[Report 1905] / Medical Officer of Health, Grantham Borough.

Contributors

Grantham (England). Borough Council.

Publication/Creation

1905

Persistent URL

https://wellcomecollection.org/works/xagp2fcj

License and attribution

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

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

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



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

OF THE

GRANTHAM URBAN SANITARY AUTHORITY, FOR THE YEAR 1905.

GRANTHAM.

FEBRUARY, 1906.

To the Chairman and Members of the Grantham Urban Sanitary Authority.

Gentlemen.

I beg to lay before you my ANNUAL REPORT for 1905.

The population of your district as estimated for the middle of the year 1905 is 17,929.

Puring the year, 480 births and 257 deaths were registered as having occurred in your district. From the deaths, 18 must be deducted—9 of those in the Workhouse, and 9 of those in the Grantham Hospital, as these occurred among persons not belonging to your district, so that the corrected number of deaths is 239.

Fifty-one deaths occurred in infants under 1 year.

There were 39 deaths in Public Institutions, namely-24 in the Grantham Workhouse, and 15 in the Grantham Hospital, but only 21 of these are referred to your district.

The Birth-rate was 26.77 per 1,000 of the population, and the death rate 13.33 per 1,000 of the population. The former being 1.48 and the latter 2.17 less than the average of the preceding ten years.

The deaths of children under 1 year were 106-25 per 1,000 of Registered Births, being 22-98 less than the average of the preceding ten years.

The deaths in your district included 4 from whooping cough, 3 from epidemic diarrhoxa, 2 from scarlet fever, 1 from diphtheria, 1 from typhus fever, 1 from erysipelas, and 6 from epidemic influenza. There were no deaths from measles or small pox. The mortality from these Zymotic Diseases was at the rate of 0.67 per 1,000 of the population, if influenza be excluded, and 1 per 1,000 of the population if influenza be included.

These figures may, I think, certainly be regarded as satisfactory. The death-rate is the lowest on record for the last ten years, with the single exception of the year 1903, in which the death-rate was abnormally low throughout the country. The Zymotic death-rate, and the death-rate of children under 1 year, are well below the average.

There were 7 cases of diphtheria notified—2 in Little Gonerby, 2 in Grantham, 2 in Spittlegate, and 1 in the Grantham Hospital, this last case was admitted from a neighbouring village, and death resulted. There was 1 other death from the disease—a child aged 4—in Spittlegate in June.

Measles was not prevalent during the year, and there were no deaths from this disease.

There was I case of typhus fever notified, that of a girl aged 18, in Grantham in August. I could not ascertain in what way the disease was contracted. The patient recovered and no other person was affected.

There were 15 cases of erysipelas notified, and there was 1 death, a young man aged 18, in Spittlegate, in October.

There were 6 cases of enteric fever notified. One, in Spittlegate, in the early part of February; this patient had been staying in Lincoln, and, no doubt, derived the infection during his visit there. One case occurred in Grantham in September, and was no doubt contracted during a visit at the sea side. The other 4 cases occurred in the Grantham Hospital, and 3 of them came from a neighbouring village. All the cases recovered.

There were 119 cases of scarlet fever notified during the year-12 in Little Gonerby, 31 in Grantham, 69 in Spittlegate, 5 in New Somerby, and 2 in the Grantham Hospital. There were 3 cases notified in January, 3 in February, 1 in March, 3 in April, 2 in June, 2 in July, 4 in August, 5 in September, 8 in October, 37 in November, and 51 in December. There were 2 deaths-1 in Little Gonerby in September and 1 in Spittlegate in November. Some cases of scarlet fever occurred, as will be seen, scattered throughout the earlier months, but it was not until the month of October that the disease began to assume an epidemic form. We have had no such outbreak in the town since the year 1899. Cases, as they have occurred from time to time, have been isolated, as far as was possible in their own homes, and happily until now the disease has remained in comparative abeyance; but, during the last three months of the year, the disease spread alarmingly, and it was evident that the ordinary means employed for checking its spread were quite inadequate, and at a meeting of the Town Council on November 30th, I was instructed to procure a Nurse, who should devote her attention to the scarlet fever patients and assist in procuring their isolation, and to superintend the disinfection of the premises after their recovery. On December 11th, the Sanitary Committee decided to isolate patients in the Isolation Hospital, and from December 13th to the end of the year, 27 patients were admitted to Hospital.

After careful enquiry it was not found that any particular School, or any one department of any particular School was responsible for the spread of the fever, and many of those first attacked in a family were too young for School attendance.

All the patients for whom permission could be obtained were promptly removed to the Isolation Hospital, the premises stoved, and the bedding and blankets removed for disinfection to the Steam Disinfector. As the benefit of the removal of patients became recognised, less and less difficulty was encountered in obtaining permission for their removal. But the epidemic had obtained a decided hold before Hospital isolation was commenced, and it is a matter for very serious consideration for those in authority to weigh carefully in their minds the importance of the complete isolation of early cases. It is little less than folly to pretend that anything like complete isolation can take place in a small tenement, when the woman who is attending to the patient, generally wearing a stuff gown, is also attending to her other domestic duties, and her husband, who is living in the same house, is daily going to his ordinary occupation. It is at once evident that even if the woman of the house is intelligently willing to carry out the instructions given to her, it is quite impossible for anything approaching satisfactory isolation to take place. Moreover, it is exceedingly difficult to ensure that such a house can be considered to be safely and efficiently rendered free from infection, after the recovery of the patient, however carefully the measures attempted may be carried out. It should also be pointed out that in some of the poorer parts of the town, where the people are either very poor or very neglectful of cleanliness, it is simply a hopeless matter to endeavour simply by instruction and advice to prevent the premises from becoming a veritable hot bed of infection.

Epidemic influenza gave rise to 6 deaths, but no extensive epidemic occurred.

There were only 3 deaths from epidemic diarrhoa, which is a small number from a disease which is frequently very fatal, especially in the summer months amongst infants. I think it is probable that the improvement in the collection of house refuse, which has been enforced during the last few years, has in some measure at any rate contributed to the diminished mortality from diarrhoa.

It will be manifest from the figures upon Table V. that the deaths from infants under 1 year still constitute a considerable proportion of the total deaths, although they are less this year by 16 than the average of the 10 preceding years, being 51, as against the average of 67.2.

There were 20 deaths from phthisis or pulmonory tuberculosis. Phthisis may now, to a considerable extent at any rate, be considered to be a preventable disease, and the measures to be adopted for its prevention consist mainly in the maintenance of cleanly and healthy surroundings with an abundance of fresh air, especially in sleeping apartments. If the poorer members of the community could be taught the supreme importance of personal and domestic cleanliness, and the importance of open windows, much would be accomplished in the prevention of phthisis. The

danger of phthisical expectorations should also be expressly made known, and all such expectorations should be promptly destroyed. Those who are charitably disposed may do much in assisting to provide for the removal of phthisical patients, for a definite period to suitably provided homes, for the proper treatment of their disease; but it should be borne in mind if success is to be obtained, that patients selected for such treatment should be in an early stage of the disease, and that the treatment such patients receive in these Institutions must be continued as completely as may be in their own homes, after their return, for a prolonged period, and I have found that when such a patient has experienced the methods and the details considered in properly regulated open air sanatoria, it is comparatively easy for them to carry out the treatment in most ordinary homes in quite a reasonably efficient way.

In April, samples of the water supplied by Grantham Waterworks Company were sent to the Clinical Research Association for Chemical and Bacteriological examination, and the result of the examination was considered satisfactory.

Under the Sale of Food and Drugs' Act, the following samples have been taken during the year:--

10	Samples of	f	***	***	Butter.
7					Lard.
6					Arrowroot.
3			111	***	Coffee.
1	**	***			White Pepper

All were found to be genuine except one sample of butter, but in this instance it was decided that no proceedings should be taken.

There are 93 workshops in the Borough, which have been regularly visited during the year, and found to be in a satisfactory state.

During the year your District has been visited by your Inspector and myself, with the view of ascertaining sanitary defects. 35 new water closets have been built, and a suitable flushing apparatus has been supplied to 49 hand-flushed closets.

I append the Report of your Inspector of the nuisances dealt with during the year, and also tables of statistics.

I am, Gentlemen,

Your obediently,

H. POOLE-BERRY.

REPORT

From 1st January to 31st December, 1908.

Number of Nuisances remaining un	abated from the p	revious year				12
Number reported during the year			1000			40
Number abated without formal notic	e					51
Number of formal notices given			***			40
Number abated after formal notice as	nd without legal	proceedings				35
Number of cases in which legal proc			***	111	***	0
Number abated after proceedings		***		***		0
Total number abated					***	98
Number remaining unabated at the	end of the year			144	777	5

JAMES BARNACLE,

GRANTHAM.

3rd January, 1906.

Inspector of Nuisances.

TABLE I.

Vital Statistics of whole District during 1908 and previous Years.

Name of District-GRANTHAM URBAN SANITARY.

		Bir	rus.	To	TAL DEATH IN THE I			Total Deaths	Deaths of Non- residents	Deaths of Residents registered	AGES BELONGING TO		
YEAR.	Population estimated to			Under 1	year of age.	At a	ill ages.	in Public	registered in Public	in Public Institu-			
	Middle of each Year.	Number	Rate.*	Number	Rate per 1,000 Births Registered	Number	Rate.*	Institu- tions in the District.	Institu- tions in the District.	tions beyond the District,	Rate.*	Rate.*	
1	2	3	4	5	6	7	8	9	10	11	12	13	
1895	16,692	509	30.49	87	170.9	329		42			287	17.19	
1896	16,679	452	27.09	67	146.0	273		23			250	14.98	
1897	16,666	501	30.60	99	194.1	342		38	24	7	304	18.30	
1898	16,653	525	31.22	90	171.1	348		33	20		315	18-91	
1899	16,640	457	27.46	57	124.7	330		67	38		263	15.80	
1900	16,627	511	30.73	60	117:22	302		52	33	-	269	16-17	
1901	17,593	448	25.46	57	127:23	288		56	27		261	14.83	
1902	17.677	451	25.21	51	113.05	278		49	27		251	14.19	
1903	17,761	474	26.68	44	92.82	192		40	20		172	9.68	
1904	17,845	479	26.81	, 6o	125-26	291	16.30	46	23		268	15.01	
Averages for years 1895-1904	17,083.3	480.7	28-25	67.2	138-23	297'3		44.6	26.5		264.0	15.20	
1905	17,929	480	26.77	51	106.25	257	14'33	39	18		239	13.33	

^{*} Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

Note.—The deaths to be included in Column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public Institutions" to be taken into account for the purpose of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in acres (exclusive of area covered by water).

I. Institutions within the District receiving sick and infirm persons from outside the District.	II. Institutions outside the District receiving sick and infirm persons from the District.	Other Institutions, the deaths in which have been distributed among the several localities in the District.
Grantham Workhouse Grantham Hospital	Grantham Borough Infectious Hospital	None.
		to the to the

Is the Union Workhouse within the District ?-Yes!

Vital Statistics of Separate Localities in 1908 and previous years. Table II.

DISTRICT SANITARY URBAN Name of District-GRANTHAM

O Deaths at all S S S S S S S S S S S S S S S S S S	-	2
Ages. Ag	0	2
Ages. So to the control of the cont	0	
Ages. So to the series of the series and the series are all the series and the series are all the series and the series are series and the series and the series are all the series and the series and the series are all the series are all the series and the series are all the series ar	0	2
Deaths at all Deaths at all Deaths at all Deaths at all Ages.	0	,
Deaths at all Deaths at all Deaths at all Deaths at all Ages. Ages	0	2
O Deaths at all News. Ages. Ages. Deaths at all News. Ages. Deaths at all News. Deaths under Population Population Population O death year. Births	0	2
O Deaths at all Deaths at all Ages. Ages. Ages. Deaths at all Deaths at all Deaths at all Deaths at all Deaths under a 1 year. Deaths under Deaths under Deaths under Deaths under Deaths under Deaths under Deaths unidelie O.	0	-9
OMER 31 12 2 2 2 2 2 2 3 8 7	0	10
ON Marche at all Deaths at all 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	n	
05	18	10
N Births 8 3 4 4 5 4 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	36	30
Population 7. 1744 1888 1536 1536 1536 1542 1542 1548	1554	1554
Deaths under	0	0
HARRA Births Deaths at all Berges	2 0	0
H Births T G G G G W W W W G G G G G G G G G G G		0
		109
7 2 2 2 2 3 3 4 3 a Deaths under 17 3 2 3 2 3 2 3 3 2 3 3 3 3 3 3 3 3 3 3	24	5+
G 5 1 7 8 95 1 7 8 9 9 6 1 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	201	104
	~ !	210
13 1 1 1 1 1 2 2 2 3 3 2 3 4 1 1 2 1 1 3 2 3 3 4 2 3 4 1 7 ear. 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	6733	6733
		+
THAM. THAM.		65
GRANY Births 155 151 155 155 155 155 155 155 155 15	122	122
Population	5390	5782
. Deaths under 2 5 5 3 2 Deaths under 3 5 9 5 3 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		11
	. 60	53
Lindha 6 98 97 6 Births 1771.		104
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1992	3091
	-	-
	406	
NAMES LOCALIT YEAR 1895 1896 1899 1900 1901 1902 1904 1904 1904	to 1904	1905

Notes.—(a) The separate localities adopted for this Table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired, be used for the whole district; and blocks 2, 3, &c., for the several localities. In small districts Block 1 may, if desired, be used for the whole district: and blocks 2, 3, &c., for the several localities. without recognised divisions of known population this Table need not be filled up. parishes, or registration sub-districts.

(b) Deaths of residents occurring in public institutions beyond the districts are to be included in sub-columns c of this Table, and those of non-residents registered in public

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the institutions in the district excluded. (See note on Table I. as to meaning of terms "resident" and "non-resident.")

(d) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I. and IV.: thus, the totals of sub-columns a, b, and c should agree with the figures for the year in the columns 2, 3, and 12, respectively, of Table II. the gross total of sub-columns c should agree with the total of column 2 in Table IV.

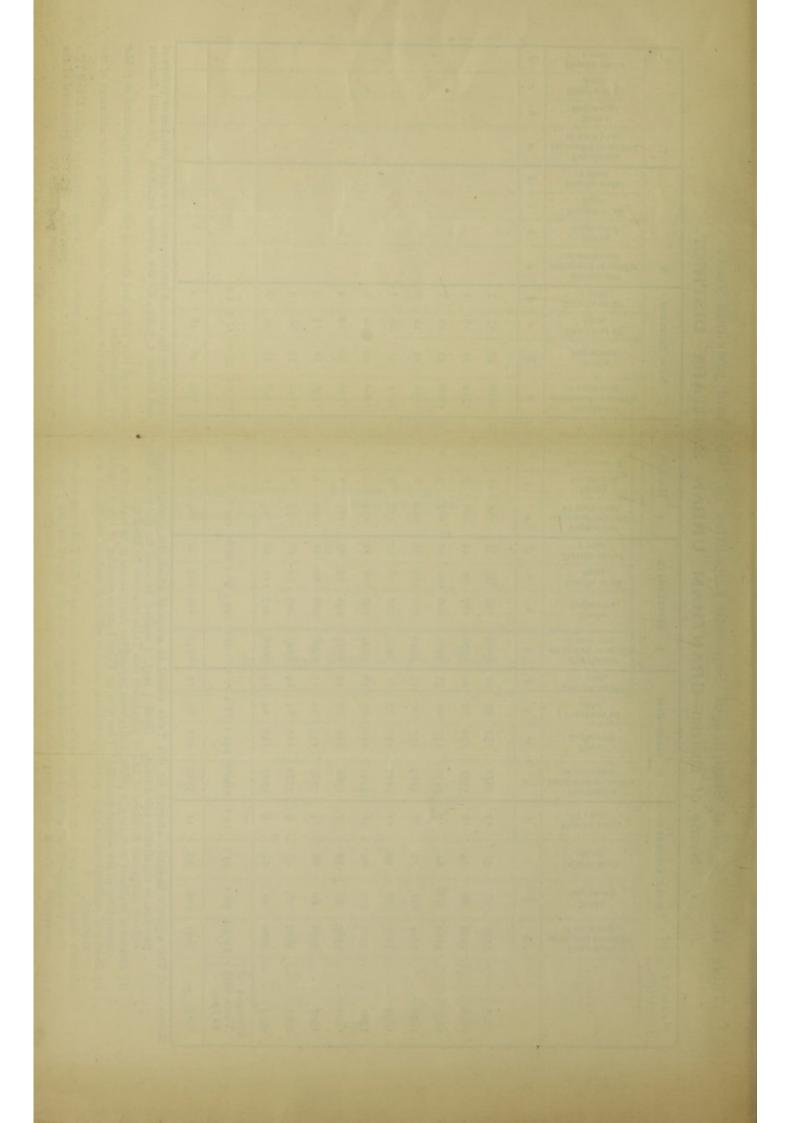


Table III.

Name of District-GRANTHAM URBAN SANITARY DISTRICT. Cases of Infectious Disease Notified during the Year 1905.

	1 "	noinU					91		7						
, i	al. o	tiqsoH				-			+	-	-				
ED TO				1									-		
емом	ν ·Λι	WeW Gomerb													
CASES REMOVED TO PROM EACH LOCALIT	by. +	Harrow													
	w .est	Spittlega						12							12
No. oF HOSPITAL	ei .mi	Granth						01							01
		Little		-				4							4
ITY.	- "	noinU					7								
Local	al. o	tiqsoH			-			61		+					7
TOTAL CASES NOTIFIED IN EACH LOCALITY.		Somerb						5							. 50
PIED IN	pλ· +	wonsH													
Norm	w .931	Spittleg			2			69		-			-		11
CASE	м .шл	Grantha			64		-	31	-	-					2 +
Total	4	Little Gonerb			64		23	1.2							1.7
		65 and Up- wards.					+								+
CASES NOTIFIED IN WHOLE DISTRICTS.		25 to 6.			2		6	S		61					×2
E Dis	At Ages +-Years.	15 to 2		-			-	7	-			-			6
Wног	es +	15 15	-		~			1		3					-
N Q	it Ag	5 to			3			7.5		е,					25
OTIFIE	4	1 to 5 5 to 15			64			32		-					35
SES N		Under													
C	At all	Ages.			1		15	611	-	9					148
			1	-	1	1	:	1	1	-	-	1	-	1	1
	ASE.		:	:		-	-	:	1	:	1	1	-	1	1
	NOTIFIABLE DISEASE.			1		dno				1	la.	-		1	
	ABLE					us C					Feve	Feve	Feve		
	OTIF		Small Pox	era	Diphtheria	Membranous Croup	Erysipelas	Scarlet Fever	Typhus Fever	Enteric Fever	Relapsing Fever	Continued Fever	Puerperal Fever	an	Totals
	Z		Smal	Cholera	Diph	Mem	Erysi	Scarl	Typh	Enter	Relay	Conti	Puer	Plague	

Notes.—The localities adopted for this Table should be the same as those in Tables II. and IV.

State in space below the name of the Isolation Hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district. Mark (W) the locality in which a Workhouse is situated.

† These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information. Grantham Borough Isolation Hospital. (H) Spittlegate Without. (W) Grantham.

		Similar - 12	
			4.5
+			

TABLE IV. Causes of, and Ages at, Death during Year 1905. Name of District—GRANTHAM URBAN SANITARY DISTRICT.

		esiden	ts" w	hether	occur Oistrict	ring is		Deaths at all Ages of "Residents" belonging to Localities, whether occurring in or beyond the District.								Public I.
CAUSES OF DEATH.	4		r and under 5	, 5 and under 15	o 15 and under 25		o Upwards	Conerby Conerby	G Grantham	Spittlegate	; Harrowby	New Somerby	. Hospital		o Hospital	Total Deaths whether of Residents or Non "Residents" in Public Institutions in the District.
1	2	3	4	5	-	7	0	9	10	11	12	13	14	15	10	
Small Pox																
Measles																
Scarlet Fever	2		2					1		1						
Whooping Cough	4	1	3							3		1		1		ı
Diphtheria and Membranous Croup	1		1							T			1			1
Croup																
Fever - Typhus Enteric Other continued	1				1				1							
Epidemic Influenza	6			1		3	2		3	2		ı				
Cholera																1
Plague																
Diarrhœa	3	1	2					1	1	1						
Enteritis	4	2		1			1	1	1	2					137	
Puerperal Fever																
Erysipelas	1				1					1						
Other Septic Diseases	1	1								1						
Phthisis (Pulmonary Tubercular)	20		3	1	4	12		6	2	10		2		1		1
Other Tubercular Diseases	7	1	4	1				1	2	4			1			1
Cancer, Malignant Disease	17				1	9	7	6	3	8			1	3		4
Bronchitis	26	7	5		1	6	7	2	6	17		1				
Pneumonia	15	3	-1	1	1	5	4	4	4	5		2	1			1
Pleurisy	1						1		1							
Other Diseases of Respiratory Organs	3	1				1	1	1		2						
Alcoholism Cirrhosis of Liver	1						1		1							
Venereal Diseases			-	7	1											
Premature Birth	11	11	1					2	6	3			1			1
Diseases and Accidents of Parturition	2			1		2			1	1						
Heart Diseases	11				3	4	4	2	1	5		3	1			1
Accidents	4				-	4			4				5			5
Suicides	4					4		1	1	2						
Old Age	25					1	24	8	8	6		3		11		11
Debility	12	12				-10		4	3	4		1				
All other Causes	58	11	4	2	3	22	16	13	16	25		4	4	8,		12
All Causes	240	51	25	7	15	74	68	53	65	104		18	15	24		39

TABLE V.

Name of District-GRANTHAM URBAN SANITARY DISTRICT. Infantile Mortality during the Year 1908.

Deaths from stated Causes in Weeks and Months under One Year Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under r month.	r-2 Months.	2 3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-to Months.	10-11 Months.	11-12 Months.	Total Death under One Year.
ALL CAUSES: Certified Uncertified																	
Common Infectious Diseases: Small-pox Chicken-pox Measles Scarlet Fever Diphtheria: Croup																	
Whooping Cough DIARRHŒAL DISEASES: Diarrhœa, all forms Enteritis (not Tuberculous) Gastritis, Gastrointestinal Catarrh		1	17	1	1 (1	1	2	1				1	1		2
Wasting Diseases: Premature Birth Congenital Defects Injury at Birth Want of Breast-milk Atrophy, Debility,		2	1		11					I							12
Marasmus TUBERCULOUS DISEASES: Tuberculous Meningitis Tuberculous Peritonitis: Tabes Mesenterica Other Tuberculous Diseases		1	1	1	5	1		1	1		1				1		9.
Erysipelas Syphilis Rickets Meningitis (not Tuber- culous) Convulsions		1		1	2					1				2			2 1 5
Bronchitis Laryngitis Pneumonia Suffocation, overlaying Other Causes			2	1	2		1	1			1	2	1		1		7 2 3
4000	10	5	4	4	23	1	3	4	3	3	2	3	I	3	5		51
District or Sub-Division of (in t	he ye	ar {	Leg	anitary.	e	Popu 	lation	est	46	ed to	midd	lle of	1905		17	929.