

Contributors

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Population 1891, 3,546. 1896, middle estimated, 3,800. Deaths, 44 or 11·7 per 1000 nearly. Births, 89 or 23·4 per 1000.
Natural Increase, 45. Infantile Mortality per 1000 Births, 45.

During the year 1896, 49 deaths were registered in the district (including 6 in the Victoria Cottage Hospital) deducting 10 deaths of persons coming to the district while ill, and deaths in the Cottage Hospital of persons not belonging to the town, but adding 5 deaths in the Union Hospital of Wimborne people, the true mortality is 44, or two less than in 1895, and about 11·7 per 1000 estimated population. This is very remarkable considering the prevalence of Zymotic diseases during the last half of the year, and the fact that two deaths from Diphtheria, 3 from Measles and Laryngitis, and 1 from Whooping-Cough were registered; No death registered in the Rowlands and St. Johns District during the year. None in the months of April and July, and only one in May, and only 18 in the first seven months. The infantile mortality went down from 9 to 4 and was at the very low rate of 45 per 1000 births. The births increased from 85 to 89 being at the rate of 23·4 per 1000 estimated population. The deaths of old persons over 65 increased from 10 in 1895 to 18 in 1896. The natural increase of population was 45. The deaths from notifiable disease were two from Diphtheria, one of these contracted the disease away and came home ill. The mortality from notifiable disease being just over 5 per 1000, but adding one death from Whooping Cough and 3 from Measles and Laryngitis the general Zymotic mortality is 1·3 per 1000.

Deaths.—49 deaths were registered including 6 in the Cottage Hospital, but 10 of these were deaths of persons coming to the district or Cottage Hospital while ill; on the other hand 5 deaths of Wimborne people were registered in the Union Hospital. The deaths of persons coming to the town or Cottage Hospital while ill included 1 Phthisis, 4 Cancer, 2 Brain disease, and one Bronchitis &c.

Of the 49 deaths, 24 were males, and 25 females.

Infants 4 (2 males and 2 females) 1 Whooping-cough, 1 Convulsions, 2 Debility from birth.

1-5, 7 (5 males and 2 females) 2 Diphtheria, (one contracted disease away) 1 Convulsions, 2 Measles and Laryngitis, 1 Bronchitis, &c., and one came in ill health.

5-65, 20 (10 males and 10 females) 1 Measles and Laryngitis, 5 Phthisis (1 came ill) 5 Cancer (3 came ill) 3 Heart, 1 Brain (came ill) and 1 came in ill health.

Over 65, 18 (7 males and 11 females) 1 Diarrhoea not Zymotic, 1 Cancer (came ill) 1 Heart, 3 Bronchitis &c. (1 came ill) 3 Brain (1 came ill) and 1 came in ill health.

Births.—89, of these 37 were males and 52 females.

Zymotic Diseases.—39 cases of notifiable disease were reported but 30 of these were cases of Diphtheria with two deaths, and two more cases reported at the end of the year have since died of the sequelae so that the true number may be given as 4 deaths from this disease; only two cases of Scarlatina both contracted away from the district, 6 cases of Erysipelas, and a case certified as Continued Fever, besides this there were a good many cases of Whooping-cough with one death, and a most extensive and general outbreak of Measles with three deaths, only 9 cases were notified during the first half, 4 of these were Erysipelas, 4 Diphtheria, and the other Continued Fever of a mild type.

Continued Fever.—A case reported in April—The drainage was found defective and no other case occurred.

Scarlatina.—2 cases, 1 reported in November: a man, working at Bournemouth came home ill; no other case occurred. 1 in December, a youth who had recently suffered from Measles. In this case probably the disease was also imported.

Diphtheria.—There has been a serious epidemic of this troublesome and dangerous disease, and cases are still occurring, notwithstanding special efforts to stamp it out. The first case was reported on January 30th. The patient contracted the disease away and recovered. Several cases of suspicious sore throats occurred among the other members of the family, but by the use of disinfectants and gargles were soon relieved, and the disease did not spread. 2. A child came home the beginning of February with Diphtheria and Croup, and died. No other case occurred. 3. A mild case was reported the beginning of March. These cases were all quite distinct from each other, and had no connection with the subsequent outbreak. 4. On June 30th a case was notified, and on July 10th a second child in the same house. The premises were in an insanitary condition, and two cases of Diphtheria had been notified there in 1892, and the premises have been reported on from time to time by myself and the Inspector. On July 15th I received another notification; at short intervals during the month seven more, one of these a fatal case from Croup. I found these children were living in different districts; that they had a different milk and water supply, but that they all attended the same schools. I visited and found the two children who had first been attacked at school. I examined their throats and found the tonsils still enlarged. Other children at the school had sore throats. The schools were closed at my desire, and the children with sore throat treated, but through some misunderstanding the schools were not thoroughly disinfected and fumigated. The schools were re-opened at the end of August, and after a few days four more cases were notified of children attending the school. The schools were then again closed. The drainage was thoroughly overhauled, and an improved system adopted, and the schools thoroughly fumigated and disinfected. The next case was notified on October 12, and 12 more cases have been notified up to the end of the year, two of these proving fatal. These have been traceable to preceding cases, and no doubt, have been contracted from children convalescing but still capable of conveying infection. There have been very many cases of sore throat among children since Midsummer, and, no doubt, many of these were Diphtheritic. The cases generally, at any rate, until the last month, were of a very mild type. Many were unattended by medical men, and it was very difficult even for medical men to decide what cases to notify.

I have given the Inspector instructions to ask the school teachers to enquire at least twice a week if any child is suffering from sore throat, or if any child has relations suffering from sore throat or other illness, and to report any cases to him to enquire into, and if he has any doubt to report to myself and not to re-admit any such children to school unless they bring a medical certificate that they are free from infection.

It should be remembered that Diphtheria is a very infectious disease, and is often spread by mild cases, or by patients apparently convalescent, and often a very long time, differing in different cases, elapses before the power of communicating the disease is lost, and when Diphtheria exists all cases of sore throat should be regarded as suspicious and requiring medical treatment, which is most effectual and satisfactory in the earliest stage. At the same time any insanitary conditions should be attended to, and all heaps of refuse disinfected and removed.

A bad water supply may intensify the disease by lowering the general state of health, and should, therefore, be attended to, but Diphtheria is rarely, if ever, traced to bad water, although, of course, water may convey the disease, if polluted by the specific poison, and when once polluted the worse the water the more likely to spread the disease.

Whooping Cough.—There were a good many cases of Whooping Cough, but, fortunately, in the summer, and only one death resulted.

Measles.—The epidemic of Measles, which has been so prevalent in the neighbourhood, attacked the children in the autumn, and I have never before known so extensive an outbreak. The schools were closed, but the disease only ceased when all the unprotected inhabitants had fallen its victims. As an example in one school of 152 children, 16 had had measles before, and of the 136 susceptible only six escaped.

Three deaths occurred in November from Acute Laryngitis after Measles. The children were convalescent and suddenly attacked with the rapidly-fatal Croup. About the same time similar cases occurred in the outlying districts, and are the first of the kind I have seen as a sequel of Measles, and a very fatal one, and here I would point out the dangerous and mistaken idea, prevalent among even educated people who ought to know better, that every child must have measles. They, therefore, when one case occurs, put all the susceptible children with the sick one that they may all have it and get it over. These people should know that the younger the patient the greater the danger, and that the average mortality of Measle cases decreases with every year of age, and beyond this by wilfully exposing their children to the infection of Measles they are not only risking their lives from that disease, but even if the children recover they are a long time before they recover their full strength and their throats and mucous membranes are especially sensitive and unable to resist germs of other diseases. As an example in many of the cases of Diphtheria that have occurred in the last six weeks I find that the patients have only recently recovered from Measles, and I consider the recrudescence of Diphtheria in a great measure due to the susceptible condition of the children recently recovered from Measles.

General.—The Inspector and myself have inspected the district, especially the houses where Diphtheria has been notified, and have made many recommendations to the Council, some of which have been attended to.

It is an unpleasant task to have to report the same premises, more than once, and I hope that the Council will insist on their orders being carried out.

This also applies to pigsties. After our report the pigs are removed, but after a time others take their place.

The drainage of the town has been severely tried by the long-continued spell of dry weather followed by much rain. We have called attention to some of the drains, and hope our recommendations will be carried out.

The earth-closet system is necessary under existing conditions in the lower part of the town, and it is to be regretted that some few still resist the conversion of cesspool privies into earth-closets.

I would again emphasise the necessity of insisting on the regular and cleanly emptying of these closets and the scavenging of the District generally.

The water supplied by the Water Company is of good quality and I hope it will be more introduced into houses especially in the New Borough, and I look forward to the time when the Council will be able to take the water and gas supply into their own hands.

Union Workhouse.—19 deaths registered (11 males and 8 females) 5 belonging to Wimborne Urban, 10 to Wimborne Rural and 4 to Cranborne Rural Districts.

Infants 2, 1 Convulsions; 1-5, 1 Measles; 5-65 6, 3 Phthisis, 1 Cancer. Over 65, 10, 2 Heart, 7 old age.

Victoria Cottage Hospital.—6 deaths (5 males and 1 female) 4 of these belonging to Wimborne Urban and 2 to Wimborne Rural District.

1-5—a child from Wimborne from Measles and Laryngitis (operation)

5-65—5, 2 Cancer, (one of these after operation) 1 brain and 1 Heart Disease.

With apologies for Printer's Candour

