

[Report 1910] / Medical Officer of Health, Buckfastleigh U.D.C.

Contributors

Buckfastleigh (England). Urban District Council.

Publication/Creation

1910

Persistent URL

<https://wellcomecollection.org/works/gaantsk9>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



BUCKFASTLEIGH

Urban District Council.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

FOR THE YEAR 1910.



TOTNES :

S. J. VEASEY, Printer (South Devon Library), 12, High Street,
1911.

MEMORANDUM

FOR THE RECORD

RECORD - RECORD

RECORD - RECORD

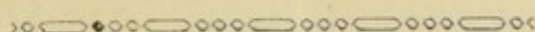
RECORD - RECORD

RECORD - RECORD

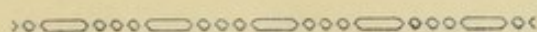
RECORD - RECORD

ANNUAL MEDICAL REPORT

FOR 1910.



*TO THE CHAIRMAN AND MEMBERS OF THE
BUCKFASTLEIGH URBAN DISTRICT COUNCIL.*



GENTLEMEN—

Population.—The number of inmates taken in my house to house inspection of cottages has varied very slightly this year—1,249 against 1,235 last year and 1,254 the year before. This is my only means of estimating the population of the district and I therefore leave it at 2,450 as before.

Births.—There was some increase in the number of births. 42 were registered during the year, 23 boys and 19 girls, giving a rate of 16·75 per 1,000, about 10 per 1,000 below the average throughout the country. This is higher than the record for the last 4 years, but the average in the district for the past 10 years was 49, a rate of 19·45.

Deaths.—There was a considerable increase in the number of deaths registered. There were more than in either of the last 5 years. They numbered 33, a rate of 13.46 per 1,000. The increase was principally due to heart diseases and “other tuberculous diseases.” There were no deaths recorded in January and March, but July and December were very fatal, with 6 deaths in each. The average for the last 10 years was 32.5 giving a rate of 12.86 per 1,000. The deaths of two “residents” occurring in Totnes Workhouse make the total 35, giving a rate of 14.28 per 1,000.

There were two deaths under 1 year, one from premature birth, the other from tuberculous disease. Three deaths from 1 to 5 years, one from pulmonary tuberculosis, one from tuberculous disease and the third from heart disease. One from 5 to 15, due to diphtheria. Three from 15 to 25, one from pulmonary tuberculosis and two from tuberculous disease. Nine from 25 to 65, one from pulmonary tuberculosis, two from cancer, one from bronchitis, one from pneumonia, three from heart disease and one from chronic nephritis. Fifteen from 65 upwards, one from tuberculous disease, three from cancer, two from bronchitis, four from heart disease, four from senile decay, and one from volvulus. The average age of the fifteen over 65 years of age was a little over 74. The two deaths in the workhouse were:—One from senile decay, age 81; the other from rodent ulcer, age 57.

Infectious Diseases.—We had an unfortunate year in respect of infectious diseases. On January 20th a case of diphtheria was notified, and the disease soon attacked other children attending the Council Schools. Six more were notified in February, including the mother of one of the School children. Three were notified in March, two in the first week and one in the last. None in April. Two in May. Four in June, and one on July 2nd—A total of 17 cases. I have not been able to discover how the first case became infected. I enquired into the milk supply and had specimens sent for examination,

but no diphtheria bacilli were found. As there were six cases in February I took the necessary steps to get the School closed, which was done on February 28th for a fortnight. There was a single case in the last week in March, notified on the 26th, and then none until May 12th. The non-recurrence of the disease for such a length of time suggests either the presence of a carrier in the School or another cause which I stated in my June report, "I have a strong suspicion that one or more cases have occurred of a mild character, that have not had medical treatment, and these would still, in all probability, be infectious." In June three members of a family living in a Court quite close to the first case almost certainly caught the infection from that first case's cat. The father stated the children were always hugging the cat, which had been ill for 3 months or more. The cat was killed and a post-mortem examination made, and it was found to be suffering from broncho-pneumonia and degenerative changes in the kidneys, as is usual in such cases. The School-rooms were thoroughly disinfected on June 18th; also all bedrooms after the recovery of each case—One case of erysipelas was notified, and one of scarlet fever; there was no apparent cause for either of them—At the end of the year 162 cases of mumps were reported by the School teachers. One case of pulmonary tuberculosis was notified.

Dairies and Cowsheds.—The dairies were, without exception, quite clean and well-ventilated, and the cowsheds kept in a satisfactory condition.

Slaughterhouses.—These also were well kept.

Cottage Accommodation.—The cottages still keep up their standard of cleanliness. There is no over-crowding anywhere. We visited 343 cottages, with 1,249 inmates, less than 4 in each cottage. There were 8 empty cottages. The flushing of the conveniences continues satisfactory.

House and Town Planning.—We made an inspection under the provisions of the Housing Town Planning, &c. Act, 1909 and found many weak points. Three cottages were defective and have since been put in order. Two were unfit for human habitation; one was empty, and the family removed from the other. The cottages in several places are too much crowded together so that there is not sufficient ventilation. We found 78 houses where there was no through ventilation; in 31 of them no improvement could be made in any way; in several of the other 47 only by interfering with neighbouring owners' rights. It seems to me there is need to build some cottages in a more open situation and with more attention to sanitary details; perhaps the Council may see their way before long to do so.

Sewerage and Water.—These schemes continue to work quite well. The water is good and plentiful, being collected on Dartmoor, in pipes laid in the granite gravel from 4 to 12 feet deep.

House Refuse.—This is attended to the same way as usual, removed and disposed of by public scavenger, who collects it 3 times weekly.

Isolation Hut.—I understand this is decaying and will no longer be available.

I am, Gentlemen,

Your obedient Servant,

Henry Woodell

Medical Officer of Health.

