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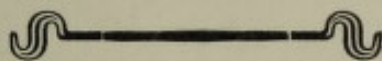
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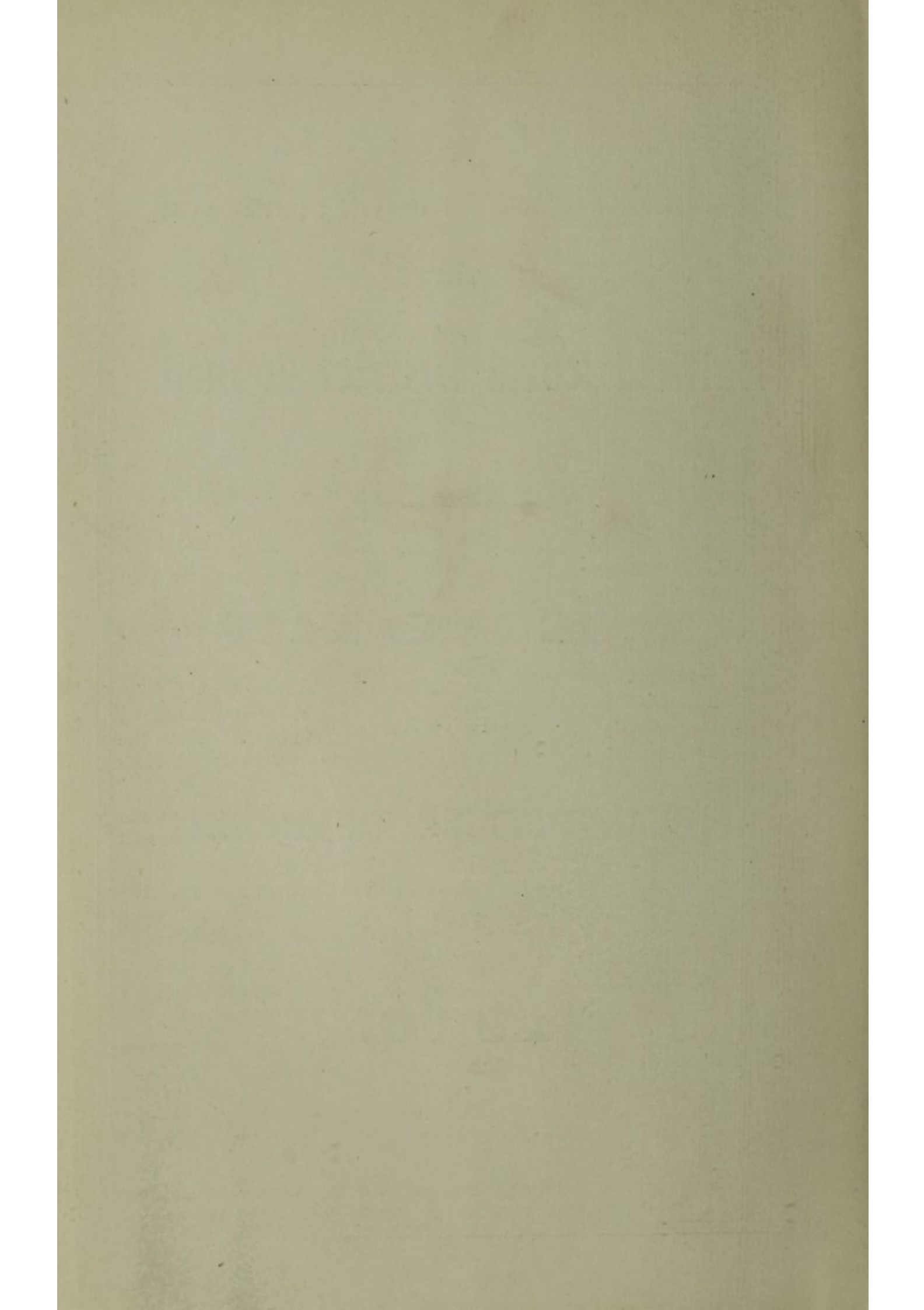


REPORT

OF THE
MEDICAL OFFICER OF HEALTH,

FOR

1910.



THE
HATFIELD RURAL DISTRICT COUNCIL.

Report of the Medical Officer of Health for 1910.

HATFIELD,
28th January, 1911.

GENTLEMEN,

I have the honour to present my annual report for the year 1910, with the various schedules relative to vital statistics.

The birth-rate is below the average for the last ten years, as is the infantile death-rate.

The general death-rate is, however, higher than that average.

There were, in all, ten deaths registered as being caused by Diphtheria, all belonging to Hatfield. Of these, five occurred in the Isolation Hospital, and one in the Workhouse Infirmary at Hatfield.

The infantile death-rate is under the average of the last ten years; in the last ten years, only two are lower than the present one.

A reference to Table IV. demonstrates that out of the 105 deaths occurring in persons belonging to the district, 32 were those of persons of ages varying between 25 and under 65 years of age, and 37 were those of persons of 65 years of age, and over.

So far as vital statistics are concerned—with the exception of the mortality from Diphtheria—satisfaction can be expressed.

Epidemiology.—A reference to Schedule III. demonstrates that the district outside Hatfield has been practically free from notifiable infectious disorders. Hatfield has been the seat of the Scarlet Fever and the Diphtheria notifications. Scarlet Fever is at the present time of a very mild type, and no death has resulted from it.

Diphtheria has been the cause of considerable administrative trouble. These troubles have arisen chiefly because of the educational deficiencies of the age in which we live.

It is usual to find a confusion in the minds of a vast number of persons between the value of information and knowledge. There is the greatest possible difference in value, when difficult situations present themselves.

The well-informed person—and usually he is very far from being so—too often arrogates to himself a knowledge in which he is conspicuously deficient, and if he is in a position of influence, can cause the difficulties of a Medical Officer of Health to be considerable.

The difficulties of the management of Epidemics of any infective disorder are those which can be encountered with some equanimity, but the difficulties of coping with the follies of human nature are those which no administrator encounters without misgivings. These administrative troubles, I am able to report, have been met by you, Gentlemen of the District Council, and dealt with ultimately, in a manner which has proved successful.

In January of this year, Diphtheria had been prevalent for the two preceding months, and, at your first meeting in the year, the question arose as to what steps should be taken. You decided that a Health Visitor, or as many as I desired, should be engaged, who should examine the children attending the elementary schools, and who should spray the throats of those children presenting any signs of unhealthy throat conditions with an anti-septic spray, and who should be under my direct supervision, and subordinate to me.

On the same day on which you came to this decision, representations were made to the Local Government Board, in consequence of which, an Inspector, Dr. Bulstrode, appeared forthwith on the scene. As a result of this intervention the schools were closed, in place of their re-opening, which you had intended to facilitate. It was in the mind of the Sanitary Authority that it was desirable to advise school closure as a last resource, rather than to advise it as the first and most important step which should be taken with a view of dealing with a prevalence of Diphtheria.

School closure, interfering as it does with the routine of the education of the children, should not, certainly, be lightly advised in any case, and should certainly not be advised at all when Diphtheria is prevalent.

In the many reports which I have written on this subject during the year, and at intervals during the last twenty years, abundant evidence has been put forward which maintains the position which I believe to be correct. When Diphtheria is prevalent in a district, the first point of importance is, the inspection of all children under 12 years of age. The second point is, that all throats presenting any conditions which are not healthy should be sprayed with a suitable anti-septic. The third point is, that Exclusion from School of children whose throats present definite signs of inflammatory trouble should be carried out.

In the early part of the year, interference, to which I have alluded, prevented the carrying out of the measures which you decided to adopt. The schools were closed, a Bacteriologist, Dr. Wedd, was appointed, who should bring his Science to bear upon the subject, and a Health Visitor was appointed subsequently.

The Bacteriologist issued two reports, which confirmed my previously expressed opinion, that not very much could be expected from his Science. As a matter of fact, all the information which was derived from the bacteriological work amounted to this, that the bacillus of Diphtheria was found only rarely in the throats of the children living in the District.

The Bacteriologist remained at work for one month, and the Health Visitor remained until April 11th.

The prevalence of Diphtheria in the early months has been the subject of a report, so I will not further allude to it beyond mentioning the fact that as I was not in actual attendance on any cases, except that one which occurred in March, 1909, I was not in a position to judge of the clinical aspects.

The further administrative steps which were taken by you were, the gratuitous supply of antitoxin to practitioners, and the use of the scarlet fever beds for Diphtheria at the Isolation Hospital.

No further cases after the Spring occurred until September 30th.

On October 19th, having obtained your sanction, the Health Visitor again arrived. On the day of her arrival, the Infant Schools were closed in an irregular manner, and remained closed until after the Christmas holidays, but all the other schools remained open.

On December 1st, the Hatfield Boys' and Girls' Schools were closed, at the request of the Managers, until after the Christmas vacation.

There have, therefore, been two seasonal prevalences of Diphtheria, and special reports have been written about each. In the first, having no cases under my own care, I can say little of the clinical features, but in the last, six out of eighteen cases reported were under my own supervision. I was, therefore, able to form my own opinion as to the clinical features of the disease.

At the commencement of this second prevalence, which was that, strictly speaking, belonging to the year under review, a serious condition of affairs existed, because Scarlet Fever notifications had been sent in with some regularity during September and the early part of October. After the arrival of the Health Visitor the notification of Scarlet Fever practically ceased, and during the month of November, when I expected a large number of notifications only 8 were received. Indeed, all dangers of a serious epidemic was at an end with the close of November.

The measures adopted by the Sanitary Authority had proved a complete success, and the closure of schools was not a measure

required for Public Health purposes. The work of the Health Visitor was somewhat impeded, but a shed was secured, and many children were ~~then~~ inspected.

The effect of school attendance when the children are under the supervision of a skilled Health Visitor during a prevalence of Diphtheria is a neglectable quantity.

Of the two Workhouse children who contracted the disease, one had not attended school at all, being aged two years, and the other one had been absent from school for more than four weeks.

The claim made for school closure is one which I cannot understand in the absence of any apparent reason for it! There are, however, many reasons against school closure, the chief of them being, perhaps, the difficulty of inspection when schools are closed.

Mortality.—The death-rate during the first prevalence which lasted from March 12th, 1909, to May 4th, 1910, was 28 per cent. antitoxin was freely used, and I am unable to form any opinion as to the causation of the excessive rate during the prevalence, as I am without clinical data. The County Medical Officer, in a report presented to his Authority, in connection with the first prevalence, used the figures to urge the importance of Hospital treatment, the death-rate being less in Hospital than at home. However, in the second prevalence, death occurred in half the number of cases removed to Hospital. One died at home, and one in the Workhouse Infirmary. In my opinion no value can be attached to this use of figures.

The mortality in the second prevalence was 33 per cent. This death-rate, and even the most favourable death-rates which are obtainable under the antitoxin treatment are, as I have pointed out in a special report, not contemplated by me with any sort of satisfaction.

The conclusion at which I have arrived as to the excessive mortality is, that a considerable number of the cases were those of mixed intoxication; that is to say that the Diphtheria intoxication was re-inforced by intoxication derived from other agents of disease. Of thirty-three children's throats which were examined bacteriologically after the subsidence of the prevalence, five were found to present Streptococci, all presented micrococci of various species, and in no single instance was a Klebs Loeffler bacillus found. If this conclusion is correct, an explanation of the mortality under antitoxin treatment is found.

The Diphtheria antitoxin is only an antidote to the poison of the bacillus Klebs Loeffler—it is no antidote to the poison of the Bacteria.

The use of antitoxin.—The objection which can be urged against this form of treatment is: the active principle of the Serum is a chemical substance, which is of unknown chemical constitution, unstable in character, and the dose of which is indefinite and a

matter of guess work. Its value for therapeutic purposes depends to a considerable extent upon the time at which it is exhibited. It appears to be of practically no value, after the fourth day of the disease, and only of positive value on the first day, and of less value on the second and third.

Now it cannot be expected that persons in charge of children will *know* in many cases the time when the disease has really commenced ; they may easily be deceived as to the importance of early symptoms, and do not very frequently call in Medical assistance, until they are certain that the symptoms of illness are of a serious nature. A remedy which so soon loses its power for good must, therefore, be one which should be improved upon.

There is no reason against the use of chemical substances of known composition, and which are stable, if such can be found, and used successfully.

I have treated, in all, six cases during the second prevalence of Diphtheria, one with antitoxin and five with a chemical substance. The only one which died was treated with antitoxin.

There can be little doubt that antitoxin is a reliable agent, when the case is treated very early in the disease, and when the intoxication is not of the mixed kind, but that it is not efficient I have no doubt, in many cases, which present themselves for treatment.

As a prophylactic agent, I have better hopes of the Serum, but its value as a prophylactic is lessened, because its powers in this direction are limited in point of time, and its use has been thought to interfere with its curative powers, if it is exhibited in cases where an attack of the disease follows after its use in a prophylactic dose.

The Report of the Inspector of Nuisances is appended to this Report.

No conditions affecting the purity of milk sold in the district, or the wholesomeness of foods used for human consumption have been found.

There is no alteration in the water supply of the district, which is satisfactory on the whole.

There have been no cases of pollution of river or streams brought to my notice.

The drainage of Little Heath is in progress, and that of Hatfield has been under attention.

I have no reason to believe that the Contractors who have undertaken the duty of emptying earth closets and removing house refuse, are doing the work in anything but a satisfactory manner.

The Housing and Town Planning Act has been the matter of Conference between the County Medical Officer of Health and

myself, and we have inspected some parts of Hatfield. We intend, as soon as practicable, to come to a conclusion as to the definite lines upon which we will proceed to carry out its provisions.

The general condition of your district is satisfactory.

During a specially arduous year of office I have received much support from you, for which I am very grateful.

I remain, Gentlemen,

Yours faithfully,

LOVELL DRAGE, M.D. (OXON),

Medical Officer of Health.

THE HATFIELD SANITARY AUTHORITY.



Factories, Workshops, Workplaces and Homework.

1.—INSPECTION.

Including Inspections made by Inspector of Nuisances.

PREMISES.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (Including Factory Laundries)	6	...	...
Workshops (Including Workshop Laundries)	4	...	...
Workplaces ... ..	...	...	...
Homeworkers' Premises ... ..	...	...	...
Total	10	...	...

2.—DEFECTS FOUND.

PARTICULARS.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
Nuisances under the Public Health Acts:—				
Want of Cleanliness ... ..	...	...	...	...
Want of Ventilation	1	1	...	...
Overcrowding ... ..	...	...	...	...
Want of Drainage of Floors ...	1	1	...	...
Other Nuisances ... ..	...	...	...	...
Sanitary Accommodation {	insufficient ... ..	...	...	...
	unsuitable or defective	...	...	...
	not separate for sexes	...	...	...
Total	2	2	...	...

Workshops on the Register ... 24

Notified by H.M. Inspector under the Public Health Acts ... 3

Table 1.

Vital Statistics of Whole District during 1910 and Previous Years.

Name of District . . . HATFIELD RURAL.

YEAR	Popu- lation estimated to middle of each year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				Total Deaths in Public In- stitutions in the District.	Deaths of Non-Residents registered in Public In- stitutions in the District.	Deaths of Residents regis- tered in Public Institu- tions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Num- ber.	Rate.*	Under 1 year of age.		At all ages.					Num- ber.	Rate*
				Num- ber.	Rate per 1,000 Births Regis- tered.	Num- ber.	Rate*					
1	2	3	4	5	6	7	8	9	10	11	12	13
1900	6963	199	28·5	22	110·5	89	12·5	11	2	...	87	12·3
1901	7551	197	26	21	106·5	79	10·4	12	...	...	79	10·4
1902	„	188	24·8	20	106·3	100	13·2	12	...	1	101	13·2
1903	„	208	27·5	15	72·1	97	12·28	9	...	5	102	13·5
1904	„	193	25·5	25	129	100	13·6	13	...	4	104	13·3
1905	„	182	24·1	8	43·9	86	11·3	11	1	4	89	11·9
1906	„	200	26·4	21	105	87	11·5	9	...	3	90	11·9
1907	„	162	21·4	21	129	86	11·3	12	3	7	90	12·3
1908	„	207	27·2	9	43·4	72	9·5	5	...	4	76	10
1909	„	205	27·1	17	82·9	83	10·9	6	...	2	85	11·2
Aver- ages for years 1900- 1909		194	25·8	17·9	92·8	80	11·7	10	6	3	90	11·9
1910	7551	186	24·6	12	64·5	94	12·7	10	...	11	105	13·7

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

Area of District in acres (exclusive of area covered by water), 23,386.

Total population at all ages at Census of 1901, 7,551.

Number of inhabited houses at ditto, 1,582.

Average number of persons per house at ditto, 4.7.

Institutions outside the District receiving sick and infirm persons from the District: Hertford and Ware Infectious Hospital, Potter's Bar Cottage Hospital, County Hospital, Hertford, and Herts County Lunatic Asylum, Hill End.

The Union Workhouse is within the District.

Table 11.

Vital Statistics of Separate Localities in 1910 and Previous Years.

NAMES OF LOCALITIES	1. HATFIELD.				2. NORTH MIMMS.				3. NORTHAW.				4. ESSENDON.			
	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year
YEAR.																
1900 ...	4330	132	54	17	1511	44	19	5	582	16	6	1	540	10	10	...
1901 ...	4754	123	62	17	1568	44	7	2	664	12	5	1	565	18	5	1
1902 ...	"	125	63	12	"	42	21	4	"	14	9	3	"	7	7	1
1903 ...	"	128	67	11	"	56	22	3	"	8	6	1	"	16	7	...
1904 ...	"	129	68	15	"	45	21	8	"	5	3	...	"	14	9	2
1905 ...	"	114	57	5	"	43	19	2	"	12	5	...	"	13	5	1
1906 ...	"	129	60	17	"	43	16	2	"	13	8	2	"	15	6	...
1907 ...	"	103	57	9	"	39	17	8	"	7	8	2	"	13	4	2
1908 ...	"	127	46	6	"	46	18	2	"	12	2	1	"	22	10	...
1909 ...	"	136	56	11	"	47	20	6	"	7	5	...	"	15	4	...
Averages of 1900-1909	...	124	59	12	...	44	18	4	...	10	5	1	...	14	6	...
1910 ...	4754	107	80	10	1568	50	12	2	664	11	7	...	565	18	6	...

Table III.

Cases of Infectious Diseases notified during the Year 1910.

Notifiable Disease.	Cases Notified in Whole District.						Total Cases Notified in each Locality.				No. of Cases removed to Hospital from each Locality.				Total Cases removed to Hospital
	At all Ages.	At Ages—Years.					Hatfield.	North Mims.	Northaw.	Essendon.	Hatfield.	North Mims.	Northaw.	Essendon.	
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.										65 and up-wards.
Diphtheria (including Membranous Croup)	35	1	10	21	1	2	35	...	...	...	20	...	...	...	20
Erysipelas	1	...	...	...	...	1	...	1	...	...	...	...	...	...	...
Scarlet Fever	20	...	...	16	4	...	18	...	2	...	10	...	2	...	12
Peurperal Fever	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...
Totals	57	1	10	37	5	4	54	1	2	...	30	...	2	...	32

Isolation Hospital . . . HERTFORD AND WARE INFECTIOUS HOSPITAL.

Total available Beds ... 8 Number of Diseases that can be concurrently treated ... 2.

TABLE IV.
Causes of and Ages at Death during the Year 1910.

Cause 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 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	North Mimms.	Northaw.	Essendon.	Hatfield.	
Whooping Cough	3	3	...	...	...	...	...	...	...	...	3	...
Diphtheria (including Membranous Croup	10	...	3	7	...	...	...	...	...	...	10	1
Enteritis	2	2	...	...	...	...	...	...	...	...	2	...
Puerperal Fever	1	...	...	...	...	1	...	...	...	...	1	...
Phthisis (Pulmonary Tuberculosis)	11	...	...	1	3	7	...	...	1	1	9	1
Other tuberculous diseases ..	2	...	...	1	1	...	...	1	...	...	1	...
Cancer, malignant disease.....	9	...	...	...	...	6	3	...	...	...	9	1
Bronchitis	5	...	1	...	...	...	4	1	...	...	4	1
Pneumonia	7	...	2	...	...	3	2	1	1	...	5	1
Premature birth	2	2	...	...	...	...	...	1	1	...	1	...
Heart diseases	4	...	...	...	...	2	2	1	1	1	1	...
Accidents	3	...	...	...	1	2	...	...	...	...	3	...
All other causes	46	5	...	2	2	11	26	7	4	4	31	5
All causes	105	12	6	11	7	32	37	12	7	6	80	10

TABLE V.
Infantile Mortality during the Year 1910.

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.
	11-12 months.	10-11 months.	9-10 months.	8-9 months.	7-8 months.	6-7 months.	5-6 months.	4-5 months.	3-4 months.	2-3 months.	1-2 months.	11-12 months.	Total Deaths under One Year.
COMMON INFECTIOUS DISEASES:—													
Whooping Cough ... ..	...	...	...	...	...	...	...	1	...	...	1	1	3
DIARRHOEAL DISEASES:—													
Enteritis, Muco-enteritis, Gastro-enteritis ... ..	...	...	...	1	1	...	...	1	...	...	...	...	2
WASTING DISEASES:—													
Premature Birth	2	...	...	...	2	...	...	...	...	...	...	...	2
Atrophy, Debility, Marasmus ...	...	1	...	1	2	1	1	...	...	...	...	...	5
	2	1	...	2	5	1	1	...	2	1	1	1	12

Births in the year { Legitimate, 178.
 Illegitimate, 8.

Deaths from all Causes, at all ages, 105.
Population estimated to middle of 1910, 7551.

Report of Sanitary Inspector,

For the Rural District of Hatfield, for the year 1910.

INSPECTIONS.						Number of	
						Premises Inspected.	Visits Paid.
HOUSES—							
Houses inspected in routine	...	...	...	...	...	116	
Do. re-inspected	...	...	...	...	...	22	
Do. inspected on complaint	...	...	...	...	...	12	
Do. after infectious disease, visits to	...	...	...	...	...	28	
Common Lodging Houses inspected	...	...	...	...	...	2	
SCHOOLS—							
Visits to	...	...	...	...	...	3	
TRADE PREMISES—							
Bakehouses	...	...	...	...	...	6	
Laundries	...	...	...	...	...	1	
Cowsheds	...	...	...	...	...	10	
Milkshops	...	...	...	...	...	1	
Slaughter-houses	...	...	...	...	...	3	
Visits after serving Notice	...	...	...	...	...	28	
Do. to works in progress	...	...	...	...	...	24	

NEW OR REMEDIAL WORK.

HOUSES—

Houses erected, 17; Re-built, 2; Placed in Habitable Repair, 2; Houses Disinfected, 28; Cleansed, 28; Houses Demolished, 2; Houses in which Overcrowding Abated, 1; Walls, damp and defective, Remedied, 12; Roof, guttering or spouting Repaired, 9; Windows made to open, 2; Ventilation improved, 4.

DRAINAGE—

Privies abolished, 4; Repaired, 8; Cleaned, several; Drains, newly constructed, 6; Drains, tested by smoke. 10.

WATER—

Wells, cleaned or repaired, 4; Samples of Water taken for Analyses, 3; Houses connected with water-mains, new, 4; Old Cisterns, cleansed, repaired, or covered, 4.

YARDS—

Accumulations of Manure, etc., removed, 2.

SCHOOLS—

Disinfected, 3.

TRADE PREMISES—

Workshops cleansed or limewashed, 6; Bakehouses cleansed or limewashed, 6.


FOOD—

Carcases inspected, 2; Condemned, or partly so, 2.

VARIOUS—

Cases in which infected bedding destroyed, 6.

H. T. SIDWELL, F.I.S.E., Mem. C.M.E.S., M.I.Mun.E.,
District Surveyor and Inspector of Nuisances.



Ralph Humphry, Printer, Hatfield.

