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# DORSET COUNTY COUNCIL.

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## *ANNUAL REPORT*

of the

**MEDICAL OFFICER OF HEALTH**

**J. E. ROBINSON, M.B., B.S. (Lond.), D.P.H. (Lond.)**

*For the Year 1925.*

**with Abstracts of Reports of  
District Medical Officers of Health.**

July 28th, 1926.



The Minister of Health requires that a Survey Report of the health conditions be furnished every fifth year.

**VITAL STATISTICS.** (See Tables I. & III).

**Population.**—According to the estimates of the Registrar-General, the population of the county in 1920 was 216,727. The population in 1925 was 224,000, an increase of 7,273. In the Urban Districts in 1920 the population was 115,775, and in 1925, 119,500. In the Rural Districts, in 1920 it was 100,952, and in 1925, 104,500.

**Birth-Rate.** The nett number of births registered in the County was 3,724, and the *nett* birth rate was 16.2. The birth-rate for England and Wales was 18.3.

In 1920 the birth-rate was 22.3. This was an abnormal figure, a result of demobilization. In 1921 it was 19.4. In 1925 the rate had fallen to 16.2. To the housing difficulty and unemployment must be largely ascribed the fall in the birth-rate, but in addition, present social conditions do not encourage family life.

		Rates in previous decennium :—									
Year	...	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924
Birth-rate	...	18.6	19.1	15.8	15.9	16.	22.3	19.4	18.1	17.1	16.5

**Death-Rate.** The nett number of deaths registered in the County was 2,533 and the *nett* death rate was 11.3. The death rate for England and Wales was 12.2. In 1920 it was 11.8 for the County.

		Rates in previous decennium :—									
Year	...	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924
Death-Rate	...	14.2	13.9	14.7	15.2	13.7	11.8	11.4	12.7	11.4	12.1

**Chief Causes of Death.** The number of deaths from *arterial diseases* (apoplexy, etc.) vary little year by year. They numbered 322 in 1921 and 319 in 1925. Over a series of years, the increase of deaths from *Cancer* is not marked; it was 300 in 1920 and 321 in 1925. The deaths from *Influenza* vary according to the extent of the disease and its severity. The number of deaths from *Pulmonary Tuberculosis* in 1925 was 139: this is the lowest figure recorded in the county. The deaths from *congenital weakness* numbered only 101, another low figure.

**Infantile Mortality.** The number of deaths of infants under one year of age was 194, a decrease of seven below the previous year. The infant death-rate is measured by the number of deaths per 1000 births. The number of births in 1925 was 3,724, and the infant death-rate was therefore 52. In 1920 it was 57. In 1915, the year before Infant Visiting commenced, it was 81.

		Rates in previous decennium :—									
Year	...	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924
Infantile Mortality	...	81	67.	68.	63.	66.	57.	53.	58.	57.	53.

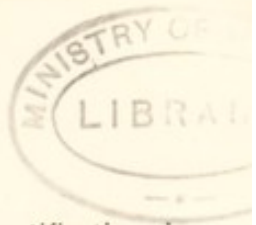
The Infant Death-rate for the County is 23 below that of England and Wales, but a lower figure should be attainable. The smaller districts shew a considerable variation in the rate from year to year, since one or two deaths make a great difference in the rate.

As regards the *area under the County Council Maternity & Child Welfare Scheme*, the infantile mortality for the year 1925 is the lowest on record, the rate being only 44. The lowest rate previously recorded was in 1921 when it was 46. In 1915 it was 77.

**Deaths among Illegitimate Infants.** The illegitimate births numbered 166. The deaths among illegitimate infants numbered 14 for the whole County, a death-rate of 84. Five of the deaths of illegitimate infants occurred in the Borough of Poole (the illegitimate births were 36) and the remainder in the rest of the County, excepting one in the Borough of Weymouth, where for the first time in three years, the death of an illegitimate infant is recorded. This testifies to the great efficiency of the Infant welfare work in the Weymouth Borough. In the County area, exclusive of Poole and Weymouth, the illegitimate births numbered 111, and the deaths of illegitimate infants numbered 8, as compared with 10 in the previous year.

**Maternal Mortality :—**There were 8 deaths from puerperal sepsis, and 7 deaths from diseases and accidents of childbirth, making 15 in all. Of these 6 occurred in the Borough of Poole and the remaining 9 in the rest of the county.





## TUBERCULOSIS

### NOTIFICATIONS.

Excluding duplicate notifications and cases previously notified, the number of primary notifications in 1925 was 342.

*Pulmonary Tuberculosis.* The primary cases, notified in 1925, numbered 260.

*Non-Pulmonary Tuberculosis.* The number of primary cases of non-pulmonary tuberculosis notified in 1925 was 82.

Age-periods.	0	1	5	10	15	20	25	35	45	55	65 & upwards	Total Primary Notifications
	to 1	to 5	to 10	to 15	to 20	to 25	to 35	to 45	to 55	to 65		
Pulmonary Males ...	—	—	5	3	12	17	35	27	20	11	2	132
Pulmonary Females ...	—	1	10	8	15	23	32	15	15	6	3	128
Non-pulmonary Males ...	2	3	4	13	6	3	8	2	1	—	1	43
Non-pulmonary Females ...	2	4	4	7	5	3	9	2	1	1	1	39

**DEATHS.** The total number of deaths in the County from all forms of Tuberculosis during 1925, was 169, of these 139 were from pulmonary tuberculosis (phthisis) and 30 from other forms such as hip and spinal disease, tuberculosis, peritonitis, tabes mesenterica, etc.

	1911	*1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Notifications (Pulmonary)	—	369	320	234	201	222	179	358	275	326	402	289	274	292	260
Deaths (Pulmonary)	175	141	148	144	157	167	173	214	204	166	142	174	168	152	139

\* First year all pulmonary cases compulsorily notifiable.

The Local Sanitary Authorities are responsible for enforcing the notification of cases of tuberculosis. The County Council have no power in the matter.

Owing to faulty notification the deaths from the disease still form the most reliable criterion as to the prevalence of the disease.

*County Homes.* In 1920 were opened the two County Residential Institutions for the treatment of pulmonary tuberculosis. The "Nirvana" Home for 20 patients, situated at Parkstone, was opened in January, 1920, and the "Beckford Home" at Warminster was opened in the following May. This last Home was the gift to the county of Miss Gertrude Pitt. It is a beautiful modern mansion, situated among ideal surroundings.

Both these Homes have proved of inestimable benefit to the county for the treatment of tuberculosis patients. Before they were opened the county was dependent on outside institutions, and many patients were refused admission to them in spite of the fact that residential treatment was essential. Although it was prophesied by some critics before the County Homes were opened, that such small institutions could not be conducted on economical lines, the past five years' experience has entirely disproved this contention, and although every possible item of cost is charged to the institutions, nevertheless, their maintenance rates are among the lowest of the tuberculosis institutions in the country. The dietaries are excellent, both as regards quality and quantity.

The "Nirvana" Home is now approved for 22 patients, and the "Beckford Home" for 30 patients, but the actual number of beds provided in the latter institution is 28.

In 1924 an agreement was made with the Corporation of Weymouth for the admission of patients suffering from pulmonary tuberculosis to certain blocks reserved for this purpose at the Borough Isolation Hospital. This has been found of benefit for patients who do not desire to go far from home, or for those patients who wish for a more bracing air.

In 1921 (by Sec. 4 Insurance Act 1920) Sanatorium Benefit ceased to be a benefit under the Insurance Act, 1911, and the onus of providing *Institutional* treatment became the entire responsibility of the County Council. The Insurance Committee had for nearly 10 years been responsible for the administration of this form of benefit, but they had been much handicapped owing to the fact that they were obliged to make their arrangements for institutional treatment through the County Council, and they were very limited as to funds.

Since 1920, there has been great progress under the Tuberculosis Scheme. While the original agreement provided only a total of 25 beds for insured and non-insured patients, and the provision was mainly restricted to cases of early pulmonary tuberculosis, the number of beds now provided is 76, and, in addition, 15 beds for ex-service patients. Institutional treatment is available for all stages and varieties of tuberculous disease, and no patient who really requires institutional treatment need go without.



## TREATMENT UNDER THE COUNTY SCHEME. (See Table IV.).

**Applications.** The number of new applications for treatment was 367 (130 from insured persons, and 237 from non-insured persons). Upwards of 800 persons received treatment under the County Scheme. The number of persons treated at the Dispensaries was 514, at the Sanatoria 137, at the Home for advanced cases 84, and at the Hospitals for surgical cases, 67.

**Dispensary Treatment.** Besides acting as diagnostic centres, the Dispensaries provide systematic examination and systematic treatment for a very large number of patients, who would otherwise receive little if any, examination or treatment. Nearly all the notified cases attend the Dispensaries for examination, and sixty per cent. attend for treatment. The Dispensaries enable the Tuberculosis Officers to keep in touch with the majority of the cases.

### Resident Institutional Treatment.

*The "Nirvana" Home, Parkstone.* This is the County Home for the more advanced cases of the disease. Seventy-two patients were admitted during 1925. The average duration of stay was 99.6 days. Average number under treatment 19.2.

*The "Beckford Home" Sanatorium, Warminster.* This is the County Home for early and intermediate cases. It is approved for 30 patients. One hundred and three cases were admitted during the year. The average duration of stay was 82.8 days. Average number under treatment 22.3.

*Children* suffering from pulmonary tuberculosis are sent to the Church Army Sanatoria at Fleet and Heath End and also the St. Catherine's Home at Ventnor. *Pre-tubercular* children are sent to Swanage Children's Hospital.

As regards *non-pulmonary* tuberculosis, adults are sent under the County Scheme to the Weymouth and District Hospital, the Dorset County Hospital, and the Yeatman Hospital. Children are chiefly sent to the Treloar Hospital at Alton, the Red Cross Memorial Hospital at Swanage and the Dorset County Hospital. The Royal Victoria and West Hants Hospital has been approved for surgical cases.

**Tuberculosis Health-Visiting.** The whole County is covered by the Scheme. It is carried out chiefly by the whole-time Nurses, but the District Nurses also assist. Quarterly routine reports are made, in which definite information is required on important matters affecting patients. Interim special visits and reports are also made. The number reported on during the year was 807, the number of visits being 3860.

*Table—Analysis of Health Visitors' Reports on Patients.*

Inquiries made by Health Visitors.	Affirmative Replies.	Negative Replies.
Observing rules for <i>Treatment satisfactorily</i> ...	695	12
Taking proper <i>precautions</i> ...	692	10
Using a <i>sputum flask</i> ...	491	321
Sleeping alone in a <i>separate bedroom</i> ...	522	278
Sufficient <i>nourishment</i> ...	701	21
Properly <i>looked after</i> ...	687	1
Requiring <i>special nursing</i> ...	33	665

\*245 of these had no sputum and were therefore probably *non-infective*.

†No Sputum.

Inquiries are also made as to evening temperature, need of a shelter, if confined to bed, if desirous of entering a Sanatorium or Home.

It will be observed that the reports on specific matters inquired into are generally favourable, and that the conditions of tuberculosis patients under treatment in their own homes is better than is usually supposed. The number who do not sleep alone is large—278—but of these 245 were reported to have no sputum, and so were presumably non-infective.

In the case of an infective person who does not sleep alone in a separate bedroom, the patient is urged to sleep alone, or is offered a shelter or admission to sanatorium. The Health Visitor makes repeated visits to secure that one of the alternative courses is followed. No action for compulsory removal has been taken under Section 62 of the Public Health Act, 1925.



**Examination of Contacts.** Provision has been made for the examination of contacts of all cases with tubercle bacilli in their sputum. The number of contacts reported on during the year was 289, of these, 14 were referred to the Dispensaries for further examination.

**Milk Grants.** 80 daily grants of one pint of milk were available for patients during the year.

**Shelters.** Sixty shelters have been provided and the Health Visitors report quarterly whether the patients are using them regularly, whether the patients require them, and whether repairs are needed.

**Laboratory Examinations.** These were carried out by Dr. Smith at the County Laboratory. During 1925 the number of Specimens of sputum examined for Tubercle Bacilli were 826. Bacilli were found present in 31 per cent. of the specimens of sputum examined.

### MATERNITY AND CHILD WELFARE.

There has been considerable progress during the past five years, especially in three respects, viz. :—(1) the provision of lying-in accommodation (maternity beds) ; (2) the provision of midwives ; (3) the increase in the number of welfare centres.

*Lying-in Accommodation.* In 1919 the only hospital providing maternity beds was the Princess Christian Hospital at Weymouth. In 1922 an agreement for the admission of 12 cases was made with the County Hospital at Dorchester, and in 1924 an agreement was made with the Cornelia Hospital at Poole. It is hoped to make an agreement with the Yeatman Hospital at Sherborne. Assistance is given to patients from this county admitted to the Salisbury Infirmary and the Yeovil Maternity Home. In 1921, 18 maternity patients were admitted under the Scheme, and in 1925, 47.

*Provision of Midwives.* The provision of trained midwives for the county districts is nearly entirely undertaken by the County Nursing Association, through the formation of district nursing associations, the formation of new associations being organized by the Honorary Secretary, Miss Castleman-Smith, and the County Nursing Superintendent. The number has increased from 48 in 1920 to 72 in 1926. Thanks to their work, there remain only a few areas in the county for which a trained midwife is not available.

*Welfare Centres.* New Centres have been provided at Swanage and Wareham. The Beaminster Centre, which was closed for 7 months, has now been re-opened in new premises, and is carrying on with renewed vigour.

An increase in the number of centres is very advisable, but there is difficulty in obtaining suitable premises for centres, and in supplying the necessary staff.

**Scheme.** The whole County is covered by the County Scheme *except the Boroughs of Poole and Weymouth*, which have their own Schemes. The County area is divided into eleven districts, five of which are worked by the County Council Nurses, and the remaining six by the County Nursing Superintendent, and her Assistant Health Visitors assisted by 60 district nurses. About 40 per cent. of the Health Visitors' time is allotted to Maternity and Child Welfare.

The Scheme for Maternity and Child Welfare was adopted in 1916, and since 1915 there has been a marked fall in the infantile mortality in the area of the County covered by the County Scheme, as well as in the areas covered by the Poole and Weymouth Schemes.

#### Infantile Mortality in area covered by County Scheme 1911-1925 :—

Year ...	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Infantile Death-rate	78	54	70	65	77	61	65	57	61	54	46	54	59	51	44

*Notification of Births Acts.* In view of the large number of births which were not notified and the waste of time and money involved, in duplicate notifications and postages, the Minister of Health made an Order transferring the administration of the Acts to the County Council as from 1st August, 1922.

#### Infant Visiting during 1925.

	(exclusive of Boroughs of Poole and Weymouth).			<i>Infants Deaths.</i>		
Number of Births Registered—	Legitimate	2449.	Illegitimate	111.	Total 2560.	Legitimate 106
Number of Births Notified—	Live Births,	2467.	Stillbirths	78.	Total 2545	Illegitimate 8
	By Midwives,	1379.	By Doctors and Parents,	1166.)		Total 114

(Note.—Particulars are also obtained from the Registrar's returns of births registered but not notified).



The County Nursing Association are now carrying out Infant Visiting duties for the County Council over two-thirds of the county area, and the work is remarkably well done.

The infantile mortality in this county has always been very low, and during the past year there has been a further marked reduction, the rate being only 44 (excluding the two boroughs outside the County Scheme). The *maternal* deaths numbered only nine.

This is satisfactory, as it is evidence that the expenditure on maternity and child welfare is not wasted and that the work of the health visitors and nurses is bearing good results.

#### Summary.

No. of Cards issued to Health Visitors during 1925	(births) ... ..	2545
	(inward transfers) ... ..	46
	(births obtained from Registrars' Returns which have not been subsequently notified) ... ..	13
		2604
Left District Not traceable Over Rental limit Objection to visits	}	458
No. of Infants reported on, born during 1925	... ..	2018
Total number of Infants visited during 1925	... ..	4144
Total number of Visits to Infants	... ..	21,280
Average number of Visits to each Infant	... ..	5

#### Maternity and Child Welfare Centres.

The attendances at the Centres during the year ended 31st December, 1925, were as follows:—

	<i>Date of opening.</i>	<i>Number of Persons.</i>	<i>Attendances.</i>	<i>Number of times opened.</i>
*Dorchester	15th April, 1919	... 112	... 611	... 50
Beaminster	25th Oct., 1917	... 38	... 340	... 42
Blandford	15th Aug., 1918	... 77	... 408	... 24
Lyme Regis	14th May, 1918	... 63	... 532	... 43
Sherborne	31st Oct., 1918	... 60	... 461	... 48
*Bridport	Jan., 1920	... 67	... 349	... 25
*Swanage	10th Dec., 1920	... 48	... 173	... 25
Gillingham	Jan., 1921	... 39	... 527	... 50
Wareham	April, 1923	... 72	... 540	... 51

\* County Council Centres. The others are Voluntary Centres receiving a grant in aid.

The Assistant Medical Officers attend at the County Council Centres and also at the Lyme Regis and Wareham Centres. At the other Voluntary centres during 1925 arrangements have been made with local medical practitioners.

#### Lying-in Accommodation.

The County Council have made arrangements with the Hospitals mentioned below for the admission of maternity cases. A contribution is required under the County Scale.

During the year 1925, the following cases were admitted to Hospital:—

Name of Hospital	No. Admitted	Average Length of stay	Total cost		Contributions by patients according to scale	
			£	s. d.	£	s. d.
Weymouth and District ...	10	20.9 days	103	1 0	28	15 0
Dorset County ...	30	32 7 "	281	5 0	80	9 4
Cornelia Hospital, Poole ...	4	18 "	32	13 7	12	4 0
Salisbury Infirmary ...	2	24 "	12	9 6	Nil	
Yeovil Maternity Home ...	1	27 "	10	0 0	3	0 0

#### Children under 5 years of age.

Two children were admitted for hospital treatment under the Welfare Scheme.

### Provision of Midwives.

The Midwifery Service in the County consists of :—

1. *Nurse-Midwives* provided by the *District Nursing Associations* affiliated to the County Nursing Association. These now number 73.

The County Council have increased their grant for this purpose to £2140 in 1926-27, so that all districts may be provided with a qualified midwife.

The number of new districts formed during the year was three. When the County Nursing Association was formed in 1912 there were only 20 district nursing associations in the County. There are now 72.

2. *Subsidized Midwives*.—Three Midwives receive a direct subsidy from the County Council. They reside at Dorchester, Lyme Regis and Kinson. The Midwife at Portland receives a subsidy through the County Nursing Association.

3. Midwives provided by *non-affiliated Nursing Associations* :—There remain only one of these, the others having become affiliated.

4. *Independent Midwives* :—These practice nearly entirely in Weymouth and Poole Boroughs. They number 12.

### ADMINISTRATION OF THE MIDWIVES ACTS.

The administration of the Midwives Act is under the Public Health and Housing Committee. A special Sub-Committee of this has been appointed to deal with urgent cases. The Local Sanitary Authorities are asked to co-operate with the supervising Authority by reporting cases of malpractice, negligence or misconduct, and in furnishing information where a midwife has been exposed to infection, or a case of puerperal fever has occurred in her practice.

The number of certified midwives on the County Register at the end of the year was 111. Of these, 104 had been certified by examination and 7 by reason of having been in *bona-fide* practice prior to the passing of the Act.

During the year 283 visits were made for inspection purposes 279 being routine and 4 special visits, instructions were issued to 65 Midwives respecting the keeping of their registers and the conditions of their instruments and appliances. Several uncertificated women who were suspected of having acted as Midwives habitually and for gain were warned.

The inspections have been carried out partly by the County Nursing Superintendent and County Health Visitors, and partly by the Assistant Medical Officers. All Midwives practising in the County are provided with a supply of forms for the various notifications which they are required to send to the Supervising Authority, under the rules of the Central Midwives' Board. They are also supplied with a Register.

The notifications received during 1925 were as follows :—

Of sending for medical help ...	...	...	...	...	332
Of still-birth ...	...	...	...	...	25
Of the death of mother ...	...	...	...	...	1
Of the death of child ...	...	...	...	...	3
Of laying out of dead ...	...	...	...	...	53
Of liability to be a source of infection ...	...	...	...	...	22
Of artificial feeding ...	...	...	...	...	27
Of disinfection ...	...	...	...	...	30

*Midwives Act, 1918.* The effect of Section 14, has been excellent. This section requires a midwife in any emergency (as defined in the Rules) to call in to her assistance a registered medical practitioner whose *fee will be paid* (according to a scale) by the County Council, who may recover the fee from the patient or husband, or other person liable to maintain the patient, unless these persons are by reason of poverty unable to pay.

The cost to the rates of this Act is comparatively trifling, being about £60 a year, since, in five-sixths of the cases the doctor is paid direct by the patient.

A scrutiny of the reasons for sending for medical help demonstrates that in few, if any instances is the doctor sent for without good reasons.



## VENEREAL DISEASES.

### Existing Facilities for Treatment and Diagnosis.

*Centres are available for Dorset patients at the following places:—Bournemouth (Boscombe Hospital); Yeovil (Yeovil Hospital); Salisbury (Salisbury Infirmary); Dorchester (Dorset County Hospital); Wyke Regis (Port Sanitary Hospital).*

*Laboratory Examinations.* Arrangements have been made with the Hampshire County Laboratory for examination of specimens from cases and suspected cases of venereal disease.

There has been no important alteration in the Scheme during the past five years. The number of new cases and of attendances at the five centres have steadily fallen. In 1920 the new cases numbered 342, and the attendances 2861. In 1925 the new cases numbered 141 and the attendances 2053.

The Dorset Branch of the National Council for Combating Venereal Diseases (now called the Social Hygiene Council) has carried out successful *propaganda work* by means of lectures and films under the direction of their Secretary, Captain J. W. White.

The question of the provision of an irrigation centre at Poole has been under consideration. Of the two centres actually in the county, the Wyke Regis one has been the most effective both as regards the number of patients seeking treatment and the number of attendances. It is favourably situated for patients coming either from Portland or Weymouth.

**Table of Numbers Treated and Attendances at Treatment Centres during 1925.**

TREATMENT CENTRE.	Dorchester.	Wyke Regis (civil cases)	Bournemouth.	Yeovil.	Salisbury.	Weymouth. (Port Cases)	TOTAL.
Number of persons dealt with during the year at or in connection with the <i>Out-patient Clinic for the first time</i> and found to be suffering from—							
Syphilis ... ..	6	11	17	1	4	9	48
Soft chancre ... ..	—	1	—	—	—	1	2
Gonorrhœa ... ..	7	8	26	1	—	3	45
Conditions other than Venereal... ..	6	15	16	2	3	4	46
Total ...	19	35	59	4	7	17	141
Total number of <i>attendances</i> at the <i>Out-patient Clinic</i> of all patients residing in the County ... ..	257	1044	586	11	71	84	2053
Aggregate number of 'In-patients days' of all patients residing in the County ... ..	505	46	107	—	11	51	720
Number of doses of Salvarsan substitutes given in the :—							
1. Out-patient Clinic ... ..	56	161	180	—	2	24	423
2. In-patient Dept. ... ..	6	—	—	—	—	12	18
To patients residing in the County							

### ISOLATION HOSPITAL ACCOMMODATION.

**General.** In the whole county there are 287 beds available for isolating cases of infectious disease occurring within the county, and in addition there are 45 beds available for port cases. The total accommodation is greatly in excess of probable requirements, but some of the accommodation is unsatisfactory and does not comply with the requirements as to space. Weymouth and Poole Boroughs possess large hospitals which are little used, owing to the efficient sanitary administration as regards infectious diseases. Much economy would be effected if neighbouring districts would send their infectious cases to these hospitals and several of the smaller hospitals could be closed, or used for other purposes.

		<i>Districts Served.</i>
Blandford Isolation Hospital ... ..	24 beds	Available for Blandford Borough and Rural District and Sturminster Rural District and Shaftesbury Borough.
Bridport Joint „ „ ... ..	20 „	Bridport & Lyme Regis Boroughs & Beaminster Rural District.
Dorchester „ „ ... ..	16 „	Dorchester Borough
Poole „ „ ... ..	73 „	Poole Borough & Rural District, Wimborne Urban and Rural District.
Sherborne „ „ ... ..	32 „	Sherborne Urban and Rural Districts.
Swanage „ „ ... ..	14 „	Swanage Urban District
Wareham „ „ ... ..	8 „	Wareham Borough and Rural District
Weymouth Borough Isolation Hospital	62 „	Weymouth Borough & Dorchester Rural, District.
Bridport Rural „ „ ... ..	10 „	Bridport Rural District
Shaftesbury Rural „ „ ... ..	12 „	Shaftesbury Rural District
Weymouth Rural „ „ ... ..	24 „	Weymouth Rural District
Port Sanitary Hospital (Portland Cases)	12 „	Portland Urban District

307 beds.



*Disinfectors.* All the Hospitals have steam disinfectors except the Borough of Dorchester, Shaftesbury, and Weymouth Rural District Hospitals. The first has a fumigation chamber.

*Recent Additions at Bridport Joint Hospital.* There have been added an observation block, separate quarters for Matron, a corrugated iron hut for small-pox patients, and a hut for a nurse for small-pox patients.

*At Sherborne U.D. Hospital* a block of 12 beds has been added, and 3 huts for nurses.

**Hospital Accommodation for Small-Pox.** In 1915, I advised the County Council to consider the question of providing special hospitals for small-pox for the whole county. Since then, the position has greatly changed.

Most of the local authorities in the east of the county have made arrangements with the Poole Corporation for the admission of their small-pox cases to the Baiter Hospital. In the west of the county there has been formed the Bridport Joint Hospital Board, which provides isolation hospital accommodation for the Boroughs of Bridport and Lyme Regis, and the Beaminster Rural District, and is naturally the suitable authority for providing the accommodation for small-pox cases from these districts, and in fact they have made some effort to do so by providing a hut for the purpose. If the other districts could induce the Bridport Rural District Council to join them, the Bridport Rural District Hospital could be used as the small-pox hospital for the districts concerned, as it is sufficiently removed from populous areas. In the south of the county there exists a Joint Hospital Board known as the Port Sanitary Authority which could well undertake the necessary provision. During the War considerable additions were made to the isolation hospital accommodation especially at the Isolation Hospitals of the Poole and Weymouth Boroughs. The position now is that the isolation hospital accommodation in the county greatly exceeds any probable needs. In view of these circumstances I am not prepared to advise the County Council to incur the great expense of providing new hospitals for the county which may never be used, or will be unused for long periods.

The only special accommodation for small-pox which can be regarded as suitable is the Baiter Hospital at Poole, belonging to the Poole Corporation. It consists of three Wards and provides accommodation for 20 patients. The following local sanitary authorities in the county have made arrangements with the Poole Corporation for the reception of small-pox cases from their districts:—the Dorchester Borough and Rural District; the Shaftesbury Borough; Sturminster Rural District; Poole Rural District, and Wimborne Urban and Rural Districts. Weymouth Borough have a block adjoining their Isolation Hospital, but its propinquity to the other wards is the difficulty.

As regards the remainder of the county, the position is as follows:—The Blandford Borough and Rural District have the ordinary Isolation Hospital for small-pox cases. The Bridport Joint Hospital Board, which includes the Boroughs of Bridport and Lyme Regis, and the Rural District of Beaminster, have a hut near the ordinary isolation hospital. The Cerne Rural District propose to isolate cases in a wing of the Workhouse. Portland Urban District have made no provision, and in an emergency the Port Hospital would probably have to be used. The Sherborne Rural District have made no provision. The Shaftesbury Rural District have their ordinary Isolation Hospital. The Swanage Urban District have an arrangement with Wareham. For the Wareham Urban and Rural Districts the Wareham Isolation Hospital is available.

The only districts where a serious difficulty exists is with respect to the accommodation for the Urban District of Portland, the Borough and the Rural District of Weymouth. In this area there are three isolation hospitals within a few miles of one another. The Borough Hospital contains 62 beds; there is a separate block for small-pox patients. The Weymouth Rural District Hospital contains 24 beds. The Council have provided a hut in a field near Langton Herring for small-pox cases. The Portland Urban District Council have no means of isolating small-pox cases. For their ordinary infectious cases they are permitted by the Port Sanitary Authority to use the Port Isolation Hospital, which contains 25 beds, which are seldom used for Port cases.

When it is suggested that the Port Sanitary Hospital should be used for small-pox cases, the objection is raised that it must be kept for Port cases only, although it is constantly being used for ordinary infectious cases from the Portland Urban District.

The Port Sanitary Hospital was provided by and is kept up at the expense of the ratepayers of the following Authorities:—

	<i>Contribution according to</i>		<i>Representatives</i>
Weymouth Borough	Rateable Value ...	... ..	7
Portland Urban District	" " ...	... ..	4
Weymouth Rural District	$\frac{1}{2}$ " " ...	of riparianparishes	2
Wareham Rural District	$\frac{1}{2}$ " " ...	... ..	1
			14



The Port Sanitary Authority, or some similar joint authority, is obviously the most suitable authority for making provision for the isolation of small-pox cases in the four districts concerned. With one exception, all the small-pox cases which have been treated in the area during the past 17 years have been Port cases, and they have with the one exception been treated at the Port Hospital. The objections to using the wards at the present Port Hospital could be got over by acquiring land to the west of the present building and erecting two blocks on it, to accommodate 6 patients each. This would allow the main part of the Port Hospital to be used for any Port cases suffering from other diseases which may require treatment. Ordinary infectious diseases from Portland could be admitted to the Weymouth Borough Isolation Hospital.

### VACCINATION.

Many of the Medical Officers of Health in their Reports call attention to the neglect of vaccination and re-vaccination. In 1910, 85 per cent. of the children were vaccinated. Now, under 20 per cent. are vaccinated.

Since the operation known as vaccination originated in this county, it is not out of place to give here a brief history of how the practice of vaccination came to be established.

Vaccination is simply the utilization of the protective power of cow-pox by introducing some of the exudation from the vesicles into a person by means of an abrasion of the skin by a clean needle or lancet. Vaccine is obtained by producing cow-pox in a calf under conditions of the strictest cleanliness. The protection afforded is not life-long, but it usually lasts for from 10 to 15 years, or even longer.

For many years, persons engaged in dairy farming had observed that people who had caught the disease known as cow-pox from contact with cows were not attacked by small-pox, and it was a general belief among farmer folk that cow-pox protected from small-pox. Small-pox was before 1800 an extremely common disease in England, so that there were frequent opportunities of making observations on the incidence of the two diseases. It did not occur to any of the physicians, apothecaries, or men of science to make practical use of this observation, but in 1774, Mr. Benjamin Jesty, a farmer, of Downshay in the Island of Purbeck, believing in the protective value of cow-pox, inoculated his wife and two sons with the exudation from cow-pox vesicles. Mr. Jesty was therefore the first person to perform the operation now known as vaccination. In 1796, 22 years later, Jenner, a Gloucestershire doctor, took up the question. He hesitated to make the test, and wrote to John Hunter, the celebrated anatomist on the matter, who replied "why think; why not make the experiment." Dr. Jenner, acting on this advice, inoculated a lad with cow-pox, and some weeks later inoculated him with small-pox material, but the latter disease failed to develop, thus proving that the cow-pox inoculation had rendered the lad immune to small-pox. At that time small-pox inoculation was a common practice, as the inoculated disease was usually much less severe than the disease acquired by infection.

Dr. Jenner confirmed his first experiment by many subsequent vaccinations, and published the results of his observations. His views encountered fierce opposition, especially from many of the leading members of the medical profession, but the evidence and experience were invincible, and vaccination was accepted and welcomed and practised all over the world. Various honours were conferred on Dr. Jenner, who received, besides, monetary grants amounting to £40,000, but Mr. Jesty, the inventor of vaccination, does not appear to have received any recognition, thus exemplifying the dictum that it is seldom the original inventor who reaps the benefit of his discovery but the man who by persistent argument and propaganda persuades the world to accept it. Mr. Jesty's name is enshrined in the archives of medicine, and as the original inventor of vaccination his name will be handed down through the ages.

Benjamin Jesty possessed the rare gift of making a new deduction from observed facts and acting on it, the same gift as was possessed by Isaac Newton and James Watt. Had Mr. Jesty been a doctor, he would undoubtedly have attained the fame which Jenner procured. He was born at Yetminster in 1737, and died in 1816, and was buried at Worth Matravers. Other than the plain tombstone in the Churchyard, there is no memorial to this renowned son of Dorset.

The practice of vaccination has become established not only for small-pox, but for many other diseases—typhoid fever, plague, hydrophobia, influenza, cholera, diphtheria—but for these diseases only laboratory produced vaccines are available, and they are less potent and have less lasting effects than the vaccine produced from the calf. It is sufficient to use them when there has been or is likely to be exposure to the particular infection.

I do not propose to recapitulate the evidence in favour of vaccination. "Convince a man against his will, he's of the same opinion still." I will only quote three pieces of evidence which in the opinion of most people are irresistible :—

1. It is the constantly repeated experience that, whenever an outbreak of ordinary small-pox occurs, persons vaccinated successfully within ten years are seldom attacked, and in the few instances that they are attacked the attacks are invariably mild, whereas unvaccinated persons, or persons who have not been vaccinated for many years, frequently suffer severe attacks.

2. Since 1870, when re-vaccination was made compulsory for all doctors and nurses engaged in the London small-pox hospitals, not one of them has ever died of the disease.

3. During the epidemic of small-pox in London in 1901-2, when there were 1543 deaths, there was not a single death of any person who had been successfully vaccinated or re-vaccinated within 10 years.



Deaths among vaccinated doctors and nurses during small-pox epidemics are unknown. They can face the most malignant and fatal outbreaks with absolute safety. This is in marked contrast to epidemics of *typhus fever*, a disease of nearly equal mortality and infectivity to small-pox, but for which no protective vaccine has yet been found. This disease takes a large toll of the lives of doctors and nurses in attendance on typhus patients. During the past few years two doctors known in this county have succumbed to this disease:—Dr. Reginald Farrar, a late Medical Officer of the Ministry of Health, and Dr. Lilian Dingle, who was an Assistant Medical Officer here in 1919 and 1920; the one died at Moscow attending typhus patients, the other died at a Mission Hospital in China.

It has been asked—why, if vaccination against small-pox is to be compulsory, is vaccination not made compulsory against other infectious diseases, such as measles, whooping-cough, influenza, diphtheria, which occasion a far greater mortality than small-pox. The answer is that small-pox stands alone as regards the four following combined characteristics:—

1. Its great infectivity: very few unprotected persons exposed to it escape.
2. Its high case-mortality. In outbreaks of the severe form the death-rate among the unvaccinated is 30 per cent.
3. The repulsive disfigurement which frequently results.
4. The existence of a vaccine which is an absolute protection against a severe attack, and a great protection against any attack, and which can be effected by a single simple harmless operation.

The dangers of vaccination are absurdly exaggerated. In 1922, 340,000 infants were vaccinated, and 8 deaths occurred, 4 from vaccination and 4 from deaths due to want of cleanliness, etc. (septic infection and eczema). Thus only 1 in 40,000 of those vaccinated infants died. Now, in England and Wales 75 infants out of every 1000 died of various complaints, or 1 in 14. It is obvious that the effect of vaccination on infantile mortality is negligible.

The average number of persons killed yearly when travelling on the railway is 150 (average for years 1912-1923). It is therefore far more dangerous to travel *regularly* by train than to be vaccinated, yet people face the risk daily, and increasing numbers face the far greater risks involved in motoring, hunting, etc.

### INFECTIOUS DISEASES.

During the past five years, apart from influenza, there have been no serious outbreaks of epidemic disease. The two largest towns in the county—Poole and Weymouth—have suffered very little from epidemic illness. The prevalence of *epidemic jaundice* in some districts in 1924 is the only disease for which new measures were necessary.

*Small-pox.* No case of small-pox was notified during the year.

*Diphtheria.* The only important outbreak was at Motcombe, in the Shaftesbury Rural District. Fourteen cases were notified. The patients were mainly the children of dairy workers. I visited the district and consulted with the acting Medical Officer of Health, Dr. Harris of Shaftesbury. I made a series of recommendations to him and to the District Council, which were promptly and carefully carried out. The Isolation Hospital was opened and 12 of the cases treated there. Drastic measures were taken to prevent any infection of the milk supply. No dairy workers were permitted to resume their duties until after quarantining, swabbing, and disinfection. The measures taken effectually prevented the spread of the outbreak. The first case was notified on 21st September, and the last case on 2nd October.

*Scarlet Fever.* There was an outbreak of Scarlet Fever in *Dorchester Borough* in July, which was promptly and effectively dealt with by Dr. Cyril Day, the Medical Officer of Health of the Borough, who is also, fortunately, Medical Officer of Health of the Rural District. The exceedingly prompt measures taken by Dr. Day without doubt prevented a serious epidemic; as it was, the outbreak was limited to only 12 cases in the town. In 1909, when a milk-borne outbreak occurred, 60 persons were affected. Dr. Day gives the following account in his Annual Report:—

“On the 4th July, 1925, a milk-borne scarlet fever epidemic broke out in Dorchester and was quickly traced to a dairy seven miles away, from which milk was brought in daily to a town retailer.

I examined the four milkers (Father, two sons and daughter), but all were in good health, nor did they admit that any illness had occurred in their family, but on careful examination of an infant in the dairyman's house, I found evidence of peeling on the feet, and in the village school I found two out of four more children of this family were also peeling with Scarlet Fever.

There is no doubt that the daughter in attending to the younger children between the milking times, conveyed the infection to the milk supply. The supply was immediately stopped and all infected milk destroyed, the utensils boiled and a fresh batch of milkers put on to milk, and other suitable precautions taken. The children were immediately removed to hospital, and the epidemic ended on the 10th—all the twelve cases had taken milk from this dairy.”

In *Sherborne Urban District* 51 cases of Scarlet Fever were notified in 1925, 47 of the cases being admitted to Hospital. The outbreak was difficult to deal with owing to the mild character of the disease. Several of the cases were diagnosed only after peeling had begun.

In the Rural Districts, 10 cases were notified in the Beaminster District, 14 cases in the Dorchester District, 9 in the Wareham, and 10 in the Weymouth Districts respectively. In the Dorchester district, some of the cases were the origin of the small milk-borne outbreak in Dorchester Borough already referred to.



*Encephalitis Lethargica.* Occasional sporadic cases occur, the total number notified in the whole county being 19 during the year.

*Measles.* It was prevalent in many parts of the county during the year.

*Influenza.* It is difficult to estimate the exact prevalence of this disease, since it is only notifiable when pneumonia is present. The deaths from this disease have averaged 100 during the past five years. It is responsible every year for a large number of deaths, besides, much disability results from its after-effects. It is a common precursor of pulmonary tuberculosis. Dr. Howard, M.O.H. of Portland, discusses the outbreaks which have occurred in his district, especially with reference to the 1918 and 1922 epidemics. He points out that none of the people who suffered from influenza with severe pulmonary symptoms in the 1918 epidemic were attacked in the 1922 epidemic, demonstrating that a severe attack of this character conferred immunity for a number of years.

A vaccine is available for influenza which, if it does not actually prevent attacks, at all events does prevent severe complications. People susceptible to influenza ought to be vaccinated when the disease is prevalent, since even if attacked the severity is much lessened and fatal complications are prevented.

#### WATER SUPPLY.

**Lyme Regis Borough.** Dr. Cook, M.O.H., reports insufficiency during the summer months. The scheme for the new supply from Yawl has not been proceeded with owing to the expense.

**Poole Borough.** An extra reservoir of five million gallons capacity has been provided.

**Sherborne Urban District.** Steps are being taken to provide a chlorinating plant for the supply from Dymore.

**Swanage Urban District.** A new and plentiful source of supply was provided in 1923 from a well at Corfe Castle. The whole of the water is chlorinated, owing to bacillus coli occasionally being found. A new chlorinating plant was provided in 1925.

**Sherborne Rural District.** There is insufficiency at Holwell, Bishops Down, and Great and Higher Lillington. A new supply has been provided for Trent and Purse Caundle.

**Sturminster Newton.** There is insufficiency at Stalbridge and Lydlinch. A new supply is proposed for Stalbridge.

#### POLLUTION OF STREAMS.

**Sherborne Rural District.** Stream at Goathill.

The only serious pollution it has been found necessary to deal with during the past year has been the pollution of the stream at Goathill by the sewage from the Milborne Port Sewage Farm, situated in Somerset. My attention was called to the matter by a Report of Dr. Rickett, the Medical Officer of Health of the Rural District. On visiting the neighbourhood, I found that considerable direct pollution of the stream by crude sewage was taking place, and an analysis of the effluent shewed that the land treatment was quite insufficient. I communicated with the Medical Officer of Health of Somerset, and met him and members of the Local Committee. The question was complicated by the fact that the effluents from two Glove Factories at Milborne Port were permitted to enter the sewers, the preliminary treatment being apparently insufficient.

After consultation with the Somerset Medical Officer, certain recommendations were made, which have been acted on, with the result that there is distinct improvement in the character of the effluent, and the pollution of the stream with crude sewage has been stopped.

**Beaminster Rural District.** For some years there was a nuisance owing to the pollution of the River Brit by the washings from the Milk Factory at Beaminster, on representations being made to them, the owners of the factory took effectual measures to reduce any pollution to a minimum.

#### ADMINISTRATION OF THE HOUSING OF THE WORKING CLASSES ACTS.

Although substantial progress in schemes of house construction has been made in some districts in the county, the general position continues to be unsatisfactory.

All the **URBAN AUTHORITIES** with the exception of Portland are making some provision, but in some instances, notably Blandford Town the provision is utterly inadequate.



**Portland Urban District.** Dr. Howard M.O.H., estimates the housing needs of the district for the next five years as follows:—

- " To meet the unsatisfied demands for houses (taking account of growth of population overcrowding, etc.)—50.
- Re-house persons to be displaced by clearance of unhealthy areas—10.
- Replace other dwellings which are unfit for human habitation, and cannot be made fit—20.
- Replace other houses, which, although they cannot at present be regarded as unfit for human habitation, fall definitely below a reasonable standard—70.
- Working class houses likely to be built during the next 5 years by persons other than the local authority—10
- Net estimate of number of houses required—140."

In the Underhill district he states that the housing shortage is most acute, and that every house that can be considered habitable by the lowest standards is now occupied. There is undoubtedly a large amount of overcrowding in the district and that hundreds of houses which were intended for one family are now occupied by two or three.

As County Medical Officer I have had to call the attention of the Urban District Council to several cases of dreadful overcrowding in connection with rooms occupied by tuberculosis patients.

In the Portland Urban District the position is peculiar and demonstrates that vested interests among the democracy may be obstacles to progress. Although the housing question in Portland has always been acute, the Urban District Council have never provided a single house under the Housing Acts. Dr. Howard gives the following reasons for the reluctance of his Council to provide houses:—

" A very large number of the working people in the district, over 33 per cent., own their own houses. They have acquired their homes as the result of hard work and thrift. At the present time Portland is exceedingly prosperous and wages have never been higher in the stone trade. It is only natural that house owners, and they are not inarticulate, should resent the building (with rate assistance) of houses for a similar class who can, if they are prepared to make the necessary sacrifices, provide houses for themselves."

This does not relieve the <sup>U.D.</sup> Town Council however, of their legal responsibilities under the Housing Acts. There always exist a large number of people who for one reason or other are unable to provide houses for themselves, and it is for these that houses must be provided. In some cases rate assistance may be necessary, but in many instances people are quite prepared to pay an economic rent (which, with the Government subsidy need not be more than 9/- or 10/- a week) involving no cost to the rates for a decent cottage, if such cottages are provided under the 1923 act.

Local Authorities have no reasonable excuse for failing to provide these people with houses. They are merely evading their responsibilities under the Housing Acts. In one of the instances I referred to the Council, the man was earning £2 10s. weekly, and was willing and anxious to pay a reasonable rent.

**Blandford Borough.** In the Blandford Borough there are three insanitary yards which especially need attention. New houses are needed to meet the housing shortage and to enable people living under overcrowded conditions to remove from their present dwellings. Blandford might well follow the example of Sherborne in providing five-roomed cottages to let at low rentals, although the number of houses need not be so large as at Sherborne.

**Sherborne Urban District Council** have built 80 houses since 1923, and so can deal with the overcrowding which existed in some parts of the town. This Council have built more houses per thousand of population than any other authority in the county, and they have further recognised the great importance of making provision for the lower wage earners.

**Poole Borough** in recent years have made great efforts to make up the acute housing shortage in the borough, but they have had considerable arrears to contend with owing to their not having undertaken schemes before 1919. Every year the Borough Medical Officer of Health makes careful calculations as to the housing needs. Since 1919, the Council have built 375 houses under their own schemes. In addition, 994 subsidy houses have been built by builders, building societies, or private owners. Dr. Horne estimates the present shortage at 224, and that 150 houses are required under a Municipal scheme, the remainder being left to private enterprise. Owing to the rapid increase of the population of Poole, it would appear that it will be necessary to provide a considerable number every year under Municipal housing schemes. There appears to be a need in Poole for more non-parlour houses, and for dwellings of 3 or 4 rooms.

**Dorchester Borough Council** are making considerable progress in dealing with the housing arrears in the town, and have built 50 houses since 1923. Prior to that date, no houses had been provided under Municipal housing schemes.

**Bridport Borough.** Dr. MacCarthy, M.O.H., reports that 40 houses have been built and are occupied, and 30 houses are to be built in 1926. He considers 100 new houses are needed.



**Lyme Regis Borough.** Dr. Cook, M.O.H., estimates that there is a shortage of 30 houses. The Council are building 8 houses, and are proposing to build more.

**Shaftesbury Borough.** No housing schemes being undertaken. Dr. Townsend, M.O.H., estimates the shortage at 10 per cent., which implies that about 40 houses are needed.

**Swanage Urban District.** Dr. McCausland (late M.O.H.) reports that 22 houses have been built by the Council, and 12 more are contemplated. There is a waiting list of 70 persons, and a great demand for workmen's cottages.

**Wareham Borough.** Fourteen parlour houses have been provided under the 1924 Act, and are let at rentals of 9/-. Dr. Courtenay, M.O.H., reports that more are needed.

**Weymouth Borough.** The Council have erected 24 parlour and 16 non-parlour houses under the 1923 Act, the rentals being 10/6 and 9/- respectively. They have erected (or have under erection) 70 parlour and 16 non-parlour houses under the 1924 Act, the rentals being as above. The total number of houses provided is therefore 126.

Dr. Barclay, M.O.H., points out in his report that in 1919 the number estimated as necessary was 400. There is no doubt that, whatever the actual number required, the housing scarcity is very acute in Weymouth, and that serious overcrowding exists. Forty-one subsidies have been granted.

**Wimborne Urban District.** The Council have provided 30 non-parlour houses and have granted 9 subsidies. Dr. Auld, M.O.H., reports as follows:—

There is a great scarcity of houses, especially in the poorer quarters of the town. The standard there is low. The principal defects are dampness, defective roofs, small, badly ventilated and lighted rooms, stone or brick floors which are under the level of the road. These are old houses, the defects being due to age rather than want of management by the owners. About 50 houses would be required to replace them.

The Local Authority has during the last five years, erected 20 houses rented at 10/- per week. There are now 30 more under construction, these will be rented about 8/6 per week (both rents exclusive of rates). There are three applicants for each house.

In the **RURAL DISTRICTS**, the only Authority undertaking a comprehensive scheme are the **Sturminster Rural District Council**, who are providing 64 houses in the following parishes:—

	<i>Parlour</i>	<i>Non-parlour</i>		<i>Parlour</i>	<i>Non-parlour</i>
Childe Okeford ...	2	4	Okeford Fitzpaine	2	2
Lydlinch ...	—	6	Stalbridge ...	6	6
Manston ...	—	2	Sturminster ...	8	8
Marnhull ...	6	6	Shillingstone ...	4	8

**The Beaminster Rural District Council** are providing 25 houses.

**The Bridport Rural District Council** are providing no houses, but they built 60 under the 1919 Act.

**The Dorchester Rural District Council** are providing 28 houses.

In the **Cerne Rural District** no cottages have been provided since 1923. Many of the older cottages need replacement.

**Poole Rural District.** The Council are not providing houses under a scheme of their own, but have made grants for 550 cottages to builders and private persons. Some houses should be provided under housing schemes for Kinson and Lytchett Matravers.

The **Shaftesbury Rural District Council** are providing 34 houses, 20 of them being at Gillingham, 8 at Buckhorn Weston, and 8 at Bourton (all non-parlour except 2 at Bourton).

**The Sherborne Rural District Council** are providing 12 houses, 6 at Yetminster, 4 at Leigh (all parlour) and 2 at Sandford Orcas (non-parlour).

**The Wareham Rural District Council** are providing 6 houses at Langton Matravers.

**Wimborne Rural District.** No houses are being provided under housing schemes. In a number of villages in the district houses are needed to replace cottages in a bad condition. The Council have granted 150 subsidies to builders and private persons, &c., and have also made advances in 7 instances.

Cottages are much needed in the **Weymouth Rural District**, especially in the parish of Preston, where the condition of the cottages and the overcrowding urgently need attention. Serious cases of overcrowding have been reported at Wyke Regis.



It is much to be lamented that the Rural District Councils, with the exception of Sturminster, and to a limited extent Dorchester, Shaftesbury, Sherborne, and Beaminster, have not taken advantage of the very liberal terms offered by the Government under the 1924 Housing Act to provide good cottages where needed for their agricultural population.

Under this Act, a Government grant of £12 10s. annually for 40 years is available for each cottage built under the Act. It is true that a cost to the rates of £4 10s. per year for each cottage is usually involved, but the Act enables cottages to be built in agricultural parishes which can be let at rentals of from 4/- to 5/- a week.

Good cottages are essential for agricultural parishes if people are to be induced to remain on the land. The slight cost to the rates is as nothing compared with the value of a well-housed population. If a tithe of what is spent on the roads from the rates were spent on housing, the more serious needs would be met.

Many of the older cottages in the county will need replacement during the next 20 years, and it is very desirable that this shall be done gradually and under comprehensive housing schemes, rather than by fits and starts and by large schemes at long intervals, which are bound to be expensive.

### COWSHEDS AND DAIRIES.

There are a number of small cowsheds where the milk is produced under very insanitary conditions. Quite commonly they are the source of the supplies of milk for the locality, the milk from the larger dairies being sent out of the district.

It is in these insanitary sheds that the tuberculous milk has most frequently been found when samples have been taken.

There are three producers of "certified" milk in the county, Mr. W. G. Symes, Manor Farm, Fordington; Mr. A. T. Tamplin, Greenworld Farm, Lytchett Minster; and Mr. G. Gill, Manor Farm, Broadwey. There is one producer of "Grade A" Milk, Messrs. Carter, Manor Farm, Bloxworth.

#### **Milk and Dairies (Consolidation) Act, 1915.**

This Act was passed in 1915, but its coming into operation was postponed, but in July, 1925, an Order was issued for its coming into force on September 1st, 1925.

*Sections 3, 4 and 5 and the First Schedule contain provisions for stopping the supply of milk which is likely to cause tuberculosis. Under the General Act the duty of enforcement is placed on the Council of the County in which the cows are kept, and any Order made by them will prohibit the sale of the affected milk in any area.*

*Under Section 3 if the Medical Officer of Health of a County is of opinion that tuberculosis is caused, or is likely to be caused by the consumption of the milk supplied from any dairy in which cows are kept within such county, he must report the matter to the County Council who may make an order prohibiting the supply of milk under the procedure laid down in the First Schedule.*

*Under Section 4 if the Medical Officer of Health of any local authority has reason to suspect that tuberculosis is caused, or is likely to be caused, by the consumption of any milk which is being sold or exposed, he shall forthwith give notice of the facts to the Medical Officer of Health of the County. On the receipt of such notice it shall be the duty of the Medical Officer of Health of the County to cause the cattle in the dairy to be inspected, and to make such other investigations as may be necessary.*

#### **Procedure.**

The County Medical Officer and Director of Agriculture with the approval of their respective Committees, have agreed on the following procedure in order to avoid overlapping and to co-ordinate the work of eradicating tuberculous animals from the dairy farms:—

When the County Medical Officer has reason to suppose that a particular cow or herd is affected, he will notify the Director of Agriculture, who will arrange for the examination of the suspected animal or herd by one of the veterinary surgeons employed by his Department. If the animal is found tuberculous, the subsequent procedure is carried out by the Director of Agriculture. This arrangement has worked very satisfactorily.

The County Medical Officer has arranged for the Milk Samples to be procured by his Assistants on their visits to the Districts, and the samples are sent to the Lister Institute for examination. A sum of £100 was allotted in 1925-26 for the collection and examination of samples.

During the first quarter of the year (1926-27), 38 samples were taken and 4 found tuberculous. In every instance the diseased cows were found and dealt with by the Director of Agriculture.



## ADMINISTRATION OF THE SALE OF FOOD AND DRUGS ACTS, 1875 TO 1907.

The administration of these Acts is in the hands of the Public Health and Housing Committee. The Chief Constable is the Chief Inspector, and the Sergeants of the Police have been appointed Inspectors. The Chief Inspector reports quarterly to the Committee. The Joint County Analysis, Mr. C. G. Moor and Mr. W. Partridge (30, Great James Street, Bedford Row, W.C.) report annually.

### Annual Report of the Joint County Analyst, Mr. W. Partridge, F.I.C.

In the absence of Capt. C. G. Moor, I beg to lay before you a Report on my work as Joint Public Analyst for the year 1925.

Three hundred and thirty-six samples were submitted under the Sale of Food and Drugs Acts, this total being made up as follows:—Milk 64, Butter 22, Margarine 9, Cream 4, Preserved Cream 2, Cheese 3, Lard 8, Dripping 2, Bread 7, Plain Flour 3, Self-raising Flour 2, Arrowroot 2, Barley 7, Cornflour 3, Oatmeal 2, Rice 5, Sago 1, Tapioca 4, Baking Powder 2, Egg Substitute Powder 4, Custard Powder 2, Blanc Mange Powder 3, Macaroni 1, Tea 4, Coffee 3, Cocoa 5, Whisky 9, Brandy 6, Rum 3, Gin 3, Beer 14, Stout 4, Cider 10, Lemonade 1, Sugar 5, Jam 12, Marmalade 1, Lemon Cheese 3, Mustard 1, Vinegar 4, Pepper 1, Pickles, 3, Sponge Cake 5, Cake 5, Ginger 3, Curry Powder 2, Ground Almonds 2, Mince-meat 3, Shredded Suet 4, Sausages 2, Brawn 4, Potted Meat 4, Potted Fish 5, Canned Salmon 4, Oranges 1, Tinned Fruit 4, Fruit Jelly 1, Ice Cream 3, Lime Juice Cordial 1, Lozenges 1, Olive Oil 1, Glycerine 1, Bicarbonate of Soda 1, Boric Acid 2, Borax 1, Citric Acid 1, Tartaric Acid 1, Cream of Tartar 2, Epsom Salts 2, Glauber's Salt 1, Powdered Rhubarb 2, Gregory's Powder 1, Castor Oil 3, Eucalyptus Oil 1, Camphorated Oil 1, Friar's Balsam 1, Sal Volatile 1, Ammoniated Tincture of Quinine 1, Tincture of Iodine 1, Paregoric 1, Mercury Ointment 1, and Zinc Ointment 1.

Twenty samples were reported as adulterated, a percentage of adulteration of 5.95. Six of these were of milk, two of butter, one of cream, one of sago, one of whiskey, two of stout, three of jam, one of sponge cake, one of cake, one of ground ginger, and one of castor oil.

The average percentage of fat in milk was 3.64 and of solids-not-fat was 8.82. Samples of milk taken on Sundays showed an average composition of fat 3.89 per cent., Solids-not-fat 8.96 per cent. However, the Sunday milks (20 in number) were all taken in the last quarter of the year, when milk is better in quality than during the other nine months, which reduces the apparent superiority of Sunday over week-day milk. All the same, only one out of 20 Sunday samples was adulterated, against five out of 44 week-day samples.

The two samples of butter returned as adulterated contained excess water, 2 per cent. in one and 1 per cent. in the other. Nine of the butters were free from preservative and these averaged 14.78 per cent. of water. Thirteen contained preservative, boron varieties in every case, and these averaged 15.1 per cent. of water. While butter is not so dry as in 1924, there is a decided improvement in the amount of preservative added; boric acid ranged from 0.03 to 0.30 per cent., with an average of 0.145 per cent., against an average of 0.187 per cent. for 1924. An "Observation" was made when reporting on a sample taken at a Butter Factory and described as "Fresh Butter," which contained 2.5 per cent. of salt, and which could have been more correctly described as "Salt Butter." Later in the year, another sample described as "Imported Salt Butter" was received which contained 1.6 per cent. of salt. The area covered in the Administrative County of Dorset is I think, more sensitive to salt than any other district with which I am acquainted, for during 1925 the salt in butter ranged from 0.2 to 2.5 per cent., with an average of 1.10 per cent. In three other districts, salt in butter during 1925 averaged 1.20, 1.37, and 1.58 per cent., respectively.

Margarine depreciated during 1925 when it had an average water-content of 14.7 per cent., and every sample contained boric acid in amounts ranging from 0.19 to 0.32 per cent., average 0.266 per cent.

One sample of cream, not sold as Preserved Cream, contained 0.36 per cent. of boric acid and was returned as adulterated. Samples of cream and preserved cream averaged 61 per cent. of fat

Bread averaged 36.53 per cent. of water.

One sample of mince-meat was free from preservatives, others contained 2.2 and 3.0 grains of boric acid per pound.

A sponge cake contained 1.4 grains of boric acid per pound, the other four samples containing none.

Of five samples of cheap cake, four were of the "slab" variety and one of the round. They contained from 12.2 to 15.0 per cent. of water (average 13.35 per cent.). All contained boric acid but while in four this was only in such amounts, 0.3 to 1.8 (average 1.43) grains per pound as would arise from the use of margarine or butter in them, one contained ten grains of boric acid per pound. Cheap cake must be innocent of objectionable constituents because it is sometimes consumed in large amount especially by people who are too tired to relish such other food as is available. It contains, as the above figures show, a minimum of moisture, the remainder being a liberal proportion of fat, often fruit and peel, sometimes eggs, besides the flour and sugar. It is an article of which a consumer is entitled to partake, to surfeit if he desires, with no detriment. Half a pound of cake is often eaten at a time, and half a pound of this cake that contained ten grains of boric acid per pound contains 5 grains of boric acid—a medicinal dose. The sample was reported as adulterated.

Vinegar proved without exception to be of high quality. Every one was malt vinegar and not artificial vinegar. Among other criteria, a vinegar has to contain 4 per cent. of acetic acid; the samples ranged from 4.29 to 4.68 (average 4.48 per cent.) That the best was one of draught vinegar shows the purchaser who fetches in own bottle to be well served.

Jam averaged 69.32 per cent. of water-soluble extract. One sample of Raspberry Jam was made by the vendor and sold as a side-line. It contained half as many fruits again as are to be found in good quality jam, with a consequent stinting of sugar; the result being an ill-balanced article with only 64 per cent. of water-soluble extract. Two samples of Plum Jam were returned as adulterated because of amounts of apple-pulp of not less than 1 per cent. and 2 per cent., and a sample of Raspberry Jam with not less than 5 per cent. of apple-pulp, was similarly dealt with.

One sample of brawn was free from preservative, the others contained salt-petre to the amounts of 2.5, 8.2, and 9.9 grains per pound.



Three samples of shredded suet of one make all contained close to 17.8 per cent. of rice starch. In the fourth sample, of another make, the shreds were satisfactorily separated by as little as 13 per cent. of rice starch. This tends to show the prevalent idea of 17 to 18 per cent. of rice starch being necessary to be too liberal, and as rice has only 40 per cent. of the nutrient value of beef-fat, indulgence of the manufacture is detrimental to the consumer.

Pure ginger contains between 3 and 4 per cent. of mineral matter and the British Pharmacopoeia fixes six per cent. as a maximum. One of the samples received contained 14 per cent., including 4.7 per cent. of clay, 0.9 per cent. of sand, 5.4 per cent. of oxide of iron, and 1.1 per cent. of chalk. It was returned as adulterated.

Two samples of stout were reported against owing to their containing 59 and 70 grains per gallon of salt. The other two contained 26 and 29 grains. The best of the four was of Dorset (Poole) manufacture.

Salt in beer ranged 12.6 to 28.7 (average 21.66) grains per gallon. The average percentage (by weight) of alcohol in beer was 3.42, in stout 3.48, and in cider 2.97. The average percentage of extract in beer was 3.16, in stout 4.68 and in cider 2.27. A proposal was made recently that English cider should contain four per cent. of alcohol by volume which is 3.19 per cent. by weight. Under such a standard, six of the 10 samples would have ranked as adulterated. Seven of the samples of cider contained two preservatives, boric acid and sulphur dioxide; an objectionable practice with which there will be power to deal later. Only two samples of cider could claim to be of good quality.

A sample of whiskey was deficient in alcohol and allowed a certificate of 1.5 per cent. of extraneous liquid. While I have no information where many of the spirits originated, I find that the best sample of rum and the second best of the nine samples of whiskey, were bottled in the County (Bridport).

Neither of the samples of oatmeal contained mites, but 4 of 7 samples of pearl barley did.

Samples of sago (for which seed pearl tapioca was supplied) and of castor oil (with excess of fatty acids constituted the remainder of the adulterated samples.

A sample of lozenges of the " Linseed Liquorice " type was analysed. They contained crushed linseed liquorice, sugar, potato starch, and 0.49 per cent. of chloroform. With this amount of chloroform, six lozenges would contain a medicinal dose for an adult. But the amount of chloroform in this article varies, and some is dissipated in the mouth, so that the amount and proportion available for effect are quite out of calculation.

In the matter of poisonous metals, the sample to come nearest to any of the peaks to which exception can be taken was an ice-cream with one-fiftieth of a grain of lead, one-fifteenth of a grain of zinc, and one-thirtieth of a grain of copper, per pound.

In addition to samples received under the Sale of Food and Drugs Acts, 138 samples were dealt with under The Public Health (Milk and Cream, Condensed Milk, and Dried Milk) Regulations.

(Signed) WILLIAM PARTRIDGE,  
Joint Public Analyst.







	URBAN DISTRICTS.											RURAL DISTRICTS.											TOTALS.		
	BLANDFORD	BRIDPORT	DORCHESTER	LYME REGIS	POOLE	PORTLAND	SHAFTESBURY	SHERBORNE	SWANAGE	WAREHAM	WEYMOUTH	WIMBORNE	BEAMINSTER	BLANDFORD	BRIDPORT	CERNE	DORCHESTER	POOLE	SHAFTESBURY	SHERBORNE	STURMINSTER	WAREHAM		WEYMOUTH	WIMBORNE
Parogoric ...									1																1
Pepper ...					8						2												1		11
Piccaililli ...							1																		1
Pickles ...																						1	1		2
Quinine Tincture ...									1																1
Rhubarb, Powdered ...				1							1														2
Rice ...						1					1		1									2	1		6
Rice, Ground ...											3														3
Rum ...	1	1																						1	3
Sago ...											2												1		3
Sal Volatile ...								1																	1
Salmon, Tinned ...						1							1						1				1		4
Salts Glaubers ...	1																								1
Sausages ...					7					1											1				9
Sponge Cake ...							1		1	1								1					1		5
Stout ...		1						1		2															4
Suet, Shredded ...						1								1									2		4
Sugar ...				1												1		1				1	1		5
Tapioca ...				1		1												1					1		4
Tartaric Acid ...												1													1
Tea ...						1					1											1	2		5
Vinegar ...						1	1			1	2									1					6
Whiskey ...		1	2			1	1	1		1			1											2	9
Zinc Ointment ...																								1	1
	9	11	19	13	94	20	14	13	8	19	79	10	27	16	8	6	14	9	16	10	17	16	21	25	494

ADULTERATED SAMPLES			
Urban	Bridport	Stout	Brewers communicated with
	Dorchester	Jam	Vendor Cautioned
	"	Whiskey	" "
	"	Milk	" "
	"	Cheap Cake	" "
	Poole	Milk (2)	Vendors Prosecuted.
	"	Liquorice Powder	Vendor Cautioned
	Portland	Milk	Prosecution. Dismissed on payment of costs.
	Sherborne	Cream	Vendor Cautioned
	"	Stout	Brewers Communicated with
	Weymouth	Butter (3)	Proceedings taken
	"	Cream (1)	Appeared before Health Committee and cautioned
	"	Milk (2)	" "
	"	Flour, Self-Raising (1)	Reported to Committee—No Action taken
"	Sago (1)	" "	
Rural	Beaminster	Butter	Vendor Cautioned
	Dorchester	Jam	" "
	Poole	Milk	" "
	Shaftesbury	Sponge Cake	Vendor Cautioned
	Sherborne	Raspberry Jam	Prosecution. Dismissed on payment of costs
	Stur. Newton	Milk	Vendor Cautioned
	Wareham	Butter	" "
	Weymouth	Castor Oil	Vendor Cautioned and advised to withdraw present Stock from sale
	"	Milk	Vendor Cautioned
	"	Milk	Prosecution. Dismissed on payment of costs.
	"	Sago	Vendor Cautioned
Wimborne	Ground Ginger	Vendor Cautioned and advised to withdraw present stock from sale.	



**Public Health, Milk and Cream Regulations (1912 and 1917).**—From the County Districts 56 samples of milk and 18 of cream were examined for preservative. In four of the samples of cream a preservative was reported to be present. Two of the vendors were prosecuted and convicted, and two were warned. Seven samples of preserved cream were examined and in two instances the labels were incorrect. In the Borough of Weymouth 29 samples of milk and 2 of cream were examined, a preservative was found to be present in one sample of cream. In six samples of preserved cream the amount of preservative was found to be within the amount permitted.

**Public Health (Condensed Milk) Regulations, 1923 and Public Health (Dried Milk) Regulations, 1923** :—In the County area forty-six samples were taken. One sample of full cream unsweetened condensed milk, was found to be below the standard.

TABLE I.  
VITAL STATISTICS OF WHOLE COUNTY AND SEPARATE DISTRICTS DURING 1925.

	Population estimated to Middle of 1925.	NETT BIRTHS		NETT DEATHS BELONGING TO THE DISTRICT.				
		Number.	Rate *	Under 1 year of age.		At all ages.		
				Number	Rate per 1000 Nett	Number	Rate	
WHOLE COUNTY	224000	3724	16.2	194	52	2533	11.3	
URBAN DISTRICTS	Blandford ...	3193	52	16.2	1	19	38	11.9
	Bridport ...	5785	95	16.4	5	52	68	11.7
	Dorchester ...	9772	178	17.8	10	56	105	10.7
	Lyme Regis ...	2299	29	12.6	1	34	20	8.6
	Poole ...	46150	837	18.1	60	71	542	11.7†
	Portland ...	10240	174	13.4	6	34	84	8.2†
	Shaftesbury ...	2364	33	13.9	—	—	28	11.8
	Sherborne ...	6330	77	12.1	3	38	62	9.7
	Swanage ...	5580	70	12.5	2	28	54	9.6
	Wareham ...	2065	54	26.1	2	37	28	13.5
	Weymouth ...	22110	327	14.7	20	61	253	11.4†
Wimborne ...	3612	58	16.05	2	34	53	14.6	
TOTAL OF URBAN DISTRICTS	119500	1984	16.2	112	56	1335	11.1	
RURAL DISTRICTS	Beaminster ...	8345	133	15.9	14	105	108	12.9
	Blandford ...	8034	132	16.4	6	45	112	13.9
	Bridport ...	6980	81	11.6	4	49	90	12.8
	Cerne ...	4458	82	18.3	6	73	49	10.9
	Dorchester ...	8808	140	15.8	8	57	90	10.2
	Poole ...	8272	185	22.3	8	43	84	10.1
	Shaftesbury ...	9573	145	15.1	5	34	128	13.3
	Sherborne ...	5480	84	15.3	3	35	54	9.8
	Sturminster ...	7832	103	13.1	1	9	102	13.0
	Wareham ...	12500	254	17.5	7	27	110	8.0†
	Weymouth ...	8848	150	16.9	7	46	84	9.4
Wimborne ...	15370	251	16.3	13	51	187	12.1†	
TOTAL OF RURAL DISTRICTS	104500	1740	16.3	82	47	1198	11.4	
England and Wales ...			18.3		75.		12.2	

\* For calculating this rate the Registrar-General has supplied another population figure (228900) to allow for abnormalities of population in Dorchester Borough, Portland Urban District and Wareham Rural District.

† In these districts standardizing factors have been furnished for correcting the death-rate. The corrected death rates for these districts are as follows:—Poole Borough, 9.8; Portland Urban District, 7.7; Weymouth Borough, 9.4; Wareham Rural District, 7.5; Wimborne Rural District, 8.8.



**TABLE II.**  
**Cases of Infectious Diseases notified during the year 1925 and number of Cases removed to Hospital.**  
**URBAN DISTRICTS.**

NOTIFIABLE DISEASE	BLANDFORD		BRIDPORT		DORCHESTER		LYME REGIS		FOOLE		PORTLAND		SHAFTESBURY		SHERBORNE		SWANAGE		WAREHAM		WEYMOUTH		WIMBORNE		Total Cases Notified.	
	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed		
Pneumonia	1		1		5	2			11		6	1	3		7	2	1				9	2			44	
Chicken-Pox									91	1															91	
Dysentery																										
Diphtheria (including Membranous Croup)	1				3	3			41	41	4	4													49	
Erysipelas					5				13	2	1				2		1							1	23	
Scarlet Fever	2		1		19	15	1	1	12	12	19	16	3		51	47	8	4			9	8			125	
German Measles																										
Enteric Fever									3	1							1				1				2	
Enterperal Fever	1				1	1																			5	
Encephalitis																										
Lethargica					2	2			2		1										2	1			7	
Cerebro-spinal Fever									1	1															1	
Poliomyelitis															1		1	1							2	
Whooping Cough																										
Pulmonary Tuberculosis	2		5	3	10	1	5		62		9				4		7			1		23		1	129	
Other forms of Tuberculosis	3		3		3				14	5	6				5		1				10		2		47	
Measles																										
Small Pox																										
Ophthalmia																										
Neonatorum					1	1			4		1										3				9	
Malaria					1						1														2	
Other conditions									1																1	
<b>TOTALS</b>	<b>10</b>		<b>10</b>	<b>3</b>	<b>50</b>	<b>25</b>	<b>6</b>	<b>1</b>	<b>255</b>	<b>63</b>	<b>48</b>	<b>21</b>	<b>6</b>		<b>70</b>	<b>49</b>	<b>20</b>	<b>5</b>	<b>1</b>		<b>57</b>	<b>11</b>	<b>4</b>		<b>537</b>	

**RURAL DISTRICTS.**

NOTIFIABLE DISEASE	BEAMINSTER		BLANDFORD		BRIDPORT		CERNE		DORCHESTER		FOOLE		SHAFTESBURY		SHERBORNE		STURMINSTER		WAREHAM		WEYMOUTH		WIMBORNE		Total Cases Notified.
	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	No. of Cases	No. removed	
Pneumonia	3		9		2				6				16		2		7				8		18		71
Chicken-pox	4																						11		15
Dysentery																									
Diphtheria (including Membranous Croup)	2		1	1					1	1	1	1	14	12	2	2			2		1	1	4	3	28
Erysipelas			2	2	1		1		2			1					1		2		2		2		12
Scarlet Fever	10	2	3	2	2		4		14	11	15	10			1		1		9		10	10	7	3	76
German Measles																									
Enteric Fever			1	1					1	1							1	1							3
Enterperal Fever																									1
Encephalitis																									
Lethargica			2	1	2						3		2									1	2	1	12
Cerebro-Spinal Fever																							1	1	2
Poliomyelitis																					1	1			1
Pulmonary Tuberculosis	15		8		4		6		15				9		3		5				10		26		101
Other forms of Tuberculosis	2		1						5				1		1		3				1		5		19
Measles																									
Ophthalmia											1	1													
Neonatorum					1																				2
Malaria					2																				2
Influenza																									
Other conditions																									
<b>TOTALS</b>	<b>36</b>	<b>2</b>	<b>27</b>	<b>7</b>	<b>16</b>		<b>11</b>		<b>44</b>	<b>13</b>	<b>20</b>	<b>12</b>	<b>43</b>	<b>12</b>	<b>9</b>	<b>2</b>	<b>18</b>	<b>1</b>	<b>13</b>		<b>32</b>	<b>12</b>	<b>76</b>	<b>8</b>	<b>34</b>

\* The number of cases admitted to Sanatoria and Hospitals under County Scheme in 1925 was 288.



TABLE III. (a).  
 Causes of and Ages at Death during the year 1925.  
 WHOLE COUNTY.

CAUSES OF DEATH.	NETT DEATHS OF "RESIDENTS," WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.									
	All ages	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and under 75 years	75 and upwards
1	2	3	4	5	6	7	8	9	10	11
All Causes	2533	194	38	23	36	80	224	567	560	811
1. Enteric Fever ... ..	1							1		
2. Small pox ... ..										
3. Measles ... ..	7		3	1	2			1		
4. Scarlet Fever ... ..	3			1	1					
5. Whooping Cough ... ..	26	13	9	2	2		1			
6. Diphtheria ... ..	5			1	4					
7. Influenza ... ..	73	4	1	1		6	6	16	14	25
8. Encephalitis Lethargica ... ..	13			1	2	1	4	4	1	
9. Meningococcal Meningitis	2					1			1	
10. Tuberculosis of Respiratory system ... ..	139				2	25	70	35	5	2
11. Other Tuberculous Diseases	30	2	1	4	5	5	8	4	1	
12. Cancer, Malignant Disease	321				1	2	12	146	95	65
13. Rheumatic Fever ... ..	4				1		1	2		
14. Diabetes ... ..	29				1	1	5	6	9	7
15. Cerebral Haemorrhage, etc.	204					1		43	65	95
16. Heart Disease ... ..	410					4	15	94	141	156
17. Arterio Sclerosis ... ..	115							11	33	71
18. Bronchitis ... ..	135	11	2	1		1	2	16	25	77
19. Pneumonia (all forms) ... ..	113	19	8	1	4	4	17	30	17	13
20. Other Respiratory Diseases	27	1		2			1	8	6	9
21. Ulcer of Stomach or Duodenum ... ..	17						6	8	2	1
22. Diarrhoea, etc. ... ..	26	13	3	1			2	2	1	4
23. Appendicitis and Typhlitis	13			1			1	5	4	2
24. Cirrhosis of Liver ... ..	4						1	3		
25. Acute & Chronic Nephritis	59					1	6	15	22	15
26. Puerperal Sepsis ... ..	8					1	6	1		
27. Other Accidents and Diseases of Pregnancy & Parturition ... ..	7					1	6			
28. Congenital Debility and Malformation, Premature Birth ... ..	101	99	1				1			
29. Suicide ... ..	19					1	2	15	1	
30. Other deaths from violence	73	3	2	1	2	13	15	17	10	10
31. Other Defined Diseases ... ..	538	28	7	5	8	12	35	79	105	259
32. Causes ill-defined or unknown	11	1	1		1		1	5	2	
TOTALS ... ..	2533	194	38	23	36	80	224	567	560	811



TABLE III. (b).  
Causes of Death at all Ages in each District during the year 1925.

CAUSES OF DEATH.	URBAN DISTRICTS.										RURAL DISTRICTS.										Total for whole County						
	Blandford	Bridport	Dorchester	Lyme Regis	Poole	Portland	Shaftesbury	Sherborne	Swanage	Wareham	Weymouth	Winborne	Total Urban Districts	Beaminster	Blandford	Bridport	Cerne	Dorchester	Pool	Shaftesbury		Sherborne	Sturminster	Wareham	Weymouth	Wimborne	Total Rural Districts
All Causes	38	68	105	20	542	84	28	62	54	28	253	53	1335	108	112	90	49	90	84	128	54	102	110	84	187	1198	2533
1. Enteric Fever...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1
2. Small-pox ...	...	...	...	...	...	...	...	...	...	...	...	...	5	2	...	...	...	...	...	...	...	...	...	...	...	...	7
3. Measles ...	...	...	...	...	3	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2
4. Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3
5. Whooping Cough ...	1	...	1	...	...	...	...	...	...	...	...	...	20	...	...	...	...	...	...	...	...	...	...	...	...	...	3
6. Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	6
7. Influenza ...	...	...	...	...	...	...	...	3	1	...	...	...	36	6	...	...	...	...	...	...	...	...	...	...	...	...	26
8. Encephalitis Lethargica ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1
9. Meningococcal Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...	5
10. Tuberculosis of Respiratory System ...	2	3	4	...	33	7	...	2	5	2	17	2	78	3	1	7	4	8	5	4	2	4	6	7	10	61	139
11. Other Tuberculous Diseases ...	1	1	1	...	6	1	...	1	1	4	...	...	16	2	2	2	1	2	1	1	2	3	1	1	1	14	30
12. Cancer, Malignant Disease ...	3	8	20	5	74	14	5	10	10	3	32	4	188	10	15	11	4	9	14	12	9	9	16	7	17	133	321
13. Rheumatic Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	4
14. Diabetes ...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	10
15. Cerebral Haemorrhage, etc. ...	...	...	...	...	...	...	...	...	...	...	...	...	19	...	...	...	...	...	...	...	...	...	...	...	...	...	29
16. Heart Disease ...	4	3	6	3	44	9	...	5	5	3	19	4	105	5	8	4	7	12	8	7	1	13	7	10	17	99	204
17. Arterio-sclerosis ...	6	8	25	3	83	10	5	12	7	7	38	4	208	16	22	14	2	18	12	18	14	20	26	15	25	202	410
18. Bronchitis ...	1	...	...	...	...	...	...	...	...	...	...	...	42	5	5	2	1	2	2	20	6	6	6	9	9	73	115
19. Pneumonia (all forms) ...	4	4	5	1	26	6	...	2	2	7	16	2	73	8	1	4	4	4	4	7	2	7	12	3	10	62	135
20. Other Respiratory Diseases ...	1	2	5	1	18	4	2	3	5	1	12	1	55	4	6	5	4	4	5	8	2	4	4	2	10	58	113
21. Ulcer of stomach or duodenum ...	...	...	...	...	...	...	...	...	...	...	...	...	17	1	1	...	...	...	...	...	...	...	...	...	...	...	27
22. aDiarrhoea, etc., under 2 years ...	...	...	...	...	...	...	...	...	...	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...	4
23. Appendicitis and Typhlitis ...	...	...	...	...	...	...	...	...	...	...	...	...	13	...	...	...	...	...	...	...	...	...	...	...	...	...	10
24. Cirrhosis of Liver ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3
25. Acute and Chronic Nephritis ...	3	5	1	...	11	...	...	3	3	...	7	1	33	3	5	3	3	4	1	4	1	4	1	1	4	26	59
26. Puerperal Sepsis ...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	5
27. Other accidents and Diseases of Pregnancy and Parturition ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	8
28. Congenital Debility and Malformation, Premature Birth ...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	2
29. Suicide ...	...	...	...	...	...	...	...	...	...	...	...	...	54	12	5	1	3	6	2	3	1	1	2	4	8	47	101
30. Other deaths from violence ...	...	...	...	...	...	...	...	...	...	...	...	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...	5
31. Other Defined Diseases ...	1	26	18	5	95	12	9	14	8	3	52	22	275	27	27	26	17	17	16	29	9	26	18	17	44	273	548
32. Causes ill-defined or Unknown ...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	7
TOTALS	38	68	105	20	542	84	28	62	54	28	253	53	1335	108	112	90	49	90	84	128	54	102	110	84	187	1198	2533

a Under 2 years of age.



TABLE IV. TUBERCULOSIS. STATISTICAL SUMMARY FOR THE YEAR ENDED 31st DECEMBER, 1925.

NEW APPLICATIONS.

Number of new applications for treatment	Insured	Non-Insured	Total	Insured	Non-pul- monary tubercular	Pre- monary tubercular	Ob- servation	Total.
	130	237	367	85	13	9	23	130
				68	40	49	80	237
				153	53	58	103	367

DISPENSARY RETURNS FOR 1925.

Total Persons registered for 1925.

Dispensary	Insured Cases <i>a</i>			Non-insured Cases <i>b</i>			Total Insured & Non-Insured
	Old	New	Total	Old	New	Total	
Bridport ...	15	11	26	40	32	72	98
Weymouth	58	31	89	83	87	170	259
Poole ...	83	72	155	82	102	184	339
Sturminster	9	11	20	11	21	32	52
Totals ...	165	125	290	216	242	458	748

Total attendances for examinations only during 1925.

Dispensary	Insured Cases.			Non-insured Cases			Total Insured & Non-Insured
	Old	New	Total	Old	New	Total	
Bridport ...	17	3	20	45	19	64	84
Weymouth	78	37	115	95	25	120	235
Poole ...	135	75	210	85	52	137	347
Sturminster	12	3	15	13	8	21	36
Totals ...	242	118	360	238	104	342	702

Total attendances for treatment during 1925.

Dispensary	Insured Cases			Non-Insured Cases			Total Insured & Non-Insured
	Old	New	Total	Old	New	Total	
Bridport ...	245	40	285	731	77	808	1093
Weymouth	1274	110	1384	1393	212	1605	2989
Poole ...	1223	186	1409	1354	207	1561	2970
Sturminster	93	14	107	134	36	170	277
Totals ...	2835	350	3185	3612	532	4144	7329

*a* Received treatment—175.

*b* Received treatment—339.

SANATORIA.

Early Cases	Insured	Non-Insured.	Total.
Number admitted ...	93	44*	137
Number discharged ...	98	49†	147

\* Includes 8 Pretubercular

† " 7 " HOSPITALS.

Advanced Cases.

Number admitted ...	48	36	84
Number discharged ...	54	31	85

Surgical Cases.

Number admitted ...	23	44	67
Number discharged ...	16	43	59

Name and situation of Institutions to which patients were sent by the Council.

Adults	Number Admitted	
	Ins.	Non-Ins.
Nirvana Home, Parkstone ...	39	33
Beckford Home, Warminster ...	82	21
Royal National Sanatorium, Bournemouth ...	7	1
Weymouth and District Hospital ...	4	5
County Hospital, Dorchester ...	10	1
Yeatman Hospital, Sherborne ...	3	1
Borough Sanatorium, Weymouth ...	9	2
Training Colony, Papworth Hall, Cambridge ...	2	—
Southmead Infirmary, Bristol ...	—	1
Preston Hall, Aylesford, Kent ...	2	—
Royal Victoria Hospital Bournemouth ...	2	1
St. Bartholomews Hospital, London ...	—	1
Cancer Hospital, London ...	—	1
Cornelia Hospital, Poole ...	4	3
Shropshire Orthopaedic Hospital, Oswestry. ...	—	1
<i>Children.</i>		
Nirvana Home, Parkstone ...	—	1
St. Catherines Home, Ventnor, I.O.W. ...	—	12
Swanage Red Cross Children's Hospital ...	—	13
Weymouth and District Hospital ...	—	2
Church Army Sanatorium, Heath End, Farnham ...	—	1
Church Army Sanatorium, Fleet, Hants ...	—	1
Dorset County Hospital, Dorchester ...	—	12
Yeatman Hospital, Sherborne ...	—	1
Cornelia Hospital, Poole ...	—	4
General Hospital, London ...	—	1
Royal Victoria and West Hants Hospital, Bournemouth ...	—	3
St. Andrew's Home, S. Hayling, Hants ...	—	1

164 124  
288

Deaths in 1925	Insured.	Non-Insured.	Total
...	61.	34	95

No. of Cases in which the disease was reported to be quiescent during 1925	Insured.	Non-Insured.	Total
...	25	74	99



# REPORTS of District Medical Officers of Health.

(Abstract of Returns from County Districts),

### TABLE V. SANITARY INSPECTIONS (SEPARATE DISTRICTS).

	URBAN DISTRICTS.						RURAL DISTRICTS.				
	No. Inspections	No. of Informal Notices	No. complied with	No. of Statutory Notices	No. complied with		No. of Inspections.	No. of Informal Notices	No. complied with	No. of Statutory Notices	No. complied with
*BLANDFORD ...						BEAMINSTER ...	265	15	15	4	3
BRIDPORT ...	48	18	18	2	2	BLANDFORD ...	148	10	10	1	1
DORCHESTER	3450	102	99	126	119	*BRIDPORT ...					
LYME REGIS	249	11	11	1	1	*CERNE ...					
POOLE ...	7118	280	218	54	40	DORCHESTER ...	70	19	17	—	—
PORTLAND ...	2415	124	111	16	14	*POOLE ...					
SHAFTESBURY	45	56	56	2	—	SHAFTESBURY	83				
SHERBORNE ...	144	—	—	—	—	SHERBORNE ...	23	14	10	4	3
SWANAGE ...	350	97	39	6	6	STURMINSTER	496	4	4	8	8
*WAREHAM ...						WAREHAM ...	—	36	36	—	—
WEYMOUTH ...	2079	94	74	26	20	WEYMOUTH ...	654	43	43	5	5
WIMBORNE ...	51	20	20	4	4	WIMBORNE	21	—	—	—	—

### TABLE VI. COWSHEDS AND DAIRIES (SEPARATE DISTRICTS).

	URBAN DISTRICTS.							RURAL DISTRICTS.					
	No. of Dairymen Cowkeepers & Milk sellers on Register.	No. of Cowsheds in Districts	No. Inspected during 1925	No. of Inspections during 1925.	No. of Notices served.	No. complied with		No. of Dairymen Cowkeepers & Milk sellers on Register	No. of Cowsheds in Districts.	No. Inspected during 1925.	No. of Inspections during 1925.	No. of Notices served	No. complied with
*BLANDFORD ...							BEAMINSTER ...	49	—	30	—	—	—
BRIDPORT ...	21	3	3	24	—	—	BLANDFORD ...	103	127	27	27	—	—
DORCHESTER	24	7	7	46	—	—	*BRIDPORT ...						
LYME REGIS	7	6	6	24	—	—	*CERNE ...						
POOLE ...	—	—	—	425	—	—	DORCHESTER ...	31	135	—	30	5	5
PORTLAND ...	25	18	18	122	18	18	*POOLE ...						
SHAFTESBURY	11	7	7	7	—	—	SHAFTESBURY	160	266	45	120	13	6
SHERBORNE ...	5	5	5	10	—	—	SHERBORNE ...	174	219	92	126	16	14
SWANAGE ...	20	15	15	30	15	15	STURMINSTER	369	—	34	—	2	2
*WAREHAM ...							*WAREHAM ...						
WEYMOUTH ...	53	5	5	38	—	—	WEYMOUTH ...	92	73	73	195	13	13
WIMBORNE ...	7	—	—	—	—	—	*WIMBORNE						

\* Information not received.







## PORT SANITARY DISTRICTS.

### PORT OF BRIDPORT.

MEDICAL OFFICER OF HEALTH—A. B. MACCARTHY,  
L.R.C.P., M.R.C.S.

No. of coastwise vessels entering port in 1925	27
No of vessels entering port from foreign	14

### PORT OF LYME REGIS.

MEDICAL OFFICER OF HEALTH—DR. P. N. COOK

No. of coastwise vessels entering port in 1925	NIL
No. of vessels entering port from foreign	NIL

### PORT OF WEYMOUTH.

MEDICAL OFFICER OF HEALTH—THOMAS HOWARD, M.D.

(The Port of Weymouth includes Portland Roads and Weymouth Harbour).

The following table shows the number and registered tonnage of steam and sailing vessels entering Portland Roads and Weymouth Harbour during 1925 :—

	No.	Tonnage.
Portland Roads ... ..	1017	691265
Weymouth Harbour ... ..	882	239471
<b>Total</b>	<b>1899</b>	<b>930736</b>

Port Sanitary Hospital—Cases admitted during 1925.

From Shipboard	3	From Portland Urban District.	19
Dysentery ... ..	3	Scarlet Fever ... ..	19
Observation ... ..	1	Diphtheria ... ..	1
		Influenzal Pneumonia	1

Supervision of Foodstuffs.—The following represents the principal Unsound Foodstuffs destroyed during the year :—

Chocolates ... 214 lbs. 10ozs.	Condensed Milk 37 tins.
Beef ... 1cwt. 94 lbs.	Jelly Tablets ... 10 lbs.
Ham (Cooked) ... 18 lbs.	Australian Rabbits (48)
Cheese ... 31 lbs.	1 cwt. 14lbs.
Bacon ... 55 lbs.	Liquid Eggs 3 cwt. 21 lbs.
Ham ... 9 lbs.	Bananas 245 lbs.

STATEMENT FROM REPORT OF SANITARY INSPECTOR.  
MR. EDWIN NEWBOULD.

Number of Ships inspected in the Port during the year 1925

Where Inspected.	No. of	No. com-
Weymouth    Portland	Notice served	plied with
148            413		
Informal Notices	193	129
Statutory Notices	0	0
<b>Total served</b>	<b>193</b>	<b>129</b>

(In many Cases one Notice covered Several Nuisances).

### PORT OF POOLE.

MEDICAL OFFICER OF HEALTH—R. J. MAULE HORNE,  
M.B., D.P.H.

During the year 880 vessels entered the Port of Poole from home ports; and 232 from foreign ports (including Channel Islands).

No vessels have arrived at the port during the year from any suspected or infected port.

Two Seamen on furlough at their homes, who were contacts on a small-pox infected ship arriving at another British port, were kept under observation. They had both been recently vaccinated.

One foreign (Swedish) seaman applied for treatment under the International agreement regarding Venereal Diseases, and was directed to the nearest Treatment Centre. Suitable notices are, under this Agreement, available for all crews arriving at the Port, being issued to the Captain at first call.

Sanitary Defects were found on board 20 vessels. In all cases the defects were remedied after verbal notice.

All ships visiting the port were clear of rats when inspected.



