[Report 1908] / Medical Officer of Health, Ringwood R.D.C.

wellcome collection

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

1908.

Ringwood Rural Sanitary District.

Medical Officer of Health's Report.

Area of District. 35546 acres.

Population. 1901 Census. 6220.

Estimated to middle of 1908. 6608.

Births. 181. 27.3 per 1000 which is .2 below the average of the last 10 years.

Infantile Mortality. per 1000 births. 77.3

Deaths Registered. 87. or 13.2 per 1000, but deducting 4 deaths of non-residents (in Linford Sanatorium) & adding 3 residents regsitered in public institutions beyond the District the corrected mortality is 86 or 13 per 1000 which is 1.8 below the average for the last 10 years. They are distributed as follows :- Ringwood 61, Burley 10, Broomy,5, Ellingham 5, Harbridge 1, Ibsley 1, and the Workhouse 4.

The natural increase of population is 44.

The average age at death 45.74. Of the 87 deaths 51 were under & 36 over 65 years. 10 were over 80 years.

Zymotic Death Rate. 1.36 per 1000.

Deaths amongst infants. 14. Causes 3 premature birth, 7 debility, 1 pneumonia, 1 congenital defect & 3 other causes.

Deaths 1 and under 5 years. 4. 2 diphtheria, 8 rachitis, 1 convulsions.

5 and under 15 " 7. 5 diphtheria, 1 cancer, 1 other causes.

15 and under 25 " 3. 2 phthisis, 1 eclampsia.

25 and under 65 " 23. 6 phthisis, 4 cancer, 2 pneumonia, 1 Influe-nza, 1 erysipelas, 1 Tubercular disease, 1 bronchitis, 1 Accident, 1 suicide, 5 other causes.

Over 65 years. 36. 8 cancer, 5 bronchitis, 4 heart disease, 1 Diarrhoea, & 18 from other causes.

GENERAL REPORT. The weather for the past year has been one of deficient rain-fall especially during the last 6 months of the year, & the months of June, July & October were exceptionally warm & dry. Apart from the outbreak of Diphtheria the past year has been particularly healthy and the death rate had it not been for this cause would have been 12.1 per 1000 which would have been 2.4 below the average of the last 10 years.

The Birth Rate is about the average.

The year will be memorable for the fact that the medical inspection of Elementary School Children commenced & it is to be hoped that great advantages to health may accrue from it & that the various preventible diseases from which they suffer & the conditions under which they live will be improved in the near future thereby.

ZYMOTIC DISEASES. There were 183 cases notified during the year :- Diphtheria 138, Erysipelas 8, Scarlet Fever 19, 9 Deaths occurred from this source. Diphtheria 7, Erysipelas 1, Influenza 1.

ENTERIC FEVER. Nil, against 5 last year all in one house.

PUERPERAL FEVER. Nil, against 2 last year.

PHTHISIS. 8 deaths occurred being an increase of 3 on the prevous year, 4 were at Broomy (Sanatorium) 3 Ringwood, 1 Workhouse, Leaving out the Sanatorium, the deaths in the neighbourhood were the same as last year. There is no system of notification of Pulmonary Tuberculosis in force here, but on hearing of the death of any case, disinfection of the room occupied by the patient has been carried out where the relatives have agreed. I hope soon that Pulmonary Tuberculosis may be added to the list of Notifiable Diseases, so that the methods of disinfection will be carried out as in other diseases. A step in the right direction has been taken in notification of the disease in Paupers.

MEASLES. Practically Nil.

EPIDEMIC INFLUENZA. a few cases occurred in January with one death.

CHICKEN POX. Nil.

WHOOPING COUGH. There was an outbreak at Ibsley & Harbridge in the Summer months

& the Harbridge Schools were closed in consequence from the 4th. June to the 22nd. June & from August 31st. to September 21st. Ringwood otherwise clear.

SCARLET FEVER. There were nineteen cases of Scarlet Fever this year but at no time did the disease assume epidemic form. The cases were of a mild nature & occurred sparodically & no satisfactory reason could be found for their occurrance. In no case was it due to the milk supply.

DIPHTHERIA. In common with other parts of the County Ringwood has suffered this year from a widespread epidemic of Diphtheria during the latter months of the year, which was probably produced by a number of causes acting together. Ringwood lies low almost on a level with the river & the ground water is consequently near the surface, making the sites of houses in the lowest parts of the Town exceptionally damp. The weather during June and July the early part of August was hot and dry with little rain. About the middle of August cold and rainy weather set in lasting to the first week in September. This was followed by exceptionally mild weather lasting until Christmas with a very deficient rainfal. There was a marked absence of frost at night time. There had also been during the year a number of mild cases of Scarlatina and during the months of June & July an exceptional number of cases of tonsillitis and quinsy probably owing to the dusty nature of the air. Conditions were evidently favourable for any disease especially related to morbid conditions of the throat. This Town & neighbourhood seems to be specially favourable for enlarged tonsils & adenoid growths in the children & this, I think, has undoubtedly proved a fruitful source for infection, as a large majority of the children who suffered from diphtheria had this condition present. 75% of the cases occurred amongst children between the ages of 5 & 15 years during which years enlarged tonsils are prevalent. I hope that the medical inspection of Elementary school children will bring out this point & emphasize it, as if parents would consent to the removal of these troubles diseases such as diphtheria & scarlatina &

others would be, I am sure, largely diminished. The mild nature of the disease has also accounted for the spread of the epidemic as doubtless numerous children were going about with it in an unrecognized for and affecting others. I was able by carefully following up the children who were absent from school to detect several cases of this sort. In several cases infection was evidently conveyed by "Carriers" as patients contracted the disease by coming into the Town & in one or two cases it had evidently been carried out of the Town by some one as the patients had not been near the Town. A further contributory cause was possibly the fact that there had been up to now no method of dealing with the removal of house refuse which was left to the householders to remove when they thought fit, thus accumul--ations of refuse were lying about the premises, which, in the case of the poorer houses, were dangerously near the premises. This matter, I am glad to say, has now been dealt with. In some cases faulty drainage conditions were found and these were dealt with. In no case was a case traced to the milk supply. I also made a careful inspection of all premises at which a case was reported.

INCIDENCE OF THE DISEASE. Speradic cases occurred in July & August, there being 5 cases in July & 2 cases in August. Shortly after the opening of the Schools on August 31st. several cases occurred in the Infant Department of ~~of~~ the National School in one week, so this Department was closed & disinfec--ted but other cases commenced to occur in the other departments of both Schools here & all were closed on the 15th. September, but the disease was but slightly checked. The Infants Department of the National School was inspected all that could be found was that the closets were unduly close to the doors of the Infant class rooms & in hot weather - the doors being kept open, smells were complained of occasionally in the class rooms. This was reported to the School Managers as unsatisfactory & the doors were ordered to be kept closed during school hours. It was also found that the drinking water for the Infants - there being no pump in that Department - was brought over

in a bucket & a mug was used which they dipped into it ~~for them~~ to drink from. Dr. Lyster, County Medical Officer, had just taken up his duties so he came down and after consultation with him it was decided to re-open the Schools after thorough cleansing and disinfecting. This was done on October 5th. & all articles in common use were given up. Mugs & Towels were forbidden Each scholar had his own pen, pencil & books in a separate bag. The Schools were sprinkled weekly with disinfectants after the weekly brushing up.
The object of opening all the Schools was so that all children could be kept under observation & any absentees looked up for doubtful cases. It had been found that during the closure children were playing freely with one another & mixing up freely in the Streets and back yards so little difference would be made if they met at School where every precaution was taken. I visited the schools daily until Christmas and all doubtful cases were immediately excluded and swabbed if necessary.
I may here mention that my Council gave me leave to swab or to have swabbed all doubtful cases and no child was to be allowed back to school before two successive negative swabs had been taken. This has been of great value, but expense has to be considered. They were done at a contract price of 3/6 each It would, I think, be well worth considering, whether, if the County provided some central laboratory, swabs could not be done at a much cheaper rate say 1/- or 1/6 each. More swabbing could then be done & perhaps it would be safer to have two swabs taken of every doubtful case instead of one as at present. I may state here that nearly half of the cases occurred in a low lying part of the Town where conditions were very favourable to a rapid spread - as children freely mixed with each other & the houses lay in a damp situation - with, in some cases, insanitary surroundings and with rather crowded conditions of living.

The number of cases was as follows :-

	New houses affected.	Cases.
July.	4.	5.
August.	2.	2.
September.	28.	37.
October.	31.	44.
November.	20.	31.
December.	12.	19.
	95.	138.

I may state that up to date (end of February) a further marked decline has taken place.

MEANS TAKEN FOR PREVENTING SPREAD OF THE DISEASE :- (1) Daily visits to Schools. (2). Instructions to Teachers to isolate any child who appeared unwell immediately until seen by me. I may here take the opportunity of thanking the Teachers for their help to me in this way which was always freely given. (3). Personal visits to houses infected & correction of insan-itary conditions found. (4) Swabs. (5). Printed instructions for preventing the spread of the disease, left at each affected house. (6) Removal of House refuse. (7) Disinfection of Schools & houses by formalin vapour. (8) Supplies of disinfectants to houses affected. (9) Isolation of patients in their own homes.

The latter raises the question of an Isolation Hospital here, which has several times been discussed before & is a very difficult question to settle. A careful analysis of all the cases has been made by me & I find that out of the 98 houses affected in some cases with one case notified primarily & in some two notified simultaneously.

In 72 houses or 75.8 % home isolation was successful.

In 14 houses or 14.7 % " " was not successful.

In 9 houses or 9.5 % " " was doubtful.

that is secondary cases occurred after disinfection of the primary case at a period averaging 8 weeks after the 1st. appearance of the disease in the house or roughly at a period of about 4 ~~weeks~~ or 5 weeks after disinfection, so these cases may have been due to re-infection from without, or possibly infected articles about the house.

To put it in another way out of 138 cases 28 would certainly have been saved

if every ~~the~~ primary case ~~were~~ had been removed to hospital & 10 might have been, but possibly not. This seems to prove that an isolation hospital would have been of little use in this epidemic. An Isolation Hospital is of little use unless ready to take the first cases of infection & thus trying to prevent a further spread. It is, of course, very useful where there are several susceptible people in a house with no means of properly isolating at home. I may here mention that Lord Lucas generously put at our disposal a small house which could have accomodated 4 male & 4 female patients but at the particular stage of the epidemic it would have been of little use and so his kind offer was declined with thanks.

The question arises whether is this epidemic had there been an isolation hospital ready would the disease have spread as it did ?. This is a diffi-cult question to decide. The sudden outbreak of the disease amongst the infants did not seem to have had any connection with the previous sporadic cases - but was probably due to some child going to school with the specific baccilus in its throat & thus rapidly spreading the disease amongst a susceptible number of young children, these in turn infected others rapidly. From a public health point of view it seems undesirable that children under 5 years of age should attend school as they are readily susceptible to all infectious diseases and the death rate is higher amongst them. At one time the disease spread very rapidly amongst the children in a low lying area of the town previously mentioned & thus doubtless served as a focus for disseminating it. In this case possibly prompt removal to an isolation hospital might have checked the disease, but there were no doubt numerous "carriers" about. From an economic point of view - numbers of mothers who helped contribute to the wages of the house by taking in washing or going out to work by day were stopped doing so for a period of 3 weeks or consider-ably longer, thus losing money and at the same time having to provide extra milk & other necessaries for their children - & in some cases the children were possibly retarded in their recovery by small rooms - many without fireplaces.

From an educational point of view - the necessity for keeping children from school from infected houses caused a large falling off in the attendance at the elementary schools with corresponding educational loss to the children and to the school grant. This would have been prevented, had the patients been removed and the house properly disinfected when the children could have returned after a few days quarantine. In the case of scarlet fever children from infected houses have to be kept away some weeks.

DEATH RATE. With regard to the deaths - there were 7 in all or 5% of the total number of cases. In all cases antitoxin was administered and in nearly all cases it was given by the mouth. In 5 of the 7 deaths antitoxin was not administered until the 4th. or 5th. day owing to the parents not having called in medical advice before.

In concluding my report on the epidemic, I would thank my Council for the ready way in which they have acceded to my proposals as to means to be taken for preventing the spread of the disease; to Dr. Lyster, the County Medical Officer, for his advice and help at different times; and to the Rev. W. D. Bodkin for the perusal of his weather records for the year.

CANCER. There were 13 deaths (or 15% of the deaths recorded for the year) all in the Ringwood Parish. This is an increase of 6 over last year & 10 over 1906, & 8.5 above the average of the last 8 years.

INFANTILE MORTALITY. For causes see ante. There were no deaths from Diarrhoeal diseases and in most cases the causes of the death were not preventible. The Notification of Births Act 1907 is not in force here.

WATER SUPPLY. This is fairly satisfactory being obtained from shallow wells. In some cases the water from the wells was not good & the usual notices were served & the defects remedied. Samples were taken from several new wells which proved good.

SEWERAGE, DRAINAGE, DISPOSAL OF EXCREMENT AND HOUSE REFUSE. There were no com-plaints as to the working of the general sewage and drainage scheme in use here. With regard to the disposal of house refuse - I am glad to report that my Council towards the latter part of the year instituted a system, which is now

on its trial, by which this is removed once a week from the Town, whence it is taken away & partly used on the land & partly put into a rubbish hole at some distance from human habitation. In consequence, improvement is noticed in the general cleanliness of the Town. The system might be improved if the dustmen went into the premises & carried the refuse to the cart, instead of leaving it to the occupier of the premises to place it out in the early morning, as in many cases this is impracticable. Excrement is disposed of by means of a bucket system & night cart, which removes it twice a week from the Town. On the whole this system works well, but complainst arise at times from householders as to the smells occurring at night when the men are removing the pails. The smells to a large extent depend upon the fact that no dry earth or ashes are used in the buckets and they are never cleaned out properly. Improvement might be affected on this by enforcing the use of ashes or some deodorizing material.

SLAUGHTERHOUSES AND BAKEHOUSES. These have all been inspected and found satisfactory.

DAIRIES AND COWSHEDS. A systematic inspection was undertaken during the year. I am glad to report that in some cases considerable improvement has taken place in the condition of the cowsheds in the neighbourhood, & they have been properly paved and drained. In a few cases, room for improvement still obtains, as they are not in accordance with the local regulations which came into force in February 1908. This is more particularly in relation to their proper drainage. As certain cowsheds have only earth floors which is soon reduced to a very uneven condition, a channel for drainage communicating with the exterior according to the regulations is impracticable and consequently urine and excrement soaks into the floor. In the light of recent researches, conducted under the auspices of the Royal Commission on Tuberculosis, it has been found that the excrement of cows suffering from this disease contains virulent bacilli, which will naturally live in the sheds especially if badly ventilated & lighted, & thus help to a certain extent to spread the infection to other cows, -

besides the danger of the milk getting infected. Hence the importance of paving and draining so that the floors may be washed down. Notices have been served where the conditions were not in accordance with Regulations, & further reports will be made.

FACTORIES AND WORKSHOPS. These are satisfactory & in compliance with Regulations

DWELLINGHOUSES. About 240 visits have been made in the course of the monthly inspections, besides considerably over 100 in connection with infectious diseases occurring in houses, and notices have been served where nuisances have existed or the water supply was defective & the defects remedied. Systematic sanitary inspection is carried out once a month when about 20 houses are visited in the District. If more time were spent between these monthly visits by the Sanitary Inspector more defects would be found out & rectified & the health of the community would consequently be benefitted. At present it takes at the rate of about 250 houses per year, 3 years or more to visit the houses in the District - so unless work is done between times insanitary conditions might continue for some time without being reported.

Walter Welch

Medical Officer of Health for the

Rural District of Ringwood.