

[Report 1897] / Medical Officer of Health, Marlborough Borough.

Contributors

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Annual Report for 1897.

W. H. W. W. W.

Gentlemen.

In accordance with the instructions of the Local Government Board I beg to present my Annual Report for 1897.

Population at the last Census 3012.

Average of the Borough 196.

No. of persons per acre 153.

No of persons per inhabited house 58.

Death rate 13.28. * Corrected 15.65.

Birth rate 22.5.

Infant Mortality 161.7.

Average Birthrate for the last six years 24.4.

Average Deathrate for the last six years 14.2

The deathrate is higher than last year which was extraordinarily low, but a little lower than the average of the last six years.

The certified causes of death are as follows.

Chronic Renal Disease	Pulmonary Diseases	Paralysis
Heart-Disease	Phthisis	Premature Birth
Cancer	Whooping Cough	Malformation
Diphtheria	Convulsions	Dysentery
Erysipelas	Accident	Pernicious Anaemia
Old Age.		

Of these a more detailed account is given in the tables appended to this report.

The new cases of sickness from the Medical Officer's relief book were 56, as compared with 47 last year and 62 the year before.

* Since completing my report I have received information of 7 deaths occurring among cases removed from the Borough to the workhouse & to the Sarnake Hospital wh: gives a corrected deathrate of 15.65.

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[Faint, illegible handwriting]

[Faint, illegible handwriting]

Water.

Chemical Analyses of the public water supply have been made and are quite satisfactory. But with a view to further safe guarding the supply, the Council have decided to have a quarterly quantitative Bacteriological examination made from samples taken from the Reservoir and from taps in the town in order to compare the condition of the water after passing through the pipes with that in the Reservoir.

Drainage.

Nuisances have occurred in several places, chiefly in the low lying portion of the town from defective sewers becoming blocked.

This nuisance must go on recurring on account of defective gradients till the new scheme is complete. It is therefore to be hoped that progress will soon be made. The Local Government Enquiry into the proposed scheme has been held and the Council are awaiting the report.

The majority of the houses in the town have connection with the sewers of some kind either by closets, sinks or yard gullies. The yard gullies in many cases receiving all the slope water as well as the storm water.

The Street gullies in Herd Street are very defective, the brickwork in places having broken away making it impossible to thoroughly cleanse them.

There are still many cesspits which are often allowed to go too long without being emptied. With improved facilities

of Drainage it is to be hoped that several of these will be done away with. But as I have stated before this will make it all the more necessary to ensure that well flushed and Sanitary closets are substituted instead of the Cesspits, or the dangers of nuisances arising will only be multiplied.

Cottages Three Cottages have been completed and are now occupied.

Bakehouses. Are well kept and clean.

Cowsheds Are fairly well kept, but in many places refuse is allowed to accumulate and remain too long in their vicinity. This is a frequent cause of nuisance and the bye laws with regard to removal of refuse of this kind are almost disregarded.

Slaughter-Houses Need constant inspection to ensure removal of refuse sufficiently frequently.

Infectious Disease. There have been eight cases of Diphtheria notified in the Borough. Four of these occurred after Measles and were mild cases which were recognised chiefly by means of the Bacteriological examination. Three cases were fatal, two of them having come under observation too late for the successful use of Diphtheria Antitoxin.


Two of the cases occurred among families known to have had Diphtheria among them at a previous date.

Houses Disinfected. Five houses have been disinfected and Compensation paid in one case of destruction of bedding. Nuisances have been abated in respect of overcrowding in three houses.

Tables of births and deaths and new cases of Infectious Sickness are appended to this report.

I remain Gentlemen

Yours faithfully, J. H. Haddon.



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Weymouth

Feb. 17th

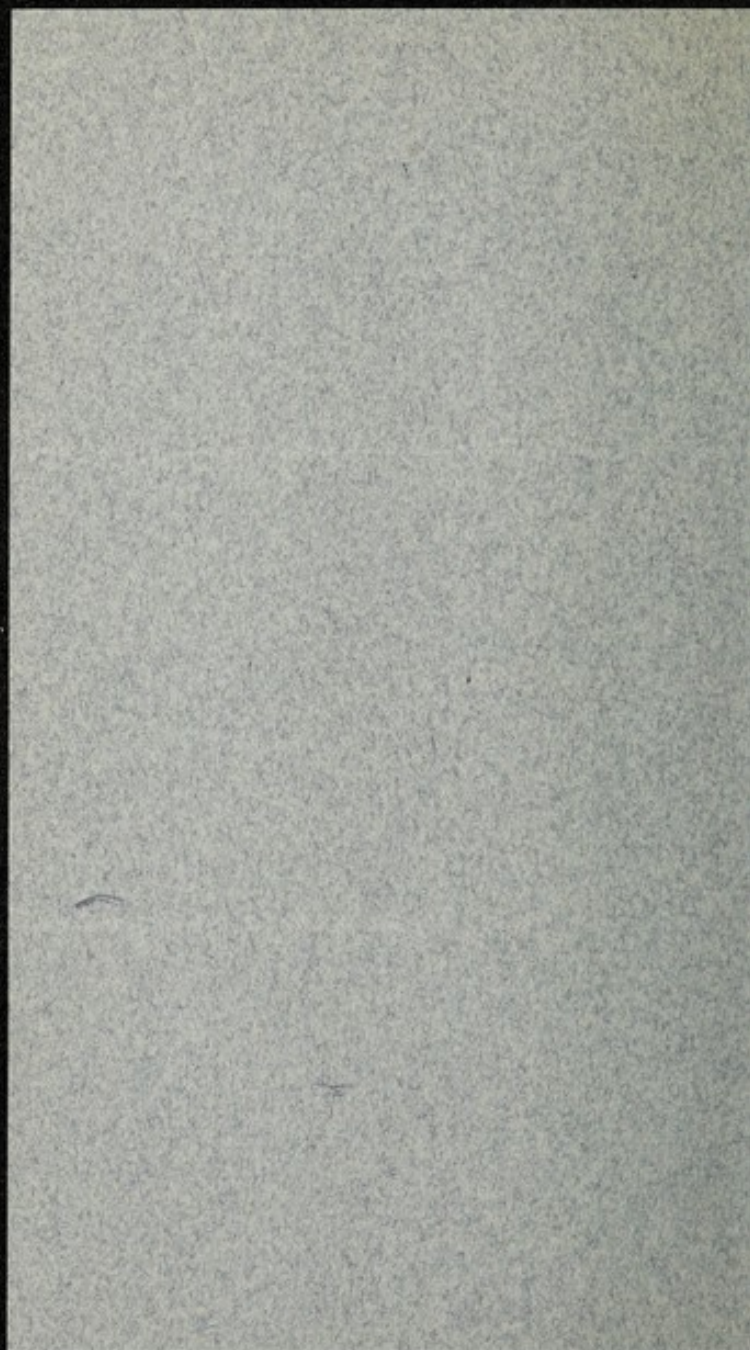
Dear Sir

I am sorry that
owing to my report not
being printed I am unable
to send you a copy but
I enclose on the other side
a summary of results
from the

James Little

The Librarian

B.M.C. 429 Strand



Population 125-20

Birth rate 29.55-

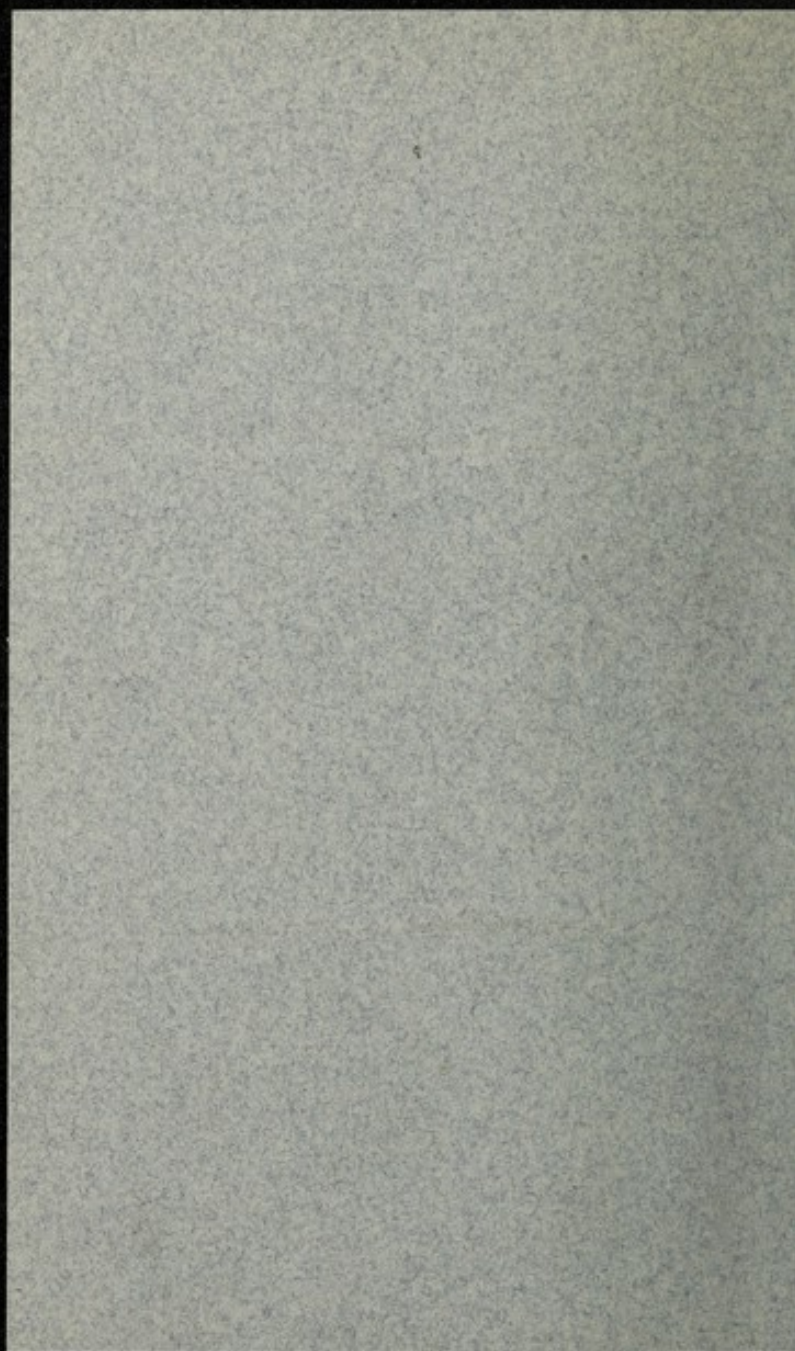
Infant death
rate 13.01

Infants per
1000 deaths registered 113.5-

Phthirus death rate 1.03

Typhus do 2.79

Respiratory do 1.99



Herbage District,

• The heading of column 19 is left blank for the insertion of Influenza, or any other disease which it may be thought desirable to record.

NOTES ON TABLES A AND B.

NOTE 1. *Medical Officers of Health of "Combined Districts" must make a separate Return for the District of each District Council.*

2. *Medical Officers of Health acting for a portion only of the District of a District Council should write, in the heading of the Table, the designation of the Division for which they act.*
3. *The words "Urban," "Rural," or "Metropolitan" must be inserted in the appropriate space in the heading, according as the District is Urban or Rural, or is within the Metropolitan Area.*
4. *The "Localities" adopted for the purpose of these statistics should be areas of known population; such as parishes, groups of parishes, townships or wards.*

As stated at the head of the first column in each Table, *Public Institutions* should be regarded as separate localities, and the deaths in them should be separately recorded. Workhouses, Hospitals, Infirmarys, Asylums, and other establishments into which numbers of people, and especially of sick people, are received are Public Institutions for the purpose of these statistics.

5. *The deaths which have to be classified in this Table (A), and summed up in the horizontal line of "Totals," are the whole of those registered as having actually occurred in the several localities comprised within the Division or District. But the registered number of deaths frequently requires correction before it can give an exact view of the mortality of a Division or District; and the two lowest horizontal lines are provided for the purpose of enabling Medical Officers of Health to indicate, to the best of their ability, what the extent of such corrections should be. Details concerning the corrective figures, e.g., the institutions that have been considered, or the particular localities to which corrections apply, may appear in the text of the report or in supplementary tables.*

Area and Population of the District or Division to which this Return relates.			
Area in Acres		196.	
Population (Last Census)		3012.	
" (Estimated to middle of 1897)			
Death Rates.	General	15.65.	{ per 1,000 Population, estimated to middle of 1897. { per 1,000 Births Registered.
	Infant (under one year of age)	161.7	

In recording the facts under the various headings of Tables A and B, attention has been given to the notes endorsed on the Tables.

Thomas H. Laydon Medical Officer of Health.

(Date) Jan., 1898.

Officer of Health, during the year 1897, in the Madras District; classified according to DISEASES, AGES and LOCALITIES.

District ; classified according to

(See Note 2 on back of sheet.)

[illegible]

Since when? _____ Besides the above-mentioned Diseases, insert in the columns with State here the name of the Isolation Hospital used by the sick of the District. Mark (H) the Locality in which _____

Besides the above-mentioned Diseases, insert in the columns with
marked by the sick of the District. Mark (H) the Locality in which

NOTES ON TABLE **B.**

(See also Notes on back of Table A.)

NOTE 1. The present *Table B.* is concerned with population, births, and sickness (not with mortality) in the district or division to which the Table relates.

2. As stated in the heading of Col. (a), *Public Institutions* should be regarded as separate localities, and the new cases of sickness in them should be separately recorded. Workhouses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people, and especially of sick people, are received, are Public Institutions for the purpose of these statistics.

3. *Comments on any unequal incidence of notifiable disease upon the several localities, and considerations as to the local incidence of Consumption and other prevalent diseases, should be made in the text of the Report.*