**[Report 1913] / Medical Officer of Health, Romsey Borough.**




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# ANNUAL REPORT

OF THE

# Medical Officer of Health

TO THE

# Urban District Council of Romsey

## For the Year 1913.

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## MEDICAL OFFICER OF HEALTH

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## BOROUGH OF ROMSEY.

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THE LIMES, ROMSEY,
*11th March, 1914.*

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

GENTLEMEN,

In the presentation of this, my seventeenth Annual Report as Medical Officer of Health for the Romsey Urban District, I shall adhere as closely as possible to the form adopted three years ago. The principal reason for doing so is that it facilitates the preparation of the County Report which follows, and, although it makes it even more difficult to avoid mere repetition in my statement of conditions, which remain for the most part the same from one year to another, the advantages of uniformity in the District Reports must outweigh any such objection.

I would strongly recommend the Members of your Council to read first, or in conjunction with this, the County Report for 1912, which was recently published. Not only does it afford, in the abstracts from the reports of the District Medical Officers of Health, abundant material for useful comparison, but the experience and the views of the County Medical Officer may be utilised to verify, or to correct, as the case may be, my own personal ideas and

impressions on matters in which my experience is necessarily limited.

As this District Report has to be submitted to the Local Government Board and to the County Council, it is desirable that some space should be devoted to a brief description of the general features of the District to which it relates.

*Physical Features.*

The physical features of this 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 effectually drained by the several mill-streams which intersect the town, and which carry a large volume of water at considerable velocity to the main river.

The District is uniformly and almost entirely urban in character, and is *very small* in area, the Borough being coterminous with the small parish of Romsey Infra, and embracing only 355 acres.

The Breweries, the Berthon 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.

*Population.*

The Census of 1911 gave the number of inhabitants of the Borough as 4,699. In 1901 the population was 4,365, in

1891, 4,276, so that there was an increase of 304 in the ten years, and an increase of nearly 400 in twenty years.

The number of Inhabited Houses is returned as 1,080. In 1901 there were 1,043, so it is seen that, contrary to the general tendency, the additional number of houses has not quite kept pace with the increase of population in the last ten years, although the proportion is still high, with one inhabited house to every 4.3 persons.

*Births and Birth-rate.*

The births registered in 1913 numbered only 88, giving a a birth-rate of 18.5 per 1000 of the population—the lowest yet recorded.

The average for the preceding 5 years in this District was just under 22.

The birth-rate in England and Wales last year was 23.9, the death-rate 13.7.

To show the remarkable (and almost equal) decline in the National birth-rate and death-rate during the last 50 years, I will quote here the observations of the Medical Officer to the Local Government Board in the forty-first Annual Report recently published:—

"The last 50 years have shown great changes in the birth-rate and the death-rate, the results of which are concisely summarised on p. xi. of Vol. I. of the Census Report, 1911, and given below:—

| Percentage | 1861–71 | 1871–81 | 1881–91 | 1891–1901 | 1901–11 |
|---|---|---|---|---|---|
| Increase by Births ... | 37·6 | 37·9 | 34·2 | 31·6 | 28·6 |
| Decrease by Deaths... | 24·0 | 22·8 | 20·3 | 19·2 | 16·2 |
| Natural increase | 13·6 | 15·1 | 13·9 | 12·4 | 12·4 |

*NOTE.—The figures given in the above table as "percentage" rates of natural increase and decrease for periods of ten years may be taken as representing approximately the average birth and death rates respectively per 1000 of the population per annum for each decennial period.—R.C.B.

"The national significance of these figures is unmistakable. The birth-rate may, and, unless a change in social outlook occurs, probably will, decline to a considerably greater extent, but the decline of the death-rate is necessarily limited. There are many possibilities of further great declines in the death-rate; but even supposing the theoretical stage to be reached at which Old Age becomes the usual cause of death, it is not likely that the decline of the death-rate will indefinitely continue to keep pace with a continuing decline of the birth-rate."

I would add that, from the *Public Health* point of view, the decline in the death-rate is even more wonderful than at first sight appears. Fifty years ago, of every 1000 persons living, 24 died each year; of late years less than 16 die, so that the death-rate has been reduced by *one-third*. But it must be remembered that mankind being mortal there must be a death-rate, and that, *given a fixed population* (which, of course, we have not as long as the birth-rate exceeds the death-rate), even if people lived to an average age of *100 years* (instead of less than 50 years, as now), there would still be a death-rate of *not less than 10* per 1000 per annum. So that, taking 10 as our irreducible minimum, it is apparent that in the short space of 50 years, with better hygiene, that is to say, with better food, healthier habits, better sanitation—both public and domestic—and with the improvements in medical knowledge and practice, deaths from *all diseases and accidents*, as we know them, have diminished by considerably *more than 50 per cent.* The most striking and not the least satisfactory feature of it all is that the greatest decline has been in the affections of early life, and especially in the infectious diseases.

To show that this is so, it is only necessary to look back over the figures of the *last ten years*. In that short space of time the National death-rate from scarlet-fever has declined by *60 per cent.*; from diphtheria by *52* per cent.; from enteric (typhoid) fever by 56 per cent.; from measles by 10 per cent.; from whooping-cough by 20 per eent.; from puerperal-fever

by 36 per cent.; from consumption (and other forms of tuberculosis) by about 15 per cent.; while deaths from small-pox and typhus have been so rare as to be almost a negligible quantity of late years.

There is good reason here for encouragement as well as for congratulation, and I have made this early digression into National Statistics, because they are more convincing than our own small, and therefore more variable figures can possibly be.

Our Mortality rates still compare very favourably with the National rates in most respects, *but not in the rate of improvement.* We start with many natural and some economic advantages, but it is not in these directions that we can look for improvement—much less *effect* it; and we must, therefore, look to our sanitary equipment, which it is the particular business of the Council to see to, and parts of which are in our case admittedly obsolete and defective.

*Deaths and Death-rate.*

The actual number of deaths occurring in the District in 1913 was 71, yielding a death-rate of 14.9.

For several years it has been the custom to correct the figures by the transference of deaths in Workhouses and Hospitals to the Districts in which their patients had previously resided, and the system of transference has since been extended in an arrangement with the Registrar-General by which deaths occurring under certain other circumstances are now transferred. In this way 11 deaths (most of which occurred in the Cottage Hospital) have been transferred to other Districts, and 9 deaths (mostly occurring at the Work-house) have been brought into the list, making the number of deaths 69, and bringing down the death-rate as corrected to 14.5.

The "Standardising Factors" for this District, as calculated by the Registrar-General from the Sex and Age returns of the Census of 1911, is .8921. That is to say, by reason of differences in the sex and age composition of the local population, as compared with that of the total popula-

tion of England and Wales in 1901, the local death-rate (after correction by transferences) should be multiplied by .8921. Thus, 14.5 x .8921 = 12.9, which expresses the standardized death-rate in this District last year. The crude death-rate for England and Wales last year was 13.7. "Standardized," it will be about 13.4.

As will be seen in the appended Table I., the death-rate in 1908 was 9.3 (actual), 10.2 (corrected); in 1909, 7.5 (actual), 9.3 (corrected); in 1910, 11.8 (actual), 13.0 (corrected; in 1911, 16.4 (actual), 18.3 (corrected); in 1912, 10.4 (actual), 12.1 (corrected). Average death-rate for the 5 years to 1912, 11.9 (actual), 13.1 (corrected).

The death-rate for England and Wales last year was very low at 13.7. The average for the preceding ten years was 15.2.

*Uncertified Deaths.*

There was one uncertified death in 1913, and this the only one for several years. Of the 71 deaths which occurred in the Borough, 61 were registered on medical certificates, and 9 on the certificate of the Coroner.

*Still-Births.*

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

*Infantile Mortality.*

There were 10 deaths of infants under one year of age, giving an infantile mortality of 40 per 1000 *births registered*. In this important respect the year's returns are very good. The average infantile mortality rate in this District for the preceding five years was 95 per 1000 births, which, although not below the rate for this County (93 in 1911) compares very favourably with the returns for the whole of England and Wales, which give 130 per 1000 in 1911, and an average of 127 in the preeeding 10 years. Much attention has of late years been given to the subject of infantile mortality, and considerable success has already been achieved in its reduction, for, whereas 20 years ago the

national rate was not less than 150, in 1910, after falling year by year, it reached the low record figure of 106. The relapse to 130 in 1911 appears to be accounted for by the unusual heat and drought in the third quarter of that year. The national rate for 1912 was down again to 95.

On referring to Table V., it will be noticed that of the 8 deaths 4 were of infants less than a month old, and were due to premature birth or to other congenital defect or weakness.

*Notification of Births Act.*

The particular object of this adoptive Act of 1909 is the reduction of Infantile Mortality. It 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.

This District is particularly well catered for by a Maternity Nursing Association, as well as by District Visitors and other voluntary workers. The medical practitioners of the town are, moreover, in close touch with practically the whole of the population.

It is in recognition of these facts, and from reluctance to interfere with the work of existing institutions, that the adoption of the Act has seemed to be undesirable to the Council, and not because the actual care of infants in the District was deemed to be incapable of improvement, which would appear to have been the reason advanced against the adoption of the Act in some Districts of the County.

That was again the view taken by the Council when, in the year under review, a Circular Memorandum from the Local Government Board advising generally the adoption of the Act was considered.

It seems probable that in the near future this Act will be amended as regards its adoptive character; or, failing

that, the County Council may exercise its powers under the present Act to make it applicable throughout its area.

*Supervision of Midwives.*

The inspection of midwives is carried out by the Superintendent of the Hampshire Nursing Association under the direction of the County Medical Officer, in whose Annual Report is contained a summary of work done in this connection.

There have been no complaints affecting the 2 or 3 registered midwives who practise in this District.

*Zymotic Death-rate.*

I have prepared a table, which is appended, giving the number of deaths from the zymotic diseases separately and collectively for each of the preceding 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:—

| | Deaths in 10 years to 1912. | Average Annual Death-rate. |
|---|---|---|
| *Small Pox* | — | — |
| *Measles* | 6 | .12 |
| *Scarlet Fever* | — | — |
| *Diphtheria* | 12 | .25 |
| *Membraneous Croup* | — | — |
| *Other Fevers:* | | |
| *(Enteric, etc.)* | — | — |
| *Whooping Cough* | 13 | .27 |
| | — | — |
| | 31 | .66 |
| | — | — |

*Deaths in 1913.*—1 from Scarlet Fever. Total, 1. Zymotic death-rate for 1913, .21.

These figures—both those for last year and those for the longer period—are satisfactory, and compare favourably with the county returns and still more so with the national zymotic death-rate.

*Influenza Death-rate.*

Two deaths were attributed to Influenza. This disease has been not only less prevalent, but much less virulent in the last four or five years than at any time since 1890.

*Cancer Death-rate.*

From Cancer there were 6 deaths, yielding a death-rate of 1.28 per 1000, which is rather above the usual proportion both locally and generally.

*Tuberculosis Death-rate.*

In 1913 there were 4 deaths from Pulmonary Tuberculosis (Consumption), giving a death-rate of .85 per 1000. The number of deaths from Consumption in the preceding 10 years was as follows:—In 1903, 5; 1904, 6; 1905, 4; 1906, 5; 1907, 5; 1908, 5; 1909, 0; 1910, 4; 1911, 4; 1912, 6; making a total number of deaths from Consumption in ten years of 44, and an average annual death-rate from that cause of .94 per 1000.

The rate for England and Wales in 1911 was about 1.10, which is just half of what it was in 1875—say a generation ago.

From other tubercular diseases there was also 1 death last year. The deaths ascribed to them in the last 10 years have been fewer in proportion to the national rate than have been the deaths from Pulmonary Tuberculosis.

*Other Respiratory Diseases.*

Deaths from Bronchitis, Pneumonia and other affections of the respiratory organs were about the usual number, and the same may be generally remarked of the other causes of death specified in Table III.

## Prevalence of Infectious Diseases in 1913.

*Notifiable Diseases (including Consumption).*

There were altogether 105 notifications of Infectious Illness—the largest number for many years.

*Scarlet Fever.*—On referring to Table II., it will be noticed that no less than 79 cases of Scarlet Fever were met with, and it is quite certain that many other cases occurred which never came under medical observation at all, and in which the nature of the illness was never even suspected by the parents of the children concerned. The affection was in most of the cases of an extremely mild character, with only very slight and transient fever, a rash scarcely noticeable, and sometimes only discernible for a few hours, little or no soreness of the throat, and complete absence of other symptoms which usually accompany the onset of this disease. In quite a number of the cases that came under my own care (and which are included in the cases notified) a positive diagnosis could only be made by the appearance of the tongue at a later stage, or by desquamation ensuing, and in several instances the occurrence of an earlier case in the same family was only suspected, and the suspicion confirmed by close inspection, when attendance was required for a second or third case.

This extraordinarily mild character of the illness is at once the reason why cases were overlooked and the explanation of the persistence of the outbreak. At no time during the year were there more than a score of known cases, but a few cases were met with in every month of the year. Thus, in January there were 3 cases, in February 2, March 15, April 13, May 8, June 6, July 8, August 1, September 6, October 2, November 10, and December 5.

A glance at the age-columns in Table II. will show that the bulk of the cases were in children of Elementary School age, no less than 60 out of the total of 79 being between the ages of 5 and 15 years, and these were, with only two or

three exceptions, children attending the three Elementary Schools in the town.

Additional evidence that the Schools were (as would naturally be expected with an illness of this character) the principal channels of infection was afforded (1) by the fact that of the several cases in the surrounding Rural District the patients were, for the most part, children attending school at Romsey, and (2) by a noticeable decline in the number of cases reported each time the Schools were closed for the uusal holidays.

It may be thought that to close the Elementary Schools altogether for a time would have been a proper step to take under these circumstances. The reasons why I refrained from advising that action were:—

(1.) That the number of cases was at no time great.

(2.) That *all* the Schools were affected to some extent, so that to close one or two would be insufficient.

(3.) That, apart from this disorder, the health of the children was good, and the attendance rather above than below the normal.

(4.) That to close the Schools for less than two or three months would be ineffectual for this purpose.

And (5)—and especially—because the type of illness being so particularly mild, it was attended by a minimum of danger to life.

That this was so is apparent from the fact that, notwithstanding the large number of cases dealt with, in only one was the disease fatal, and in that case it was only partly responsible as the *immediate* cause of death.

The County Medical Officer, whom I consulted on this point, agreed with me that exclusion of children known or suspected to have been infected was the proper course to follow under the circumstances.

Although, as I have explained, the slight character of the illness was the principal cause of its continuance, the want of an Isolation Hospital was probably to some extent responsible. That aspect of the question will have to be considered presently in referring to the subject of isolation. Still another reason for the number of cases lay in the fact that for the preceding 16 or 17 years, although during that time we have had several importations of Scarlet Fever, it has always been quickly stamped out, and consequently the proportion of children in the District who were protected by a previous attack had been reduced to a minimum.

It is satisfactory to be able to report that the epidemic appears now, at the time of writing (February 28th, 1914), to be practically over, only one family remaining on the infected list in the Borough, and none in the outside District.

Altogether 62 families were known to have been infected. In 47 of these the illness was limited to a single case; in 13 there were 2 cases, and in 2 only were there 3 cases.

*Diphtheria.*

Thirteen cases were reported. They were, for the most part, widely separated, both as to the time and the place of their occurrence, and I could trace no connection between any of them. There was no instance of more than one case in the same household. In one case the disease proved fatal, but this patient, being a stranger, who came to Romsey only a few days before the onset of the illness, the death was "transferred" by the Registrar-General, and consequently it does not figure as a death in the Tables appended to this report.

The number of cases of Diphtheria occurring in this District has been steadily falling since 1906, when we had 101 cases (but with only 2 deaths), and it is now about normal.

Quoting a recent Report of the Medical Officer to the Local Government Board: " It is characteristic of diphtheria that it invades a town slowly, and usually persists for several years before ceasing to be epidemic. This is evident when the annual death-rates for different towns are compared, as is also the fact that the maximum incidence of diphtheria falls at different periods on these towns.

" Diphtheria has marked cycles of epidemicity. In this country during the years since the registration of deaths began there have been two periods of great prevalence of diphtheria, the first embracing the period from 1855 or 1857 to 1865, the maximum death-rate occurring in 1859; and the second occurring in 1892 to 1903, with a maximum death-rate in 1893.

" The solution of the question as to whether diphtheria, like scarlet-fever, varies greatly in virulence is complicated by the fact that a larger proportion of the total cases are now notified, owing to the more general use of bacteriological means of diagnosis.

" It is also complicated by the increased therapeutic use of diphtheria antitoxin, which greatly lowers the case-mortality or fatality, though the utility as a prophylactic is limited by the short duration of the protection imparted. The experience of the Metropolitan Asylums Board and other hospitals shows that antitoxin posseses immense value in the treatment of diphtheria. The difference in the fatality rates of diphtheria when tracheotomy is necessary, before and since antitoxin was introduced, forms the most striking illustration of its value.

" In August, 1910, the Board, under powers conferred by section 133 of the Public Health Act, 1875, issued an Order empowering every sanitary authority, without the special consent of the Board, to provide for the poorer inhabitants of the District a temporary supply of diphtheria antitoxin and medical assistance in connection with it, on the condition that the arrangements with respect to the keeping,

distribution, and use of the antitoxin shall be made in accordance with the advice of the medical officer of health. This power has been largely utilised by sanitary authorities."

An arrangement for free Bacteriological examination in all suspected cases of Diphtheria has been in operation in this District for many years, and has been of great value, and since August, 1910, with the approval of the Council, I have kept a constant supply of Diphtheria Antitoxin for distribution on the application of local medical practitioners. That advantage also has been made full use of.

*Enteric Fever.*

There were no cases of Enteric Fever, and our almost complete freedom from that disease during the 17 years that I have known the District has been one of the most gratifying features of my Annual Reports. There has been no death from the disease in the last ten years.

The decline in the death-rate from Enteric Fever in England and Wales during the last 40 years is perhaps the most convincing evidence there is of the improvement in sanitation. The average annual death-rate from Enteric Fever from 1871-1880 was .33 per 1000; from 1881-1890, .20; from 1890-1900, .17; from 1901-1910, .09; while in 1910 it reached the low proportion of .05 per 1000 of the population.

*Erysipelas.*

Two cases of this disease were reported.

*Consumption (Pulmonary Tuberculosis) and other forms of Tuberculosis.*

The notification of Consumption began with the Regulations of 1908, which applied only to cases occurring in Workhouses and in out-door Poor-law practice. In April, 1911, this was supplemented by the Order affecting Hospital cases, and it will be remembered that in this District a voluntary system of notification for other forms of consumption had

in the meantime been adopted, but was not generally followed; so that it was not until the beginning of 1912, when the regulations made in November, 1911, came into force, that all cases of consumption, under whatever circumstances occurring, became compulsorily notifiable.

In December, 1912, there was a further Consolidating and Amending Order—the Public Health (Tuberculosis) Regulations, 1912—the objects of which were the inclusion of non-pulmonary cases of Tuberculosis (chiefly met with in young children), and the simplification of the machinery of notification as established by the preceding Orders. The Circular accompanying the Order reminds Sanitary Authorities of their responsibilities under the Public Health Acts and Housing Acts for the prevention of overcrowding, and for the correction of insanitary conditions; it desires the co-operation of Sanitary Authorities with the Public Bodies entrusted with the administration of the National Insurance Act; it details the duties of Medical Officers of Health, and it includes an intimation that in Counties (where the Tuberculosis Officer will generally be appointed by the County Council), it may be desirable that this officer or some other officer of the dispensary should undertake the duties, or some of the duties, of the Medical Officer of Health under the Order, and for this purpose act as officer of the Sanitary Authority under the direction of the Medical Officer of Health.

The administration of these Regulations will be referred to later in the section of this report on Disease Prevention and the methods of dealing with Infectious Disease. For the moment we are concerned only with the number of cases of Tuberculosis notified.

In my last Annual Report, I put the number of fresh cases of Consumption occurring per annum in this District as probably between 5 and 6.

That opinion was based on the record of the number of *deaths* from this cause in the last ten years (averaging 4.4

per annum), and allowed a margin of 20 per cent. as representing the proportion of cases presumed to have been cured.

Even at this day, the *treatment* of Consumption is still so unsatisfactory and disappointing in its results, that I fear I cannot put the proportion higher than that.

In 1912, 9 cases of Consumption were reported, but that being the first year of Compulsory Notification it was reasonable to suppose that the number would include several cases of old standing, and that we should not again have so many cases reported in any one year. But then again the event has so far been disappointing, 9 further cases of Consumption being reported in 1913, and also 2 cases of Non-pulmonary Tuberculosis. There is at present no statistical information as to the number of cases notified in this County generally since notification was adopted, but, judging by the death-rates from this cause, it appears that the great progress that I have already alluded to as having been made since 1875, has by no means been maintained in the last few years, and that the level reached ten years ago has scarcely been improved on since.

The death-rates from Consumption in this District in the last ten years (viz., .94 per 1000) corresponds exactly with that of the several Urban Districts of this Administative County for the same period, and is somewhat below the corresponding rate for England and Wales (which is about 1.15), but it shows no decided improvement during the last ten years. The factors in the causation of Consumption are many and complex (the greatest is *Poverty*), but so far as we know them they are all conditions of life not only capable of improvement, but in which there is, as I believe, a constant tendency to amelioration, and, therefore, we should not be discouraged by a temporary check when the progress already made has been so striking.

From the Non-notifiable Infectious Diseases (Measles, Whooping-cough, Chicken-pox, etc.), there was complete

freedom last year, and Diarrhœa of epidemic type was less in evidence than usual.

It will be remembered that in the very hot summer of 1911, when diarrhœa was prevalent throughout the country, the special precautionary measures taken here were apparently very successful, and I think the precedent then established should be followed in the event of a recurrence of similar conditions.

## Zymotic Disease Prevention—Methods of Dealing with Infectious Diseases.

*Notification.*

The Infectious Diseases (Notification) Act of 1889 has always worked well here. No difficulties in the operation of the Act have ever arisen in this District, and here, as elsewhere, it has proved itself 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 the 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 certain 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.

*Polio-Myelitis and Cerebro-Spinal Fever.*

Having regard to the outbreaks of these two diseases in the infectious form which were occurring in many parts

of the Country in 1911, and which had occurred to a lesser extent in the preceding year, they were in October of that year, by a resolution of the Council and with the approval of the Local Government Board, made temporarily notifiable diseases for twelve months. Before the term expired they were permanently added to the Schedule of Notifiable Diseases by an Order of the Local Government Board issued in August, 1912. No cases of either kind were met with in this District.

*Opthalmia Neonatorum.*

By an Order of the Local Government Board now issued, Ophthalmia Neonatorum—an inflammatory affection of the eyes in newly-born children, which is one of the most frequent causes of blindness—is made a Notifiable Disease. The onus of notification rests on all medical practitioners and midwives, and certain particulars are required which are not incidental to the notification of other diseases.

The prescribed forms for this purpose have been prepared, and will be circulated to those concerned before the Order takes effect on the 1st of April of this year.

*Isolation and Isolation Hospitals.*

We have no Isolation Hospital, and for the last several years we have been without any provision for hospital accommodation by arrangement with other Authorities.

During that time several proposals for the establishment of an Isolation Hospital for this District alone, or jointly with other Districts, have been considered, but they have always fallen through.

What I have repeatedly endeavoured to make clear is that the advantage of an Isolation Hospital to a District such as this is the *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 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 cases.

It has always seemed to me that Isolation Hospitals have fallen into disrepute in many places where they have been established, because too much has been expected of them, and it was to avoid any such disappointment here that I have thought it necessary to point out their limitations, and not that I am inclined to dispute the distinct advantages they confer under circumstances which must from time to time occur.

Acting on a suggestion made in my Annual Report of four years ago, the Council then caused inquiries to be made of 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 any decrease in the number of infectious cases occurring.

The replies that were received were so discouraging that the Council declined to proceed further in the matter.

By the extracts from the reports of the District Medical Officers of Health contained in recent County Reports, it would not, however, appear that the working of these Hospitals in the Districts that have them had been otherwise than satisfactory, and their provision for all Districts is recommended by the County Medical Officer, who advocates the combination of adjoining Districts for that purpose, but who would limit the use of such Hospitals to the particular

cases of infectious illness in which there is a distinct lack of facilities for isolation in the patients' homes.

As I have always pointed out, cases are occasionally 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 parents, home isolation cannot be relied on. To provide for these comparatively rare cases, a small joint Hospital for the Romsey Urban and Rural Districts has always commended itself to me as preferable to any larger scheme which has been, or is likely to be, devised.

The above is the Statement of our position which I included in my last Annual Report, and arising out of that Statement—and accelerated, perhaps, by the outbreak and persistence of Scarlet Fever in the year now under review—the matter was taken up by this Council, and the Romsey Rural District Council was approached on the appointment of a Joint-Committee to consider the establishment of a Hospital for the combined Districts.

That stage had been reached on a previous occasion some seven or eight years ago; but whereas the recommendation of the Joint-Committee in favour of such a Hospital was then rejected by the Urban Council, it was now the Rural District Council that declined even to appoint a committee to consider the matter, and consequently it has again been allowed to drop.

This I regret, because I am convinced that a small joint hospital would conveniently serve the two Districts, and that it could be made to do so with greater facility and less expense than is usually incurred by similar Districts in making this provision. Unless such an arrangement can be arrived at, I fear the only alternative will ultimately be the provision of an Isolation Hospital for this District alone, and that will be proportionately more expensive both in first cost and in maintenance, and less elastic in the accommodation it provides.

Our position in being without an Isolation Hospital of any kind, although not unique even among the Urban Districts of the County, is *exceptional*, and invites adverse criticism, ill-founded and exaggerated though the arguments are on which such criticism is commonly based. The only justification in my opinion for the postponement of this question is that it is not the greatest or the most urgent defect in our Sanitary equipment. I regard the improvement and extension of our sewerage system and the provision of sewage purification works as of far more practical importance; but unless that is going to be undertaken it cannot be pleaded as an excuse.

*Vaccination.*

For several years I have pointed out how, under the present law, the vaccination of infants is declining. Until five years ago over 90 per cent. of the children born in this District were vaccinated. The proportion has now fallen to elss than 50 per cent., and is still falling. At that rate, as these children grow up, we shall in a few years be only a half-vaccinated community, and there will then be abundant channels for the dissemination of small-pox.

In connection with the subject of anti-vaccination, the County Medical Officer refers to the challenge recently issued by Sir William Osler on this subject. So far as is known the challenge is still unaccepted. Sir William Osler said:—

> " I do not see how anyone who has gone through epidemics as I have, or who is familiar with the history of the subject, and who has any capacity left for clear judgment, can doubt its value. Some months ago I was twitted by the editor of the journal of the Anti-Vaccination League for ' a curious silence ' on this subject. I would like to issue a Mount Carmel-like challenge to any ten unvaccinated priests of Baal. I will go into the next severe epidemic with ten selected vaccinated persons and ten selected unvaccinated per-

sons—I should prefer to choose the latter—three members of Parliament, three anti-vaccination doctors, if they could be found, and four anti-vaccination propagandists. And I make this promise—neither to jeer nor jibe when they catch the disease, but to look after them as brothers, and for the four or five who are certain to die I will try to arrange the funerals with all the pomp and ceremony of an anti-vaccination demonstration.''

However much we may deplore the fact, we must make some provision against the consequences of our folly, and, although the thorough vaccination of doctors and nurses will still be the barriers on which we shall have to rely, that can only be of avail to protect the general public when it can be combined with hospital isolation.

There is one aspect of the question to which I might draw your attention—and which I am sure will appeal to the Council—and it is that by the decline in vaccination a saving of about £40 per annum has been effected in vaccination fees in the Romsey Urban and Rural Districts. That small amount might well be ear-marked for the small-pox account, and, although it would not go far in the event of an epidemic of small-pox, it might be the means of averting one if applied to the provision of an isolation hospital.

The requirements of the Local Government Board as to the distance from other habitations are much more exacting in the case of a hospital intended for small-pox than for an ordinary isolation hospital, but where they have been complied with, there is, I believe, no reason why a hospital intended for small-pox should not be used at other times for other purposes.

For that reason I think that when the question of an Isolation Hospital is considered we should aim at finding a site and erecting a building that could in emergency be used for Small-pox, while at other times providing for just those cases of Scarlet Fever and Diphtheria where there is a dis-

tinct lack of facilities for isolating the patients in their own homes.

For England and Wales the death-rates in 1912 per 1000 of the population were:—

| | |
|---|---|
| Small Pox | 0.00 |
| Enteric Fever | 0.04 |
| Scarlet Fever | 0.05 |
| Diphtheria | 0.11 |
| Whooping Cough | 0.23 |
| Measles | 0.35 |
| Consumption (approximately) | 1.10 |

Our own figures for the last ten years, though lower all round, are nearly in the some proportions, so that it will be seen that Measles and Whooping Cough account for three times as many deaths as do Scarlet Fever and Diphtheria, while Consumption accounts for nearly six times as many.

I give these statistics because there is commonly much misapprehension as to the relative importance of these more or less preventable diseases as causes of death.

*Consumption and other forms of Tuberculosis.*

The effect of recent legislation on this subject has been to charge *County Councils* (and County Borough Councils) with the duty of providing Sanatorium, Dispensary, and (in suitable cases and circumstances) Domiciliary treatment of Consumption, and the funds available from the operation of the National Insurance Act are made contributory to that end.

But, none the less, the co-operation of Local Sanitary Authorities is expected, not only in investigating cases as they are notified, but in supplying, on the advice of their Medical Officers of Health, "such facilities and articles as may be necessary for detecting pulmonary tuberculosis, for preventing the spread of infection, and for removing conditions favourable to infection."

In this County, unfortunately, no settlement has yet been arrived at with regard to the proposals that have been made by the County Medical Officer for the establishment of a Sanatorium and the provision of Dispensary treatment, and consequently the Administration of Sanatorium Benefit under the Insurance Act has so far been very limited, and with regard to most of the cases notified it has resolved itself into the provision of such treatment as could be pursued at the patients' homes.

Of the 9 cases of Consumption reported last year, two (both of which were advanced cases when notified) were shortly afterwards removed to the Workhouse Infirmary and died there, one has been treated at a General Hospital, two (who had already received Sanatorium treatment before coming to this District) died here, one removed to her home in another part of the country, one only was sent from here to a Sanatorium, and the other two are still under treatment at home.

I have personally investigated and recorded the circumstances of the several cases notified during the year. Cards of instruction have been given, disinfectants supplied, spitting-cups provided for those who needed them, and Bacteriological examinations have been made at the County Laboratory.

Where application has been made for Sanatorium Benefit, I have reported to the County Authority on the Sanitary conditions of the patient's home, and as to the suitability or otherwise of the house and its surroundings for the conduct of home treatment.

Notices warning the public of the dangerous habit of spitting have been fixed in suitable places.

Attention should again be called to the following Bye-law which has recently been adopted by the County Council, and is in force throughout the County area:—

"No person shall spit on the floor, side, or wall of any Public Carriage, of any Public Hall, Public Waiting-room,

or place of Public Entertainment, whether admission thereto be obtained upon payment or not.

"Any person who shall offend against this Bye-law shall be liable for each offence to a fine not exceeding forty shillings."

There are many other directions in which District Councils are now empowered to move in the general campaign against Consumption, but until the County Scheme has been completed and is in operation, we cannot well determine what further steps we should take to supplement its provisions.

As evidence of the substantial progress that has of late years been made, and as an indication of the better results that may be expected to follow from better house accommodation, improved domestic sanitation, and from more adequate food supply in the reduction of the mortality from Consumption, I quote the paragraph which follows from a recent report of the Medical Officer to the Local Government Board:—

"It is unnecessary to attempt here to analyse in detail the relative importance of the different factors which have brought about the reduction in the death-rate from tuberculosis already realised, although such an analysis helps to place the administrative action of the present and the future on a solid foundation. Summarising the historical and geographical evidence which I have set out elsewhere, it is evident that this decline has been associated with an improving social and sanitary conditions of the people. In addition to more efficient medical attendance than in the past, these improvements have meant better housing, less unhealthy conditions of occupation, more wholesome and more abundant food and clothing. These influences in the aggregate have caused increased resistance to the infection of tuberculosis. They have probably even more ensured diminished facilities for infection. The close association between bad housing and excessive tuberculosis is well

known. Hence the importance attaching to the work of the Board and of local authorities under the Housing Acts, to the efforts to prevent overcrowding in houses, to remedy defective lighting and ventilation, to prevent permanent dampness in houses, and to diminish and prevent future congestion of houses on area. Improved housing doubtless increases the resistance to tuberculosis; still more it implies diminished opportunities for infection."

*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 particularly dangerous cases these are destroyed.

Not the least advantage of having an Isolation Hospital would be that a steam disinfector would be part of its equipment, and that could be used for the disinfection of bedding, etc., even when it were not necessary to treat the patient at the Hospital.

*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 were given a free hand to avail themselves of an arrangement with the Clinical Research Association, by which all such examinations and re-examinations were chargeable to the Local Authority. This soon became the established practice in almost every case, and although the expense was not inconsiderable, the arrangement led, I believe, 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.

Within the last two years, a Bacteriological Laboratory having been provided by the County, where examinations are made without cost to the District, materials for examination have been sent there. An objection having recently been raised to this alteration on the ground that there was a comparative delay in receiving the reports of examination, the County Medical Officer, on my representation of that drawback, has now arranged to report the results by telephone directly to the medical practitioner concerned with the case.

*Provision of Diphtheria Antitoxin.*

Since 1910 a supply of Antitoxin has been kept by me for distribution on the application of local medical practitioners.

*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.

I understand it has been decided to erect additional school buildings in the Hundred, as the present class-rooms are of insufficient capacity.

In other respects, the sanitary condition of the schools is fairly satisfactory.

In any case, it cannot be much improved until connection of the School closets with the Public Sewers is made possible.

The Water Supply is by the South Hants Water Works Company.

At no time last year were the schools closed on account of infectious disease.

A useful innovation by the County Medical Officer is a system of notification by the Head Teachers of the Schools to him, and to the Medical Officer of Health simultaneously, of all cases of infectious illness coming under their observation or being put forward as a reason for absence from school.

The information is particularly useful in the non-notifiable Infectious diseases, such as Measles and Whooping-cough, as to which it is often the earliest intimation received, and always affords the best means of estimating the extent of an outbreak.

## House Accommodation—Housing of the Working Classes Act, 1890—Housing and Town Planning Act, 1909—Housing (Inspection of District) Regulations, 1910.

The number of inhabited houses in the Borough is large in proportion to the population, the numbers, according to the last Census, being respectively 1,080 and 4,669, giving an average of 4.3 persons to each house. It might be expected to follow from this that there would be few cases of overcrowding, and I think there are, perhaps, fewer 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, and consequently their choice is restricted.

For the last year or two we have had a particular difficulty in dealing with housing questions owing to the fact that in connection with the extension of railway works at Eastleigh a large number of the employés, being unable to

find accommodation there, have come to live at Romsey until sufficient houses shall have been built at Eastleigh.

The consequence has been that there are scarcely any vacant houses in the town, and, it being understood that the demand is only temporary, it has not been met by any considerable building.

Having regard to this position of affairs, it has been felt by the Authority that particular caution should be taken just now in issuing Closing Orders, the immediate result of which would be that the tenants would be unable to find accommodation elsewhere than at the Workhouse. That was what happened in three cases in 1910, and the necessity of providing for those very families caused an overflow at the Workhouse, which involved the Poor-law Guardians in considerable expense.

Most of the houses in the poorer quarters of the town are old-fashioned, and consequently insanitary in design and construction with regard to light and ventilation, and in provision against dampness. They have one redeeming feature in that they are nearly all provided with considerable yards or gardens in the rear, and it is, perhaps, fortunate that practically none of them have internal drains, for the outside drains for surface-water are generally imperfect, and a constant source of trouble.

No radical improvement in housing conditions in the Borough—either by reformation of these old houses or by the substitution of new houses—can be entertained until the removal of the present disabilities in making fresh connections with the public sewers.

A large amount of time and careful attention have again been devoted by the Sanitary Inspector to the inspection of dwelling-houses, and, what is more, the results of the last three years' work in this direction are evident in a very gratifying improvement in the appearance of the poorer quarters of the town.

The results of inspection are entered on cards, which are designed to record all the information required by the Housing (Inspection of District) Regulations, as well as some additional particulars. These cards have been submitted to the Council at each meeting of the Sanitary Committee. They have been revised by me from time to time, and in cases requiring special attention I have accompanied the Inspector in his visits. On other occasions I have visited independently about 50 houses during the year, and verified the Inspector's observations, both as to existing defects and as to improvements effected.

As will be seen by the Inspector's Report, 251 houses (nearly a quarter of the houses in the District) were inspected by him last year, and in respect of 178 of these formal notice was given by the Authority under Section 15, Subsection 3, of the Act of 1909, or under the Public Health Acts. In every case last year it appears that practically all the works specified in the notice as being necessary were duly carried out, and the results of our procedure under that Section of the Act have been so far satisfactory that we have refrained from any procedure under Sections 17 and 18, which are concerned with Closing Orders and Demolition Orders respectively. That explains why no Closing Orders have been issued, though it is true we have been inclined to prefer Section 15, rather than invite demolition, because of the present scarcity of houses in the District.

Even apart from that consideration, I personally think action under Section 15 (or under the Public Health Acts where the duration of tenancy precludes procedure under that Section) the better course, because it gives the landlord the choice of carrying out the improvements himself, of paying for their execution by the Council, or, on the other hand, of appealing to the Local Government Board if he considers the Authority's requirements unreasonable. Unhappily, there are dirty tenants as well as careless landlords, and it is a pity the law cannot so effectively deal with these.

Even so, there certainly has been a very marked general improvement in the ideas and customs of the poorest classes during the last few years, especially in the practice of ventilating their rooms, and the open window is no longer feared as it used to be. It is, however, to education, fashion, and to the influence of trained District Nurses, rather than to Public Sanitary Administration, that credit must be given for that.

Instances of positive overcrowding have been very few of late years, and when they have been met with the difficulty has usually been got over by one or two of a family finding accommodation elsewhere.

But for the temporary demand for houses alluded to above, I do not think the supply of houses for the working classes would be deficient. The ratio of population to houses is still low at 4.3 per cent. per house*, though the number of houses added in the last ten years has not quite kept pace with the growth in population. The houses built during those years have been almost entirely such as come within the means of the working-classes, that is to say, within the rental limit referred to in Section 14 of the Act of 1909; but only a small proportion of them cater for the poorest section of the population. The number of houses erected, or in course of erection, in 1913, was only 2.

Plans of proposed new buildings are submitted to the Council, and their construction is supervised by the Surveyor.

***The average number of persons per house in England and Wales is 5·05 (Urban Districts, 5·33, Rural Districts, 4·51).**

There are suitable Building Bye-laws, and I am not aware that they have been infringed during the last two or three years, but only a little less recently there have been instances in which in the important matter of the provision of the required open space at the rear of houses there was great neglect. I do not think the object of this provision, or the possible effect (in certain contingency) of its neglect in the ultimate creation of insanitary areas, was at the time

quite grasped by the Council. The Bye-laws are not unreasonable, and in any case the Council has no power to waive their observance.

*Refuse Disposal.*

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

There have been comparatively few complaints the last two years of any omission in this respect, but suitable places and proper receptacles for ashes and other domestic waste are not always provided as they should be.

*Excrement Disposal.*

The system of excrement disposal that applies to about 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 is effected, the system would not be so objectionable, but the extra cartage and greater trouble in cleansing the receptacles are thought to be insuperable difficulties.

Although the system may not be directly injurious—and I am not prepared to say that it is even prejudicial to the health of the inhabitants—it is, I think, at best an unsatisfactory expedient.

The offensiveness of the collection has been to some extent modified on my recommendation by using covers for the pails as they are removed, and by the use of a covered vehicle, but it cannot be overcome, and the whole proceeding necessarily has objectionable features.

The number of closets provided with these pails is 466, and the number of separate houses dependent on them is probably about 550, there being some cases, but now com-

paratively very few, where there is only one such closet to two adjoining houses.

*Sewerage.*

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

Sewers of old construction are laid through all the thoroughfares of the town, but less than half the houses are connected with them. The main line leads first to a small precipitation tank, and then on to the River Test. The other lines discharge their contents into one or other of the tributary streams which pass through the town.

For some twenty years a legal injunction has been in force restraining the Council from making any fresh connections with the sewers until some means of purifying the sewage before discharging it into the river should be 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, they are served by the so-called sanitary pails provided and collected by the 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 for the installation of purification works on the "septic-tank" and filter bed principle. At that point it transpired that the proposed site could not be obtained, 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 an improved system as was contemplated,

has been opposed to any alternative scheme involving the heavy expense of pumping all the sewage of the town to a higher level; and therefore it is still disposed to be content for the present with the inconveniences of the existing arrangements, in the hope that an opportunity may later on present itself for the carrying out of the original scheme with or without some modification.

Personally, I think that attitude is a mistaken one. The rateable value of the District is very low, the Rates are already high, and it cannot be denied that the expenditure on a complete new Sewerage Sytem would be relatively heavy. On the other hand, I regard a water-carriage system as essential to an Urban District, and in our own case it would make possible many improvements in other directions of Sanitary reform that are now impracticable. There is reason to believe that it would encourage building, and so add to the rateable value of the town, and as some further set-off to the expenditure incurred, there would be a certain saving in the cost of the present nightly collection, and an end to that otherwise unmitigated nuisance.

I think another attempt should be made to carry out the Scheme of 1903, with as little alteration as may be required.

*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, Test Mill, Abbey Mill, and Town Mill, and which afterwards rejoin the main river—the Fox-Mill Stream (Tatburn), and one small water-course on the west side of Bell Street, which was apparently designed to serve as a sewer for a certain section of the town.

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

They all receive a proportion of sewage, but, except in the case of the small channel just alluded to, the quantity of

water is so great that there is no obvious sign of pollution; and as the river water is not used for drinking purposes anywhere below Romsey, it is, perhaps, of no great consequence.

The small water-course on the west side of Bell Street is always a nuisance in summer, although the better flush of water which was obtained for this channel two or three years ago has effected some improvement.

*Water Supply.*

Of the 1,080 houses in the town, about 820 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, and always with satisfactory results, and its source alone is a sufficient guarantee of purity. The water is naturally excessively hard, but the hardness is reduced by precipitation before it enters the mains. It appears to me that the result would be better if the water remained longer in the settling tanks after precipitation, for it is often cloudy from unsettled precipitate. No doubt Romsey, having the first pull on the mains, gets the worst of it in this respect.

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, but with a gravel sub-soil and the comparative absence of house-drains where wells are in use, their liability to serious pollution is very must less than might be supposed. As a matter of fact, I have generally found water from wells in Romsey to be of a higher degree of purity than are samples taken from wells in the surrounding district, and also as a matter of experience cases of illness attributable to water pollution are extremely rare.

Whenever suspicion attaches to any particular well I make a chemical analysis by Thresh's method, and am guided by the results so obtained, if they accord with the

"history" of the well and the inference obtainable from observation as to its position and surroundings.

In one case last year a sample of water was referred to the County Laboratory for analysis.

No case was met with during the year in which it was found necessary to condemn the water supply.

But, as I have already admitted and pointed out, there is not the same *security* against chance contamination that obtains with the South Hants supply, and for that reason, and because of the greater convenience of a pressure system, the use of wells is gradually declining.

There are now no longer, I believe, any houses dependant on any branch of the river for their water supply, the last remaining cases of the kind having been dealt with two years ago.

*Milk Supply.*

The supervision of Cowsheds and Dairies is entrusted to the Veterinary Inspector specially appointed for that duty.

There are only about sixty cows in the registered cowsheds within the Borough, so that the greater part of the population is supplied from outside.

I called attention three years ago to the inadequate provisions of the local bye-laws, and recommended the adoption of a new set on the lines of the "Model Regulations, Series XIX.'

This was duly considered, and, with the insertion of a clause which I had suggested, prescribing a minimum space of *500 cubic feet* in cases where cows are turned out, it was passed for adoption, subject to the sanction of the Local Government Board. The Board, however, declined to sanction the specification of anything less than 600 cubic feet, and partly for that reason, and also because it was believed that fresh legislation on the subject was imminent, the matter was allowed to drop.

There having in the meantime been no legislation on this matter, there should be no further delay in substituting a new and approved set of Bye-laws for those which are still in force, though very inadequate in their requirements in several respects.

It must be remembered that it is not the Veterinary Inspector's duty under the terms of his present appointment to examine cows for tuberculosis, or to take samples of milk for that purpose, and even if our powers in that direction were exercised with the cows kept in the Borough, it would still be dealing with only a small proportion of our milk supply.

In March, 1907, when addressing a deputation upon the subject of Milk Supply, the Right Hon. John Burns said "Everything seems to point to the County Council as the proper authority for dealing with the matter."

Even if the control over the general sanitary conditions of cowsheds remains as now with the local Authority, the responsibility for dealing with the sources of such a distributable commodity as milk could only be properly and evenly administered by the centralisation of authority, and if there is to be any compensation to farmers for the enforced destruction of animals, it seems to me essential that its apportionment should be independent of local influences.

*Slaughter-Houses.*

There are five private slaughter-houses, which are registered and controlled by bye-laws.

These are visited from time to time, and observations as to their sanitary condition are made by the Sanitary Inspector, who has made 20 such inspections during the year.

The greatest objection to the slaughter-houses themselves arises from their proximity to dwellings.

There is a very pressing need for some arrangement by which slaughter-houses shall be visited while animals are

being killed, and still more important is the need for the inspection of meat by a certified Meat Inspector or other suitably qualified person. The view taken by the Council is that, while they fully realise the importance of the suggestions, and would welcome the appointment by the *County* of an Inspector for these special purposes, they feel unable to deal efficiently with this important matter through the medium of their present officials, and, moreover, that it is impracticable to make a special appointment for this small locality.

This has always appeared to me a reasonable argument, and last year I urged that our Council should by a resolution make a direct appeal to the County Council to deal with this very difficult and no less important matter of the proper inspection of meat.

This was done, and apparently we were not alone in our representation. Moreover, it is supported by the County Medical Officer, from whose Annual Report I quote the following paragraphs:—

"*Meat Inspection.*

"In all districts slaughtering is carried out on private premises, so the actual amount of inspection is extremely small. There is much to be said in favour of a public slaughter-house, but such a provision is only to be expected in large towns, and it is unreasonable to suggest it for the districts in this County. The difficulty connected with the inspection of meat, when slaughtering is carried out on private premises, is the fact that it may be carried out at any time, and the Sanitary Authority has no knowledge as to when the slaughtering is to take place. It should not be beyond the powers of our legislators to pass some simple Act upon this subject, and to make it illegal for slaughtering to take place on private premises without due notice to the Local Sanitary Authority. More or less regular inspection could then be arranged quite easily. It is also very desirable that all slaughter-houses should be licensed, and that the

licence should be a personal one, and should last for twelve months only.

"During the year (1911) an Inspector from the Local Government Board visited many of the districts in this County and urged upon them the importance of adequate inspection of slaughter-houses, animals, and carcases. It does not appear practicable for each District to arrange separately for this kind of inspection, because special experience in such matters is desirable. Several District Councils, therefore, suggest that it might reasonably be considered a matter that could best be carried out by the County Council. The work of Meat Inspection could be usefully combined with other public health work, which is waiting to receive attention as soon as opportunity occurs."

*Lodging Houses.*

There are two registered common lodging-houses. They are regulated by bye-laws which the Superintendent of Police is appointed by the Council to administer.

There were no complaints about them last year.

*Food and Drugs Act.*

The only food preparation on any large scale that is carried on in the Borough is fruit preserving. The jam factory was visited by me during the season, and observations were made as to the quality of the raw materials, and as to the conditions under which it was dealt with, all of which were satisfactory.

Samples under the above Acts are now taken by three County Inspectors acting under the supervision of the County Medical Officer. The County area is divided into three parts for this purpose, the Inspectors residing at Basingstoke, Gosport, and Southampton respectively.

Twenty-two samples of food were taken last year, viz., butter 7, cheese 1, cocoa 2, flour 2, ice-cream 2, jam 3, lard 4, milk 1—all of which were found to be satisfactory.

*Factories and Workshops Act.*

*Bakehouses.*

There are 16 bakehouses on the register, all of which I inspected during the year. There is only one underground bakehouse in the Borough. This is specially licensed as is required by the Factories and Workshops Act. In two cases in which I found a want of cleanliness the faults were made good on my informal representation.

Including the bakehouses, the workshops on the register number 65, 41 of which I inspected last year. There was no occasion to find any serious fault with their sanitary condition.

As far as I am aware, there is only one firm in the Borough employing outworkers, but, lest the obligation may possibly have been overlooked, I would call the attention of employers to the fact that it is incumbent on them to send to the Town Clerk twice in every year (in February and August) the names and addresses of any "outworkers" whom they may employ.

*Canal Boats and Van Dwellings.*

There are none regularly used in the Borough.

*Bye-laws.*

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

As I have already said, the bye-laws on Cowsheds and Dairies are inadequate as to some of their provisions—and a new set of bye-laws on that subject should be prepared.

*Local Government Board Inquiries.*

There were no visits last year by Inspectors of the Local Government Board.

Information required by the Board was furnished by special reports on matters and conditions I have already referred to.

*Summary of Improvements required.*

What the District stands most in need of are an Isolation Hospital and an improved and extended system of Sewerage, with Sewage Purification Works.

Of the two, I regard the latter as by far the more important, and as that from which the greater benefit is likely to result in proportion to the cost of the respective undertakings.

A new set of Bye-laws for Cowsheds and Dairies should be adopted forthwith.

*Improvements effected in* 1913.

A great amount of good has been effected during the year (and, in fact, during the last four years) from the more systematic and frequent inspection of houses. The owners of the poorer class houses have shown a commendable willingness to comply with our requirements, but the latter have necessarily been limited in their scope by the lack of facilities for drainage.

In conclusion, I wish to again thank the Council for the consideration that my suggestions have invariably received. And I trust that in fulfilling its obligations in the care of the public health the Council will neglect no opportunity of carrying out such improvements as may reasonably be required.

Copies of this Report, together with the Factory Regulations Report and the appended Tables of Vital Statistics, etc., will be printed and duly forwarded to the Local Government Board, the Home Office, and the County Council.

I remain, Gentlemen,

Yours obediently,

RALPH C. BARTLETT,

Medical Officer of Health.

14, Market Place,
Romsey,
*March, 1914.*

TO DR. R. C. BARTLETT, MEDICAL OFFICER OF HEALTH.

Sir,

In compliance with a request recently received from you, I now beg to submit the customary annual report of works performed by me in the Romsey Urban District during the year 1913, trusting that I am presenting it in such a form as will meet with approval, and thus afford the information you desire.

In Table V., attached hereto, will be found detailed particulars of the various inspections, fumigations, and other works conducted by me during the period under consideration.

All primary and subsequent inspections of Dwelling Houses have been separately entered on the cards adopted by the Authority for this purpose, and invariably used since the commencement of this work.

An Inspector's Note or Pocket Book has also been kept for the entry of each fumigation performed, and in the instances of other work, or inspections of a varied nature (but which appear in the Table under individual heads), entries have been made in a rough note book I am in the habit of carrying daily.

I am venturing to frame this report under separate headings, having some to the conclusion that adopting such a system will the more readily give a clear and direct bearing upon Table V., and consequently make references easier.

*Housing, Town Planning, etc., Act,* 1909.

Initial inspections were made and complete records taken in each and every instance in the manner hereinbefore

stated, to the total number of 228, during the past year, and repeat visits in 23 instances, when you desired me to accompany you on check inspections to ascertain that improved conditions had followed the serving of notices on Owners or their Agents, calling upon them to effect repairs deemed necessary.

I have now reached the better class of Dwelling Houses, and in consequence of their greater capacity and surroundings, more time is required to be devoted to each one. Furthermore, the remark under " Fumigations " has a direct bearing upon the work, at the moment under consideration, showing that an unusual amount of time had to be expended in another direction.

When defects in any form have been discovered in or upon the buildings and premises inspected, either Owners or Agents have been served with formal natics, calling upon them to perform the requisite works in a given period. These forms invariably set out in full detail the repairs needed.

The notices served were *32*, but, as in the great majority of cases, the ownership covered two or more Dwelling Houses, the total number affected was *78*.

In many instances I found that repairs could not be performed in the time granted in consequence of illness, but I am satisfied that Owners did not desire to delay works beyond the time that circumstances demanded.

Again, I have frequently noticed, that Owners, on a change of tenantry (and this often happens in the case of the poorer dwellings), systematically have followed the usual custom of putting the premises in good repair prior to a new occupier's entry.

I desire to point out that the making of subsequent visits, to see the results of repairs executed, has entailed a large expenditure of time, but I do not well see that it can be entered in Table. It may, however, be read as covering something like *60* Dwelling Houses.

My notes give only two instances of Owners being served with a second notice to effect repairs, with the ultimate result that the works were thoroughly performed.

Only at rare intervals has it been necessary to consult you on any point during the past year. These instances are doubtless embodied in your report.

The cards have been brought forward at each monthly meeting of the Sanitary Committee and the Council Meeting directly following.

*Fumigations.*

During the year 1913, these numbered 80, classified as follows:—

| | | |
|---|---|---|
| Diphtheria | - - | 14 |
| Scarlet Fever | - - | 56 |
| Consumption | - - | 9 |
| Influenza | - - | 1 |
| | | 80 |

Two Alformant A. lamps, charged with Formalin tablets, were used throughout, the cubical contents of rooms being carefully ascertained, and the charge being apportioned thereto.

Care was also observed in effectually closing and sealing windows, doors, etc., gummed stripping being used for the purpose, and the best possible results obtained.

In some instances I have been called upon to fumigate two or even three rooms in one Dwelling House; whilst in other cases it has been found necessary to cut off the first floor during the period the lamps were installed, by sealing the stair-foot door.

On receiving notifications of infectious illness, or upon the request of any member of the Medical Profession, I have visited the premises and examined their general conditions, inspecting the drains and endeavouring to obtain the best possible results.

Nothing that appeared to be of a serious nature came under my notice, and it is rarely I receive a complaint.

Following my usual custom, I made casual inspections to the number of 65 (these not being prompted by complaints), with the result that in 6 cases only minor improvements formed the outcome of these visits.

I may, perhaps, be allowed to make brief reference to the somewhat unusual number of fumigations conducted during the past year, and desire to point out that always two, and in many cases three, visits were called for in each case, and when taken in bulk meant a great expenditure of time, thus preventing its employment in other directions. A reference to this is made under the first heading of this report.

*Slaughter Houses.*

Dealing with these, I may state that the periodical inspections have been made to accord with the requirements of the local Bye-laws.

In no case has there been any necessity to complain of any lack of observance of proper cleanly conditions on the occasions of my visits.

Lime-whiting, scouring and thorough flushing have apparently been the order; drains are well trapped and working well, no accumulation of offal, etc., left lying on the premises, and I have no entry of complaint received from persons living in the near neighbourhood of any of these buildings of objectionable smells or other annoyance as a consequence of the practice of slaughtering.

The vessels used appeared efficient and in serviceable condition.

The water supply was never discovered to be short; in fact, generally speaking, the South Hants Water is laid on and used.

The number of Registered Slaughter Houses remains stationary at 5; the visits totalled 20.

*Disinfectants.*

It has always been my endeavour to ensure a sufficient and regular supply of these in the Store Room at the Town Hall, and I have had no instance of their falling short of the demand.

Distribution to applicants were made by the Caretaker in the customary way.

All persons bearing requests from the local Doctors have been supplied with either Sanitary Fluid, Carbolic Powder, or any specially named disinfectant, such supplies being maintained during full periods of infection.

There was an increasing call throughout the year (more especially for the Sanitary Fluid) from occupiers of the smaller dwellings, use being made of it in conjunction with soap when scouring floors and flushings of yard gullies and drains.

As such practices were considered as conducing to healthier conditions, the fluid was always served to applicants.

*Sanitary Pails.*

The number of these in use on December 31st, 1913, was estimated at *932*, but as each closet is provided with two pails (one in use, and one ready to replace the soiled one on each removal), the number of closets should be *466*.

This represents an addition of *5*, compared with the previous year, accounted for by the fact that an equal number of vaults were done away with, and after cleansing were filled in with rubble and lime, and the structures converted to meet their new purpose.

The regulating, supplementing, and repairing of these pails were under constant supervision, and from the paucity of complaints received I venture to express the opinion that the nightly collections and works attendant thereon during the year bear a highly favourable comparison with previous ones.

*Various Inspections.*

The offices attached to the Public Schools have been kept under observation. Water or Earth Closets, Urinals, Drains, composing the various systems in vogue, are under the direct supervision of caretakers employed by the several School Managers, and have been well cared for.

In the infrequent instances of choked drains, prompt and effectual measures have been taken to free them and secure normal conditions.

The public sewers and drains have worked efficiently, except in two or three cases of unusually heavy rainfall, when temporary chokes occurred. These being practically at one spot, made it simpler to find a remedy, and structural alterations and additions have apparently cured the former defect.

The installation of a new storm-water drain in the Botley Road has proved a valuable agent in collecting and rapidly carrying off all storm-water, and thus greatly benefiting this portion of the Borough.

The established custom of inserting Soluble Blocks of disinfectant in water van and carts was continued during surface waterings of roads, and road gullies were also flushed out in like manner during dry periods and after all cleansings. The natural result of such actions is a benefit to public sewers and drains.

The local Authority has continued its former method of loaning "The Wandsworth" semi-float cart and covered tumbled carts to applicants desiring the use of such vehicles for the purpose of cleansing vaults, dead wells, or other receptacles, and the number of requests received proved that the advantages of using such vehicles were recognized by many.

Almost daily, items individually small and difficult to classify, called for attention, and, I trust, were efficiently dealt with, at the time.

In conclusion, I trust that general conditions are improved, but must leave you to express a more definite view upon this point in your far more extensive report.

Hoping that all the matters under my province have been covered and set out in the way you desire,

I am, Sir,

Obediently yours,

ARTHUR JAMES JENVEY,

Inspector of Nuisances.

## TABLE I.

*Vital Statistics of Whole District during 1913 and previous Years.*

| Year | Population estimated to Middle of each Year | Births | | | Total Deaths Registered in the District | | Transferable Deaths | | Nett Deaths belonging to the District | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Uncorrected Number | Nett | | | | | | Under 1 Year of Age | | At all Ages | |
| | | | Number | Rate | Number | Rate | of Non-residents registered in the District | of Residents not registered in the District | Number | Rate per 1,000 Nett Births | Number | Rate |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| (1901 Census) | 4,365 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 1908 | 4,590 | 103 | 103 | 22·4 | 43 | 9·3 | 2 | 6 | 7 | 67 | 47 | 10·2 |
| 1909 | 4,620 | 111 | 111 | 24·0 | 35 | 7·5 | 2 | 10 | 3 | 27 | 43 | 9·3 |
| 1910 | 4,650 | 95 | 95 | 20·4 | 55 | 11·8 | 3 | 9 | 10 | 105 | 61 | 13·1 |
| 1911 | 4,680 | 96 | 97 | 20·7 | 77 | 16·4 | 5 | 14 | 15 | 154 | 86 | 18·3 |
| 1912 | 4,710 | 103 | 104 | 22·0 | 49 | 10·4 | 2 | 10 | 5 | 48 | 57 | 12·1 |
| 1913 | 4,740 | 87 | 88 | 18·5 | 71 | 14·9 | 11 | 9 | 10 | 113 | 69 | 14·5 |

Area of District in acres (land and inland water), 520. Total population at all ages, 4,669.
Number of inhabited houses 1,080. Average number of persons per house, 4·3.
At Census, 1911 (c.f. Census, Vol. V.)

## TABLE II.

*Cases of Infectious Disease notified during the year* 1913.

| NOTIFIABLE DISEASE | NUMBER OF CASES NOTIFIED | | | | | | | | TOTAL CASES NOTIFIED IN EACH LOCALITY | | | | | | | Total cases removed to Hospital | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | At all Ages | Under 1 | 1 to 5 | 5 to 15 | 15 to 25 | 25 to 45 | 45 to 65 | 65 and upwards | | | | | | | | | | |
| Smallpox ... ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Cholera ... ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Diphtheria (including Membranous croup) ... ... ... | 13 | ... | 2 | 8 | 1 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Erysipelas ... ... ... | 2 | ... | ... | ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Scarlet Fever ... ... ... | 79 | ... | 9 | 60 | 3 | 5 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... |
| Typhus Fever ... ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Enteric Fever ... ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Relapsing Fever ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Puerperal Fever ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Cerebro-spinal Meningitis ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Pulmonary Tuberculosis ... ... | 9 | ... | ... | ... | 2 | 7 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3 | ... | ... |
| Other forms of Tuberculosis ... | 2 | 1 | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2 | ... | ... |
| Totals ... ... | 105 | 1 | 11 | 68 | 7 | 16 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | 6 | ... | ... |

The District has no Isolation Hospital provision by the Authority. The Tuberculosis cases removed to Hospital (5 in number) were sent to the Romsey Workhouse Infirmary, the Romsey Cottage Hospital, the Royal South Hants Hospital, and to a Sanatorium selected by the County Authority.

## TABLE III.

*Causes of, and Ages at, Death during the year* 1913.

| Causes of Death | Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District | | | | | | | | | Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District |
|---|---|---|---|---|---|---|---|---|---|---|
| | All ages | Under 1 year | 1 and under 2 | 2 and under 5 | 5 and under 15 | 15 and under 25 | 25 and under 45 | 45 and under 65 | 65 and upwards | |
| **All Causes** { Certified ... | 68 | 9 | 3 | 0 | 1 | 2 | 12 | 18 | 23 | 15 |
| { Uncertified ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... |
| Scarlet Fever ... ... | 1 | ... | ... | ... | 1 | ... | ... | ... | ... | ... |
| Influenza ... ... ... | 2 | ... | ... | ... | ... | ... | ... | ... | 2 | ... |
| Phthisis (Pulmonary Tuberculosis) ... ... ... | 4 | ... | ... | ... | ... | 1 | 3 | ... | ... | ... |
| Tuberculous Meningitis ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | 2 |
| Cancer, Malignant Disease ... | 6 | ... | ... | ... | ... | ... | ... | 4 | 2 | 3 |
| Rheumatic Fever ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Meningitis ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Organic Heart Disease ... | 9 | ... | ... | ... | ... | ... | 2 | 5 | 2 | ... |
| Bronchitis ... ... ... | 4 | ... | ... | ... | ... | ... | ... | ... | 4 | ... |
| Pneumonia (all forms) ... | 3 | ... | 1 | ... | ... | 1 | ... | ... | 1 | 1 |
| Diarrhœa and Enteritis ... | 1 | ... | ... | ... | ... | ... | ... | ... | 1 | ... |
| Alcoholism ... ... ... | 2 | ... | ... | ... | ... | ... | 1 | 1 | ... | 1 |
| Nephritis and Bright's Disease | 1 | ... | ... | ... | ... | ... | ... | ... | 1 | ... |
| Other accidents and diseases of Pregnancy and Parturition ... ... ... | 1 | ... | ... | ... | ... | ... | 1 | ... | ... | ... |
| Congenital Debility and Malformation, including Premature Birth ... ... | 7 | 7 | ... | ... | ... | ... | ... | ... | ... | ... |
| Violent Deaths (excluding Suicides) ... ... | 5 | 1 | ... | ... | ... | ... | 2 | 1 | 1 | 3 |
| Other Defined Diseases ... | 14 | ... | ... | ... | ... | ... | 3 | 7 | 4 | 4 |
| Diseases ill-defined or unknown | 8 | 1 | 2 | ... | ... | ... | ... | ... | 5 | ... |
| | 69 | 10 | 3 | 0 | 1 | 2 | 12 | 18 | 23 | 15 |
| Sub-Entries included in above figures :— | | | | | | | | | | |
| Ac.-Pneumonia ... | 0 | ... | ... | ... | ... | ... | ... | ... | ... | ... |

## TABLE IV.—INFANTILE MORTALITY DURING THE YEAR 1913.

*Nett Deaths from stated Causes at various Ages under One Year of Age.*

| Cause of Death | Under 1 Week | 1-2 Weeks | 2-3 Weeks | 3-4 Weeks | Total under 1 Month | 1-3 Months | 3-6 Months | 6-9 Months | 9-12 Months | Total Deaths under One Year |
|---|---|---|---|---|---|---|---|---|---|---|
| **All Causes** { Certified ... | 4 | 1 | 1 | ... | 6 | 1 | 1 | 1 | ... | 9 |
| { Uncertified ... | 1 | ... | ... | ... | 1 | ... | ... | ... | ... | 1 |
| Small Pox ... ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Chicken Pox ... ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Measles ... ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Scarlet Fever ... ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Whooping Cough ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Diphtheria and Croup ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Tuberculous Meningitis ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | 1 |
| Abdominal Tuberculosis ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Other Tuberculous Diseases | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Meningitis *(not Tuberculous)* | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Convulsions ... ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Laryngitis ... ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Bronchitis ... ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Pneumonia (all forms) ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Diarrhœa ... ... ... | ... | ... | ... | ... | .. | ... | ... | ... | ... | ... |
| Enteritis ... ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Gastritis ... ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Syphilis ... ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Rickets ... ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Suffocation, overlying ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | 1 |
| Injury at birth ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Congenital Malformations ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Premature Birth ... ... | 4 | 1 | 1 | ... | 6 | ... | ... | ... | ... | 6 |
| Atrophy, Debility, Marasmus | 1 | ... | ... | ... | 1 | 1 | ... | ... | ... | 2 |
| Other causes ... ... ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| | 5 | 1 | 1 | ... | 7 | 1 | 1 | 1 | ... | 10 |

Nett Births in the year : Legitimate, 84. Illegitimate, 4.

**Nett Deaths in the year of Legitimate Infants, 10. Illegitimate Infants, 0.**

## TABLE V.

*Summary of Sanitary Work done in the Inspector of Nuisances' Department during the year* 1913.

| | | Number of | | Abatement Notices | | Nuisances Abated after Notices by | | |
|---|---|---|---|---|---|---|---|---|
| | | Inspections and Observations made | Defects found | Informal by Inspector | Formal by Authority | Inspector | Authority | Nuisance Remaining Unabated |
| Dwelling-houses and Schools | Foul Conditions ... | 228 | 78 | ... | 78 | ... | 78 | ... |
| | Structural Defects ... | 23 | | | | | | |
| | Over-crowding ... | 1 | ... | 1 | ... | 1 | ... | ... |
| | Unfit for Habitation | ... | ... | ... | ... | ... | ... | ... |
| | *Lodging-houses ... | ... | ... | ... | ... | ... | ... | ... |
| | †Dairies & Milkshops | ... | ... | ... | ... | ... | ... | ... |
| | †Cowsheds ... | | | | | | | |
| | ‡Bakehouses ... | ... | ... | ... | ... | ... | .. | ... |
| | Slaughter-houses ... | 20 | ... | ... | ... | ... | ... | ... |
| | Canal Boats ... | ... | ... | ... | ... | ... | ... | ... |
| | Ashpits and Privies | 65 | 6 | 6 | ... | 6 | ... | ... |
| | Deposits of Refuse and Manure | 15 | 3 | 3 | ... | 3 | ... | ... |
| | Water-closets ... | 19 | 3 | 3 | ... | 3 | ... | ... |
| House Drainage | Defective Traps, No Disconnection, Other Faults | 14 | 5 | 5 | ... | 5 | ... | ... |
| | Water Supply | numerous | 1 | ... | 1 | ... | 1 | ... |
| | Pigsties ... ... | 31 | 5 | 5 | ... | 5 | ... | ... |
| | Animals improperly kept | ... | ... | ... | ... | ... | .. | ... |
| | Offensive Trades ... | ... | ... | ... | ... | ... | ... | ... |
| | Smoke Nuisances ... | ... | ... | ... | ... | ... | ... | ... |
| | Inspections of New Buildings | ... | ... | ... | ... | ... | ... | ... |
| | Totals ... ... | — | — | — | — | — | — | — |

| | |
|---|---|
| Complaints received ... ... | 17 |
| Seizures of Unwholesome Food ... ... | ... |
| Samples of Food taken for Analysis ... | ... |
| „ „ found Adulterated ... | ... |
| „ of Water taken for Analysis ... | 2 |
| „ Condemned as Unfit for Use ... | ... |

| PRECAUTIONS AGAINST INFECTIOUS DISEASE. | |
|---|---|
| Lots of Infected Bedding Stoved or Destroyed | ... |
| Houses Disinfected after Infectious Disease | 80 |
| 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 ... | ... |

*Supervised by Police Superintendent.
† „ Veterinary Inspector.
‡ „ M.O.H.

HOUSING AND TOWN PLANNING ACT.

## INSPECTION OF HOUSES.

Is there any scarcity of houses—and where?—Supply and demand appear balanced; a few empty houses about.
Number of new houses built in 1913?—2. General Character?—Very Fair.
Any Town Planning Scheme contemplated?—No.
Who has been designated as the Inspecting Officer under Article II of the Housing Regulations, 1910?—The Sanitary Inspector.
Are records submitted to L.A. at each meeting?—Yes.

| | Number. |
|---|---|
| Houses Inspected ... ... ... | 251 |
| SECTION 17— | |
| Dwelling-houses found unfit for human habitation ... ... ... | 0 |
| Representations made ... ... | |
| Closing Orders made ... .. | |
| Houses made habitable without Closing Orders ... ... ... | |
| Houses made habitable as result of Closing Orders ... ... ... | |
| Houses demolished ... ... ... | |
| Houses unfit but still occupied ... ... | |
| SECTION 15— | |
| Defects reported ... ... } | 78 |
| Defects remedied ... ... } | |
| Notices served ... ... ... | 78 |

## TABLE VI.

*Deaths from Zymotic Diseases and Zymotic Death-rates for* 1913 *and for the preceding* 10 *years.*

ROMSEY URBAN DISTRICT. Population, 4,669.

| YEAR | Deaths from Small-pox | Deaths from Measles | Deaths from Scarlet Fever | Deaths from Diphtheria | Deaths from Membranous Croup | Deaths from Typhoid and other Fevers | Deaths from Whooping Cough | Total of deaths from Zymotic Diseases | Zymotic Death-rate (per 1000 living) |
|---|---|---|---|---|---|---|---|---|---|
| 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 | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 1910 | ... | 3 | ... | 2 | ... | ... | ... | 5 | 1·13 |
| 1911 | ... | ... | ... | 1 | ... | ... | ... | 1 | ·21 |
| 1912 | ... | ... | ... | 1 | ... | ... | 1 | 2 | ·42 |
| Total for 10 years | ... | 6 | ... | 12 | ... | ... | 13 | 31 | ... |
| Average death-rate per annum for 10 years to 1912 | ... | ·12 | ... | ·25 | ... | ... | ·27 | ... | ·66 |
| Deaths in 1913 | ... | ... | 1 | ... | ... | | ... | 1 | ·21 |
| Zymotic death-rate for 1913 | ... | ... | ·21 | ... | ... | ... | ... | ... | ·21 |

NOTE.—Deaths from Diarrhœa are not included in this table.

## TABLE VII.

*Inspection of Factories, Workshops, and Workplaces.*

| | | |
|---|---|---|
| Factories Inspected | ... | 0 |
| Workshops „ | ... | 41 |
| Workplaces „ | ... | 0 |
| Total | ... | 41 |

| | | |
|---|---|---|
| Written notices | ... | 0 |
| Defects found ... | ... | 2 |
| „ remedied | ... | 2 |

*Registered Workshops.*

| | | |
|---|---|---|
| Defects ... | ... | 0 |
| Retail Bakehouses | ... | 16 |
| Other Workshops | ... | 49 |
| Total | ... | 65 |

*Home Work.*

Lists received from Employers:

| | | |
|---|---|---|
| Lists ... | ... | 2 |
| Outworkers ... | ... | 2 |

*Other Matters:—*

| | | |
|---|---|---|
| Underground Bakehouses in use at the end of the year ... | ... | 1 |