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Contributors

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Dartford Local Board.

J. HAMILTON,
MEDICAL OFFICER OF HEALTH.

Dartford, Kent.

21 April 1894

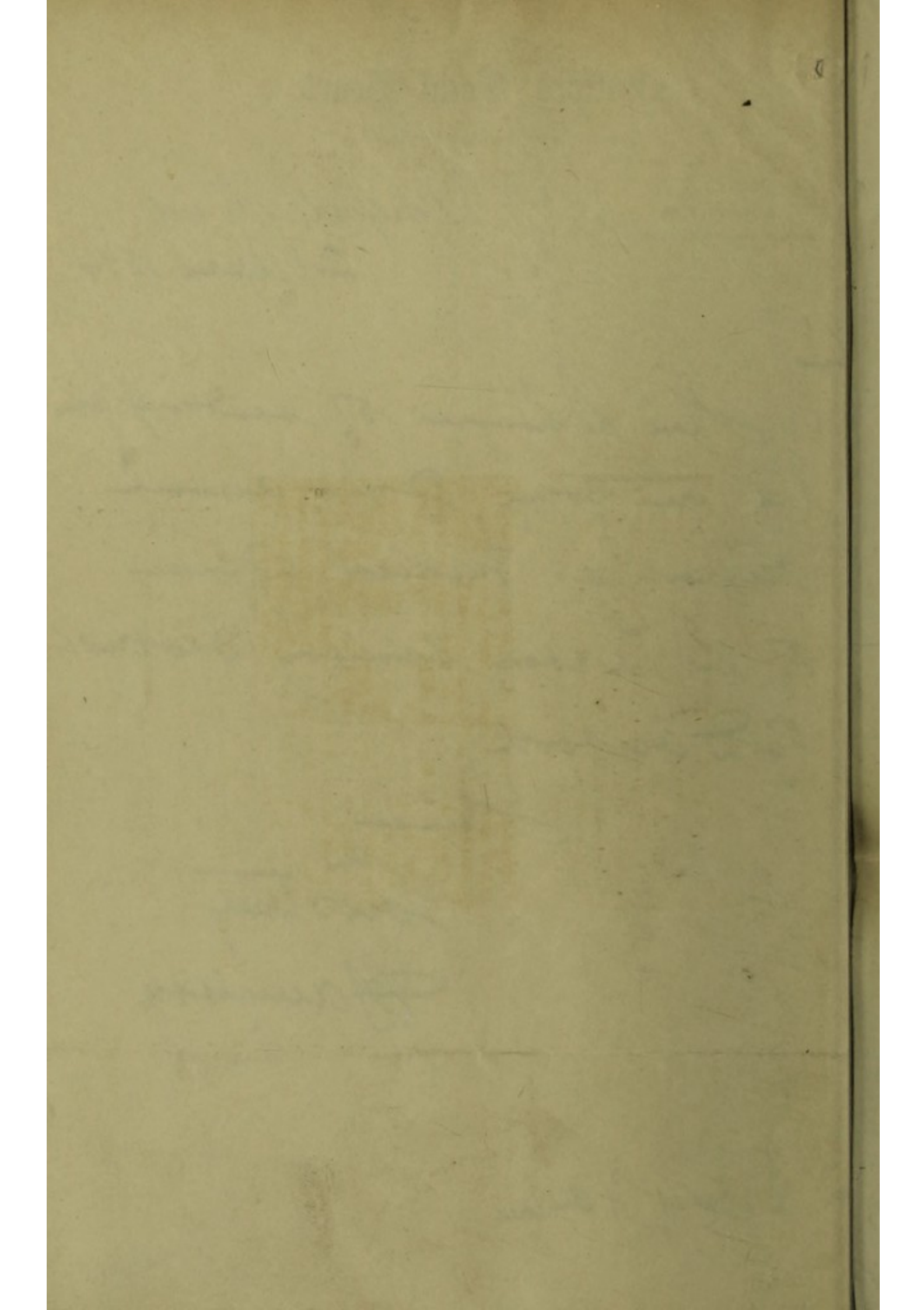
Sir

I have the honour of sending you
a true copy of my annual
report as Medical Officer
of the Urban Sanitary District
of Dartford.

I remain

Sir
Yours truly
J. Hamilton

S. Ernest Hall



"To the Chairman and members of the Dartford Local Board of Health.

"Gentlemen,

"I beg to present my annual report, as your medical officer of health, for the year ending 31st December, 1893.

"The census for 1891 gave a population of 11,906. For 1892 I estimated at 12,127, and for the past year I make it 12,298, or an increase of 171.

"The number of births registered during the year amounted to 390—201 males and 189 females. Of these, 11 occurred in the Union House, which must be deducted, as belonging to other parishes.

"This gives, with the corrected population, an average of 30.81 per thousand.

"The total number of deaths amounted to 442, giving a death rate of 35.94 per thousand. This, at first sight, looks alarming, but, when we come to analyze it, it resolves itself very simply. When from this 442 are deducted 174 deaths occurring on the Hospital Ships, with 60 in the Union House from parishes other than Dartford, making together a total of 234, we have 208 the number properly belonging to Dartford parish. This gives a rate of 16.9 per thousand, and this I consider a low death rate for this district, although it is an increase of 1.73 per thousand over last year.

"The increase in the death rate is mainly due to the large number of children under 5 who died from diarrhoea during the hot summer, and also in a slight degree to scarlet fever and phthisis.

"In 1892 there were no deaths from diarrhoea, but this year they amount to 11. In 1892 there were 2 deaths due to scarlet fever, but in 1893 there were 8. There is, also, a marked increase in the deaths under the age of 15, but owing to the small number of cases, it is not worth mentioning.

"There are no deaths from measles.

"Of the 442 deaths reported during the year, 168 were due to small-pox alone; but not one of these belonged properly to Dartford. Three occurred in the Union House, and were from outside parishes, and the remainder took place in the Metropolitan Asylum Board's Hospital Ships.

"On looking over the death returns from small-pox registered from the Hospital Ships at Long-reach, I was much struck by the relation that vaccination, or, rather, the want of vaccination, bears to the deaths from that disease, and it very clearly proves—if proof be necessary—the great controlling power which vaccination has over that deadly foe; but the facts speak for themselves.

"Synopsis of 165 death returns for small-pox in the above Hospital in 1893, being the total number of deaths from small-pox in the Hospital Ships at Long-reach for that year:—

"Good vaccination marks in	4	cases
Vaccinated in infancy ..	14	"
Previous small-pox attack	1	"
Badly vaccinated	13	"
Not vaccinated at all	112	"
Vaccination not mentioned	21	"

"It will be seen from the above that the unvaccinated are nearly four times more than all the other cases recorded, and also that there is not one case of death after secondary vaccination had been performed. There is no doubt whatever that vaccination, if properly performed, and if at all recent, is a complete preventative of small-pox.

"There were 268 cases of infectious disease reported under the Infectious Diseases Notification Act, or an increase of 135 over last year. This is caused by the very great increase in small-pox and scarlet fever. There were 51 cases of small-pox, against 3 for 1892; and 160 cases of scarlet fever, against 69 for the previous year.

2.4
8.5
0.6
67.9
12.8
100.2

Of the Small Pox patients 38 were in Dartford parish and 13 in the Union House. These 38 represented 19 families. They seemed to spring up in the town for the most part independently of each other, for only in one family did I find it spread outside the house in which it appeared, and in 3 others it was doubtful.

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"In 5 families I was altogether at a loss to trace the source of infection, whereas in 10 cases there was more or less direct connection with the Ships at Long-reach, or Gore Farm, either by the patients themselves or by some member of the family being employed there.

"Of the 13 cases in the Union House, 7 were from outside parishes, and the remainder developed among the inmates in the Workhouse. This proves that it is almost impossible to isolate properly such cases in an institution of this description. Of the cases occurring in the Dartford parish, 34 were at once removed to the Hospital Ships, and the homes thoroughly fumigated, and here I must say I was well supported by Dr. Clarke, the public vaccinator, who was always prompt to vaccinate when occasion arose. The remaining 4 cases were kept at their homes, as it was found possible to isolate them there.

"It was deemed necessary to have a trained nurse to look after the removal and disinfection of these cases, and by her help the disease was so controlled that at no time did it have a hold upon the town. Indeed, as I have already mentioned, there were 38 separate and distinct sources of infection, but in no instance did the disease spread from these foci.

"A very large number of cases of scarlet fever were reported—142 in Dartford, and 18 in the Union House. Of the 18 only 6 belonged to Dartford, thus making a total of 148 cases, as against 69 for last year. This is a decided increase, and shows how very extensive the epidemic has been. Yet with all this number there have been only 8 deaths, showing that the disease was of a milder type than the epidemic of measles of the previous year, from which 16 deaths were recorded. This fact, to some extent, added to the spreading of the disease, as I have in several instances suspected mothers of exposing their children to the infection, knowing that the disease was of an exceedingly mild type, and when once contracted not likely to recur. This practice is strongly to be condemned, as it causes the disease to spread, and even death is sometimes the result, for it is well known that a mild form of disease in one patient may produce a fatal attack in the next.

"After the opening of the Infectious Diseases Hospital in Bow Arrow-lane, in October, 4 cases were admitted from Dartford.

"Diphtheria has to a slight extent visited us, 6 cases being reported during the year, but in none could I find a sufficient source, and, all necessary disinfection being carried out, in no case did it spread.

"There were 9 cases of typhoid fever reported. Six of these belonged to Dartford parish. They had no connection with each other, and I was unable to trace their origin satisfactorily. In two cases the water was from deep wells, and a sample of these was analyzed, and found good. I did not think it necessary to examine the other. The remaining four had a supply from the Kent Water Works. In one of the cases the w.c. connection was defective. It drained into a cess-pool without a ventilating shaft. These defects were reported, and attended to. In another case the slops from several houses were run out into a piece of grass land adjoining, which, being saturated with organic matter, was becoming very dangerous. In this case connection has now been made with the sewer.

"I am happy to be able to report that an Infectious Hospital has been erected for the district. As yet it is only fit for one class of disease (scarlet fever), but I hope soon some arrangements may be made to take at least one or two other diseases. The small-pox cases have been received into the Metropolitan Asylums hospital, and several of these cases have been attended free of charge, they being proved to have originated from the presence of these hospitals in the neighbourhood. It would be a great advantage if some arrangement were made with the Metropolitan Asylums Board so that we might have the right, equally with London, to send cases to this Hospital, and that without the unnecessary delay there is at present.

x from one

cases the

"There is no doubt that its presence in this district adds very considerably to our danger from that disease, even under the most careful management, as is proved by the number of cases treated by them free of charge during the past year, and also by the many more cases that of necessity cannot be so clearly traced to the source.

"Therefore, I consider we have a moral right to be relieved of these cases, as well as London.

"In the early months of last year we had a rather severe epidemic of influenza. This in some measure might account for the heavy death rate returns of phthisis—19 as against 7 of the previous year. They occurred in the following order:—8 deaths were reported in the first, 1 in the second, 4 in the third, and 6 in the fourth quarter.

"Work-shops, lodging-houses, dairies, cow-sheds, and slaughter-houses have been regularly inspected. In two of the work-shops there was over-crowding, but suggestions made were carried out.

"Several wells were inspected, and samples of water were taken from four, two of which were condemned. The wells were closed, and water from the Kent Water Works was laid on. In an old town like Dartford, where accumulated filth of centuries has been gradually finding its way into the soil, and polluting the water; and especially in the lower levels of the town, which are below the high water level of the Thames, and where the ground currents come so near the surface, and are, therefore, at all times more or less affected by the tides, I do not think it safe to use water from ordinary wells; and especially if they are shallow. I recommend, therefore, that in every case water be laid on from the Kent Water Works, which is particularly free from organic impurities.

"Several nuisances have been reported and abated. The tallow factory nuisance has been much improved, also that from the storage of manure; yet there is room for improvement. I also consider the sanitary condition of the district has much improved under the efficient management of the inspector of nuisances (Mr. Harston), who has rendered me very great help during the past 12 months. He inspected 264 houses. Notices were served on 197 owners for abatement of nuisances; water was laid on to 24 houses under notice; 79 houses were connected with the sewer.

"During the year 70 new buildings were put up, including 48 dwelling-houses.

"I append the following table giving the population of Dartford taken at the last five decades, as well as the deaths per thousand since 1891:—

Year	Pop.	Per cent. increase	Deaths per 1,000
1851	6,224		
1861	6,597	5.6	1891 16
1871	8,090	18.4	1892 15.18
1881	10,159	20.3	1893 16.91
1891	11,906	14.6	

"I remain, &c.,

W. Hamilton

inspected,

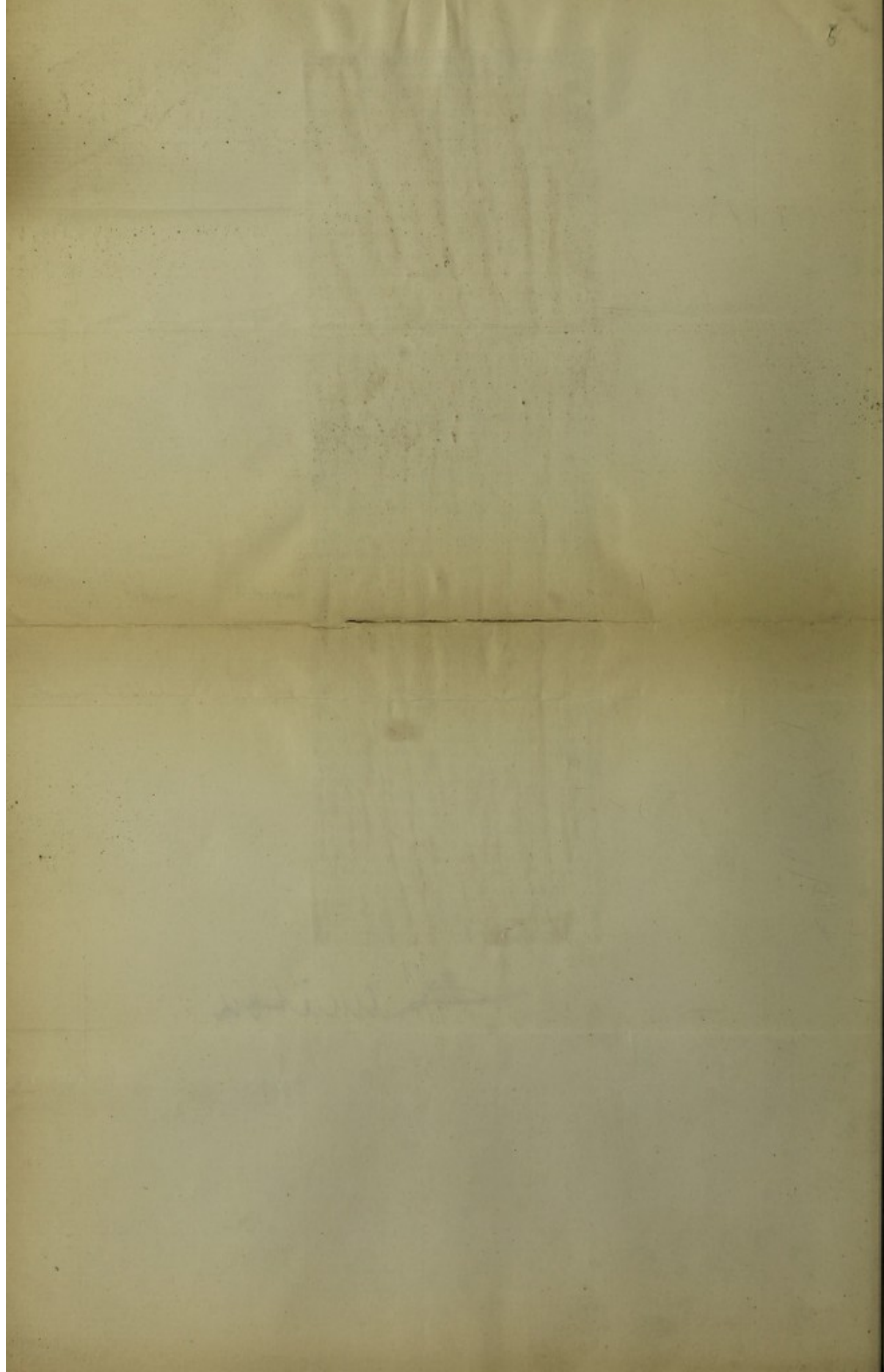


TABLE OF DEATHS during the Year 1893, in the *Urban* Sanitary District of *Dartford*, classified according to DISEASES, AGES, and LOCALITIES.

MORTALITY FROM ALL CAUSES, AT REMOVED AGES.										MORTALITY FROM SPECIFIED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.																									
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.)	(a)	At all ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	(b)	FEBRUARY.																	Total.								
										Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.			Relapsing.	Puerperal.	Cholera.	Erysipelas.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Rheumatic Fever.	Ague.		Phthisis.	Bronchitis, Pneumonia and Pleurisy.	Heart Disease.	Injuries.	All Other Diseases.			
															Continued.	6	7																8	9	10
Dartford		184	61	23	12	7	47	34		Under 5 upwards.		5	2	1									6	11			1	14	19	4	42	86			
Stord Union House		84	3	2	1	2	31	46		Under 5 upwards.	2	1	1	1			1				1						10	38	6		21	79			
Stord n Hospital										Under 5 upwards.																						5			
Stord at Long Beach		174	27	28	26	16	74	3		Under 5 upwards.	51	2											1							1	4	56			
Vincent's										Under 5 upwards.																									
Industrial School										Under 5 upwards.																									
Sections Houses										Under 5 upwards.																									
Hospital at Bour-										Under 5 upwards.																									
don Farm										Under 5 upwards.																									
TOTALS		442	91	53	38	25	152	83		Under 5 upwards.	52	6	3	2		1				1		6	12			1	14	29	52	17	4	47	147		
Deaths occurring outside the district among persons belonging thereto.										234	28	30	26	17	97	36			Under 5 upwards.	52	2	1	1		1			1		8	25	5	1	4	59
Deaths occurring within the district among persons not belonging thereto.																			Under 5 upwards.	116															175
The subjoined numbers have also to be taken into account in judging of the above records of mortality. See Note 5 on back.																																			

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

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 Sanitary Authority.*
2. *Medical Officers of Health acting for a portion only of the District of a Sanitary Authority 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 Sanitary Authority for 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, 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 4251.332
Population (1891) 11906

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

Hamilton Medical Officer of Health.

(Date) March 1894.

DISEASES, AGES *and* LOCALITIES.Totals

Since when? June 1891

the District 422 Since when? June 1891

Be according to the State here (the name of the Isolation Hospital used by the sick of the District. Mark (H) the Locality in which infectious diseases are prevalent, show where have been in Sweden and where patients have been admitted)

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 Sanitary 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, 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.*

to be