fever .....	0	0	0	0
Typhoid Fever.....	1	0	1	0
Continued Fever .....	0	0	1	1
Puerperal Fever ... .	0	0	2	0
Erysipelas .....	0	0	1	0
Whooping Cough.....	0	0	0	7
Diarrhœa and Dysentery	2	14	4	10
Rheumatic Fever .....	1	0	0	0
Phthisis .....	8	12	14	11
Bronchitis, Pleurisy and Pneumonia .....	13	18	13	16
Heart Disease .....	10	8	12	13
Cancer .....	7	Not recorded.		
Injuries .....	2	1	0	0
All other Diseases .....	58	58	42	48
Tabulated as follows:—				
Under 1 year .....	31	41	20	39
1 year and under 5 years	12	14	17	11
5 „ „ 15 „	5	6	7	4
15 „ „ 25 „	8	5	2	5
25 „ „ 65 „	27	30	33	25
65 and upwards	30	17	21	24
	—	—	—	—
	113	113	100	108

You will observe that the mortality in children under 1 year has fallen from 41 in 1895 to 31 in 1896, corresponding to an annual mortality of 11·9 per 100 births as against 16·7 in 1895. Tabulated and compared with 1895 they are as follows:—

	1896	1895
Premature Birth .....	5	10
Bronchitis and Pneumonia	4	4
Debility from Birth .....	5	3
Convulsions .....	6	6
Constitutional Syphilis...	0	1
General Tuberculosis ...	1	2
Diarrhœa .....	1	11
Suppression of Urine ...	0	1
Rickets.....	1	1

Tubercular Meningitis ...	1	...	1
Measles .....	3	...	0
Enteritis .....	2	...	0
Tabes Mesenterica .....	1	...	0
Intussusception of Bowel	1	...	0
Hæmophilia.....	0	...	1
	31		41

In comparing the above table it is interesting to note that in consequence of the cooler autumn of 1896 as compared with 1895 the number of deaths from diarrhœa fell from 11 to 1.

In the classification of diseases table it is satisfactory to observe that only 16 deaths occurred from zymotic diseases, viz., 8 from measles, 3 from croup, 2 from diarrhœa, and 1 each from scarlatina, diphtheria and typhoid fever. This gives a zymotic death-rate of 1·4 per 1,000 per annum as against the same in 1895 and 2·0 in 1894.

Twenty-four cases of infectious diseases have been notified during the year, viz.,

	1896	1895	1894	1893
Scarlatina.....	9	17	3	3
Diphtheria .....	6	4	10	15
Croup .....	4	2	1	1
Typhoid Fever.....	2	7	9	1
Erysipelas.....	3	4	2	11
Continued Fever .....	0	0	1	0
Puerperal Fever .....	0	0	4	0
	24	34	30	31

SCARLATINA.—You will notice that the number of cases of scarlatina has fallen from 17 in 1895 to 9 in 1896. With the exception of one which ended fatally they were all of a mild type and, fortunately, thanks to careful isolation and subsequent disinfection, no second case was contracted from them.

DIPHTHERIA.—Of the six cases of diphtheria notified one died. Two of the cases occurred in the Imperial Park district and as complaints have frequently been made of offensive smells arising from the manholes in that neighbourhood I have thought it advisable to recommend your Sanitary Committee to erect a ventilating shaft at the highest point. The building that obviously suggests itself for the purpose is the Orphanage, but the authorities of that institution, on being approached on the subject, declined to give their sanction. This is regrettable, not only on account of the inmates themselves who are obliged to walk past the open grates daily on their way to and from school, but also because it is the only building in the neighbourhood suitable for the purpose. The only alternative is to run the ventilating shaft up a post erected for the purpose.

In one of the remaining cases occurring in Chapel Street I found a most offensive material oozing through the garden wall from some privies situated in Styring Street. This was at once remedied by substituting tub-closets for the privies.

Of the remaining two cases no cause could be assigned.

**CROUP.** Of the four cases of Croup notified, three ended fatally. In one case grave sanitary defects were discovered, the junction of the downright from w.c. with the soil pipe being made with mortar instead of cement. This had crumbled away, leading to a soakage of fæcal material into the soil and under the scullery. In another case the patient was ill when she arrived on a visit to Beeston and died on the following day. The third death was at the Rylands and could only be ascribed to the damp situation of that locality.

**TYPHOID FEVER.**—The two cases of typhoid fever occurred in one house in Broughton-street, one contracted from the other. The house is supplied by well water which I examined and found good. No cause could be discovered for the disease. The death from typhoid fever which took place during the year occurred in February, and was notified in December, 1895.

**ERYSIPELAS** — The cases of erysipelas call for no comment.

**MEASLES** — During the summer months we, in common with most of the other towns and villages in the county, suffered from a serious epidemic of measles, which at one time became so alarming that I consulted with the School Board authorities as to the desirability of closing the schools. It was felt, however, that this would be no real check as the children would still mix freely together in the streets and houses. Advantage was taken, however, of the summer holidays at the Board Schools, to close the Sunday schools for two successive Sundays so as to lessen the risk of the children congregating together. Apparently the disease did not die out until it had used up the available soil, or, in other words, until almost every child of susceptible age had contracted the disease.

While on the subject of zymotic disease I should like to draw your attention to our comparative immunity to outbreaks of the more serious forms of epidemic diseases, notably, scarlet fever, typhoid fever, and diphtheria. This is the more remarkable when we take into consideration the fact that they have been very prevalent on either side of us, viz., Nottingham and Long Eaton, and that there is constant inter-communication taking place between them and Beeston. This comparative immunity from infectious diseases is, in my opinion, consequent upon three factors: —

1st. — That for the greater part of its area Beeston is on a gravel foundation.

2nd. — That our water supply, derived from the Nottingham Corporation, is abundant and most excellent in quality.

3rd.—The efficiency of our drainage and scavenging systems. Of the first there is no need for me to say anything further, as it is self-evident that a town situated on gravel is drier and therefore healthier than one on clay. About the second I learn from your Surveyor that there are only 16 wells still existent in Beeston supplying about 53 houses. Thirteen of these wells are at the Rylands, a detached part of the town near the Trent, and to which Nottingham water is not yet laid on. The three wells in Beeston proper supply 19 houses, and though on examination I find the water in them fit to drink, there are other reasons which make it desirable that tap water be laid on. In one case of a well supplying two houses in the City I found the water distinctly bad and therefore ordered the well to be closed and Nottingham water supplied.

In view of the complaints frequently made to me as to the evil odours arising from our drains I should wish to amplify the 3rd reason for our healthy condition.

Our drainage system as you know consists of

(a) Deeply laid sewers communicating at varying intervals with the street level by means of man-holes and open grates.

(b) The sewage farm, consisting of 30 acres, situated on light land to the S.E. of the town, to which all the sewage is pumped and from which an effluent, after purification by percolating through the soil, runs into the Trent.

Unfortunately no denial can be given to the fact that bad smells do arise from some of the manholes, and so long as these exist this must of necessity be the case. It should, therefore, be our duty, so far as can be done, to erect ventilating shafts wherever open grates now exist, in order that they may be closed and the bad smells carried to a higher level. This is being gradually done (17 having already been erected) and I trust the time is not far distant when no complaints can be made on this score. In addition to the liquid sewage treated as above described, the smaller houses are mostly supplied by tub closets, though a few privies still exist. The tubs to the number of about 1,600 are regularly emptied by your own men and carts weekly, and the contents taken to the depot on the sewage farm, to be used thereon or sold as occasion requires. The privies and ashpits are emptied at night time on notice being sent to the Surveyor, 266 having been attended to during the year. All this entails much labour and expense, and I would suggest to your committee the desirability of substituting where possible the "waste water closet," which is being much used in Nottingham and many other towns in England. This system aims at utilising all the waste or slop water from the dwellings as a vehicle to convey the excreta from the closet into the drains. The waste water collects in an earthenware vessel or "tipper" which holds three gallons, and which, when full, automatically empties itself into the pan of the closet, and the excreta is at once conveyed into the drains. These slop closets are only available for outdoor use and might with advantage be insisted upon in all properties about to be built.

I might summarise their advantages as follows :—

- (1) More sanitary.
- (2) Saving of water where used instead of the ordinary w.c. out of doors—a saving of from two to four gallons per head per day.
- (3) No increase of bulk of sewage at the farm.
- (4) Great economy by saving the emptying and renewal of tubs.

To make this system a success, however, the closet must be properly designed and constructed. A well acting “tipper” and a properly shaped pan are essentials. The drains connecting the closet with the main sewer must not be less than six inches in diameter, while any drain connected with more than one house must be nine inches in diameter. With careful attention to these details, and with every closet tested and approved by your surveyor, I think your Council would find this system of sewage disposal a complete success.

In speaking of the sewers I should have mentioned that they are constructed with a view to carrying off storm-water as well as sewage, and that in consequence artificial flushing is only required under very exceptional conditions of drought.

Owing to the unsatisfactory condition of the Pasture Dyke which, as you know, is a sluggish stream running through the lower part of Beeston, your Committee thought it desirable to have it thoroughly cleansed from end to end, and all sources of pollution to be removed. This has been done during the autumn in a very satisfactory manner by your workmen, and now, I trust, steps will be taken to prevent rubbish of any kind from being thrown in which might impede its already too sluggish flow.

Taking advantage of the formation of the new street running from Brown Lane to Station Street, a sewer has been laid along it and connected, at its upper end, with the sewer in Middle Street. This will have the great advantage of carrying off the storm-water in an almost direct line to the farm, which, under the old conditions, frequently caused flooding of the east end of Middle Street and the City.

My attention has frequently been called during the last two or three wet months to the wretched condition of many of the tenement houses situated in Queen’s Road and Regent Street. The houses are so badly built, and repairs so tardily effected, that in stormy weather the rain finds its way in through the roofs and drips on to the beds beneath. I would suggest that a house to house inspection be carried out by members of your committee, and that all necessary repairs be insisted upon without delay, under penalty of closing the houses.

In company with your surveyor—Mr. Walker—I have twice inspected during the year all the slaughter-houses (9), bake-houses (11), cowsheds (13), and piggeries, and am glad to be able to report upon their general cleanliness. In one instance, however, a number of pigs were being kept under such conditions that no drainage could be carried out, and were in consequence a

source of great annoyance and much danger to those living in the neighbourhood. We had, therefore, to insist upon their removal. Many other matters of minor importance have been to my notice during the year, and were promptly rectified. Details of these, as well as visits paid in consequence of notifications of infectious disease, will be found in the Medical Officer's Report Book.

In pursuance of my remarks in last year's Report as to the desirability of providing a disinfecting apparatus, I obtained plans and specifications from Messrs. Manlove and Alliott, which I laid before your Sanitary Committee. I still feel that this is very necessary, and trust the matter will meet with your early consideration.

An Infectious Diseases Hospital (22 beds) has been built and is now ready for occupation at Bagthorpe, for the use of patients in the Basford Sanitary District, of which we form part. This, however, is five or six miles away from Beeston, and is therefore practically useless to us, because of the difficulty of conveying patients thereto, and also because the friends and relations strongly object to their going so far from home. For these reasons, and for the still greater reason that the majority of the smaller houses in Beeston are more or less overcrowded consequent upon the scarcity of workmen's dwellings, I would still urge upon your Council the desirability of erecting or providing a small hospital in order that we may be able to isolate and thereby check the spread of infection in its early stage.

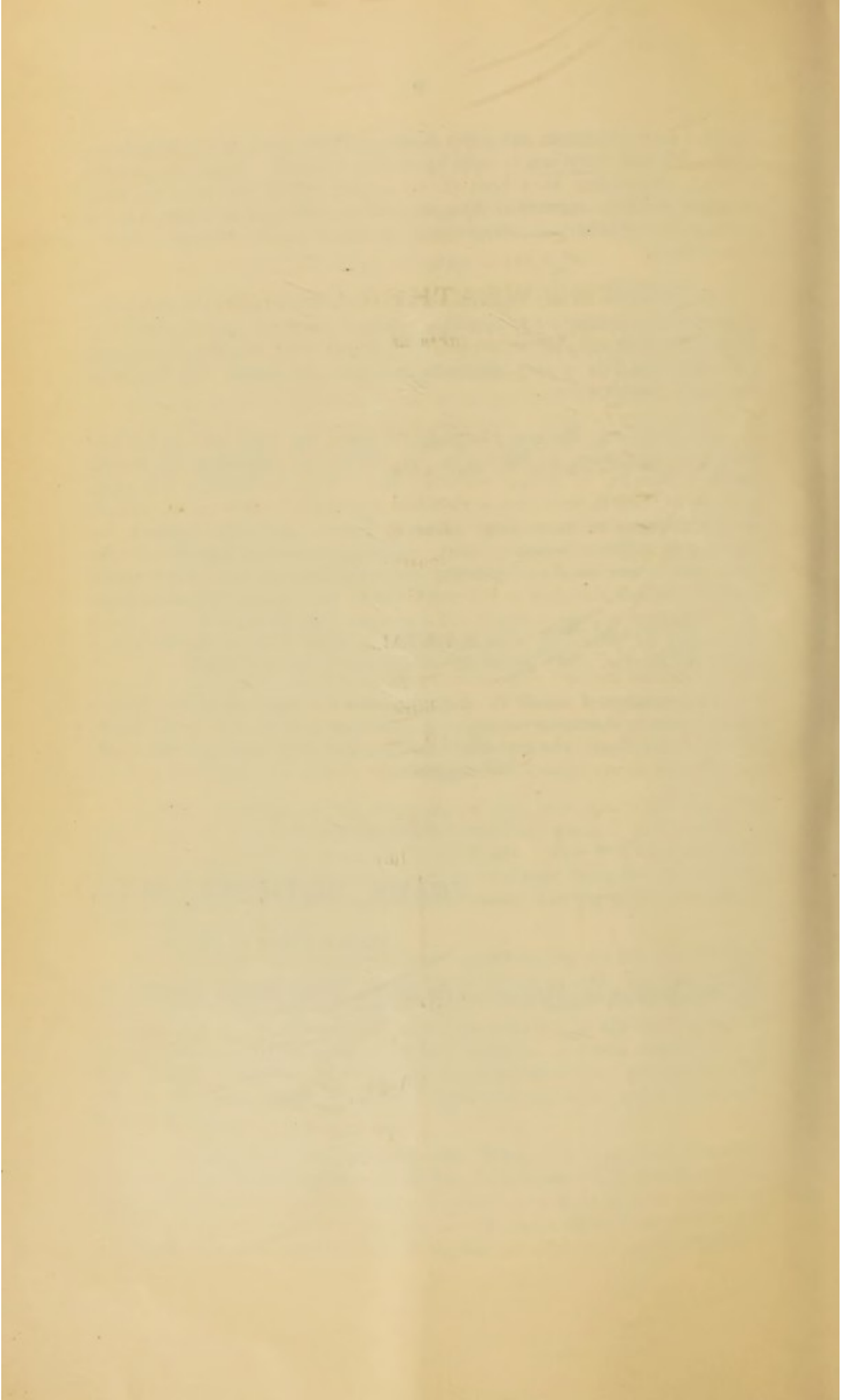
In conclusion, I would like to congratulate the members of the Beeston Urban Sanitary Authority on their close attention to matters of public health, and to thank them and my fellow officers for their courtesy and kindly consideration to my reports and suggestions.

Your obedient servant,

**FRANK ROTHERA, M.D.,**

Medical Officer of Health.

To the Chairman and Members of the Beeston Urban District Council.



# THE WEATHER OF 1896.

*From Observations taken at Beeston Fields, Notts.*

## TEMPERATURE.

Mean temperature of the year, 48·8

Approximate mean temperature of 15 years (1881-1895), 48·1.

Maximum in shade on 15th June, 83·4.

Minimum in shade on 23rd January, 19·5.

No. of Frosts at 4 feet, 55 ; on grass, 99.

## RAINFALL

Total fall during the year, 25·20 inches.

The average yearly fall in this district is 26·19 inches.

Greatest fall in 24 hours on 16th June, 1·90 inches.

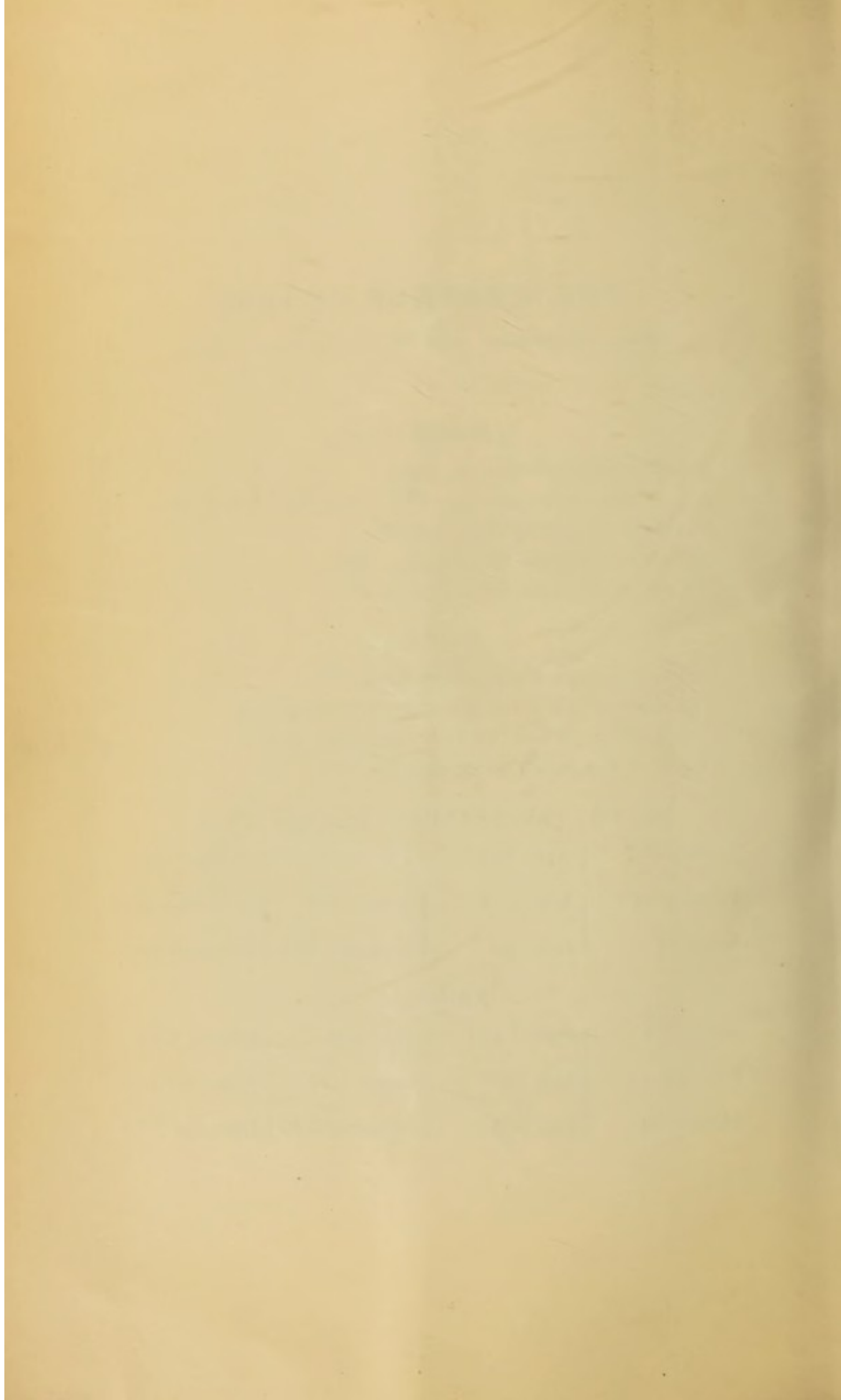
No. of days on which ·01 or more fell, 183.

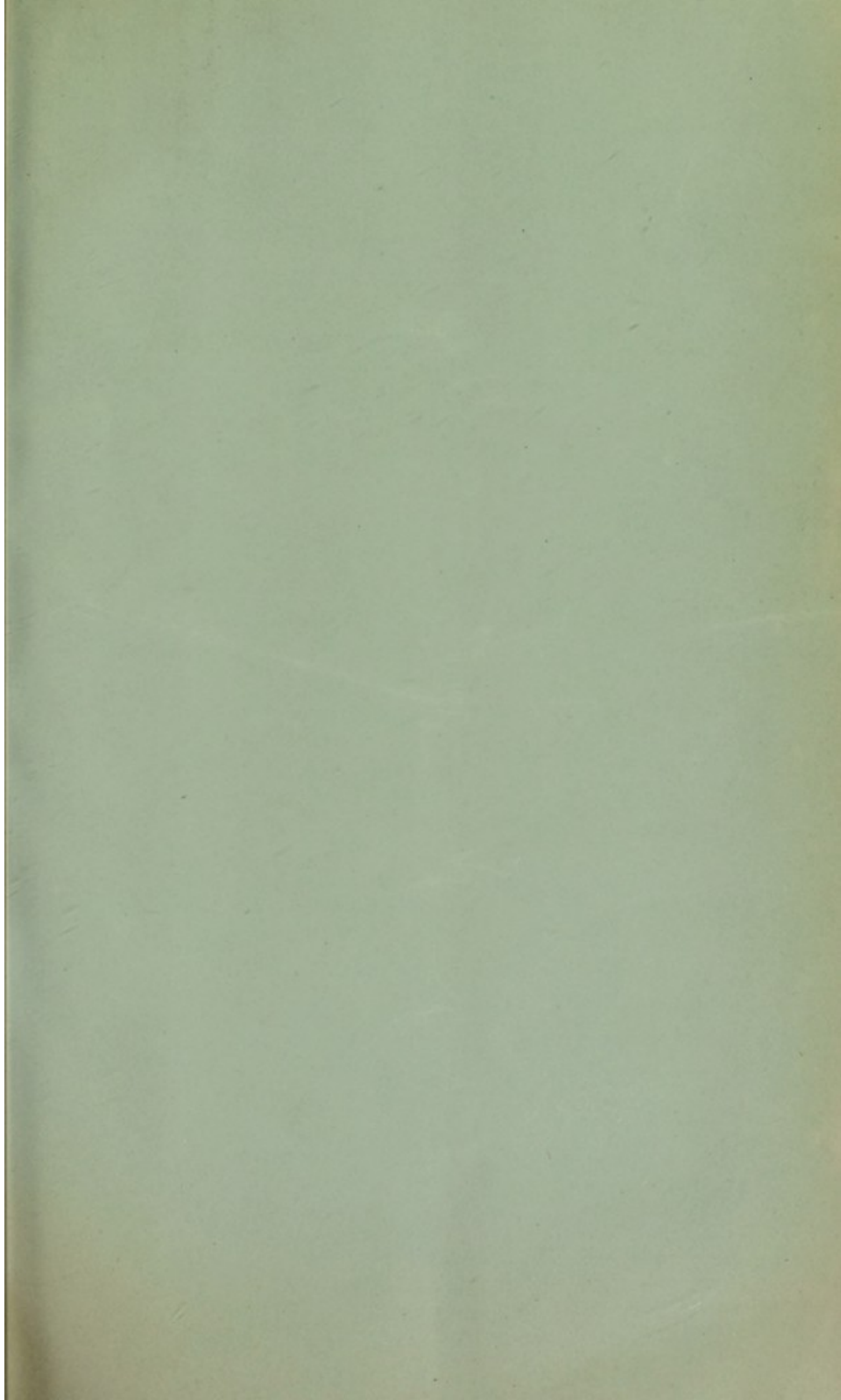
## MEAN TEMPERATURE DURING YEAR.

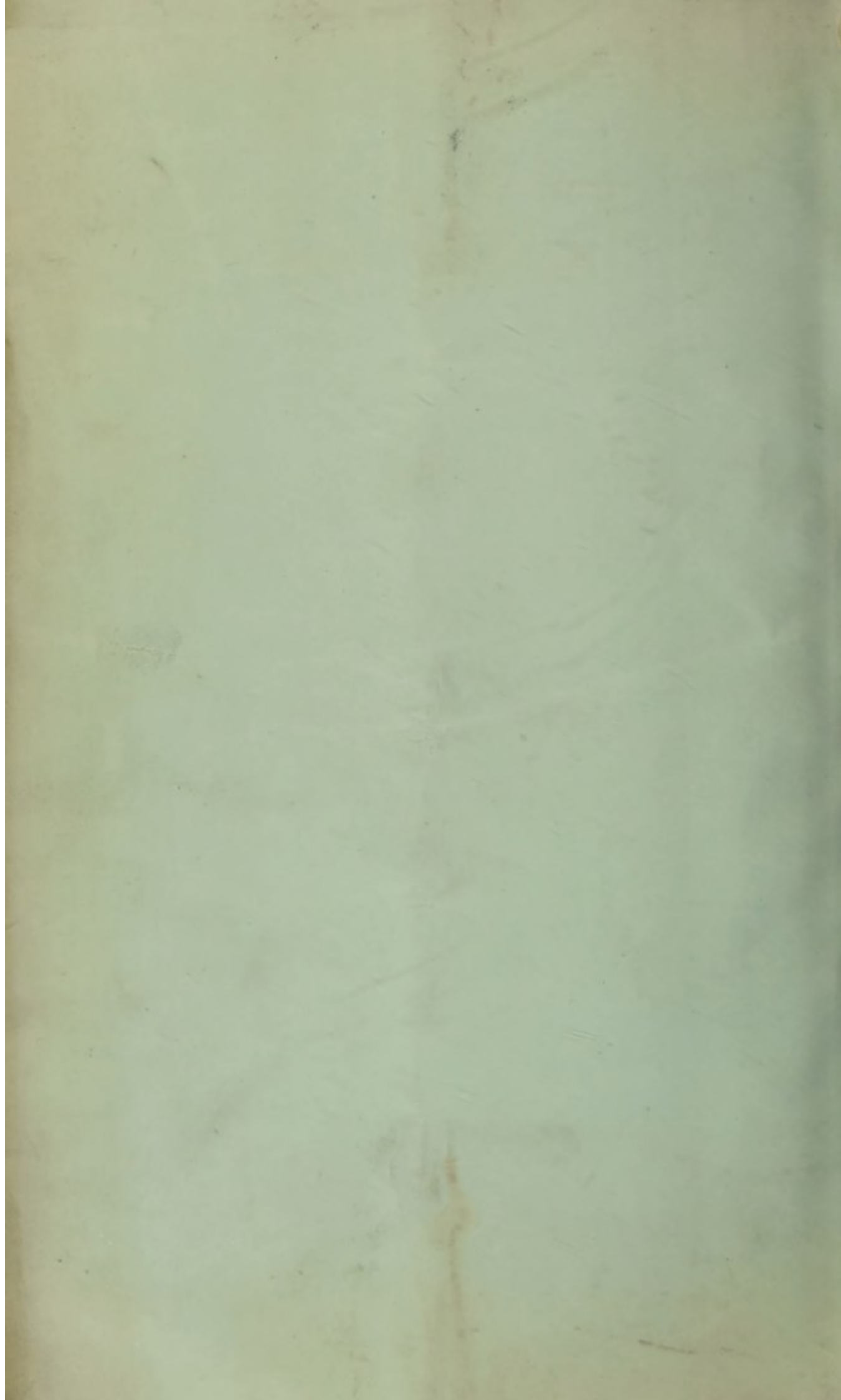
January 39·7	April 48·3	July 61·9	October 45·
February 39·4	May 53·9	August 57·6	November 39·5
March 44·	June 62·	September 55·6	December 38·2

## RAINFALL.

January ·92	April 1·13	July 2·75	October 2·70
February ·74	May ·48	August 1·76	November 1·30
March 2·64	June 3·98	September 3·40	December 3·40









# 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.*

~~The "Rural" and "Urban" designations should be given for the purpose of these statistics should be given 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, Infirmarys, 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	1448.
Population (1801)	7115.
" (Estimated to middle of 1886)	9070
Deaths	12.55.
" Infant (under one year of age)	123.5
" per 1,000 Population, estimated to middle of 1886.	13.28.
" per 1,000 Births Registered.	12.55.

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

*Samuel Palmer* Medical Officer of Health.

(Date) *February 14<sup>th</sup>*, 1897.



## 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.

*Public Institutions* should be regarded as separate localities, and the new cases of sickness in them should be separately recorded. Workhouses, Hospitals, Infirmarys, 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.*