

[Report 1897] / Medical Officer of Health, Portishead U.D.C.

Contributors

Portishead (England). Urban District Council.

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Portishead, Somerset
Annual report for 1897.

To the Chairman and members of the
Portishead Urban District Council
Gent^{rs}

With this report for last year which
I have the pleasure of reading to you
I hand you the Tables A and B

The area of our District is 976 acres
Population 2700
Births numbered 52 giving the rate 19.25
Deaths " 18 " " " 6.66
Zymotic deaths 0

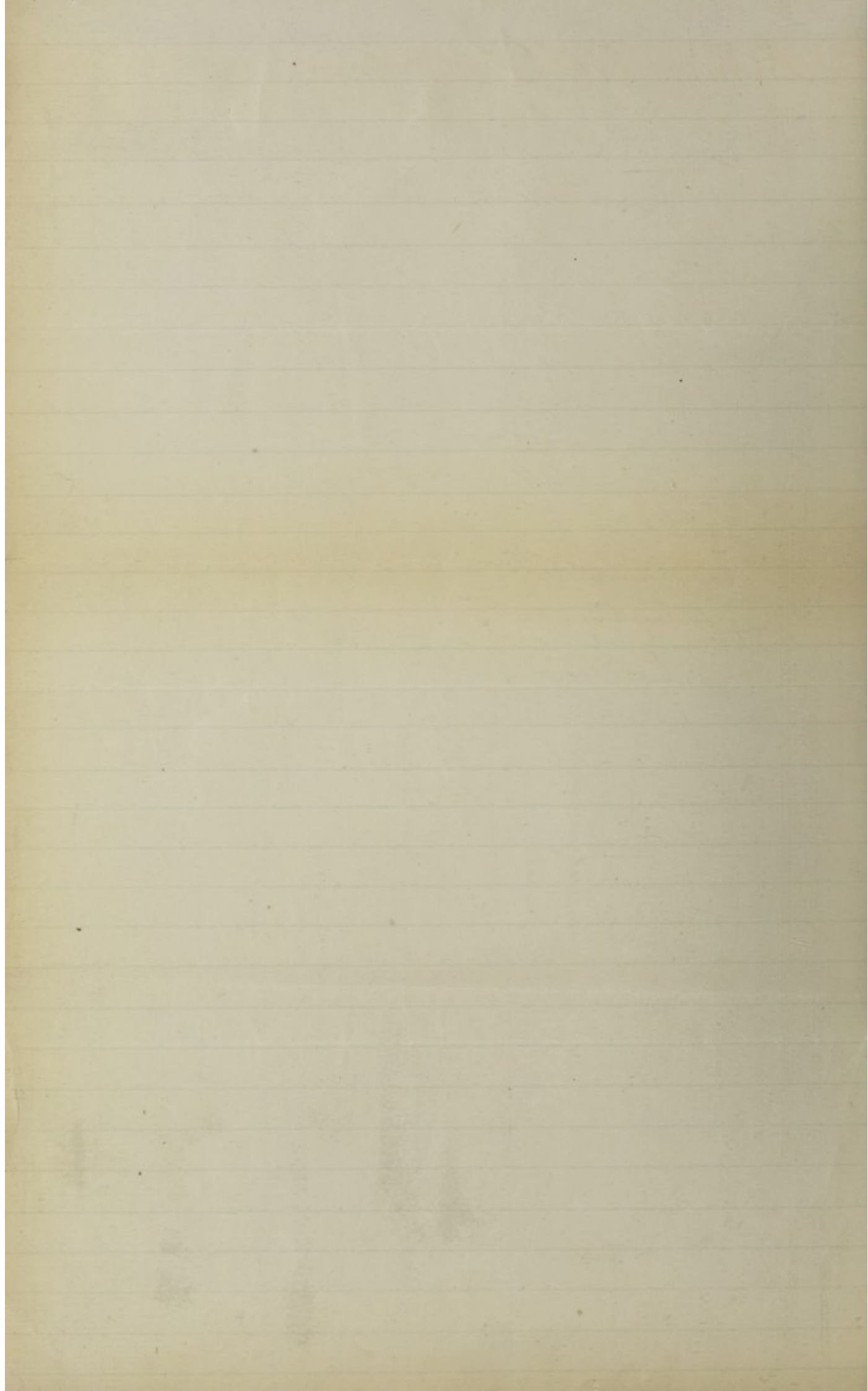
Infant mortality 38.46

The general death rate average for the last 5 years 11.9
According to the Summary of reports
of the Somerset County Council not one of the
Districts urban or Rural show so low a
Death rate as Portishead -

Water supply - There is still much room for improvement
(as regards quantity) in the supply of the District
as I informed you in my last Annual report.
An extension of the existing water works to ensure
an increased supply appears to me and to your
Surveyor to be urgent and should be taken in hand
at once in view of the increased consumption
of water expected on the completion of the new
Sewage works -

Chemical & Bacteriological examinations are being made
of the water supplied by the Company, but a full
report is not yet to hand.

Turn over



Sewerage & Drainage. Progress has been made in the matter of improvement of house drainage but as I have previously reported much is still required in this direction which cannot be effected until the main drainage is completed.

All the new sewers are being given good gradients and consequently the sewage will rapidly make its way to the sea - The advantages of the outfall preclude any danger of nuisance on the shore -

The works appear to have been of a difficult nature by reason of many of the sewers having to be laid at a considerable depth through rock and at other places on an imperfect natural foundation, requiring costly artificial foundations ^{necessary} -

Scavenging. Annual refuse is removed ^{in every week} Notification in force since 1891 -

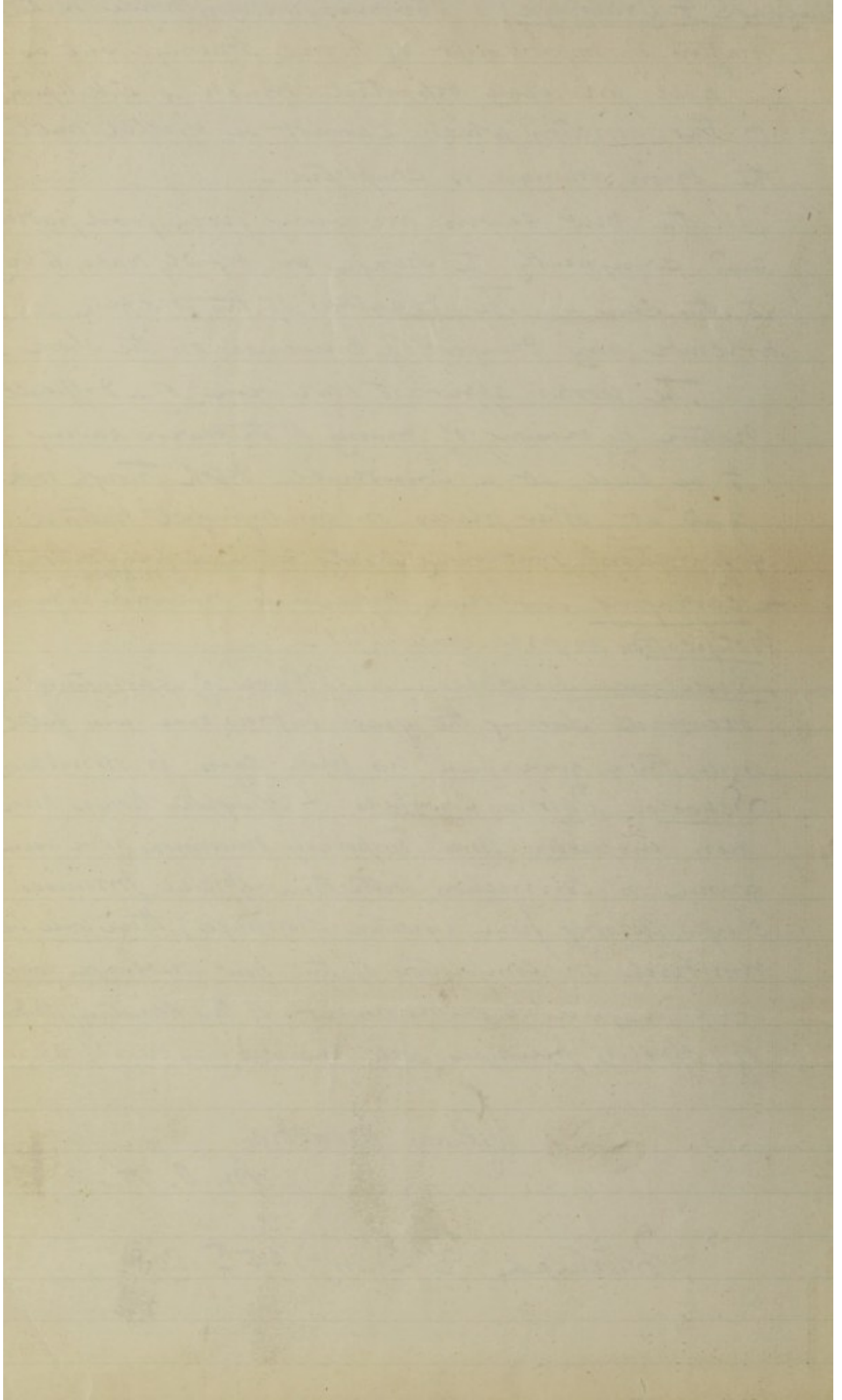
Prevalence of disease 18 Cases of Scarlatina occurred during the year but no case was fatal - and there have been no fresh cases for several months

Schools, Dairies, Cowsheds & Slaughter houses have been inspected and Temporary nuisances have been found in connection with these special premises chiefly arising from defective drainage, these will be remedied on completion of the new sewerage works and a general improvement of the Sanitary conditions of special premises will ensue -

William Brockton

M. D. H.

Portsmouth - July 25th 1898.



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, 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 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	976				
Population (Last Census)	2600				
" (Estimated to middle of 1897)	2700				
Death Rates.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">General</td> <td style="width: 50%; border: none; text-align: right;">6.66</td> </tr> <tr> <td style="border: none;">Infant (under one year of age)</td> <td style="border: none; text-align: right;">38.46</td> </tr> </table>	General	6.66	Infant (under one year of age)	38.46
	General	6.66			
Infant (under one year of age)	38.46				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">per 1,000 Population, estimated to middle of 1897.</td> <td style="width: 50%; border: none;"></td> </tr> <tr> <td style="border: none;">per 1,000 Births Registered.</td> <td style="border: none;"></td> </tr> </table>	per 1,000 Population, estimated to middle of 1897.		per 1,000 Births Registered.	
per 1,000 Population, estimated to middle of 1897.					
per 1,000 Births Registered.					

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

General Death rate for 5 years ending December 1897 11.9

William Crockett Medical Officer of Health.

(Date) *January 10*, 1898.

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.*