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**REPORT**  
ON THE  
**HEALTH OF NORTHAMPTON**

DURING THE YEAR 1894,

BY

**LEE F. COGAN,**

MEDICAL OFFICER OF HEALTH.

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1895 :

LEA & CO., LIMITED, PRINTERS, &c., 41, GOLD STREET,  
NORTHAMPTON

UNIVERSITY OF CHICAGO

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*To the Worshipful the Mayor and Town Council of the County Borough of  
Northampton.*

GENTLEMEN,

In compliance with the regulations of the Local Government Board, I beg to present to you my annual report for the year 1894.

I am pleased to be in a position to state that the health of the district under your jurisdiction during the period to which the report relates was in every respect favourable. The vital statistics for the year show a low rate of mortality, both from zymotic and general diseases, the death rate being the lowest on record. I have obtained from the Medical Officers of Health of sixteen large towns, the statistics of their districts for 1894, and compared with these Northampton stands well, as will be seen in the tabulated list contained in the report. The past year, so far as the sanitary history of the district is concerned, was an uneventful one, and, excepting the epidemic prevalence of scarlet fever, no noteworthy incident calls for special reference. The epidemic, though instrumental in causing a considerable amount of sickness, chiefly among children, produced no serious effect on the local death rate, the fatal cases attributable to this cause being insignificant. That part of the report reviewing the work carried out by the sanitary department during the year, will, I anticipate, be accepted as an indication that the efforts which have been made in previous years for the promotion of the healthfulness of the County Borough were not relaxed, but that the application of remedial measures, for the protection of the health of the inhabitants, was maintained, and which I venture to predict will in the future, as in the past, continue to afford beneficial results.

I am, Gentlemen,

Yours obediently,

LEE F. COGAN,

Medical Officer of Health.

Northampton, February 22nd, 1895.

## VITAL STATISTICS.

POPULATION (estimated 1894) 63,758.    ACRES, 1,520.

NUMBER OF INHABITED HOUSES 12,075.

DENSITY OF POPULATION, 42 persons per acre.

RATEABLE VALUE, £202,667.

### BIRTHS.

MALES.	FEMALES.	TOTAL.	BIRTH RATE.
927	924	1,851	29.03

### DEATHS.

MALES.	FEMALES.	TOTAL.	DEATH RATE.
465	443	908	14.2

### DEATHS FOR THE QUARTERS.

	1893	1894		1893	1894
First Quarter ...	245	274	Third Quarter ...	240	193
Second    „    ...	196	208	Fourth    „    ...	389	233

# REPORT.

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**POPULATION.**—The number of persons estimated to be living in the County Borough in the middle of the year 1894 was 63,758.

This calculation is based on the rate of increase in the decade 1881—1891.

**BIRTH RATE.**—The total number of births registered as having occurred in the Borough during the year was 1,851. The birth rate was almost identical with that of the preceding year, being 29.03 per 1,000 against 29.23 per 1,000 in 1893, and less by 0.2.

The births occurred in the two Registration Districts as follows:—

		Births.	
St. Giles' ...	...	1,555	}
All Saints' ...	...	296	
			1,851.

With regard to sex, 927 of the births were males and 924 females.

The birth rate of last year shews that the steady decrease that has been going on since the year 1878, continues.

The birth rate of 1894 is the lowest recorded since the year 1876.

The birth rate of England and Wales for 1894 was 29.6 per 1,000, the lowest ever recorded.

**NATURAL INCREASE OF POPULATION.**—The births exceeded the deaths by 943, indicating the natural increase of the population.

	1893	1894
Total Births ... ..	1837	1851
Total Deaths ... ..	1070	908
Excess of Births over Deaths, showing the natural increase of the population ... ..	767	943

*Table showing the Infant Mortality Rates for the years 1878 to 1894, with the Birth Rate for the same years.*

Year.	Birth Rate per 1,000 of the population.	Deaths of Children per 1,000 births.
1878	41·3	188·4
1879	39·16	139·67
1880	38·6	149·59
1881	37·18	150·3
1882	38·0	161·8
1883	36·0	132·2
1884	35·18	186·26
1885	33·6	155·1
1886	33·9	153·5
1887	32·4	174·8
1888	33·5	146·3
1889	32·9	176·4
1890	31·7	174·7
1891	34·5	164·2
1892	30·19	145·4
1893	29·23	173·1
1894	29·03	136·1

NOTE.—Average birth rate per 1,000 of 10 years, 1885 to 1894, 32·0.  
Average death rate of children under one year per 1,000 births, for 10 years, 1885 to 1894, 159·9.

**DEATH RATE.**—The total number of deaths registered during the year was 987; but in order that the correct mortality rate of the Borough may be calculated, the deaths of non-residents must be deducted from these. The deaths occurring amongst persons living in the district at the time of death, though not belonging to the town, amounted to 79; of this number, 74 occurred in the Northampton Infirmary, St. Andrew's Hospital, and the Workhouse.

Excluding the non-resident deaths, there were 908 deaths belonging to the municipal Borough, the death rate being equivalent to 14·2 per 1,000 persons living, against a rate of 17·0 in 1893, being a decrease of 2·8 per 1,000. This is the lowest death rate recorded in Northampton during a period of nineteen years. The average annual mortality rate for the last ten years (1885-1894) was 17·2 per 1,000; the death rate of 1894 was about 3 per 1,000 below the average, showing that 189 fewer persons died in the Urban Sanitary District in the course of the year than usual. This abnormally low death rate may be explained by the fact that the zymotic death rate was low, also the infantile deaths were considerably below the average, and only a few deaths from influenza occurred in 1894, and the year, generally speaking, is to be regarded as exceptionally healthy, both with respect to sickness and mortality.

The death rate of England and Wales in 1894 was 16·6 per 1,000, being not only the lowest ever recorded, but 1·5 per 1,000 under the lowest previous rate, viz., 18·1 in 1888 (Registrar General.) The most fatal class of diseases was that of the respiratory organs, phthisis and diseases of the nervous system taking the next place. The deaths from childbirth and puerperal fever (12) were one less than in the previous year. Old age was attributed as the cause of death in 40 instances, and less by 24 than in the preceding year.

**CANCER.**—Malignant affections caused the death of 47 individuals, the death rate being 0·73 per 1,000, against a rate of 0·70 per 1,000 in 1893, when 44 deaths were certified as due to cancerous diseases.

**PHTHISIS.**—The phthisis mortality rate was equivalent to 1·45 per 1,000, and compared with 1893 a slight decrease is seen (0·18), the death rate of this disease for that year being 1·63 per 1,000. The total number of deaths registered as caused by consumption was 93, and 10 less than in 1893. The proportion of phthisis mortality to the total deaths in Northampton is about 10 per cent., and reference to the classified death tables reveals the fact that this disease, excepting deaths from the respiratory organs, destroys a greater number of lives than any other disease.

In connection with the preventive treatment of this very destructive malady, we have to bear in mind that it is infectious, being communicable from one person to another. It is a disease attacking not only man, but the lower animals, being common amongst cattle and other animals; it is also capable of transmission from animals to human beings, abundant evidence having been produced to render this an indisputable fact.

In my last annual report reference was made to this subject, and, regarding it as I do one of extreme importance, I shall revert to some of the observations I made on that occasion. In the first place we have to remember that tuberculosis is induced by a particular bacillus or micro-organism, and the destruction of this is of paramount import. So far as this is concerned in the case of tuberculosis in animals, it is necessary that the flesh of animals suffering from tuberculosis should not be used as human food, for the reason that the danger of its introduction by this channel into the human system cannot be averted, the organism being liable to escape destruction by insufficient cooking. It is true that in milk the bacillus may be killed by boiling; but as milk, as a rule, is not boiled before being consumed, it is necessary that the milk of tuberculous animals should be condemned as being unfit for human food. In my report of last year, previously alluded to, I briefly referred to some of those well recognised rules, the adoption of which has been advocated in the preventive treatment of consumption, which I will now ask permission to repeat to some extent.

In the first place it has long been known that exposure to inhygienic influences favours the development of tuberculosis in those so predisposed, therefore all insanitary conditions producing unwholesomeness and unhealthiness are to be avoided. Habitations rendered unhealthy by overcrowding or atmospheric pollution, due to insufficient ventilation, and other types of insanitation should be removed or amended.

The consumptive individual should not be allowed to associate with healthy persons in crowded places, such as factories and workshops, where numbers of persons are congregated.

It is essential that the less such persons are brought into contact with the healthy the better.

In all cases when practicable there can be no question as to the advisability in houses whose inmates consist of consumptive patients, of apartments being appropriated for their use. Further it appears to me inadvisable that consumptives should be located in the general wards of hospitals. At any

rate consumptives should not be allowed to occupy the same beds as healthy persons under any circumstances whatever. Lastly, it must not be forgotten that the pulmonary discharges of tuberculous patients contain the bacilli of tubercle, the active organism of infection, and the indiscriminate disposal of this material should be prevented, and its destruction speedily completed by immediate disinfection and subsequent consuming by heat.

Hitherto in this country little or no attention has been devoted to the prevention of consumption, at least in the way of sanitation no active measures whatever have been taken in this direction. That measures of a "progressive" character are required is unquestionable, and in the near future it may be anticipated, they will be resorted to.

**INFANTILE MORTALITY.**—It is satisfactory to note that in Northampton in the past year a considerable diminution in the loss of infant life was manifested. The total number of infant deaths was 252, and the proportion to 1,000 births was 136·1. The decrease in this death rate, compared with 1893 (173·1), was no less than 37·0 per 1,000.

Excepting the year 1883 this is the lowest infantile death rate recorded during a period of 17 years. It is considerably below the 10 years' annual average (1885-1874), which was 159·9.)

This, however, is a higher rate than the annual average infant death rate of England in the three decades—1861-70, 1871-80, 1881-90—which was 154, 149, and 142 (Annual Report of Registrar General, 1893).

The infant death rate of England and Wales for 1894 was 137 per 1,000 registered births.

It is too well known that a vast amount of infant mortality is induced entirely by avoidable causes, arising from inattention to the laws of health on the part of those having the care of young children. Possibly, benefit will accrue from the diffusion of hygienic knowledge, the utility of which appears in the present day to be universally accepted. The low diarrhœa death rate of 1894 was most effective in the reduction of the infant death rate of last year.

The chief causes of infant deaths were, in numerical order, atrophy and debility, premature birth, diseases of the respiratory organs, convulsive affections, whooping cough, diarrhœa, diseases of the digestive organs, and teething.

*Table showing the comparative mortality of Northampton with sixteen other towns.*

TOWN.	1894				Infant Mortality Deaths under 1 year per 1,000 Births.	Average Death-rate, 10 years, 1885 to 1894.
	Popula- tion.	Birth Rate.	Death Rate.	Zymotic Death Rate.		
Birmingham ...	492,301	31·6	18·2	2·4	164	19·9
Bath ...	62,343	21·2	17·4	1·6	181	19·0
Aston Manor ...	73,759	31·0	14·0	2·1	136	—
Coventry ...	55,300	28·9	16·1	2·1	158	18·9
Leicester ...	189,136	31·6	14·4	1·9	161·9	18·37
Derby ...	98,796	29·2	15·0	1·5	121·4	18·0
Warrington ...	56,054	39·6	17·4	2·6	124	21·7
Oxford ...	50,200	22·7	12·5	1·05	105	15·73
Wigan ...	58,529	39·1	18·9	3·2	158	23·5
Southampton ...	67,283	31·40	16·63	1·51	119	18·4
Worcester ...	48,735	29·6	16·4	1·3	141·3	20·2
Reading ...	64,109	28·76	13·63	0·95	109·5	16·16
Burton - on - Trent	48,490	31·61	15·59	2·33	131·11	17·22
Stockport ..	74,000	30·9	18·5	1·5	—	24·7
Cambridge ...	38,300	24·3	14·5	1·67	127	14·57
Wolverhampton ...	85,036	34·0	20·2	3·7	167	20·86
<b>Northampton ...</b>	<b>63,758</b>	<b>29·03</b>	<b>14·2</b>	<b>1·3</b>	<b>136·1</b>	<b>17·2</b>

**UNCERTIFIED DEATHS.**—The number of persons returned whose deaths were not certified by a medical practitioner was 38. The proportion to the total mortality for the year being 4.1 per cent. against 3.7 per cent. in 1893.

**INFLUENZA.**—The deaths from influenza are not separately classified being included in those of the respiratory organs.

In the first half of the year there were 12 deaths attributable to this disorder, and since no death has been recorded in the Urban Sanitary District.

Influenza for four successive years 1890, 1891, 1892, 1893, was epidemic in the district inflicting directly and indirectly a serious loss of life. The fatal effects of this epidemic disease may be realised from the following remarks contained in the last annual report of the Registrar-General, 1893.

“Continuing the estimate of the probable loss of life due to influenza, according to the principle adopted in the last report, and for the reasons there stated, we find that the excess of mortality, or in other words, the loss of life actually due to influenza, in England and Wales, during 1893 was about 15,000, which, being added to the 110,000 lives lost in the previous years, makes an aggregate loss of not fewer than 125,000 lives in the four years 1890-1-2-3. Thus to every 3 deaths directly attributed to influenza in these four years, about 5 more deaths really caused by the disease were returned as due to various diseases of the respiratory organs.”

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*The subjoined Table gives the Number of Deaths in each year from the seven Principal Zymotic Diseases and the Death-rates both Zymotic and General, for the years 1876 to 1894, and Annual Average for the decennial period 1885 to 1894.*

	1876	1877	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887	1888	1889	1890	1891	1892	1893	1894	Average for 10 years 1885 to 1894
Small Pox ...	1	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	1	41	32	27	5	111	23	11	3	72	31	35	4	57	11	35	14	52	20	33'1
Scarlet Fever...	77	13	14	...	3	36	11	23	11	6	24	38	22	15	4	1	2	3	5	12
Diphtheria ...	...	1	...	2	1	3	1	2	9	3	5	2	2	1	0	4	2	5	3	2'7
Whooping Cough ...	19	33	65	23	33	32	23	43	9	49	27	34	8	43	17	25	14	28	31	27'6
Fever ...	11	11	10	6	4	12	6	4	12	4	3	7	7	4	1	5	5	5	6	4'7
Diarrhoea ...	69	38	98	21	147	24	24	33	133	31	55	62	32	55	61	36	21	62	19	43'4
Deaths from the seven Zymotic Diseases. }	178	137	219	79	193	218	92	116	177	165	145	178	75	175	94	106	58	155	84	123'5
Deaths from other causes }	808	829	855	854	818	897	870	811	822	899	851	847	888	887	986	1027	904	915	824	902
Totals for each year...	986	966	1074	933	1011	1115	962	927	999	1064	996	1025	963	1062	1080	1133	962	1070	908	1026
Death-rate from the seven Zymotic Diseases per 1,000 }	3'9	2'9	4'6	1'6	3'8	4'2	1'74	2'15	3'2	2'9	2'5	3'1	1'2	2'9	1'5	1'7	0'9	2'4	1'3	2'0
Death-rate from all other causes }	17'8	17'9	18'1	17'3	16'2	17'2	16'4	15'0	15'0	16'1	15'0	14'7	15'2	14'9	16'4	16'8	14'5	14'4	12'9	15'0
General death-rate ...	21'7	20'8	22'7	18'9	20'0	21'4	18'2	17'2	18'2	19'1	17'6	17'8	16'5	17'9	17'9	18'5	15'5	17'0	14'2	17'2

**ZYMOTIC OR SPECIFIC FEBRILE DISEASES.**—In introducing to your notice this subject, it is a source of satisfaction to me to be in a position to state that the Compulsory Notification Act continues, as in former years, to work satisfactorily in the district. The prevalence of zymotic disease during the year was in excess of that in 1893, there being 559 infectious cases notified, compared with the previous year, the increment amounts to 160 cases. Notwithstanding that as to sickness the incidence of infectious complaints was heavier than in the previous year, the mortality from these disorders was at a lower rate. The total zymotic mortality for 1894 is represented by 84 deaths, against 155 in the preceding twelve months, the zymotic death rate being equivalent to 1·3 per 1,000, less nearly by half of the same rate for 1893. The annual average zymotic deaths for the ten years (1885-1894) was 2·0 per 100.

The zymotic death rate of England and Wales for 1894 was 1·76 per 1,000 living. Relative to the measures resorted to for the prevention of disease, the routine practice of the health department was strictly observed. Every case of infectious disease notified was investigated by the health officer, having, in the first instance, been reported on to him by the Sanitary Inspector. On receipt of this information, instructions are issued as to the means which are desired to be undertaken for preventing the spread of the disease. The officer of health personally visits those infected dwellings, which, from special circumstances connected with the cases, it is considered desirable for him to do so.

He is also frequently required to enter into communication with the medical attendants of infectious cases, and interviews with the friends and relatives of such patients are constantly requisitioned.

The following is a summary of the action taken by the Health Department for preventing the spread of disease .—

Notices sent to School Managers and Teachers of Infectious Diseases among School Children.	Premises disinfected on certificate of Medical Officer of Health.	Houses Fumigated with Sulphur after Infectious Disease.	Infectious. Clothing and Bedding Disinfected.	Cases Removed to Hospital
326	364	428	3650	206

Sanitary work in connection with the prevention of disease for the protection of the public health, to be effectual, must be efficiently discharged, and I have to bear testimony to the valuable assistance I have received from the officials of the health department in the performance of this duty. Owing to the epidemic of scarlet fever, this work throughout the entire year was unusually heavy.

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The following table states the number of cases reported during the twelve months of 1894, in compliance with requirements of the Notification Act.—

*Cases of Infectious Diseases notified to the Medical Officer of Health in each Month of the Year 1894, and the Totals for the Years 1893 and 1894.*

	Small Pox.	Typhoid Fever.	Erysipelas.	Puerperal Fever.	Diphtheria.	Scarlet Fever.	Croup.	Total.
January .. .. .	...	1	8	1	1	14	...	25
February ... .. .	...	1	9	1	...	8	1	20
March ... .. .	...	4	3	1	4	13	1	26
April ... .. .	...	3	5	...	1	13	...	22
May .. .. .	...	4	4	...	...	29	1	38
June ... .. .	...	..	1	...	2	48	..	51
July ... .. .	...	4	5	...	1	41	...	51
August ... .. .	...	1	7	1	...	38	...	47
September ... .. .	...	8	6	1	1	70	1	87
October ... .. .	...	3	8	2	..	63	..	76
November ... .. .	...	5	6	...	1	36	..	48
December ... .. .	...	6	4	...	1	56	1	68
	...	40	66	7	12	429	5	559
1893 ... .. .	38	34	95	9	10	209	4	399

**SMALL POX.**—It is a matter for congratulation that notwithstanding the epidemic prevalence of small pox in many midland and other towns, the Borough was absolutely free from this disease, not a single case being reported in 1894.

The last case of variola occurring in the Urban Sanitary District was notified in June, 1893, the outbreak of last year terminating at this date. It will probably not have escaped your recollection, that small pox was imported into the town in the early part of December, 1892, by a tramp, an inmate of a common lodging house, in Castle Street. From this date until the cessation of the outbreak, forty persons in all attacked by small pox were reported. During the course of the 7 months that small pox prevailed in the district, importation of the disease by tramps occurred in three instances. The dissemination of this and other infectious diseases through the agency of the tramp class is of notorious frequency. If by legislative interference this danger can by any means be averted, its introduction should unquestionably be set in motion.

Fortunaetly the outbreak of 1893 did not assume serious epidemic proportions, being effectually controlled.

Previous to December, 1892, the town had been entirely free from small pox for some years, an immunity it is to be hoped it will experience for many years.

**MEASLES**—Measles not being a notifiable disease, I am not in a position to afford any information whatever as to the amount of sickness occasioned by this disorder. There were twenty deaths attributable to it, the number of deaths in the preceding year from the same cause amounting to 52. Measles in this town annually contributes largely to the zymotic mortality; in fact, with the exception of diarrhœa, its death rate is higher than any of the other diseases included in the preventable class.

The decennial annual average (1885-1894) measles deaths amounts to 33·1. Measles is essentially a controllable disease, though endowed with extremely infectious properties; but, unfortunately, the popular impression prevailing that every child must of necessity, at some period of its existence, suffer from an attack, facilitates very materially its dissemination, and preventive measures are very commonly altogether ignored.

**WHOOPIING COUGH.**—There were 31 deaths certified as due to whooping cough—three more than in the preceding year.

The mortality was slightly above the average.

**SCARLET FEVER.**—We experienced last year a repetition of the epidemic of this fever, which prevailed in the two preceding years 1892 and 1893.

The actual number of cases reported to the Sanitary Department was 429, being 220 above the same sickness total of the previous year.

There were 200 scarlet fever patients treated in the Borough Hospital, the percentage of cases isolated being 44.2, and being considerably higher than the percentage for 1893, which was 31.5. There were only five deaths assigned to scarlet fever, the proportion of deaths to persons attacked being small (1.3 per cent.) The clinical aspect of scarlet fever has in recent years undergone very material change, and there is no doubt that typical cases of virulent and fatal scarlatina are seen much less frequently than formerly.

The type of the disease has unquestionably assumed a much less severe form than formerly, and the fatality has likewise decreased.

I should inform you that active and persistent efforts were made for checking its diffusion in the town last year, and although its eradication from the district was not effected, still the extension of infection was unquestionably favourably influenced, and the success attending the preventive means resorted to were sufficiently successful to encourage us to continue their application in the future.

Scarlet fever, as is well known, possesses infectious properties of an active character, and the retention of the infectiveness, after the stage of convalescence has been reached, renders the application of preventive measures as a rule irksome, protracted, difficult, and oftentimes unsuccessful. In fact, it is only by hospital isolation of infected individuals that the progress of such diseases can be effectively impeded. During and after the stage of convalescence, which is invariably slow, and not seldom lasting for several weeks, and when the patient has recovered from the acute symptoms of the fever, and all evidence of actual illness has subsided, the infection continues. Scarlatina patients in this stage are, so far as their physical feelings are concerned, sufficiently well in health to associate with other persons (though, strictly speaking, they are dangerous to be at large), and this being so, infection is conveyed to those they come in contact with, that are susceptible to this specific contagium.

From investigations made in the course of last year relative to the source of infection, it was ascertained that the fever was contracted almost invariably at schools.

In no instance could the origin of the illness be associated with agencies (such as milk, &c.) recognised as possible media for the transmission of this particular infection.

**TYPHOID FEVER.**—There were in all 40 cases of enteric fever notified, with six deaths. Although the number of cases reported exceeds that of 1893 by six, after eliminating the imported ones, and those that were not genuine cases of typhoid, several of these patients coming under my personal observation in the course of the twelve months, there was in reality no actual increase in its prevalence, compared with the preceding year. Five of the patients underwent treatment in the Borough Hospital.

Typhoid is a communicable malady, though not contagious in the same sense as small pox, and some other diseases included in the infectious class of diseases, yet it is capable of being communicated by the agency of the bowel discharges of infected persons, through the instrumentality of a micro-organism existing in this excreta.

It is therefore in my opinion desirable, when practicable, that typhoid patients should be subjected to Hospital isolation. Under all circumstances this procedure is to be advocated as a means for obviating a limitation of its extension, and in the case of typhoid sufferers belonging to the poorer class of the community, it is unquestionably advantageous, as affording them more appropriate treatment than can be obtained in their own homes. The dangers and disadvantages of the domestic treatment of typhoid patients are continually coming under my observation, and my experience in two instances occurring last year I will cite in illustration of this.

On visiting a dwelling (sanitarily bad in many respects), I found two of the children, adolescents, with enteric fever, occupying the same sleeping apartment as the father, who had been suffering from an attack of the same disease for some weeks, and this, I believe, they had been doing prior to falling ill, from the commencement of their father's illness. There is no doubt that in this way they contracted the disorder. In another case I am firmly convinced that the mother who nursed consecutively several members of her family attacked with typhoid, conveyed the infection. In this example, carelessness in nursing, through ignorance, was the cause of the affliction being propagated.

In the case alluded to the mother acted in a dual capacity, nursing the sick, and performing her ordinary domestic duties, such as preparing food, &c., simultaneously.

It is easy to conceive the dangers attending indiscretions of this description in dealing with the communicable fever now under consideration.

These cases forcibly substantiate my assertion that home treatment of a dangerous disease like typhoid is neither advisable in the interests of the sufferers nor the public health. Nothing of an exceptional character was connected with the other cases of typhoid notified last year. In many of the dwellings occupied by the infected persons defects in sanitation were conspicuous, and remedial measures were invariably promptly applied for the removal of the same. In addition to the usual precautionary proceedings observed in the preventive treatment of the fever, I gave instruction that on receiving intimation of the existence of a case of the disease the drains of the dwelling house were to be effectually flushed, when practicable, with a hose attached to the street hydrant, and disinfected with a solution of corrosive sublimate. This process was also repeated on the termination of the illness, the object of the procedure being to thoroughly cleanse the drains, and by the removal of all sewage contents of the drains, preventing the development of the typhoid, micro-organism, and consequent extension of the disease.

Corrosive sublimate is selected for this purpose as being a most powerful disinfectant, and possessing germicidal properties to a greater degree than other disinfectants, such as carbolic acid.

The preparation of this chemical, which I have advised for use for some time past, with the sanction of the Sanitary Committee, is that manufactured and patented by the St. Bede Chemical Company, Newcastle-on-Tyne, and known as the "St. Bede Disinfectant."

The disinfectant is in a solid form, and is, therefore, convenient for distribution. Instructions are given that it is only to be made into a solution immediately before being used, this being desirable as a precaution for preventing accident, the chemical being a most powerful poison.

The mortality from typhoid fever in the years 1876 to 1894 was—

1876—8	1885—4
1877—5	1886—3
1878—5	1887—7
1879—5	1888—7
1880—0	1889—4
1881—6	1890—1
1882—5	1891—5
1883—3	1892—5
1884—11	1893—5
	1894—6

The mean annual average of deaths from typhoid fever for ten years (1885 to 1894) was 4·7

The deaths of last year were one in excess of those in 1893.

**DIPHTHERIA.**—Certificates of twelve cases of diphtheria were received last year, and three deaths were assignable to this cause, two less than in the year 1893. The mean annual average of these deaths in the decade 1885—1894 was 2·7. All the circumstances in connection with these cases were personally investigated by myself, and the necessary precautions were taken, for preventing the spread of the disease, and insanitary conditions found in existence in the infected dwellings were rectified. Diphtheria fortunately is not of common occurrence in Northampton, and we locally as yet have not experienced the serious amount of increase in its prevalence, which has taken place in many other parts of the Kingdom.

We learn from the last Report of the Registrar-General (1893) that diphtheria was the assigned cause of death in 9,466 instances during the year 1893. These deaths were equal to a rate of 318 per million living, a higher rate than in any previous year on record, with the exception of 1858 and 1859, in which years the rates had been 339 and 517 respectively. The rate in 1893 was 82 per cent. in excess of the average rate in the ten year period 1883—92, which had been 175 per million. Taking diphtheria and “croup” together the deaths in 1893 amounted to 11,568, or 389 per million, exceeding the rate in the previous year by 91 per million living.

These figures demonstrate most distinctly that this dangerous infectious disease is greatly on the increase, and the fact must not be unheeded, and efforts for its prophylaxis should be contemplated seriously, and actively introduced.

The causes of the production of diphtheria are numerous, and there is some reason for assuming that its origin is not invariably directly associated with the common forms of insanitation. It is essential that throat affections, particularly in children, should be subjected to very prompt medical treatment, lest undetected diphtheria in an isolated case should be the means of infecting many others.

It should be impressed on all school teachers and others having the care of children, that children suffering from what is commonly known as "sore throat," should be prevented attending schools, or associating with other children, during an illness which is apparently, at least in its earlier stages, of a trivial character, but which ultimately may prove to be diphtheria.

**DIARRHŒA.**—The deaths attributable to diarrhœa amounted to 19, the lowest mortality rate recorded since 1876, a period of nineteen years. This is equal to a death rate of 0.29 per 1,000 of the population.

The deaths ascribed to the same cause in the preceding year numbered 62.

Diarrhœa is a disease which in its production is dependent to a considerable degree, though not solely, on seasonal influences. The meteorological conditions of the past summer were unfavourable to its development.

**ERYSIPELAS.**—There was a diminution in the number of cases of erysipelas notified this year, which were 66, against 95 in the previous year. There were four deaths certified as caused by erysipelas, and three in 1893.

All cases of erysipelas reported were enquired into. I have only one other remark to make relative to this disease, and that is, no useful results are derived from making it compulsorily notifiable.

**BOROUGH INFECTIOUS HOSPITAL.**—The Hospital was occupied throughout the whole of last year. The total number of admissions in the year was 208. Two of the patients were sent there by the Hardingstone Local Board, the remaining 206 coming from the Borough.

The cases of acute febrile affections isolated were—

DISEASE.	TOTAL.	DIED.	RECOVERED.
Scarlet Fever ... ..	200	2	198
Diphtheria ... ..	3	1	2
Typhoid Fever ... ..	5	0	5

Included in the typhoid cases is one of the Hospital nurses, who unfortunately contracted a mild attack of the disease from one of the patients she was nursing. With regard to the deaths from scarlet fever, I should mention that one of these was a young man 19 years of age, who died of inflammation of the lungs, and although certified as suffering from scarlet fever, the symptoms were not sufficiently well marked to render the diagnosis anything but doubtful. The percentage of mortality is low, and it is satisfactory that so large a number of patients underwent successful treatment in the institution. Apart from this circumstance, the detention of this mass of infectious persons conferred advantages which must be readily recognised on the public health of the district. The admission of a large number of patients was refused in the course of the year, owing to the want of room, every available bed being occupied on many occasions when applications were made.

The average duration of detention in the Hospital of each patient was about six weeks and two days.

The total expenditure of nursing and maintenance, exclusive of medical attendance, was £796 10s. 8d., the average weekly cost per patient being about 12s. 4d.

The enlargement of the Hospital is being proceeded with, and the isolation block and additional pavilion now in process of construction will, I anticipate, be completed in a few months, and available for the reception of patients.

The complications and sequæ attacking scarlet fever patients in the Hospital were:—

Myelitis	..	...	...	...	...	...	1
Hæmorrhagic-Scarlatina	...	..	..	..	..	..	1
Nephritis	..	..	...	..	...	...	5
Otitis	...	...	...	...	...	...	6
Skin disease	...	...	...	...	...	...	3
Abscess	...	...	...	..	...	...	6
Conjunctivitis	...	...	...	...	...	...	2
Chorea	...	..	...	..	...	...	1
Uræmic Convulsions	...	...	...	...	...	...	1
Pneumonia	...	...	...	..	...	...	1
Bronchitis	...	...	...	...	..	...	1

*Streets in which Deaths occurred from the seven principal Zymotic Diseases in  
1894.*

MEASLES.

The Riding	Horsemarket Gardens
Workhouse	Brunswick Place
Chapel Place	Tanner Street
Chapel Place	Swan Street
Ash Street	St. Mary's Street
Workhouse	Artizan Road
Workhouse	Vernon Street
Union Court, St. Andrew Street	Sheep Street
Woodford Street	Cranstoun Street
Chapel Place	Dunster Street

WHOOPIING COUGH.

St. Andrew's Place	St. Edmund's road
Upper Harding Street	Palmerston Road
Guildhall Road	Bridge Street
Melville Street	Dunster Street
Perry Street	Louise Road
Bostock Avenue	William Street
Overstone Road	Albert Street
Brunswick Street	Kettering Road
Alliston's Gardens	Derby Road
Alliston's Gardens	Cloutsham Street
Mayorhold	Weston Place
St Andrew's Road	Crispin Street
St. James' Street	Windsor Terrace
Abington Avenue	Chalk Terrace
Alcombe Terrace	Chapel Place
Portland Street	

DIARRHŒA.

Deal Street	Oak Street
Gladstone Terrace	Hampton Street
Cranstoun Street	Oakley Street
Hampton Street	Lower Harding Street
Althorpe Street	Court 7, Scarletwell Street
Cloutsham Street	Bridge Street
Deal Street	Doddridge Street

DIARRHŒA.—*Continued.*

Bristol Street	Little Cross Street
Bridge Street	Doddridge Street
St. Andrew's Gardens	

## SCARLET FEVER.

Margaret Street	Bath Street
Broad Street	Adnitt's Place
Lower Grafton Street	

## DIPHTHERIA.

Somerset Street	The Infirmary
St. George's Street	

## TYPHOID FEVER.

Poole Street	Wood Street
Gas Street	Bridge Street
The Drapery	The Infirmary

**SANITARY WORK.**—The work accomplished by the health department in the course of the past year will compare favourably with the results recorded in previous years. The duties of all the sanitary officials in connection with the scarlet fever epidemic were unusually heavy, and interfered in some measure with other descriptions of sanitary work, and consequently the systematic house to house visitations, for the detection of insanitary conditions, which in past years under my supervision, the department has undertaken, was not so actively pursued; apart from this circumstance, however, the actual amount of work performed was by no means inconsiderable. In a rapidly increasing and crowded industrial community as that under your jurisdiction, the necessity for continuous and progressive sanitary operations becomes imperative, in order that the district may be maintained in a state of sanitary efficiency. A general summary of the nuisances reported and remedied is given, but nothing of an exceptional nature concerning them requires special reference at my hands on this occasion.

I have, as in previous years, made periodical inspections of various parts of the Borough, and by this means kept myself acquainted with the general sanitary state of the district. I have also made inspections, whenever I have received applications for my intervention, with reference to nuisances and other matters appertaining to the public health.

I attended all meetings of the Sanitary Committee, both ordinary and special, held during the year, when reports were submitted relative to sanitary questions necessitating reference to the Sanitary Authority; the opportunity on these occasions being granted me of representing the views I entertained on the subjects under discussion, and of offering advice in matters belonging to sanitary administrative affairs connected with the public health of the district.

**OVERCROWDING.**—The undermentioned houses were reported as being overcrowded to such an extent as to perniciously influence the health of the persons living in them. These nuisances, with the exception of two or three (in which the time allowed for the abatement of the nuisance has not expired) have been remedied.

No. 50, Lower Harding Street; 14, Tanner Street; 18, 22, 2, 1 25, The Riding; 40 Johnson's Row; 78 Bath Street; 3 Fitzroy Place; 59 Scarletwell Street; 6 Bath Gardens; 5 Bell Barn Street; 1 Palace Yard.

Overcrowding is an evil that prevails in this and all other large town districts, and it is an extremely difficult one to contend with.

Very glaring instances in which persons of adult age of opposite sexes are found occupying the same overcrowded sleeping apartment (and, I regret to say, that examples of this type of overcrowding too frequently come under my observation), should be under all circumstances disposed of.

But overcrowding engendered by poverty, illness, and other calamities to which flesh is heir, has oftentimes, owing to the necessitous circumstances of those responsible for its existence, to continue in abeyance. In times of commercial depression this evil most materially increases, families from want of means have to forsake the separate dwellings they occupied in times of prosperity, and congregate in overcrowded tenements under the same roof.

**HOUSES OF THE WORKING CLASSES ACT.**—Action was taken with regard to seventeen insanitary houses which I reported in compliance with this act, as being in a state injurious to health and unfit for habitation. It has not been however necessary to proceed further than issuing the preliminary notices required by the act, ordering the abatement of the nuisances.

The houses which I specially reported on were—

Nos. 50, 52, 54, Lower Harding Street. These houses were certified as being filthy and dilapidated, and having structural deficiencies caused by decaying floors, windows, and staircases, and defective surface yard drainage.

They have been repaired, cleansed and whitewashed, and much improved.

No. 14, Tanner Street. This dwelling I found in an abominable state of offensiveness and filthiness. The tenants were turned out and the nuisance abated, by cleansing and whitewashing the dwelling.

Nos. 68 and 70, Woolmonger Street. These houses were reported as damp, filthy, and insufficiently ventilated, there being no back ventilation, and with insufficient water supply and closet accommodation. Nothing has yet been done in the way of improving the insanitary state of these houses. They are, however, not inhabited, the occupants having been required to leave. In the event of their being let again before the order of the authority is complied with, further proceedings authorised by the act will have to be taken.

17, Bradshaw Street. This house was reported as in an insanitary and unwholesome condition, due to its filthy and dilapidated state; four cases of typhoid fever recently occurred here, and no doubt the occurrence of the disease was induced by these inhygienic circumstances.

Sickness still prevails in the house, but it has been arranged for the occupants to leave on the recovery of the patients, in order that the house may be subjected to the improvements and repairs it is so much in need of.

1, Palace Yard, Church Lane. This house was generally in an insanitary state, being very much out of repair, and extremely filthy and unwholesome; the floors and walls were dilapidated, it was damp, and in addition to all this it was overcrowded.

Fever prevailed in the house.

It has been cleansed and whitewashed, and certainly in a sanitary sense improved. The number of occupants has been reduced.

Court 1, Dychurch Lane. This is a miserable place, unworthy entirely of the name "dwelling house." The sanitary defects found were dampness,

unwholesomeness, filthiness, inadequate ventilation, and dilapidations. It has been cleansed and whitewashed. I am informed that this property will in a few months time come into the possession of the Corporation, when, no doubt, its effacement will be achieved by demolition.

57 and 59, Scarletwell Street. These houses were alluded to in the report in the following terms, "as exceedingly filthy and altogether unwholesome, the floors and walls in some of the rooms are in a state of decay, in fact the entire dwelling may be said to be in a state of dilapidation." These houses were closed by the owner on receiving the order of the Authority to put them into a proper sanitary state.

On inspecting the houses on February 11th, 1895, I found that they had been cleansed, whitewashed, and repaired, and were now fit for habitation.

No. 5, Bell Barn Street. This dwelling was described as being generally in an insanitary state, due to filthiness and dilapidations. The evil is also intensified by the house being overcrowded. The house was closed, and subsequently repaired and otherwise rendered fit for occupation.

No. 8, Broad Street. This house was certified "as being generally filthy and dilapidated, and the atmosphere of the dwelling was polluted with sewer effluvia issuing from a faulty drain in the kitchen which increases its insanitariness."

The repairs required here are being proceeded with.

28, The Mayorhold. This house has been closed, but the notice requiring the execution of the work necessary for rendering it fit for habitation has not been carried out. The nuisances existing therein, alluded to in the report, were dampness, and insufficient ventilation, and imperfect construction of the sleeping apartment, preventing a sufficiently free circulation of air, owing to the deficient space of the room.

Nos. 3, 5, 6, Court 11, Bridge Street. This court, under the most favourable circumstances, can be most deservedly designated a veritable slum.

The three houses were, at the time of my inspection, in a very bad sanitary state; but Nos. 5 and 6 have been closed, and steps are being taken for preventing No. 3 being inhabited until the notice for having it put into a proper sanitary state has been complied with.

For some years past I have been enabled to record in my annual reports action taken for the improvement of working class dwellings, though not of so extensive a character as could be desired. We have, however, in this matter of sanitation, effected, during the last few years, material benefit, and I hope in the near future, if the opportunity is afforded me, to accomplish further beneficial results. The well to do working classes are amply provided with comfortable and healthy dwellings, a large number of this description of houses having been erected in the town and suburbs in recent years; but the rent of such habitations cannot be afforded by the poorer portion of the community, whose means compel them to seek cheaper and less healthy houses which abound in the back streets and courts and alleys of the older portion of the town than those of their more prosperous neighbours.

It is for the improvement of this class of dwelling that sanitary reforms are urgently needed.

Owners of this description of property would do well not to lose sight of the fact that ordinary dwelling houses for the working classes are let on an implied condition that they are reasonably fit for habitation, this is enacted by section 75 of the Housing of the Working Classes Act 1890. "In any contract made after the fourteenth day of August, one thousand eight hundred and eighty-five, for letting for habitation by persons of the working classes a house or part of a house, there shall be implied a condition that the house is at the commencement of the holding, in all respects reasonably fit for human habitation." In this Section the expression "letting for habitation by persons of the working classes," means "the letting for habitation of a house or part of a house at a rent not exceeding in England the sum named as the limit for the composition of rates by section 3 of the Poor Rate Assessment and Collection Act 1869, and to Scotland and Ireland four pounds."

Remedial measures for the better housing of the poorer section of the working class community, and the prevention of overcrowding have been resorted to in London, Glasgow, Croydon, and other large industrial centres, by the establishment of "Municipal Lodging-houses," and these, I believe, have in some instances proved remunerative. I believe considerable advantages would accrue in all populous industrial communities such as Northampton by the erection of dwellings of this character. It would be an unquestionable boon to the working poor to be enabled to obtain comfortable and healthy homes at a cheap rent.

**DAIRIES AND COW SHEDS.**—There are now in the Urban Sanitary District 246 cow sheds and dairies on the register:

Twenty milk shops were registered during the year. All cow sheds were periodically inspected. In one instance a cow shed was ascertained to be overcrowded and in other respects in an insanitary state.

Means were taken for the removal of the nuisances.

**BAKE-HOUSES AND SLAUGHTER-HOUSES.**—There are 79 registered and licensed slaughter-houses. There was no fresh license granted for a slaughter house last year.

There are 100 bake-houses in the town.

The bake-houses and slaughter-houses were regularly inspected. In 71 cases they were found defective in sanitation, and the usual proceedings were taken for the removal of the defects found to be in existence.

**OFFENSIVE TRADES.**—One offensive trade was dealt with. This (gut-scraping) I found myself being carried on in a butcher's establishment, and being a business of a particularly offensive nature, and certainly most improperly conducted, it is almost needless to say that measures were promptly undertaken for its suppression.

**HOUSES DRAINED INTO THE SEWER.**—In the following houses the drainage system was found not to be in conformity with the Sanitary Acts :—

The owners of the property were required to construct proper drains in connection with the street sewer.

Nos. 66, 68, 70, 72, Bath Street; 11, Green Street; 91, Market Street; 22, Horsemarket; 93, Market Street; 60, Abington Street; 109, 111, 115, Abington Avenue.

**HOUSES WITHOUT A PROPER SUPPLY OF WATER.**—Nos. 11, College Street; 109, Lower Thrift Street. The owners of these dwellings were required, by an order of the Sanitary Authority, to provide them with a proper supply of water, which had been found absent. The town water was laid on to the houses.

**INSPECTION OF MEAT, &c.**—Below is appended a list of articles of food, which were seized and condemned as unfit for human food, and ordered to be destroyed by magistrates.

Beef ...	...	...	...	...	...	...	...	...	526lbs.
Mutton	...	...	...	...	...	...	...	...	57 „
Veal ...	...	...	...	...	...	...	...	...	38 „
Cow ...	...	...	...	...	...	...	...	...	1
Calf ...	...	...	...	...	...	...	...	...	1
Lamb...	...	...	...	...	...	...	...	...	1
Pig ...	...	...	...	...	...	...	...	...	1
Rabbits	...	...	...	...	...	...	...	...	5
Fish	{	Herrings	...	...	...	...	...	...	15,300
		Haddock	...	...	...	...	...	...	1,607
		Shrimps	...	...	...	...	...	...	32
Oranges	...	...	...	...	...	...	...	1,073	

#### SALE OF FOOD AND DRUGS ACT.

Seven samples of Food were submitted to the Public Analyst, particulars of which are here given.

Article submitted for Analysis.	Result of Analysis.
Bread .. ...	Genuine.
Coffee ... ..	Genuine.
Butter ... ..	Genuine.
Bread ... ..	Genuine.
Bread ... ..	Genuine.
Milk ... ..	Genuine.
Milk ... ..	Genuine.

**CANAL BOATS ACT.**—There are 53 canal boats on the register. Thirty-eight inspections were made during the year. Infringements of the Canal Boats Act and regulations were reported in three cases.

## DISINFECTING STATION.

Articles disinfected during the year 1894.

January	...	...	...	...	...	...	423
February	...	...	...	...	...	...	220
March	...	...	...	...	...	...	221
April	...	...	...	...	...	...	192
May	...	...	...	...	...	...	146
June	..	...	...	...	...	...	349
July	...	...	...	...	...	...	421
August	...	...	...	...	...	...	259
September	...	...	..	...	..	..	241
October	...	...	..	...	...	...	466
November	...	...	...	...	...	...	325
December	...	...	...	...	...	...	387
							<hr/>
Total	...	..	...	..	...	...	3650
							<hr/>

The infected goods were conveyed by the sanitary officer from 373 different houses to the disinfecting station, and after being subjected to disinfection were returned to the owners free of cost.

The disinfecting apparatus which has now been in use for several years, one of Ransome's dry heat stoves, is a somewhat antiquated form of disinfecter. It should be replaced by a steam disinfecter, which is not only more effectual, but the process is much more rapid than that by the old method of dry air, and I believe it also would be found more economical.

## PROSECUTIONS UNDER THE PUBLIC HEALTH ACT.

The owner of a factory in Market Street was summoned before the Magistrates for failing to comply with an order of the Sanitary Authority for the removal of nuisances existing on these premises. He was ordered to remove the closet and urinal, which were in the cellar beneath the factory, and to erect in a suitable place such other closets and urinals as necessary for the proper accommodation of such persons as occupy or are employed at the said premises, and to provide a proper, sufficient, and continuous supply of water to the said closets and urinals. The defendant appealed against the Magisterial order at the Borough Quarter Sessions, but the action resulted in a confirmation of this, the appeal being quashed by the Recorder.

I believe that the structural alterations ordered have not yet been carried out; further proceedings, however, have been stayed, as the factory is not now occupied.

This is the only case in which legal proceedings were instituted by the Authority last year.

**DRAIN TESTING.**—The smoke test was applied, by means of the asphyxiator, by officers of the department to the drains of 344 different premises; of this number 291 were found to be defective.

### NEW BUILDINGS.

The following plans for new buildings were submitted to the Borough Engineer, and were passed by that Officer, the whole of them however have not yet been completed.

Houses.	Factories.	Church.	Miscellaneous.	Alterations and Additions.
143	7	1	1	96

The number of plans for new houses was 42 less than in 1893.

### NEW BUILDING AND DRAINAGE BYE-LAWS.

In my annual report for 1893 I remarked in the following terms relative to the new bye-laws.

“These were some months since passed by the Town Council, but are awaiting the confirmation of the Local Government Board before being put into operation.” Up to the present moment no further progress has been made, and the matter still remains in abeyance, the sanction of the Board not yet having been given.

### THE PUBLIC HEALTH OFFICE.

It is a source of satisfaction to me to be enabled to state that a portion of the old Police Station in Fish Street, by the order of the Council, has been converted into offices for the Officer of Health and Sanitary Inspectors, and a want supplied which for many years past has been felt for facilitating the administration of the sanitary affairs of the district. Personally, I desire to convey my thanks to the Town Council for readily responding to my application for provision being made for offices for the use of the officers of the sanitary department.

*Summary of Work done in the Sanitary Department during the Year 1894.*

Nuisances.	Cases Reported.	Cases Remedied	Cases Unremedied.
Houses filthy and unwholesome so as to be injurious to health ordered to be cleansed and whitewashed ... ..	310	262	48
Houses having defective drainage so as to be injurious to health ... ..	840	787	53
Houses not drained into Sewer ... ..	16	12	4
Overcrowded Houses ... ..	13	10	3
Houses to be cleansed, disinfected, and whitewashed, in which infectious diseases had occurred ... ..	446	428	18
Animals kept so as to be a nuisance ... ..	40	38	2
Houses without a proper supply of water ... ..	4	2	2
Smoke nuisances .. .. .	6	6	...
Slaughter-houses and Bake-houses requiring whitewashing and cleansing ... ..	71	71	..
Offensive Trades ... .. .	1	1	...
Polluted Wells ... .. .	1	1	...
Insufficient closet accommodation .. ..	4	1	3
Houses unfit for habitation ... .. .	17	12	5
Prosecutions .. .. .	1	...	1
Miscellaneous nuisances requiring the attention of the Inspector of Nuisances ... ..	239	197	42
Total ... .. .	2009	1828	181

Cases of Sickness visited with reference to sanitary condition of premises, and disinfection where zymotic diseases occurred.	Scarlet Fever (sickness) .. .. .	427
	,,    (deaths) ... .. .	5
	Diphtheria (sickness) .. .. .	12
	,,    (deaths) ... .. .	3
	Typhoid Fever (sickness) .. .. .	40
	,,    (deaths) ... .. .	6
	Puerperal Fever (sickness) ... .. .	7
	,,    (deaths) ... .. .	7
	Erysipelas (sickness) ... .. .	66
	,,    (deaths) ... .. .	4
	Membranous Croup (sickness) ... .. .	8
	,,    (deaths) ... .. .	8
Measles (deaths) ... .. .	20	

**THE FACTORY AND WORKSHOPS ACT.**—In the month of July, of 1892, I presented a report to the Town Council, urging that this statute should be enforced in the Borough, at the same time advocating the augmentation of the sanitary staff by the appointment of an additional inspector for carrying out the duties. Mr. H. Spears was appointed at that date, and a systematic inspection of the workshops was commenced by this officer, and continued by him until his resignation in July of last year; since then this particular duty has been discharged by his successor, Mr. Hogg.

Previous to the appointment of Mr. Spears the workshops had been subjected to no proper sanitary supervision whatever. The Factory and Workshop Act, 1891, which transferred the sanitary control of workshops from Factory Inspectors to Sanitary Authorities, is a legislative measure of a valuable character, if its importance is fully recognised by those who are responsible for putting it into operation.

In Northampton it has been the means of reforming very materially the sanitary condition of a considerable number of workshops, results which must undoubtedly exercise favourable influences on the health of the work-people confined in such places for long hours each day throughout the year; in fact, a large portion of the daily life of the operative is spent in the workshop, and it is therefore a matter of essential importance that they should not be exposed to pernicious influences engendered by neglected sanitation; and the prevention of insanitariness in workshops and factories is in no respects less essential than in the dwelling.

During the past twelve months I undertook personally the inspection of a large number of workshops, and at my instigation sanitary improvements in all instances, when ascertained to be requisite, measures were resorted to for

the enforcement of the same. Representations relative to two insanitary workshops and a factory formed the subject of special reports submitted to the Town Council. In the case of a workshop in Lawrence Street, alluded to in one of the reports, I advocated the discontinuance of its use as a workshop on account of its palpable inhygenic surroundings and unsuitability for the purposes for which it was utilized. My advice was acted upon, and the proprietor, a shoemanufacturer, was required to acquire other more healthy and suitable premises. In a few cases I was requested by the Factory Inspector to inspect factories, with the object of taking proceedings for the removal of insanitary conditions existing thereon. Information of this nature received by me from the Factory Inspector was invariably promptly acted upon.

There were in the course of the year 880 visits and inspections made. At the termination of the year 1894 there were 454 workshops on the register, being 159 less than in 1893. The reduction is induced by the closing of a considerable number of workshops in which the shoe industry was carried on, the workpeople having been compelled to discontinue out-door work and to work in the factories—by a new trade regulation which came into force at the commencement of the past year. A detailed summary of the sanitary work effected in connection with factories and workshops is given in the appended table.

Nature of Nuisance.	Notices served.	Nuisances abated.	Notices on books Dec. 31, 1894.
Overcrowding . . . . .	53	47	6
Absence of closet accommodation . . . . .	1	1	..
Want of separate closet accommodation for sexes . . . . .	4	4	..
Closets requiring flushing apparatus . . . . .	64	45	19
Offensive closets, drains, &c. . . . .	29	29	..
Offensive accumulations . . . . .	5	5	..
Insufficient ventilation . . . . .	5	4	1
Filthy and dilapidated workshops ordered to be cleansed and repaired . . . . .	89	88	1
Workshops without supply of drinking water...	3	2	1
Total . . . . .	253	225	28

## NORTHAMPTON URBAN SANITARY AUTHORITY.

Deaths registered at Several Groups of Ages, from different causes, during the year 1894.

NOTE.—The deaths in Public Institutions of Non-residents are excluded.

DISEASES.	Under one Year.	AGES.								TOTAL.		TOTAL.
		1 to 5	5 to 15	15 to 25	25 to 60	60 to 70	70 to 80	80 to 90	90 and upwards.	under 5.	above 5.	
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...
Measles...	4	16	...	...	...	...	...	...	...	20	...	20
Scarlet fever	...	3	2	...	...	...	...	...	...	3	2	5
Diphtheria	...	1	1	1	...	...	...	...	...	1	2	3
Whooping Cough	16	15	...	...	...	...	...	...	...	31	...	31
FEVER. } Typhus ... Typhoid ... S. continued fever	...	...	...	...	...	...	...	...	...	...	...	...
	...	...	1	4	1	...	...	...	...	...	6	6
	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa	14	5	...	...	...	...	...	...	...	19	...	19
Rheumatic Fever	...	...	...	...	1	...	...	...	...	...	1	1
Erysipelas	1	...	...	...	3	...	...	...	...	1	3	4
Croup	...	5	3	...	...	...	...	...	...	5	3	8
Pyæmia	1	...	...	...	2	...	...	...	...	1	2	3
Dropsy	...	...	...	...	...	...	...	...	...	...	...	...
Cancer	...	...	...	1	24	10	10	2	...	...	47	47
Scrofulous Diseases	4	3	1	...	1	...	...	...	...	7	2	9
Phthisis	4	5	9	10	57	7	1	...	...	9	84	93
Diseases of Nervous System	6	8	6	5	20	22	20	4	...	14	77	91
Convulsions	37	3	...	...	...	...	...	...	...	40	...	40
Diseases of Organs of Circulation	2	...	6	3	30	26	10	2	...	2	77	79
Diseases of Respiratory Organs	38	49	5	2	38	21	23	7	...	87	96	183
Diseases of Organs of Digestion	9	1	2	1	9	3	1	...	...	10	16	26
Diseases of Urinary Organs	...	...	2	2	14	5	3	...	...	...	26	26
Puerperal Fever	...	...	...	1	6	...	...	...	...	...	7	7
Diseases of Uterus and Ovaries	...	...	...	...	...	...	...	...	...	...	...	...
Childbirth	...	...	...	...	5	...	...	...	...	...	5	5
Premature Birth	43	...	...	...	...	...	...	...	...	43	...	43
Atrophy and Debility	55	9	...	...	...	...	1	1	...	64	2	66
Old Age	...	...	...	...	...	4	19	14	3	...	40	40
Accidents or Violence	4	5	2	...	7	3	2	...	...	9	14	23
Diseases not named above	5	2	...	...	4	2	1	...	...	7	7	14
Ill-defined	1	...	...	...	1	1	2	...	...	1	4	5
Influenza	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...
Teething	8	3	...	...	...	...	...	...	...	11	...	11
Totals	252	133	40	30	223	104	93	30	3	385	523	908

## LOCAL GOVERNMENT BOARD FORM.

(A) TABLE OF DEATHS during the Year 1894, in the Northampton Urban Sanitary District, classified according to Diseases, Ages, and Localities.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; public institutions being shown as separate localities.  (See note 4 on back of sheet.)  <i>Columns for Population and Births are in Table B.</i>	Mortality from all causes, at subjoined ages.							Mortality from subjoined causes distinguishing Deaths of Children under Five Years of Age.																		
	At all ages.	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards	Typhus.	Enteric or Typhoid	Continued	Relapsing.	Puerperal.	Cholera	Erysipelas	Measles	Whooping Cough	Diarrhea and Dysentery.	Rheumatic Fever	Ague	Phthisis	Bronchitis, Pneumonia & Pleurisy	Heart Disease	Injuries	All other Diseases	Total	
	b	c	d	e	f	g	h																			5
Northampton Borough	807	245	121	36	24	225	157	...	...	...	...	...	...	1	17	31	19	...	...	...	9	86	2	3	189	366
Northampton Infirmary	43	4	6	3	4	24	2	...	...	...	...	...	...	3	...	...	...	...	...	...	78	81	65	10	188	443
Northampton Workhouse	57	3	6	1	2	24	21	Under 5 upwds.	...	...	...	...	...	...	3	...	...	...	...	...	3	1	6	4	18	31
St. Andrew's Hospital (Insane)	1	...	...	...	...	...	...	Under 5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	9
TOTALS	908	252	133	40	30	273	180	Under 5 upwds.	6	...	...	7	...	1	20	31	19	1	...	...	9	87	2	9	197	385
								5 upwds.	6	...	...	7	...	3	...	...	...	1	...	...	84	96	77	14	242	523

The subjoined numbers have also to be taken into account in judging of the above records of mortality. See note 5 on back.

Deaths occurring outside the district among persons belonging thereto	3	..	2	1	...	...	...	Under 5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Deaths occurring within the district among persons not belonging thereto	79	1	2	3	9	47	17	Under 5 upwds.	1	...	...	...	...	2	...	...	1	1	...	...	8	5	9	6	45	76	

## 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 purposes 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, 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.

5. *The deaths which have been 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.*

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

LEE F. COGAN,

February 22nd, 1895.

MEDICAL OFFICER OF HEALTH.

Area and Population of the District or Division to which this Return relates.	
Area in Acres .....	1,520
Population (1891) .....	61,016
Death Rates. {	General, 14.2 .....
	per 1,000 Population.
	{ Infant, 136.1 .....
	per 1,000 Births Registered.



## NOTES ON TABLE **B**.

(See also Notes on back of Table A.)

- NOTE . 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.*



