[Report 1919] / Medical Officer of Health, Doncaster County Borough.

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BOROUGH OF DONCASTER.

Doncaster Urban Sanitary Authority

(CHAIRMAN - - COUNCILLOR H. M. MARSHALL).

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

YEAR ENDING DECEMBER 31st, 1919.

DONCASTER:
J. F. MONKS, PRINTER, 9, HALL GATE, DONCASTER.

BOROUGH OF  DONCASTER.

PUBLIC HEALTH COMMITTEE.

Chairman :

COUNCILLOR H. M. MARSHALL.

Committee :

COUNCILLOR	HARLAND.	COUNCILLOR	JACKSON, J.P.
,,	H. J. ALLEN, J.P.	,,	SCARLL.
,,	RHODEN.	,,	SHAW.
,,	GARNER.	,,	OLIVER.
,,	LEACH.	,,	RAITHBY.

COUNCILLOR GLOVER, M.D.

Medical Officer of Health :

DR. D. LECHMERE ANDERSON,

Chief Sanitary Inspector :

HERBERT INNOCENT.

Chief Health Visitor :

MISS L. MCNICOLL.

DONCASTER URBAN DISTRICT COUNCIL.

Report for the Year 1919.

To the Mayor, Alderman, and Councillors,

Gentlemen,

I have the honour to present to you my Report on the Health of the Urban District of Doncaster during the year 1919.

I am,

Your obedient Servant,

D. LECHMERE ANDERSON,

Medical Officer of Health.

Public Health Office,

Doncaster.

SUMMARY OF STATISTICS

FOR THE YEAR 1919.

Population at Census, 1911	48,455
Population estimated to middle of year	51,592 for Death Rate.
,, ,, ,,	53,743 for Birth Rate.
National increase, *i.e.*, excess of Births over Deaths	273
Area of Borough	4,831 Acres
Density of Population	10.6 Persons per Acre over total Area
Births Registered	1072...Birth Rate 19·9
Do. (corrected for Country Births)	1053 ...Birth Rate 19·5
Deaths Registered	799 Death Rate 15·4
Do. (corrected for Country Deaths)	710 Death Rate 13·7
Infantile Mortality	86 Deaths under one year, or 81·6 per 1,000 Births
Cancer	56 Deaths or 1·08 per 1,000
Phthisis	41 Deaths or 1·2 per 1,000
Infectious Diseases (excluding all forms of Tuberculosis)	23 Deaths or ·44 per 1,000

ENGLAND AND WALES for the Year 1919.

Birth Rate	18·5
Death Rate	13·8
Infantile Mortality (per 1.000 Births)	89

MEDICAL OFFICER'S REPORT, 1919.

In presenting the Annual Report for the first year of peace—a year during which the abnormal conditions which obtained during the War were gradually modified and brought into line with the conditions which obtained prior to the War—it seems that the opportunity is a suitable one for referring briefly to some of the sanitary measures which have been held over, or whose execution has been modified during the War.

The foremost of these is the question of Housing Reform. Before the War a certain amount of work was being done in this by condemning unsuitable houses, but this was not on any large scale. The arrest of house building and the growth of the population during the past five years have rendered the question acute.

In September and October a careful survey of the Borough was made to ascertain chiefly what were the housing needs, and the findings were the subject of a special report, particulars of which are given below :—

Number of Houses unfit which cannot be made fit, 170.
Number of Houses unfit but can be made fit, 220.
Number of Houses required to meet present unsatisfied demands, 400.

It will be seen that in order to satisfy the immediate needs of the community, a large number of new houses is needed to replace those which are considered totally unfit for habitation as judged by the standard laid down by the Government. In addition to these there is a large number which, while unfit for habitation in their present state, could be made fit if certain necessary works were carried out. These two classes of property should be dealt with at the earliest possible moment, the first class by replacement by new houses in suitable sites, and the second-class by hurrying forward the necessary repair.

In addition to this, the question of clearing unhealthy and congested areas must be taken up. In the report referred to above these areas were reported on. These areas are composed very largely of poor property, and a complete clearance of the area would hardly involve the demolition of any building which was not structually defective.

The enormous interest which the housing question is arousing throughout the country is sufficient evidence of the importance of the question. There can be no doubt that a very large amount of the ill-health and inefficiency is due directly or indirectly to bad housing conditions, which are in many instances remediable.

Another matter which I would present to you for your earnest consideration is the conversion of privy middens into water closets.

The privy midden system of sewage disposal is now considered by all modern sanitarians to be antiquated and to constitute a dangerous nuisance. One has only to go along the passage between two rows of houses with this form of sanitary convenience, on a calm evening, to be convinced of the danger of these putrid masses of festering filth to the health of the inhabitants of the neighbourhood. Before the War a promise was made to the Local Government Board that 800 Privy Conversions would be carried out yearly as instructed by the Local Government Board, but the work was interrupted during the War. Your attention has been drawn to various privy areas in the Borough, and lists of privies in congested districts have been presented to you and recommendations made for their immediate conversion. Owing to various causes the work of conversion has not been carried out as rapidly as would be wished, but it is hoped in the year just commencing that a considerable improvement will be effected in this respect.

POPULATION (53,745).

The population of Doncaster for the year 1919, as estimated by the Registrar General, is for Birth Rate 53,743, and for Death Rate 51,592. These figures very closely agree with the number 53,385 shown by the Rationing documents which were kindly furnished to me by the Executive Officer of the Local Food Control Committee. It is difficult to make a comparison with the Census Population of 1911, as at that time several suburban districts were not incorporated with the Borough, but by adding the populations of these districts together it will be seen that the Census Population of Doncaster as it now is was 48,498, made up as follows :—Doncaster Borough, 30,516 ; Balby-with-Hexthorpe, 11,613 ; Wheatley, 5,363 ; Carr House and Elmfield, 1,006. The total increase in the years 1911-19 is thus 5,247.

The next census is due to be taken in 1921, after which it will be possible to supply many interesting details of population, density, and acreage of the various wards of the town. In the meantime, little can be gained by giving more or less problematical calculations. Doncaster was formally divided into six Wards. This number has now been increased to 9 through the addition of the various Districts mentioned above. Unfortunately for purposes of comparison the Wards have not the same boundary lines, and so the interest of comparison with former statistics is lost.

BIRTH RATE.

During 1919 the births of 1,053 children (559 males and 494 females) were registered, yielding a birth-rate per 1000 population of 19·4. The rate, while very low when compared with pre-war

returns, shows a slight improvement on the 19·2 rate of 1918 and the 18·6 rate of 1917. It is gratifying to note that a very considerable increase in the number of births began to make itself noticeable in the latter months of the year. The Birth Rate for England and Wales for the year 1919 is 18·5.

The following table furnishes interesting information concerning the Birth Rate during the past 40 years. It will be seen how heavy and continuous the decline has been :—

Year	Estimated Population.	Number of Births.	Rate per 1,000.
1882 ...	21,338 ...	712 ...	32·5
1890 ...	25,640 ...	757 ...	29·5
1900 ...	28,708 ...	837 ...	29·1
1910 ...	30,403 ...	737 ...	24·2
1919 ...	53,745 ...	1053 ...	~~19·4~~ 19.5

DEATH RATE.

During the year the deaths of 710 residents within the Borough were registered, of which 368 were males and 342 females. The death rate is thus 13·7 per 1000. This rate must be considered satisfactory in view of the facts that a severe outbreak of Influenza (94 deaths) with many other deaths from its sequelæ of pneumonia and bronchitis occurred in the early months of the year, and that a very severe epidemic of Measles (28 deaths) occurred in the late spring and summer months.

The Death Rate for England and Wales for the year is 13·8. The following table gives details of the Death Rate since 1875 :—

1876 to 1882	Average Death Rate	...	22·3
1883 to 1892	,, ,,	...	18·8
1893 to 1902	,, ,,	...	18·2
1903 to 1913	,, ,,	...	15·5
1915	Death Rate	... ...	16·4
1916	,,	... ...	14·6
1917	,,	... ...	14·7
1918	,,	... ...	16·1
1919	,,	... ...	13·7

INFANTILE MORTALITY RATE.

During the past year the deaths of 86 children under one year of age were registered in contrast with 98 in 1911. The Infantile Mortality Rate for the year is ~~83·09~~ 8 which is very considerably lower than any previous rate recorded for the District.

The rate for England and Wales is 89 per 1,000 births. The return for this year is most satisfactory. The following table gives the yearly Infantile Mortality rates for the whole district since 1903, and a glance at it will show how continuous and marked the improvement has been in this, themost important branch of the Public Health Work.

INFANTILE MORTALITY, 1903-1919.

Date.	Doncaster.	Wheatley.	Balby-with-Hexthorpe.	Combined Township.
1903	181	136	185	167
1904	163	137	159	153
1905	152	152	118	141
1906	164	129	117	137
1907	152	134	134	140
1908	147	97	110	118
1909	129	128	100	119
1910	117	102	99	106
1911	152	94	93	113
1912	113	104	103	107
1913	142	102	101	125·7
1914	139	119·6	116·9	129·9
BOROUGH EXTENDED 1915.				
1915	—	—	—	99·6
1916	—	—	—	104
1917	—	—	—	110·4
1918	—	—	—	96·8
1919	—	—	—	~~83·09~~ 81·6

Of the 86 deaths which occurred in 1919, 22 were under 1 week and 32 under 1 month old. Only 6 of the deaths were of children above 9 months of age. Of the causes of death 32 might almost fairly be classified as unavoidable, thus 2 were deformed, 16 were premature, 6 suffered from Atrophy, and 8 from Marasmus. Various causes and ages are given in the various statutory tables.

The Infant Welfare Centre has proved an unqualified success, from the date of its initiation some two-and-a-half years ago. Originally it was only opened once a week, but the numbers of attending mothers and infants soon grew too large to cope with satisfactorily, and the centre had to be opened on a second day. In spite of this, the rooms are always crowded, and the number requiring medical advice and suggestions is, as a rule, too large to cope with satisfactorily. New premises for the Centre are required, and the Committee have had the matter placed before them. Doncaster is so conveniently built that it is much preferable to have one thoroughly equipped and up-to-date building which would be opened on such days as were deemed necessary than to open smaller and less satisfactory Centres in various parts of the town. The actual results of the Centre prove conclusively its importance in Public Health Administration.

For some years the question of the provision of a Maternity Home has been before the Public Health Committee, but so far no suitable building has been obtained. Reconstruction of houses for this purpose rarely proves satisfactory or economical in the end. The better course being to construct a properly modelled institution, with room for further extension should experience prove that such extension is required.

MEANS OF PREVENTING MORTALITY IN CHILDBIRTH AND INFANCY.

In connection with this subject, the Local Government Board requires that (*a*) a statement of the administration of the Midwifes' Act, 1902, be included when the Sanitary Authority is the authority under this Act, and (*b*) the prevention of Infantile Mortality should be considered in the report, and the methods of work in connection with the Notification of Births Act, 1907, when adopted, should be stated.

With regard to the administration of the Midwives' Act, the Sanitary Authority is not the Authority under the Act, the West Riding County Council dealing with it, but at the same time this Department takes a considerable part in carrying out its provisions. Thus, where cases of unregistered midwives, or registered midwives, who do not comply with important regulations in the Act, come under notice, these are reported to the County Medical Officer of Health. Again, when any infectious

disease occurs in the practice of a midwife, or in herself or household, the duty of disinfecting the clothing, instruments, etc., is performed by us, and upon my certificate the midwife is allowed to resume practice by the County Medical Officer of Health.

Doncaster is rapidly becoming a large town, and an increase in the number of practicing midwives is to be expected. It will be satisfactory, from a Public Health point of view, when the Sanitary Authority becomes the Authority under the Act

The prevention of Infantile Mortality largely centres round the Notification of Births Act, 1907. This Act came into force in Doncaster on December 19th, 1910, and has worked with the greatest possible smoothness. Every birth is notified, and the great majority within the time specified dy the Act.

Upon notification the births are registered, when the children, and to a greater or lesser extent the mothers, come under the care of the Health Visitor. To the mother of each child a carefully worded and simple booklet, giving advice on the management and feeding of infants, is at once forwarded. This booklet reaches the mother at the very time when she is most likely to have time to peruse it, and the greatest inclination to carry its information into practical use. The booklets used in this manner are appreciated, and are used to a very much greater extent than circulars and pamphlets usually are. In fact, they can be regarded as of great educational and practical value in an attempt to reduce Infantile Mortality

A large percentage of the children are then visited by the Health Visitors, and re-visits paid according to the circumstances of each case The work of the Health Visitor has proved of great value. the sanitary condition of many houses has been vastly improved, the advice tendered has been welcomed and largely acted upon, diseased conditions have been called attention to, and where necessary, Medical Attendance insisted on.

The work of the Health Visitors, while not confined to one part of the town, is largely directed towards those cases where no medical man is in attendance, or where poverty, overcrowding, or insanitary conditions are most likely to exist.

In the appended report of the Chief Health Visitor various particulars dealing with important duties in connection with child life are given.

INCIDENCE OF INFECTIOUS DISEASES DURING 1919

During the year 1,673 cases of Infectious Disease were notified including 76 cases of Tubercolusis —(52 Pulmonary and 24 other forms) The figure for the incidence of Infectious Desease other than Tuberculosis is therefore 1,597 which compares unfavourably with the figure for 1918 namely 349. This is very largely accounted for as follows;-

1. Pneumonia, Dysentery and Malaria became Notifiable in 1919. The figures for incidence for these three are 160, 3 & 17 respectively.

2 An epidemic of Measles occurred in the end of March and continued till the end of September.

The two factors more than account for the difference in the incidence for the 2 years as will be seen by referring to the accompanying table.

As regards individual diseases Measles accounts for 1,291 notifications out of 1,673.

During the first three months of the year and during the last three months the incedence was low. During the middle period of year the desease was epidemic. The epidemic started rather abruptly.

From the usual Notification of one or two cases per week, the notifications rate for the week ending 5th April rose to 31. The following week it fell to 19 but this point was never touched again till the epidemic had terminated in October. The Notifications for the week ending 31st May numbered 80 and for weeks ending 14th and 21st June 70, but worse was to follow and the highest notification rate for anyone week was 110 for the week ending August 9th. Thereafter the epidemic rapidly abated and only two cases were notified during the week ending October 11th. It is interesting to note that during the two weeks ending August 11th there were more cases notified than during the whole of the previous year.

Two points arising out of the epidemic deserve specia consideration.

1.—THE EFFECT OF COMPULSORY NOTIFICATION.

In spite of the fact that every notified case was visited, the house disinfected, and all susceptible members of the family excluded from school, and even hospital accommodation provided in two instances, all this seemed to have very little effect in checking the epedemic which appeared to go on until all the susceptible material was used up. Further, there can be no doubt that amongst older children, the disease often runs a mild course, with little or no constitutional disturbance, though the after effects may be severe, and medical advice is not sought unless such after effects develop, and the case is no longer actually infectious and notifiable.

2.—THE EFFECT OF SCHOOL CLOSURE ON THE INCIDENCE OF MEASLES.

The general experience in Public Health administrative elsewhere has been that the closure of schools is of but little avail in the control of an epidemic of Measles, but our experience of the epidemic under review and of previous ones appears to point to the contrary. During the whole epidemic each period of school closure was followed by a substantial reduction in the weekly

number of notifications, in fact the longest of school closure synchronised with the termination of the epidemic. On the re-opening of the schools, after the first two periods of closure, the number of notifications showed a marked increase. There was certainly a drop in the incidence during the period between the first and second closure, but this drop was not sustained as in the other cases. A careful consideration of any other possible factors, including weather conditions, has failed to establish any reason for the drop in incidence other than the one specified.

As regards age incidence the great majority of the cases occurred before the age of five years, and the most of them during the years 1—5. This would point to the possibility of the older children of school age bringing the infection to the homes, while themselves suffering from a mild unnoticed attack, of an attack in its early stages, and so when the school closed, the source of infection for the young children ceased to operate. The high incidence amongst children under 5 years of age is to be regretted. It cannot be too strongly impressed on parents that to such children Measles is a serious illness, not so much during the attack, but during convalescence, when serious complications may arise. Many cases of chronic ear disease, tuberculosis, bronchitis, chronic anæmia, and other diseases, resulting in a greatly diminished efficiency, and even permanent ill health, date back to an attack of Measles in infancy. All Wards of the town were afflicted during the epidemic, and there did not seem to be any areas of undue local prevalence.

Although much valuable information has undoubtedly been obtained during the four years when Measles had been a notifiable disease, this information has not led to any solution of the problem of the prevention of the disease, and in consequence the compulsory notification of measles came to an end on the 31st December, 1919, although local authorities have the power to continue compulsory notification in the areas under their charge.

PNEUMONIA.

The notifiable disease which showed the highest incidence during the year was Pneumonia. All cases of this disease are visited by the Health Visitors, who continue to visit until convalescence is established. When the medical attendant signifies that the case is terminated, the disinfection of the room, etc., and of the patient is carried out.

As this is the first year that Pneumonia has been notifiable, no comparison with the incidence in former years can be made. A very large number of the cases of Pneumonia occurred as a complication of Influenza during the epidemic of that disease, which occurred in the first quarter of the year, and which is referred to elsewhere.

INFLUENZA.

The second outbreak of Influenza which commenced about the middle of October, 1918, and which terminated in the end of December, was followed early in the new year by a third epidemic. Deaths from Influenza and Pneumonia (1, 2, 3, 4, 2,) were registered during the first five weeks of the year, but at the beginning of February when the disease became more acute the mortality rapidly increased, being, 5, 11, 17, 25, for the four weeks of February. At this date, February 28th, it reached its height, and the epidemic died out on March 29th, the deaths for these four weeks being respectively 24, 17, 10, and 4. From these figures it will be seen how rapidly the disease rose to a height, and how its decline was almost on identical lines, rise and fall both lasting for four weeks of the eight weeks duration of the epidemic.

During the first three months of the year the disease laid a heavy hand upon the Borough, as it did upon all places in the kingdom, the total number of its victims being 121, of whom 63 were males and 58 females.

The following table shows that in this epidemic the extremes of life were largely affected. In the age period 0—5 years, 25 young children and infants succumbed, while of those of 65 and upwards 22 deaths were registered. Boys and girls from 5—15, although not escaping the disease, were as was to be expected, more easily able to resist it and yielded a comparatively small number of deaths.

PNEUMONIA AND INFLUENZA DEATHS.

	ALL MALES—63.					ALL FEMALES—58.										
	0-1	1-2	2-3	3-4	4-5	5-15	15-25	25-35	35-45	45-55	55-65	65				
Males	8	5	—	3	1	2	5	9	12	5	7	6				
Females	3	4	1	—	—	2	11	7	6	7	1	16				
Totals	11	9	1	3	1	4	16	16	18	12	8	22				

Deaths from Influenza & Pneumonia 1919.

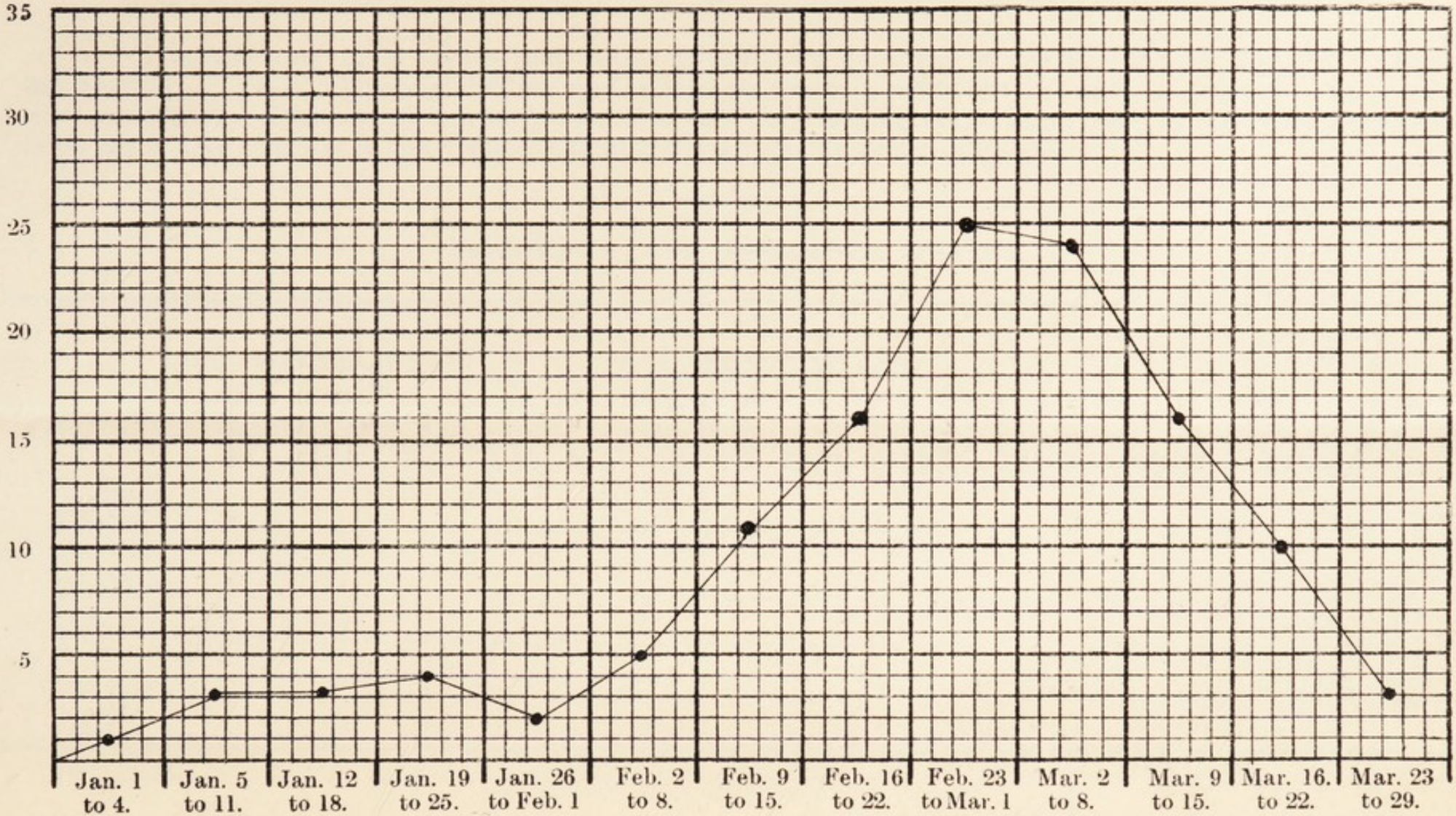

Table II. gives the death incidence in the various Wards. Of the 23 deaths in Balby Ward, 11 occurred in the Union. In St. George's, St. James', and the Central Wards, all in the heart of the town and where a considerable amount of poor property exists it is worthy of note that the smallest number of fatal cases were registered, the respective figures being 3, 7 and 10.

WARD.	Pneumonia Deaths.		Influenza Deaths.		TOTALS.	
	M.	F.	M.	F.	Pneum'nia Deaths.	Influenza Deaths.
Hyde Park ...	3	0	6	3	3	9
St. George's...	1	0	1	1	1	2
Wheatley ...	0	0	8	9	0	17
St. James' ...	0	1	2	4	1	6
Hexthorpe ...	4	2	5	7	6	12
East... ...	3	2	3	7	5	10
Balby ...	2	6	8	7	8	15
Central ...	2	1	4	3	3	7
St. John's ...	6	3	5	2	9	7

DEATHS FROM PNEUMONIA AND INFLUENZA.

	Hyde Pk.	St. G'rge's	Wheatley.	St. James'.	H'xthorpe.	East.	Balby.	Central.	St. John's.
Male ...	9	2	8	2	9	6	10	6	11
Female ...	3	1	9	5	9	9	13	4	5
Total ...	12	3	17	7	18	15	23	10	16

ADMINISTRATIVE ACTION TAKEN TO ARREST SPREAD OF THE DISEASE.

The measures to prevent the spread of the disease were similar to those taken in the previous epidemics and which were fully described in the Special Report on the Influenza Epidemics of 1918. In order that every notification of cases of Influenza Pneumonia should reach me I made arrangements with the local medical men to voluntarily notify the disease, a fee being paid for such notification and this measure was approved by the Public Health Committee early in January. The result was most gratifying: a considerable number of cases being promptly reported which were at once visited and advice and instructions given appropriate to the case, with Hospital treatment offered where such treatment was considered advantageous either in public interest or to afford the patient a fuller chance of recovery After recovery or in the event of death, complete disinfection of room, bedding and clothing was enforced. At a later date the Local Government Board enforced compulsory notification of the disease and this still remains in force.

School closure which was largely resorted to in the summer and late Autumn Epidemic of 1918 was seldom resorted to although School Attendance was in several instances greatly reduced by the disease. The reason for not closing the Schools — a measure which was undoubtedly beneficial in the previous outbreaks—was the inclemency of the weather. I deemed it better in the interest of the childeren who were able to attend School to have a constant inspection made of them to exclude at once any children presenting symptons of the disease and to allow the others to attend under conditions in which no hint of crowded class rooms existed, where ventilation and warmth were properly maintained and where their time was fully and pleasantly occupied in place of allowing them to spend a consideable proportion of these hours out of doors in the chilly damp weather then prevalent, and I am convinced by the result, that the question of school closure in epidemics of this disease and also in epidemics of Measles should be carefully considered in connection with climatic conditions in mild or warm weather is a factor of prime importance. In cold and especially damp cold weather with good school conditions more harm than good would probably ensue from general exclusion from school.

The following Poster was also widely exhibited within the Borough :

BOROUGH OF DONCASTER.

INFLUENZA.

The Ministry of Health report that Influenza is epidemic in America and Japan and Eastern Europe. There is considerable probability of another wave of Influenza developing in this country at an early date.

Influenza is particularly infectious during its early stages while the person who has contracted it still feels able to go about his duties and mix with his fellow-men. While no certain safeguard against the disease is as yet known to exist, it is important to pay attention to the following points :

PREVENTION OF INFLUENZA.

Infection may be guarded against by—

(*a*) Healthy and regular habits, and avoidance of :

(1) Fatigue.

(2) Chill.

(3) Alcoholic excess.

(4) Crowded meetings and hot rooms.

(5) Unnecessary travelling.

(*b*) Good ventilation in working and sleeping rooms.

(*c*) Warm Clothing.

(*d*) Gargling from a tumbler of warm water to which has been added enough permanganate of potash to give the liquid a pink colour.

CURE.

In the event of an attack of Influenza, the patient is advised to adopt the following measures with a view to securing a speedy return to convalescence and avoidence of complications :—

(*a*) At the first feeling of illness, or immediately on a rise of temperature, the patient should leave his work, go home and go to bed, he should keep warm and should send for the doctor.

(*b*) On convalescence, the patient should avoid meeting places and places of entertainment for at least one week after his temperature has become normal.

(*c*) Recovery should be fully established before return to work.

Influenza is dangerous mostly because of what may follow it

Influenza is spread by **Coughing** and **Sneezing,** and particularly by the disgusting habit of **Spitting** in public places.

D. LECHMERE ANDERSON.

SCARLET FEVER.

During the year 52 cases were notified. This marks the lowest incidence rate for Scarlet Fever since 1912. The great majority of the cases occurred between 5 and 15 years, which is the usual age period for an attack of the disease. No deaths occurred. 42 cases were removed to Carr House Hospital, and the remaining ten were treated at home. It is gratifying to note that a large number of cases are being treated at the Hospital, and this is undoubledly one of the causes of the reduced incidence of the disease. The absence of any deaths indicates that the type of Scarlet Fever, which occurs in the Borough, remains mild. This seems to be the type of Scarlet Fever which is prevalent throughout the country, but local authorities must be prepared to meet the contingency of a recurrence of the severe type of the disease, known as Black Scarlet.

DIPHTHERIA.

Twenty cases of Diphtheria occurred during the year with 4 deaths. 17 of the cases occurred in children under 15 years of age, and the remaining 3 cases in the age group 15-25 years. This is the lowest incidence of Diphtheria since 1912. Fourteen cases were removed to Carr House Hospital. Facilities for diagnosis and early treatment of Diphtheria are arranged for through the Public Health Department. Throat swabs are sent by the private practitioner direct to the County Council Laboratory, at Wakefield, and the results furnished direct to the practitioner sending the specimen. In the case of throat brushing, which are found to give positive evidence of Diphtheria, a copy of the report is sent to the Pnblic Health Office. A supply of Anti-Diphtheric Serum of recent date is available for poor patients, and this may be had on application, either at the Public Health Office or at Carr House Hospital.

ENTERIC FEVER.

Ten cases occurred during the year. The rate of incidence is considerably higher than the rate for the preceeding three years, but six of these cases occurred in one family. The first case was diagnosed as Tuberculosis, a disease which it closely resembles in certain stages. The following particulars of the outbreak are taken from the report of the Medical Officer of Health for the month of December.

SPECIAL REPORT ON OUTBREAK OF ENTERIC FEVER.

I have to report the occurance of a small localized outbreak of Typhoid Fever in the Borough last month. On December 13th, 5 cases were notified, all in the family of Grundy, 38, Albert Street. The patients, which included the mother and 4 children, were admitted to Carr House Hospital. It was ascertained that a daughter who had spent from the 18th to the 24th November, 1919, at No. 38, Albert Street, on a visit from Bradford, was in Leeds Inrfimary suffering from suspected Typhoid Fever. On enquiry at Leeds Infirmary the diagnosis was not confirmed. Herbert Grundy, another member of the family, took ill about the 13th September, and was notified as suffering from Phthisis on October 1st, 1919. This patient was examined, and

with the approval of the Family Medical Attendant, admitted to Carr House Hospital for investigation. The Widal Serum examination of the boy's blood established the fact that he was convalescent from Typhoid Fever. He was probably the cause of the outbreak in the remaining members of the family. The source of his infection is not apparent and is difficult to trace owing to the lapse of time before the case was brought to the notice of this department. The routine sanitary examination of the house did not reveal any defects. These six patients in the Hospital are making satisfactory progress.

Of the remaining four cases, two occurred in one household, and another was contracted outside the Borough. All the cases of Enteric Fever were removed for treatment to Carr House. One case terminated fatally.

ERYSIPELAS.

Thirty-one cases of Erysipelas have been notified during the year. This is considerably below the average for the last six years. The number is only one less than in the preceeding years. This disease is one which mostly attacks adults. The part affected mostly is the face, and one is inclined to wonder whether this disease is related to Impetigo, which so often attacks children, or if the skin of children is more liable to attack in its superficial layers, and the skin of the adult in its deeper layers.

OPTHALMIA NEONATORUM.

Eleven cases of the disease have been notified. The figure has been reached only once before since the disease became notifiable in 1914. This is essentially a preventable disease, and the incidence represents so much lack of care by the attendant at the birth of the child. A factor which must not be lost sight of is the marked prevalence of Venereal Disease which appears to have followed the return of the troops to this country. I am indebted to Dr. Reginald Wilson for the statistics of patients attending the Venereal Department of the Infirmary for the Borough of Doncaster. There were 90 cases during 1919 in attendance at this department.

MALARIA AND DYSENTRY.

In addition to Pneumonia, the diseases known as Malaria and Dysentry appear for the first time this year amongst the list of notifiable diseases. These two diseases are a legacy of the war, and all the cases notified have been contracted outside this country. One of the cases of Malaria was notified through the Military Board Medical Office at Wakefield. All the cases of Malaria and Dysentry are visited and the Sanitary inspection made of the home surroundings. Particular attention is paid to the routine administration of Quinine in cases of Malaria.

During the year under review there have been two cases of Puerperal Fever. There have been no cases of Smallpox, Typhus Fever, Poliomyelitis, Cerebro-Spinal Meningitis or Encephalitis Lethargic A.

The freedom of the Borough from Smallpox is noteworthy in spite of the very large number of children who are not vaccinated or insufficiently protected by vaccination. From observation made in the course of School Medical Inspection, it appears that this number is increasing. The argument

of the anti-vaccinator that the incidence of Smallpox has been reduced in the country by the general improvement in sanitation, and not to any extent by the practice of vaccination, may very soon be put to the test, and, if found wanting, the carrying out of preventive measures will entail a large measure of effort by the various Health Authorities in the affected district.

HOSPITAL OF INFECTIOUS DISEASES.

CARR HOUSE HOSPITAL.

This hospital is reserved mainly for the treatment of Scarlet Fever, Diphtheria and Typhoid Fever. Other diseases such as Measles, Influenza and Erysipelas have been admitted at times when there was accommodation available. The total accommodation is 56 beds, but at present the hospital is equipped for 46. The Hospital is an old Manor House, of which two large rooms and the laundry of the Manor House are used as wards. The remainder of the ground floor, and first floor, are used for administrative purposes. The second floor is vacant, as the conditions of the floors is unsafe. The accommodation is supplemented by three pavilions, one made of wood, one of wood and corrugated iron, and the third is a sectional hut. This last is in a state of disrepair, which renders it unfit for use. The site of the hospital is on low ground on the outskirts of the Borough, and until recently was some distance from the nearest dwelling house, but building operations are now in progress in the vacant ground adjacent to the hospital premises. The hospital is joined up to the Borough gas, water and sewage systems.

Although no criticism can be passed as regards accommodation during the present low incidence of the Infectious Diseases treated in the hospital, yet this low incidence may not continue, and, as in the past, the accommodation may be severely taxed. The construction and arrangement of the Manor House makes the hospital difficult and at times costly to work, and this, taken in conjunction with the increase in the number of houses in the locality in which the hospital is situated, and the rapidity with which the Borough is growing, forces one to the conclusion that the time is now ripe for the consideration of the question of the erection of a hospital constructed on new and modern lines on a more suitable site.

The existing staff of the hospital consists of a Caretaker and his wife. The former carries out the disinfection of articles from infected homes and from the hospital, and also acts as ambulance driver, and the latter acts as housekeeper.

The nursing staff consists of two trained nurses and two probationers. Nursing assistance has to be obtained from the Local Nursing Home when necessary. There are also two Ward Maids, a Kitchen Maid and a Cook. The Caretaker has also a Male Assistant.

ANNUAL REPORT OF THE CHIEF HEALTH VISITOR FOR 1919.

HOME VISITATIONS.

During the year 4,067 homes were visited. 2,619 visits were paid to infants under one year of age, 805 of whom were seen within a few hours or days of birth.

The total number of these babies who died under 1 year was 36, making a mortality rate of 42·0 per 1,000, or about half the general mortality rate.

No less than 270, or 31·50, were born in houses occupied by more than one family. This figure is an ncrease on any previous year. At the same time, it is no criterion of the overcrowding conditions which may prevail, as many of the homes are quite large enough for two families, but it does show that many people are waiting to get into houses of their own when the necessary houses are built.

The methods of feeding were :—

Naturally fed	716
Partly Naturally fed ..	49
Artificially fed	91

83·6% of mothers were able to feed their babies naturally, so that 716 babies had a good and safe start in live by obtaining a pure unadulterated supply of food. Now, the next best food is cow's milk, but because of the —at present—limited, unsatisfactory and unreliable supply, the majority of our mothers have turned to dried milk when the natural supply had ceased or has had to be supplemented. Dried milk has much to be said in its favour. It can always be purchased. It is more constant in quality and is produced under more hygienic conditions than cow's milk and is free from contamination by dust and dirt when it is placed in the hands of the mothers, but, quite apart from these facts, the reason of its popularity is that mothers' think that because this milk is in a powder that it is a more satisfying food for the infant than the fluid cow's milk.

Because of this opinion, we find that rusks, bread sops, and other starchy unsuitable foods are not given to anything like the same extent as formerly was the case when cow's milk was more extensively used.

1,763 babies were re-visited periodically, and 202 children between the ages of one and five were visited and 201 revisited. Advice on management, feeding, clothing and minor ailments was given applicable to each individual case.

ANTE-NATAL VISITS.

122 Ante-natal cases were visited, and 119 re-visits made.

OPHTHALMIA NEONATORUM.

11 cases of this disease were reported. This is an increase of 4 on last year, and although there is no doubt that greater precautions are taken at birth to prevent this disease, the cases that are reported are only the severe ones. Only in two cases was a Midwife concerned.

EARLY NOTIFICATION OF BIRTHS.

Total number of Births notified by Doctors	713
Total number of Births notified by Midwives	337
Total number of Births notified by Parents	36
Late Notification	12
Total, ..	1098

TUBERCULAR DISEASE.

72 new cases of Tubercular Disease were visited, and 444 re-visits were paid. Arrangements were made in 26 cases to disinfect the homes where deaths had occurred from this disease.

PNEUMONIA.

123 new cases of notified Pneumonia were visited, 81 re-visited, and arrangements were made in all cases to disinfect the homes where the cases had occurred.

INFANT WELFARE CENTRE.

This branch of Public Health Work continues to increase in usefulness and importance, until at the present time, the Infant Welfare Centre is firmly established as one of the recognised institutions in the town.

At the commencement of the year there were 155 names on the register, and at the end of the year there were 671 members, with an average weekly attendance for the year of 103 babies.

The Nursery has been opened one day per week. Here, children under school age were left in charge of a nurse while their mothers were engaged with the babies in the consulting and tea rooms.

This lessens the congestion in the rooms, allows the mothers to give their undivided attention to the babies, and is the means of bringing many mothers to the Welfare who could not otherwise attend if they had to leave these little ones at home.

During the winter months lectures and social evenings were held, which were of great benefit in drawing the Mothers together and were much appreciated by them. More than half of the total number of babies born in the Borough became members of the Centre.

13 deaths occurred of Clinic babies, 11 under 1 year and 2 above, making a mortality rate of 18 per 1,000.

10 were below the normal weight when admitted, and of these only 3 were, or had been, naturally fed. 7 died of Pneumonia or Bronchitis, 1 of Tuberculosis, and 2 of Marasmus.

Three were above the normal weight when admitted, and were all naturally fed. Death was due to Bronchitis, Whooping Cough and Septicaemia.

There is no doubt about the value of the work. The more educated and intelligent the mother, the more benefit does she derive from her visits. Baby feeding and management, as practised by some mothers (not wilfully neglected ones) is literally and without exaggeration murder by slow torture. The chief complaint from which our babies suffer is indigestion caused by wrong methods of feeding and mothering, and that so many survive the treatment is due only to the strong vitality and resistability of disease of the baby itself. Of course, in later life, the damage becomes apparent in many forms.

Vital Statistics of Whole District during 1919 and previous Years.

Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths.		Nett Deaths Belonging to the District.			
		Uncorrected Number	Nett.						Under 1 Year of Age.		At all Ages.	
			Number	Rate	Number	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Number	Rate per 1000 Births.	Number	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1913	30880	741	746	24·1	476	15·4	43	74	106	142·0	507	16·4
1914	31039	702	712	22·9	477	15·3	51	69	99	139·0	495	15·9
1915	50960	1193	1195	23·4	787	15·4	76	34	119	99·6	745	14·6
(for Death-rate) 1916	*49980	1280	1278	23.5	797	15·9	97	37	133	104·0	737	14·7
(for Birth-rate)	*54380											
(for Death-rate) 1917	*48182	1008	996	18·6	758	15·7	94	29	110	110·4	693	14·4
(for Birth-rate)	53714											
(for Death-rate) 1918	*47475	1021	1012	19·2	889	17·2	125	42	98	96·8	806	16·1
(for Birth-rate)	*53194											
(for Death-rate) **1919**	***51592**	**1072**	**1053**	**19·5**	**799**	**15·4**	**81**	**20**	**86**	~~80·2~~ 81·6	~~73~~ 710	~~14·3~~ 13·4
(for Birth-rate)	***53743**											

Area of District in acres, land and inland water, 1,693 Total population at all ages, 30,516 at Census of 1911.

* These figures furnished by the Registrar General

NOTIFICATION OF INFECTIOUS DISEASE.

Years.	No. of Cases.	Average No. of Cases.														
		Small-Pox.	Scarlet Fever.	Diptheria and Membranous Croup.	Enteric Fever	Typhus.	Puerperal Fever.	Erysipelas.	Poliomyelitis.	Ophthalmia Neonatorum.	Measles.	Cerebral Spinal Meningitis.	Pneumonia	Malaria	Dysentery	Encephalitis Lethargia
1893-1902	255	1·3	157	27·3	26·9	0	1·4	38·1	0	0	0	0	0	0	0	0
1903-1912	157	3	74·6	29·9	16·5	0·1	2	22	0·1	0	0	0	0	0	0	0
1912	65	0	11	18	14	0	0	21	1	0	0	0	0	0	0	0
1913	178	0	87	42	8	0	3	38	0	0	0	0	0	0	0	0
1914	371	0	235	41	33	0	0	56	1	5	0	0	0	0	0	0
Borough Extended																
1915	400	0	234	79	17	0	6	46	0	7	0	1	0	0	0	0
1916	1401	0	183	51	4	0	4	40	2	11	1105	1	0	0	0	0
1917	684	0	103	52	7	0	1	40	1	10	469	3	0	0	0	0
1918	349	0	66	66	2	0	0	32	1	6	176	0		0	0	0
1919	**1597**	**0**	**52**	**20**	**10**	**0**	**2**	**31**	**0**	**11**	**1291**	**0**	**160**	**17**	**3**	**0**

CAUSES OF DEATH IN DONCASTER.

CORRECTED LIST FOR REGISTRAR-GENERAL.

	CAUSES OF DEATH.	Males	Females
	ALL CAUSES	368	342
1	Enteric Fever	—	1
2	Small-Pox	—	—
3	Measles	14	14
4	Scarlet Fever	—	—
5	Whooping Cough	1	1
6	Diphtheria and Croup	3	2
7	Influenza	47	47
8	Erysipelas	1	—
9	Pulmonary Tuberculosis	15	25
10	Tuberculous Meningitis	1	5
11	Other Tuberculous Diseases	4	5
12	Cancer, Malignant Disease	28	32
13	Rheumatic Fever	—	1
14	Meningitis	2	—
15	Organic Heart Disease	38	39
16	Bronchitis	43	37
17	Pneumonia (all forms)	29	18
18	Other Respiratory Diseases	1	6
19	Diarrhoea, &c. (under 2 years)	1	2
20	Appendicitis and Typhlitis	1	2
21	Cirrhosis of Liver	—	—
21A	Alcoholism	—	—
22	Nephritis and Bright's Disease	4	5
23	Puerperal Fever	—	1
24	Parturition, apart from Puerperal Fever ...	—	2
25	Congenital Debility, &c.	16	12
26	Violence, apart from Suicide	9	4
27	Suicide	3	1
28	Other Defined Diseases	104	78
29	Causes Ill-Defined or Unknown	3	2
	Special Causes (included above):		
	Cerebro-Spinal Fever	—	—
	Poliomyelitis	—	—
	Deaths of Infants under 1 year of Age ...	55	31
	Total Illegitimate	7	4
	Total Births	559	494
	Legitimate	520	461
	Illegitimate	39	33
	Population for Birth-rate	53,743	
	,, ,, Death-rate	51,592	

SANITARY INSPECTORS' REPORT

FOR THE YEAR 1919.

NUISANCES.

Complaints Received and Dealt with		223
Inspections		2397
Prelimary Notices Issued (Written and Verbal)		432
Statutory Notices		0
Notices Complied with		406
Notices not fully Complied with		26
Reports made to other Departments		14
Inspection of School Premises		32
Inspection of Common Yards		95
Inspection of Caravans		12
Drains Tested		13
Nuisances Abated (comprising as follows):		714
Ashpits repaired or provided with Doors	32	
,, Abolished	1	
,, Limewashed (after cases of disease)	36	
Accumulation of Offensive Rubbish removed	11	
Dwelling Houses (Roofs, Floors, Walls, Fireplaces or Chimnies repaired)	35	
Dwelling Houses, Windows made to open	12	
,, or Rooms Cleansed	9	
,, New Coppers provided	6	
,, Closed	1	
Drains cleaned out, Repaired or Retrapped	130	
Drains removed from inside of Houses or Cellars ..	2	
Drains relayed or additional Gullies fixed	4	
Drains removed from inside Dairies	2	
Dykes cleaned out	2	
Gullies cleaned out	2	
Inspection Chambers provided to Drains	1	
,, ,, ,, with New Covers ..	1	
Cesspools abolished	1	
,, repaired or ventilated	1	
Additional W.C.'s. provided	3	
Ventilating Pipes repaired	8	
Eaves, Gutters and Fall Pipes cleaned out or repaired ..	51	
Rainwater Fall Pipes disconnected from Drains ..	1	
W.C.'s repaired	66	
,, furnished with New Pans	36	
,, ,, Water (supply pipes repaired) ..	25	
,, or Privies cleansed	16	
Nuisances from keeping of Animals dealt with ..	31	
,, Overcrowding dealt with	3	
,, ,, Flooded Cellars dealt with	3	
New Sink Stones provided	20	
Water Service Pipes repaired or renewed	19	

Privies repaired	18
Privies converted in W.C.'s	10
Sanitary Ashbins provided	46
Water Pipes cleaned out or repaired	18
Yard Paving or Channels repaired	9
Yards cleansed	8
Bakehouses cleansed	20
Fried Fish Shops cleansed	1
Workshops cleansed	5
Unventilated Gas Stoves in Workrooms	3
Miscellaneous	5

INFECTIOUS DISEASES.

Inspections made	1376
Visits *re* Isolation of Cases	94
Rooms Inspected after Disinfection	97
Rooms, Articles of Clothing, etc., Disinfected	2193
Notices sent to Schools	123
Notices sent to Public Library	47

CONTAGIOUS DISEASES OF ANIMALS ACTS.

Cases Reported	18
Cases Confirmed	7
Cases not Confirmed	11
Visits to Infected Premises	74
Inspections of Cattle Trucks and Sidings	104

SALE OF FOOD AND DRUGS ACTS.

No. of Samples taken (comprising as follows)		100
New Milk	54	
Margarine	14	
Lard	14	
Coffee	6	
Pepper	5	
Butter	4	
Humanised Milk	1	
Vinegar	1	
Whisky	1	
No. of Samples found Adulterated		14
No. of Cautions Issued		5
No. of Cases in which Legal Proceedings were Instituted		9

Total amount of Fines (including costs) £219 5s. 6d., and in one case the Vendor was also sentenced to 3 months imprisonment.

MILK AND CREAM REGULATIONS.

Samples of Milk Examined	55
Contraventions	0

SLAUGHTER HOUSES, SHOPS AND MARKETS.

Public Slaughter Houses	1
Private Slaughter Houses	2
Inspection of Slaughter Houses, Shops and Markets	319
Animals killed at the Public Slaughter Honses	28910
,, ,, Private Slaughter Houses	717
Offensive Trades (including Fried Fish Shops and Marine Stores in the Balby with Hexthorpe area)	14
Inspections	49
Fried Fish Shops on Registrar	41
Inspections	43
Ice Cream Shops on Register	30
Inspections	32

UNSOUND FOOD.

The iollowing is a list of Food condemned and destroyed or otherwise disposed of, so that the same could not be used for Human Food :—

At the Public Slaughter House	Whole Carcases	..	204
	Forequarters Beef	..	8
	Hindquarters Beef	..	1
	Beef ..	(lbs)	129
	Frozen Beef	,,	772
At the Private Slaughter Houses	Whole Carcases	..	6
	Forequarters Beef	..	2
	Sets of Offals	..	5
	Beast Livers	..	3
	Pig Heads	..	2

At Shops and Warehouses	Boned Beef	540 lbs.
	Corned Beef	42 lbs.
	Bacon and Ham ..	881 lbs.
	Rabbits ..	175 Couples
	Sausages	16 lbs.
	Bags of Mussels and Cockles	14
	Barrels of Crabs & Lobsters	2
	Boxes of Mackerel ..	42
	Barrels of Herrings & Sprats	21
	Boxes of other Fish ..	37
	Fish	1400 lbs.
	Cheese	10 lbs.
	Frozen Eggs	20 lbs.
	Tins of Milk	23
	Boxes of Raisins ..	13
	Dessicated Cocoanut ..	138 lbs.
	Hampers of Plums ..	60
	Tomatoes—80 baskets and .66 lbs.	
	Dates—359 boxes and 407 lbs.	

In addition to the above, and at the request of the Executive Officer of the Local Food Control Committee, I have examined and certified as unfit for human food the following :—310 Stones of Flour ; 556 lbs. of Bread ; 660 lbs of Butter.

COWKEEPERS AND MILK PURVEYORS.

No. on Register	47
Inspections	100

FACTORIES AND WORKSHOPS.

Workshops on Register	184
No. of Outworkers (February List)	23
,, ,, (August List)	19
Inspections	248
Reports from Factory Inspector	8

CANAL BOATS.

On Register	134
Inspections	62
Persons on Board (Adults)	114
,, ,, (Children)	34
Contraventions	12

LODGING HOUSES.

On Register	7
Inspections	641
General Conditions	Satisfactory

SCAVENGING.

Privy Middens Emptied	13,469
Dry Ashpits Emptied	7,803
Sanitary Bins and Boxes Emptied	Weekly
Loads Removed, Nightsoil	5,233
,, ,, Dry Ashes	3,772
,, ,, Bell Cart Refuse	6,677

DISPOSAL OF NIGHTSOIL.

Loads to the Destructor	845
,, ,, Low Pasture	4,374
,, ,, Balby Tip	14

DISPOSAL OF DRY ASHES.

Loads to the Destructor	1,067
,, ,, Low Pasture	2,664
,, ,, Balby Tip	31
,, ,, Marshgate Tip	10

DISPOSAL OF BELL CART REFUSE.

Loads to the Destructor	3,066
,, ,, Balby Tip	1,986
,, ,, Low Pasture	1,605
,, ,, Marshgate Tip	20

HOUSING REGULATIONS.

No. of Dwelling Houses Inspected	767

SANITARY ACCOMMODATION :—(Approximate)

Dwelling Houses provided with Privies and Ashpits	3,533
,, ,, ,, Dry Ashpits	2,280
,, ,, ,, Sanitary Bins or Boxes	6,669

POISONS AND PHARMACY ACT.

Persons Licensed	4
Inspections	3

HERBERT INNOCENT, Sanitary Inspector.

MAY, 1920.