

Contributors

Ringwood (England). Rural District Council.

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1909.

RINGWOOD RURAL DISTRICT COUNCIL.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH.

PHYSICAL FEATURES. Ringwood lies in the Valley of the Avon & is consequently situated in a low lying position. The soil is gravelly & owing to the proximity of the river, water lies comparatively near the surface. The surrounding District is higher & consists largely of heathery moor-land with pine woods. The land in the Valley of the River is agricultural and liable to flooding in the winter after rains.

CHIEF OCCUPATION OF INHABITANTS. Agricultural, also an Iron Foundry employing about ¹⁰⁰~~200~~ men, and the Hand knitting of Gloves, which gives occupation to 100 women in their spare time.

AREA AND POPULATION. 33546 acres. POPULATION 6630. Reckoned to the middle of 1909.

BIRTHS. 172. BIRTH RATE 25.9 per 1000. Average for the last 10 years 27.6.

DEATHS. 75. DEATH RATE 11.5 per 1000 or 3.1 per 1000 below the average of the last 10 years which equalled 14.6 The Death Rate is the lowest recorded for Ringwood. One death was uncertified. Of the 75 persons dying 42 were over 65 years of age, and 17 over 80.

INFANTILE MORTALITY. Deaths 10 or 58.1 per 1000 births recorded. Average for the last 10 years 78.3.

There were no deaths from Diarrhoeal Diseases.

EFFORTS MADE TO REDUCE INFANTILE MORTALITY. 1. Pamphlets are now issued to mothers giving instructions as to how to look after their infants. 2. Removal of House Refuse. 3. Attempts made to deal with overcrowded conditions.

THE NOTIFICATION OF BIRTHS ACT is not in force here.

ZYMOTIC DEATH RATE. .46 per 1000 - Due to Diphtheria.

INFLUENZA DEATH RATE. .15 per 1000 (One death from Pneumonia)

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CANCER DEATH RATE. 1.5 per 1000.

TUBERCULOUS DEATH RATE. .6 per 1000 - 3 from Pulmonary Tuberculosis.
1 from Tubercular Meningitis.

OTHER RESPIRATORY DISEASES. Bronchitis. 1.2 per 1000.

Pneumonia. 1.6 per 1000.

PREVALENCE OF INFECTIOUS DISEASE. The Diphtheria Epidemic which commenced in September 1908 slowly died away in the number of cases & became very mild, and Scarlet Fever seemed to be associated with the Epidemic as a large number of cases occurred. This epidemic abated with the Diphtheria.

As this District has but few cases of either of these diseases as a rule it seems possible that there was some cause - meteorological or otherwise which caused the bacillus of both diseases to become active. A curious fact about the two diseases was that Diphtheria attacked chiefly the town of Ringwood and Scarlet Fever occurred chiefly in the surrounding neighbourhood. The former can be explained by the large number of "carriers" and that children freely mixed together at School and in the Streets. It is difficult to account for the number of Scarlatina patients but careful enquiries could give no satisfactory reason, except some local conditions were present at times as neighbourhoods with sparsely scattered houses were affected at different times although it was rare to find that the disease had been carried from one house to another by anyone. A curious fact also about the seeming connection of the two diseases was that during the height of the Diphtheria Epidemic in the Autumn of 1908 Scarlatina was absent, although at the commencement of the epidemic cases were mixed up, and it again put in its appearance when the disease diminished and it finally disappeared at the same time as the Diphtheria.

The District was otherwise free from Infectious Diseases.

SCARLET FEVER. This was exceptionally prevalent during the year.

No. of Houses affected. No. of Cases. Deaths. Removed to Hospital.

45.

58.

Nil.

1.

In 3 houses representing 5 cases, it was definitely proved to have been imported from other neighbourhoods. All the cases but one were treated with home isolation. In 37 houses no secondary cases took place, or adding 6 houses where 2 cases sickened at the same time, in 43 houses home isolation was successful so far as the spread of the disease in the house was concerned. In one house, which was in rather a crowded condition, 6 children sickened in 12 days - in this case removal to an isolation hospital would have probably saved 4 cases, if the 1st. case had been removed directly - beside this, there is reason to believe that this house spread the disease to 5 houses in the vicinity.

The cases were nearly all of a mild type, and doubtless this was the cause of the spread of the disease, as it occurred at different localities round the town at different times & was probably carried by persons suffering from the disease in a very mild form. In no case was it traceable to the milk supply. Careful enquiry was made into the origin of each case, and where a child attended school enquiries were made at the school, but no definite proof could be got of any connection with the schools - indeed most of the cases occurred in patients who were not connected with the Schools. In one case a child was reported to me by the Teacher to have been away from school for a month and said to be suffering from a "cold", but the parents had not called in any medical man. On the teacher questioning the child's sister who had been attending school all the time she said that her sister's hands were peeling. The teacher immediately notified me, and I visited the case and found definite evidence that the child had had a rash and a sore throat 4 weeks before - but a neighbour was called in who pronounced the case not to be Scarlet Fever and nothing was done in the matter before my visit. This case, and others similar which have occurred, show that there is some weakness in the system here by which children are allowed to be away

from school for a number of days or more under the plea of "colds" and other complaints, which when infectious disease ~~is~~ is known to be about, may be and very often are mild cases of Scarlatina and Diphtheria. It seems to me, that although one cannot expect a medical man to be called in for every trivial absence of three or four days, that when infectious disease is about every case of absence of this length should be enquired into and the parents required to get permission from a medical man before the child returns to school. I have made it my duty to as far as possible look up all suspicious cases of absence from school if no medical man is in attendance. The usual written notice sent by the Attendance Officer to parents asking for satisfactory reasons for their child's absence from school is of no use during epidemic times. A personal visit by that Officer at these times would probably lead to other cases being discovered. I have here again to tender my thanks to the various teachers for their ready help during the past epidemic which was the means of bringing to light several cases which would otherwise have not been discovered, thus probably appreciably diminishing the number of cases.

DIPHTHERIA. The Diphtheria epidemic which broke out in the Autumn of 1908 has been a source of constant anxiety throughout the year and finally disappeared in November. The extreme difficulty of freeing a neighbourhood of this disease was well illustrated by this epidemic.

<u>No. of houses affected.</u>	<u>Cases.</u>	<u>Deaths.</u>	<u>Removed to hospital.</u>
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85.	81.	3.	0.
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The cases were all treated by home isolation. In 54 houses home isolation was successful, & if 3 houses were added to this in which 2 simultaneous cases arose, there remain 8 houses where isolation was not successful. In 7 of the houses secondary cases occurred & in one 5 further cases occurred. This was an instance where a house was already overcrowded when the disease broke out, therefore when one room had to be given up to the 1st. patient, the house became still further overcrowded and the

disease attacked one child after the other. I enumerated last year the causes of the outbreak. This year the disease was kept up by the presence of a large number of "carriers" in the town, unrecognised mild cases, and the ignorance of parents that a mild sore throat can quite well be Diphtheric and several of these cases were only discovered by supervision of as many absentees from school as possible, & the bacteriological examination of throats of children who came back to school who were in the least suspicious of having had the disease. These children were not allowed to return until they were proved free by bacteriological examination. By this means the disease was kept under control at the schools, but sporadic cases kept occurring. During the month of July there was an exacerbation of the disease in two parts of the town due doubtless to "carriers". A considerable portion of the cases could not be connected with the elementary schools. In the latter part of the month of October and the beginning of November another exacerbation occurred which could be fairly definitely traced to two standards - one at each school - In the British School I discovered a boy who had come back to school with a nasal discharge which on Bacteriological examination was found to be Diphtheria. I made enquiries and found that 3 other inmates of the house had been treated at home for "Influenza colds" and no medical man had been in attendance, so visited the house and swabbed the inmates affected and found 2 had the bacillus present, & the other member developed the disease in a mild form later. It seems that members of this family had been absent but the Master thought the reason satisfactory and neighbor reported the facts to the Attendance Officer or myself. At the same time 2 other children were reported to me at the National School, the one away with a sore throat, the other with a "cold". Both of these turned out to be Diphtheria. As I felt that still more thorough swabbing would have to be done to stamp the disease out, and I had not permission from my Council to swab whole standards at School, I

asked the County Medical Officer to help me. He came down and we picked out 12 children in the before mentioned standard at the British School and got 7 positive results, & 5 positive results out of 12 in the Standard at the National School. These cases were isolated at Home, and the parents instructed to send for their medical attendant, & the disease was promptly checked. 5 other "carriers" were discovered in the next fortnight and isolated. I found in one case that one of the "carriers" although supposed to be isolated was walking about the town & the father of the child said he did not believe the child was infectious, ~~the-but~~ but the same day another child in his house contracted the disease which gave him a salutary lesson, so no further steps were taken as far as punishment was concerned. In consequence of this my Council gave me instructions to have the different cases watched closely by the Sanitary Inspector with regard to prosecution. This was the only case during the epidemic where definite proof could be obtained of guilty knowledge. I was suspicious of other cases but it is extremely difficult to get definite proof. A prosecution would have been an excellent deterrent if the Sanitary Authority could have discovered a case. With regard to the means taken to prevent the spread of the disease, they were the same as in my annual report of last year, but toward the end of the epidemic I had permission of have swabs of contacts in the same house taken, & also, if necessary, swabs of whole standards at school. It is here interesting to give some information regarding the length of infection in all cases where bacteriological examinations were made. It may be pointed out that some of the cases were "carriers", that is, had no definite symptoms, beyond enlargement of the glands at the angle of the jaw. It was impossible to state when these carriers became first affected - so the length of infection in these cases was certainly longer than given in this list :-.

Up to 10 days.	16 cases.	9.9%
11 to 14 "	45 "	27.8%
15 to 21 "	58 "	35.8%
22 to 28 "	23 "	14.2%
29 to 35 "	9 ")	
36 to 42 "	8 ")	
52 days.	1 ")	
9 weeks.	1 " :	12.3%
3 months.	1 ")	
4½ "	1 ")	
5 "	1 ")	

It is thus shewn that only by bacteriological examination, can definite proof be given of the length of time any case remains infectious.

The disease was of a mild nature. The 3 deaths occurred early in the year whilst the disease was more active. They all died of heart failure. The only other cases of notifiable disease during the year were 2 cases of Erysipelas.

NON-NOTIFIABLE DISEASES. Measles occurred at Harbridge School and the School was closed for a short period.

PREVENTION OF ZYMOTIC DISEASES.

SMALL POX AND VACCINATION. During the year 1907 there were 9 Conscientious objectors, in 1908 there were 24, in 1909 there were 30. The constant increase in the number of unvaccinated children growing up will lead to interesting results should we ever be unfortunate enough to have an outbreak here. It will be interesting to see how many of the Conscientious objectors will remain so, when there is a real risk of catching the disease.

NOTIFICATION. The usual diseases are notified.

ISOLATION HOSPITAL. The District has no Isolation Hospital and the matter has been at various times discussed and is still under consideration.

The question of the provision of Isolation Hospitals for rural districts is a very difficult one, as the Hospital is very often not required for considerable periods during which it has to be kept ready for use, as the benefit of an isolation hospital is in direct proportion to its readiness to take in the first cases of any infectious disease. In rural districts the parents in most cases have had no experience of the benefits to themselves and their children in the hospital treatment of infectious disease and a number would prefer to keep their children for treatment at home, so some difficulty and delay would probably be experienced in having the patients removed. The large majority of the cases we have had here have been successfully isolated at home, but in a certain percentage of cases, further infection has been caused in the house, owing to the lack of means of home isolation, owing to the somewhat overcrowded conditions. A house which has to give up a room to isolate a patient, when it is already as full as is good for health, immediately becomes overcrowded when infectious disease occurs - this re-acts on the health of the other inmates of the house, and they in their turn become more liable to infection. In certain parts where houses are directly contiguous, with common back yards, where neighbours freely intermix, there is more fear of disease spreading and for these cases isolation is desirable. It is also where the wage-earners are kept at home to look after the patients, & in cases in the families of people of such occupation as milk sellers. From the education point of view also, children from infected houses are kept from school for long periods, whilst if the actual patient were removed the house could be disinfected & the other children could return to school after a short period of quarantine.

Difficulties in the way are that of site, which should be easily accessible from all parts of the neighbourhood.

The next question is that of what diseases the hospital should provide for. The statistics of the last few years show that Diphtheria and

Scarlatina are more or less endemic in the neighbourhood. As these diseases seem to have a tendency to appear together it means that isolation accommodation should be provided for both, as the two diseases must be separately treated. The Local Government Board lay down Regulations by which 1 bed per 1000 population should be provided. For this district therefore 3 female & 3 male beds might be provided for one disease & 3 beds for the other at least. This means nine beds at least, & there should be plenty of room available for temporary enlargement by means of huts for such an outbreak as we have had lately. The hospital would have to be kept constantly ready for use, that is cleans & dry, which means a caretaker would have to be employed to look after it, & the various Offices attached such as Kitchens, Nurses Quarters, Mortuary coach-house & sanitary arrangements. Beyond the initial expense of site, building etc. there would be this constant expense to be provided for by the Rate-payers.

With the idea of minimising all this the neighbouring Sanitary Authorities have been approached with a view to a conjoint hospital but it seems unlikely that under present conditions anything will be done in this way, as there are so many difficulties in the way. To my mind, the question of an isolation hospital is very difficult especially from a financial point of view.

I may state that there is no provision of dealing with a case of small pox should it arise - a disease in which prompt isolation is necessary for the protection of the community.

DISINFECTION is carried out by means of formalin vapour generated by a lamp, all articles in the room being exposed to the action of the vapour for some hours. All washable things are then boiled & afterwards thoroughly washed. Difficulty is found in dealing with articles of bedding such as pillows and bolsters and Mattresses, as there is no means available of disinfecting these properly - that is by steam heat. For these purposes a steam disinfecter would be safer.

BACTERIOLOGICAL WORK AVAILABLE. During the Diphtheria epidemic a Contract was entered into with Messrs Randall, of Southampton, for the Bacteriological examination of suspicious throats, and also the throats or noses of patients on recovery to determine whether they were free from infection or not. The Contract price was 3/6 per swab, which included the price of postage of the results to the Sanitary Authority. As every case notified and carrier cases required two consecutive negative swabs before being certified free from infection, and to get this result occasionally as much as six swabs were taken from one patient, the cost became very considerable.

In my last year's report, I expressed the hope that it might be possible to have some central laboratory for the county to which swabs could be sent & that by this means they could be done at a considerable saving per case. The laboratory might also be available for the investigation of suspicious cases of phthisis, enteric fever, and other bacteriological investigations.

The question of cost in such an epidemic as we have passed through is a serious one for rural districts, & is likely to impede the investigation of suspicious cases & contacts in the house whose throats not infrequently harbour the bacillus. It is also necessary at times to swab whole standards at the elementary schools, as it is only by thorough swabbing that the carrier cases can be found and isolated. A large bill can be soon run by these means at 3/6 per swab, & yet it is only by these means that ~~the matter may be further considered~~ an epidemic can be controlled or stopped. For these reasons I again hope that the matter may be further considered by the County Medical Officer & that some plan will be found feasible for the establishment of such a laboratory by the County Council.

TUBERCULOSIS. This caused the death of 3 persons from pulmonary disease & 1 from Meningitis.

No system of compulsory notification is in force except that for pauper

patients of which one notification was received during the year in the District & 2 cases which came from other Districts & were notified further to Medical Officers of Health to whole District they went.

SANATORIUM TREATMENT. There is no systematic treatment for cases here beyond the ordinary home one, which is unsatisfactory amongst the poorer classes whose homes are unsuitable in most cases, & they remain a constant source of danger to the other inmates of the house. I would here suggest that some form of sanatorium treatment is necessary for the treatment of early cases of pulmonary tuberculosis, although I am afraid that some difficulty might arise in getting the patient away early when most good could be done. But even if patients only go for a few weeks they learn a good deal about the importance of open air treatment & the means to employ to prevent the spread of infection to other members of their household. In a district such as this we have fortunately but few cases to deal with, but I give an example of the sort of case I mean, which has occurred lately & is quite likely to recur. A man develops Phthisis & struggles on with his work for some time, he then has to give it up & possibly has no club to draw funds from - he consequently falls into arrear with his rent & cannot get sufficient nourishment to sustain him, which in turn re-acts on his condition & he next applies for Parish Relief & becomes a charge to the Ratepayers together with his family, until death takes him & leaves the widow & children probably as a charge upon the rates. The cost of treatment at a Sanatorium would probably be cheaper in the end, beside the possible sparing of a life & the removal of a source of infection to the community.

Cases such as this must be constantly occurring in the County - so the question of a County Sanatorium is one well worth consideration .

PREVENTION. Rooms occupied by pauper patients are disinfected and any other rooms occupied by consumptive patients, when they come to the notice of the Sanitary Authority, are disinfected if the owner of the house is willing, & in all cases I have found them ready for this.

to these persons as having been the authors of the crime, it is
only by accepting the general public in the knowledge of how the disease

is spread that the necessary character can be given to the investigation.

The necessary knowledge of the disease is the first step in the investigation.

The second step is to determine the source of the disease, and the third

is to determine the mode of transmission, and the fourth is to determine the

effect of the disease on the community, and the fifth is to determine the

effect of the disease on the individual, and the sixth is to determine the

effect of the disease on the community, and the seventh is to determine the

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effect of the disease on the community, and the twenty-seventh is to determine the

effect of the disease on the individual, and the twenty-eighth is to determine the

effect of the disease on the community, and the twenty-ninth is to determine the

As this disease is partly spread by ignorance of its infectivity, it is only by educating the general public in the knowledge of how the disease is spread that the necessary measures can be taken for its prevention. The County Medical Officer suggested and I concurred in the suggestion that inconspicuous notices should be put up in public places in the town pointing out the danger of the disgusting habit of spitting - one of the chief means of the spread of the disease - the matter was referred to the Sanitary Authority but no action by them was thought necessary.

SCHOOLS. The following are the Schools in the District :-

RINGWOOD NATIONAL.

RINGWOOD COUNCIL.

BURLEY.

IBSLEY.

HARBRIDGE.

ELLINGHAM.

BISTERNE.

Frequent visits were paid to the town schools in connection with the epidemic disease, & the country schools were occasionally visited.

The Sanitary condition of the Schools are good on the whole.

The Old British School which was in an unsatisfactory condition has now given place to the new Council Schools which are very satisfactory.

The National School, the ventilation of which was not satisfactory, has been improved in the infants department, & the other departments await doing.

At Harbridge School, the Water Supply was insufficient & the drainage not in a satisfactory condition & improvements have been effected.

ACTION TAKEN TO PREVENT THE SPREAD OF DISEASE. On hearing of suspicious cases of infectious disease in any of the Schools enquiry is made as to the possible source of infection. Suspicious cases are excluded from School & the County Medical Officer notified. In this connection it seems a pity that a child excluded on suspicion should be a source of loss of

grant to the School.

The Schools are washed weekly & in the Town Schools each child has its own pencils, books etc. kept in a separate washable bag & no slates are used. I may here mention that during the time that towels were not in use owing to the diphtheria epidemic the contagious skin disease impetigo was not nearly so prevalent.

The National, British & Bisterne Schools were disinfected during the year.

School closure was resorted to once during the year at Harbridge for measles.

HOUSE ACCOMMODATION. In the last few years a considerable number of new houses have been erected in the neighbourhood of the Town for the better class artisan, each with a plot of ground. This all tends to a healthier condition of living, & a consequent greater ability to resist disease, & is especially better for the rearing of infants & children, who suffer more readily from living in houses which are damp, cramped, & badly lighted & ventilated.

The accommodation for the poorer classes of working men who are not in constant employment & who can only afford a low rental is some of it of the latter description, & as this class often has a large family to bring up, they live in some cases in an overcrowded condition or a state bordering upon it. It is for this class that housing difficulties arises, as the fact that they have several children makes it hard to make both ends meet, & they are only able to pay a small rental, & further, landlords are unwilling in many cases to let their houses to tenants of this class with large families. It is also not uncommon to find that a lodger is taken in to help with the rent. Further, some members of this class are improvident, & owing to the attractions at home not being very great they seek outside attractions, & money which would have been better spent in taking a better house is thus wasted - a vicious circle being

thus set up. The houses occupied by this class are old, & have often been built without proper foundations - being placed straight down on the damp ground, with no damp courses, causing moisture to rise by capillary attraction up the walls, making the lower rooms damp, & as these are generally papered, the paper strips off in patches leaving plenty of spaces for dust & germs of disease to collect in. The flooring is often damp, owing to the absence of air courses. Shootings round the houses being in some cases deficient adds to the trouble & occasionally windows have not been made to open. In a few cases a common back yard serves for several houses, & this is unpaved & in the wet weather liable to have pools of water standing about. As the yards are rarely kept properly clean, conditions arise favourable to the spread of summer diarrhoea, sore throats, and enlarged tonsils. Under the Housing of the Working Classes Act inspections are made by myself and the Sanitary Inspector monthly and conditions such as these are dealt with as much as possible. In the course of my inspections it is very evident that constant supervision is required on the part of the Sanitary Inspector to see that nuisances do not arise. Some of these houses, although not exactly unfit for human habitation, require constant looking after to see that the surroundings are kept clean.

There have been, in the past few years in force Building Bye Laws framed on the Model ones of the Local Government Board which are designed to prevent the erection of this class of houses in the future. Plans of new houses are submitted to the Rural District Council before they are allowed to be built & an Inspector is appointed to see that the Bye Laws are carried out.

OVERCROWDING. There are occasionally cases of overcrowding discovered and it is a matter of very considerable difficulty dealing with such. These occur in the class of houses I have above referred to. The tenants say they cannot afford a larger house : in other cases owing to the

difficulty of having a large family, landlords are unwilling to take them as tenants. Notices have been served for the abatement of the overcrowding and in some cases the people have removed to another house - where they are still overcrowded. In other cases the front parlour which is rarely used is turned into a bedroom - But this arrangement is unsatisfactory as very soon this room reverts into its original decorative use.

Sometimes arrangements are made to sleep out certain members of the family but owing to expense this does not last long.

I have already referred to the difficulties arising when infectious disease breaks out in an overcrowded house. Further, children, brought up under these conditions are not so healthy as other children & are more liable to contract disease, & it is a well known fact that tubercular disease occurs more readily in an overcrowded houses.

EXCREMENT AND SEWAGE DISPOSAL. House Refuse, ashes etc. are now collected by a cart once a week & disposed of at some distance from the town. In consequence there is a general improvement in the cleanliness of the town, although in some of those houses which have small back yards there is a tendency still not to put out the refuse for the cart, but to let it accumulate for removal to allotments. This causes the ground round the houses to become foul & serves as a breeding & collecting place for house flies and bluebottles which are especially liable to convey infection of summer diarrhoea & typhoid fever. Only constant supervision by the Sanitary Inspector can counteract this.

EXCREMENT is disposed of by means of a night cart which takes it away twice a week. Complaints have reached me that the cart only goes once a week to some houses, which is not often enough, especially where there is a family, as the buckets get unduly full & as it is not the custom here to put any deodorant such as dry ashes or earth into the buckets, there arise smells, especially in the hot weather. As the privies are in some cases quite near the dwellinghouses this is unpleasant and insanitary. The

success of a conservancy system is in proportion to the frequency of removal of the contents of the pails.

There are also a certain number of water closets in the Town emptying into Cesspits. These are emptied occasionally.

SEWAGE DISPOSAL. Surface water from the Streets runs into the Town Drain which also receives the slop water from the houses. This discharges into the River at the lower end of the Town. Analysis of the water at various points above and below the outlet were taken about 4 years ago with satisfactory results, & further samples have lately been taken by the County Medical Officer.

WATER SUPPLY. This is derived from shallow wells & on the whole is good. Samples of water are taken of new wells, & also of any well which is reported to be not fit for use. In the majority of the latter cases, it is generally found that the well requires cleaning out. In the past Year 29 samples were taken from new wells all of which were good, & 1 from an old well which was found to be discoloured & was dealt with.

NO CASES OF ENTERIC FEVER have been reported during the year.

COWSHEDS, DAIRIES AND MILKSHOPS. Local Regulations have been in force since February 1908 with regard to these & in consequence many alterations have been ordered by the District Council - chiefly with regard to the paving of Cowsheds & in some cases Ventilation. Others are in course of alteration now. In consequence there is a very general improvement on the old system of earth floors with no drainage & consequent uneven floors with pools of manure standing in them. Most of the Cowsheds are built on the old principle round a central square, which is used as a receptacle for manure, which is removed in the Autumn on to the land. In the course of my observations, I see that in some cases a more thorough knowledge seems necessary of the care that should be used in grooming cows before milking as it is impossible to insure that no manure gets into the milk without this being done. It might be advisable to issue to ~~SOME~~ owners of co -wsheds pamphlets pointing out the various methods by which milk

may be contaminated before it leaves the sheds & methods by which it may be avoided.

Milk being retailed morning & evening here, or sent away, there are no Milkshops in the Town.

INSPECTION OF MEAT IN THE DISTRICT. There is no arrangement made in this District for the inspection of meat at Slaughterhouses of which there are 4 in the District. These are visited to see that they are kept in a cleanly condition. They are not visited at times of slaughtering, & there is no Inspector with a special Certificate in meat inspection to safeguard the people in the District from diseased meat.

INSPECTION OF DAIRY COWS IN THE DISTRICT. There is no inspection of dairy cows in the District, with the exception of certain farms which supply milk to large dairies in places such as London where the L.C.C., have power to send Inspectors at times to examine the cows for disease. An instance occurred early in the year to shew the importance of thorough inspection of all dairy cows. The L.C.C. Inspector visited a certain farm in the neighbourhood & pronounced 3 cows to be suffering from tubercular disease of the udder. Instructions were given to the Owner to see that no milk from these cows was sold for human consumption, nor to give it to pigs unless boiled first. On my hearing of this visit at a subsequent period, I found that two of these cows had been sold to another farmer, to whom I wrote & traced them to Salisbury Market, whence they disappeared. Under the present state of the law there seems to be only power to endeavour to trace the cows & notify their arrival at a new owner to the Sanitary Authority of the District to which they are sent, as Tuberculosis is not one of the diseases which is scheduled in the Contagious Diseases of Animals Act, so unless constant vigilance is exercised diseased animals may reach some other farm where they spread infection, or reach some slaughterhouse not under skilled inspection where Tubercular meat may be sold to the public.

I may state that this case I mention was the subject of a question in

TABLE 1. These were included and listed in compliance with the

Appendix (Table 1) to the official number. Position with a few more

the House of Commons.

BAKEHOUSES. These were inspected and found in compliance with the Regulations.

FACTORIES AND WORKSHOPS. Visits were paid to some of these during the year & no insanitary conditions were found. Where cases of infectious disease occurred in the houses of home workers, steps were taken to prevent the spread of infection from them.

BYE LAWS. These have been mentioned & refer to new Buildings, the keeping of pigs, nuisances, cowsheds & dairies.

NUISANCES. During the year house to house inspections were made & various nuisances & defects dealt with.

Appended (Table VI) is the official number, besides which a few were remedied without official action being taken.

IMPROVEMENTS DURING THE LAST 3 YEARS. 1. Removal Of House Refuse.

2. Bye Laws for Dairies & Cowsheds.

3. Issue of pamphlets to Mothers re feeding & care of Infants.

4. Provision of Public Mortuary.

IMPROVEMENTS REQUIRED. These have been mentioned already.

Walter Dick

Medical Officer of Health for the Rural
District of Ringwood.

APRIL 1910.

The House of Commons

Resolved, That the sum of £100,000 be granted to the

Government

for the purpose of defraying the expenses of the

War of 1812, and for the purchase of arms and

ammunition for the use of the British Army

and for the purchase of land for the use of the

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