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ANNUAL REPORT FOR 1909

OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
ROMSEY URBAN DISTRICT.

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THE LIMES, ROMSEY,

24th February, 1910.

TO THE MAYOR, ALDERMEN, AND BURGESSES OF
THE BOROUGH OF ROMSEY, ACTING BY THE
COUNCIL AS THE ROMSEY URBAN
SANITARY AUTHORITY.

GENTLEMEN,—

In compliance with a recently expressed wish of the County Medical Officer, this report is prepared in accordance with a syllabus suggested by him.

The object being to attain some uniformity in the methods of administration of the several Sanitary Districts which compose the Administrative County, as well as to facilitate the collation of material for the purposes of the County reports, the request is a very reasonable one, and I have no hesitation in complying with it, but if the information to be given under the various headings appears somewhat meagre, it may be remembered that the work of the District was not done in the past year with a view to its presentation in this precise form, and that to bring it now into the required shape amplification must be sacrificed to accuracy of detail.

Physical Features.

The physical features of the District are easily described, as its surface is an almost unbroken plane, declining gradually to the River Test, which, except at one point, forms its western boundary.

The difference in altitude between the highest and the lowest parts of the District is only about 20 feet, the mean height above sea level being 60 feet.

The soil is for the most part gravelly and porous, and is very effectively drained by the several mill-streams which intersect the town and carry a large volume of water at considerable velocity to the main river.

The District is equally and almost wholly urban in character, and is very small in area, the Borough being co-terminous with the small parish of Romsey Infra, and embracing only 355 acres.

The breweries, the Berthon (canvas) boat-works, and the several paper and flour mills, and other small factories, give employment to a large proportion of the population, and the rest of the inhabitants are mostly engaged in retail trade or in occupations common to all market towns. There are very few private residents within the Borough boundary. There are no industries of special interest from the Public Health point of view.

The population, at the time of the last census nine years ago, was 4,365. As there had then been an increase of nearly 100 in the previous ten years, and judging also from the fact that a score or two of new houses have been built since 1901, it is probable that the present population exceeds the figures of the last census by a hundred or more, but as that is not quite certain, I prefer to adhere to the census returns as the basis of population for estimating the death rate, etc. If the population has increased, it follows, of course, that the death rate is proportionately less than it is here stated.

Births and Birth Rate.

The births registered in the District in 1909 numbered 111, giving a birth rate of 25.4 per 1000 of the population.

Reference to the appended Table No. 1 shows that the average number of births in the ten previous years was 107.5, yielding a birth rate of 24.7. These figures correspond very closely with the national birth rate at the present time, the tendency of which has now been for many years one of steady decline.

The excess in the number of births registered over the number of deaths would give a natural increase of population of 58 in the past year, and of about 400 since 1901, but it is

probable that most of this considerable natural increase has been balanced by migration.

Deaths and Death Rate.

What will no doubt be regarded as the most satisfactory feature of this report is the very low death rate which has to be recorded for 1909. The actual number of deaths in the District was only 35 (the smallest number ever recorded), giving the remarkably low death rate of exactly 8 per 1000. This has, however, to be modified by the addition of 10 deaths in the Workhouse (which is outside the District) of persons who properly belonged to the Borough, and by the deduction of two deaths in the Cottage Hospital of patients who did not belong to the District. When these are taken into account (as shown in columns 9-13 of Table I.), it is found that the proper number of deaths was 43, and the true death rate 9.8—figures which are still eminently satisfactory.

The average death rate for the preceding 10 years was 13.8 (actual) and 14.7 (corrected).

Uncertified Deaths.

There were no uncertified deaths in 1909.

Still Births.

The number of still births I have no means of ascertaining.

Infantile Mortality.

What is even more satisfactory than the low death rate is the exceedingly low rate of Infantile Mortality for the past year, there having been only three instances of death in the first year of life. Thus, with 111 registered births, we arrive at an infantile mortality rate of 27 per 1000 births registered. This is, of course, far too low to be taken as a standard, even under ideal conditions, for deaths immediately resulting from premature birth and from congenital defects, apart from the chances of illness and accident, would, on the average, far exceed 27, and would probably amount to about 50 per 1000 births.

The numbers we are concerned with are too small to permit of any deductions from the figures for any one year, but when we consider the figures for the last several years the *tendency* to a lower infantile mortality is very apparent and quite unmistakable.

Thus, for the ten years ending with 1908, the average for this District was 102 per 1000, which was favourable only by comparison with the rates for most urban districts and with the rates which had hitherto obtained in this District (at least 125 per 1000). On taking the average for the last five years, we find it has fallen to 71 per 1000, so that in this direction we have certainly made good progress. The cause of the improvement is not far to seek. It began with the advent of trained nurses to the District about 12 years ago, and is due, almost entirely, as I believe, to the better methods in the feeding and management of infants which they have impressed upon their patients, and some knowledge of which has now become general, whereas formerly it was the exception.

Notification of Births Act.

The question of the adoption of this new Act was brought before the Council during the past year, and, after careful consideration, it was decided not to adopt it, at any rate for the present. The Act provides for the immediate notification to the Medical Officer of Health of all births, and for the appointment of visitors (who would generally be ladies acting gratuitously) to go to the homes and proffer advice to the mothers as to the feeding and care of their infants. As I have already intimated, this District is very well catered for by two Maternity Nursing Institutions, and there are, as well, many district visitors and other voluntary workers. The medical practitioners in the town are also in close touch with practically the whole of the population, and the Council, recognising these facts, deemed it undesirable, as well as unnecessary, to acquire the powers conferred by an Act the adoption of which is optional, and, therefore, is presumably meant only to be applied to Districts where its objects are not already attained by other means.

Zymotic Death Rate.

There were no deaths from any of the zymotic diseases during the year. Consequently the zymotic death rate for 1909 was nil.

I have prepared a table, which is appended, giving the number of deaths from the zymotic diseases separately and collectively for each of the last ten years, and for the whole period of ten years, and showing the total zymotic death rate

for each year, the average annual death rate for each disease, and the average total zymotic death rate per 1000 of the population per annum.

Briefly, the results may be thus stated:—

Small Pox.—No deaths; average annual death rate, 0.

Measles.—Deaths in ten years, 4; average annual death rate, .09.

Scarlet Fever.—Deaths in ten years, 0; average annual death rate, 0.

Diphtheria.—Deaths in ten years, 8; average annual death rate, .18.

Membranous Croup.—Deaths in ten years, 0; average annual death rate, 0.

Other Fevers (Enteric, etc.)—Deaths in ten years, 1; average annual death rate, .02.

Whooping Cough.—Deaths in ten years, 13; average annual death rate, .29.

Total from all causes in ten years, 26. Average total by zymotic death rate per 1000 per annum, .59.

These figures are also very satisfactory, being only about half the national rate, and not much more than half of that for the County, according to the last available returns.

Influenza Death Rate.

Only one death was attributed to Influenza in 1909, giving an influenzal death rate of .23, which is lower than it has been for the past 20 years.

Cancer Death Rate.

From Cancer there were 5 deaths, yielding a death rate of 1.1 per 1000, which is only slightly above the average.

Tuberculosis Death Rate.

In 1909 it so happened that there were no deaths from Tuberculosis, either Pulmonary (Phthisis), Glandular, or Osseous. The number of deaths from Consumption in the last ten years has been as follows:—In 1900, 1; 1901, 7; 1902, 3; 1903, 5; 1904, 6; 1905, 4; 1906, 5; 1907, 5; 1908, 5; and 1909, 0; making a total number of deaths from Con-

sumption in ten years of 41, and an average annual death rate from that cause of .93 per 1000.

Here is a direction in which we should look for improvement, and in which a good deal may be done to hasten it, Tuberculosis coming now well within the category of preventive diseases. As this subject must be referred to again presently, I need only remark at this point that the figures just given, like those generally available, do not, so far, show the rapidly progressive diminution that was expected to follow on the discovery a generation ago of the nature of this disease, and the comprehension of the way in which it is commonly spread and the circumstances favouring its development.

Other Respiratory Diseases.

Deaths from Bronchitis, Pneumonia, Pleurisy, etc., were somewhat below the usual number.

So far as I can judge from my own limited observations, the only ailments that were more than usually prevalent throughout the year were Lumbago, Pleurodynia, Herpes, and other irregular rheumatic affections of the muscles, nerves, and fibrous tissues, to which the term "Neuritis" is now commonly applied. These, of course, are not represented in the death returns, but their unusual prevalence was, I think, unquestionable, and may be accounted for by the rainy character of the year and the want of fine summer weather.

On the other hand, Acute Articular Rheumatism (Rheumatic Fever) appears to be becoming a comparatively rare disease, and I have met with hardly any instances of this damaging illness during the last five or six years.

In November and December—a most unusual time of the year—there were many cases of Diarrhœa and associated disturbance of the gastro-intestinal system, affecting both children and adults. The attacks were not severe, but in most of the cases were rather persistent. The surrounding Rural District was affected equally with the town, which would suggest that the disturbance was due to climatic conditions, but there appeared to be nothing abnormal in the state of the weather at the time that could be held to be responsible for the outbreak.

PREVALENCE OF INFECTIOUS DISEASES IN 1909.

Notifiable Diseases.

There were altogether 20 notifications of infectious illness, which is somewhat less than the average number.

Diphtheria.

As has been usual in late years, Diphtheria was the disease most in evidence. The number of cases reported was 11, of which 3 were met with in February, 3 in March, 2 in April, 1 in June, 1 in August, and 1 in November. The cases occurred in different quarters of the town. There were no instances of neighbouring families being affected, and there was no house in which more than a single case transpired. One, at least, of these was an imported case. The attacks were mostly of a mild type, and none were fatal.

Scarlet Fever.

There were 5 notifications, 2 in January, 1 in April, 1 in May, and 1 in September, of which 1 was an imported case, and the rest were apparently quite unconnected with one another.

Enteric Fever.

One case of Enteric Fever was reported—the first for more than five years. The disease has been very uncommon in this District during the last 15 years or more, and the few instances that have been met with have mostly been imported cases.

Erysipelas.

There were three cases of Erysipelas, none of them occurring under circumstances which would make them of importance from the Public Health point of view.

Of the non-notifiable Infectious Diseases:—

Measles.

As far as I am aware, there were no cases of Measles in the Borough in 1909.

Whooping Cough.

Of this there were a few cases early in the year, and some again in the later months, but the disorder was at no time prevalent.

There were no deaths from either cause.

There were no infectious cases of any kind removed for Hospital treatment.

ZYMOTIC DISEASE PREVENTION—METHODS OF DEALING WITH INFECTIOUS DISEASE.

Notification.

The Infectious Disease (Notification) Act of 1889 is, of course, in operation. No difficulties in the working of the Act have arisen in this District, and here, as elsewhere, it has proved a most valuable enactment, not only because it gives those responsible for the Public Health administration the opportunity of inquiring into the cause and circumstances of infectious cases as they arise, and of dealing with them accordingly, but also because the mere necessity for notification has brought home to those concerned their responsibilities to the public in these matters. Only those diseases scheduled as compulsory in the Act are notifiable in this District. Other diseases, such as Measles and Whooping Cough, may be included at the option of local Authorities. There is much to be said in favour of including these two very infectious disorders—the total mortality from which is quite as high as that of any two of those that are notifiable—but, on the other hand, there are practical difficulties in applying the law to Measles and Whooping Cough, the principal of which arise from the fact that so many cases of these disorders do not come under medical observation.

Isolation Hospital.

We have no Isolation Hospital, and for the last five years we have been without any provision for hospital accommodation by arrangement with other Authorities. During that time several schemes for the establishment of an Isolation Hospital for this District alone, or jointly with other Districts, have been considered, but mostly without any definite conclusion, and certainly without result.

In several of my Annual Reports, including that of last year, I have discussed at length the general question of Isolation Hospitals and the merits of and objections to the several proposals that have been made for this District. To summarise, briefly, the views I have expressed, I should say again that the advantage of an Isolation Hospital to a District such as this is the great convenience it offers the public rather than the comparatively small part it can play in the prevention of epidemics.

Nowadays, the use of Isolation Hospitals in small districts is practically limited to cases of Scarlet Fever and Diphtheria, and, as I have often pointed out, there is usually

no difficulty in securing the effectual isolation of these patients in their own homes when once the cases have been notified. It is principally the cases that are altogether overlooked that are responsible for the spread of infection, and when it can be traced to the known cases it is nearly always apparent that the mischief was done before the nature of the illness had been recognised in the earlier case.

Of the various proposals for an Isolation Hospital that have at different times been considered, the one that has always appealed to me as the best from every point of view is that for a joint hospital for the Romsey Urban and Rural Districts.

Acting on a suggestion made in my last Annual Report, the Council has recently caused inquiry to be made of other Authorities that have established Isolation Hospitals in Districts similar to our own as to their experience of them—the cost of construction and maintenance, facility of working, and efficiency, so far as the last might be judged by a decrease in the number of infectious cases occurring.

The replies that were received were not such as to encourage the Council to proceed further in the matter.

Having no Isolation Hospital, we have become accustomed to rely on such facilities for isolation as the dwelling-house affords, and, inadequate though these would often at first sight seem to be, it is usually a matter of inconvenience rather than of insuperable difficulty to ensure the effectual isolation of patients. As a matter of fact, instances of infection through failure in isolation have been very uncommon in this District, and unless our experience has been singularly fortunate, the results attained, so far as they can be judged by the number of cases and the very low zymotic death rate that I have already alluded to, would appear to fully justify the means employed.

It is only occasionally that cases are met with where, on account of insufficient house accommodation for a large family, or because of some circumstances in the occupation, the health or the disposition of the parents, isolation cannot be relied on. In one such case last year, in which the circumstances were particularly unfavourable, I thought it necessary to secure accommodation and nursing for a patient in another household. This was done at the expense of the Local Authority. The result was quite satisfactory,

and I think the steps taken in this case should be a precedent to be followed in any similar exceptional cases that may occur.

Disinfection.

In all cases of notifiable infectious disease, carbolic acid solution and other disinfectants are freely supplied for use during the illness, and on the termination of the cases the rooms that have been occupied are disinfected by the vaporization of Formic Aldehyde, and by scrubbing the floors, etc., with carbolic solutions. We have no means of dealing specially with clothing and bedding. In a few cases only these are destroyed.

Bacteriological Examinations.

Realising the importance of bacteriological examination in otherwise doubtful cases of Diphtheria, etc., this District was one of the first in the County to make provision for it. For several years the medical practitioners in the town have been given a free hand to avail themselves of an arrangement with the Clinical Research Association, by which all such examinations and re-examinations are chargeable to the Local Authority. This has become the established practice in almost every case, and although the expense has not been inconsiderable, the arrangement has, I believe, led to the detection of many otherwise doubtful cases, which, in the absence of any such certain means of identification, would have been potent sources of infection.

The institution of a Bacteriological Laboratory for the County has recently been proposed to the County Council. If it is approved, the local Council will, I trust, see its way to participate in the scheme, though it is not at present clear what form of contribution would be required. Assuming the estimate of expenditure to be correct, it would appear that the proportionate amount due from this District would not exceed the costs incurred under the existing arrangement.

Tuberculosis.

“The Public Health (Tuberculosis) Regulations, 1908,” came into force at the beginning of the year. These Regulations apply to all Districts, but they provide only for compulsory notification in the case of *paupers* who are found to be suffering from consumption. The Regulations empower Sanitary Authorities to take all appropriate action to prevent

the spread of infection, provided that nothing shall be done which would in any way interfere with the occupation, employment, or residence of the poor person affected.

No cases of consumption were notified under these Regulations in 1909, and presumably none were met with.

Voluntary Notification.

To supplement the effect of the above Regulations, Sanitary Authorities are authorised by the Local Government Board to adopt a system of *voluntary* notification with regard to cases of Consumption in persons who are not paupers. This has now been done in this District, and the local medical men have been invited to notify such cases when their patients have no objection to their doing so. It should be clearly understood that notification under these circumstances, though adopted by the Authority, is *optional* on the part of the persons concerned, that any advice or assistance that is proffered in consequence of such notification may be accepted or declined, and, above all, that no attempt is to be made to impose any restrictions whatever on the person whose case is so notified.

It is not intended in this District to do more at present than undertake the disinfection of rooms, etc., and provide for bacteriological examinations when required, but before leaving the subject of Tuberculosis, I should say that a deputation from the Council recently attended a representative meeting at Winchester, which was called to discuss a proposal for a Sanatorium for the County, and that the Mayor has since been appointed to serve on a Committee which is to consider the matter further, and which will probably proceed to draw up a scheme for submission to the several local Authorities.

Two cases of Consumption were voluntarily notified in 1909.

Schools.

The Public Elementary Schools in the Borough are:—

1. The Undenominational School (for boys, girls, and infants) in the Hundred.
2. The Boys' Church of England School in Station Road.
3. The Girls' and Infants' Church of England School in the Abbey.

A substantial improvement has recently been made at the last-mentioned in the closets and closet drainage, and, as

far as I am aware, the sanitary condition of all the schools is now satisfactory.

The water supply is by the South Hants Water Works Company.

At no time last year did either of the schools appear to be concerned in the spread of infectious disease, so that no action with regard to the schools was taken either by myself or jointly with the County Medical Officer (who is the Chief School Medical Officer), and the question of school closure never arose.

House Accommodation.

The number of inhabited houses in the Borough is large in proportion to the population, the numbers, according to the last census, being respectively 1,043 and 4,365, giving an average of only 4.1 persons to each house. It might be expected to follow from this that there would be few cases of overcrowding, and I think, perhaps, there are fewer instances than in most towns; but, as I have often remarked, it is the rule with the poorer classes, unfortunately, that the largest families have the smallest and worst houses, not only because they have the least available money for rent, but because they are often looked upon as undesirable tenants.

I think, however, that instances of overcrowding are not so common as they were a few years ago. There were no really bad cases of overcrowding under my notice last year.

As to the quality of the houses in the poorer quarters of the town, there is great room for improvement. Compared with the conditions in most towns, there is the one redeeming feature, that practically all the houses have a garden or back-yard, and they do not lack the essential requirements of water supply and closet accommodation of some sort; but in the quality of these appurtenances, as well as in the matter of general upkeep and cleanliness of the houses and their surroundings, I fear that our standard has been too low. Here is a direction in which we ought to look for improvement, and to be more insistent on getting it.

Of the need for more systematic inspections than we have carried out of late years, I must speak again presently, but to encourage such work and to make it effective, the Council must be prepared to take strong action wherever it is found to be necessary.

The special local difficulty in dealing with housing conditions is the want of a complete sewerage system. Had our expectations of a few years ago in that direction been realized, the worst houses in the town would have been automatically closed as not being worth the expense of connecting with the sewers, but as there seems to be no immediate prospect of an improved sewerage system, no further time should be lost in dealing directly with dilapidated and insanitary dwellings.

Before leaving the dwelling-house, I should like to call public attention to the large part that is played by the common house-fly in the production of disease. It is no new theory that assigns to the fly a power of evil as a carrier of disease, and it is no new experience that proves it, for it has always been a matter of common observation that certain diseases, such as infantile diarrhœa and ophthalmia, are commonest in the countries and in the houses that are most infested by flies, and in the seasons when they most abound.

Nor, having regard to the habits of the fly, was the association a matter for wonder, but it has never been realized that the fly has such a large share in the production of so many diseases, as certain recent experiments show to be probable. To reduce the number of flies by attention to cleanliness within the house, and by the removal of offal and refuse from the vicinity, is an important point in domestic sanitation. A further safeguard which is well worth practising is to keep not only meat but all articles of food and vessels containing milk, etc., constantly protected by wire-gauze dish-covers, or, failing these, by pieces of muslin or other suitable washable material, weighted at the corners by lead clips. In the houses of the poor, where the living room is also the larder, attention to this simple matter would be the means of averting many an illness.

Refuse Disposal.

The collection of house refuse, ashes, etc., is carried out by a contract, under which all sections of the Borough are dealt with twice in every week.

Complaints that are sometimes made of the collector not calling when required to do so are often found to be due to a misunderstanding of the wishes of the householder, who

in many cases prefers to let refuse accumulate for long periods, and then expects a cartload of rubbish to be removed at a minute's notice.

The bye-law which provides that the occupier of any premises shall, once at least in every week, cleanse every ash-pit belonging to such premises, might be more rigorously enforced.

The system of excrement disposal that applies to more than half of the houses in the Borough is the use of pails, which are collected and replaced during the night twice in every week, the town being divided into three Districts for that purpose. The contents of the pails are taken to a field outside the town, where earth is added, and the product is ultimately sold for manure. If the earth were added before the removal was effected, the system would not be so objectionable, but the extra cartage and greater trouble in cleaning the receptacles are thought to be insuperable difficulties. Although the system may not be directly injurious, or even prejudicial to the health of the District, it is, I think, at best an unsatisfactory expedient. The offensiveness of the collection has been to some extent modified, on my recommendation, by applying covers to the pails as they are removed, and by the use of a covered vehicle, but it cannot be altogether overcome, and the whole process has necessarily objectionable features.

Sewerage and Sewage Disposal.

The system of sewers, so far as they go, and the method of sewage disposal, are exceedingly simple, but, unfortunately, the question of their extension and improvement is anything but simple, and has resolved itself into a very complicated and difficult matter to deal with.

Nothing having happened in the meantime, the present position will be stated if I quote from my report of last year:—

“ A system of sewers exists which serves about half of the houses in the town, and carries their sewage either directly, or by means of the subsidiary channels already alluded to, into the River Test, but for some years a legal injunction has been in force restraining the Council from making any further connections until some means of purifying the sewage has been devised. Therefore it is, that most of the small houses among the older ones, and all of the newer houses, are unconnected with the sewers. They either

have drains emptying into cess-pits on their own premises, or, as is more commonly the case, are served by so-called 'sanitary pails' provided and collected bi-weekly by the Sanitary Authority.

"It has been the aim of the Council for many years to secure a site for the erection of purification works, to which the whole of the sewage of the town could be conveyed by gravitation.

"With such a site in view, plans and estimates were prepared in 1903 for the complete re-sewerage of the town, and the installation of purification works on the septic-tank and filter-bed principle. At this juncture it transpired that the proposed site was not available for the purpose, and the solution of the difficulty seems now as far off as ever. The Council, although no doubt it would be ready to carry out such a scheme as was contemplated, is opposed to any alternative scheme which would involve the heavy expense of pumping all the sewage of the town to a higher level, and therefore it has been disposed to be content for the present with the inconveniences of the existing arrangements, in the hope that an opportunity might later on present itself for the carrying out of the original scheme with or without some modification."

The opportunity has not presented itself, and to find it I think the Council must expect to make the first move in the matter.

Pollution of Rivers and Streams.

The streams with which we are concerned are the main River Test, four large mill streams, off shoots of the Test, which flow through the Borough, supplying Burnt Mill, Harvey's Mill, Test Mill, and Town Mill, and which afterwards rejoin the main river, the Fox-Mill Stream (Tatburn), and one small watercourse which was apparently designed to serve as a sewer for a small section of the town.

There are no serious pollutions of any of these by trade refuse.

They all receive a proportion of sewage, but, except in the case of the small channel alluded to, the quantity of water is so great, and the flow so rapid, that there is no obvious sign of pollution, and as the river water is not used for drinking anywhere in or below Romsey, it is, perhaps, of

no consequence. The small watercourse on the west side of Bell Street is still sometimes very foul, but the better flush of water which was obtained for this channel two years ago has effected a considerable improvement.

Water Supply.

A large majority of the houses are now supplied by the South Hants Water Works Company, from their pumping station at Timsbury.

I have made analyses of this water from time to time, always with satisfactory results, and its source alone is a sufficient guarantee of purity. The excessive hardness of the water is removed by precipitation before it enters the mains.

A considerable number of houses still draw their water supply from wells on their own premises. These wells are not, in most cases, more than 20 feet deep. The gravel soil is, no doubt, a great protection, and, as a matter of experience, instances of serious pollution are not often met with, but there is not the same security against pollution that is obtained with the Company's water, and the use of wells is declining year by year.

I have taken several samples of well water during the year and analysed them by Thresh's method. In two cases the water was condemned.

Milk Supply.

The supervision of cowsheds and dairies is entrusted to the Veterinary Inspector specially appointed for that purpose, who makes periodical reports to the Council. His reports for the past year have been in each case favourable.

Slaughter Houses.

There are five slaughter-houses, which are registered and controlled by bye-laws. They are visited from time to time by the Sanitary Inspector, who has made 20 such inspections during the year without finding any defects. The principal objection arises from their proximity to dwelling-houses.

There are two further points in connection with slaughter-houses on which the Local Government Board has recently intimated its desire to be informed.

The first question is whether the slaughter-houses are visited while animals are being killed, and the second whether any arrangement has been made for the inspection

of meat by a certificated Meat Inspector or other suitably qualified person.

No arrangements for these purposes have as yet been made in this District.

The matter was recently brought before the Council, and the view taken was that while they realised the importance of the suggestions, and would welcome the appointment by the County of an Inspector for these special purposes, they were unable themselves to make an appointment for this small locality.

Lodging-Houses.

There is only one registered lodging-house in the Borough. This is regulated by Bye-laws, which the Superintendent of Police is appointed by the Council to administer.

Bakehouses.

There are 18 bakehouses on the register, most of which have been inspected during the year. No fault has been found in their supervision or conduct. There is only one underground bakehouse, and this has been licensed by the Local Authority.

Factories and Workshops.

Including the bakehouses, the workshops on the register number 67, 29 of which have been inspected during the year. They were in all cases found satisfactory as regards air-space and ventilation, and the few suggestions that have been made to improve their cleanliness have speedily been adopted. The only firm employing outworkers has sent in a bi-annual list of the employés as required by the Act. The conditions under which the home work is done is quite satisfactory in each case.

Canal Boats and Van Dwellings.

There are none used in the Borough.

Bye-Laws.

The Borough is provided with complete and appropriate Bye-laws relating (*inter alia*) to new Streets and Buildings, Common Lodging-Houses, Nuisances, Cowsheds and Dairies, and Slaughter-houses.

No legal steps have been required to enforce the bye-laws, but care has been taken with respect to new buildings to see that the plans submitted to Council are in strict conformity therewith.

I am not aware of the necessity for any additional bye-laws, as those already in force, provided they are effectively administered, appear to be sufficient for present requirements.

Adoptive Acts.

For the reasons already referred to, the Notification of Births Act, 1907, has not been adopted.

Local Government Inquiries.

There have been none during the year in review.

Nuisances.

The only case in which formal notice became necessary for the abatement of a nuisance was in respect of a deposit of animal manure in a yard on the outskirts of the Borough, and some structural defects in the yard buildings. The causes of complaint in this case were removed, and observation has since been kept on the premises, and there has been no recurrence of the nuisance.

Food and Drugs.

There were no cases requiring analysis of samples, or other action under the Acts applicable to these matters.

Summary.

The only matter relating to Public Health which is at the moment under the consideration of the Council, is the proposal for the provision of a Sanatorium for Consumption for the County before alluded to.

Improvements made during the last Three Years.

There have been no public works of any magnitude carried out during this period, but repeated consideration has been given to the important questions of improved sewerage disposal, Isolation Hospital accommodation, and the provision of a mortuary.

Improvements Required.

Although the consistently good state of health, which it has been my good fortune to be able to report during the last few years, does not strengthen the demand for the inauguration of a more adequate system of sewerage and sewage disposal, it cannot be denied our present arrangements fall far short of the requirements of an urban population. In my opinion, the water-carriage system for the removal of excreta is the only practical method applicable to towns, and, not-

withstanding the difficulties of the present situation, the Council should not lose sight of the matter in their deliberations during the ensuing year. Another direction in which improvement should be aimed at, and in this case inexpensively attained, is the more thorough inspection of houses and premises. With the multifarious and constantly increasing duties which are imposed on officials by the Legislature, and by the standard of public health administration, what might be regarded as routine duties are apt to be relegated to the background. I think it is my duty to point out to the Council that the amount of work which now devolves upon the Sanitary Inspector is altogether out of proportion to the very small salary he receives for his services in that capacity, and that the Council should signify their recognition of the important nature of the work that has to be done by an adequate augmentation of the funds which are at present devoted to that object.

I conclude my Report with the expression of a hope that the satisfactory conditions of health which it has been my pleasure to record will not cause the Council to relax their efforts to maintain those conditions, and, if possible, to improve upon them in the future.

I remain, Gentlemen,

Yours faithfully,

RALPH C. BARTLETT,

Medical Officer of Health.

TABLE I.

Vital Statistics of Whole District during 1909 and previous Years.

YEAR	Population estimated to Middle of each Year	BIRTHS		TOTAL DEATHS REGISTERED IN THE DISTRICT				Deaths of Non-residents registered in Public Institutions in the District				Deaths of Residents registered in Public Institutions beyond the District		NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT	
		Number	Rate*	Under 1 Year of Age		At all Ages		Total Deaths in Public Institutions in the District	Deaths of Non-residents registered in Public Institutions in the District	Deaths of Residents registered in Public Institutions beyond the District	Number	Rate ^o		Number	Rate ^o
				Number	Rate per 1,000 Births registered	Number	Rate ²								
1	2	3	4	5	6	7	8	9	10	11	12	13			
1899	4,276	113	26.4	16	141.5	67	15.6	1	1	4	70	16.3			
1900	4,276	100	23.2	13	130.0	56	13.0	2	2	3	57	13.3			
1901	4,365	113	25.8	11	97.3	67	15.3	3	2	8	73	16.7			
1902	4,365	100	22.9	10	100.0	62	14.2	5	3	10	69	15.8			
1903	4,365	104	23.8	14	134.0	54	12.3	2	2	6	58	13.2			
1904	4,365	125	28.6	11	88.0	60	13.7	4	2	6	64	14.6			
1905	4,365	108	24.7	9	83.3	69	15.8	4	3	8	74	16.9			
1906	4,365	111	25.4	7	63.0	59	13.5	9	6	12	65	14.8			
1907	4,365	98	22.4	12	122.0	66	15.1	9	7	7	66	15.1			
1908	4,365	103	23.5	7	67.0	43	9.8	2	2	6	47	10.7			
Averages for years 1899-1908	4,347	107.5	24.7	11	102	60.3	13.8	4.1	3	7	64.3	14.7			
1909	4,365	111	25.4	3	27.0	35	8.0	3	2	10	43	9.8			

^o Rates in columns 4 and 8 should be calculated per 1,000 of the estimated gross population.² Population by census of 1891. ³ Population by census of 1901

Area of District in acres (exclusive of area covered by water), 355. Total population at all ages, 4,365. Number of inhabited houses, 1,043. Average number of persons per house, 41.

TABLE II.
Deaths from Zymotic Diseases and Zymotic Death-rates for 10 years
ending with 1909.

ROMSEY URBAN DISTRICT.

Population, 4,365.

YEAR	Deaths from Small-pox	Deaths from Measles	Deaths from Scarlet Fever	Deaths from Diphtheria	Deaths from Membranous Croup	Deaths from other Fevers	Deaths from Whooping Cough	Total of deaths from Zymotic Diseases	Zymotic Death-rate (per 1000 living)
1900	...	...	...	...	...	...	...	...	...
1901	...	1	...	...	...	1	...	2	·45
1902	...	...	...	...	...	...	1	1	·22
1903	...	...	...	...	...	...	7	7	1·60
1904	...	...	...	...	...	...	...	...	...
1905	...	...	...	...	...	...	1	1	·22
1906	...	...	...	2	...	...	...	2	·45
1907	...	3	...	4	...	...	3	10	2·29
1908	...	...	...	2	...	...	1	3	·68
1909	...	...	...	...	...	...	...	...	...
Total for 10 years }	...	4	...	8	...	1	13	26	
Average death-rate per annum }	...	·09	...	·18	...	·02	·29	...	·59

TABLE III.

Cases of Infectious Disease notified during the year 1909.

NOTIFIABLE DISEASE	CASES NOTIFIED IN WHOLE DISTRICT						TOTAL CASES NOTIFIED IN EACH LOCALITY					NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY					Total cases removed to Hospital
	At all Ages	Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards										
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous croup)	11	...	...	8	2	1	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	3	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	5	...	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	20	...	2	13	2	3	...	...	...	...	...	...	...	...	...	...	...

There is no Isolation Hospital.

TABLE IV.

Causes of, and Ages at, Death during year 1909.

CAUSES OF DEATH	DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING IN OR BEYOND THE DISTRICT							Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District
	All ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards	
Smallpox	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...
Whooping-cough	...	...	...	...	...	...	...	...
Diphtheria (including Mem- branous croup)	...	...	...	...	...	...	...	...
Croup	...	...	...	...	...	...	...	...
Fever { Typhus Enteric Other continued }	...	...	...	...	...	...	...	...
Epidemic Influenza	1	...	...	...	...	...	1	...
Cholera	...	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...
Diarrhœa	...	...	...	...	...	...	...	...
Enteritis	2	...	...	...	1	1	...	...
Gastritis	...	...	...	...	...	...	...	...
Puerperal Fever	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...
Phthisis (Pulmonary Tuber- culosis)	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...
Cancer, Malignant Disease	5	...	...	...	...	3	2	...
Bronchitis	5	...	...	...	...	1	4	...
Pneumonia	3	1	...	...	...	1	1	...
Pleurisy	...	...	...	...	...	...	...	...
Other Diseases of Respiratory Organs	...	...	...	...	...	...	...	...
Alcoholism	1	...	...	...	...	1	...	...
Cirrhosis of Liver }	1	...	...	...	...	...	1	...
Venereal Diseases	...	...	...	...	...	...	...	...
Premature Birth	1	1	...	...	...	...	...	...
Diseases and Accidents of Par- turation	...	...	...	...	...	...	...	...
Heart Disease	4	...	...	1	1	1	1	1
Accidents	1	...	1	...	...	...	...	...
Suicides	...	...	...	...	...	...	...	...
All other causes	19	1	1	...	1	3	13	2
All causes	43	3	2	1	3	11	23	3

TABLE V.—INFANTILE MORTALITY DURING THE YEAR 1909.—Continued.

CAUSE OF DEATH	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-2 Months	2-3 Months	3-4 Months	4-5 Months	5-6 Months	6-7 Months	7-8 Months	8-9 Months	9-10 Months	10-11 Months	11-12 Months	Total Deaths under One Year
	1	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	3
Brought forward	1	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	2
Tuberculous Diseases {	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculous Meningitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculous Peritonitis: ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tabes Mesenterica ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Causes {	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Rickets	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis (not Tuberculous) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Convulsions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Laryngitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Suffocation, overlying ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other causes	—	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	1	1	..	..	2	..	..	1	..	..	..	..	..	..	..	..	3

District of Romsey Urban. Population (by census of 1901), 4,365.

Births in the year:—Legitimate, 108; Illegitimate, 3.

Deaths in the year:—Legitimate Infants, 3; Illegitimate Infants, nil.

Deaths from all Causes at all Ages, 43 (as corrected), 35 (actual).

TABLE VI.

*Summary of Sanitary Work done in the Inspector of Nuisances
Department during the year 1909.*

		Number of		Abatement Notices		Nuisances Abated after Notices by	
		Inspections and Observations made	Defects found	Informal by Inspector	Formal by Authority	Inspector	Authority
Dwelling- houses and Schools	Foul Conditions ...	10	3	3	...	3	...
	Structural Defects ...						
	Over-crowding ...	...	...	...	...	...	...
	Unfit for Habitation	...	...	...	...	...	...
	Lodging-houses ...	...	...	...	...	...	...
	Dairies and Milkshops	...	...	...	...	...	...
	Cowsheds ...	...	...	...	...	...	...
	Bakehouses ...	...	...	...	...	...	...
	Slaughter-houses ...	20	...	...	...	...	...
	Canal Boats ...	...	...	...	...	...	...
House Drainage	Ashpits and Privies {	40	8	8	...	8	...
	Deposits of Refuse and Manure						
	Water-closets ...	2	...	2	...	2	...
	Defective Traps {	6	2	2	...	2	...
	No Disconnection						
	Other Faults	...	...	...	...	...	...
	Water Supply ...	...	...	...	...	...	...
	Pigsties ...	25	4	4	...	4	...
	Animals improperly kept	...	...	...	...	...	...
	Offensive Trades ...	...	...	...	...	...	...
Totals ...		103	17	19	...	19	...
Seizures of Unwholesome Food ...		...	...	...	...	...	...
Samples of Food taken for Analysis ...		...	...	...	...	...	...
" " found Adulterated ...		...	...	...	...	...	...
" of Water taken for Analysis ...		...	...	...	...	3	...
" Condemned as Unfit for Use ...		...	...	...	...	2	...
PRECAUTIONS AGAINST INFECTIOUS DISEASE.							
Lots of Infected Bedding Stoved or Destroyed		...	...	...	...	1	...
Houses Disinfected after Infectious Disease		...	...	...	...	21	...
Schools ditto ditto		...	...	...	...	...	...
Prosecutions for not Notifying Existence of Infectious Disease ...		...	...	...	...	...	...
Convictions ditto ditto		...	...	...	...	...	...
Prosecutions for Exposure of Infected Persons or Things ...		...	...	...	...	...	...
Convictions ditto ditto		...	...	...	...	...	...
Prosecution for not Cleansing House ...		...	...	...	...	...	...

TABLE VII.

Inspection of Factories and Workshops.

Factories Inspected	...	...
Workshops	„	29
Total	...	29
		—
Number of prosecutions	...	Nil.
„ „ written notices	...	Nil.
Defects	...	Nil.

Registered Workshops.

Bakehouses	...	...	18
Others	...	...	49
Total	...	...	67
			—

