

[Report 1907] / Medical Officer of Health, Grantham Borough.

Contributors

Grantham (England). Borough Council.

Publication/Creation

1907

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ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
OF THE
GRANTHAM URBAN SANITARY AUTHORITY,
FOR THE YEAR 1907.

GRANTHAM,

FEBRUARY, 1908.

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

GENTLEMEN,

I beg to lay before you my ANNUAL REPORT for 1907.

The population of your district, as estimated for the middle of the year 1907 is 18,097.

During the year 484 births and 298 deaths were registered as having occurred in your district. From the deaths, 22 must be deducted—11 of those in the Grantham Workhouse, 8 of those in the Grantham Hospital, and 3 others—1 of which occurred as a result of the Carrier's Van accident on Spittlegate Hill, on the way to the Hospital; 1 being the case of a man unknown, who was run over on the railway line; and one which occurred at the Station, being the case of a man belonging to Bottesford,—so that the corrected number of deaths is 276.

The birth rate was 26·74 per 1000 of the population, and the death rate 16·04 per 1000 of the population, the former being 1·1, and the latter 0·17 less than the average of the preceding 10 years.

The deaths of children under 1 year were 115·7 per 1000 of registered births, being 14·59 less than the average of the preceding 10 years.

The deaths in your district included 9 from whooping cough, 1 from diphtheria, 1 from enteric fever, 2 from erysipelas, and 10 from epidemic influenza. There were no deaths from small pox, measles, scarlet fever, or epidemic diarrhoea. The mortality from these Zymotic diseases was at the rate of 0·71 per 1000 of the population if influenza be excluded, and 1·27 per 1000 of the population if influenza be included.

On the whole, the death rate must be considered to be satisfactory, the deaths from the so-called preventable diseases being few.

There were 12 cases of diphtheria notified during the year—2 in Grantham, 9 in Spittlegate, and 1 in New Somerby,—amongst these only 1 death occurred; there were 3 cases in January, 3 in February, 2 in March, 1 in May, 2 in June, and 1 in November. Antitoxin has been supplied by the Sanitary Authority in those cases where it seemed the patients were not in a position to pay for this treatment, and isolation as far as practicable in their own homes has been carried out, and by means of disinfection and School exclusion, efforts have been made to check the spread of the disease. It appears to me that the spread of this disease is mainly due to the unrecognized presence of "carriers" of the infection, that is to say children who may harbour the diphtheria bacillus in their nasal chambers or elsewhere, without presenting evidence of the presence of disease. This is avowedly a difficult problem to deal with; and perhaps, considering such difficulties, our number of cases of diphtheria is not great. That insanitary conditions are a contributory cause in the prevalence of diphtheria, I fully maintain, and all the cases and their surroundings have been investigated, and any defects ascertained have been promptly remedied; but it is remarkable how frequently it has been impossible to discover any local conditions which could fairly be considered as responsible for the disease.

Measles has not been specially prevalent during the year, and there were no deaths from this cause. In the early part of the year there were a considerable number of cases amongst the scholars of the Inner Street School, and this School was closed on this account from February 25th until March 8th, with a satisfactory result. The cases occurring in the School may be regarded as a remnant of the epidemic of measles which was prevalent during the autumn of 1906. I am confidently of opinion, from my experience of several epidemics of measles, now extending over a

considerable number of years, that the prompt closure of a School, and more particularly of an Infant School, upon the first appearance of a case of undoubted measles amongst the scholars, is likely to be the most efficient step which a Sanitary Authority can take to check a possible epidemic of measles. I am also of opinion, after careful observation, that it is quite exceptional for measles to occur twice in the same individual. This, I know, is contrary to the view generally accepted, but my experience tells me that in nearly all those instances in which persons are reported to have had repeated attacks of measles, they have suffered from "German" measles, rose rash, or allied diseases. The difficulty, however, still exists in deciding from the history of various illnesses which parents may narrate, what may have been actually the exact nature of the illness from which their children have suffered.

Twelve cases of erysipelas were notified during the year: 2 in Little Gonerby, 4 in Grantham, 4 in Spittlegate, and 2 in the Grantham Workhouse. There were 2 deaths reported as due to this cause.

Three cases of enteric fever were notified during the year, and one death resulted. After careful enquiry, no evidence of the cause of these cases could be ascertained. The cases themselves did not appear to be associated one with the other. Two cases occurred in February—one in Grantham and one in Spittlegate; and one in August in Little Gonerby.

There were 43 cases of scarlet fever notified during the year, with no deaths. 19 cases occurred in January, 5 in February, 4 in March, 2 in April, 1 in May, 1 in August, 3 in October, 5 in November, and 3 in December. The extensive and prolonged epidemic of scarlet fever could not be considered over until April, having lasted from the October of 1905. The last of the patients in our Isolation Hospital was discharged on April 27th. There were 246 cases admitted during the epidemic to the Isolation Hospital, and it is exceedingly gratifying to report that no deaths occurred. Amongst these numerous cases there were many complications, and it may be interesting to record these. They may be distributed under the following headings:—

Rhinorrhœa	...	...	9	Mastoid abscess and hæmaturia	...	1
„ with abscess	...	...	1	Pyæmia	...	1
Erysipelas and abscess	...	...	1	Ringworm	...	4
Cervical abscess	...	...	2	Pertussis	...	3
Mastoid abscess	...	...	4	Rheumatism	...	1
Albuminuria	...	...	7	Chorea	...	1
Otorrhœa	...	...	23	Phlegmonous inflammation of neck and		
Scabies	...	...	2	collapse of lung	...	1
Hæmaturia	...	...	8			

Some of these cases were exceedingly ill, and I consider their recovery was mainly due to the skill and patient attention of our nurses. That not a few of them would have succumbed if they had been left in their own homes, must, I think, be regarded as an undisputed fact, and is in itself a valuable argument in favour of the benefit of Hospital treatment for these cases. The list of complications moreover shows that the type of cases with which we were dealing was a severe one, and again it must be taken into consideration that under less stringent treatment, even if death had not occurred as an immediate result, evils, such as ear trouble, mastoid disease, or kidney troubles, would very likely have persisted, and perhaps permanently, in the convalescent cases.

Our Isolation Hospital, though by no means equipped as many such Hospitals, proved that it was capable of dealing with satisfactory results with this large number of cases. After all the patients were discharged the building was thoroughly cleansed and disinfected, the blankets, &c., being disinfected at the Disinfector Station.

Since the closure of the Isolation Hospital, those cases of scarlet fever which have occurred, have been treated in their own homes, every effort being made to provide for their efficient isolation, as each individual case permitted.

Reviewing the epidemic critically, now that it is over, I have no doubt in my own mind that the result of the isolation of the cases in Hospital was an immense boon to the community.

That much disappointment has been experienced throughout the country, at the apparent failure of the extensive measures for Hospital Isolation, which have been adopted in almost all populous districts, has now generally been almost universally acknowledged, and I believe that this is due, in spite of all the elaborate care that has been taken, to the persistence of the poison remaining for unknown periods in some of the convalescent cases, and to cope with this is the problem, which at present has outwitted the wisest of our Sanitarians. I have, what appears to my mind, ample evidence from a considerable number of my recorded cases, that the specific

scarlatinal poison may—and does in some cases—persist, probably in the nasal or aural chambers for months at least, after apparent complete convalescence; and, moreover, that the capability for transmission in such cases may be intermittent. That Hospital treatment or congregation was not responsible for the return cases in our epidemic was shown by the occurrence of not a few among those who were treated in their own homes.

Nevertheless, all the leading Sanitary Authorities maintain that Hospital isolation in the case of scarlet fever is indispensable for the safety and well being of the community—partly with the object of saving life and preventing the subsequent ill effects resulting from the complications which may arise, and partly to prevent the disruption of business, and the hindrance to work amongst wage earners. No one who has not been intimately associated with such cases can be aware of the hopeless tangle which promptly arises amongst the poorer members of the population when a case of infectious disease occurs. The mother must attend to the patient, her husband, her other children, and her ordinary domestic duties, and on account of the danger of infection, it is almost impossible to gain any assistance in these duties. Neighbours, friends or others, otherwise willing to help are prevented; and, if the case is a severe one, and perhaps the mother not over strong, the conditions promptly assume a hopeless complex of surroundings which it is exceedingly difficult to relieve, however anxious all may be to help.

There were no cases of small pox during the year.

There were no deaths registered from epidemic diarrhoea, and there can be little doubt that this disease is less prevalent and less fatal during cold summers, a long continuance of dry heat being apparently the ruling factor, by permitting and encouraging the fermentative changes which are considered probably to be its cause.

Epidemic Influenza was prevalent in the early months of the year; it gave rise to 10 deaths—4 between the ages of 25 and 65, and 6 in persons over 65 years of age.

Whooping cough was present during the greater part of the year; it gave rise to nine deaths—3 in children under 1 year, and six in children between the ages of 1 and 5 years. It is exceedingly difficult to devise any measures to check this disease; it commences insidiously, and infection to others frequently occurs before the nature of the disease is recognised. It is doubtful whether School closure has much effect in combating the spread of whooping cough, and, indeed, it is rarely resorted to, unless the large number of absentees appears to render such a step indispensable.

The deaths of children under 1 year (or the infantile mortality as it is called) is somewhat less than last year—56 as against 65, and against 63·4, the average for the preceding 10 years. A pamphlet has been printed, containing advice as to the rearing of infants, and the Registrar of Births has been kind enough to hand one of these in each instance to the person who registers a birth. It is hoped that this measure has been useful, but the fear naturally suggests itself that the very people whom we are most desirous to influence by this advice and instruction are likely to be the very people who would either not heed, or trouble to endeavour to understand, the meaning of the contents of the circular.

Mr. Barnacle, who has been your Sanitary Inspector for 34 years, resigned his post during the month of August, and I desire to place on record that during the many years I have been engaged in working with him, I have constantly appreciated the work he has done, his shrewd common sense, and the persistent determination with which he has carried out his duties, and I believe the town owes a debt of gratitude to him for his many years of labour, especially when it is remembered that many duties devolved upon his shoulders other than those connected with the Sanitary department of the Borough.

Mr. Nott was appointed in August, and I have every reason to believe that the choice made by the Council, from a large number of applicants, was a wise one, and there can be little doubt that the work now required is amply sufficient to engage his whole time and attention.

There are 32 Bakehouses: these have been inspected, and in a few instances necessary alterations have been ordered.

Cowsheds and Milk Shops have engaged the attention of your Inspector and myself, and it has been decided to issue new orders, but pending their issue no steps have been taken. From the recent attention which has been drawn to the danger to health arising from polluted milk, it has become manifest that all Sanitary Authorities, having at heart the welfare of their district, must enforce more stringent regulations, both in the provision of air space and healthy surroundings in the cowsheds, and care in the manner of milking and in the cans and shops where milk is stored.

This has been fully realized by the Sanitary Committee, and efforts will be made to enforce strictly these new Regulations when they come into force.

Equal importance must be given to the inspection of meat. There can be little doubt that the difficulty of adequate meat inspection is seriously enhanced by the number of slaughter houses, in which animals are slaughtered at all and various times. In the larger towns this has been met by the provision of public Abattoirs, and it seems manifest that the advantage such arrangements possess are greatly helpful, if not absolutely essential, for the complete and efficient inspection of meat intended for human consumption. In the smaller towns, like our own, there exist many slaughter houses, so situated that they can scarcely be other than a source of inconvenience, if not of actual injury to neighbouring premises, however carefully they may be attended to. I allude to slaughter houses which have existed for years in the rear of butchers' premises, wedged in closely amongst other habitations in the more crowded parts of the town. The only objection to the abolition of these and the provision of a public Abattoir, I presume, can be on the score of expense—partly the expense that would fall upon the rates in the provision of such a place, and partly the increased expense to the butcher in paying for his space in the Abattoir, and probably increased expense and inconvenience in having to carry on the slaughtering in a place away from his shop and premises. I am afraid all the measures which modern sanitation recommends must always lead to increased expenditure, partly to be borne by the rates and partly by the particular individual whom the regulation especially affects. But it is the duty of the Sanitary Authority to use every means in its power to promote the health and well-being of the community, and when it becomes evident that certain measures are requisite for the proper maintenance of health, sooner or later such measures must be enforced, and the time has certainly arrived when the provision of a public Abattoir, to replace the present private slaughter houses, should engage the serious attention of the Sanitary Authority. I maintain that in any change that is made for the common good of the community, every consideration should be given as far as possible to the effect it may have financially upon the individuals specially affected thereby; but consideration for the health of the public must rank as of paramount importance, however much we may regret any possible inconvenience.

There are at present 24 Registered Slaughter Houses and 9 Licensed Slaughter Houses in your district; there are also 3 Slaughter Houses not at present in occupation.

There are 3 common Lodging Houses, all of which have been regularly inspected and are under inspection.

There are 95 Workshops and Workplaces. These are being inspected, but during the short time the present Inspector has been in office, it has not been possible for him to complete his inspection.

There has been a new Contractor appointed for the Removal of House Refuse, and the work has given satisfaction to the Inspector. In many instances receptacles for house refuse are not provided, and in some instances the receptacles provided are quite inadequate for the purpose. For the proper removal of the refuse, as well as in fairness to the contractor, steps should be taken to ensure the provision of suitable and proper receptacles.

The Borough Surveyor has paid special attention to the cleaning and ventilation of the sewers, and, during the past few months, 4 Webb's Gas Ventilating Lamps and 9 Ventilating Shafts have been provided to sewers. There is good reason for believing that these have proved efficient for the purpose for which they were provided.

On November 6th, seven pieces of meat were seized and condemned, being in a state of decomposition, and on November 18th, the butcher was fined £5 5s. od. with £1 10s. 6d. costs.

Twenty-two samples under the Food and Drugs' Act were taken during the year, all of which were pronounced by the Public Analyst to be genuine.

Nurse Hill has presented her Report as Inspector under the Midwives' Act, and from this it appears that the necessary regulations are complied with.

An Office has been provided at the Town Hall for the Sanitary Inspector. I append his report, from which it will be seen that a very considerable amount of useful work has been done in this department.

I am, Gentlemen,

Yours obediently,

H. POOLE BERRY.

Sanitary Inspector's Report, 1907.

Miscellaneous Inspections (including inspections of common yard and premises complained of)	720
Re-inspection of premises for which notices have been served	215
Visits to slaughter houses	925
Visits to dairies, cowsheds and milk shops	36
Visits to bakehouses	42
Visits to stock market	18
Visits to fish, fruit and vegetable markets	40
Visits to workshops	180
Visits and re-visits to infected houses	20
Number of preliminary notices served	94
Number of statutory notices served	10
Number of rooms disinfected	6
Number of drains tested	8
Number of samples of food and drugs taken	22
Number of bakehouses	32
Number of slaughter houses registered	24
Number of slaughter houses licensed	9
Number of cowkeepers	8
Number of milk shops and milk sellers	44
Number of workshops and workplaces	95
Number of common lodging houses	3

Sanitary Improvements Carried Out.

Water laid on to closets and flushing apparatus provided	81
Additional water closets provided	3
Dustbins provided	7
Choked drains cleansed	34
Choked water closets cleansed	24
Drain connected to sewer	1
Fowls and poultry removed	13
Pigs removed	1
Offensive accumulations removed	7
Manure receptacles provided	2
Waste pipes disconnected or trapped	6
Urinals repaired	2
Rain water cisterns cleansed and overflow pipes trapped	6
Webb's lamps and ventilating shafts provided to sewers (4 lamps and 7 shafts)	11

S. FRANCIS NOTT, A.R. San. I.

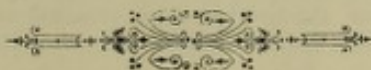


TABLE I.

Vital Statistics of whole District during 1907 and previous Years.

Name of District—GRANTHAM URBAN SANITARY.

YEAR.	Population estimated to middle of each year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				Total Deaths in Public Institutions in the District.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number	Rate.*	Under 1 year of age.		At all ages.					Number.	Rate.*
				Number	Rate per 1,000 Births Registered	Number	Rate.*					
1	2	3	4	5	6	7	8	9	10	11		
1897	16,666	501	30·60	99	194·1	342		38	24		304	18·30
1898	16,653	525	31·52	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	25·51	51	113·02	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	60	125·26	291	16·30	46	23		268	15·01
1905	17,929	480	26·77	51	106·25	257	14·33	39	18		239	13·33
1906	18,013	484	26·86	65	131·25	326	18·01	44	19		291	16·15
Averages for years 1897-1906	17,340	481·0	27·84	63·4	130·29	295·4	16·21	46·4	24·9		263·3	15·23
1907	18,097	484	26·74	56	115·70	298	16·21	44	19		276	15·25

* 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 purposes 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.)

1,676

Total population at all ages

17,593

Number of inhabited houses

3,732

Average number of persons per house

4·71

At Census
of 1901.

[See over.]

TABLE I.

VIENNA STATISTICS OF WHOLE DISTRICTS FOR 1907 AND PREVIOUS YEARS.

NAME OF DISTRICT—GRANTHAM URBAN SANITARY.

Name of District	Year	Total Deaths	Deaths from	Deaths from	Deaths from
1907	1907	1907	1907	1907	1907
1906	1906	1906	1906	1906	1906
1905	1905	1905	1905	1905	1905
1904	1904	1904	1904	1904	1904
1903	1903	1903	1903	1903	1903
1902	1902	1902	1902	1902	1902
1901	1901	1901	1901	1901	1901
1900	1900	1900	1900	1900	1900
1899	1899	1899	1899	1899	1899

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.	III. 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.
Is the Union Workhouse within the District?—Yes!		

TABLE II.

Vital Statistics of Separate Localities in 1907 and previous years.
Name of District—GRANTHAM URBAN SANITARY DISTRICT.

NAMES OF LOCALITIES.	1. LITTLE GONERBY.				2. GRANTHAM.				3. SPITALGATE.				4. HARROWBY.				5. NEW SOMERBY.			
	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.
1897 ...	3220	91	61	19	5439	157	106	33	5963	206	100	39	184	9	1	1	1800	43	22	7
1898 ...	3214	112	71	27	5463	155	100	25	5940	210	118	38	180	8	1	0	1856	35	12	0
1899 ...	3208	87	52	11	5427	138	77	21	5917	197	78	20	176	5	1	1	1912	31	26	5
1900 ...	3202	113	64	16	5391	150	67	18	5894	197	116	24	172	2	0	0	1968	49	22	2
1901 ...	3567	98	59	17	5762	124	87	13	6553	191	95	23	181	5	1	0	1530	30	19	4
1902 ...	3598	80	68	14	5767	133	90	13	6598	206	80	21	178	1	0	0	1536	31	13	3
1903 ...	3629	106	47	9	5772	122	64	14	6643	205	71	16	175	6	0	0	1542	35	10	4
1904 ...	3660	91	64	9	5777	128	64	13	6688	217	115	28	172	5	5	1	1548	37	20	8
1905 ...	3691	104	53	11	5782	122	65	14	6733	210	104	24	169	8	0	0	1554	36	18	2
1906 ...	3722	93	58	16	5787	120	88	16	6778	239	127	31	166	7	1	0	1560	25	17	2
Averages of years 1897 to 1906.	3471.1	97.5	59.7	14.9	5636.7	134.8	80.8	18.0	6370.8	207.8	100.4	26.4	175.3	5.6	1.0	0.3	1680.6	35.2	17.9	3.7
1907 ...	3753	98	47	8	5792	110	91	15	6823	225	116	32	163	3	0	0	1566	48	24	1

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 without recognised divisions of known population this table need not be filled up.

(b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns *c* of this table, and those of non-residents registered in public institutions in the district excluded. (See Note on Table I. as to meaning of terms "resident" and "non-resident.")

(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 deceased.

(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 Table 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 I.; the gross total of the sub-columns *c* should agree with the total of column 2 in Table IV., and the gross total of sub-columns *d* with the total of column 3 in Table IV.

Table III.

Cases of Infectious Disease notified during the Year 1907.
Name of District—GRANTHAM URBAN SANITARY DISTRICT.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							TOTAL CASES NOTIFIED IN EACH LOCALITY.							* NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.								
	At all Ages.	At Ages†—Years.						Little Gonerby.	Grantham.	Spitalgate.	Harrowby.	New Somerby.	Hospital.	Union.	Little Gonerby.	Grantham.	Spitalgate.	Harrowby.	New Somerby.	Hospital.	Union.	Total Cases removed to Hospital.	
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards																
Small-pox ...																							
Cholera ...																							
Diphtheria (including Membranous croup)...	12	3	8	1				2	9			1											
Erysipelas ...	12	1			8	3	2	4	4					2									
Scarlet Fever...	43	15	27		1		6	12	19	2	4				5	10	8	1					24
Typhus Fever ...																							
Enteric Fever ...	3		1		2		1	1	1														
Relapsing Fever ...																							
Continued Fever ...																							
Puerperal Fever ...																							
Totals ...	70	1	18	36	1	11	3	9	19	33	2	5		2	5	10	8	1					24

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. The name of the authority by whom the hospital is provided should be given. Mark (W) the locality in which a workhouse is situated.

* This space may be used for record of other disease the notification (compulsory or voluntary) of which is in force in the district.

† 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.

* * Column 8 should be filled up with the Totals of cases removed to Hospital, whether the District is divided into separate localities or consists of only one undivided area. Isolation Hospital:—Grantham Borough Isolation Hospital. (H) Spitalgate Without. (W) Grantham.

REPORT ON THE PROGRESS OF THE WORK DURING THE YEAR 1900

1900

No.	Name of the person or persons to whom the work was assigned	Period of time during which the work was done										Remarks
		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	
1	...											
2	...											
3	...											
4	...											
5	...											
6	...											
7	...											
8	...											
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TABLE IV.

Causes of, and Ages at Death during Year 1907.

Name of District—GRANTHAM URBAN SANITARY DISTRICT.

CAUSES OF DEATH.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.							Deaths at all ages of "Residents" belonging to Localities, whether occurring in or beyond the District.							Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District.
	All Ages.	Under 1 year.	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards.	Little Gonerby.	Grantham.	Spitalgate.	Harrowby.	New Somerby.	Hospital.	Union.	
I	1	2	4	5	6	7	8	9	10	11	12	13	14	15	16
Small Pox ...															
Measles ...															
Scarlet Fever ...															
Whooping Cough ...	9	3	6					1	2	6					
Diphtheria (including Membranous Croup) ...	1			1						1					
Croup ...															
Fever { Typhus ...															
Enteric ...	1					1			1						
Other Continued ...															
Epidemic Influenza ...	10					4	6	1	4	4		1		1	4
Cholera ...															
Plague ...															
Diarrhoea ...															
Enteritis ...	4		1			3			1	3					
Puerperal Fever ...															
Erysipelas ...	2	1					1		1	1				1	1
Other Septic Diseases ...	2	1		1					1	1					
Phthisis (Pulmonary Tuberculosis.) ...	25				7	17	1	6	8	8		3		3	4
Other Tubercular Diseases ...	12	2	3	4	1	2		2	3	4		3	1		3
Cancer, Malignant Disease ...	12					7	5	4	3	4		1	1		2
Bronchitis ...	24	5	2	1		5	11	5	8	9		2		1	2
Pneumonia ...	14	2	7			3	2	3	5	4		2			1
Pleurisy ...	1					1				1					
Other Diseases of Respiratory Organs ...	5	1	1			2	1	1	3	1					1
Alcoholism } Cirrhosis of Liver }	5					5		1	3			1			
Venereal Diseases ...	1	1								1					
Premature Birth ...	14	14						2	6	6					
Diseases and Accidents of Parturition ...	5					5		1	2	2					
Heart Disease ...	30			1	1	17	11	3	9	13		5	1	2	5
Accidents ...	4	2		1	1		1	1		2		1	1		3
Suicides ...	4				1	2	1	1	3						
Old Age ...	20						20	5	6	7		2		4	5
Debility ...	7	7						2	1	4					
All other Causes ...	67	17	3	1	2	20	24	8	21	35		3	3	6	13
All Causes ...	279	56	23	10	12	94	84	47	91	117		24	7	18	44

TABLE V.

Borough of Grantham—Borough District.

INFANTILE MORTALITY DURING THE YEAR 1907.

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

CAUSE OF DEATH.	Under 1 week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under 1 Year.
ALL CAUSES :—																	
Certified ...																	
Uncertified ...	3				3			1									4
COMMON INFECTIOUS DISEASES :—																	
Small Pox ...																	
Chicken Pox ...																	
Measles ...																	
Scarlet Fever ...																	
Diphtheria (including Membraneous Croup) ...													1				
Whooping Cough ...						1											2
DIARRHOEAL DISEASES :—																	
Diarrhoea, all forms ...																	
Enteritis, Muco-enteritis, Gastro-enteritis ...																	
Gastritis, Gastro-intestinal Catarrh ...																	
WASTING DISEASE :—																	
Premature Birth ...	9		1	1	11												11
Congenital Defects ...			1		1			2									3
Injury at Birth ...																	
Want of Breast Milk, Starvation ...																	
Atrophy, Debility, Marasmus ...				1	1		3	1	1					1			7
TUBERCULOUS DISEASES :—																	
Tuberculous Meningitis ...															1		1
Tuberculous Peritonitis :—																	
Tabes Mesenterica ...																	
Other Tuberculous Diseases ...															1		1
OTHER CAUSES :—																	
Erysipelas ...									1								1
Syphilis ...			2		2												2
Rickets ...							1						1		2		4
Meningitis (not Tuberculous)										1							1
Convulsions ...			1		1	1					1	1					4
Bronchitis ...						1		2			1	1	1				6
Laryngitis ...																	
Pneumonia ...								1					1				2
Suffocation, overlying ...				1	1												1
Other Causes ...				2	2	1		1			1			1			6
	12		5	5	22	4	4	8	2	1	3	2	4	2	4		56

District (or sub-division) of Grantham.

Population (estimated to middle of 1907)—18,097.

 Births in the Year {

Legitimate—465.

Illegitimate—19.

 Deaths in the year of {

Legitimate Infants—60.

Illegitimate Infants—5.

Deaths from all Causes at all Ages—279.

TABLE V.
Borough of Birmingham—Borough District.
INFANTILE MORTALITY DURING THE YEAR 1902.

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

FACTORY AND WORKSHOPS ACT, 1901.

Factories, Workshops, Laundries, Workplaces, and
Homework.

INSPECTION.

PREMISES.				Number of Inspections.
Factories (including Factory Laundries) ...	...	...	...	180
Workshops (including Workshop Laundries) ...	...	...	...	
Workplaces (other than Outworkers' Premises) ...	...	...	...	
TOTAL ...	...	...	...	180

HOME WORK.

NATURE OF WORK.	Outworkers' Lists, Section 107.		Inspections of Outworkers' Premises.
	Lists received from Employers. Twice in the Year.		
	Lists.	Outworkers.	
Wearing Apparel—Making, &c...	2	4	8
TOTAL 	2	4	8

REGISTERED WORKSHOPS.

Total Number of Workshops on Register ... 95