

[Report 1893] / Medical Officer of Health, Romsey Borough.

Contributors

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Parl House
Romey
Feb. 14 1894

Gentlemen,

I herewith forward
you a copy of my current
report for the Urban District
of Romey - and will forward
that of the Rural District -
when completed - but as
the authority here does not
print the reports - the work
of copying the reports for
the last 14 years would be
a little too formidable

for me to attempt -

Dear Gentlemen

Yours truly

Robt Tuckell

M.S.W.

Romsey
February 2 1894

To

The Romsey Urban Sanitary Authority
Gentlemen

The mortality in the Romsey Urban Sanitary District during 1893 - 56 - was considerably below the average - $67\frac{1}{3}$ (67.3) - for the last 10 years. the number in the 1st Quarter being 11 only - that of the other three Quarters, 15 in each -

Of the 56 deaths - nearly half - 28 - occurred under 5 years of age, by far the highest number during the last ten years - 13 were under one year, and 12 between one and 5 years: - not one of the 28 deaths being that of an illegitimate child

Influenza was again prevalent in January fading out in February. and re-appearing in December when, contrary to previous experience, very young children were the first and chief sufferers. Bronchitis & Pneumonia complicating the attacks and carrying off several infants: occasional cases occurred in some of the other months

Diarrhoea was much more prevalent than it has been for several years - it began in June was epidemic in July and August, dying out

in September - proving fatal in seven cases

Measles - appeared in April; were Epidemic in May and June, and isolated cases presented themselves in July and August

Small-pox. a single case of small-pox appeared in May, and another in July; - both were removed at once to the Small-pox Hospital at Southampton. very prompt and rigid measures of disinfection were adopted - and the disease did not spread

Scarlet fever. In October, November and December several families had one or more cases of this disease - Strict isolation was at once adopted and the disease was stayed.

Diphtheria - Cases of this disease were notified in June. August and December; one in June proving fatal; - no special insanitary conditions could be traced in the several localities

Enteric Fever - No case of this or any other form of Continued Fever presented itself.

Erysipelas - a case was noted in February, and another in August

Whooping Cough - Attacked a few families during the first third of the year - two fatal cases occurring in one family within 48 hours from convulsions, in January; - another

death from this disease occurred in April

Phthisis - proved fatal in only 3 cases, being in the proportion of one in $18\frac{2}{3}$ ($18\frac{7}{8}$) of the total deaths

In the Autumn very special attention was paid to the Sanitary Condition of the whole District - (owing to the rumour of Cholera) with a satisfactory result. The Town both then and throughout the year would have borne comparison with most others.

In December I made a house-to-house inspection through the western Hundred which contains 33 houses; - four of which have been rebuilt during the last two years: with slight exceptions the Sanitary Conditions were satisfactory. - 21 houses had water-closets and of these 6 had also pails or c.v.c.s 9 had water-pans (in which water has to be poured in, there being no cistern); - 17 had pails; and 6 c.v.c.s only; - 33 houses obtained their water-supply from Pumps 3 from open-wells; - 10 from the S.H.W. Co's service only; and 7 had water from both the last and from pumps also; - the water from the wells and pumps was fairly good. Altho not equal to that of S.H.W. Co's: the only fault of the latter is that too much lime is allowed to remain in it.

There are now 340 houses in the Romsey District supplied with water by the S.H.W. Co's.

service, being an increase of 12 during the year

The number of pail closets is about the same as last year.

The 56 deaths give an annual average death rate of about 13 (13.094) per 1000 living; whilst the 121 registered - births give an annual average birth-rate of 28.3 (28.297) per 1000 living.

The following Tables give the causes of death under one year and 5 years of age and the number of deaths and births for each month and quarter of the year.

Table 1

Showing the causes of Death under 1 year of age, and between 1 year and under 5 years.					
Disease	Under 1 year.		1 year and under 5 years.		Total.
	M	F	M	F	
Whooping Cough		1	1	1	3
Convulsions.	3			3	6
Diarrhoea.	2	1	1	3	7
Hydrocephalus				1	1
Meningitis		1			1
Congenital Debility	4	1			5
Bronchitis & Pneumonia			2		2
Total	9	4	4	8	25

See flysheet for the
Second Table.

Table II

Showing the number of Deaths and Births in each Month and Quarter of the Year 1893.										
Month	Deaths.					Births				
	M	F	Total	Quarter	Total	M	F	Total	Quarter	Total
January.	1	4	5	11	11	15	4	19	28	28
February.	4		4			2	3	5		
March.		2	2			2	2	4		
April.	1	4	5	15	15	4	7	11	30	30
May.	2	2	4			6	3	9		
June.	1	5	6			5	5	10		
July.	4	2	6	15	15	8	3	11	29	29
August.	1	2	3			5	9	14		
September.	3	3	6			1	3	4		
October.	2	1	3	15	15	7	7	14	34	34
November.	1		1			3	7	10		
December.	9	2	11			5	5	10		
Total.	29	27	56	56	56	63	58	121	121	121

I am
 Gentlemen
 Yours Truly
 Francis I Buckell
 M.D.H



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 Sanitary Authority.*
2. *Medical Officers of Health acting for a portion only of the District of a Sanitary Authority 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 Sanitary Authority for 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 9700

Population (1891) 4276

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

Francis B. Stoll Medical Officer of Health.

(Date) Feb 22 1894.

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 Sanitary 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.*

