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# BOROUGH OF LUTON.



## REPORT

OF

MR. HORACE SWORDER, L.R.C.P., M.R.C.S., L.S.A.,

Medical Officer of Health for the Borough of Luton,

FOR THE YEAR ENDED THE 31st DAY OF DECEMBER, 1900.

*Presented to the Sanitary Committee on the 22nd day of February, 1901,  
and ordered to be printed.*

MEDICAL OFFICER OF HEALTH'S OFFICE,  
GEORGE STREET, LUTON,  
January 30th, 1901.

GENTLEMEN,

I beg to lay before you my REPORT for the Year ended December 31st, 1900, being my TWENTY-SECOND ANNUAL REPORT.

During the Year 1,035 Births and 498 Deaths have been registered, equal to annual rates of 27·6 and 13·2 per 1,000 respectively.

The Births exceeded the Deaths by 537.

There were 129 Deaths under 1 year.  
" " 34 " between 1 and 5 years.  
" " 335 " from 5 years and upwards.

The Deaths were distributed as follows:—

Small Pox ...	0	Syphilis ...	1
Measles ...	2	Wasting, Infantile ...	19
Scarlet Fever ...	0	Convulsive, ditto ...	7
Diphtheria, Croup ...	5	Hernia ...	1
Whooping Cough ...	2	Senile ...	38
Fevers ...	1	Injuries ...	11
Diarrhoea, etc. ...	21	Bowel Disease ...	33
Rheumatic Fever ...	1	Urinary Organs ...	15
Erysipelas ...	3	Nervous System (Paralysis, Fits, etc.) ...	54
Pyæmia ...	0	Liver Disease ...	3
Phthisis ...	34	Suicide ...	4
Scrofula, Struma ...	8	Confinement (Puerperal Fever, etc.) ...	1
Bronchitis (Pneumonia, Pleurisy) ...	74	Premature Birth ...	27
Heart Disease ...	32	Influenza ...	12
Cancer ...	37	Other Diseases ...	52
TOTAL ...	498		

Thirty-one deaths were referred to the seven principal Zymotic Diseases, viz.:—2 to Measles, 5 to Diphtheria and Croup, 2 to Whooping Cough, 1 to Typhoid Fever, and 21 to Diarrhoea.

This is equal to a Zymotic Rate of 0·8 per 1,000—probably the lowest in the history of Luton, certainly in that of the Borough; the average for the last eleven years was 1·8, and for the ten preceding years 3·3 per 1,000.

In addition to the above, one death occurred at Spittlesea from Typhoid Fever; this, however, is not included in the Borough returns, Spittlesea being outside the boundary.

**Small Pox.**—In my first Quarterly Report I stated "During my indisposition a case reported 'Small Pox was removed to the Small Pox Hospital at Spittlesea. Every preventive precaution was 'taken, both at the house from which the patient was removed and at Spittlesea.' Further observation of the case did not satisfactorily sustain the original diagnosis.



**Measles.**—A mild epidemic occurred during the Third Quarter, but, the weather being warm, only two deaths resulted.

**Scarlet Fever** was endemic during the first three quarters, and became epidemic in the fourth, fifty-four cases being notified. The disease seems to have lost its ancient power, for, of the sixty-two cases reported during the year, no death occurred; this has been the experience of the last few years. Every case was duly enquired into, and the usual precautions adopted to prevent spread of the disease. In my last Quarterly Report I stated—"The disease, which at one time threatened epidemic proportions, seems suddenly to have received a decided check. It is quite possible that this is largely owing to so many possible centres of infection being abolished by the early removal of fifteen cases to Spittlesea; a case removed there is at once deprived of any direct power of causing further mischief."

**Diphtheria and Croup.**—Of the eighteen cases notified during the year, five were fatal, equal to a mortality of 27·7 per cent.; this would be by no means a large percentage for such a fatal disease, if the cases were all severe ones. It would be of the greatest interest if the Death Certificate could state whether Antitoxin had been used or not; many mild cases of course get well without it, it is in the more serious ones that Antitoxin may make all the difference between life and death. A constant supply has been always at hand for two or three years, and may be had at cost price by any medical practitioner on application to me.

**Erysipelas.**—Forty cases have been notified, the disease predominating largely in the winter months, twenty-nine then occurring. Three deaths were so referred. The laity find it difficult to understand why this should have been included in the list of notifiable diseases: the explanation is, I suppose, that it is a most dangerous complaint owing to its highly infective properties to lying-in women, and those suffering from wounds. Before the days of antiseptic treatment, erysipelas was a regular hospital scourge, so much so, that, when it broke out, no operations, except those of extreme urgency, were performed. It is not possible to strike it off the list of notifiable diseases, however so disposed some might be.

**Whooping Cough** has been responsible for only two deaths during the year.

**Typhoid Fever.**—Twenty-two cases were notified during the year, distributed as follows:—

First Quarter	...	...	...	...	5
Second Quarter	...	...	...	...	5
Third Quarter	...	...	...	...	7
Fourth Quarter	...	...	...	...	5
TOTAL					22

One of these proved fatal. Two cases of continued Fever were also notified.

Fourteen of these cases were removed to Spittlesea, of whom one died. Visits were paid to houses in which cases had occurred, and some slight sanitary defects remedied immediately. Of two of the cases notified during the Third Quarter, the disease was traceable in one to the consumption of oysters at a fashionable seaside resort, and in the other to winkles consumed in London, in both cases on Bank Holiday. In the last Quarter one case was unquestionably imported from London and succeeded in conveying the disease to another person who was nursing him.

It appears to be a matter of surprise to many that cases provisionally and in all good faith notified Typhoid occasionally prove of another nature under further observation. The onset of Typhoid Fever, however, is often so insidious, and may have so few distinctive symptoms to enable a medical man to arrive at a positive diagnosis, that a symptom or sign constant in Typhoid Fever, and in it alone, has for sometime been eagerly sought. Of late years it would seem that a positive indication of such nature has been found in the manner in which the Bloodserum of patients suffering with the disease re-acts with living cultures of Typhoid Fever germs, even at a comparatively early period of the illness. Unfortunately for the General Practitioner, this test—the so-called Widal's serum reaction—can only be properly obtained by one thoroughly conversant with Bacteriological methods; there are, however, now established throughout the country numerous Research Laboratories in which samples of serum, the collection of which is quite a simple matter, can be examined for the reaction, on payment of a small fee, so that diagnosis in difficult cases is now rendered much more feasible. It is said that there are some cases of Typhoid Fever in children, in which the serum test alone can establish the diagnosis. It would be a great satisfaction, if our Sanitary Authority would undertake to pay for the examination of the serum in doubtful cases, on suitable application. In some of the large towns, this examination is undertaken by the Corporation Laboratories.

As reported above, we have had one or two cases in which the infection was caused by the consumption of oysters, mussels, or winkles; it is a well-known fact that oysters may, if grown in water specifically polluted with sewage, harbour the Typhoid Bacillus, and thus act as vehicles for the dissemination of Typhoid Fever.

With regard to the relation between domestic sanitation and this disease the Medical Officer of Health for Nottingham gives as his experience of ten years that 1 house in every 558 with water closets, 1 in 120 with pail closets, and 1 in 37 with middens had been attacked: the incidence varying directly with amount of soil and air pollution; he found that a high summer temperature was followed by a high autumnal prevalence, and conversely a cool summer by a low; he found the disease endemic in poor, crowded districts irrespective of all other conditions, provided that misery, and above all, soil pollution were present. All things being equal, even on fresh soil, and with the use of pail closets only, the better class of houses suffer less considerably than the worse; he believes that the disease is directly communicable by personal intercourse to a greater extent than is generally supposed, and considers that evil is done by under-rating the direct infectiousness of typhoid fever. In this connection, Dr. Willoughby holds that the direct personal infection so-called was, as in cholera, almost always the result of eating with unwashed hands after attending to the patient, hence its occurrence so far more frequently in the houses of the poor; having a firm belief in this theory I have always advocated the immediate removal to Spittlesea of cases occurring in such houses as a means of preventing further infection. If pollution of the soil plays the very important part assigned to it in the 10 years' report above-mentioned, Luton, which is practically free from privies, ought to come off well, and enjoy the reward of its foresight in the large amount of money spent in the public service. It will be interesting to observe whether the immunity from typhoid of a neighbouring town will continue when the sewerage system is completed; it would also be a matter of interest



to know how the authority so largely quoted above would explain the immunity under the past conditions usually considered so obnoxious to this disease; if Typhoid Fever be a specific disease, and never arise *de novo*, our neighbour is extremely fortunate in escaping imported cases.

**Diarrhoea.**—During the year 21 Deaths were referred to Diarrhoea, and 27 to Enteritis and Gastro-enteritis, most of which latter would, had the new nomenclature been in force, have been referred to Diarrhoea. They were distributed as follows:—

	Under 1 year.		Above 1 year.	
	Diarrhoea.	Gastro-enteritis.	Diarrhoea.	Gastro-enteritis.
First Quarter ... ..	0	1	0	1
Second Quarter ... ..	0	2	0	1
Third Quarter ... ..	15	15	5	3
Fourth Quarter ... ..	0	2	1	2
	<hr/> 15	<hr/> 20	<hr/> 6	<hr/> 7
	35		13	

Of the total 48 deaths it will be seen that the Third Quarter, as usual, claims the majority, viz.: 38. At the request of a Branch of the Incorporated Society of Medical Officers of Health—to which Society I have the honour to belong—the Council of the Society asked the Royal College of Physicians to appoint a Committee to consider the question of the classification and certification of Diarrhoea Deaths. This request was complied with, and the Royal College of Physicians unanimously adopted the report of the Committee on January 25th, 1900. The result of their labours is, that in future, the only authorized terms to be used in certifying deaths from Diarrhoea are, “epidemic enteritis, zymotic enteritis, and epidemic diarrhoea”: these three are synonyms, and the only allowable ones. I hope that the action the Incorporated Society of Medical Officers of Health is now taking to bring the above terms to the notice of every general practitioner will result in a uniform classification next year. If this be the case, the Diarrhoea death-rate will be raised, but only comparatively taking one town with another.

In my third Quarterly Report I stated: “This disease has claimed comparatively few victims this year: this is owing to the absence, after the commencement of the summer, of long-continued heat. In the Borough, for over 20 years, I have observed that the mortality of infants in this, the Third Quarter, from epidemic diarrhoea is always very excessive when the summer heat is great and long-continued. It is now universally assumed that epidemic Diarrhoea commences when the 4-foot earth thermometer reaches 56 deg.: in short spells of hot weather this does not occur, but, when the excessive heat is continued day after day, the temperature of 56 deg. is reached and remains for some little time after the atmospheric temperature has returned to a more normal condition. In what we call unseasonable summers with abnormally low temperature, the deaths referred to Diarrhoea are comparatively *nil*. The recent summer has been quite a medium one, as regards both temperature and the number of deaths. The old explanation of the excessive mortality being due to fruit does not apply, as the epidemic Diarrhoea mortality is almost confined to infants under one year, before the fruit-eating age is reached. In the matter of Infant Diarrhoea, Luton cannot be compared with any other part of the county: one cannot compare what is not comparable. Luton must be compared with manufacturing towns somewhat of its own size and population, and not with country districts and small agricultural towns, or even with a Borough like Bedford, which is a combination of residential, agricultural, and manufacturing elements. In Luton, premature births, and infantile neglect, both due to the exigencies of the trade, will explain the major part of this mortality: if it were due in the largest measure to contamination of the soil, why should Luton suffer so heavily, and other urban and rural districts in the county escape, when the Luton soil is probably much less contaminated? We have in a population of close on 40,000 hardly 25 Privies remaining, and all the houses are provided with ashpits or boxes, and scavenging is carried out very thoroughly. May I express a hope that next year the new Diarrhoea nomenclature will be generally adopted, so that all sanitary districts may have the same measure meted out to them: so far comparative and other statistics on that head have been all but worthless.”

Special living germs have been discovered which doubtless form the poison inducing the disease. So long as a baby is wholly nursed by its mother its chance of contracting the disease is a comparatively small one. The poison is known to grow, multiply and revel in filth, especially that which comes from the bowels. It is, therefore, essential that all such filth should be scrupulously kept away from the dwelling. This is effected by the most perfect scavenging and by flushing the drains with an abundance of water before the hot weather commences, and during the whole time of its continuance. Diarrhoea, of course, abounds in towns where the mothers, owing to the exigency of getting their living, have to bring up their babies by hand, and cannot, therefore, give that strict attention to the preparation and storage of the infant's milk which is always necessary, but the neglect of which, in hot weather, is so often followed by speedy retribution. The statistics of our own town, and of all others, show that this maternal neglect by itself is not sufficient in mild and wet summers to induce the disease. To set up Diarrhoea, therefore, we require specific germs, a certain temperature to suit them, a collection of dried filth to act as a medium for their entry into the dwelling, and bad preparation or storage of the food or milk to allow the germs to take root and multiply in it. We know that in many poor houses the milk is allowed to lie about, and that decomposition is often started in it by storage in a dirty vessel—in such a case, the germs are simply invited to play havoc. The question, therefore, comes in—knowing all this—can anything practical be done in the way of prevention? We must assume, I suppose, that very few more children could be nursed by their mothers, and that the majority of babies must be hand-fed. I believe that practical good in this direction can be effected in at least four ways:—

- (i.) Careful attention to the sanitary condition of the dwellings of the poor, viz.: paving of all backyards and courts to avoid pollution of the soil; perfect scavenging, especially at the onset of, and throughout the hot season; to avoid collection of any refuse or filth that might harbour or



encourage the growth of the germs; allowing a free and unstinted supply of water for flushing all closets and drains, and ensuring that this is thoroughly and systematically carried out; securing proper ventilation for all larders or other rooms in which food is stored. As a matter of fact, every house ought to have a *suitable* place for storing articles of food—possibly this is only a council of perfection. In houses where breast-fed children suffer, there are usually serious sanitary defects, so that the mother and others in the house may be similarly affected.

- (ii.) By issuing pamphlets containing general directions on the subject, as we did last year.
- (iii.) By providing sterilized milk as has been done in the Borough of St. Helens, and giving directions to ensure against subsequent contamination prior to its consumption. With regard to the sterilization of milk by the Municipality, Dr. Hope remarked that the benefit of it would soon be lost unless people understood that such milk would not remain sterile unless absolute cleanliness obtained; he himself attached much importance to domestic sterilization.
- (iv.) And perhaps the best way, by appointing a lady visitor, as mentioned under Infantile Mortality.

**Influenza.**—An extensive epidemic prevailed during the first two months of the year; the disease was fortunately of a mild type, only 12 deaths resulting during the year, 10 of which occurred in the First Quarter.

**Phthisis** was responsible for 34 deaths during the year, equivalent to a rate of .9 per 1,000 of the population, a slight decline from the average of the last eleven years.

It is proposed to hold a British Congress on Tuberculosis in July next: this was to have been opened by H.R.H. the Prince of Wales: it is still to be hoped that His Majesty will open it in person. The object of the Congress is stated to be the exchange of information and experience gained throughout the world as to methods available for stamping out this disease. The work will be divided into four sections, each of which will be presided over by a distinguished authority on the particular subject of the section. Every British Colony and Dependency is invited to participate by sending delegates, and foreign countries are invited to send representative men of science. All Corporations will be invited to send representatives, and I hope that ours will eagerly respond.

The advantages to be derived from such a Congress may turn out to be incalculable. If this be the case, the sum of human misery, which Tubercular diseases more than any others help to swell, may be materially reduced. Dr. Newman, in his last report to the County Council, went very fully into the subject of the prevention of Phthisis, and anyone desirous of having an up-to-date *resumé* of the subject should borrow a copy of his report (1899). I will only allude to Dr. Newman's remarks on the Preventive Measures for Sanitary Authorities: he mentions seven measures which I will take *seriatim* :—

- (i.) Voluntary Notification. This voluntary notification is not in force in our Borough, nor, do I think from the opinions expressed at a recent sanitary meeting, that it is likely to be so.
- (ii.) Education of the Public. The Sanitary Authority as an Intelligence Department. We have distributed pamphlets bearing on the subject.
- (iii.) The Protection of the Food Supply. We do what we can, but what we do falls very far short of the ideal. With regard to Cowsheds, I can safely say that, when the two years' grace is at an end, the cows will have no reason to complain or the public either.
- (iv.) General Sanitation. We get much good work carried out yearly: fortunately we have no squalid and overcrowded dwellings, as have many large towns. We are free from privies and such-like abominations; the drainage was good, and is now better than before, and above all we have a splendid supply of very pure water. Phthisis, here, as elsewhere, has largely declined in recent years, owing doubtless in chief measure to the drying of the sub-soil by fairly efficient drainage. This bids fair to be very efficient now, thanks to the recent expenditure of £40,000 in new sewers and storm-water drainage.
- (v.) Sanatoria for Consumptives. We have not yet arrived at such a desirable consummation: if ever a Sanatorium be erected in South Beds, it will doubtless be for a large area.
- (vi.) The Bacteriological examination of doubtful cases. This is, I believe, frequently done, locally, or by sending up specimens to one of the Clinical Research Societies.
- (vii.) Disinfection after death from Phthisis, etc. This has not so far been carried out generally, but frequently in individual cases: of course, if voluntary notification were in force it would be done as a matter of course.

**Cancer.**—Last year I reported that 24 deaths were referred to Cancer against 22 in 1898, and that the average of the ten preceding years was 17.8. This year 37 deaths have been so referred, which is more than double the mortality of the ten years above mentioned. I had the pleasure of making you a lengthy report on this subject during the year: there was nothing very striking to be made out of it; there was a noticeable preponderance of the disease among females, and it was unmistakably evident that certain parts of the town were more obnoxious to the disease than others. It is only by collecting and comparing a number of such reports that any practical outcome can be expected. So far the causation of Cancer remains a mystery: this is especially unfortunate as the disease apparently is on the increase; the only consolation is that this increase will stimulate the numerous scientific observers to greater exertions, so that ultimately the cause of one of the most dreaded and painful of diseases which the 19th Century has left over to the 20th for solution may be unravelled.

**Infant Mortality** was at the rate of 124.6 deaths per 1000 births.

In the 1st Quarter the rate was 126.9 deaths per 1000 births.						
"	2nd	"	"	"	76.9	"
"	3rd	"	"	"	217.7	"
"	4th	"	"	"	69.6	"



The rate of the 3rd Quarter is very little short of the total rates of the remaining three : had it however been equal to the average of these Quarters, the rate for the whole year would have been 91.1 only ; this goes far to show how almost absolutely the third Quarter governs the rate for the year.

The rate of 124.6 is, I believe, the lowest on record, and is far below the average of the last eleven years which was about 160. However fallacious the infant *diarrhoea* rate maybe, owing to the old nomenclature, this does not apply to the *deathrate of infants under 1 year*, so we will congratulate ourselves on the fact, however sceptical we may be about the repetition of it. The question is, why *should* one be sceptical on the subject ? I would answer, because ours is a manufacturing town, and the unfavourable conditions which have hitherto been answerable for the usual large mortality of manufacturing towns are still in existence. If we could claim that the lowered mortality was due to any improvement socially, a repetition might reasonably be looked for, but we happen to know that climatic conditions played the most important part ; these climatic conditions, plus the social, produce a high infant mortality from diarrhoea. Dr. Thomas, the Medical Officer of Health for Limehouse, has made careful enquiries into other causes besides improper feeding which operate in producing a high infant mortality, and he considers the factors entering into its causation are both numerous and complex. He has recorded some of these and divides them into six groups, viz. :—(i.) Poverty, (ii.) Illegitimacy, (iii.) Overlaying, (iv.) Unhealthy surroundings, (v.) Hereditary disease, (vi.) Insurance.

Poverty acts by making mothers work when they should not, and by inducing premature birth and early death ; even if the child be not premature, it is often debilitated : the mother having to return to work, artificial food has to be given, and often the charge of the infant is left to a mere child, hence happens the almost inevitable. In the siege of Paris, and the Lancashire cotton famine, the infant mortality was diminished, because the mothers having no work were able to suckle and give more attention to the nursing of their children.

I believe that poverty and ignorance are chiefly answerable for our infant mortality, though illegitimacy, overlaying, unhealthy surroundings, and hereditary diseases also help more or less to swell it. I am pleased to see it stated that Mr. Wynne Baxter, the Coroner for East London, does not think that the fact that 75 per cent. of the children that die are insured, has any influence or bearing on the mortality. Finally, we ask ourselves, can anything be done to remedy this regrettable state of things ? I believe that something can be done, but not without effort, and certainly not without money. The following are a few suggestions :—

- (i.) A crèche where infants and small children could be looked after while their mothers are at work.
- (ii.) To start an Infant Life Protection Society as at Chesterfield, and employ a lady at a fixed salary, to visit each house where a birth has occurred, and give useful information. It is said that cases of illness among infants are now reported to her, and visits requested ; this would be most helpful to the medical men attending very poor people, as their directions are so often rendered valueless by the ignorance, carelessness, or over anxiety of the parents, or the meddlesomeness of well meaning but injudicious friends and neighbours.
- (iii.) The supply of sterilized milk by the municipality, as is done at St. Helens—this has been commented upon under the heading of Diarrhoea.
- (iv.) The distribution of pamphlets containing general and special directions to be observed in cases of infectious disease. This we are now doing. Where fever occurs in a house, a pamphlet containing general directions is given to the occupants at the time of notification. Were the pamphlets to be given broadcast to the population, it would be no idle conjecture, that, should a case of fever arise at some subsequent period, they would not be forthcoming, and the directions be looked for in vain.

**Sanitary Inspections.**—As 793 nuisances more were abated during this year than last, it is needless to say that the Inspector and his energetic assistant have had their hands very full. I have made the usual regular inspections with Mr. Wright, and some practical outcome has been the result.

**Nuisances.**—The following is a list of the Nuisances abated during the year :—

Defective Drains and Belltraps	...	...	738
No constant Water Supply to W.C.'s	...	...	590
Insanitary Dwellings...	...	...	207
No receptacle for Ashes	...	...	127
Defective W.C.'s	...	...	84
Drains and W.C.'s blocked	...	...	81
Dirty W.C. Pans	...	...	64
Insanitary Washhouses	...	...	36
Defective Pavings	...	...	20
Water Apparatus to W.C.'s out of order	...	...	17
Defective Ashpits	...	...	11
Defective Ventilating Pipes	...	...	8
Offensive Smells and Accumulations	...	...	7
Insanitary Privies	...	...	3
Slaughter-houses requiring Whitewashing	...	...	3
No Dung Pits to Stables	...	...	3
No Drains to Stables...	...	...	1
Pigs kept contrary to Bye-laws	...	...	1
Other Nuisances	...	...	59
		<b>TOTAL</b>	2097
Number of Nuisances in 1899	...	...	1304
Increase for 1900	..	...	793



Nearly the whole of the above were abated, says the Inspector, on receipt of the preliminary notice. Fewer water closets have been blocked than usual: this is doubtless due to the number of closets now provided with a proper flushing apparatus. Six hundred and one notices were served in connection with the above nuisances. Mr. Wright, while thanking those who responded so promptly to his mild request, regrets that a number of owners and agents required a further and stronger reminder of their duty in this respect.

**Insanitary Dwellings.**—Two hundred and seven houses were found in an unsanitary state, and were put into satisfactory condition by the respective owners. Six old houses were demolished, three closed and eight are in process of demolition.

Mr. Wright complains that there are still a number of old houses inhabited by the poorer classes, not up to present day requirements, and that these are patched up frequently in a perfunctory manner, and so just manage to evade extinction at our hands: he further says that this is a very unsatisfactory state of things and is a constant source of trouble and anxiety. During the year this class of property has been brought rather prominently forward.

**House Drains.**—Thirty-six sinks were found directly connected with the sewer: these, in every case (where possible) were made to discharge on to six inch earthenware gully traps fixed in the open air. A large number of bell-traps to sink and surface drains were replaced by 6-inch earthenware gully-traps.

**Privies.**—Seven privies were converted into water closets and connected with the sewer. There are only twenty-eight now remaining in the Borough, and, for one reason or another, there is some special difficulty in getting these converted. Mr. Wright gives a table showing that during the last eight years 512 Privies have been altered, 788 sinks condemned, and 11,855 nuisances abated.

**Ashes, Offal and Trade Refuse Collection.**—Ten thousand nine hundred and sixty-six loads were removed by the Corporation teams. The employment of two patent dust tip-vans, reckoned as ordinary carts, makes the collection appear less than last year. The use of these makes a difference of about four loads per diem when the vans are in use. The Inspector again reminds the Corporation of the increasing difficulty in the disposal of ashes, the sale of which, he says, grows less every year.

**Cleansing of Closets.**—During the year 32 loads of night soil were removed from Privies and 47 loads from Dumb wells.

**Ventilating Shafts.**—No additional shafts have been erected; but orders have been given for eleven to be erected during the coming year.

**Water Supply.**—No samples of water were submitted to me by the Inspector, but four samples were taken by him from the Company's mains and new well, and analysed by the Borough Analyst, Mr. A. E. Ekins: they were found to be of excellent quality.

Dr. Newman says, in his last report, "Few facts can strike the minds of a stranger more forcibly in the perusal of the Reports of the Medical Officers than the exceedingly unsatisfactory condition of the water supply in so many of the districts." The late Dr. Wilde's statement in his last Report is quoted:—"The report of many of the Medical Officers shows that the condition of the water supplies of the majority of the districts in the County continue very unsatisfactory. This matter is of the gravest importance, and has engaged the attention of various councils on several occasions during the year, unfortunately with but little practical results." In the light of the above, it is more than gratifying to reflect that our water supply is said to be "inexhaustible," and that on chemical analysis it is proved to be a very pure water indeed. In these days when we are all doing what we can to inculcate temperance in all things including drink, hoping thereby to improve the health of the people, and so render them less liable to infectious and other diseases, does it not seem on the face of it a mockery to tell people to drink water, and not to trouble whether they may not even come by their deaths in so doing. I consider our pure, clear, sparkling, and plentiful water supply a sanitary provision of the very first importance. These remarks are called for by seeing our water supply described simply as "adequate."

In compliance with my suggestion that he should furnish some up-to-date information concerning the water supply, Mr. Phillips, C.E., has forwarded the following statement:—"During the year the Luton Water Company has added to its existing plentiful supply of water another deep well, much larger in section than either of their existing wells. A sample of this supply was taken by Inspector Wright on October 1st, 1900, and found on analysis to be equal in purity to the present supply. The Company is now building a New Engine House in which will be erected another very powerful pumping engine. For the supply of Round Green and Stopsley, a Water Tower has been erected in Hart Lane, also a second Water Tower on Bailey Hill for the new properties in course of erection on the London Road."

**Milk Purveyors.**—Under the Dairies, Cowsheds and Milkshops Order of 1885, sixteen persons were registered as Purveyors of Milk.

**Dairies, Cowsheds and Milkshops.**—The regulations made by the Town Council under this head came into force on March 1st. As no structural alterations can be effected until two years after the adoption of the regulations, we have to content ourselves with seeing that the greatest cleanliness obtains. A few orders have been given and carried out.



**Food and Drugs Act.**—Under this Act 65 Samples were submitted to the Public Analyst. The following table gives a summary of the work done during the year :—

<i>Article submitted for Analysis.</i>	<i>No. of Genuine Samples.</i>	<i>No. of Adulterated Samples.</i>	<i>Remarks as to Adulteration.</i>
Butter ... ..	4	—	{ 20 % of Milk devoid of fat, and 80 % of Milk of genuine composition of the poorest quality in fat. These remarks apply to both cases.
Beer ... ..	8	—	
Cheese ... ..	2	—	
Glucose ... ..	4	—	
Gin ... ..	1	—	
Lard ... ..	1	—	
Milk ... ..	35	2	
Margarine ... ..	3	—	
Whiskey ... ..	2	—	
Sweets ... ..	5	—	
TOTALS ... ..	65	2	

Proceedings were taken in the cases of Milk Adulteration. In one case the Vendor was fined £10, and costs £4 16s. 6d.; in the second the Vendor was fined £1 5s. including costs. It is very pleasing to see that as many as 35 samples of milk were submitted, and that only two were adulterated. I have over and over again dilated on the importance of this subject in a town where the infant mortality is almost necessarily large, and also for another reason applicable to all districts, viz., that while human nature is what it is, milk adulteration with water is sure to be practised by reason of the large profit so easily accruing, and the small penalties so often imposed, which seem positively to invite a repetition of this dishonest and pernicious practice.

**Slaughter Houses** have been regularly visited during the year, and found, with one or two exceptions, in a satisfactory condition. Thirty-two licenses have been re-registered.

**Markets** have been systematically visited by day and night, and on no occasion has it been found necessary to seize any food as unfit for human consumption. During the year two boxes of Whiting, one box of Cod, and seven boxes of Mackerel (at the request of the owner) were examined on arrival at Luton, and before exposure for sale. Being unfit for food they were forthwith destroyed.

**Factory and Workshops Act.**—The Factories and Workshops visited were found to be in a fairly satisfactory condition.

**Bakehouses** have been visited and found in good condition.

**Meat Inspection.**—On January 10th, the Deputy Medical Officer of Health attended in Court to give evidence in the cases of *Wright v. Pratt* and *Wright v. Mooring*. The first case was dismissed, but in the latter the defendant was fined £5 and costs.

**Main Drainage and Storm Water Schemes.**—The Sewerage Scheme is now completed (except ventilating shafts mentioned above). The total length of sewers laid is 3.57 miles. During the past 5½ years about 9½ miles of sewers have been newly laid or re-laid. The pipe sewers on a bed of concrete with cement joints.

A further 2½ miles of stormwater drains have been laid, making a total of over 8 miles under the scheme which is now completed. The total length of stormwater drains in the borough being over 11 miles.

**Sewage Works.**—During the year 662½ million gallons of sewage has been pumped on to the farm; this is an increase of 17½ million gallons over last year.

**Disinfection and Disinfectants.**—Disinfectants were freely and gratuitously supplied to all who applied for them at the office. The cost of Disinfectants for the year was £97 10s. 0d., which sum includes the bulk of the Disinfectants sent to Spittlesea. Disinfection and other precautionary measures were duly carried out. Children from infected houses were ordered not to attend school, and any defect in the houses or localities were removed.

**Spittlesea Hospital.**—Seventeen cases of Scarlet Fever, fifteen cases of Typhoid, and two of continued Fever were removed to Spittlesea during the year, giving a total of thirty-four cases, against thirty-eight last year. This, however, is an increase as far as the Borough is concerned, for eight cases out of the thirty-eight were sent to Spittlesea from the country. One case of Typhoid Fever proved fatal. Two hundred and forty-seven visits have been paid this year against 298 last year. I have attended all the cases admitted during the year excepting four, which were attended by their own medical men.

**Schools.**—On July 21st I reported to the Town Council that it was advisable to close the Infant Department of the Chapel Street Board School on account of an epidemic of measles. This was immediately done.



**Infectious Diseases Notification Act.**—One hundred and fifty-two cases of Infectious Disease were notified, distributed as follows:—

	<i>First Quarter.</i>	<i>Second Quarter.</i>	<i>Third Quarter.</i>	<i>Fourth Quarter.</i>	<i>Total.</i>	<i>Deaths.</i>
Scarlet Fever ... ..	3	3	2	54	62	0
Diphtheria and Membranous Croup	6	4	1	7	18	5
Typhoid Fever ... ..	5	5	7	5	22	2
Erysipelas ... ..	14	7	4	15	40	3
Continued Fever ... ..	1	0	0	1	2	0
Puerperal Fever ... ..	3	1	4	0	8	0
<b>TOTALS ... ..</b>	<b>32</b>	<b>20</b>	<b>18</b>	<b>82</b>	<b>152</b>	<b>10</b>

**Infectious Diseases and Prevention.**—In this connection I will follow Dr. Newman's heads:—

- (i.) *Notification* has been of great service, 152 cases were notified.
- (ii.) *Isolation*—We have removed many cases to Spittlesea during the year, where isolation could not be properly carried out at home. One fears that in many cases where it is supposed to be so, it remains a supposition only.
- (iii.) *Disinfection of Rooms*, bedding, clothing, etc., has been carried out as heretofore.
- (iv.) *Investigation* of possible sources or favouring conditions have been gone into as usual.
- (v.) *Controlling the Channels of Infection*.—Children from infected houses are prohibited from attending school. One school was closed during the year.
- (vi.) *Re-Vaccination in case of Small Pox*.—I am thankful to be able to remark on the absence of any necessity for the above.

**Hospitals for Infectious Diseases.**—We are fairly well provided for in this respect, having a special Small Pox Hospital and buildings for the reception of other fever cases at a respectable distance from it. Further accommodation for Small Pox and other fever cases can be indefinitely provided at short notice should occasion arise. Under these circumstances we are not likely to join with any other part of the County in erecting an Isolation Hospital for a combined district. Our arrangements, so far, have worked admirably, and the Hospital has done the Borough exceedingly good service. The reception of a suspicious case of Small Pox early in the year was a blessing in disguise, as it was a sort of amateur rehearsal. The Hospital was all that could be desired.

#### **Infectious Diseases—advice as to.**

On my advice, the school above referred to was closed.

#### **Sanitary Requirements.**—

- (i.) A Refuse Destructor.
- (ii.) A Steam Disinfecter.
- (iii.) Further replacement of obsolete Bell-traps by Syphon-traps.
- (iv.) Continue providing a proper water supply to every closet.

With regard to (i.) and (ii.) we are yet in search of the most suitable Refuse Destroyer, and consequently still lack a Steam Disinfecter. With regard to (iii.) and (iv.) the work is continuing apace, and much less remains to be done. Another want might have been added, but it is very shortly to be supplied, viz., a new up-to-date Ambulance for the conveyance of patients to Spittlesea. I have suggested some further accommodation at Spittlesea, but the matter has been up to now postponed.

In conclusion, we may fairly congratulate ourselves on the lowest death-rate that has probably ever obtained in Luton; certainly since 1877: there is every reasonable probability that the death-rate prior to 1877 was rarely less than one third higher than this year's rate. The zymotic-rate, like the death-rate, was probably the lowest on record, and I believe we might safely include the Infant Death-rate in the same category. Even though the birth-rate has somewhat declined in recent years it is probably more than counterbalanced by the smaller number of deaths. In making these remarks, I am, without taking more than the slightest credit for them, relating facts, which will, I take it, be highly satisfactory to you, and leaving them to your consideration, I will close this rather lengthy report.

Yours obediently,

**HORACE SWORDER.**



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BOROUGH OF LUTON.

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# REPORT

OF

**MR. HORACE SWORDER,**

Medical Officer of Health,

FOR THE

*Year ended 31st December, 1900.*

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**GEO. SELL,**

TOWN CLERK.