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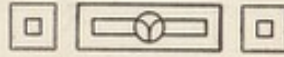
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COUNTY BOROUGH OF ROTHERHAM.



ANNUAL REPORT

OF THE

Health and Sanitary Circumstances
of Rotherham,

TOGETHER WITH

The Report of the Borough Hospital and of
the Borough Laboratory, and the Report
to the Education Committee, for
the year 1908; by

ALFRED ROBINSON, M.D.,

Member of the Royal College of Surgeons,
Fellow of the Society of Medical Officers of Health,
Ex-President of the Yorkshire Branch Incorporated Society of
Medical Officers of Health, Medical Officer of Health,
Medical Superintendent of the Rotherham Isolation
Hospital, School Medical Officer.



1909.

ROTHERHAM :

H. GARNETT & CO., LTD., PRINTERS & LITHOGRAPHERS.

HEALTH COMMITTEE

OF THE COUNCIL OF

THE COUNTY BOROUGH OF ROTHERHAM.

Chairman :—ALDERMAN GRUNDY, J.P.

Vice-Chairman :—COUNCILLOR LODGE, M.D.

Members :—ALL THE MEMBERS OF THE COUNCIL.

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Chairman :—ALDERMAN GRUNDY, J.P.

Vice-Chairman :—COUNCILLOR LODGE, M.D.

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CROWCROFT, DAVY, GAFFNEY, HOPKINSON,
HOUGHTON, and REEVES.

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and NURSE DEE.

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LODGE, M.D., REEVES, and JARVIS.

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Medical Officer of Health :—

ALFRED ROBINSON, M.D., M.R.C.S., Lic. San. Science.

Deputy Medical Officer of Health :—

ROBERT G. RIDDELL, M.D., F.R.C.S.E., D.P.H.

Chief Sanitary Inspector :—

CHARLES E. PARKIN.

Assistant Sanitary Inspectors :—

C. E. PARKIN, Junior.

WILLIAM PEARCE.

Female Health Visitor :—

Mrs. ADA KEMP.

Matron, Isolation Hospital :—

Mrs. HAWES.

Clerks :—

JOHN E. HICKS.

GEOFFREY RUSSUM.

JAMES CARR.



VITAL STATISTICS, 1908.

TABLE 1.—SUMMARY.

Population: Census, 1901.—Total, 54,349. Under 5 years, 7,552.
5-15, 13,185.
Estimate, 1908. Total, 64,000. Under 5 years, 9,500.
5-15, 15,900.

Births: Total number registered, 2,093, including 105 illegitimates.
Birth Rate per 1,000 population, 32.75.

Notifications: (Corrected for duplicate). Total number received,
437, including :—

Smallpox.....	0	Puerperal Fever	6
Scarlet Fever	125	Membranous Croup	7
Diphtheria	49	Continued Fever	1
Enteric Fever.....	99	Erysipelas	59
PulmonaryConsumption	91		

Deaths :

Total uncorrected1087 Rate 16.92.
Total corrected1005 Rate 15.62.
Under 1 year of age .. 312 Rate 149 per 1000 births registered.

Causes of Death : All ages, persons.

	No.	Rate.		
Smallpox.....	—	—		
Measles	52	.81		
Scarlet Fever	3	.04		
Whooping Cough.....	37	.58		
Diphtheria	7	.11		
Typhoid Fever.....	16	.25		
Diarrhœa	76	1.18	{ Diarrhœa	24
			{ Enteritis	52
Erysipelas	1	.01		
Phthisis	62	.97		
Tubercular Diseases ...	30	.47		
Cancer	50	.78		
Premature Birth	59	.92		
Respiratory Diseases ..	178	2.78	{ Pneumonia	93
			{ Bronchitis.....	78
			{ Pleurisy	5
			{ Asthma	2
Other Diseases	434			

VITAL STATISTICS, 1907.

TABLE 1.—SUMMARY.

Population : Census, 1901.—Total, 54,349. Under 5 years, 7,552.
5-15, 13,185.
Estimate, 1907.—Total, 62,500. Under 5 years, 8,500.
5-15, 14,500.

Births : Total No. registered, 1907, 2,017, including 86 illegitimates.
Birth Rate per 1,000 population, 32.29.

Notifications : (Corrected for duplicate). Total number received,
567, including :—

Smallpox.....	1	Puerperal Fever	6
Scarlet Fever	318	Membranous Croup	2
Diphtheria	42	Simple Continued Fever	2
Enteric Fever	47	Cerebro-Spinal Meningitis	1
Erysipelas.....	46	Pulmonary Tuberculosis	102

Deaths :

Total uncorrected	1027	Rate 16.43	} per 1,000 Estimated Population.
Total corrected	966	Rate 15.45	
Under 1 year of age ..	296	Rate 146 per 1,000 births registered.	

Causes of Death : All ages, persons.

	No.	Rate.		
Smallpox.....	0	0		
Measles	28	.44		
Scarlet Fever	2	.03		
Whooping Cough.....	21	.33		
Diphtheria	9	.14		
Typhoid Fever.....	6	.09		
Diarrhœa	23	.36	Under 1 year	17
Erysipelas	0	0		
Phthisis	48	.76		
Tuberculosis	15	.24		
Enteritis	41	.65	Under 1 year	28
Cancer	45	.72		
Premature Birth	61	.97	Pneumonia	105
Respiratory Diseases ..	181	2.89	Bronchitis.....	71
			Pleurisy	4
			Asthma	1
Other Diseases	485			

By the order of the Local Government Board, dated March 23rd, 1891, Article 18, Section 14, it is prescribed that the Medical Officer of Health shall “prepare an Annual Report to be made at the end of December in each year, comprising a summary of the action taken during the year for preventing the spread of disease, and an account of the sanitary state of his district generally at the end of the year. The report shall also contain an account of the enquiries which he has made as to conditions injurious to health existing in his district, and of the proceedings in which he has taken part or advised under the Public Health Act, 1875, so far as such proceedings relate to those conditions; and also an account of the supervision exercised by him, or on his advice, for sanitary purposes over places and houses that Sanitary Authorities have power to regulate, with the nature and results of any proceedings which may have been so required and taken in respect of the same during the year. It shall also record the action taken by him, or on his advice, during the year in regard to offensive trades and to factories and workshops. The report shall also contain tabular statements (on forms to be supplied by the Local Government Board, or to the like effect), of the sickness and mortality within the district, classified according to diseases, ages, and localities.”

ANNUAL REPORT, 1908.

TO THE MAYOR, ALDERMEN, and COUNCILLORS
of the COUNTY BOROUGH of ROTHERHAM.

GENTLEMEN,—

I beg to submit for your consideration my Annual Report on the health of the Borough for the year 1908. The corrected death-rate for the year was 15.62 per 1000 inhabitants, as compared with a death-rate of 15.45 for the year 1907.

The total number of deaths recorded in the Borough was 1005, as compared with 966 for the previous year.

On referring to the Summary on Page 4 of this Report, the details of this "Bill of Mortality" will at once be seen. The table on Page 5 shews how these returns compare with the previous year.

During the year, 2,093 births were registered, including 105 illegitimate births. The birth-rate for 1908 was 32.75 per 1000 inhabitants. For the year 1907, 2,017 births were registered, including 86 illegitimate ones, which gives a birth-rate of 32.29 per 1000.

Unlike some other towns, the birth-rate in Rotherham is increasing annually.

VITAL STATISTICS IN ENGLAND AND WALES (1908).

	Annual Rates per 1000 living.				Infantile Mortality Rate per 1000 Births.
	Births.	Deaths.		Principal Epidemic Diseases.	
		Crude	*Corrected		
England and Wales ..	26.5	14.7	14.7	1.29	121
76 Great Towns	27.0	14.9	15.8	1.59	128
142 Smaller Towns ..	26.0	14.0	14.7	1.26	124
England and Wales less the 218 Towns ..	26.2	14.7	13.8	0.99	110
Rotherham	32.75	16.92	15.62	3.0	149

* The corrected death rates are the rates which would have been recorded had the sex and age constitution of the population of the several areas being identical with that of England and Wales as enumerated in 1901.

Year.	Birth Rate.	Death Rate.	Zymotic D.R.*	Population.
1874	49.33	26.21	4.70	28,379
1875	47.92	27.44	5.69	29,319
1876	43.58	20.16	3.66	30,149
1877	43.41	18.98	1.31	31,029
1878	43.97	21.62	5.94	31,631
1879	41.94	18.71	1.52	32,091
1880	41.50	20.16	2.55	34,404
1881	40.16	17.22	1.89	34,782
1882	40.20	20.98	2.84	35,547
1883	33.32	20.56	1.99	35,650
1884	42.46	19.20	3.90	35,650
1885	32.70	18.26	1.96	35,650
1886	41.95	20.25	2.61	35,550
1887	37.61	20.30	2.87	36,000
1888	36.72	18.10	1.38	36,182
1889	38.60	22.65	3.26	36,807
1890	38.39	20.84	3.17	37,907
1891	35.50	24.93	3.51	43,000
1892	35.61	19.00	1.97	44,000
1893	37.13	19.91	3.23	46,000
1894	32.00	16.51	2.08	47,000
1895	36.18	16.66	1.97	48,000
1896	34.36	15.00	1.40	50,000
1897	34.62	18.33	1.65	51,000
1898	34.32	16.75	1.26	52,000
1899	35.90	17.54	0.92	53,000
1900	36.24	18.31	1.62	54,000
1901	35.26	17.64	3.57	56,000
1902	34.56	15.17	1.70	57,000
1903	33.33	17.31	3.19	58,000
1904	32.70	15.83	2.69	59,000
1905	31.91	13.93	1.16	60,000
1906	31.60	16.34	2.16	61,500
1907	32.29	15.45	1.39	62,500
1908	32.75	15.62	3.0	64,000

* Principal Zymotic Diseases.

Population, Inhabited Houses, Births, and Deaths. (Gross Nos.)						
	No. of Inhabited Houses in the Borough	Births.	Deaths.	Deaths in Workhouse and Rotherham Hospital.	Estimated Population	
1908	12,491	2093	1005	132	64,000	
1907	12,254	2017	966	112	62,500	
1906	12,034	1941	1015	162	61,500	
1905	11,795	1915	836	127	60,000	
1904	11,674	1930	934	174	59,000	
1903	11,500	1933	1004	122	58,000	
1902	11,223	1970	865	108	57,000	
1901	11,000	1975	988	104	56,000	
1900	11,440	1956	989	104	59,000	
1899	11,000	1903	934	82	57,000	
1898	10,447	1785	871	90	53,000	
Av. of 10 yrs. 1898-1907.	11,436	1932	939	118	58,300	
Annual Rate of Mortality, Death Rate Amongst Children, &c.						
	Annual Mortality per 1000 living	Per cent. of Deaths to Total Births.	Deaths of Infants under 1 year per cent. to Total D'ths	Percentage of Deaths of infants to Registered Births.	Deaths of Children under 5 years per cent. to Total D'ths	Percentage of Deaths in Workhouse and Rotherham Hospital
1908	15.62	48.18	31.04	14.94	47.52	13.13
1907	15.45	47.89	30.64	14.67	44.61	11.59
1906	16.34	51.77	30.54	15.81	50.14	10.54
1905	13.93	47.26	30.37	14.31	45.60	13.46
1904	15.83	48.39	33.92	16.42	48.60	14.34
1903	17.31	51.94	36.15	18.77	52.39	12.01
1902	15.17	43.91	32.14	14.11	47.74	12.48
1901	17.64	50.02	35.12	26.09	52.12	10.52
1900	16.76	50.56	33.56	16.86	46.41	10.51
1899	16.38	49.08	34.26	16.80	47.85	8.77
1898	17.86	49.84	31.67	15.15	45.10	8.65
Av. of 10 yrs. 1898-1907.	16.26	49.06	32.83	16.9	48.05	11.28

VITAL STATISTICS OF WHOLE DISTRICT DURING 1908 AND PREVIOUS YEARS.

Year.	Population estimated to middle of each year.	Births.		Total Deaths Registered in the District.			Total Deaths in Public Institutions in the District.	Deaths of Non-residents register'd in Public Institutions in the District.			Nett Deaths at all Ages belonging to the District.	
		Number.	Rate.*	Under 1 Year of age.		At all Ages.		Institu- tions in the District.	Insti- tutions in the District.	Insti- tutions beyond the District.	Number.	Rate.*
				Num- ber.	Rate per 1000 Births register'd								Num- ber.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898	53000	1785	33.00	288	160	871	16.05	90				
1899	54000	1903	33.56	322	168	934	16.38	82				
1900	55000	1956	33.15	334	168	989	16.76	104	27	16	988	11.64
1901	56000	1975	35.26	347	176	988	17.64	104	31	15	865	15.17
1902	57000	1970	34.56	278	141	865	15.17	108	41	13	996	17.17
1903	58000	1933	33.33	363	187	1004	17.31	122	22	14	948	15.83
1904	59000	1930	32.70	317	164	980	16.60	162	46	14	836	13.93
1905	60000	1915	31.91	235	123	855	14.25	137	39	20	1015	16.50
1906	61500	1941	31.56	307	158	1061	17.23	162	56	10	965	15.45.
1907	62500	2017	32.29	296	146	1027	16.43	173	61	20		
Averages for years 1898 1907.	57600	1932	33.13	308	159	957	16.38	124				
1908	64000	2093	32.75	312	149	1087	16.92	221	78		1005	15.62

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population. Total population at all ages 56,000. Number of inhabited houses 11,000. Average number of persons per house 5.09. Area of District in acres (exclusive of area covered by water) 6012.

I. Institutions within the District receiving sick and infirm persons from outside the District.	II Institutions outside the District receiving sick and infirm persons from the District.	III. Other Institutions, the deaths in which have been distributed among the several localities in the District.
Rotherham Hospi- tal. Rotherham Union Workhouse. Is the Union Work house within the district?—Yes.	Wadsley Asylum. Royal Hospital. Sheffield. Jessop Hospital, Sheffield.	Rotherham Isola- tion Hospital.

Shewing Density of Population and Prevalence of Certain Diseases in the various Wards during 1908.

WARD.	Number of Houses.	Population.	Acreage.	Density per acre.	Cases notified during 1908.			
					Scarlet Fever.	Diphtheria.	Enteric Fever.	Pulmonary Consumption.
East.....	1072	5477	480	11.41	11	5	4	..
St. Ann's	1471	7473	131	57.04	10	8	4	16
Clifton	1104	5656	524	10.8	8	4	4	4
South.....	1322	6760	436	15.5	3	5	5	9
West	1048	5345	530	10.09	18	4	16	24
North	1589	8335	318	26.21	16	6	23	8
Thornhill	1625	8348	196	42.6	12	8	12	11
Masbro'	1709	8626	412	20.93	30	3	9	10
Kimberworth ...	1551	7980	2985	2.67	17	13	22	9
Totals	12491	64000	6012	—	125	56	99	91

VITAL STATISTICS OF SEPARATE LOCALITIES IN 1908 AND
PREVIOUS YEARS.

NAMES OF LOCALITIES	1. EAST.				2. ST. ANN'S.				3. CLIFTON.				4. SOUTH.			
	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.
1905.....	4893	156	42	12	6448	232	94	31	5378	126	48	10	6410	169	66	13
1906.....	5159	125	45	21	6944	192	100	30	5495	179	47	16	6548	151	74	21
1907.....	5299	160	62	21	7169	235	105	37	5590	134	62	14	6648	160	79	25
1908.....	5477	163	71	15	7473	271	117	42	5656	145	106	14	6760	162	87	26

NAMES OF LOCALITIES	5. WEST.				6. NORTH.				7. THORNHILL.				8. MASBRO'.				9. KIMBER'TH.			
	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.
5252	168	59	18	18	7981	270	107	44	8236	293	117	41	8240	277	93	34	7223	219	87	80
5282	191	76	26	43	8037	262	134	43	8258	314	143	54	8331	296	137	51	7453	231	119	36
5317	168	60	17	47	8067	275	106	47	8256	321	150	53	8466	296	131	43	7688	268	99	32
5345	167	151	39	38	8335	282	110	38	8348	294	136	56	8626	322	132	45	7980	287	95	37

Shewing ages and causes of death during the year 1908 :—

DISEASES.	AGES.													All Ags
	0	1	5	10	15	20	25	35	45	55	65	75	85	
Measles	12	35	5											52
Scarlet Fever		2	1											3
Epidemic Influenza.....				1				2	2	7	1	2		15
Whooping Cough.....	20	17	1											38
Diphtheria	2	5												7
Enteric Fever		5				1	7	2			1			16
Diarrhœa, Dysentery ..	18	6												24
Epidemic Enteritis ...	23	11												34
Chicken Pox.....	2													2
Syphilis	2													2
Erysipelas.....	1													1
Puerperal Fever							4							4
Pyæmia.....	1													1
Cellulitis	2	1												3
Stomatitis.....	2													2
Tuberculosis of Brain..	1	5	1											7
Phthisis.....		3	1	1	4	11	15	9	12	5	1			62
Abdominal Tuberculosis	6	7	2											15
General Tuberculosis ..	4	3					1							8
Hydatid of Liver											1			1
Carbuncle										1				1
Abscess of Neck		1												1
Acute Alcoholism									1					1
Osteo-arthritis			1				1							2
Cancer					1		2	8	9	14	15	1		50
Diabetes Mellitus						1				4	1			6
Anæmia.....							1		1					2
Lymphadenoma							1							1
Premature Birth	59													59
Injury at Birth	4													4
Debility at Birth.....	1													1
Atelectasis	1													1
Congenital Weakness ..	14													14
Congenital Heart Disease	5													5
Want of Breast Milk ..	11													11
Atrophy, Debility, Marasmus	13	3												16
Dentition	6	2												8
Rickets	1	3												4
Old Age, Senile Decay										5	17	23	8	53
Convulsions	13	2												15
Meningitis.....	2	6	2		2	1	1							14
Encephalitis											1			1
Apoplexy										3	2	2		7
Softening of Brain									1		3	1		5
Hemiplegia										1	4	2		7
General Paralysis of Insane												1		1
Cerebral Tumour.....								1		1				2
Epilepsy					1	1				1				3

Shewing ages and causes of death during the year 1908 :—

DISEASES.	AGES.													All Ags
	0	1	5	10	15	20	25	35	45	55	65	75	85	
In Mines and Quarries ..							1		1					2
In Vehicular Traffic			1											1
On Railways										1				1
By Machinery								1						1
By Weapons and Imple- ments					1									1
Burns and Scalds		4	1		1		1							7
Poisons, Poisonous, Vapours				1					1					2
Drowning		1	2	1		1		1		1				7
Falls not specified			1		1		1			1	2	2		8
Otherwise not stated			1				1			1		1		4
Found Drowned											1			1
Suicides :—														
By Cut or Stab							1		1					2
By other and unspecified methods								2				1		3
Ill defined and unspecifi'd causes		1							1					2
Natural causes												1		1
Grand totals	312	166	29	5	20	25	65	46	64	107	97	60	9	1005

ROUTINE WORK.

As soon as the gaieties of Christmas are disposed of, the Medical Officer of Health at once finds that he must spend laborious nights in compiling tables and writing instructive comments, which he, unfortunately, knows full well will only be read by a very select and limited circle.

Only a high sense of the importance of his work can inspire the necessary enthusiasm which should animate him in the compilation of these Annual Reports, in most cases. At the same time, I am inclined to think that the general public are beginning to take an intelligent interest in public health work, and each succeeding Annual Report, in consequence, is likely to be more widely read than its predecessor.

For instance, the Voluntary Health Associations now in existence all over the country, formed with a view originally to reduce the alarming rate of infantile mortality, have brought many people into contact with health problems which have long been facing Medical Officers of Health, with the result that useful support is forthcoming from quite unexpected quarters.

What should be the tone of this Annual Report?

It should not, I think, be one continuous flow of flattery towards the members of the County Borough Council or Public Health Committee; it should, on the contrary, be a full and explicit record of any improvements or deterioration in the Sanitary circumstances, i.e., the influences affecting, or threatening to affect, injuriously the public health, and a report of the action that has been taken or may still be needed to contend with these injurious influences.

Any previous advice of the Medical Officer of Health which has been ignored, the Medical Officer is particularly requested by the Local Government Board to repeat year after year, until the necessary improvement is effected.

During recent years there has been rapid progress and development in Public Health administration. The amount of extra work and extra responsibility which have been placed upon Medical Officers of Health have increased enormously during recent years. As an illustration of this statement it is only necessary to mention the additional duties which have been placed upon me in connection with the Factory Act, 1901, the Midwives' Act, 1902, the Public Health Amendment Act, 1907, the Compulsory Notification of Tuberculosis, 1908, and the Medical Inspection of School Children, which was placed upon a sound basis last year. As I have already stated, one of the disadvantages of the position is the possible lack of appreciation of his work by the governing body, which possibly may consist partly of property owners. One of the chief duties of a Medical Officer of Health is to keep himself informed on all the conditions which may affect injuriously the health of the people in his borough. It is not possible for the Medical Officer of Health to shew the results of his work in £ s. d., as in the case of the other Municipal Officials. Most of his work consists in "casting his bread upon the waters." At the same time he is able in some instances to point to definite results. Take, for example, the prompt control of Small-pox. More indirect than official results may generally be shewn by steady improvements in general sanitation, which, when adopted continuously in any given town, have clearly resulted in a reduction of the death-rate. No one can deny that great improvements have doubtless taken place in the sanitary condition of the Borough of Rotherham during recent years. We have, for example, an up-to-date Isolation Hospital, and the present water supply to Rotherham is second to none in the kingdom, so far as quality is concerned. These improvements have taken years to accomplish; they have been brought about slowly, almost imperceptibly, certainly not by leaps and bounds.

The progress of the conversion of privy middens into W.C.'s is taking place in Rotherham so slowly that I calculate that it will take at least fifteen years before this work is completed. In order to expedite this work, certain wards in the Borough should be

tackled separately, and done thoroughly. One after another of the wards should be then taken in hand until the work is completed.

To compare the "danger to health" of privy middens in slums and shut-in yards with privies in connection with houses in Moor-gate and Doncaster Road, with their large gardens and open spaces, is ridiculous in the extreme; in fact, utter nonsense.

It is obvious, of course, that the Medical Officer of Health cannot perform his work successfully without considerable assistance. He must have the loyal, regular support and help of a staff of inspectors, clerks, and disinfectors. As I have already stated, there is no doubt that the general public are interested more, at the present time, than ever they were before in public health questions. The "man in the street" now shews an intelligent interest in such questions as the sanatorium treatment of consumption, and is thoroughly alive to the necessity for a clean milk supply, pure water, efficient drainage, thorough meat inspection, the abolition of private slaughter-houses, and the control of infectious diseases. He now knows full well that all these measures have a most important effect upon his everyday life. Such conditions of things certainly indicate greater enlightenment in the public mind as compared with former days.

There can be no doubt that a Medical Officer of Health who has tact, patience, and energy has every opportunity of rendering most valuable services to the community if the sanitary authorities would only carry into effect his recommendations.

Several new points are embodied in the new memorandum of the Principal Medical Officer of the Local Government Board relative to the Annual Reports of Medical Officers of Health, and the Board's circular letter accompanying it.

In the circular letter an intimation is given that if any district wishes to extend the provisions of the Infectious Diseases (Notification Act), 1889, to Anthrax, Glanders, and Hydrophobia in man, the Board will be prepared to entertain the application favourably.

I think the Borough of Rotherham should request the Board for these additional powers.

In the memorandum, the time within which Annual Reports of Medical Officers of Health should reach the Board is somewhat extended, and it is pointed out that no delay need occur through waiting for the returns of the Registrar-General, as the chief rates required are embodied in the return of the Registrar-General for the last quarter of the current year, which is published about six weeks after the end of the year.

A number of additional items have been added, as forming matters on which comment is asked for in the Annual Report. Thus it is requested that information should be given them under either Parts 1, 2, or 3 of the Housing of the Working Classes Act.

An important addition is made in relation to water supplies, it being stated that "in the case of water liable to have plumbosolvent action, any facts, either clinical or chemical, whether negative or positive, as to contamination of the water by lead should be stated, and whether administrative action has been taken during the year in respect to such contamination."

Further additional items are tuberculous milk and the number of carcasses and parts of carcasses which have been condemned for tuberculosis.

The following new paragraph appears as matter concerning which information is required:—

Methods of control of tuberculosis, whether any system of notification of pulmonary tuberculosis, compulsory or voluntary, is in operation. Number of cases notified; what action is taken in respect of known cases and of deaths. Amount of hospital accommodation for cases of this disease in infirmaries and elsewhere for advanced and for earlier cases of the disease.

Information is also asked for as to the administration of the Midwives Act and of the Notification of Births Act.

Thus year by year the duties and responsibilities of a Medical Officer of Health are regularly increasing in importance, and the additional clerical work involved by these new Acts is a serious consideration.

It is becoming increasingly evident that the more efficiently and conscientiously the Medical Officer of Health discharges his duties, the more likely he is to come into conflict with a certain portion of the community, especially those who have a financial interest in insanitary property.

What is the reason of the increased interest taken by the public in its own health? The problem is an interesting one, and admits of no single reply.

Few movements owe their origin to any one man or to any one circumstance, and in this case the agents to bring about the new regard in which the public as a whole view all discussions on hygiene, sanitation, and the prevention of disease are many.

If, however, it is permissible to select one influence as being more paramount than another, that influence should be, it appears, the Education Act of 1870. Whatever levers may have been used to bring into public notice the great question of a nation's health, this Act has been the fulcrum from which the leverage has been obtained. For many years politicians on both sides have complained that no results have followed compulsory education. It is true that thousands and thousands of cases may be cited in which the teaching has had no practical results whatever. The lessons of the class-room have been totally lost at the street corners, and ignorance has still prevailed.

But side by side with these thousands of failures have been thousands of successes, and—what is just as important in this connection—thousands of partial successes, that is of successes which though they have left their owners with little knowledge of writing, arithmetic, geography, or grammar (as taught in the elementary schools), have still dowered them with the power to read.

One generation has not sufficed to show what a mighty engine for good such a power is, but with the upspringing of a second generation, the first fruits that come to a nation which knows are now beginning to appear.

Reading has been eyes to the blind, ears to the deaf, limbs to the maimed; it has done what nothing else could have done for the medical scientist, for the sanitary enthusiast, for the hygienic reformer, and the political missionary. It has given to each of them millions for an audience, where formerly they had thousands only.

The great agent which has brought this to pass has been the Public Press—but it is only the agent. Forces act and re-act on each other.

The Medical Officer of Health, sure of his public, now writes boldly in the Public Press what he has long thought silently, and sure also that the public will know of, and appreciate, his work, redoubles his energy.

The social reformer and the sanitarian, certain of their public, speak louder, oftener, and more boldly than before; the enthusiastic apostle of simple hygiene, convinced that, if nothing else will happen, he will be able to achieve the martyrdom so dear to enthusiasts in every cause, writes courageously. The public not only reads all about these things, but takes no unimportant share in their discussion.

The broad results are that every public man, every public body, are bound to give greater and greater attention to the health of the community as a whole. A new health conscience has been created—a new standard of cleanliness raised—a new gospel of wholesomeness is being preached, and, in many cases, practised. Already some of the effects of this are apparent. Very, very much remains to be done, but to those who compare yesterday with to-day, there is great hope indeed for the morrow.

PUBLIC HEALTH LEGISLATION DURING 1908.

The great achievement of the past session in Parliament has been, of course, the Old Age Pensions Act, introducing as it does quite a new and far-reaching departure both in regard to legislation and administration. This Act is bound to influence the public health generally, and certain to improve the condition under which a large number of the poor at the present time exist.

The Children's Bill is, of course, a measure of extreme social importance.

The work of the Local Government Board has been crowned by the regulations relating to the notification of Tuberculosis. These regulations are limited in their application in the first instance to the pauper class. They make it the duty of the Workhouse Medical Officer to notify the Medical Officer of Health of any case of consumption within 48 hours of recognising the symptoms. Similarly, the regulations require District Medical Officers to notify to the appropriate Medical Officer of Health any case of consumption amongst the out-door poor whom they are attending on behalf of the Guardians. Further, Workhouse Masters and Relieving Officers are required to advise the Medical Officer of Health when a notified consumptive leaves the Workhouse or the relief district, and to give information as to the place to which he is proceeding. The Medical Officer of Health is empowered by these regulations to afford and supply all such assistance, facilities, or articles, within reasonable limits, as will minimise or remove the risk of infection. These regulations are particularly interesting both as regards their statutory origin and their substance. When the matter was first mooted the general impression was that the President of the Local Government Board was going to use the machinery of the Poor Law, which gives him very wide powers. Mr. Burns has, however, availed himself of the much less familiar powers vested in the Board by Section 130 of the Public Health Act, 1875.

This Section states:—

“The Local Government Board may from time to time make, alter, and revoke such regulations as to the said Board may seem fit, with a view to the treatment of persons affected with cholera, or any other epidemic, endemic or infectious disease, and preventing the spread of cholera and such other diseases, as well on the seas, rivers, and waters of the United Kingdom, and on the high seas within three miles of the coast thereof, as on land; and may declare by what authority or authorities such regulations shall be enforced and executed. Regulations so made shall be published in the ‘London Gazette,’ and such publication shall be for all purposes conclusive evidence of such regulations.

“Any person wilfully neglecting or refusing to obey or carry out or obstructing the execution of any regulation made under this Section shall be liable to a penalty not exceeding fifty pounds.”

It will at once be seen that this Section gives plenary powers to the Local Government Board in connection with infectious disease, and though hitherto it has been only put into operation on such occasions as outbreaks of cholera, plague, or small-pox, no one will deny that Mr. Burns is entirely justified in adopting it for dealing with the peculiar circumstances of consumption, at

the same time practically recognising the disease to be of an infectious nature.

Doubtless all this domestic legislation is due to the gratifying fact that large numbers of people are interesting themselves in social questions, and that many earnest men and women are continually studying the conditions of life under which the poor live, in a spirit of real philanthropy.

It has been found, for instance, throughout the country that at least one per cent. of the children attending the public elementary schools (as a result of the medical inspection), are found to be suffering from pulmonary tuberculosis, and it is quite apparent that the usual general hospital mode of treatment can, from force of circumstances, never be really efficient, since the first object must always be to discharge the patient at the earliest possible moment to make room for the number of more urgent cases awaiting admission. Doubtless the treatment of this disease, in its initial stages, will in the near future be effectually accomplished.

DEATHS IN THE WORKHOUSE AND ROTHERHAM HOSPITAL.

During the year 1908, 137 deaths have occurred in the above named institutions. This is equal to 7 per cent. of the total number. In the Workhouse there were 91 deaths, and in the Rotherham Hospital 57. The majority of deaths in the Hospital have been the result of accidents; in the Workhouse, on the other hand, 13 deaths have been due to old age, and 13 to pulmonary consumption. The deaths from consumption are more than 20 per cent. of the total number in the Borough altogether. In addition, 11 deaths took place in the Isolation Hospital from infectious diseases.

In addition to these 148 deaths in these institutions, there were 78 additional ones which took place at these institutions from persons non-resident within the Borough of Rotherham.

How will the Old Age Pensions affect in future years the number of inmates and consequently the deaths in Workhouse Hospitals? It is quite evident that Workhouse Hospitals can never be dispensed with. The Reforms to be proposed by the Poor Law Commission are expected to be far reaching and important. They probably will include suggestions merging the Poor Law work into the Public Health administration of the country, also to entirely abolish the Workhouse for the able-bodied. Even the aged and some of the sick, by means of "Old Age Pensions" will, it is to be hoped, ultimately be able to leave the Workhouses of the country, which could then be converted into "Factories and Workshops." The question of the care of the children thus displaced will have to receive special consideration. These will probably also be merged into some of the departments of the Public Health administration already in existence.

DESCRIPTION OF ROTHERHAM.

The County Borough of Rotherham is situated on the River Don at the point where it is joined by the River Rother, and may fairly be considered the centre of the great South Yorkshire Coalfield, large and important collieries being worked in all directions around. Rotherham is a town of great antiquity. It is also in many other respects a "busy hive of industry," and possesses naturally undoubted advantages, as an industrial centre. Rotherham has for a long period of years been closely associated with the iron industry. It was in the year 1741 that the Walker family, the greatest iron-founders in the North of England, came to Rotherham and established iron works in the Holmes district. At these works were manufactured most of the cannon employed in the Peninsula War up to the year 1815, and here was cast the present Southwark Bridge over the River Thames.

The staple industries of the Borough at the present time are iron and steel, stove grate, wheels and axles, the most important brass works in the kingdom, wagon building, boiler making, glass bottles (the manufacture of), potteries, charcoal works, etc., etc. The railway facilities afforded to manufacturers, as well as to the general public, are exceptionally good. The Midland and Great Central Companies' main lines run through the Borough, whilst other companies also exercise running powers. The canal of the Sheffield and South Yorkshire Navigation Co., connecting Rotherham with the sea through Goole and Hull passes through the centre of the town. One of the many advantages enjoyed by the manufacturers of Rotherham lies in the fact that several large and up-to-date collieries are situated within and immediately adjacent to the Borough, therefore coal is carted directly into the works, obviating the expense of carriage by rail.

The Corporation owns the Gas Works, Water and Electricity Works, Tramways, Markets, Public Swimming and other baths, Isolation Hospitals, Public Libraries and Museum, and pleasant parks and recreation grounds. The Electric Tramways belonging to the Corporation connect all parts of the Borough and run through to Sheffield on the one side, and to Rawmarsh, Mexbro' and Swinton on the other. The maximum fare on any section within the Borough does not exceed one penny.

The County Borough possess a plentiful domestic water supply, being with the City of Sheffield and the Borough of Doncaster, joint owners of the Langsett Water Works in the Little Don Valley, about eighteen miles distant from Rotherham in the Derbyshire hills. From this source alone 1,600,000 gallons of excellent water per day are delivered into the Borough, and in addition, a further supply is obtained from the town's other water works. The Corporation are also entitled to a share of the Derwent water when the scheme is completed. The analyses of the water used for domestic purposes,

show it to be entirely free from impurities. There is also a plentiful supply of water for manufacturing purposes derived from wells situated in various parts of the Borough, and from other sources.

Labour (both male and female) is plentiful. The rate of pay for unskilled male labour averages from 19s. to 24s. per week.

Houses for the working classes are plentiful, and the supply is always equal to the demand. To many of such houses a strip of garden is attached, and in a large number of cases tenants take a pride in their cultivation. The Corporation have erected several houses for tenants of the labouring class, to take the place of those demolished in the carrying out of street improvements. These houses are fitted up with baths and all necessary conveniences. The population of Rotherham at the census of 1901 was 54,349. At the present time it is estimated by the Registrar-General at 64,000. From these figures it will be seen that the increase in population has been abnormal. In the last decade it was the fastest growing town in the West Riding, and it may be mentioned that in only six other towns in the kingdom was the percentage of increase of population greater. The rate of increase still continues. Last year the death-rate was 15.62 per 1000; in the year 1907, 15.45; in the year 1906, 16.34; and in the year 1905 it was as low as 13.93 per 1000 living; a rate more often found amongst seaside resorts than in busy manufacturing centres.

1908.

Ward.	Inhabited Houses.	New houses built this year.	Additional population.	Total population.
East.....	1041	31	186	5485
St. Ann's	1419	52	312	7481
Clifton	1100	4	24	5664
South	1302	20	120	6768
West	1042	6	36	5353
North	1561	46	276	8343
Thornhill	1625	..	100	8356
Masbro'	1663	28	168	8634
Kimberworth	1501	50	300	7988
Totals	12254	237	1572	64072

The birth-rate is one of the highest in the country, having been 32.75 per 1000 of the inhabitants during the year 1908.

The town is well provided with up-to-date educational facilities.

COUNTY BOROUGH OF ROTHERHAM.

Ward.	1909.					No. of Inhabited Houses.
East	1072
St. Ann's	1471
Clifton	1104
South	1322
West	1048
North	1589
Thornhill	1625
Masbrough	1709
Kimberworth	1551
						12491
Total	12491

NUISANCE FROM ROTHERHAM MAIN COLLIERY.

During the past year this question has again been on many occasions considered by the Health Committee, almost weekly visits have been paid both by the Borough Engineer and myself to the Colliery Tip, and also to the coke ovens, but up to the present no effectual steps have been taken by the Colliery Company to remedy this evil.

Further legal proceedings will in all probability be taken shortly by this Corporation to have the nuisance removed, as I am receiving almost daily complaints from the neighbouring inhabitants, and there can be no doubt that the nuisance complained of injuriously affects the public health of the inhabitants in the surrounding districts.

ROTHERHAM STATUTES FAIR.

This is one thing to which I consider it my duty to call the attention of the Public Health Committee.

Immediately before, during, and after the period at the beginning of November each year this fair is held in the Borough of Rotherham, in the vicinity of the Great Central Railway Station, hundreds of people are congregated together, for whom no sanitary conveniences whatever exist.

The filthiness which exists in the immediate neighbourhood of the Fair Ground at this time is indescribable, and is a danger to the Health of the surrounding population. It is impossible at this time to walk under the bridge beneath the road, and under the bridge beneath the railway, in the direction of Messrs. Guest and Chrimes' Works, without treading upon human excreta. Unless adequate sanitary arrangements are provided for the vast number of people who assemble at this so-called "Annual Carnival," the holding of the fair, in the interests of the public health, should be prohibited.

I do not think a single tradesman in the Borough benefits in the slightest degree from the vast congregation of a most undesirable class who assemble at this particular time. The only possible exception may be the keepers of public-houses.

Will it not be possible before next November to remedy this evil?

RECOMMENDATIONS.

I have, in conclusion, to again suggest, for your consideration, the following recommendations and sanitary conditions affecting the general health of the district as a means for improving these conditions.

- (1) The question of the desirability of erecting and maintaining a municipal lodging-house in the Borough.
- (2) To adopt a system of payments to owners of a portion of the cost of the conversion of the existing privies into water closets.
- (3) The abolition of private slaughter-houses.
- (4) The erection of a Small-pox Hospital at Kimberworth.
- (5) The desirability of dealing effectually with the drainage of Steel street, and the Holmes district generally.
- (6) The appointment of an assistant to the Female Health Visitor.
- (7) To take further steps to reduce the very high infantile mortality in certain of the Wards of the Borough.

Several tables are included in this report, which are completed, in accordance with the instructions issued by the Local Government Board.

During the months of November and December, 1908, and January, 1909, Dr. R. Deane Sweeting, one of H.M. Inspectors from the Local Government Board, visited Rotherham, and made a minute and exhaustive inquiry into the general sanitary condition of the Borough.

The report of the Inspector is expected to reach Rotherham shortly.

I am,

Mr. Mayor, Mr. Chairman and Gentlemen,

Your obedient servant,

ALFRED ROBINSON,

Medical Officer of Health.

INFANTILE MORTALITY.

The following table gives the death-rate per 1000 births during the past 10 years:—

1899.—Death-rate per 1,000 births	166
1900.— „ „	170
1901.— „ „	175
1902.— „ „	141
1903.— „ „	187
1904.— „ „	164
1905.— „ „	123
1906.— „ „	158
1907.— „ „	146
1908.— „ „	149

This gives an average for the 10 years of 158.

Statistics throughout the country prove that the general death-rate from all causes is slowly but surely declining. This is a very favourable sign, and means that fewer persons per 1000 die within an annual period, and that more persons are living for a longer span.

The infantile mortality rate, on the other hand, is not declining. Children under twelve months of age die in England to-day, in spite of all our boasted progress, and in spite of an immense improvement in the social and physical life of the people, at nearly the same ratio as they did seventy years ago. With regard to the death-rate of illegitimate children, statistics throughout the country also prove:—

1. That the mortality of infants under one year is much greater amongst illegitimate children than amongst legitimate ones. For instance, in Rotherham during the year 1908 the death-rate amongst the former was 247 per 1000 births, amongst the latter it was only 143.

2. That this infantile mortality is much greater in large towns than in rural districts.

3. That in all cases this infantile mortality is proportionately greater earlier in life amongst illegitimate than amongst legitimate children.

Year.	Birth Rate.	Death Rate.	Infantile Mortality.	Zymotic D.R.	Typhoid D.R.	Diarrhoea D.R.
1892....	35.61	17.86	157	1.97	.25	.5
1893....	37.13	19.91	175	3.23	.13	1.65
1894....	32.21	16.51	156	2.08	.27	.14
1895....	36.18	16.66	154	1.97	.23	1.18
1896....	34.36	15.00	149	1.40	.22	.56
1897....	34.00	17.78	177	1.78	.36	.75
1898....	33.00	16.05	161	1.15	.22	1.26
1899....	33.56	16.38	166	1.87	.33	1.00
1900....	33.15	16.86	170	2.47	.13	.83
1901....	35.26	17.64	175	3.57	.14	2.12
1902....	34.56	15.17	141	1.70	.15	.58
1903....	33.33	17.31	187	3.19	.17	1.58
1904....	32.70	15.83	164	2.69	.203	1.49
1905....	31.91	13.93	123	1.16	.03	.41
1906....	31.66	16.3	158	2.16	.13	.83
1907....	32.29	15.45	146	1.39	.09	1.02
1908	32.75	15.62	142	3.0	.35	1.18
Averages from 1892—1908..	33.80	16.60	160	2.11	.191	.99

It is usually accepted that one of the causes of this high death-rate is a high birth-rate, and that where the latter obtains, the former occurs. The birth-rate in Rotherham is one of the highest in the kingdom. Districts yielding a high birth-rate are usually associated with overcrowding, and where there is a high proportion of people of child-bearing age. In these districts it is no uncommon occurrence to find the secret adoption of infants for gain and not uncommonly as a consequence various rapid and slow forms of infanticide.

Everyone agrees that domestic and social conditions have considerable influence upon the incidence of infantile mortality. Much of it is, no doubt, due indirectly to unsatisfactory housing conditions; it is a well-known fact that slum areas yield high death-rates. Also that overcrowding lowers the general standard, that the people get depressed and wearied, is the testimony of those who are daily witnesses of the lives of the poor.

It has also the effect of reducing the stamina of the people, and thus producing consumption and other diseases arising from general debility of the system, whereby life is shortened. Nothing stronger could be said in describing the effect of overcrowding than that it is more destructive to general health than conclusive to the spread of epidemic diseases, and it is this decline in physical stamina among an overcrowded population that leads to premature birth, to illegitimate birth, to lack of maternal nourishment, and to carelessness and degeneration.

SHEWING THE DEATH RATE AND THE INFANTILE
MORTALITY RATE, &c., IN THE VARIOUS WARDS
DURING 1908.

WARD.	Number of Houses.	Estimated population.	Births.	Birth Rate.	* Deaths.	Death Rate.	* Deaths under 1 year.	Infantile Mortality rate per 1000 Births.
East.....	1072	5477	163	29·6	60	10·9	15	92
St. Ann's ...	1471	7473	271	36·1	117	15·6	42	155
Clifton	1104	5656	145	25·6	52	9·2	12	83
South	1322	6760	162	23·9	87	12·8	26	160
West	1048	5345	167	31·2	73	13·6	30	179
North	1589	8335	282	33·8	110	13·2	38	134
Thornhill ...	1625	8348	294	35·2	136	16·3	56	190
Masbro'	1709	8626	322	37·3	132	15·3	45	139
Kimberworth	1551	7980	287	35·8	95	11·8	37	128
.Total..	12491	64000	2093	—	862	—	301	—

* These columns do not include the deaths in the Workhouse and Hospitals.

It will be found on referring to Page 30, in confirmation of this, that the largest number of illegitimate births have occurred in the Masbro', Thornhill, North, and St. Ann's Wards, where these conditions prevail.

The greatest difficulty experienced in public health work in Rotherham arises from the indifference, thriftlessness, and intemperance of a considerable number of the persons with whom one comes in contact. Most of the cases of neglect of home and children proceed from drunkenness on the part of one or both parents, and from a want of knowledge on the part of women, as to the judicious spending of their money on cheap and nutritious articles of food. With many of them, their staple diet is tea with bread and butter, and from want of knowledge, or from laziness they do not use many cheap and nourishing food stuffs, simply because they require cooking.

1908.

DEATHS AT ALL AGES IN THE VARIOUS WARDS.

	E.	St.A	C.	S.	W.	N.	T.	M.	K.	W'house	Hospital.	Isolation Hospital.	Tot'l
Jan. .	7	10	6	10	5	9	8	12	6	7	1		81
Feb. .	6	12	7	5	6	13	14	9	7	12	5		96
March	3	5	8	9	4	12	15	14	6	2	12		90
April .	5	12	2	4	10	7	10	6	5	7	6	2	76
May .	3	13	2	7	3	10	7	7	7	11	1	2	73
June .	5	9	3	3	5	10	10	4	6	5	5	1	66
July .	6	8	3	12	3	8	7	15	6	2	6		76
Aug. .	1	8	2	5	3	5	7	9	9	6	3		58
Sep. .	4	9	4	9	8	7	16	9	3	7	6	3	85
Oct. .	10	11	4	11	4	5	15	10	11	5	2		88
Nov...	7	8	3	7	13	11	14	22	17	5	5	1	113
Dec. .	3	12	8	5	9	13	13	15	12	9	2	2	103
	60	117	52	87	73	110	136	132	95	78	54	11	1005

1907.

DEATHS AT ALL AGES IN THE VARIOUS WARDS.

	E.	St.A	C.	S.	W.	N.	T.	M.	K.	W'house	Hospital.	Isolation Hospital.	Tot'l
Jan.	8	14	5	6	6	15	23	17	18	10	5		127
Feb.	8	12	9	10	10	13	15	20	12	3	2	1	115
Mar...	3	7	7	6	8	11	12	14	12	8	3		91
April	9	9	7	2	8	5	8	7	8	5	3		71
May	1	5	2	3	2	10	6	9	8	6	1		53
June	7	4	5	11	3	4	11	5	3	10	4	1	68
July	2	9	4	5	2	4	10	9		4	3		52
Aug...	2	8	3	5	2	5	8	6	4	6	3	3	55
Sept.	8	12	6	7	6	7	15	16	6		3		86
Oct. . .	4	10	5	6	5	12	13	8	11	4	4		82
Nov.	4	9	5	6	2	10	14	9	10	5	3	2	79
Dec.	6	6	4	12	6	10	15	11	7	8	2		87
	62	105	62	79	60	106	150	131	99	69	36	7	966

Anyone must have been struck with the large amount of drunkenness which prevails amongst the women of the lower classes on Monday mornings, when it is no uncommon thing to find several of these women under the influence of drink, congregated in a house which is dirty and neglected.

It is quite clear that it is not external environment alone which affects the question of infantile mortality. During the last 50 years, external environment has enormously improved, and the advance has never been more marked than during the past 25 years. Yet infantile mortality remains as high as ever.

It will be probably very near the mark, if in judging of the evil effects of bad houses, and of poor social conditions, we give chief place to the laziness, want of thrift, ignorance of household management—and particularly of the choice and preparation of food—filth, indifference to parental obligations and drunkenness which largely infect adults of both sexes, and press **with terrible severity upon their children.**

The following tables give the number of houses in each ward, the estimated population, the births, the birth-rate, the deaths, death-rate, the deaths under one year, and the infantile mortality rate per 1000 births, etc., etc.

BIRTHS OF ROTHERHAM 1908.

DIVIDED INTO WARDS.

Ward.	Births.			Illegitimate Births.		
	Males.	Females.	Total.	Males.	Females.	Total.
East.....	91	72	163	3	2	5
St. Ann's	128	143	271	7	8	15
Clifton.....	83	62	145	2	4	6
South	78	84	162	4	6	10
West	80	87	167	3	9	12
North	135	147	282	4	7	12
Thornhill.....	148	146	294	8	7	15
Masbro'	180	142	322	13	5	18
Kimber worth..	146	141	287	11	2	13
Totals	1069	1024	2093	55	50	105

DEATHS UNDER ONE YEAR IN THE VARIOUS WARDS.

	E.	St.A	C.	S.	W.	N.	T.	M.	K.	W'kh'se and H'spit'l.	Tot'l
Jan. .	1	4	1	1	2	1	2	5	4	2	23
Feb. .	1	5	3		1	6	4	1	1	1	23
March		1	1	1	1	4	8	1	1		18
April .	2	5	1		5	2	5		2		22
May .		4	1	2		6	3	3	1	1	21
June .	1	4			2	3	4	2	2		18
July .	3	3		5	1		1	4	1	1	19
Aug. .		5	1	4		3	4	7	3	1	28
Sep. .		7		2	2	3	8	4	1	3	30
Oct. .	4	2	2	5	4	2	5	6	5	1	36
Nov. .	3		1	3	8	6	5	5	10		41
Dec. .		2	1	3	4	2	7	7	6	1	33
Total .	15	42	12	26	30	38	56	45	37	11	312

INFECTIOUS DISEASES AMONGST CHILDREN
DURING 1908.

I have during the year examined at the Public Health Department 138 children for various complaints. Of these I have certified 34 as fit to attend school, and 104 as unfit. There has been an exceptionally large number of cases of measles, whooping cough, chicken pox, mumps, and ringworm amongst the children attending the public elementary schools during the past 12 months.

The accompanying table gives the months during which these diseases have been most prevalent:—

	Measles	Whooping Cough	Chicken Pox	Mumps.	Ringworm
January	9	32	21	32	12
February	15	42	26	31	28
March	10	47	15	72	19
April	18	68	49	69	20
May	12	93	50	58	23
June	12	75	30	21	20
July	36	42	20	19	22
August	22	31	18	8	14
September	146	31	17	9	15
October	252	17	10	11	23
November	200	35	18	18	14
December	162	29	11	19	7
	894	542	285	367	217

PUBLIC ELEMENTARY SCHOOLS.

A detailed report of the sanitary conditions and water supplies have been submitted by me as School Medical Officer, to the Rotherham Education Committee.

This report contains the various defects found in the sanitary condition of each school, together with the advice which has been given in relation to the health of the scholars, and for preventing the spread of infectious disease.

This report is included in my annual report this year.

ROTHERHAM VOLUNTARY HEALTH ASSOCIATION.

This Association has now been at work for upwards of twelve months, and a large number of ladies have interested themselves in assisting the Public Health Department of the Borough in the working of the Notification of Births Act, which was adopted by the Sanitary Authority in February, 1907.

Since the adoption of the Act the names and addresses of upwards of 1000 babies have been forwarded to the nine Lady Superintendents, who, with their lady helpers, must have paid at least two or three visits, in many cases perhaps many more; so that probably over 3000 visits have been paid. The principal functions of these Lady Superintendents have been:—

1. To advise expecting mothers on the management of their health.
2. To follow up the notification of births, and to visit the homes when a midwife has ceased to attend.
3. To note the conditions of ignorant feeding, or of non-supply of sufficient and nourishing food, and to take judicious steps to correct these evils.
4. To give advice on the proper feeding of infants; to warn mothers against premature weaning; to inculcate in particular the importance of breast feeding until the teeth appear; and, above all, of the avoidance of the use of fowl feeding bottles.
5. To promote and encourage the practice of weighing infants regularly, and to instruct or remind mothers on points of simple hygiene.
6. To note any insanitary or foul conditions in any of the homes visited, and in any of the inmates of the same, and to report these points to the Medical Officer of Health under whom they work.

The duties and functions of these ladies are those rather of a friend of the household, to which they gain access by courtesy, and it has been very gratifying to find that although, at first, there may have been some opposition in a few isolated cases to their entering the houses, this has rapidly died away, and in numerous instances they have been asked to return, and aid the mothers of families by their help and counsel.

The result of the work done by the ladies of the Rotherham Health Association can be at once seen by referring to my report on the working of the Midwives' Act during the year. It will be found that whereas amongst the midwives' cases of confinements, with which these ladies alone have been concerned, the infantile mortality has been only 92 per 1000 births.

On the same table, it will be seen that amongst the confinements which have been attended by other agencies (with which cases the ladies of the Voluntary Health Association have had no interest and have not visited) that the infantile mortality rate has reached the high figure of 195 deaths per 1000 births.

This death-rate is twice as high as the other, and shows what a large amount of good the ladies of the Rotherham Health Association are doing in keeping children alive.

COTTAGE BATHS IN POOR DISTRICTS.

Many towns, for example, Brighton, Birmingham, Bradford, and Liverpool, are providing cottage bathing establishments in certain of their slum districts.

These buildings comprise six private baths for men on the ground floor, and five private bathrooms, for women on the first floor. In other instances two adjacent small houses are utilised, one containing women's baths, and the adjoining one baths for men. In the basement is a boiler room and a small laundry.

The surrounding residents are thus able in these districts to have the benefit of a hot or a cold bath, near at hand at a cost of one penny, and bathers are able to obtain a tablet of soap for another halfpenny.

These baths are open from 8 a.m. to 7 p.m. during the winter, and on Saturdays from 7 a.m. to 9 p.m.

During the summer months they are open from 7 a.m. until 9 p.m., and on Sunday mornings from 6 until 10.

They have become exceedingly popular, and are growing in popularity, now that arrangements are made with mothers to bring their families for 2d. extra.

If baths of this description were established in the Borough of Rotherham they would prove of great service, and could be utilised for cleansing and bathing many of the dirty and verminous children attending the elementary schools within the Borough.

Two small adjoining houses could be so altered and arranged at very small cost.

If Municipalities provide branch free libraries in various districts, there is no reason why cottage baths of this description should not be erected and maintained in certain wards of the Borough of Rotherham.

They must of necessity improve the conditions under which the poor live, and if well managed, would soon become self-supporting.

CANCER.

The steady increase of this disease is a disturbing evidence in all reports of Medical Officers of Health. The table given below shows the striking increase throughout the country from this disease since it was first included in the Local Government Board's tables.

Year.		
1900—	Death-rate per 1000 living	0.54
1902—	„ „	0.60
1904—	„ „	0.65
1906—	„ „	0.69
1907—	„ „	0.70

The number of deaths from Cancer in Rotherham during the year 1908 was 50, giving a death-rate .97 per 1000. This shews a considerable increase when compared with the year 1907, when the number of deaths was 45, and the rate .72 per 1000.

Instances are occasionally met with of repeated occurrence of the disease in "cancer houses," but little is known to what this repetition is due, and no special preventive measures can be put into force.

INFANTILE MORTALITY, 1908.

Month.	Births.	Deaths under one year of age.	Infantile Mortality per 1,000 births.
January	184	23	125
February.....	170	23	135
March	160	18	112
April	143	22	153
May	210	21	100
June	168	18	107
July	208	19	91
August	157	28	178
September	172	30	173
October	206	36	160
November.....	167	41	245
December	152	33	217
Total	2093	312	149

INFANTILE MORTALITY, 1907.

Month.	Births.	Deaths under one year of age.	Infantile Mortality per 1000 births
January	153	29	189
February	164	41	250
March	218	28	128
April	146	24	164
May	178	11	61
June	167	13	77
July	166	14	84
August	193	15	77
September	169	42	248
October	133	28	210
November.....	172	22	127
December	158	29	183
Total	2017	296	146

Average previous 10 years 158.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year.
	All Causes	44	17	10	17	88	32	15	22	18	19	18	19	12	22	20	18	303
(Certified	3			1	4				1	1	1		1				9
{Uncertified																	
Chicken Pox										1		2	1			3	2
Measles												1	1			2	12
Diphtheria (including Membranous Croup)												1	1			2	2
Whooping Cough											2	2	1			5	19
Diarrhoea, all forms												6	1			7	40
Enteritis, Muco-enteritis, Gastro-enteritis												6	1			7	12
Gastritis, Gastro-intestinal Catarrh												1				1	2
Premature Birth	29	7	5	6	47	4											51
Congenital Defects	5	3		5	13	4			2								20
Injury at Birth	3				3	2		1	2	1							3
Want of Breast-milk, Starvation						2		1	2	1							6
Atrophy, Debility, Marasmus		1			1	2		1	2			2	1				9
Tuberculous Meningitis													1				1
Tuberculous Peritonitis													2				2
Tabes Mesenterica									1	1			1				3
Other Tuberculous Diseases						1							1	1	1		4
Erysipelas																	1
Syphilis	1			1	2												2
Rickets																	1
Meningitis (not Tuberculous)																	1
Convulsions	2	1		1	4	3	1	1	1	1	1		1				12
Bronchitis			1		1	3	1	3	4	2	1	1	2	3	1	1	23
Pneumonia		1		2	3	2	3	5	3	3	3	2	2	6	4	3	38
Other Causes	7	4	4	3	18	6	2	1	4	4	2	2	1	3	4		45
	47	17	10	18	92	32	16	22	19	20	19	19	13	22	20	18	312

County Borough of Rotherham Population, Estimated to middle of 1908, 64,000.
 Births in the year. Legitimate, 1,988; illegitimate, 105
 Deaths in the year. Legitimate Infants, 287; illegitimate infants, 25.
 Deaths from all Causes at all ages, 1,005.

January.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Year.				Total under 1 Month.				Total Deaths Under One Year							
	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	1-2 Month.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	
All Causes	4	1		1	6	3	1	1	5		1		4	1	1	22
Certified	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Uncertified	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Premature Birth	2			1	3	1										4
Congenital Defects		1			1			1								2
Tuberculous Peritonitis : Tabes Mesenterica						1								1		2
Syphilis	1				1											1
Bronchitis											1					1
Pneumonia							1		1				2	1		4
Other Causes	1				1	1			1				1	1		4
	4	1		1	6	3	1		5		1		4	1	1	23

February.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year
	All Causes (Certified (Uncertified).)	4			1	5	6	1	1	2		1	3	2	1			22 1
Diphtheria (including Membranous Croup)												1					1
Whooping Cough											1	1					2
Enteritis, Muco-enteritis, Gastro-enteritis								1									1
Premature Birth	1				1	1											2
Congenital Defects						2											2
Atrophy, Debility, Marasmus						1											1
Tuberculous Meningitis														1			1
Other Tuberculous Diseases																	1
Convulsions	1				1												2
Bronchitis				1	3	1			1								6
Other Causes	2			1	3	1	1		1				1	1			8
	4			1	5	6	1	1	2		1	3	3	1			23

March.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year
All Causes } Certified	1	1	1	1	4	1	1	1	1	1	1						16
All Causes } Uncertified				1	1												2
Diphtheria (including Membranous Croup)									1							1	1
Whooping Cough																	1
Enteritis, Muco-enteritis, Gastro-enteritis						1											1
Gastritis, Gastro-intestinal Catarrh							1										1
Premature Birth			1		1												1
Tuberculous Peritonitis: Tabes Mesenterica													1				1
Convulsions				1	1					1			1				3
Bronchitis																	1
Pneumonia	1	1		1	3						1		1		2		6
Other Causes	1	1	1	2	5	1	1	1	1	1	1		3		3	1	18

April.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under One Year.				Total under 1				Total Deaths Under One Year						
	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.
All Causes (Certified (Uncertified	5	1	1	3	2		1	3			3	1		1	21
Chicken-pox.....											2	1			3
Whooping Cough					2										2
Premature Birth	3		1	1											5
Congenital Defects	1														1
Injury at Birth	1														1
Syphilis.....															1
Convulsions		1													1
Bronchitis.....									1						1
Pneumonia									1						1
Other Causes	1						1	1							4
	6	1	1	3	2		1	3			3	1		1	22

May

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year
All Causes. (Certified)	1	1	1	3	5	1	1	1			3	1	1	2	2	1	18
All Causes. (Uncertified)	2				2						1						3
Whooping Cough								1									1
Premature Birth				2	6	1					1				1		6
Atrophy, Debility, Marasmus		1															1
Other Tuberculous Diseases											1			1			2
Convulsions											1						1
Bronchitis											1						1
Pneumonia			1		1						1	1	1	1			5
Other Causes							1										2
	3	1	1	2	7	1	1	1			4	1	1	2	2	1	21

June.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Year.				Total under 1 Month.										Total Deaths Under One Year		
	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	1-2 Month.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.		11-12 Months.	
All Causes } Certified	4	2	1	1	8	1	1	1	1	1	1				2	18	
All Causes } Uncertified																	
Whooping Cough																	
Diarrhoea, all form																	
Enteritis, Muco-Enteritis, Gastro-enteritis																	
Premature Birth	1	1			2												
Congenital Defects	1	1			2												
Injury at Birth	1				1												
Atrophy, Debility, Marasmus																	
Rickets																	
Convulsions	1				1												
Pneumonia																	
Other Causes			1		1	1	1										
	4	2	1	1	8	1	1	1	1	1	1				2	18	

July.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year
	6	1	1	1	8	1	1	1	1			2	2	2		1	19
All Causes { Certified..... { Uncertified	6	1	1	1	8	1	1	1	1			2	2	2		1	19
Measles								1					1			1	1
Diarrhoea, all form													1				4
Enteritis, Muco-enteritis, Gastro-enteritis							1										1
Premature Birth	5		1	1	7												7
Congenital Defects	1				1								1				1
Atrophy, Debility, Marasmus																	1
Convulsions													1				1
Bronchitis																	1
Pneumonia									1								1
	6	1	1	1	8	1	1	1	1			2	2	2		1	19

August.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year
	All Causes. (Certified (Uncertified	4	2	1	1	8	2	1		3	2	4	1	1		2	4	28
Measles						1	1					1					1
Diarrhoea, all forms											3					2	7
Enteris, Mucö-Enteritis, Gastro-Enteritis															1		1
Premature Birth	3	1			4												4
Congenital Defects	1				1				1								2
Want of Breast Milk, Starvation						1											1
Atrophy, Debility, Marasmus																	1
Tuberculous Peritonitis; Tuberculosis Mesenterica								1									1
Other Tuberculous Diseases																	1
Bronchitis				1	1				1							1	2
Pneumonia		1	1														2
Other Causes																	3
	4	2	1	1	8	2	1		3	2	4	1	1		2	4	28

September.

INFANTILE MORTALITY DURING THE YEAR 1908

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year	
	3	2	1	1	7	3	2	3	1	3	1	1		5	1	3	30	
All Causes { Certified																		
{ Uncertified																		
Diarrhea, all forms																		
Premature Birth	2	1	1	1	5		1	2	1	1	1	1		3	1	2	13	
Congenital Defects																		
Injury at Birth	1				1													
Want of Breast Milk, Starvation																		
Atrophy, Debility, Marasmus							1											
Tuberculous Peritonitis: Tabes Mesenterica										1								
Convulsions																		
Pneumonia																		
Other Causes		1			1			1		1				2		1	3	
	3	2	1	1	7	3	2	3	1	3	1	1		5	1	3	30	

October.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year
	2	3	1		6	4	1	5	2	5	5	2	1	3	2		36
All Causes (Certified) (Uncertified)																	
Measles																	
Whooping Cough							1			1	1	2	1				
Diarrhoea, all forms								2	1	1	1			2			
Enteritis, Muco-enteritis, Gastro-enteritis						1		1		1	1						
Premature Birth	1	1			2												
Congenital Defects	1	1			2												
Want of Breast Milk, Starvation									1								
Convulsions		1			1			1									
Pneumonia			1		1	2				2	1				2		
Other Causes									2	5	5	2	1	3	2		
	2	3	1		6	4	1	5	2	5	5	2	1	3	2		36

November.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH,	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year	
	7	1	2	3	13	3	2	6	3	3	1	2		3	2	3	41	
All Causes. (Certified.....)																		
All Causes. (Uncertified.....)																		
Measles																		4
Whooping Cough												1						3
Diarrhoea, all form										1	1							4
Enteritis, Muco-enteritis, Gastro-enteritis								1	2						1			3
Gastritis, Gastro-intestinal Catarrh																		1
Premature Birth	5		1		6													6
Congenital Defects				2	2													2
Want of Breast-milk, Starvation								1										1
Atrophy, Debility, Marasmus																		1
Erysipelas																		1
Bronchitis			1		1			1										5
Pneumonia																		5
Other Causes	2	1		1	4			1	2					1				5
	7	1	2	3	13	3	2	6	3	3	1	2		3	2	3		41

December.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths Under One Year.
All Causes. { Certified	3	3		2	8	5	3	2	1	1	1	1	1	2	6	1	32
{ Uncertified							1										1
Measles							2							1	3	1	4
Whooping Cough												1					3
Diarrhœa, all form				1	6												1
Premature Birth	3	2		1	1												6
Congenital Defects				1	1												2
Atrophy, Debility, Marasmus		1			1												2
Meningitis (not Tuberculous)							1	1	1	1				1			4
Convulsions														1			1
Bronchitis														1	1		2
Pneumonia						2	1			1					2		6
Other Causes.....						1											1
	3	3		2	8	5	4	2	1	1	1	1	1	2	6	1	33

THE TRAINED MIDWIFE ; HER EFFECT UPON
INFANTILE MORTALITY.

Last year, I prepared a report under the above title, and the paper was published in the March number of "Public Health." The figures then submitted were so unexpected that in consequence I received several communications from various Medical Officers of Health throughout the country, which were written in rather a sceptical spirit.

The same scheme has now been in operation in the Borough of Rotherham for another year, and this report includes the whole of the twelve months in 1908. The same inducements have been held out to the 16 Certificated Midwives practising within the Borough and prizes varying in value have been offered to the three midwives who at the expiration of the twelve months ending December 31st, 1908, had the largest proportion of mothers living, and the lowest death rate amongst their infants at the end of this period.

The figures for the year 1908 cover the complete twelve months, in place of eleven months dealt with in the year 1907.

There may possibly have been some sources of error in the figures submitted for 1907, but none of my numerous correspondents have been able to detect any.

The figures for the year 1908 cannot possibly contain any fallacies owing to the adoption in Rotherham of the Notification of Births Act. For the sake of comparison, the following tables give the results arrived at for the year 1907 and 1908.

TABLE 1. 1907,

Total number of births during 1907	1833
No. of births notified by 21 Certified Midwives ..	923
No. of deaths amongst midwives' cases	94
Infantile mortality rate amongst midwives' cases ..	101 per 1000 births.
No. of births attended by other agencies	910
No. of deaths attended by other agencies	177
Infantile mortality rate do.	194 per 1000 births.
Total infantile mortality rate for 1907	147
England and Wales, infantile mortality rate ..	118
Seventy-six large towns, including Rotherham ..	177
Annual average mortality rate for last ten years in Rotherham	160

TABLE 2. 1908.

Total number of births during 1908	2093
No. of births notified by the 16 certified midwives	939
No. of deaths amongst midwives' cases	87
Infantile mortality rate amongst midwives' cases ..	92 per 1000 births.

No. of births attended by other agencies	1154
No. of deaths of infants attended by other agencies	225
Infantile mortality rate for other agencies	195 per 1000 births.
Total infantile mortality rate for 1908 (Rotherham)	149
England and Wales, infantile mortality rate ..	121
Seventy-six large towns, including Rotherham ..	128
Annual average mortality rate for last ten years in Rotherham	159

The "other agencies" include nine uncertificated women practising within the Borough, five of whom were bona-fide midwives, but were struck off the Roll and had their certificates cancelled by the Central Midwives Board. This class also includes "handy women," and the various medical men practising within the Borough.

None of these cases have been visited by any of the officials connected with the Public Health Department of Rotherham, medical men naturally resenting any interference with the management or treatment of their patients.

A few births attended by these unqualified women have been notified, but the majority of them have only been discovered when visiting the houses for other causes.

A large number of births have not been notified in accordance with the Act; these have all occurred in a particular portion of the Borough, and the highest infantile mortality rate has been amongst these.

In my report last year I stated that I had no hesitation that these figures could be materially improved in future years if proper supervision and encouragement were given to these certified midwives.

During the year 1908 a Voluntary Health Association was formed in Rotherham, consisting of a Lady Superintendent for each of the nine wards in the Borough, with two or three Lady Helpers, according to the number of births in each ward.

Nearly 1,000 births were notified to these ladies, a list being sent each Monday morning after the midwife had finished her attendance.

These ladies must have paid 3,000 to 4,000 visits during the year, and as I have already stated practically only visited births reported by bona-fide midwives, as the births reported by medical men and "other agencies" have been ignored.

I can come to no other conclusion than that it is due to their untiring efforts that the infantile mortality rate amongst these specially looked after infants have been even more startling than they were for the year 1907.

The mere fact of some of these ignorant mothers knowing that one of these voluntary ladies may call in unexpectedly has a great moral effect.

These ladies have kindly undertaken the following duties :—

(1). To advise expecting mothers on the management of their health.

(2). To follow up the notification of births, and to visit the homes when a midwife has ceased to attend.

(3). To note the conditions of ignorant feeding, or of non-supply of sufficient and nourishing food, and to take judicious steps to correct these evils.

(4). To give advice on the proper feeding of infants ; to warn mothers against premature weaning ; to inculcate in particular the importance of breast feeding until the teeth appear ; and, above all, the avoidance of the use of fowl feeding bottles.

(5). To promote and encourage the practice of weighing infants regularly, and to instruct or remind mothers on points of simple hygiene.

(6). To note any insanitary or foul conditions, in any of the homes visited, and in any of the inmates of the same, and to report these points to the Medical Officer of Health under whom they work.

These ladies visit and re-visit the cases forwarded to them, and keep them under observation.

The greatest care is exercised to avoid touching upon the **domain of the family doctor**—these cases are never visited—except by request of the usual medical attendant. Great care is exercised by these ladies doing or saying anything which can have even the appearance of diminishing parental respect, and particularly maternal responsibility.

These ladies have also opportunities of impressing upon people the importance of hygiene and temperance, and they also deal with the home, with the person, the question of good nourishing food, fresh air, sunshine, cleanliness, &c., &c.

The total number of certified midwives in Rotherham at the present time is 16. These midwives attend approximately 50 per cent. of the whole births. About 25 per cent. of the births are attended by medical men and about 25 per cent. by unqualified women, etc.

During the year the Midwives Committee of the Rotherham Corporation passed a resolution agreeing to pay a fee of 21s. where a medical man was called in at the request of a midwife in cases of flooding, convulsions, and rupture of the uterus, upon the following terms and conditions.

Man and wife	21s. 0d.	per week.
Parents or parents and one child	23s. 0d.	„
Parents or parents and two children	25s. 0d.	„
Parent or parents and three children	27s. 0d.	„
Parent or parents and four children	29s. 0d.	„
Parent or parents and five children	30s. 6d.	„
Parent or parents and six children	32s. 0d.	„
Parent or parents and seven children	33s. 0d.	„

This resolution was passed at my request, and was carried at one meeting of the Council, but, unfortunately, at the succeeding meeting it was rescinded. This was chiefly owing to the fact that the medical men in Rotherham did not consider the terms sufficiently remunerative. Consequently on a later date after the receipt of a communication from the Local Government Board, the Rotherham Board of Guardians passed the following resolution:—

“ That a letter be sent to the medical men and certificated midwives practising within the Poor Law Union of Rotherham, informing them that the Guardians will under cases arising on Rule 18 of the Central Midwives Board's Regulations, on being satisfied that the woman is too poor to pay the medical fee, be prepared to exercise their powers under the Section, and to pay a fee to the medical man called in of 10s. 6d. for ordinary cases, and £2 for difficult cases of confinement.”

This is now in operation in the Borough of Rotherham.

There can be no question that the “ Midwives Act ” is emphatically a public health measure.

The chief objects its promoters had in view were the lessening of the mortality (infantile) and sickness associated with child birth; the importance of this field for preventive effort is apparent from the fact that in 1906 the number of women who died in England and Wales from diseases associated with pregnancy was no less than 3,757, equivalent to a rate of 4.02 per 1000 births. In the preceding ten years, the death rate averaged 4.48 per 1000 births.

For every case of Puerperal Fever, there is in addition a large amount of non-fatal sickness associated with this mortality, and for every death from this disease, there are probably half a dozen cases of chronic illness, which causes continuous suffering or prolonged or permanent disablement.

The prevention of this enormous amount of preventable suffering is alone a matter of great importance. In actual administration the scope of the Midwives Act has been extended.

The work of the Midwife has been co-ordinated with that of the Female Health Visitor, and the Act has become a potent measure for the prevention of infantile mortality. The executive officers on whom the administration of the Act are the Medical

Officers of Health of the Counties and the County Boroughs, and the Annual Reports of these officers afford ample evidence of the fact that the Midwives Act will in time become one of the most valuable public health measures.

The experience of the last few years has brought into prominence various important questions relating to midwives and their work, that will require careful consideration, and probably improved legislation, before the full benefit of the Act can be reaped.

During the year 1908 six cases of Puerperal Fever have been reported by the certified midwives. Whenever a midwife has been in attendance in Rotherham upon a case of Puerperal Fever, or from any other illness supposed to be infectious, she is compelled to disinfect herself and all her instruments and appliances to the satisfaction of the Sanitary Authority, and all her clothing has to be thoroughly disinfected before going to another labour.

All washable clothing must be washed, and other clothes disinfected by the Sanitary Authority.

The following tables give the percentage of mothers and children living, and the infantile mortality rate, which have occurred amongst the cases attended by the 16 midwives practising within the Borough, together with the prizes awarded and the number of marks obtained during the years 1907 and 1908 :—

1908.

Number of Midwife.	Cases attended.	Percentage of children living.	Percentage of mothers living.	Infantile Mortality Rate.
1	2	100	100	..
2	3	100	100	..
3	97	94.8	100	51
4	17	94.1	100	59
5	148	93	99	47
6	41	92	100	73
7	60	91.6	100	83
8	76	93.4	97	66
9	20	90	100	100
10	32	87.5	100	125
11	47	89	98	106
12	174	87	99	120
13	85	87	100	129
14	30	86.6	100	133
15	74	88	98	91
16	28	82	100	178
17	3	66	100	333
18	2	50	100	500

	No of Cases attended.	Death Rate per 1000 births.		No. of Cases attended.	Death Rate per 1000 births.
1	3	..	12	10	100
2	1	..	13	10	100
3	118	50	14	100	120
4	18	55	15	58	120
5	16	62	16	81	135
6	68	73	17*	25	200
7	40	75	18	10	200
8	172	87	19*	21	238
9	66	90	20*	12	333
10	44	90	21*	..	..
11	50	100			

* Removed from Midwives' Roll.

GIVING DETAILS OF 939 BIRTHS DURING 1908.

Number of Midwife.	No. of Cases.	Children living.	Children deceased.	Mothers living.	Mothers deceased.	Breast-fed.	Bottle-fed.	Still-births.	Medical help required.
1	2	2	..	2	..	2	..	..	..
2	3	3	..	3	..	3	..	..	..
3	97	92	5	97	..	88	8	1	10
4	17	16	1	17	..	14	3	..	2
5	148	141	7	147	1	136	8	4	4
6	41	38	3	41	..	35	4	2	1
7	60	55	5	60	..	46	12	2	4
8	76	71	5	74	2	66	6	4	5
9	20	18	2	20	..	16	3	1	5
10	32	28	4	32	..	28	4	..	1
11	47	42	5	46	1	36	7	4	Not notified.
12	174	153	21	173	1	149	20	5	12
13	85	74	11	85	..	76	6	3	12
14	30	26	4	30	..	23	7	..	1
15	74	67	7	73	1	63	6	5	18
16	28	23	5	28	..	19	8	1	Not notified.
17	3	2	1	3	..	2	1	..	1
18	2	1	1	2	..	1	1	..	..
Total	939	852	87	933	6	803	104	32	66

GIVING DETAILS OF 997 BIRTHS DURING 1907.

Number of Midwife.	No. of Cases.	Children living.	Children deceased.	Mothers living.	Mothers deceased.	Breast-fed.	Bottle-fed.	Never fed.	Still-births.	Medical help required.
1	1	1	..	1	..	1	..	..	..	..
2	3	3	..	3	..	3	..	..	..	..
3	64	57	7	64	..	50	7	..	2	4
4	21	19	2	21	..	16	3	..	2	5
5	122	115	7	122	..	109	6	1	4	6
6	53	47	6	53	..	42	5	1	3	3
7	87	76	11	87	..	69	7	3	6	2
8	81	74	7	81	..	63	11	2	3	5
9	5	4	1	5	..	4	..	1	..	1
10	22	21	1	22	..	20	1	..	..	1
11	190	174	16	189	1	153	21	1	6	6
12	111	97	14	110	1	84	13	2	2	10
13	74	67	7	73	1	58	9	..	4	2
14	12	11	1	12	..	11	..	1	..	1
15	45	41	4	45	..	39	2	..	2	4
16	10	6	4	10	..	1	5	1	3	2
18	36	33	3	36	..	28	5	1	2	..
Total ..	997	890	107	994	3	784	106	14	44	55

Births from other sources—98.

PRIZE LIST, 1908.

	Registered number of Midwife.	Number of cases attended	Percentage of mothers living.	Percentage of children living.	Number of marks obtained.	Total possible (mother and child counting two).
1.....	4924	97	100	94.8	194.8	200
2.....	1993	148	99	93	192.0	200
3.....	2910	60	100	91.6	191.6	200

Corresponding numbers of prize-winners on Table 5 are 3, 5, and 7.

It will also be noticed that the midwife who gained first prize in 1907 has won the second prize in 1908.

PRIZE LIST, 1907.

	Registered number of Midwife.	Number of cases attended.	Percentage of mothers living.	Percentage of children living.	Number of marks obtained.	Total possible (mother and child counting two).
1.....	1993	118	100	94.8	194.8	200
2.....	2144	68	100	92.7	192.7	200
3.....	3914	40	100	92.5	192.5	200

THE INFLUENCE OF FEMALE HEALTH VISITORS.

The officially appointed Female Health Visitor in Rotherham—Mrs. Ada Kemp—who is herself a trained Certificated Midwife, a qualified nurse, and holds the certificate of the Sanitary Institute, has made the following report, and compiled the accompanying tables:—

“There are 16 enrolled midwives now practising in the Borough of Rotherham. Since last year, one has died, one has gone to India, and one has been struck off the Midwives’ Roll. Their homes have been visited 192 times, and their bags, books and appliances inspected. They have also been seen by the Medical Officer of Health several times during the year, and it has been found that a higher standard of cleanliness has been maintained both personally and in their homes generally.

“During the year 1908, 939 births have been notified, and of these 920 visited and many re-visited.

“The members of the Voluntary Health Association visit all these cases, and when any special features present themselves, such as dirty children or dirty homes, unsuitable feeding of children, etc., a notification of these conditions is forwarded to the Medical Officer of Health, when an official visit is promptly made.

“Three of the Certificated Midwives have during the past year persistently neglected to observe the rules, two of whom have been reported to the Central Midwives’ Board, whilst the third has shown considerable improvement in her methods.

“The bona fide midwives have to be constantly reminded about the notifications to the Medical Officer of Health of the record for sending for medical help, and notices of still-births.

“The fund for the provision of milk, oatmeal, tea, sugar, so kindly provided by Mrs. Stoddart—a late Mayoress—for the benefit of lying-in women who are otherwise unable to obtain these necessaries, has again been administered throughout the year.

"This fund has been of great value and benefit to many poor women, and their gratitude and thanks to Mrs. Stoddart are boundless.

"As it has been found out that patent foods—many of them very starchy—were being so largely used in Rotherham, the Medical Officer of Health introduced "Glaxo" or dried milk into the Borough, as an experiment. The use of this has proved most successful. Since its introduction 54 babies have been fed on it with the most gratifying results. All the children that were supplied with this dried milk were considerably below the normal weight, and many had diarrhœa. Others were in the condition described by the mothers as "wasting away." Two were suffering from cleft palate.

"Only one death has occurred amongst the 54 children fed on "Glaxo," and the cause of death in this particular case was certified as being due to pneumonia.

"The remainder of the children without exception have gained steadily in weight, the increase varying from two to eight ounces weekly.

"These children are brought to the Public Health Department each week and weighed, records being kept, and the following week's supply of dried milk handed to them, AT COST PRICE. In those cases in which the parents are too poor to pay, the supply is given gratis.

"It is surprising how very few parents take advantage of this free offer.

"One baby when brought to the Public Health Department at six months of age only weighed 5½lbs. After taking the dried milk for three weeks it weighed over 7lbs.

"This dried milk is very easily prepared, easily digested, and can be administered with an ordinary spoon, thus making it unnecessary to use a feeding bottle.

"Breast feeding has increased during the year, and the percentage of bottle-fed babies amongst that class of babies in which the ladies of the Voluntary Health Association have interested themselves has diminished.

"The following tables give the details of all the cases visited, also the number of children deceased, with the method of feeding and cause of death.

"For the sake of comparison, the corresponding tables for the year 1907 are included."

CHILDREN DECEASED. CAUSE OF DEATH AND METHOD OF FEEDING.

No. of Midwife.	No. of Children deceased.	Breast-fed.	Bottle-fed.	Spoon-fed.	Marasmus.	Enteritis.	Congenital Weakness.	Convulsions.	Inanition and Prematurity.	Bronchitis and Pneumonia.	Pertussis.	Measles.	Tubercular Meningitis.	Syphilis.	Septic Poisoning of the Utericous.
1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3	5	..	5	..	..	..	..	..	1	1	1	1	..	1	..
4	1	..	1	..	..	..	1	..	..	..	..	..	..	..	..
5	7	1	6	..	..	..	..	1	2	2	1	..	1	..	..
6	3	..	3	..	1	..	..	..	..	..	2	..	..	..	..
7	5	2	3	..	..	2	..	1	1	1	..	..	..	..	..
8	5	1	3	1	..	1	1	..	2	..	1	..	..	..	..
9	2	..	2	..	..	1	..	..	..	1	..	..	..	..	..
10	4	1	3	..	..	..	..	..	1	1	1	..	..	1	..
11	5	2	3	..	..	2	..	1	1	..	..	..	1	..	..
12	21	3	16	2	2	6	3	3	2	2	1	..	1	1	..
13	11	1	9	1	..	3	..	1	2	2	1	..	1	..	1
14	4	1	3	..	..	..	..	..	1	..	3	..	..	..	..
15	7	2	3	2	..	1	..	1	2	1	1	..	1	..	..
16	5	3	2	..	1	2	..	1	..	..	..	..	1	..	..
17	1	..	1	..	..	..	..	..	..	..	1	..	..	..	..
18	1	..	1	..	..	1	..	..	..	..	..	..	..	..	..
Tl. .	87	17	64	6	4	19	5	9	15	11	13	1	6	3	1

GIVING DETAILS OF FEEDING OF 107 DEATHS OF INFANTS
DURING 1907.

No. of Midwife.	No. of Children deceased.	Breast-fed.	Bottle-fed.	Spoon-fed.	Never fed.	Marasmus.	Enteritis.	Congenital Weakness.	Convulsions.	Inanition and Prematurity.	Bronchitis and Pneumonia.	Pertussis.	Tubercular Meningitis.	Syphilis.	Found Dead in Bed.
1..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3..	7	2	3	2	..	1	..	..	..	4	..	1	1	..	..
4..	2	..	2	..	..	..	1	..	..	1	..	..	..	..	..
5..	7	3	3	..	..	..	1	1	1	2	1	1	..	..	..
6..	6	1	3	1	1	..	3	1	..	1	..	1	..	..	..
7..	11	2	4	1	2	..	4	2	2	3	1	..	2	..	1
8..	7	1	4	..	2	1	2	1	..	2	..	1	..	..	..
9..	1	..	..	..	1	..	..	..	..	1	..	..	..	..	..
10..	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..
11..	16	3	12	..	1	..	5	1	3	4	1	1	..	..	1
12..	14	1	10	1	2	..	4	2	2	3	1	..	2	..	..
13..	7	1	6	..	..	3	2	..	1	..	1	..	..	..	..
14..	1	..	..	..	1	..	..	..	..	1	..	..	..	..	..
15..	4	2	2	..	..	..	..	..	..	3	1	..	..	..	..
16..	4	..	2	1	1	..	2	1	..	1	..	..	..	..	..
18..	3	1	1	..	1	..	..	..	..	1	1	..	1	..	..
Rsig'd.	1	..	1	..	..	..	..	..	..	..	..	1	..	..	..
Re'vd from Roll															
Do.	5	1	3	1	1	..	..	1	1	..	..	..	1	1	..
Do.	5	..	5	..	1	2	..	1	..	..	..	..	..	..	..
Do.	5	1	4	..	..	..	2	..	2	..	1	..	..	..	..
Total.	107	19	66	7	12	7	28	9	13	28	8	6	7	2	2

SUMMARY OF DEFECTS OF MIDWIVES.

Delay in sending notices of calling in medical help.	Persistent neglect to observe rules.	Want of cleanliness.	Failing to send in notices.	Registers improperly kept.		
4	3	2	3	2		
Appliances defective or absent.	No. of certified midwives.	No. of uncertified midwives.	Struck off the rolls.	Removed from Borough.	Dead.	Reported to Central Midwives Board.
2	16	9	2	1	1	4

INDUSTRIAL EMPLOYMENT OF WOMEN BEFORE AND AFTER CHILD BIRTH.

In accordance with the request of the Secretary of State for the Home Department, the following table has been prepared, having reference to 939 births which have been reported to me under the Notification of Births Act during the year 1908 in the Borough of Rotherham.

The information has been obtained by the Female Health Visitor, acting upon my instructions.

STATISTICS RE BIRTH ENQUIRY FORMS, 1908.

Number visited.	Unmarried women.	Illegitimate children.	Children deceased.	Still births.	Employment (other than housework).
939	56	59	87	32	33
First born.	Premature.	Lodgers kept.	Average rental for 750 houses.	Nurse children.	
151	33	195	4/9 per week.	8	

DEATHS IN WEST RIDING ASYLUMS.

During the year 1908, 21 deaths occurred in these institutions amongst persons formerly resident in Rotherham.

These returns reached me too late to be included in the various tables. Of course, when added to the total number of deaths they increase the death-rate by a small fraction.

COUNTY BOROUGH OF ROTHERHAM.

Total number of Factories in Borough	44
Total number of Workshops in Borough	50
Total number of Outworkers in Borough	8

Annual Report of the Medical Officer of Health for the year 1908 for the County Borough of Rotherham on the administration of the Factory and Workshop Act, 1901, in connection with Factories, Workshops, Laundries, Workplaces, and Homework.

INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Inspections.
Workshops (including Workshop Laundries).....	} 273
Workplaces (other than Outworkers' premises included in Part 3 of this Report)	
Total	273

DEFECTS FOUND.

Particulars,	Number of defects.	
	Found.	Remedied.
Nuisances under the Public Health Acts :—		
No separate accommodation for sexes ...	1	1
Want of ventilation	4	4
Overcrowding	1	1
Defective Sanitary accommodation	1	1
Total	7	7

HOME WORK.

Twice Yearly.		Once Yearly.	
Lists.	Outworkers.	List.	Outworker.
4	6	1 1	1 1

Wearing Apparel :—

Making, Repairing, &c.							
Tailoring .. .. .	..	..	..	..	..	..	4
Pinafore Making ..	..	..	..	..	..	..	1
Cleaning and Washing	..	..	..	..	..	..	1
Boot and Shoe Repairing	..	..	..	..	..	..	1
File Cutting .. .. .	..	..	..	..	..	..	1
							—
							8
							—

REGISTERED WORKSHOPS.

Workshops on the Register at the end of the year..... 48.

ALFRED ROBINSON,

Medical Officer of Health.

22nd January, 1909.

EPIDEMIC DISEASES.

The following table gives the number of infectious diseases notified during the year 1908, together with the deaths :—

	Cases notified.	Deaths.
Smallpox .. .. .	..	..
Diphtheria	49	7
Membranous Croup ..	7	..
Scarlet Fever	125	3
Typhoid Fever	99	16
Continued Fever	1	..
Erysipelas	59	1
Puerperal Fever	6	4
Pulmonary Consumption	92	62
Total	437	83

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1908.

NOTIFIABLE DISEASE	Cases Notified in Whole District.						Total Cases Notified in each Locality.								Number of Cases Removed to Hospital from each Locality.										
	At all Ages	Years.					East Ward	St. Ann's	Clifton	South	West	North	Thornhill	Masbro'	Kimberworth	East	St. Ann's	Clifton	South	West	North	Thornhill	Masbro'	Kimberworth	Total cases re-moved to Hospital
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65																				65 & up'ds
Diphtheria (including Membranous croup)	2	20	24	4	6	5	8	4	5	4	6	8	3	13	1	1	2	2	1	1	1	1	3	9	19
Erysipelas	3	2	4	5	35	2	7	6	7	10	8	3	13	3	4	8	5	1	12	8	9	2	26	13	86
Scarlet Fever	1	32	81	8	3	11	10	8	3	18	16	12	30	17	4	8	5	3	15	7	6	5	8	8	48
Enteric Fever		11	33	18	36	4	4	4	5	16	23	12	9	22	1	3									
Continued Fever ..	1			1			1	2			1	2	1												
Puerperal Fever	6			1	5																				
Pulmonary Consumption	91	2	11	27	49	2	16	4	9	24	8	11	10	9											
Totals	437	6	67	153	64	134	22	46	28	29	72	48	64	64	6	11	7	6	27	16	16	36	30	155	

Rotherham County Borough Isolation Hospital, Badsley Moor Lane.
 Total available Beds, 50.
 Number of Diseases that can be concurrently treated, 3.

SMALLPOX.

No case of Smallpox was reported during the year 1908 within the Borough of Rotherham.

It is no uncommon thing to hear people discuss the part that improved sanitation has played in diminishing the prevalence of Smallpox. This is, I venture to say, utter and unmitigated nonsense. Sanitation has done splendid work. It has been an inestimable boon in the prevention of many diseases, but the finest sanitation in the world will not make a man proof against a dose of strychnine, nor will it make him secure against an attack of Smallpox.

There is only one precaution, only one safeguard, and this is vaccination and re-vaccination.

The mortality from Smallpox, which has so diminished during recent years, came long before sanitary reforms were instituted throughout the country. All these sanitary reforms only have effect upon certain particular diseases. For instance, a drainage of certain districts has abolished ague, but this drainage has not reduced the mortality from measles. The exclusion of human excremental matter from water, milk and food has reduced enormously the prevalence and mortality from Enteric Fever, but has had no influence upon Whooping Cough.

Even isolation of Smallpox patients does no good whatever unless you place a cordon of vaccinated persons around the isolated area.

I think it essential that the protective value of vaccination should be taught in this country as a portion of the curriculum of the teaching of hygiene at our public elementary schools.

It is the children that are most to be pitied, and it is on this account distressing, to contemplate the number of vaccination exemptions in certain parts of this country.

During the year 1908 there have been 126 conscientious objectors in Rotherham, as compared with 17 in the year 1907.

A considerable number of these applications for exemption are due to ignorance, neglect, indolence rather than active opposition. Fortunately the anti-vaccination "martyrs" are no longer in evidence owing to their being able to claim exemption certificates more easily.

Amongst the 1489 children medically inspected in Rotherham during the year 1908, 76 were not vaccinated, which is equal to over 5 per cent.

The time is not far distant, I think, when epidemics of Smallpox will re-appear in this Country.

PUERPERAL FEVER.

Six cases of this disease were reported during the year 1908, precisely the same number as were reported during 1907.

This disease was the cause of 4 deaths in the Borough, which represents a mortality of 1.0 per 1,000 births. This is considerably below the death rate generally from this complaint, for throughout England and Wales the mortality was about 5 per 1,000 births, and was higher during the last ten years than during any of the other three preceding decennial periods.

This result is due, no doubt, to the differences of certification and the more active collection of statistics.

The diminution in the mortality from this disease in Rotherham is satisfactory, and proves that the working of the Midwives Act, when properly supervised, is very effective.

MEASLES.

During the past 12 months there have been 52 deaths from this disease in Rotherham, giving a death rate of .81 per 1,000 of the population.

The following table shows at which age period the disease has been most prevalent and fatal :—

Under 1 year	..	..	..	12	deaths.
1-2 years	..	..	..	14	„
2-3	„	..	..	1	„
3-4	„	..	..	4	„
4-5	„	..	..	6	„
5-10	„	..	..	5	„
				—	
Total	..	..	..	52	

Measles is the most “uncontrollable” of all the infectious diseases, and often causes more deaths than all the other infectious diseases added together.

As a rule the mortality from measles is greatest during the second year of life, and generally rapidly falls in every succeeding year. Sixty per cent. of the deaths as a rule occur during the first two years of age, 75 per cent. in the first three years, and upwards of 90 per cent. under the age of five years.

It is thus apparent how very important it is to postpone the attack as long as possible, and what a fatal error it is to allow any very young children to become infected under five years of age.

The chief difficulty in dealing with epidemics of measles is the long incubation period. The rash not occurring in many cases until the expiration of fourteen days.

Epidemics of this disease are usually allowed by all sanitary authorities to run their course practically unchecked by any serious attempt at isolation or disinfection, and it is, therefore, not surprising that it shows no signs of sharing in the reduction of mortality, which is so conspicuous in respect of Scarlet Fever, Enteric Fever, Diphtheria, and Smallpox.

If it were possible to isolate all cases of measles in hospital, the mortality would at once be reduced. Nearly all the deaths occur under faulty hygienic conditions, especially overcrowding and exposure to cold.

The following schools have been closed in the Borough during the past twelve months on account of outbreaks of this epidemic :

1. Doncaster Road Infants, 12th October, 1908, to 3rd November, 1908, inclusive.
2. Kimberworth St. Mark's Infants, 14th December, 1908, to 10th January, 1909, inclusive.
3. Kimberworth Council Infants, 14th December, 1908, to 10th January, 1909, inclusive.
4. Alma Road Infants, 15th December, 1908, to 10th Jan., 1909, inclusive.

WHOOPING COUGH.

This is a disease that has been recognised for the past three hundred years at least, and has a wide-world distribution. It is usually most prevalent and fatal during the months of March and April.

During the year 1908, 37 deaths were registered in Rotherham as being due to Whooping Cough, as compared with 21 in the year 1907.

The following table gives the age period of the deaths :—

Under 1 year of age	..	19
1-2 years	.. ..	10
2-3 years	.. ..	4
3-4 years	.. ..	1
4-5 years	.. ..	2
5-10 years	.. ..	1
		—
Total	.. ..	37

This yields a death rate of .58 per 1,000 living, as compared with .33 during the previous year.

In all epidemics of Whooping Cough, by far the greatest mortality invariably occurs during the first year of life. This fact is of great importance, because the longer the attack is postponed, the greater the chance there is of recovering.

Forty per cent. of the total number of deaths from Whooping Cough throughout the country occur during the first year of life, nearly 75 per cent. occur in cases under two years of age, and 96 per cent. of the deaths occur under five years of age.

Concurrent epidemics of measles and whooping cough are of common occurrence, the latter usually, however, following epidemics of measles.

Measles and whooping cough are together, as a rule, responsible for more deaths of children than all the other infectious diseases added together.

It is found on investigation that nearly all these deaths occur in localities where the sanitary arrangements are imperfect, and the deaths consequently take place in the poorer districts and overcrowded parts of large towns.

The mortality is greater among females than male children.

SCARLET FEVER.

During the past year 125 cases have been notified in Rotherham, which resulted in death in only three instances. This is the lowest number of cases that have been reported since the year 1893.

This disease is more prevalent in urban than in rural areas. In all probability the explanation of this is due to the greater facilities for receiving and transmitting the infection from person to person in towns.

Eighty-six of the cases notified in Rotherham last year were removed to the Isolation Hospital, this is equal to 68 per cent. Only one of these cases which was removed to Hospital died, which is equal to 1.1 per cent.

Of the remaining number, 39, who were treated at home, there were two deaths, which is equal to a death rate of 6.4 per cent.

The advantage in favour of hospital treatment is therefore obvious.

In all epidemics of Scarlet Fever it is invariably noticed that children under one year of age, and especially under three months, are comparatively rarely attacked, and that the attack rate rapidly increases and reaches its maximum at the fifth year of life. The average severity of attack is greatest in infancy, or in the second year, and diminishes as age increases. There is, therefore, in this disease, as in the case of measles and whooping cough, a double gain in shielding a child from infection during the first year of its life. Every year of escape after the fifth year leads a person less and less susceptible, until finally he or she become to all intents

and purposes immune. At ages above 10 years the female deaths exceed the males, owing, doubtless, to the greater frequency of attacks among women who have charge of children.

It is at least doubtful whether "insanitary conditions, as regards drainage, &c., have even a predisposing influence as regards this disease, but it is probable that they may and often do seriously affect the chances of recovery and promote septic conditions.

Special care is needed in guarding milk supplies from risk of direct and indirect infection from a case of Scarlet Fever, and there should be no hesitation in stopping a business if necessary. At the same time boiling the milk minimises any danger.

Scarlet Fever cannot possibly be removed from the life of a community by the provision of Isolation Hospitals, but the common sense view holds good that home isolation, except to the most intelligent and well disciplined households is a failure, and hospital isolation where intelligently managed is an unqualified success.

Individual cases undoubtedly benefit.

Many premises belonging to tradesmen do not suffer any inconvenience or loss. Children, too, from infected houses are sooner able to return to school.

There is another aspect of the case to which it is well to draw attention, and that is the need for good nursing and food in the treatment of Scarlet Fever and other infectious diseases. On these essentials often depend not only the immediate result of the illness, but the after health of the patient.

Scarlet Fever, unlike Enteric Fever, chiefly attacks young children, and it does seem a pity when so much is being done for their welfare not to give them the advantage of good nursing in a disease which so often causes permanent ill-health.

It must be recognised that an Isolation Hospital serves a triple purpose :—

1. The limitation of an epidemic.
2. The preservation of individuals in the same house as an infected patient from infection.
3. The comfort and care of the patient and the relief of his relatives from attending upon him.

It is only the attainment of the first object that is even in dispute, as to the utility of isolation hospitals, and that, even by the limited number of sceptics, not in all cases.

When first these hospitals were established it was quite expected that they would often be empty owing to their having proved efficient parts of a preventive system. Instead of this they are practically never empty, and Scarlet Fever Wards are at times full and overflowing.

Again from the individual point of view of the poor patient badly housed, it is a great gain that this kind of patient can be isolated in a well appointed hospital. There is no cooping up in a small, badly arranged room for the orthodox six weeks.

A much better recovery is made in hospital by patients of this class, and it is this class that is in most need of consideration.

The following table gives the number of cases which have occurred in the various wards during the past twelve months :—

SCARLET FEVER.

Number of Cases occurring each month in the various Wards.

	East.	St. Ann's.	Clifton.	South.	West.	North.	Thornhill.	Masbro'.	Kimberworth.	Total.
January							1	2	1	4
February	3	1			2				1	7
March	1		2					1	2	6
April	1				2			2	1	6
May		2	1		1	2	3	10	3	22
June					1	1	1		2	5
July	1		2	1		1	2	3	2	12
August			1		3	1	1	3	3	12
September	3	1	1			6	1	3	1	16
October			1	1		2	1	4		9
November	1	2			6	2	1			12
December	1	4		1	3	1	1	2	1	14
Total..	11	10	8	3	18	16	12	30	17	125

STATISTICS AS TO SCARLET FEVER.

Year	Approximate Population	No of Cases of Scarlet Fever Notified or Ascertained	No. of such Patients isolated in Hospital.	Total Deaths registered from Scarlet Fever.	Mortality per cent.	Percentage removed to Hospital.
1887	36,000	112		2	1.8	
1888	36,182	128		12	10.6	
1889	36,807	187		23	12.2	
1890	37,907	206		33	16.0	
1891	43,000	131		10	7.6	
1892	44,000	111		8	7.2	
1893	46,000	72		4	5.5	
1894	47,000	325		25	7.6	
1895	48,000	178		12	6.7	
1896	50,000	259		4	1.5	
1897	51,000	212		19	8.9	
1898	52,000	219		13	5.9	
1899	53,000	258	2	14	5.4	0.7
1900	54,000	726	54	35	4.6	7.4
1901	56,000	267	61	5	1.8	22.8
1902	57,000	127	31	3	2.3	24.4
1903	58,000	246	17	9	3.6	6.9
1904	59,000	168	51	4	2.3	30.3
1905	60,000	429	174	17	3.9	40.5
1906	61,500	657	479	15	3.1	71.3
1907	62,500	318	218	2	.62	68.5
1908	64,000	125	86	3	2.2	68.0

DIPHThERIA (INCLUDING MEMBRANOUS CROUP).

During the year 1908, 49 cases of Diphtheria and 7 cases of Membranous Croup were reported in the Borough. These diseases caused 7 deaths, which is equal to .11 per 1,000.

The mortality from this disease throughout England and Wales fifty years ago was .52 per 1,000 living; in the year 1906 this death rate was reduced to .15.

The prevalence and mortality from these diseases are usually greatest in November and December, and lowest during the summer months. Formerly these diseases were more prevalent in rural than in urban districts, but during recent years they have shewn a marked tendency to establish themselves in large towns, affecting particularly young children.

Diphtheria and Membranous Croup are synonymous diseases.

The mortality is greater among females than among males at all ages between three and forty-five years. In both sexes the mortality increases from infancy to a maximum in the fourth year of life, and afterwards steadily declines. Of the total number of deaths due to Diphtheria, 53 per cent. occur at ages under five, and 82 per cent. of all the deaths occur under ten, thus showing how important it is to postpone the attack as long as possible.

In Hospital cases of Diphtheria the disease runs its course in 14 to 21 days. The case mortality varies in different epidemics, and there is little constancy even in the same outbreak. It is usually high in well marked cases, and in pre-antitoxin days the death rate was over 30 per cent.; now it is generally about 10.

Number of cases reported in Rotherham during 1908 (Diphtheria				
49, Membranous Croup 7)	..	..	..	56
Number of cases removed to Isolation Hospital	..	..	..	19
Percentage of cases removed to Hospital	..	..	..	33
Number of deaths in Hospital cases	..	..	..	2
Death rate per cent. in Hospital cases	..	..	..	10
Number of cases treated at home	..	..	..	37
Number of deaths in home cases	..	..	..	5
Death rate per cent. in home cases	..	..	..	14

The difference in the mortality between Hospital treated and cases treated at home is very noticeable.

Schools afford a favourable ground for the spread of Diphtheria. Children, at the most susceptible age, are brought together for some hours daily in close contact, often in a moist and impure atmosphere, with scanty ventilation. Not infrequently—at any rate in days gone by—such children have used the same articles, towels, slates, pencils, &c., and are brought into intimate contact with each other.

Epidemics of this disease are usually arrested by school closure, but often only to break out again with renewed virulence when the school is re-opened.

Antitoxin has been supplied gratuitously by the Public Health Department in Rotherham to people who are not in a position to pay for such an expensive drug, gratuitously, for many years past.

During the year 1908 in 36 instances, phials containing a dose of 2,000 units were supplied to poor people.

All the cases admitted into the Isolation Hospital had the drug administered in large doses ; in some cases as much as 5,000 units were given. This probably accounts for a lower death rate in the Hospital treated cases. This drug is now largely used, and increasingly used in the treatment of Diphtheria.

Like vaccination, it is used as a prophylactic in doses of 300 to 500 units, in "contact" cases. The value of the drug is particularly noticeable in children, and if it is only used on the first day of the disease the death rate is reduced to nil.

DIPHTHERIA.

Number of Cases occurring each month in the various Wards.

	Total.	East.	St. Ann's.	Clifton.	South.	West.	North.	Thornhill.	Masbro'.	Kimberworth.
January	2						2			
February . . .	6			1		1	2	1		1
March	8	1	2		1	1		3		
April	4	2		1			1			
May	7	1			1			1		4
June	5				2					3
July	6								1	4
August	3		1	1		1				
September . .	5		3			1	1	1		
October	6		1	1	1			1	1	1
November . . .	2							1	1	
December . . .	2	1	1							
	56	5	8	4	5	4	6	8	3	13

None of the cases have been discharged from the Rotherham Isolation Hospital until two consecutive bacteriological examinations, (with several days interval between each) of the discharge, from either the nose or the fauces have proved negative.

No "return" cases in connection with patients discharged from the Borough Hospital have been reported during the year.

The introduction of the treatment of diphtheria by antitoxin has saved thousands of lives since the year 1894, and as I have stated previously the death rate from the disease since this year has been reduced from 30 to 10 per cent.

EPIDEMIC DIARRHŒA.

Under this head are included all forms of zymotic diarrhœa and epidemic enteritis.

In Rotherham last year this disease was responsible for 76 deaths, yielding a death rate of 1.18 per 1,000 of the inhabitants. These deaths occurred at the following ages :—

Under 1 year	..	..	..	53
Between 1-5 years	..	..	..	23
Over 5 years	..	..	..	0
				—
Total	..	..	..	76

It will at once be seen how fatal this disease is in children under one year of age. It is always most prevalent and most fatal during the months of September and October, and during the year 1908 in Rotherham the epidemic appeared very late, and continued well into the month of November.

Epidemic Diarrhœa is essentially a disease of towns, or, in more general terms, of crowded areas. This is markedly the case in the Borough of Rotherham. The disease is generally twice as fatal in towns as in country districts, and the death rate varies according to the density of persons per acre in all large boroughs.

The following are the chief factors in the prevalence of this complaint :—

1. The density of building upon an area increases the tendency to the prevalence of diarrhœa and its mortality in addition to the density of population that accompanies it.

2. Lack of ventilation and light causes it to spread alarmingly. Among the common conditions that are harmful in this way are narrow, dark courts and streets, obstructive walls or buildings, back to back houses, overcrowding, and the neglect of ventilation of rooms in houses, more especially among the poorer classes.

3. Lack of cleanliness has a similar effect, and is usually found in association with the above. In addition towns which

have adopted the water carriage system of sewerage have far less diarrhœa than those which retain antiquated methods of removal of excrement. Towns which have the most effectual scavenging arrangements, including the method of removal of house refuse, have invariably the least epidemic diarrhœa.

4. Foul air from sewers, cesspools, and filthy accumulation of any kind promote and spread the prevalence and mortality of this disease.

5. Lastly it is a well accepted fact that the mortality among illegitimate children is twice as high as that of legitimate children from all causes, but this excess is always greatest in deaths from diarrhœa.

ENTERIC FEVER.

A detailed report on the continued prevalence of this disease in the Borough of Rotherham as requested by the Local Government Board, which occurred during the year 1908, is embodied in this report on page 121.

During the year 1908 no less than 99 cases were reported, with 16 deaths. This yields a death rate of .25 per 1,000, a far too high proportion.

Throughout England and Wales the disease is decreasing in prevalence, and now does not contribute more than .1 to the average death rate. For example, the death rate in the year 1906 was only .09 per 1,000 for England and Wales, which shows a marked decline on previous years.

In 1871 to 1880 it was .32 ; in 1881 to 1890 it was .19 ; and in 1891 to 1900 it was .06 throughout the country. The outstanding feature of the epidemic has been the large number of school children, of school age, who have been attacked with the complaint.

Some authorities think that the susceptibility to enteric fever decreases with age from the earliest age onwards, though the decrease is slight between 15 and 25, whereas the risk of a fatal termination steadily increases with age. Most figures, however, prove that the fatal incidence is less during the first five years of life than between five and ten years. The registered mortality is low in infancy, high in the second to the fifteenth year, and then rises further to a maximum between fifteen and twenty-five years, after which it falls permanently.

It is probable that true Enteric Fever is rare among infants and young children, and that many of the cases recorded at these ages are not infrequently due to faulty diagnosis.

I have reason to think that this has been the case in Rotherham amongst many of the cases reported during the past year, and probably accounts for the excessive number of cases reported amongst school children.

The following tables shew :—

1. The prevalence of Typhoid Fever since the year 1982.

2. The schools attended by children who were supposed to be suffering from this complaint.

TYPHOID FEVER STATISTICS FROM THE YEAR 1892.

Year.	Estimated population.	Number of deaths.	Death rate per 1,000.
1892.....	44,000	11	.25
1893.....	46,000	6	.13
1894.....	47,000	13	.27
1895.....	48,000	11	.23
1896.....	50,000	11	.22
1897.....	52,000	10	.36
1898.....	53,000	12	.22
1899.....	57,000	19	.33
1900.....	59,000	8	.13
1901.....	56,000	8	.14
1902.....	57,000	9	.15
1903.....	58,000	10	.17
1904.....	59,000	12	.203
1905.....	60,000	2	.03
1906.....	61,500	8	.13
1907.....	62,500	6	.09
1908.....	64,000	16	.25

Table showing the schools attended by children suffering from Enteric Fever during the years 1906, 1907, and 1908 to September 30th.

School.	1906	1907	1908
St. Ann's	1	..	..
Parish Church	1	1	..
Eastwood National .....	..	2	1
Talbot Lane	1	2	4
Doncaster Road	1	2	..
Thornhill.....	4	2	5
Park Street	1	2	1
Ferham	1	..	3
St. Bede's	2	..	2
St. Paul's	1	..	2
Kimberworth National.....	2	1	1
Kimberworth Council.....	..	..	1
St. Mark's .....	..	1	1
St. John's	1	..	..
Totals	16	13	21

Generally the areas in which Enteric Fever is endemic are occupied by the poorest class, among whom insanitary conditions abound, and little care is taken for preventive measures.

More females than males have died during the past year in the Borough of Rotherham from this disease ; 18.8 per cent. of females cases usually end fatally, and 17.1 of male cases.

The death rate per cent. in Rotherham during 1908 was 15.8.

The following table shows the difference in the death rate between hospital treated cases and home treated cases :—

Total number of cases reported during 1908	..	..	99.
Number of cases removed to Isolation Hospital	..	..	48.
Percentage of cases removed to Hospital	..	..	48.4
Number of deaths in Hospital	..	..	8
Percentage of deaths in Hospital cases	..	..	16.
Number of cases treated at home	..	..	51.
Percentage of cases treated at home	..	..	51.6
Percentage of deaths in home treated cases	..	..	15.6
Number of deaths in home treated cases	..	..	8

No cases of Typhoid Fever have been reported in the Borough of Rotherham since the cold weather commenced in December last. This appears to me to suggest and strengthen the view of the endemicity of the present outbreak.

The germs of Typhoid Fever will probably lie dormant about some of the filthy yards and areas, to become active as soon as the weather becomes warmer, if the soil is suitable for their growth.

The following table gives the results of the examination of specimens of blood in suspected and reported cases of Enteric Fever during the last three years :—

Year.	Positive.	Negative.	Doubtful.	Total.
1906	15	16	..	31
1907	18	17	1	36
1908	48	22	5	75
Totals . . .	81	55	6	142

The year 1908 has continued to throw much light upon the mode of origin of many cases of this disease that have hitherto baffled attempts to trace them to any of the better known causes. Discoveries have been made in connection with so-called "typhoid carriers"—people who have recovered completely from the disease, and who yet continue to spread living typhoid bacilli in their evacuations for 20 or 30 years afterwards.

The extreme importance of the possibility of the spread of the disease in the late outbreak in Rotherham is very obvious, and during the past year there have been in many districts a considerable number of these cases recorded. To follow up these cases, wherever they happen to visit, will necessitate the appointment of skilled bacteriologists throughout the country, whose duty it will be to be constantly shadowing these unfortunate individuals, and preventing them gaining a livelihood, wherever they may be traced.

Cooks at "public institutions" appear to be the favoured individuals representing these "carrier cases."

The history of this disease in Rotherham year by year shows little or no variation except in details of distribution and concentration. The reason of this is that the cause of endemicity in the Borough of Rotherham remains practically unaltered.

The following tables show :—

1. The number of cases reported during the last fifteen years.
2. The number of deaths during the last three years.
3. The number of privies and ashpits in the various wards of the Borough.

Number of Cases of Enteric Fever reported from 1892 to 1908 inclusive.

Year.	No. of Cases.
1892	43
1893	65
1894	53
1895	79
1896	82
1897	91
1898	60
1899	101
1900	72
1901	77
1902	58
1903	67
1904	42
1905	56
1906	66
1907	47
1908	99

COUNTY BOROUGH OF ROTHERHAM.

DEATHS FROM ENTERIC FEVER DURING 1906, 1907, AND 1908.

Initial.	Sex.	1906 Age.	Address.
W.	Male.	12	5, Lyme Street.
D.	Female.	35	19, Mount Pleasant Road.
K.	Male.	42	88, Wellgate.
R.	Male.	34	Rotherham Workhouse.
J.	Male.	32	29, Pembroke Street.
F.	Female.	39	10, Sydney Street.
J.	Male.	6	9, St. John's Avenue.
S.	Male.	32	4ct. 6h., Pigeon Lane.
1907			
M.	Male.	14	16A, Pitt Street.
S.	Male.	36	44, Tusmore Street.
D.	Male.	9	20, Quarry Hill.
G.	Female.	22	207, Greasbro' Road.
H.	Female.	11	147, Greasbro' Street.
T.	Male.	37	Rotherham Workhouse.
1908			
W.	Male.	20	92, Eldon Road.
W.	Female.	26	15, Wilfred Street.
E.	Female.	26	13, Wilfred Street.
H.	Female.	2	11, Wilfred Street.
R.	Male.	34	168, Middle Lane.
P.	Male.	4	21, Wilfred Street.
W.	Female.	42	99, Midland Road.
D.	Female.	29	Rotherham Hospital.
P.	Male.	40	95, Fitzwilliam Road.
P.	Male.	3	19, Badsley Street.
F.	Female.	68	22, Hollowgate.
M.	Female.	2	285, Wortley Road.
L.	Female.	34	Isolation Hospital.
V.	Female.	4	44, Brickfield Row.
H.	Male.	33	Isolation Hospital.
A.	Male.	34	Isolation Hospital.

TYPHOID FEVER.

NUMBER OF CASES OCCURRING EACH MONTH IN THE VARIOUS WARDS.

Month.	East.	St. Ann's.	Clifton.	South.	West.	North.	Thornhill	Masbro'.	Kimberworth.	Total.
January	1	..	1	1	..	1	..	2	3	9
February .....	..	..	..	..	1	1	..	..	3	5
March .....	..	..	..	..	..	1	1	..	2	4
April .....	..	2	..	..	8	1	1	2	2	16
May	1	..	1	2	3	1	..	..	..	8
June .....	..	1	..	..	2	..	3	1	..	7
July	1	..	..	1	1	2	1	..	2	8
August .....	..	..	..	..	..	1	2	..	2	5
September .....	..	..	1	..	1	5	2	..	3	12
October .....	..	1	1	1	..	7	2	2	4	18
November	1	..	..	..	..	1	..	1	1	4
December .....	..	..	..	..	..	2	..	1	..	3
Totals	4	4	4	5	16	23	12	9	22	99

PRIVIES AND ASHPITS AT PRESENT EXISTING IN THE VARIOUS WARDS.

	In connection with			
	HOUSES.		CHAPELS, WORKS, SCHOOLS.	
	Privies.	Ashpits.	Privies.	Ashpits.
East Ward	241	218	6	1
St. Ann's Ward	240	133	..	..
Clifton Ward	153	98	..	..
South Ward	177	116	2	1
West Ward... ..	127	77	56	15
North Ward	321	183	7	3
Thornhill Ward	177	98	7	4
Masbro' Ward	139	68	29	13
Kimberworth Ward	512	307	54	8
Totals	2087	1298	161	45

TOTALS FOR THE COUNTY BOROUGH.

Privies	2248
Ashpits	1343
Galvanised Iron Bins	1130
Trough Closets	602
(exclusive of Parks, Schools, Works, and Chapels).	

December, 1908.

The condition of many of these privies during recent years has no doubt improved in some measure in Rotherham, from a sanitary point of view by a better system of scavenging. Their unalterable intrinsic defects, however, remain, as they necessarily entail the accumulation of undesirable matter in the immediate vicinity of dwellings, and its consequent dissemination by spilling and soaking, by flies, dust, and personal convection, over the whole environment of human life—in all poor and congested neighbourhoods where they exist in large numbers.

They are injurious to health at all times, but the painful influence of such conditions is accentuated by hot and dry weather. The two diseases which are most widely spread by these unsatisfactory conditions are Enteric Fever and Epidemic Diarrhœa, but there are other diseases of an infectious nature such as Measles and Whooping Cough that are influenced by these agencies.

The moral effect is scarcely less pronounced.

By the efforts of the ladies of the Voluntary Health Association in Rotherham we are endeavouring to raise the general tone of life amongst the inhabitants of the poor and congested neighbourhoods, and these ladies are continually inculcating habits of cleanliness, decency and tidiness. At the same time any one must realise, at every turn, the active discouragement given to their efforts in this direction by the filthy foecal accumulation, which store up and keep continually in evidence, material plainly intended by nature for immediate removal back to the land.

The idea of earth closets, in which dry earth is used to imitate nature to change foetal matter into its primitive elements, is an excellent contrivance, but careful and intelligent management is necessary for their success.

The so-called privy middens and ashpits in the Borough of Rotherham in some of our poorer districts, represent the "real" earth closets, as distinguished from the "ideal," among the careless poor as well as bad scavenging, and is likely to continue until finally removed—a filthy abomination.

The following tables show:—

1. The number of water closets in the Borough and their distribution.
2. The number of privies converted into water closets since the year 1892 in the County Borough of Rotherham.

NUMBER OF WATER CLOSETS IN THE BOROUGH
AND THEIR DISTRIBUTION.

Number of Water Closets.			No. of Houses.		
	W.C.'s in dwelling houses.	W.C.'s in other Tene- ments.	Total.	With W.C.'s.	Witho't W.C.'s.
March 31, 1905 ..	5755	809	6564	7009	4890
March 31, 1906 ..	6287	841	7128	7709	4383
March 31, 1907 ..	6878	862	7740	8456	3905
March 31, 1908 ..	7383	899	8282	9068	3471

From March 31, 1908, to July 31, 1908, 100 privies were converted into w.c.'s, which supply accommodation for 141 houses, and 78 w.c.'s were fitted to new property, making a total number of 8460.

Number of Privies converted into Water Closets from 1892 to
the end of 1908.

1892	27
1893	4
1894	12
1895	39
1896	33
1897	45
1898	54
1899	77
1900	94
1901	111
1902	227
1903	271
1904	314
1905	205
1906	289
1907	259
1908	249

Total 2310 on Sanitary Notices.

DISPOSAL OF EXCRETA, ETC.

PRIVIES AND ASHPITS.

In most large towns where the health of the people is the first consideration, privies and ashpits are being abandoned, although they are still almost inevitable in the country districts of towns—in addition to cesspools, where there is neither efficient drainage or organised scavenging.

The retention of large quantities of excreta and other organic matter near dwellings is always in itself objectionable, and the nuisance becomes much more intensified during the process of "clearing out."

It is probable that such an arrangement favours the spread of diseases that have relation to filth, and especially those in which any specific organism such as typhoid is contained in the excreta. That such a thing had happened in Rotherham during the recent outbreak I have not much doubt.

The case becomes worse when, as almost invariably happens, the filthy privy midden leaks and allows its contents to pollute the surrounding soil and sub-soil water.

The only objection on the other hand to the water carriage of excrement is that it involves some cost, either to the individual or to the public, in the extra consumption of water. It must, however, be pointed out that this objection does not hold good to those systems in which the flushing is carried out by the household waste water. Drains and sewers have to be provided in any case, so that the initial cost of these cannot be charged to the account of the water carriage system.

The increased volume of sewage in water closet towns is far less important than is generally supposed, and forms at most only a very small fraction of the enormous volume of water derived from rainfall, soil drainage, household waste water, trade effluence and other sources. It has been found that the addition of water closet sewage scarcely alters the chemical composition of the average sewage of a town. Hence the necessity of treating the sewage by irrigation or other means is quite independent of the admission of water-borne excreta to the sewers. In the Borough of Rotherham during the past twelve months a fairly large number of privies have been converted into water closets, but so far as I know, there has been no increase in the volume of water dealt with at the Sewage Works at Aldwarke.

The water carriage of sewage on the other hand obviates some part of the expense of scavenging so necessary in the privy midden system, but naturally there is some expense in collecting the dry household refuse.

From a purely financial point of view, I maintain that the objectionable privy midden system costs more in the long run than any other system of dealing with sewage and town refuse.

There is no doubt that water closets are most suitable in towns, and perhaps privy middens and earth closets in the country districts.

When water closets are provided it is always necessary to provide tubs or boxes (preferably of metal), and these should be emptied at short and regular intervals by scavengers.

Household refuse ought to consist of little else than ashes; animal and vegetable domestic refuse from the kitchen being easily burnt on the premises.

SEWERS AND DRAINS.

The Borough Engineer, Mr. E. B. Martin, C.E., has kindly supplied me with the following information:—

The sewers and drains throughout the Borough of Rotherham are generally in a satisfactory state.

The method of sewage disposal is by passing the same through septic tanks, the effluent from which is treated by sprinkler filters. The resulting effluent from the sprinkler filters is generally satisfactory. The locality in which it is most desirable to effect sewage extensions is that known as Steel Street.

SEWAGE WORKS.

I have received the following report as to the working of the above from the Manager, Mr. J. H. Kershaw:—

The Sewage Works have been in continuous operation throughout the year. Six sprinkler filters are now in regular use.

The average purification effected for the year between the crude sewage and the outfall (calculated on the four hours oxygen absorption test) has been:—At Aldwarke, 91.4 per cent., and at Thorpe, 94.2 per cent.

SCHOOL CLOSURE FOR EPIDEMIC REASONS.

The latest code of Regulations by the Board of Education, which came into force on August 1st last, contains important alterations of procedure in connection with the closing of public elementary schools upon medical advice.

Compulsory closing is regulated in the same manner as by the former code.

The school must be closed if so required by the Authority or two of its members, but the requirements can only be made on the advice of the Medical Officer of Health, who cannot himself do more than give the advice.

In the previous codes in force, if the managers of a school considered that the regulations to close were unreasonable, they could, after closing, appeal to the Board of Education. In the current code this power of appeal has been abolished.

There are, however, occasions when a Medical Officer of Health is not justified in advising the closure of a school, and yet by reason of the absence of a large number of children from school through illness, the managers desire closure. Formerly the Board were satisfied if such voluntary closing obtained the sanction of, or was under the advice of any medical man, and not necessarily the Medical Officer of Health for the district. Now, however, the School Medical Officer can certify that the exclusion of certain children is desirable on the ground that such exclusion may prevent the spread of disease. The School Medical Officer may also exclude children from school attendance on the grounds that their uncleanly and verminous condition is detrimental to other scholars, and also on the ground that owing to their state of health, or their physical or mental state they are incapable of receiving proper benefit from the instruction of the school.

These more definite regulations which are now introduced for the first time will go a long way towards putting an end to the difficulties which have arisen in some districts, where the managers, or in some instances the correspondents of schools, have assumed the responsibility of closing the school, and after having done so, have sought for the sanction of the Medical Officer of Health in order to render regular an entirely irregular action.

The Rotherham Education Authority having appointed the Medical Officer of Health as their School Medical Officer, should prevent any difficulty or difference of opinion on this particular point being possible in the County Borough.

I have in my report upon the prevalence of measles given a list of the schools which have been closed in the Borough during the past twelve months.

WORK IN THE BOROUGH BACTERIOLOGICAL LABORATORY.

The great value of the early and accurate diagnosis in such diseases as Tuberculosis, Diphtheria, Anthrax, Enteric Fever, &c., has now become generally recognised by the medical profession in Rotherham, with the result that a Public Health Department is not considered fully equipped unless it is provided with facilities for Bacteriological examinations.

This very necessary laboratory has now been established over three years in Rotherham, and facilities are now provided for the free examination of any material from the above mentioned infectious diseases, which may be submitted by medical men practising within the County Borough.

Year by year this work is increasing. During the year 1908 no less than 349 Bacteriological examinations were made of various specimens as compared with 323 in the year 1907.

These examinations take up a large amount of time, and I do not think that it will be possible without some further assistance to examine a larger number of specimens than was done last year.

Year by year fresh duties are being added to medical officers of health.

The following table gives the details of the bacteriological examinations made during the year 1908.

	Positive.	Negative.	Doubtful.	Total.
Diphtheria	40	99	4	143
Tubercle	39	72	..	111
Typhoid Fever	48	22	5	75
Ringworm	11	1	..	12
Glanders	2	2	..	4
Other examinations	1	3	..	4
			Total ..	349

NEW ISOLATION HOSPITAL, BADSLEY MOOR LANE.

This institution has now been in working order for three years, and the following table shows the number of cases treated in the Hospital for the year ending December 31st, 1908 :—

Diseases.	Number of cases.	Total No. of days.	Average No. of days.	Deaths.
Scarlet Fever .	86	2916	34	1
Typhoid Fever.	48	1606	33.5	8
Diphtheria	19	321	16.5	2
Erysipelas	2	21	10.5	..
Measles	2	14	14	..
Totals	157	4878	31	11

The largest number of patients in the Hospital on any one day during the year was on June 2nd, when there were 38.

The lowest number was 3, on January 14th.

It will probably be many years before so few patients for a single twelve months will be in the Hospital.

A table is attached giving the total expenses incurred at the Isolation Hospital during the twelve months ending December 31st, 1908.

ISOLATION HOSPITAL EXPENDITURE, 1908.

	£	s.	d.
Wages	445	15	2
Provisions	304	12	4
Furniture	30	4	5
Medical Attendance	50	0	0
Stores and Drugs	24	18	8
Coal and Light	160	9	10
Water	28	3	0
Repairs	24	9	11
Boiler Inspection	2	15	0
Printing, Stationery, and Advertising	18	14	6
Seeds and Shrubs	4	11	0
Rates	111	8	5
Horse Hire	67	5	3
Cleaning Materials	8	19	7
Telephone	7	15	0
Nurse's Uniform	9	17	5
Petty Cash	15	2	1
Sundries	39	11	7
	£1335	3	2
Loan Charges	1016	1	0
	£2351	4	2

The cost per patient per week to the ratepayers (including all expenses, loan charges, rates, wages, medical attendance, &c., &c.), works out at 5/9.

To be strictly correct, the cost for the year 1908 was 5/8 $\frac{3}{4}$, this year having an extra day, being leap year.

I consider these figures reflect great credit upon the Matron, Mrs. Hawes.

OFFICER'S SICK LIST, 1908.

During the year only four of the nurses on the permanent staff have been off duty through illness. One was off sick with gastric ulcer for 49 days, two with scarlet fever, being away 40 and 42 days respectively, whilst a fourth was off for 7 days with a sore throat, making a total of 138 days.

ADMINISTRATION.

One of the chief difficulties in the management of Isolation Hospitals is the so-called "return" case of scarlet fever and diphtheria. For example, one of these cases leaves the Hospital to all appearances quite free from any of the well-known infectious symptoms, and yet in a few days a fresh case of the disease occurs in the same house, or perhaps a school class after the discharge of the patient from Hospital.

"Return" cases of scarlet fever are much more common than those of diphtheria, and although cases have not been discharged from the Rotherham Isolation Hospital until two or more "negative" swabs have been taken from the nose and throat, I have known at least one well-marked return case of diphtheria. Such cases are most disappointing and perplexing, and they constitute one of the chief objections to Isolation Hospital treatment. Several devices regarding the re-arrangement of the ward buildings, methods of treatment, and methods of discharge from Hospital, have been adopted to prevent this, but have not met with complete success. It is advisable before the final discharge of scarlet fever patients that when quite free from all known infectious symptoms they should take a final disinfectant bath in the discharging bath lock, and then pass into a discharge ward for three or four days, when, if the patients remain quite well from ear or nose discharge, or kidney mischief, they are allowed to return home without a further bath.

The difficulty at the Rotherham Isolation Hospital has been that the observation ward is too small, and has been so frequently required for doubtful cases.

Another common cause of return cases in households is the presence of adenoids or enlarged tonsils, and I found that in nearly all these cases ear discharge and nose discharge are constantly present. It is therefore advisable, when these conditions exist, to advise the patients that they should consult their ordinary medical attendant as soon as possible with a view to the removal of these growths. I found that the majority of parents carry out this advice.

With regard to the discharge of diphtheria cases, it is always a safe and useful rule not to permit it until at least two consecutive swabs—with several days' interval—from the nose and the throat have been found to be quite free from the diphtheria bacillus after cultivation in the incubator. It is no uncommon thing to find this bacillus retained for a considerable period at the back of the nose.

DIRTY AND VERMINOUS HEADS.

Children and even adults are frequently admitted into the Rotherham Isolation Hospital suffering from ringworm, pediculosis (lice), or some other skin disease, which very often is found to be due to one of the first named diseases.

Every child on admission into our Isolation Hospital is carefully examined for ringworm and for lice in the head. If these are present, the case is isolated from the others if possible, and carefully treated in order to prevent the disease spreading to the other patients.

Hair brushes should not be permitted in the general wards, and each patient should have a separate comb, which ought to be frequently sterilised.

There is only one way to deal with heads full of lice or nits, and that is, to insist upon cutting the hair as close as possible in order to apply the necessary treatment. Should the parents object, and very often in the case of girls of about fifteen years of age they often do, it is advisable to threaten to send the patient back to her home. Parents then invariably consent to this operation being performed.

TYPHOID (ENTERIC) PATIENTS.

If parents and relatives are admitted into the Hospital wards to see these cases, which is the rule in the Rotherham Isolation Hospital, it is necessary to limit the number to two at a time, and the friends should not be allowed to remain for more than ten minutes. It is always advisable that a close watch should be exercised by the charge nurse that such visitors or friends do not introduce dangerous or solid food, especially fruit, sweets, and chocolate in mistaken kindness.

Many a recovering case of enteric fever has been killed in this way.

In order that all precautions should be taken to prevent the spread of enteric fever, the following instructions have been issued to nurses, attendants and visitors of patients so suffering:—

PRECAUTIONS TO BE TAKEN IN CASES OF ENTERIC FEVER.

INSTRUCTIONS TO NURSES, ATTENDANTS, AND VISITORS OF PATIENTS.

1. Every official whose duty it is to pass from one pavilion to another, and every friend visitor to a patient, shall, immediately after entering a pavilion and before entering a ward, put on, **AND BUTTON UP**, the wrapper provided for the purpose.

2. Every officer, nurse, wardmaid, servant, visitor, or other person engaged in the pavilion or entering therein, shall, without fail, **EACH TIME BEFORE LEAVING THE PAVILION**, rinse his or her hands in disinfectant solution, and wash them, carefully using the special soap and nailbrush provided for the purpose. **THIS RULE MUST BE ESPECIALLY OBSERVED BY**

NURSES AND MAIDS EVERY TIME BEFORE GOING TO THE ADMINISTRATION BLOCK FOR THEIR OWN MEALS OR FOR PATIENTS' FOOD, ETC.

3. Nurses and others, while at the bedside of a patient, are cautioned to be extremely careful against unnecessary risk of catching infection by the breath. Thus they should, as far as possible, avoid inhaling the foul air from beneath the bedclothes, or from the patient's breath, or other evacuations. They are advised to keep their finger nails short and smooth so as to lessen the probability of holding infection. **FRIENDS SHOULD NOT ON ANY ACCOUNT BE ALLOWED TO KISS PATIENTS, OR TO SIT ON THE BED.**

4. Stools, urine, sputum, vomit or other discharges, dirty water from bathing or washing in bed, and all rinsings from sheets, should, without delay be disinfected and emptied into and flushed down the drain.

All slops, floor washings, bathroom waste water, etc., must be without delay also discharged into the drain.

5. Every nurse, in removing a bed-pan from the patient's bed, shall immediately close the opening of the pan with the earthenware lid, and cover the whole with a carbolic cloth before removing it from the ward.

6. Every nurse, after handling a patient, a dirty bed-pan, or soiled linen, etc., shall at once wash and disinfect as above.

7. All plates, feeders, knives, forks, cups, spoons, etc., used by or about a patient, must at once be cleansed in the steam crockery washer provided for the purpose.

8. All ward sweepings, dust, soiled rags, or other combustible refuse are to be burnt.

9. Nurses are required to see that the strictest cleanliness is observed everywhere in the pavilion, and especially in respect of food, milk, etc., left by patients, dirty utensils, etc.

10. **FLIES ARE A COMMON CAUSE OF SPREADING ENTERIC FEVER.** Nurses are requested to do all in their power to exclude flies from the wards and pavilion generally. In warm weather all articles of food (liquid or other) should be kept covered with gauze or other material. No waste food or unwashed utensils of any kind, on which flies may settle, should be left about; as far as practicable patients should be protected from contact with flies. The charge nurse must carefully see that all soiled or dirty linen, towels, napkins, handkerchiefs, etc., are placed in the linen trunk immediately after its removal from the ward, and covered so that flies may have no access to it. She shall report whenever the dirty linen is not removed to the laundry early in the morning.

11. The charge nurse on duty shall immediately report to the matron any ailment whatever in any nurse or servant of the pavilion. She should also draw attention to any condition of the premises liable, in her opinion, to spread infection.

ALFRED ROBINSON, M.D.,

Medical Officer of Health.

Public Health Offices,

12, Frederick Street, Rotherham.

Number of Cases of Infectious Diseases reported in each Month of the year 1908.

	Scarlet Fever	Diphtheria	Membranous Croup	Enteric Fever	Continued Fever	Puerperal Fever	Erysipelas	Total.
January ..	4	2		9			5	20
February ..	7	4	2	5		2	2	22
March ..	6	8		4		1	5	24
April ..	6	3	1	16			5	31
May ..	22	5	2	8			13	50
June ..	5	4	1	7			3	20
July ..	12	6		8		1	5	32
August ..	12	3		5			2	22
September ..	16	4	1	12			4	37
October ..	9	6		18	1		5	39
November ..	12	2		4		2	5	25
December ..	14	2		3			5	24
Totals ..	125	49	7	99	1	6	59	346

CASES ADMITTED INTO HOSPITAL ALLOCATED INTO
THEIR VARIOUS WARDS.

	Typhoid.	Scarlet.	Diph- theria.	Measles.	Ery- sipelas.
South	3	1	2	..	..
East	1	4	1	..	..
West	15	12	..	1	..
North	7	8	1	..	..
Clifton .....	..	5	2	1	..
St. Ann's	3	8	..	..	..
Kimberworth .	8	13	9	..	..
Masborough ...	5	26	3	..	2
Thornhill	6	9	1	..	..
Totals	48	86	19	2	2

PULMONARY CONSUMPTION.

During the past three years the following cases of this disease have been reported within the Borough of Rotherham, and the following deaths have occurred during the same period:—

Year.	Cases notified.	Deaths.
1906	64	36
1907	98	48
1908	91	62

The treatment of this disease during the last few years has undergone remarkable changes, with the result that the death rate from consumption has been reduced between the ages of 25 and 35 years in England and Wales by 46 per cent., and in Scotland by 35 per cent., whilst during the same period in Ireland the death-rate has increased nearly 50 per cent. during this particular age period. During the same age periods the death-rates in England and Scotland have respectively been 199 and 265 per 100,000; the Irish death-rate has reached the very high figure of 447 per 100,000 of the population.

Doubtless this high percentage in Ireland is due to the very bad housing conditions which exist there.

The voluntary notification of consumption has been in force in Rotherham for three years. Everyone is agreed that the voluntary notification of this complaint has been a failure, and many cases are reported two, three, and even four times by separate doctors, in consequence of people changing their medical attendant.

The certificates under the new order of the Local Government Board are in a sense confidential, but the system which came into operation on January 1st, 1909, will practically amount to compulsory notification, so far as Poor Law patients are concerned.

The object of this fresh form of notification is to give sanitary authorities assistance in preventing the spread of the disease, for as it is in the poorer dwellings that consumption is fostered and spread by insanitary conditions, overcrowding and dirty habits, so good will come by the attention of Medical Officers of Health being more closely directed to the dangerous portions of their districts.

The new system, which fortunately is not adoptive, will lead to more energetic action than is now possible.

The other advantages which it is hoped may follow is closer co-operation between Public Health Authorities, Boards of Guardians, and Voluntary Associations for the assistance of consumptives.

In this way help may be given in the earlier stages of the disease, when the provision of better clothing, better housing, and perhaps a seaside holiday, will have a better chance of success in overcoming the malady.

As for those who are past complete cure, it will still be possible to give them greater comfort in suitable institutions, at the same time diminishing the risk of the disease being spread through a patient lying in an overcrowded bedroom.

During the past year the expectoration from 111 patients suspected of suffering from this disease has been examined bacteriologically at the Borough Laboratory, with the result that 39 cases showed the tubercle bacillus to be present, whilst in 72 it was absent.

The number of bacteriological examinations for this complaint is increasing yearly.

Several shelters for the accommodation and treatment of males are being erected on suitable premises in Badsley Moor Lane; it is expected that they will be completed and ready for occupation in April or May next.

As I have already stated, 91 cases of this disease have been notified during the year 1908.

These cases were reported in the following wards:---

St. Ann's	16
Masbrough	10
Kimberworth	9
West	8
Thornhill	11
South	9
North	8
Clifton	4
East	0
In Workhouse Hospital (address not given)	16

Thirty-two of these 91 certificates were marked "Confidential," and so were not visited.

Two hundred and twenty visits and re-visits have been paid by the Female Health Visitor to the remainder during the year. Of course, many of the visits were paid to patients notified in previous years.

Pamphlets have been distributed freely dealing with simple measures for the prevention of the spread of the disease, and suggestions made regarding the treatment of the sputum to prevent infection, together with instructions dealing with the important question of the value of fresh air, rest and good food.

These instructions issued in pamphlet form have proved very valuable amongst consumptive patients, as preventive work amongst them is extremely difficult, owing to the miserable housing conditions, overcrowding and dread of fresh air.

It is surprising to find what an objection patients suffering from this complaint have to being isolated in their own homes by having a separate bedroom. However, the majority of people are now beginning to grasp the necessity of this better than formerly; where it is impossible to have a separate bedroom removal to the Workhouse Hospital for treatment has been recommended.

A large number of people have a rooted objection to entering any Hospital connected with a Workhouse, and it will, I think, be found to be much easier to persuade patients to enter a sanatorium, more particularly if it is in the immediate neighbourhood.

The Rotherham Board of Guardians have for some years past sent a number of consumptive patients to Sandgate direct from their homes, and this, I am told, has met with great favour.

The Workhouse is always regarded as the last resource, and many patients refuse to go into the House even when the disease is in a very advanced stage, although admitting at the same time that they would receive greater care and attention than is possible in their own homes.

No doubt much better results would follow the sanatorium treatment of this disease, if patients would assent to it when in the first stage. Unfortunately during the past year several patients have been sent to Sandgate in the advanced stage, the result being that after staying a few weeks they have returned in a dying condition.

On the other hand, those cases that have had early treatment have done well.

All those cases that have remained in their own homes in Rotherham have been visited once or twice each month and their bedrooms sprayed with "Formalin." The value of open windows day and night have been impressed on the other inmates of the house, and where it has been found quite impossible for a patient to have a separate bedroom, a promise has been exacted that no other occupant shall share the same bed.

Where extreme poverty has prevailed in the household, some of the cases have been supplied with dried milk from the Public Health Office with very beneficial results. The following are the details of the 91 cases notified:—

Adult females, 26; adult males, 57; males under school age, 1; females under school age, 1; males of school age, 3; females of school age, 7; cases notified from Workhouse Infirmary, 16; patients in Workhouse Infirmary, 22; patients attending General Hospital, 12; cases notified twice or more, 9; cases marked "Confidential, 32; total, 91.

The following table gives the occupation of the cases of pulmonary consumption notified during the year 1908, both male and female. It will be noticed that the chief sufferers are housewives, labourers, colliers, and ironworkers.

TREATMENT OF PULMONARY CONSUMPTION IN THE ROTHERHAM WORKHOUSE.

Dr. R. G. Riddell, the Medical Officer to the Rotherham Workhouse Hospital, has kindly supplied me with the following information with regard to the amount of Hospital accommodation for cases of pulmonary tuberculosis that exist there, and of the methods adopted by the Rotherham Board of Guardians for the treatment for advanced and for earlier cases of this disease.

Dr. Riddell reports as follows:—

TREATMENT OF PHTHISIS IN THE WORKHOUSE.

This resolves itself chiefly into the treatment of chronic and usually incurable cases. It has of recent years been the policy of the Guardians to send all cases of which there is a reasonable hope of cure to sanatoria. Many of these are sent away in the first instance on coming under the care of the District Medical Officers, without coming into the Workhouse at all.

The phthysical cases in the institution are separated from the other inmates and treated in a separate ward. The great majority of the cases are males—thus, in 1908 the number of males was 19, as against three females. The reason for this is evident enough. The men are in most cases the breadwinners, and when rendered unfit for work by tuberculosis, have to seek aid from the Union. The women on the other hand are maintained during sickness in their own homes by the male wage earners.

More might be done in the way of outdoor treatment at the Workhouse by means of sheds or chalets, but these should not replace the treatment in sanatoria of early cases. The situation of the Workhouse is much exposed to strong winds, and the patients complain much of a nauseating smell that frequently permeates the atmosphere from the valley below. There are, however, many cases which the sanatoria do not care to receive and which are not yet quite hopeless, which might receive open-air (outdoor) treatment at the Workhouse. If shelters were provided they would tend to give such patients more confidence in prolonged treatment, the difficulty at present being to prevent them from going out at the first sign of improvement, and coming back in a hopeless state. They would also be separated from the extreme cases.

We have received great assistance from the Medical Officer of Health in the bacteriological examination of the sputum of every suspected patient, and consequently, discovery of early cases.

BACK TO BACK HOUSES.

There are in the Borough of Rotherham at the present time 359 of these houses, and the table on page 98 gives the actual number in each ward in the Borough. It will at once be noticed

that nearly all these particular houses are situated in the Kimberworth district.

This class of house is probably the cheapest to construct. The ordinary house of this type consists of three rooms—a living one opening directly into the street, a bedroom over it, and an attic on top.

The average rental of such a house is generally between 3s. 6d. and 4s. 6d. per week.

No back to back houses have been erected during recent years in Rotherham.

Taken altogether, one house in forty of the total number of houses in the Borough of Rotherham is of the back to back type. This proportion is extremely low when compared with the neighbouring City of Sheffield, where one-sixth of the houses are of the back to back type.

In this class of house the circulation of air is impossible, especially when, as is usually the case, the window in the attic is low and there is no fireplace, as is so often the case in the older houses of this description.

If the space in front of the back house is not confined, and there is a good window and a large fireplace in the garret, the objection to this house is not nearly so great.

It goes without saying that a through house with dirty people in it, who will not open their windows, is much more insanitary than a back to back house which is the home of a clean family, who open their windows regularly.

This is the argument one is met with when one suggests improvements to the property owner or landlord in a back to back house.

Unfortunately for this argument, the very worst type of tenants usually drift to these back to back houses.

Back to back houses are generally credited with being one of the predisposing causes of consumption. This may be a fallacy, because the people who inhabit the cheapest type of houses are generally the poorest, worst clad, and worst fed section of the community, and in all probability continued ill-health has played an important part in bringing them down lower and lower in the social scale. This disease is then spread by direct infection through overcrowding to other members of the household through the insanitary conditions.

This relationship will be at once apparent on reference to a table on the question of pulmonary consumption, which shows the number of cases of consumption which have been reported to me in each ward during the year 1908.

HOUSE ACCOMMODATION IN ROTHERHAM.

It is much to be regretted that the Housing and Town Planning Bill of 1908 did not become law during the past session of Parliament. After many weeks of hard labour in Committee, the Bill was much improved, and would have made a workable if not an ideal Act.

It is, however, to be brought up again, perhaps in a better form than when it left the Committee of the House of Commons last session.

The position of all Medical Officers of Health will be greatly improved by the Bill, and still further extended and secured. If the town planning clauses were made into a separate Bill, both housing and town planning would be more effectually promoted.

The Housing of the Working Classes Act, passed some years ago, and divided into Parts 1, 2, and 3, is most difficult to put into practical operation.

Under Part 3 of the Act the following houses have been declared unfit for human habitation during recent years:—

CLIFTON WARD (11).

20 Court, Wellgate	..	..	..	..	..	7
Doncaster Road	..	..	..	..	..	4

SOUTH WARD (37).

12 Court, Wellgate	..	..	..	..	..	5
Radley Row	..	..	..	..	..	16
Millgate	..	..	..	..	..	2
13 Court, Wellgate	..	..	..	..	..	3
10 Court, Wellgate	..	..	..	..	..	3
New Zealand Yard	..	..	..	..	..	8

WEST WARD (44).

5 Court, Westgate	..	..	..	..	..	15
Oil Mill Fold	..	..	..	..	..	9
17 Court, Westgate	..	..	..	..	..	8
1 Court, Sheffield Road	8
Marsh's Property, Sheffield Road	4

THORNHILL WARD (8).

Old Holland	8
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MASBRO' WARD (18).

Rollers' Row	2
Spring Gardens	4
2 and 3 Courts, Brinsworth Lane	12

KIMBERWORTH WARD (19).

Bradgate	17
Thorpe	2
	<hr/>
	137

BACK-TO-BACK HOUSES.

EAST WARD (8).

Shakespeare Road	8
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SOUTH WARD (34).

Exchange Yard, Millgate	8
Sayle's Yard, Howard Street	14
New Zealand Yard, Bridgegate	12

NORTH WARD (23).

26-29, Union Street	7
36, Wilton Gardens	2
58-64, Wilton Gardens	8
21-23, Ellen Street	4
39, Ellen Street	2

THORNHILL WARD (118).

124-146 and Courts 3 and 4, Greasbro' Road ..	24
82-88, Greasbro' Street	8
Court 1, Thomas Street	4
Court 2, Thomas Street	8
Courts 1 and 2, Mary Street	12
Court 3, Mary Street	4
Court 1, Chemist Lane	8
Badger's Row, Hardy Street	14
90-124, Hardy Street	18
37-43, Hope Street	8
37, Rawmarsh Road	2
1 Court, Rawmarsh Road	6
1 Court, Greasbro' Road	2

MASBRO' WARD (145).

Court 2, College Road	8
Court 3, College Road	10
Court 6, College Road	6
Court 1, Brinsworth Lane	20
Court 2, Brinsworth Lane	7
Court 1, Albert Street	20
Court 2, Albert Street	8
Court 3, Albert Street	12
92-108, Masbro' Street	18
Lyme Street	36

KIMBERWORTH WARD (31).

Court 3, Psalters' Lane	6
Court 4, Psalters' Lane	6
Court 5, Psalters' Lane	4
3-9, Wing Street	8
Sportsman's Cottage, Blackburn	6
Total	359

TENEMENT LODGING HOUSES.

There are unfortunately within the Borough of Rotherham 130 of these dwellings, and the following table shows how they are distributed throughout the various wards.

It is difficult in many instances to keep in touch with these "landladies," as they are somewhat of a roving disposition, and when they come in contact with the official Female Health Visitor are apt to change their address by the time that a repetition of the visit becomes due.

When visiting houses which are let in lodgings, attention is not only paid to the condition of the walls, ceilings, floors, window sash frames, and other structural effects, but an endeavour is also made to educate the tenants to a high standard of cleanliness and decency of living. Efforts are also made to induce these housewives, who are inclined to be slatternly, to be orderly and methodical.

Many women are under the impression that so long as they wash their floors, the condition of the rest of the room does not matter in the least. They are apparently blind to the cobwebs on the walls and ceiling, to the paint work coated with black grease, the accumulations of dirt in the corners of the rooms, and the filthy condition of the carpets, which would be better dispensed with altogether.

When visiting these houses special attention is also given to the following details:—

(1) To the state of the bedding, which is too often in a deplorable condition, and out of repair, very often soaked with filthy matter, offensive and verminous, and quite destitute of proper coverings, pillow-slips and sheets.

(2) To the receptacles for slops, which are often coated with slimy foul matter, which are frequently a serious nuisance.

(3) To the spaces under the beds, which are used for the disposal of dirty clothing, old boots and other rubbish.

(4) To the cupboards used for the storing of food, which are usually found in a most unsatisfactory state, so far as cleanliness and order are concerned.

(5) To the use of heavy, dirty, light-obstructing materials used as curtains and blinds.

These conditions are quite as often the result of negligence, ignorance, want of thought, alcoholism, as of poverty.

Our bye-laws with regard to the good management of these houses let in lodgings are not carried out so efficiently as they might be. If the Rotherham Corporation would appoint an additional Female Health Visitor as I recommended in my Annual Report for 1907, the inspection of these tenement houses would form part of her duties.

It is quite impossible for one Female Health Visitor to perform all the duties efficiently with the extra work entailed by the Midwives Act, the Notification of Births Act, and the Order for the Compulsory Notification of Consumption, which came into force on January 1st, 1909.

TENEMENT HOUSES.

FURNISHED ROOMS IN HOUSES SUB-LET. (COMBINED LIVING AND SLEEPING).

SHOWING NUMBER IN EACH WARD.

Ward.	Situation of House.	No. of Rooms.
South.	27, Howard Street	4
	52, Howard Street	3
	11, Eastwood Lane	7
	13, Eastwood Lane	4
	2 Court, 1 House, Millgate	3
	40A, Nottingham Street	4
	18, Nottingham Street	3
	42, Quarry Hill	6
		—34
Masbro'.	29, Masbro' Street	7
	Back College Inn	5
	Back 40, College Road	3
	40, College Road	4
	10, Wentworth Street	2
	14, Wentworth Street	2
	4, Wentworth Street	2
	34, Chemist Lane	4
	19, New Holland	2
	4, New Holland	1
	31 and 33, Wing Street	2
	157, Brown Street	1
	32, Chapel Walk	4
	14, King Street	1
	9, King Street	1

Ward.	Situation of House.	No. of Rooms.
	27, King Street	1
	38, King Street	1
	40, King Street	1
	16, King Street	1
	114, Brown Street	1
	26, Vine Street	1
	24, Vine Street	1
	6, Vine Street	1
	20, Vine Street	1
	22, Vine Street	1
	18, King Street	1
	2, Cupola Yard	3
	4, Cupola Yard	3
	6, Cupola Yard	3
	8, Cupola Yard	3
	9, Cupola Yard	3
	10, Cupola Yard	3
		—70
Thornhill.		
	4, Hope Street	2
	7, Charles Street	2
	3, Charles Street	2
	135, James Street	1
	30, Hope Street	2
	28, Hope Street	1
	Searby's Yard, 2, 4, 6, 8, 10 ..	10
		—20
West.		
	47, Oil Mill Fold	2
	46, Oil Mill Fold	1
	77, Westgate	2
		— 5
East.		
	623, Fitzwilliam Road	1
		— 1
		—
		130

WORKMEN'S DWELLINGS.

This is a subject which is constantly presenting itself in one form or another for solution. Like the poor, the problem of the housing of the poor is always with us, and is one of the greatest difficulties that Medical Officers of Health have to face.

The obstacles to be surmounted are, indeed, so great, and the possibilities of failure so proportionately large, that the Medical Officer who evades the problem can scarcely be held blameworthy. In the present unsatisfactory state of matters, where the Medical

Officer is dependent for his continuance in office in many towns on the yearly vote of a body of men whose interests he may in one way or another infringe, even when his action in the public welfare is successful, it behoves him to walk warily. It says much for the courage and disinterested zeal of many Medical Officers of Health that they have made fearless and honest attempts to grapple with the difficulty. In some cases their efforts have met with a considerable measure of success; in others the evil has only been purged from one quarter to reappear in an aggravated form in another.

The perfect scheme for the perfect housing of the poor has yet to be devised, but there has never been a time when so much thought and attention has been devoted to it, and when it has seemed so hopeful of realisation.

Meantime, we are hampered by many obstacles, not the least of which are the imperfect state of the Parliamentary Act which gives us the power to proceed, and the difficulty of inducing authorities already heavily burdened with debt to undertake any outlay which may prove financially hazardous.

An insanitary area in one of our large towns has been condemned, and the inhabitants have received notice to quit. How are they to be provided with housing accommodation?

If we make a rough analysis of the population of such an area, we may divide it into the following classes:—

1. Tramps, vagrants and hawkers—birds of passage who are here to-day and gone to-morrow.

These are undesirables whom we have no desire to attract by the provision of comfortable apartments. At the same time, so long as this class exists, it is a matter of importance that they should be accommodated where supervision can be exercised over them both in matters of simple hygiene and especially as regards infectious disease. We have all of us recently had striking illustrations in years gone by of the effective way in which vagrants can disseminate small-pox over large areas of country, and we look for the day when health authorities will be empowered to deal with this danger to the community in the efficient manner which we have long desired and asked for.

Until that time comes much can be done in the way of supervision at least, if we could deal with these menacers of the public safety in some premises which are directly under the control of the local authorities; and this is one of the arguments used in favour of the erection of municipal common lodging-houses.

It would not, however, be justifiable to advise the erection of such buildings merely for the accommodation of vagrants, hawkers, *et hoc genus omni*, but there is another class of slum inhabitants to be considered, viz:—

2. Persons temporarily resident in the town, and engaged in work not of a permanent character, such as navvies, pit-sinkers,

labourers, etc. Where these have to be housed the problem is rendered much simpler if there exists a MUNICIPAL COMMON LODGING-HOUSE ready to receive them.

Failing this, provision may be made in any tenements to be erected for rehousing purposes of single-roomed apartments at a low rate of rental.

It is more than likely, however, that, instead of availing themselves of such apartments, these persons will prefer to billet themselves on residents in some other poverty-stricken neighbourhood, where they will help to reproduce overcrowding and insanitary conditions.

This is the class of men who probably benefit most by the existence of a model lodging-house under municipal control, and it is a matter for consideration whether such a building should not have a place in every large improvement scheme of the kind.

3. The third class consists of households where the wage-earner is making not more than 15s. or 20s. per week, and who certainly cannot afford to pay more than 2s. or 3s. per week in rent—that is to say, one-seventh part of his income.

This is the class which is the most difficult to provide for in any rehousing scheme. What is required here is to plan a house which will be healthy and sanitary, sufficiently roomy to accommodate a family, say, of four to six people, with a rental of not more than 3s. per week, and which will yet give a sufficient return to pay the interest on the outlay on the building and land, and to repay the sum borrowed in an extended period of years.

To evolve a dwelling which will fulfil these requirements has proved a matter of great difficulty, and in some cases, where the price to be paid for land is high, it has been found almost an impossibility, and has formed a stumbling-block in the way of the effective development of many a rehousing scheme.

In some places no attempt has been made to erect such a class of dwelling, and in its place houses have been built to let at a much higher rental—5s. to 7s. 6d. per week.

Such houses can be made to yield a better financial return, and those responsible for their erection put forward the theory that, by providing houses for the better class of dwellers in poor districts, their original dwellings gradually become vacated, and are subsequently tenanted by those in a lower stratum of society, so that a general movement upwards is produced, and the tendency to overcrowding in the lowest quarters is diminished.

There are many arguments for and against this "indirect" rehousing scheme, as it might be called, but there can be no doubt that where land can be acquired cheaply, and buildings erected which will fulfil the conditions I have enumerated, the direct provision of houses at a suitable rental for the families displaced is to

be preferred. Indeed, it is very doubtful whether this upward movement into better-class houses takes place to any appreciable extent. The movement must necessarily be a slow one, and as overcrowded towns have usually an increasing population, it is probable that many of the new houses become tenanted by immigrants from other parts.

Thus, the buildings fail to produce the alleviation of overcrowding in poorer quarters for which they were intended, and the Corporation lays itself open to attack from those who believe that it is not the function of such a body to enter into competition with the private builder.

A combination of the two methods has been put into practice in some places, where tenements have been erected containing the more expensive as well as the cheaper apartments, so that the average rental obtained on the whole yields a profit. This appears to work satisfactorily, and has been adopted in Bradford and other places, where the new buildings are erected on the site of those pulled down, and where land is usually of considerable value.

It is still possible to obtain land in the outskirts of most of our large towns at a sufficiently cheap rate to allow of the erection of houses with accommodation enough for an average household of the class we are dealing with, and at a reasonable rental; and where cheap and easy means of transit exist to and from the centres of industry in the town, the additional advantages of pure air, bright sunshine, and the possibility of having a small plot of garden attached to each house, will usually decide us in favour of utilising such sites in preference to those of the demolished insanitary areas, which are always valuable for other purposes.

If such land be obtainable, we can here erect a type of dwelling which may more nearly earn the name of a home than can the apartments in the dreary and many-storied blocks which we have to erect in more central sites. Small two-storied cottages, each with a little garden attached, form homes for the poor which are paradises in comparison with the slums from which they have been expelled.

It is, however, altogether unwise and unnecessary to go to extremes in the direction of comfort, and to carry out the plans so often drawn up as representing the minimum of accommodation that should be supplied. Such plans we find to include sitting-rooms, bathrooms with hot and cold water, and other accessory apartments, which I consider are not only unnecessary, but which increase the cost of the building to such an extent as to render it unsuitable for its purpose. We find that these families of the poor use the kitchen for all ordinary living and domestic purposes other than sleeping; and where a sitting-room is provided, we usually find it unused as such, and only occupied by the perambulator, some useless furniture provided on the pernicious hire system, and the Sunday clothes of the lady of the house gracefully distributed over

the table and chairs. It is a receptacle for rubbish, and an endless trouble to keep clean, if, indeed, any efforts are made in this direction. Much better it is to have the kitchen large, roomy, and comfortable, with plenty of light and a good fireplace; and in place of the seldom used bathroom to have a movable bath placed in the scullery, where it is available when required. The house could then be reduced to these apartments, which I think are sufficient: a roomy kitchen, a scullery containing a movable bath, and a cupboard or press downstairs; while upstairs there would be two or three bedrooms. Such a house would meet the requirements of most families of this class, and could, I think, be erected at a cost which would be repaid at a rental of about 3s. 6d. per week.

Everyone who has studied the question as it effects our large manufacturing towns knows that poor families find it almost impossible to obtain houses at 2s. to 3s. 6d. per week, unless two or more families herd together in the same dwelling, and we find those high prices obtained even in the lowest and most dilapidated slum property.

Houses at a higher rental are always obtainable, and therefore I consider that persons able to pay for them should be left to take care of themselves, and that it is unnecessary for the authorities to undertake the erection of dwellings of this better class. Where a demand exists for such houses, private enterprise is always ready to provide a supply; but where private enterprise fails to produce the cheaper type of building, it becomes the province of the public body to do so, as the facilities given to it for borrowing and repaying money, and the smallness of the return it requires for its outlay, enable it to perform what the private builder cannot profitably attempt. The greater the advantage which a public body has in this way over the private individual the better will it be able to do the work which to the latter is unprofitable, and the less likely is it to encroach on his sphere of enterprise. We can thus see the importance of the concession which has recently been granted in the Housing of the Working Classes Act, 1903.

Hitherto money borrowed for the purpose of purchasing freehold land for the erection of workmen's dwellings has had to be repaid in sixty years, while the money required for the erection of buildings under the Housing Acts has had to be repaid in forty years. These comparatively short periods have long been felt to be burdensome and to be serious difficulties in the way of profitably laying out the money. Now eighty years will be allowed for the repayment of money borrowed for the purchase of freehold land, and sixty years for the repayment of money borrowed for the erection of buildings under the Housing Acts where the circumstances are such that this may properly be done. The new Act also authorises the re-borrowing of outstanding balances on similar terms.

The importance of this concession is not at once apparent until we reduce it to a matter of pounds, shillings, and pence.

The conditions affecting such schemes of improvement are so diverse in different localities that each must be separately worked out, and plans which would be successful in one town are impossible in another.

In every case the problem bristles with difficulties, and even when an apparent solution has been attained, we are apt to find that the best-laid schemes of sanitary authorities, as well as of mice and ordinary human beings, are subject to much deviation from their intended courses.

HOUSE INSPECTION.

All these back to back houses, tenement lodging-houses, and a large number of other houses occupied by the poorer classes have been systematically inspected during the past twelve months.

A number of dirty tenants' houses have been brought before the Health Committee, for being kept in such a condition as to be a nuisance and injurious to health.

Seventeen houses have been condemned, as unfit for human habitation.

DEATHS DUE TO ACCIDENTS AND NEGLIGENCE DURING 1908.

During the year there were 43 accidental deaths in the Borough; the following table gives the details of cases in which inquests were held:—

Accidents in Steel and Iron Works	4
Colliery Accidents	14
Railway and Railway Construction Works...	5
Falling from Hay Stack	1
Burning Accidents	10
Falling down Steps	4
Falling from Cart	1
Accidentally Shot	1
Run over with Vehicle	1
Struck with Falling Stone	1
Struck with Swing Boat	1
	—
Total	43

During the past year, 10 deaths were due to accidental burns, and a large number of the deaths due to burns from deadly flannel-ette occur annually in the Borough of Rotherham.

Under three years of age, it has been found by returns of the results of inquests that there are more boys than girls burnt to death. After this age, boys wear knickerbockers in place of skirts with girls, and the proportion is reversed until the ages of five and eight years, the fatalities to girls numbering three to one

as compared with boys; this difference undoubtedly being due to the clothing usually worn by female children between these ages. Of these fatalities a considerable proportion is due to the use of flannelette, and many of them by their deadly material in the shape of long nightdresses worn down to the feet. It appears impossible to forbid the use of flannelette, and extremely difficult to prevent young children wandering about a house in their night apparel. What is required is a material as cheap and equally as useful as flannelette, without its highly inflammable characteristics.

Is this beyond the brains of science?

Again and again coroners' juries have called attention to the dangers involved in the clothing of children in flannelette, and it is remarkable that some legislation has not been introduced to prohibit the sale of this dangerous substance.

The wearing of flannelette has again and again exposed children to the same risk as if their night dresses were soaked in methylated spirit.

If those people who ought to know better, and who talk lightly on this question, once saw the agonising deaths which result from this dangerous material, they would not perhaps talk so carelessly on so serious a question. If they had a death in their own family, the truth might be brought nearer home, or let them minister to a child in its dying agony, or see a child who recovers, scarred and disfigured and maimed for the rest of its life.

This is not a subject to be treated with indifference.

MILK AND OTHER FOOD SUPPLIES.

The milk shops and dairies within the Borough have been regularly inspected during the year, and have been found in good order. All the cowsheds have been visited; the condition of some of these might be improved.

About 1,500 gallons of milk are imported into the Borough daily, and arrive in unlocked tins by rail. It would be a great improvement if these milk cans were locked on leaving the farms in Derbyshire, and the ventilation of the tins would certainly improve the milk.

During the year several samples of milk have been found to contain boracic acid in various quantities. Proceedings were taken before the Magistrates, and convictions obtained.

Numerous other samples of food have been analysed, and nearly all the articles analysed have been pronounced by the Analyst to be pure.

During the year 1908, the entire carcasses of 11 beasts have been condemned as unfit for human food, owing to extensive disease due to tuberculosis.

The whole carcase of one pig has also been condemned for the same reason.

All the private slaughter-houses and the Public Abattoir have been inspected regularly during the year. Some of the former are quite unfit for the purpose for which they are used. The Public Abattoir should be enlarged, and if this were done, some of the private slaughter-houses could with advantage be dispensed with.

The following is a list of the public and private slaughter-houses within the Borough:—

SLAUGHTER HOUSES.

ST. ANN'S WARD (4).

Downs	Nottingham Street.
Phillips	Frederick Street.
Hanneman	Kenneth Street.
Kramer	Effingham Street.

SOUTH WARD (6).

Trickett.....	Millgate.
Telling	Wharncliffe Street.
Schonhut, F.	Eastwood Lane.
Early	Effingham Street.
Gamm	Bridgegate.
Public Slaughter House.	

WEST WARD (1).

Lang and Son	Westgate.
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NORTH WARD (3).

Ellis, T.	Wortley Road.
Moxon	Wilton Lane.
Badger.....	Ferham Road.

THORNHILL WARD (6).

Limbach	Bridge Inn Yard.
Willey	Bridge Inn Yard.
Lodge	Thomas Street.
Haywood	Hope Street.
Haag	Bridge Street.
Fisher	Bridge Street.

MASBRO' WARD (4).

Co-operative Society.....	John Street.
Woodger	Wentworth Street.
Schonhut, T. I.	Main Street.
Randerson	Princes Street.

KIMBERWORTH WARD (1).

Higgins	Blackburn.
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THE INFLUENCE OF WEATHER UPON DEATH
RATE STATISTICS.

Table giving the Death Rate, &c., for each quarter during 1908.

	Deaths from all causes.		Deaths under one year.		Zymotics.	
	No.	Rate.	No.	Rate.	No.	Rate.
1st Quarter	267	16.68	64	124	11	.06
2nd Quarter . . .	215	13.43	61	114	31	1.93
3rd Quarter	219	13.69	77	143	51	3.18
4th Quarter	304	19.0	110	216	98	6.18

Next to insanitary conditions of property and its surroundings, the weather is undoubtedly the most potent factor which influences the health of the public. The death-rate throughout the country during the year 1908 has been almost uniformly low. Zymotic diarrhoea, which, as a rule, is so fatal, usually, to infants in the late summer and autumn months, was during this period absent generally, by the unseasonable weather which has previously marked the period of its seasonable prevalence. This complaint appeared, however, and was very fatal in the Borough of Rotherham towards the middle of October, and the epidemic continued until nearly the end of November, and was the cause of a large number of deaths amongst children under one year of age. The summer of 1908, like that of 1907, was abnormally cold and wet, and there is no doubt that during this period of the year a large number of children survive an extremely fatal period of infantile life, directly due to the changed conditions of the climate. The later months of 1908 were unseasonably warm and mild, until December. This again has been responsible for a great reduction in most towns in the number of deaths, which are invariably associated with cold and inclement weather. During November and December a severe epidemic of Measles occurred in the Borough, and this "uncontrollable" disease was responsible for a large number of deaths. The association of a "green Christmas with a fat churchyard" is one of ideas and not of fact.

No doubt, the sense of the well-being is keener in the cold, dry, frosty weather of a severe winter than in the comparatively warm, damp, and muggy climate of a mild one, but the enjoyment by the vigorous of a sense of health must not be associated with a healthy climatic environment.

To those who are strong and robust, severe weather may be stimulating and exhilarating, but to the delicate, the aged, the under-fed, the under-clothed, and badly housed poor, low temperatures generally mean a high death-rate.

PARTICULARS OF RAINFALL IN ROTHERHAM FOR
1908.

The following information as to the rainfall in the Borough of Rotherham for the year 1908 has been kindly supplied to me by Mr. J. H. Kershaw, the Manager of the Sewage Works :—

	No. of wet days.	Rain-fall in Ins.	Maximum daily fall.	
			Day.	Inches.
January	6	.99	Wednesday, 8th.	.32
February	9	1.93	Thursday, 27th.	.54
March	16	2.82	Wednesday, 25th.	.63
April	11	1.41	Saturday, 25th.	.25
May	13	2.46	Wednesday, 6th.	.57
June	6	1.28	Wednesday, 17th.	.44
July	10	1.75	Thursday, 9th	.33
August	10	2.11	Thursday, 20th	.85
September	11	1.17	Thursday, 3rd	.35
October	7	.82	Tuesday, 22nd.	.22
November	8	.91	Wednesday, 25th	.24
December	9	1.33	Tuesday, 15th.	.62
Totals	116	18.98		

SHOWING THE INFLUENCE OF THE WEATHER ON
INFANTILE MORTALITY.

	Number of births.	Deaths under one year.	Infantile Mortality.
January	171	23	134
February	175	23	131
March	169	18	106
April	168	22	131
May	178	21	118
June	186	18	97
July	192	19	99
August	176	28	159
September	170	30	176
October	189	36	190
November	167	41	245
December	152	33	217

WATER SUPPLY.

Purer water is supplied to the Borough of Rotherham at the present time than the inhabitants have ever received previously. One million six hundred thousand gallons of water from Langsett Reservoir reaches us daily. The water is excellent in quality, and with the one exception of being somewhat discoloured owing to the presence of suspended peaty matter, could not possibly be improved.

A recent analysis of this particular water is attached.

The water is rather soft, and in order to prevent any plumbo-solvent action on lead pipes, it is subjected to the following process as it enters the mains from Langsett Reservoir eighteen miles away:—

The requisite quantity of chalk for a period of twelve hours is weighed out night and morning, and poured into a receptacle previously filled with water, at the bottom of which a constantly revolving fan thoroughly mixes the powdered chalk with the water, forming a milky liquid.

It is then discharged, by means of a bucket fixed to a chain, in the manner of a miniature dredger, into another tank, where it is further stirred by revolving arms and baffle plates, flowing thence through a metal pipe to the outlet of the gauge basin, where it mixes freely with the water supply to the Borough.

The whole apparatus is worked by a three-throw hydraulic ram, under pressure of water from one of the higher reservoirs.

The quantity of chalk varies from time to time, and is carefully adjusted to the state of the water supplied from the storage reservoirs. The quantity of chalk rarely reaches the maximum of three grains per gallon, and when investigated by a competent analyst, it is almost impossible to discover any appreciable increase in the hardness of the water.

I am informed that the officials of the Local Government Board have expressed their entire satisfaction with the efficacy of the treatment now in operation, and since its introduction, although it has been under constant observation, no single case of lead poisoning has been traced in Rotherham to the legitimate use of the Langsett water supply.

The only auxiliary source in use within the Borough at the present time is the Pinch Mill stream, which yields 150,000 gallons daily.

The analysis of this water is not so satisfactory.

All the other sources of domestic supply, Ulley, Dalton, Silverwood, and Aldwarke springs have for the present been abandoned.

There still remain a few shallow wells in the Borough, which are gradually being reduced in number.

The following is a copy of a recent analysis of the Langsett water :—

Report on a sample of drinking water received from the Corporation of the County Borough of Rotherham on January 6th, 1909. Sample Mark : "Town Supply, New Zealand Yard."

Physical Characters :—

Suspended Matter :—Trace.

Appearance of a column two feet long :—Cloudy ; Yellow.

Taste :—Normal. Odour :—None.

On analysis the sample gave the following results :—

GRAINS PER GALLON.

Total Solid Matter, 7.00 ; which lost on ignition 1.68 grains.

Chlorine, 0.90 ; equal to Sodium Chloride, 1.48 grains.

Nitrogen in oxidised forms, none, equal to Nitric Acid (anhydrous) —grains.

Poisonous Metals (Lead, &c.), none.

Degrees of Hardness, 2.4 (each degree of hardness represents a soap-destroying power equivalent to one grain of chalk per gallon).

PARTS PER MILLION.

Reducing Power, 1.36 (representing the Oxygen absorbed by the organic and other oxidisable matters in one million parts of water).

Free and Ureal Ammonia, 0.17 parts per million.

Albuminoid Ammonia, 0.08 parts per million.

These results show the water to contain abnormal traces of readily changeable organic matter, probably of peaty origin, to which also the colour of the water is probably due.

In my opinion, with the above exception, the water is of good quality for drinking and general domestic purposes.

G. E. SCOTT-SMITH.

January 14th, 1909.

FEMALE HEALTH VISITOR'S REPORT.

The officially appointed Female Health Visitor, Mrs. Ada Kemp, has submitted to me the following account of the work she has done during the past twelve months, together with the tables giving the details :—

DETAILS OF WORK DURING 1908.

Births.	1847	192	220	553	147	162	142	311	193	309	116	35	271	238	33	71	29	36	6	23	2	1	4937	14	14	
1st & Re-visits.																										
Midwives.																										
Consumption.																										
Dirty Houses.																										
Sore Heads.																										
Sore Eyes.																										
Overcrowding.																										
Houses Sub-let.																										
Measles.																										
Whooping Cough.																										
Diarrhoea.																										
Scabies.																										
Clothing of Children.																										
Death Inquiries.																										
Eczema.																										
Workshops.																										
Outworkers.																										
Schools.																										
Puerperal Fever.																										
Ringworms.																										
Chicken Pox.																										
Hernia.																										
Total.																										
Notices served.																										
Notices abated.																										

The total number of visits paid during the year 1908 has been 4,937, showing an increase of 927 on the previous year. These include cases of consumption, births, dirty houses, overcrowding, school complaints, including ragged and verminous children, ringworm, and children with sore eyes and sore heads, death enquiries amongst children, visits to midwives, visits to workshops where females are employed, visits to outworkers, and to houses where measles, whooping cough, diarrhoea, and other complaints were present.

Five hundred and fifty-three dirty houses have been dealt with, and the instructions given have been complied with except in fourteen cases, where notices were served for cleansing before the necessary work was done. In thirteen of these the work was done within the time limit given, but in one case a prosecution was necessary. It has been impossible to keep a constant supervision over these dirty homes afterwards, as new cases are continually cropping up in every branch of work. More revisiting is required, but cannot be done single handed.

The deaths of infants from diarrhoea have been less this year, but an increased number have died of bronchitis and pneumonia, resulting from whooping cough and measles, which have been very prevalent, especially the former.

Pamphlets have been distributed on "The Feeding and Care of Infants," "Children's eyes and How to Care for them," "To prevent summer diarrhoea in Infants," "Puerperal Fever," and others, which have been very useful.

Overcrowding still increases in many cases and where not too flagrant it has been overlooked owing to the distress consequent on unemployment, and sickness, provided the ventilation and cleansing of the house has been more systematic.

SANITARY INSPECTOR'S REPORT, 1908.

CANAL BOATS.

Forty-eight canal boats have been inspected during the year. The boats were found to be in a fairly cleanly condition, and no infringement of the regulations was detected. No case of infectious disease was found on any of the vessels. The number of children occupying the boats, together with their ages, are here set out.

1	..	..	..	..	..	2 years.
2	..	..	..	..	..	3 "
1	..	..	..	..	..	4 "
2	..	..	..	..	..	6 "
3	..	..	..	..	..	8 "
2	..	..	..	..	..	9 "
1	..	..	..	..	..	11 "
<hr/>						
12						

INSPECTIONS.

Yard-to-Yard and Miscellaneous Visits	..	..	..	..	6682
Complaints investigated..	..	..	..	..	462
Re-visits re Complaints ..	..	..	..	..	378
Visits re sanitary alterations (with builders, &c.)	..	..	..	..	157
Inspections of work in progress	..	..	..	..	1008
Visits to :—					
Canal Wharf (inspection of boats)	..	..	..	..	123
Cattle Market	..	..	..	..	104
Common Lodging Houses ..	..	..	..	..	450
Dairies, Cowsheds, and Milkshops	..	..	..	..	171
Fish, Fruit, and Vegetable Markets	..	..	..	..	206
Icecream Makers' Premises	..	..	..	..	22
Slaughter Houses ..	..	..	..	..	1057
Tripe Boilers' Premises	..	..	..	..	53
Workshops ..	..	..	..	..	173
Cases of Infectious Diseases Investigated	..	..	..	..	307
Re-visits re Disinfection, &c. ..	..	..	..	..	75
Visits re Diseases of Animals ..	..	..	..	..	75
Number of Houses Disinfected..	..	..	..	..	240
Number of Drains Tested	..	..	..	..	72

 11815

Number of Notices Served for Abatement of Nuisances ..	568
Number of Notices Served under the H.W.C. Acts ..	17
Number of Houses Closed or Repaired	16
Number of Reports to Borough Engineer of Wastes of Water	95
Number of Licenses Granted for Movement of Swine ..	1402
Number of Samples of Food and Drugs taken for Analysis	157
Number of Samples of Water taken for Analysis	23
	<hr/>
	2274

NUISANCES ABATED.

Number of Drains Opened, Cleansed, Re-laid, trapped, Vented, &c.	249
Number of Water Closets Opened, Cleansed, and Repaired	198
Number of New Water Closets provided in lieu of Offensive Privies	77
Number of Privies Converted into Water Closets	191
Number of Ashbins Provided	264
Number of Roofs or Spouting Repaired	14
Number of Stagnant Waters Removed from Cellars, &c...	26
Number of Manure and Offensive Accumulations Removed	26
Number of Cases of Overcrowding Abated	4
Number of Yards Paved or Asphalted	86
Number of Pig Keeping Nuisances Abated	16
Number of Nuisances from Fowl and Pigeon Keeping abated	18
Number of Dirty Houses Cleansed	4
	<hr/>
	1173
By our own Staff :—	
Number of Cesspools Cleansed	108
Number of Gullies Cleansed	6852
Number of Courts and Common Yards Scavenged ..	3040
	<hr/>
	10,000

PUBLIC SLAUGHTER HOUSES.

Animals Slaughtered during 1908.

Beasts	3359
Calves	136
Sheep	5583
Lambs	797
Pigs	1943
	<hr/>
	11,818

Number of Private Slaughter Houses (3 not in use)	..	27
Number of Registered Cowkeepers	.. .. .	34
Number of Milkshops	.. .. .	51
Number of Workshops	.. .. .	108
Number of Common Lodging Houses	.. .. .	8
Number of Bakehouses	.. .. .	7
Number of Offensive Trades	.. .. .	6
		<hr/>
		241

CLEANSING OF HOUSE REFUSE AND DISPOSAL.

Number of privies emptied	.. .. .	16496
Number of dry ashpits cleansed	.. .. .	8557
Number of ashpits with privies attached	.. .. .	8687
		<hr/>
		17544
Number of loads from ashpits combined with privies		5724
Number of loads removed from dry ashpits	..	6298
Number of loads collected by Day Staff	.. .. .	11912
		<hr/>
		23934
Number of loads burned at Destructor	.. .. .	16956
Number of loads tipped	.. .. .	5609
Number of loads taken to Farmers	.. .. .	1369
		<hr/>
		23934

ARTICLES DESTROYED AT THE DESTRUCTOR.

Mattresses	.. .. .	1125
Beds	.. .. .	47
Pillows	.. .. .	396
Carcases :—		
Beasts	.. .. .	20
Sheep	.. .. .	45
Lambs	.. .. .	1
Calves	.. .. .	243
Pigs	.. .. .	85
Dogs	.. .. .	719
Lion	.. .. .	1
		<hr/>
		2682

FOOD SEIZED OR SURRENDERED AND DESTROYED
DURING THE YEAR.

Articles of Food.	No.	Weight in lbs.	Pro- ceedings	Penalties
Carcases of Beasts	19	3204		
Sheep	21	952		
Calves	9	424		
Pigs	7	574		
Lambs	1	25		
Plucks	26			
Beasts' Hearts	18			
" Livers	30			
" Heads	18			
Pieces Meat		143		
Rabbits	92			
Fish	2 Boxes			
Pigs' Kidneys	18 "			
Herrings	3 "			
	264	10,322		

Summary of all samples purchased under the Sale of Food and Drugs Acts during the year 1908 :—

No.	Nature of Sample.	Pure.	Adulterated.	Summons' issued.	Dismissed or Withdrawn.	Courvictions.	Penalties	Costs.
92	New Milks	82	10	10	2	8	9 5 0	7 13 0
18	Separated Milks.	15	3	3	1	2	2 0 0	0 19 0
19	Butters	19						
8	Lards	8						
2	Cheese	2						
6	Peppers	6						
1	Ground Ginger .	1						
1	Baking Powder .	1						
3	Glycerine	3						
1	Spirits of Nitre .		1	1		1	0 5 0	0 19 0
1	Friars Balsam ..	1						
1	Castor Oil	1						
2	Camphorated oil	2						
155								
2	Informal Sample Swiss Milk ...	2						
157		143	14	14	3	11	£11 10 0	£9 11 0

Summary of samples purchased under the Food and Drugs Acts and proceedings taken thereon and the results of prosecutions :—

No.	Article Analysed.	Results.	Penalties.			Costs.			
			£	s.	d.	£	s.	d.	
15	Milk	Milk Fat	2.78	1	0	0	1	0	0
		Non-fatty Solids ..	8.94						
		Water	88.28						
			100.00						
17	Milk	Milk	92½ parts.	0	5	0	0	19	0
		Added Water	7½ parts.						
			100						
60	Sweet Spirits Nitro	Ethyl Nitrate	1.14	0	5	0	0	19	0
		Alcohol & Water..	98.96						
			100.00						
69	Milk	Milk Fat	2.85	Dismissed.					
		Non-fatty Solids ..	8.99						
		Water	88.16						
			100.00						
70	Milk	Milk Fat	2.60	Dismissed				on proof of	warranty.
		Non-fatty Solids ..	9.16						
		Water	88.24						
			100.00						
76	Milk	Milk	88½ parts.	2	0	0	0	19	0
		Added Water	11½ parts.						
			100						
83	Milk	Milk Fat	2.70	0	10	0	0	19	0
		Non-fatty Solids ..	8.81						
		Water	88.49						
			100.00						
90	Milk	Milk Fat	2.25	1	0	0	0	19	0
		Non-fatty Solids ..	8.60						
		Water	89.15						
			100.00						
128	Separated Milk .	Contained Boron preservative .	27 grains per gallon.	Withdrawn.					
134	Separated Milk .	Contained Boron .	19 grains per gallon.	2	0	0	0	19	0

No.	Article Analysed.	Results.		Penalties.	Costs.
135	Separated Milk .	Contained Boron .	16 grains per gallon.	No proceedings taken.	
136	Milk	Contained Boron .	15 grains per gallon.		
142	Milk	Milk Fat	2.85	1 0 0	0 19 0
		Non-fatty Solids ..	8.40		
		Water	88.75		
			100.00		
156	Milk	Milk Fat	2.70	0 10 0	0 19 0
		Non-fatty Solids ..	9.00		
		Water	88.30		
			100.00		
				11 10 0	9 11 0

CHARLES E. PARKIN,
Chief Inspector.

APPENDIX 1.

"Special Report on the circumstances associated with the continued prevalence of Enteric Fever in the County Borough of Rotherham, with reference particularly to the purity of the water used for drinking, to the drainage, and to the method of disposal of excrement in the localities where the disease has been prevalent, as requested by the Local Government Board."

By

ALFRED ROBINSON, M.D.,

Medical Officer of Health.

DESCRIPTION OF ROTHERHAM.

The County Borough of Rotherham is situated mainly on three declivities of three hills, which terminate at the eastern side of the River Don, and which respectively run in a south-easterly, easterly, and north-easterly direction towards the villages of Whiston Wickersley and Dalton. The underlying strata of these hills are the Lower Red or Permian Sandstone. The greater portion of the remainder of the County Borough is built upon the alluvial valley of the River. The centre of the Borough, where the Parish Church

stands, is about a quarter of a mile from the bank of the river, which separates it from Kimberworth; the latter district being situated on the slope of another hill extending from the western side of the River Don, in a westerly direction to Thorpe, the lower portion being called Masborough. The underlying strata of this district are the upper and middle coal measures. The river takes a course more or less from south to north, and is the conflux of the Rother and the Don, which unite at Bow Bridge on the south of the town, and separates Rotherham from Kimberworth.

The Borough generally has undulating surfaces, some of which are very steep, the rainfall passing rapidly from the ground and finding its way into the river.

The level of the summer water of the Don at the Rotherham Borough is about 76 feet above mean, or half-tide level at Liverpool. The centre of the Borough is about 116 feet above the Don level, and the highest point of the Borough at the south-east extremity is 380 feet, and at the western boundary, or centre of Kimberworth, is 480 feet, whilst the lower part, which adjoins the village of Dalton, is only 70 feet above the river level. A considerable portion, especially on the western, northern, and eastern sides, is still unbuilt on, while the inhabited portion has its population unequally distributed.

For registration purposes, the Borough is divided into nine municipal wards.

The most common types of working-class houses in Rotherham are those with three, four, or five rooms, together with a smaller number of back to back houses. In a back to back house the rooms are placed one above the other.

During the past three years a large number of men have been engaged in the immediate vicinity of the Borough in laying railways and sinking coal pits. These men—at any rate a large portion of them—make Rotherham their headquarters, coming into the common lodging-houses within the Borough to sleep. They help materially to swell the number of cases of sickness in my annual returns.

The chief industries in which men are engaged are collieries, iron and steel works. The brass trade is also one of the staple occupations.

The area of the Borough contains 6,012 acres, has 12,491 inhabited houses, with an estimated population of 64,000 inhabitants.

The density of the population per acre in the various wards is as follows:—

	Acreage.	Density of Population per acre.
St. Ann's	131	57.04
Thornhill.....	196	42.6
North	318	26.21
Masbro'	412	20.93
South.....	436	15.5
Clifton	524	10.8
East	480	11.41
West	530	10.09
Kimberworth	2968	2.67

PREVIOUS PREVALENCE OF ENTERIC FEVER IN THE BOROUGH.

During the year 1906, 66 cases of Enteric Fever were notified. There were eight deaths in this year. In my Annual Report for 1906 I stated "That the prevalence of this disease is a sure index of the manner in which Health Authorities look after the interests of the health of the inhabitants."

During the year 1907, 47 cases of this disease were notified, producing six deaths, and I made the following remark on the occurrence :—"The water supplying the Borough from Pinch Mill and from Aldwarke Spring each contain an appreciable amount of "Nitrates."

The water from Pinch Mill supplies the villages of Thorpe Hesley and Scholes. No cases of Enteric Fever have been reported during the past year from these districts.

The water from Aldwarke Spring supplies the lower portions of the centre of the Borough, including the North Ward, the Masbro' Ward, the South Ward, the East Ward, and the West Ward.

An undue proportion of the 47 cases of Typhoid have occurred in these districts.

During the year 1908, 99 cases of Enteric Fever have been reported.

The disease appears to be endemic within the Borough.

For the purposes of comparison, the following table shows how the disease has been distributed during the past three years :—

	Popula- tion (ap- proxi- mately.	Number of Houses.	Number of Cases of Typhoid Fever reported.		
			1906	1907	1908
East.....	5477	1072	1	5	4
St. Ann's	7473	1471	6	5	4
Clifton.....	5656	1104	2	2	4
South	6760	1322	6	6	5
West	5345	1048	5	6	16
North	8335	1589	17	6	23
Thornhill.....	8348	1625	10	10	12
Masbro'	8626	1709	13	4	9
Kimberworth .	7980	1551	6	3	22
			66	47	99

I have prepared an ordnance map showing the exact spot where each of these cases have occurred during the past three years.

The red spots representing the cases reported during 1906, the green in 1907, and the yellow up to the end of 1908.

So far back as the year 1864 Dr. W. M. Ord, an Inspector of the Local Government Board reporting upon an outbreak of Typhoid Fever in Rotherham stated :—

“ The back streets are literally filthy, the houses are faulty in construction, the ventilation defective, with want of light.

There are many back to back houses, cramped rooms, evil smelling courts and alleys. Some of the people have very dirty habits, some of the places are unspeakably filthy. The River Don in the summer time is black and stinking.”

This Official Report was considered by the Rotherham Corporation nearly fifty years ago.

It is doubtful whether this state of things shows much, if any improvement or marked alteration to-day.

Again, in the year 1903, Dr. Theodore Thomson had to say some very hard things to Rotherham, especially on the score of the water supply.

Happily this has been to a very large extent remedied.

Evidence is still negative as to personal communication being the cause of having originated or contributed to the continued prevalence of enteric fever in the Borough.

It must be remembered that Rotherham is a town situate on soil exceptionally liable to fouling, due to soakage from privy middens. I am informed by the Borough Engineer that the sewage and drainage are for the most part satisfactory; but the prevailing system of excrement and refuse disposal is one that permits gross pollution of the soil around the midden, and of such a nature as—if these privy middens became specifically polluted with the bacillus of enteric fever—would transmit the infection to the surrounding soil, where it would multiply and rapidly spread the disease.

Rotherham is to be congratulated on its improved water supply, but the Council should seriously consider their responsibility, for health impaired and lives lost through an outbreak of enteric fever, possibly—I may say probably—due to a soil polluted with the contents of privy middens.

“DETAILS OF THE 99 CASES OF ENTERIC FEVER
NOTIFIED TO THE MEDICAL OFFICER OF HEALTH
DURING THE YEAR 1908.”

Attached is a list containing the details of all these cases. It contains the situation of the premises, the number of cases in the house, the age, sex and occupation of the patient, the number of occupants, the description of the house, the number of rooms used for sleeping purposes, the sanitary arrangements, together with the water and milk supplies.

The sources of the milk supply were duly ascertained in each case, and on referring to the list it will be found that nothing appeared tending to throw suspicion on any particular supply.

Of the 99 cases reported to me during this period, 78 have occurred at houses with water closet accommodation, the remaining 21 at houses provided with privy middens.

Eleven of the 99 cases occurred in Wilfred Street, Westgate. These houses are provided with water closets, but had no receptacle for decaying vegetables and house refuse. These on the occasion of my visit were lying about indiscriminately and strewn about the yard.

The water closets in this street join the main sewer in Westgate, where the gradient is insufficient, being about 1 in 600.

Inquiries were made in all cases as to whether the patients had eaten either shell fish, mussels, or any tinned fish for three weeks prior to the attack, but nothing definite was ascertained.

The type of the disease during the above-mentioned period was severe. Of the 99 cases, 48 were removed to the Borough Isolation Hospital.

This is equal to 48 per cent. The number of cases admitted into the Hospital resulted in 8 deaths, giving a death-rate of 16 per cent. All these cases were subjected to the Widal's Test and gave a positive reaction.

The remaining 51 cases were treated at home, 51.6 per cent. These resulted in 8 deaths, giving a death-rate of 15.6 per cent.

Efforts were made to persuade as many cases as possible to enter the Hospital, as there is nothing more pitiful than to see cases of enteric fever in the homes of the very poor, frequently one after another going down with the disease, while its recurrence in adjoining houses in the year following, due perhaps to infection or a privy used in common, is by no means uncommon.

On reference to the spot map, it will be seen how frequently this has happened in the Borough of Rotherham either the year following or during the third year.

Again on reference to the map, it will be seen that the occurrence of these cases is confined chiefly to the lower portions of the Borough. The higher portions have almost entirely escaped, and this proves that the prevalence of the disease can have no connection with the water supply.

Once more referring to the map, it will be seen that a very fair proportion of the cases is not very far distant from the "black and stinking River Don" and its various small tributaries.

It has long been recognised that a certain proportion of those people who have suffered from enteric fever as such, or so slightly as to escape recognition, and of those in contact with them, harbour and excrete typhoid bacilli for considerable periods while showing no symptoms of illness.

From what could be gathered none of the 99 cases reported to me had been in contact with any of this class of people.

The handling of food by such persons is a great source of danger to others, and outbreaks of the disease have been definitely traced to this source. No person who has recently suffered from typhoid fever should be so employed until it has been placed beyond all doubt by repeated bacteriological examination that he or she no longer harbours the bacillus typhosus.

The "Widal" Test, should, wherever possible, be applied in all doubtful cases, and all those whose blood gives a positive reaction should be considered unfit for such employment.

With perhaps one exception, viz., the case reported in Broom Lane, and this man got the infection probably abroad, all the reported cases in the Borough from March 25th to August 8th have occurred where the general sanitary surroundings are bad. This remark applies with equal force to the majority of cases of Enteric Fever which have come to my knowledge in the Borough during the past three years.

The recognised healthy districts of the Borough, for example, the Clifton Ward, and part of the Kimberworth Ward, have thus escaped altogether.

“GENERAL CONDITION OF HOUSES IN ROTHERHAM.”

The majority of inhabited houses in the Borough are occupied by the working class. The majority of these are in fairly good condition.

There are eight common lodging-houses within the Borough, having accommodation for 450, and are always full.

Overcrowding has increased during the past year, 130 cases having been dealt with, as compared with 75 for the year 1906.

Six hundred dirty houses have been dealt with, and five prosecutions have taken place.

The Female Health Visitor has paid particular attention to these dirty houses and dirty tenants; has paid 4910 visits during the year, giving advice on the conditions essential to the laws of health, such as fresh air, sufficient floor space, nourishing food, suitable clothing, and habits of cleanliness, etc., etc.

In addition she has visited 191 houses sub-let, or occupied by members of more than one family, there being a large number of families in Rotherham occupying and living in one room.

As this work is more than one person can carry out effectually, I have made a recommendation in my last Annual Report for an appointment of an assistant to the Female Health Visitor.

“WATER SUPPLY.”

The Wellgate Spring was at my earnest request abandoned in the year 1894, as a source of domestic supply.

It is to be hoped for ever.

In August, 1905, the use of the Ulley Water was discontinued, and has not been used since. Various works have been carried out to improve the gathering ground for Ulley Reservoir without success. The last day on which the supply from Dalton was used was June 28th, 1906.

The water from Aldwarke Spring was on my advice discontinued on February 10th, 1908.

The only doubtful source in use in the Borough at the present time, is Pinch Mill, yielding about 150,000 gallons daily. It has supplied that portion of Rotherham consisting of Thorpe Hesley and Scholes (population 1444), for the last eighteen months, and during this period no case of Enteric Fever has been notified in these districts.

This water is not filtered.

The Borough Engineer informs me that this particular water is distributed to certain other portions of the Borough, but he is unable to state the exact districts.

The Pinch Mill water has been analysed frequently, and the analyses which are attached extend over a considerable period.

The following is a resume of the various analyses:—

“The results recorded under the head of Chlorine and Nitrogen existing as Nitrates and Nitrites, show that the water is not of unexceptional origin, but the figures under the heads of Oxygen required, free and Albuminoid Ammonia, point to present satisfactory freedom of the water from objectionable traces of readily-changeable or putrescible nitrogenous organic matter.

Taken generally, the analytical results afford no indication that the water is unfit to drink.”

The remainder of the water supply to the County Borough is derived from the Langsett Reservoir, in the Derbyshire hills about fifteen miles from Rotherham.

Rotherham is entitled to a maximum supply of 1,600,000 gallons daily from this source. For some time past this maximum allowance has been supplied.

This water is of excellent quality (see analysis attached), but would be improved in appearance by filtration.

Owing, however, to the attitude of the Sheffield Authorities—who are partners with Rotherham in this reservoir—this at present is impossible.

The water supply has been on the constant system for years past.

The amount consumed on the average per head daily is twenty gallons.

A further supply will be available for Rotherham when the Derwent Water Scheme is completed in the year 1910.

Owing to the rapid increase in the population, there is a prospect in the near future of there being a shortage of water.

It will be impossible to continue the water supply on the constant system in the Borough if the supply (150,000 gallons daily) from Pinch Mill is to be dispensed with, there being no other sources available; and, as I have already stated, Rotherham is already receiving the maximum from Langsett.

If the water derived from Ulley Reservoir, Dalton and Aldwarke and Wellgate Springs is to be used in the future, it appears to me that a separate system of pipes should be laid. This water could then be utilised for trade purposes, street watering, and the flushing of water closets.

From these statements it will be seen how greatly the Rotherham Corporation has during the past ten years improved the water supplied to the inhabitants ; apart from the perhaps doubtful source from the Pinch Mill stream, it could not possibly be improved upon.

“ SHALLOW WELLS.”

There are still a few of these wells within the Borough. During the past eighteen months resolutions have been passed by the Health Committee ordering the closing of the majority ; the remainder are being dealt with.

“ METHOD OF DISPOSAL OF EXCREMENT IN THE LOCALITIES WHERE THE DISEASE HAS BEEN PREVALENT.”

Referring once more to the spot map which I have prepared, it will at once be seen that the occurrence of cases of enteric fever has been confined for the most part to the low-lying and -overcrowded portions of the Borough. In my Annual Report of the health and sanitary circumstances of Rotherham for the year 1907, I made the following statement :—

“ There are at present in the Borough of Rotherham about 2,441 privies, of which 1,296 are situate in the Kimberworth and 1,145 in the Rotherham district. During the year 1907, 149 privies were converted into water closets. At this rate it will take fifteen years before the water carriage system of sewage will be complete in the Borough.

Some of the privies and middens in the Borough are at the present time open to the air, unprotected from rain, and situated in the yards and areas about inhabited houses. Some of these are mere holes dug in the ground, and not infrequently their contents overflow, saturating the air with noxious gases, or percolating into the soil around these houses. All middens ought to be constructed according to certain definite rules.

“ When privies are constructed and managed according to these rules there should not be much danger of the percolation of liquid filth into the soil around these houses, and there would not be much pollution of the air from the excreta—except during removal—if dryness was insured by the proper application of ashes and cinders. The success of this system of dealing with sewage disposal depends to a large extent on efficient inspection and on proper and regular scavenging arrangements.

“ A large number of the existing privies in Rotherham should, in my opinion, be converted into water closets if the health of the Borough is to be maintained. The only way to accomplish this more speedily than is being done under existing circumstances is, as I have pointed out in previous Annual Reports, for the Corporation to pay the landlords a portion of the cost of these conversions.”

In Section 98 of the Rotherham Corporation Act, 1904, the Health Authorities have power to bear a certain sum towards the expenses incurred (not less than one-half thereof) in the conversion of existing closet accommodation into water closets.

This clause in our Local Act has not up to the present been put into force.

There can be no doubt that there is pollution of the soil by leakage from some of these privy middens, and that this pollution of the ground may extend considerable distances; and, as I have already pointed out, in the event of any of these soil pollutions becoming specifically infected by the bacillus of enteric fever, the latter might, under favourable conditions, multiply and be in various ways conveyed throughout the district.

The common house fly develops in enormous numbers in these privy middens, and is probably responsible for the spread of enteric fever and other infectious intestinal diseases.

It has been stated that the house fly is the most "dangerous animal" in the country, and, generally speaking, the season of the greatest prevalence of enteric fever, and infantile diarrhoea, corresponds to the season of the greatest prevalence of flies.

At any rate, it always does in Rotherham.

The contents of these privy middens are not emptied as often as they might be, some being emptied weekly, some fortnightly, and some only once a month.

The excrement and house refuse are in part disposed of to the neighbouring farmers, and in part incinerated by the Destructor at Northfield.

The present Destructor is only capable of incinerating 48 loads of night soil and refuse daily. The number of loads which ought to be dealt with is 71. The actual number of loads removed daily to the destructor is 67. The number of loads removed to the farmers in the district daily is 4.35 or about 1,362 annually.

After being burned, the ashes are deposited at "-Spion Kop," the popular name given to the vast accumulation of refuse near the Destructor, and already represents 200,000 partially incinerated loads of night soil and house refuse.

There are also 602 trough closets, exclusive of those in the public parks, various works, and schools in the Borough.

It is a striking and very significant fact that in towns where the water system of sewage disposal is in use the death-rate from infectious diseases of an enteric nature is less than in places where the older conservancy methods are employed. The latter methods are greatly responsible for the presence and multiplication of flies, and there are dwellings in the poorer districts of Rotherham where the door of the privy midden is almost, if not quite opposite to, and within a few feet of the back door of the house.

It does not need much imagination under these circumstances to picture the part which house flies play in the dissemination of epidemic diseases.

There are at the present time in the Borough of Rotherham approximately 3,471 houses without water closets.

During the year 1908, 191 privies were converted into water closets.

“PUBLIC DRAINAGE.”

The public drainage of the Borough of Rotherham consists of good brick and pipe sewers, ventilated at intervals of about 100 yards by vertical shafts terminating in gratings at the street level. Almost the whole of the yard and sink pipe gulleys are trapped, and sink pipes and water pipes are, in the majority of cases, disconnected from the drains to which they discharge. Old rubble drains, I am informed, are very uncommon. Certain of the main sewers in the Borough have insufficient gradients. The drainage of Sitwell Vale and Clough Bank has now been completed, and the locality of Ickles, New York, and the Garrowtree has been properly sewered. One area only, of very small extent, in the Holmes district, has not been sewered. There are in this district several privies, which are too close to the houses, and the Borough Engineer has the question still under consideration.

The sewers in Holmes Lane are already overtaxed. These sewers were laid down in the year 1856.

Immediately after a heavy and sudden fall of rain they become blocked, with the result that the cellars of the houses in the immediate vicinity get flooded. Some hundreds of houses have been erected during recent years in this neighbourhood, the result being that the sewers are of insufficient dimensions to deal with the increased volume of water.

The Water Department charges the Health Department £25 per annum for water used for flushing the sewers.

The whole of the sewage is carried to the new Sewage Works and dealt with there.

List showing the number of Pig Styes at present existing in the Borough in the different Wards.

East Ward	81
Clifton Ward	7
St. Ann's Ward	18
South Ward	5
West Ward	38
North Ward	71
Thornhill Ward	105
Masbro' Ward	28
Kimberworth Ward	147
Total	488

MEASURES TAKEN BY THE HEALTH COMMITTEE OF
THE ROTHERHAM CORPORATION TO CHECK THE
SPREAD OF THE DISEASE.

(1) Every case of enteric fever reported has been visited, and a copy of the enclosed direction left at each house.

(2) All bedding, etc., which has been in contact and soiled with any discharge from the patient has been disinfected by steam at the Isolation Hospital.

(3) Details of the sanitary condition of the house invaded have been kept, together with sanitary conveniences, whether water closets or privy middens.

The milk and the source of the domestic water supply have been ascertained.

(4) Forty-eight per cent. of the cases reported have been removed into the Borough Isolation Hospital for treatment.

(5) The County Borough of Rotherham has joined with the authorities in the West Riding and the other County Boroughs in the West and East Ridings in an investigation to ascertain how and when the contamination of the milk takes place within the whole of Yorkshire.

(6) The various drinking waters supplied to the inhabitants have been periodically analysed. (Analysis attached).

(7) Facilities are provided at the Borough Bacteriological Laboratory for the Widal examination of the blood of suspected cases of enteric fever. Last year 20 of these examinations were made. This year 75 specimens of blood have been examined by this method, of which 48 gave a positive reaction.

(8) The Aldwarke Spring as a source of domestic supply was discontinued on February 10th, 1908, and has not been used since.

(9) The whole of the remainder of the water supply from Dalton and Silverwood had previously been cut off on June 28th, 1906.

(10) The water from the Ulley Reservoir has not been utilised since 1905.

(11) The Wellgate water was cut off permanently in the year 1894.

(12) Several shallow wells within the Borough have been closed.

(13) The Rotherham Corporation are receiving the maximum supply (1,600,000 gallons daily) from Langsett Reservoir.

(14) A Court and Alleys Sub-Committee has been formed.

(15) Plans for the erection of a new Destructor are awaiting the approval of the Local Government Board.

(16) Some of the districts in the Borough have been recently sewered.

(17) During the year 1907, 149 privies were converted into water closets.

(18) Ashpits and privy middens, after being emptied, have been disinfected with Chloride of Lime to act as an insecticide.

(19) A large number of fly papers have been distributed throughout the poorer districts by means of the ladies connected with the recently formed Voluntary Health Association.

(20) New sewerage works were completed at Aldwarke in 1902.

In conclusion I have to state that I have on previous occasions been requested by the Local Government Board to report upon the unusual prevalence of enteric fever in Rotherham.

This is the third occasion I have had to do so.

In my Annual Reports for years past I have called the attention of the Corporation to the unsatisfactory condition of many of the privies and ashpits, and general insanitary conditions of various districts within the Borough.

TYPHOID (ENTERIC) FEVER—HOME CASE.

All cases of "diarrhoea," "severe headache," "feverishness" occurring in the household should be immediately reported to your medical attendant. Any suspicious cases can be examined bacteriologically at the Public Health Laboratory, 12, Frederick Street, Rotherham, free of charge.

Public Library books must be taken to the Public Health Department, 12, Frederick Street, Rotherham, and no books borrowed until the house has been disinfected.

If treated at home, the patient must be confined to one room, and **NO ONE, EXCEPT THE PERSON IN CHARGE, ALLOWED TO ENTER THE ROOM.** All unnecessary furniture should be removed from the sick room **FORTHWITH**, and the floor and furniture should be frequently wiped with a damp cloth. **FRESH AIR** must be freely admitted, a fire being lighted if necessary. Attendants should wear washable dresses, and should always wash their hands and faces and change their shoes and outer clothes before going off duty. **Scrupulous cleanliness is essential.** Nurses should keep their nails short, and scrub their hands and disinfect them immediately after attending the patient.

No domestic animal should be allowed to enter the sick room.

A patient suffering from this disease is generally **DANGEROUS TO OTHERS** for a period of a fortnight after returning to ordinary food.

DISINFECTION.

1. All soiled linen should be at once placed in a tub of water to which a handful of ordinary washing soda has been added, soaked

for 12 hours, and then boiled in a copper. Materials which cannot be boiled should be soaked for one hour in liquid disinfectant and then washed.

2. Special cups, saucers and spoons should be used for the patient, and any spare food from the sick room destroyed.

3. Everything passing from the patient should be received in a mixture of water and disinfectant, sufficient being used to completely cover it, and be allowed to stand for half an hour before being thrown away, the vessel being covered with a cloth soaked in a disinfectant. Nothing coming from the patient shall be thrown into the ash-bin, or upon the surface of the soil, or into the drains, without disinfection.

4. Discharge from ear, nose, or mouth, should be received on a rag, which should be at once burnt, as also should any dust collected in the room.

5. When the patient is free from infection, the Corporation undertake the disinfection of the sick room, bedding, etc., free of cost. The accompanying card should be returned when the patient is free from disinfection.

DISINFECTANTS ARE SUPPLIED FREE to home cases once a week on application to the Public Health Department, 12, Frederick Street, between the hours of 1 and 4 p.m. (Saturdays, 9 a.m. to 1 p.m.).

A PENALTY OF £5 IS ATTACHED TO THE EXPOSURE OF INFECTED PERSONS AND THINGS.

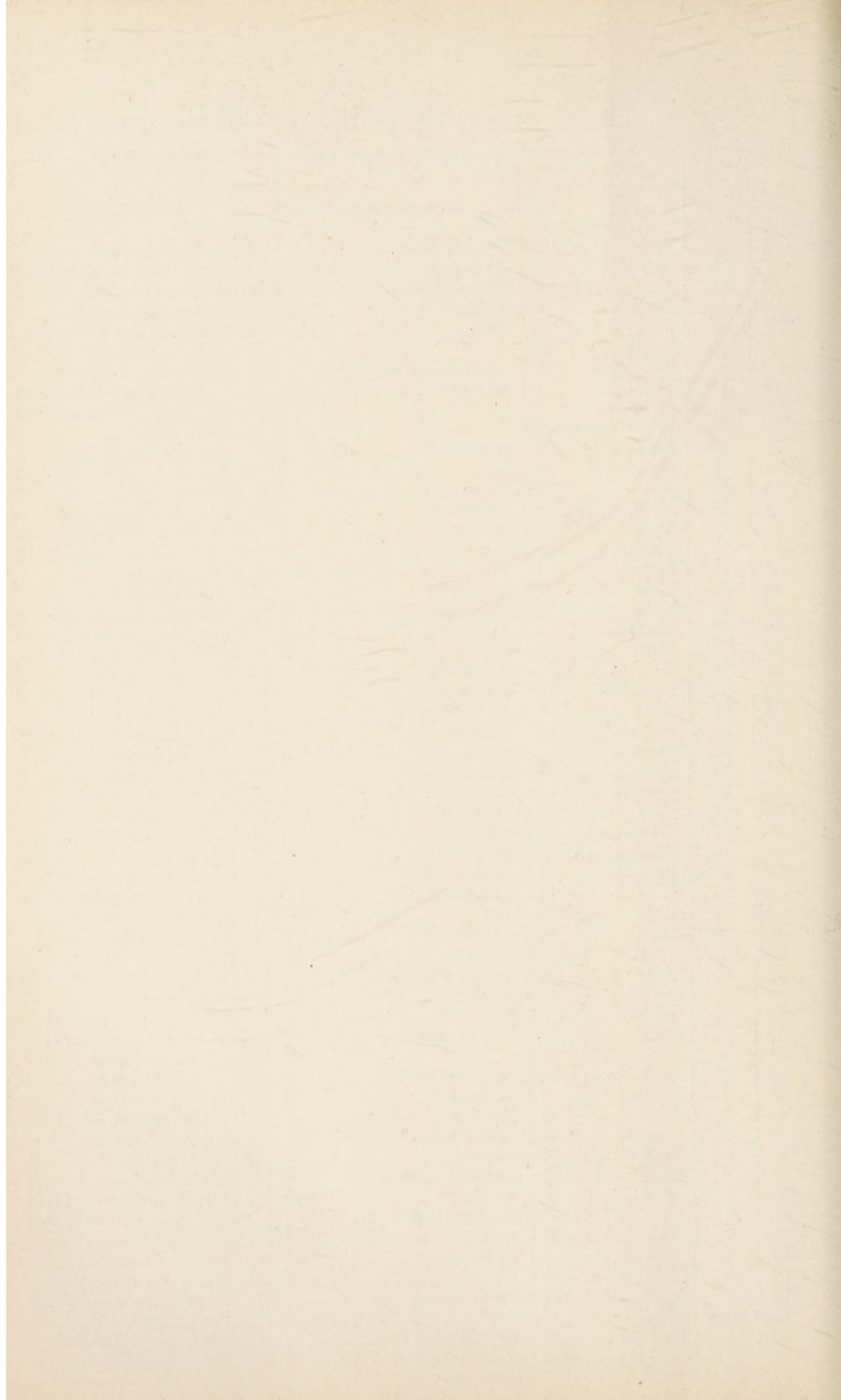
ALFRED ROBINSON,

Medical Officer of Health.

12, Frederick Street, Rotherham.

DETAILS OF THE 99 CASES OF TYPHOID FEVER REPORTED DURING 1908.

No.	Initial.	Sex.	Age.	Occupation.	Address.	Date of Notification.	Date of removal to Hospital.	Result.	Milk Supply.	Sanitary Conveniences.
1	B.	Male	20	Wagon Builder	31, Psalters Lane	January 6th	..	..	No regular	W.C.
2	C.	Female	18	At home	Connie Villa, Deepdale Road	January 8th	..	..	W. Roper	W.C.
3	D.	Male	21	Brass Worker	28, Eastwood Lane	January 9th	January 9th	Discharged February 11th	No supply	W.C.
4	W.	Male	20	Collier	92, Deepdale Road	January 10th	..	Died	Sargin	W.C.
5	R.	Female	5	Nil	14, Deepdale Road	January 13th	..	..	Fieldsend	W.C.
6	B.	Male	25	..	Rotherham Hospital	January 13th	..	..	..	..
7	C.	Male	39	Insurance Agent	47, Doverscourt Road	January 13th	..	..	Pickering	W.C.
8	H.	Male	9	At School	21, Station Road	January 27th	..	..	Thorpe and Kent	W.C.
9	C.	Male	3	..	Connie Villa, Deepdale Road	January 29th	..	..	Roper	W.C.
10	M.	Female	9	..	16A, Pitt Street	February 4th	February 4th	Discharged February 22nd	Knowles	Privy and Ashpit.
11	B.	Female	20	Housewife	27, Greaves' Road	February 4th	..	..	Lawson	W.C.
12	T.	Male	3	Nil	27, Wing Street	February 21st	..	..	Condensed	W.C.
13	T.	Male	58	Nil	Workhouse	February 22nd	February 22nd	Discharged March 9th	..	..
14	D.	Male	8	At School	66, Edward Street	February 29th	..	..	Roper	W.C.
15	C.	Male	6	At School	Connie Villa, Deepdale Road	March 12th	..	..	Roper	W.C.
16	C.	Female	39	Housewife	Connie Villa, Deepdale Road	March 12th	..	..	Roper	W.C.
17	H.	Female	4	Nil	8, Avondale Road	March 21st	..	..	Condensed	Privy and Ashpit.
18	J.	Male	7	At School	121, James Street	March 21st	..	..	Grayson	Privy and Ashpit.
19	A.	Male	8	At School	56, Josephine Road	April 3rd	April 3rd	Discharged May 1st	Roper	W.C.
20	G.	Female	6	At School	3, Daisy Street	April 4th	..	..	Pickering	W.C.
21	W.	Male	28	Collier	15, Wilfred Street	April 3rd	April 3rd	Discharged June 29th	Condensed	W.C.
22	W.	Female	26	Housewife	15, Wilfred Street	April 3rd	April 3rd	Died May 4th	Condensed	W.C.
23	T.	Female	19	Domestic	10, St. John's Avenue	April 8th	April 8th	Discharged June 23rd	Franco	W.C.
24	H.	Male	4	At School	11, Wilfred Street	April 9th	April 9th	Discharged May 8th	Smith, Boothroyd	W.C.
25	H.	Female	10	At School	11, Wilfred Street	April 9th	April 9th	Discharged May 8th	Smith, Boothroyd	W.C.
26	E.	Female	26	Housewife	13, Wilfred Street	April 8th	April 8th	Died April 16th	Condensed	W.C.
27	W.	Female	4	At School	15, Wilfred Street	April 8th	April 8th	Discharged June 29th	Condensed	W.C.
28	W.	Female	6	At School	15, Wilfred Street	April 8th	April 8th	Discharged June 29th	Condensed	W.C.
29	W.	Male	10	At School	110, Eastwood Lane	April 10th	April 10th	Discharged July 8th	No supply	Privy and Ashpit.
30	H.	Female	2	Nil	11, Wilfred Street	April 11th	..	Removed to house	Smith, Boothroyd	W.C.
31	H.	Female	18	Domestic	16, Edward Street	April 13th	..	..	Hobson	Privy and Ashpit.
32	S.	Female	6	At School	45, Orchard Street	April 16th	..	..	Roper	Privy and Ashpit.
33	C.	Male	12	At School	Connie Villa, Deepdale Road	April 23rd	..	..	..	W.C.
34	W.	Male	18	At School	110, Eastwood Lane	April 10th	April 10th	Discharged July 8th	No supply	Privy and Ashpit.
35	H.	Male	14	At School	11, Wilfred Street	April 29th	..	..	Smith, Boothroyd	W.C.
36	E.	Female	2	Nil	18, Wilfred Street	May 5th	May 5th	Discharged May 13th	Condensed	W.C.
37	R.	Male	34	Spring Fitter	168, Middle Lane	May 8th	..	Died	Thorpe	Privy and Ashpit.
38	C.	Male	17	Collier	6, Downs' Row	May 16th	May 16th	Discharged June 10th	Condensed	W.C.
39	R.	Female	5	Nil	21, Avondale Road	May 20th	May 20th	Discharged June 10th	Kent	W.C.
40	P.	Male	38	Estate Agent	Broom Lane	May 23rd	..	..	Burden	W.C.
41	K.	Male	38	..	Rotherham Hospital	May 25th	..	..	..	..
42	B.	Male	30	Steel Worker	9, Portland Terrace	May 21st	May 21st	Discharged June 10th	Thorpe	W.C.
43	B.	Female	8	At School	103, Brown Street	May 30th	..	..	Gadd	W.C.
44	P.	Male	4	Nil	21, Wilfred Street	June 1st	June 1st	Died June 2nd	Taylor	W.C.
45	B.	Female	38	Housewife	59, Glasshouse Street	June 2nd	..	..	No regular	W.C.
46	B.	Male	17	Collier	319, Canklow Road	June 3rd	June 3rd	Discharged June 29th	Brown	W.C.
47	B.	Male	29	Grocer's Assistant	76, Orchard Street	June 10th	June 10th	Discharged September 18th	Condensed	W.C.
48	P.	Male	40	Tailor	95, Fitzwilliam Road	June 16th	..	Died	E. E. Thorpe	W.C.
49	S.	Female	35	Housewife	5, Glasshouse Street	June 17th	..	..	Crowder	W.C.
50	W.	Female	25	At home	41, Eastwood Lane	July 3rd	..	..	Shaw	Privy and Ashpit.
51	M.	Female	6	At School	20, Chemist Lane	July 6th	..	..	Not known	W.C.
52	L.	Female	58	Housewife	281, Wortley Road	July 10th	..	..	Moxon	W.C.
53	F.	Male	17	Forge Hand	51, Sheffield Road	July 12th	July 12th	Discharged July 30th	Brown	W.C.
54	C.	Male	4	Nil	122, Park Street	July 14th	..	..	Various	Privy and Ashpit.
55	J.	Female	12	At School	4, Henley Grove Road	July 14th	..	..	Crosley	Privy and Ashpit.
56	S.	Female	34	Housewife	579, Fitzwilliam Road	July 15th	..	..	Newsum	W.C.
57	H.	Female	18	At home	12, Lower Clara Street	July 24th	July 24th	Discharged November 3rd	Not known	Privy and Ashpit.
58	B.	Female	50	Housewife	45, Greasbro' Road	August 1st	..	..	Longden	Privy and Ashpit.
59	W.	Female	42	Housewife	99, Midland Road	August 5th	August 5th	Died September 6th	Various	W.C.
60	M.	Female	44	Housewife	..	August 10th	..	..	..	..
62	M.	Female	3	Nil	73, Meadowhall Road	August 15th	August 15th	Discharged September 11th	No regular	W.C.
63	D.	Female	29	Domestic	Rotherham Hospital	September 5th	September 5th	Died September 6th	Kent and Fieldsend	W.C.
64	S.	Male	22	Collier	15, Glasshouse Street	September 7th	September 7th	Discharged October 16th	..	..
65	P.	Female	36	Housewife	1, Regent Street	September 19th	..	..	Pickering	W.C.
66	P.	Female	5	Nil	63, Wilton Lane	September 14th	..	..	Condensed	W.C.
67	F.	Male	5	At School	61, Wilton Lane	September 18th	..	..	Not known	W.C.
68	B.	Female	5	At School	30, Pitt Street	September 18th	September 19th	Discharged October 6th	Not known	W.C.
69	P.	Female	21	..	9, Lower Clara Street	September 18th	..	..	Knowles	W.C.
70	P.	Male	33	Collier	13, Ellen Street	September 28th	September 28th	Discharged November 3rd	Pickering	Privy and Ashpit.
71	B.	Male	11	At School	84, Greasbro' Street	September 22nd	September 22nd	Discharged October 16th	Rodwell	Privy and Ashpit.
72	M.	Male	8	..	Rotherham Workhouse	September 23rd	..	..	Gadd	W.C.
73	G.	Female	40	Housewife	75, Meadow Hall Road	September 24th	September 24th	Still in	Fieldhouse, Drake	W.C.
74	F.	Female	5	At School	93, Claremont Street	September 12th	..	..	A. Roper	W.C.
75	D.	Female	36	Housewife	36, South Street	October 3rd	October 3rd	Discharged October 30th	Herbert	W.C.
76	L.	Male	17	Pit Worker	20, Albert Street	October 3rd	October 3rd	Still in	White	W.C.
77	S.	Female	28	Housewife	2, Regent Street	October 3rd	October 3rd	Still in	No supply	W.C.
78	S.	Female	27	Housewife	64, Wilton Lane	October 7th	..	..	Dilke	W.C.
79	M.	Male	21	Nil	285, Wortley Road	October 7th	..	Died	Condensed	W.C.
80	L.	Female	3	Nil	36, Avondale Road	October 7th	..	..	Not known	Privy and Ashpit.
81	H.	Male	32	Collier	28, Greasbro' Street	October 7th	October 7th	Discharged October 23rd	Moorhouse	W.C.
82	J.	Male	14	Colliery Hand	41, Norfolk Street	October 7th	October 7th	Still in	No supply	W.C.
83	P.	Female	32	Housewife	13, Ellen Street	October 9th	October 9th	Discharged November 3rd	..	..
84	K.	Male	18	Ironworker	Holmes Cottages, Steel Street	October 9th	..	..	Rodwell	Privy and Ashpit.
85	F.	Female	60	Housewife	22, Hollowgate	October 2nd	..	Died	Knowles	Privy and Ashpit.
86	S.	Female	26	Housewife	129, College Road	October 20th	..	..	Greaves	W.C.
87	H.	Male	6	At School	26, Cross Street	October 20th	..	..	Rodwell	W.C.
88	H.	Female	8	At School	12, St. John's Avenue	October 22nd	..	..	Kent	W.C.
89	M.	Male	46	Collier	73, Meadow Hall Road	October 23rd	October 23rd	Still in	Longden	W.C.
90	C.	Male	46	Fishmonger's Assistant	13, Cavendish Road	October 24th	..	..	Kent and Fieldsend	W.C.
91	P.	Male	31	Nil	19, Badley Street	October 16th	..	Died	Dilke and Roper	W.C.
92	M.	Female	11	At School	73, Meadow Hall Road	October 17th	October 17th	Still in	Padley	W.C.
93	V.	Female	5	At School	44, Brickfield Row	November 10th	..	..	Kent and Fieldsend	W.C.
94	L.	Female	34	Housewife	4, Meadow Sreet	November 13th	November 13th	Died November 17th	Dilke	W.C.
95	H.	Male	35	Insurance Agent	34, Oxford Street	November 23rd	November 23rd	Died December 2nd	D. Knowles	Water Closet.
96	L.	Male	7	At School	27, St. Bede's Terrace	November 15th	November 14th	Discharged	..	Privy and Ashpit is 30ft. from house.
97	G.	Male	16	Railway Hand	67, Wilton Lane	December 2nd	December 2nd	Discharged	France	W.C. Dry cellar
98	A.	Male	33	Collier	4, Regent Street	December 7th	December 7th	Died	No regular	W.C.
99	G.	Male	13	..	3, Badley's Yard, Union Street	December 15th	December 15th	Discharged	Ross	Privy and Ashpit.



Number of Privies converted into Water Closets from 1892 to
the end of 1908.

1892	.....	27
1893	.....	4
1894	.....	12
1895	.....	39
1896	.....	33
1897	.....	45
1898	.....	54
1899	.....	77
1900	.....	94
1901	.....	111
1902	.....	227
1903	.....	271
1904	.....	314
1905	.....	205
1906	.....	289
1907	.....	259
1908	.....	268

Total 2329 on Sanitary Notices.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

FIRST ANNUAL REPORT

in Rotherham, for the Year 1908,

together with remarks upon the Sanitary Condition of the Schools, &c.,
prepared in accordance with the regulations of the Board of Education.

Mr. CHAIRMAN, LADIES AND GENTLEMEN,—

I commenced the medical inspection of school children in the Borough on August 25th, 1908. Since that date I have examined 713 boys and 776 girls, making a total of 1489. The ages of the children examined were between five and six years. The whole of the children entered school life during the year 1908.

There are in the Borough 11 Council Schools and 10 Non-Provided Schools.

Tables have been prepared showing the average height in inches and centimetres, together with the weight in pounds and kilogrammes, both of the boys and the girls, giving the results on different tables in the Council and Non-Provided Schools.

The difference between the two classes of children can thus be seen at a glance.

According to the report of the Anthropometrical Committee of the British Association issued in the year 1883, the average weight of boys between the ages of five and six years should be 42.1 pounds or 19 kilogs., their average height being 42.51 inches or 108 c.m.

According to the same authority the average weight of girls at this age should be 40.5 pounds or 18.5 kilogs., their average height being 47.71 inches or 105 c.m.

It should be mentioned that in taking the weights and measurements of the children in the Borough of Rotherham, the results are given with the footgear on and the whole of the clothing intact.

Tables are also appended showing the diseases which I found most prevalent in each school—the Council and Non-Provided Schools again being separated.

There is no intention of making any invidious distinction—knowing under what different conditions they exist—between the Non-Provided and Council Schools. Generally speaking, the former are very much more overcrowded, and not in such a cleanly state as the latter.

A few remarks are made upon each school separately as I found them at the time of my medical inspection. These observations refer chiefly to the sanitation, ventilation and general condition of the schools so far as the health of the scholars may be affected.

SHOWING HEIGHTS AND WEIGHTS OF CHILDREN ATTENDING THE COUNCIL SCHOOLS.

School.	Boys.				Girls.			
	Height.		Weight.		Height.		Weight.	
	Inches.	C.M.	Lbs.	Kilogs.	Inches.	C.M.	Lbs.	Kilogs.
Thornhill	40.15	102	35.4	16.	40.20	102	30.88	14.
Park Street	42.12	107	40.23	18	42.41	108	40.74	18.75
Ferham	42.08	107	39.45	18	41.0	105	38.3	17
Alma Road	41.38	105	38.51	17.5	41.7	106	38/76	17.57
Wellgate	42.87	108	41.23	18.57	41.25	105	39.29	18.
St. Ann's	41.76	106	41-61	18.48	40.9	104	39.08	17.74
Kimberworth	41.3	105	40.58	18.46	41.18	105	38.53	17.5
Doncaster Road	42.16	107	40.65	18.48	41.58	106	39.58	18.14
Blackburn	42.32	107	43.03	19.51	40.8	104	38.11	17.4
Templeboro'	42.65	108	40.1	18.22	42.5	108	42.5	18.87
Scholes	41.87	106	39.56	18	42.71	108	39.82	18.14
Averages	41.88	106	40.03	18.11	41.47	105	38.69	17.55
Standards according to report of the Anthropometrical Committee of the British Association...	42.51	108	42.1	19	41.71	105	40.5	18.5

SHOWING HEIGHTS AND WEIGHTS OF CHILDREN ATTENDING THE NON-PROVIDED SCHOOLS.

School.	Boys.				Girls.			
	Height.		Weight.		Height.		Weight.	
	Inches.	C.M.	Lbs.	Kilogs.	Inches.	C.M.	Lbs.	Kilogs.
Parish Church	40.17	102.41	38.94	17.69	40.81	103.52	38.1	17.27
Eastwood National .	41.11	104.3	41.13	18.71	41.12	104.36	38.92	17.72
St. Bede's	43.28	109	40.39	18	42.49	108	39.11	17.78
St. John's	38.77	101.73	37.14	16.2	39.38	103.9	36.7	15.92
St. Paul's	41	104	39.84	18	41.08	104	39.8	18
St. Mark's	41.84	106	39.58	18	40.39	103	37.13	17
Thorpe National	41.52	105.16	39.64	18	41.37	104.96	38.56	17.15
Thorpe Wesleyan	41.8	106	40.72	18.58	41.39	105	37.75	17.19
Averages	41.18	104.82	39.67	17.89	41	104.59	38.28	17.25
Standards according to the report of the Anthropometrical Committee of the British Association ...	42.51	108	42.1	19	41.71	105	40.5	18.5

COUNCIL SCHOOLS.

	Thornhill.	Park Street.	Ferham.	Alma Road.	Wellgate.	St. Ann's.	Doncaster Road.	Kimberworth.	Blackburn.	Scholes.	Templeborough.	Total.
Boys Examined.....	109	59	54	60	56	47	62	18	15	8	10	498
Girls Examined	108	82	65	52	35	77	58	19	13	7	2	518
Total	217	141	119	112	91	124	120	37	28	15	12	1016
Nits and Verminous Heads	14	21	14	10	11	16	4	1	2	..	93
Decayed and Defec- tive Teeth	162	113	29	24	16	16	43	6	5	5	3	422
Enlarged Tonsils and Adenoids.....	54	28	19	..	6	32	51	15	7	5	4	221
Enlarged Sub-Max. Glands.....	23	40	10	..	..	..	..	..	..	73
Defective Vision and Squint	6	4	7	1	10	4	2	..	..	..	34
Defective Weight, Ill- fed, & Ill-matu'd	12	17	2	13	4	4	1	..	1	54
Defective Clothing & Footgear	5	11	3	2	1	1	..	..	..	23
Mentally Defective .	..	2	..	2	2	..	..	1	1	..	..	8
Scabies & Ringworm	5	2	3	1	4	..	..	..	1	16
Hydrocephalus	1	..	..	..	..	..	1
Not Vaccinated	18	10	7	6	8	1	1	..	..	51
Blephoritis	1	..	1	3	..	..	..	..	5
Heart Disease	2	..	..	1	..	..	..	3
Deafness and Dis- charging Ears	3	5	2	..	..	4	..	1	..	..	15
Eczema & Impetigo	1	6	1	1	..	..	..	..	..	9
Defective Speech....	2	..	..	..	..	2
Rickets	1	..	..	..	..	1
Hernia.....	1	..	1	..	..	..	..	..	2
Diseases of Nervous System	1	..	..	..	1
Stammering	1	1	..	..	1	..	..	..	3
Asthma	1	..	..	..	..	..	1
Eye Diseases	5	..	..	..	..	..	..	..	..	5
Anæmia.....	1	..	..	..	..	..	..	..	..	1
Old compound frac- ture of Thumb	1	..	..	..	..	..	..	..	..	1
Tubercular Glands in Neck	3	..	..	..	..	..	..	..	..	3
Sewn Up.....	1	..	..	..	..	..	..	..	..	1
Nasal Obstruction...	1	..	..	..	..	..	..	..	1
Fractured Arm	1	..	..	..	..	..	..	..	1
Psoriasis	1	..	..	..	..	..	..	1
Ophthalmia	2	..	..	..	..	..	..	2
Weak Spine	1	..	..	..	..	..	1

THORNHILL COUNCIL SCHOOL.

About twenty infants were absent on account of measles. This department requires disinfecting, as nothing has been done in this direction for two years.

The sanitary conveniences I found in good order.

I consider that these classes of infants are too large, and should not consist of more than thirty infants. I think it also advisable to recommend that there be a separate class for children suffering from dirty heads.

15th September, 1908.

PARK STREET COUNCIL SCHOOL.

Six children were suffering from defective vision, which should receive attention at the earliest possible moment.

The school generally was in a cleanly condition, was not overcrowded, and the sanitary conveniences were in good order.

28th September, 1908.

FERHAM COUNCIL SCHOOL.

With regard to the condition of the teeth, I found that little or no attention was paid to them—that caries was very prevalent, and that systematic and daily cleansing was unknown. Considering the very small proportion of adults who are unable to retain their teeth in a sound condition, and the importance of appreciating in early years the necessity of the proper care of them, I think that this is a subject which could with the greatest advantage be taught in our elementary schools.

A large number of notices were sent out to the parents, who promised that they should receive attention.

The general condition of this school is good, but the floors are not in my opinion washed sufficiently often. The school is well lighted and well ventilated for the most part, but some of the windows cannot be opened on account of the window cords being broken; these should be replaced with new ones. The middle room in cold weather is insufficiently heated. The sanitary conveniences were in good order.

15th October, 1908.

ALMA ROAD COUNCIL SCHOOL.

I was very much struck with the number of children at this school suffering from glandular enlargements. The importance of these enlarged glands, more especially in the cervical regions, is very much underestimated by most people; there can be no doubt

that they are very often tubercular in character, and form a focus for general tubercular infection or consumption of the lungs. Enlarged glands are always a latent source of danger.

The removal also of adenoid growths, which can be done by a simple operation, is generally followed by an improvement in the physical and mental state of the children operated upon.

At this particular school, as well as many others, it was found that squint is also frequently caused by hypermetropia, and that suitable lenses often cure this disfigurement without an operation.

It would be a great advantage to the children of the Borough if some arrangement was made with the Rotherham Hospital, as is done at the present time in Sheffield, to have these cases attended to.

These schools appear to me to be overcrowded. They should also be cleansed oftener, and the cloak room might with great advantage be disinfected in order to destroy the vermin which they must obviously contain.

The sanitary conveniences I found in good order.

31st October, 1908.

WELLGATE COUNCIL SCHOOL.

I found one child desquamating freely, having suffered from scarlet fever. This child I excluded from attendance at school until a medical certificate was obtained that it was free from infection.

The general physique and appearance of the children attending this school was far superior to any I had previously inspected. The number of clothes worn by many of the children seemed to me to err on the side of excess. One child, for example, wore an overall without sleeves, a cotton blouse, a brown serge frock, a white cotton blouse, a petticoat bodice high up to the neck, stays, a flannelette chemise, and a thick-knitted woollen vest.

In several instances three or four petticoat bodices of cotton or flannelette were worn.

Some of the little boys wore a warm flannel or knitted vest, a cotton or flannel shirt, and stout knitted combinations, making three folds of material over their chests in addition to the coat and waist-coat.

The sanitary conveniences at this school were in excellent order, but the basins in the lavatory should be replaced with new ones. The radiator in one of the class rooms is too small to warm the room.

The noise from the traffic in the streets in the room in which I made this medical inspection was so great at times that it was

impossible for me to continue the examination of the children. The class rooms being so near the street, it is necessary in my opinion that wood paving should be laid in front of the school to deaden the noise.

9th November, 1908.

ST. ANN'S COUNCIL SCHOOL.

I made various enquiries into the condition of the school generally, and found that the light, heating, aspect of the class rooms, sitting accommodation, were for the most part satisfactory. One end of the main room in the Infants' Department is insufficiently heated, and an additional radiator should be provided.

The sanitary conditions were satisfactory, with the exception of the trough closet, which occasionally gets out of order and floods the floor of the building in which it is situated.

It appears to me that after examining over 1,100 children in the County Borough of Rotherham that the most important portion of this work of medical inspection will be the following up of the diseased conditions found in children, and effective steps taken for the radical cure and emanation of the conditions which are found. Without this remedial result, my work will be of little or no benefit.

There can be no doubt that a large proportion of educational difficulties met with by teachers are due to remediable physical conditions from which children suffer, and it must be a matter of deepest interest to any teacher to attempt to improve the physical condition of children who are lacking in intellectual development. The amelioration of these conditions in children should necessarily assist the work of the teacher.

24th November, 1908.

DONCASTER ROAD COUNCIL SCHOOL.

The physique and general appearance of the children at this school were much above the average; the peculiar results of my medical inspection here were:—

(1) The excessive number of cases of enlarged tonsils and adenoids which were present in over 49 per cent. of the children examined.

(2) The number of children suffering from decayed teeth was 43, equivalent to 35 per cent.

The general arrangement of this school is excellent, the cloak room accommodation is good, the sanitary conveniences are in good order, and the ventilation of the class rooms and their heating could not be improved upon.

9th December, 1908.

KIMBERWORTH COUNCIL SCHOOL.

On account of the prevalence of measles in this department of this school, I have forwarded a recommendation that it be closed for three weeks from this date. There is no marked overcrowding in this school, the sanitary conveniences and lavatory basins are in good order, the ventilation is satisfactory, and there is no complaint about the heating of the various class rooms. The cloak room accommodation is insufficient, there being in one room three tiers arranged one on top of the other, the consequence being in wet weather that the clothes on the top tier are constantly dripping on those beneath.

The general physique and cleanliness of the children attending this school was above the average.

10th December, 1908.

BLACKBURN COUNCIL SCHOOL.

The general condition of these children was above the average of the schools in the Borough. The classrooms were well ventilated and there was no overcrowding. The sanitary conveniences appeared in good order, and there was ample cloak room accommodation.

14th December, 1908.

TEMPLEBORO' COUNCIL SCHOOL.

The number of children examined at this school being so small, no importance can be attached to these averages.

The sanitary arrangements and everything connected with this school are excellent. There was no overcrowding.

15th December, 1908.

SCHOLES COUNCIL SCHOOL.

The sanitary arrangements and the condition of school premises are excellent in every respect.

21st December, 1908.

ST. PAUL'S SCHOOL.

The sanitary conveniences at this school were in good order.

6th October, 1908.

ST. MARK'S SCHOOL.

Several of the children attending this school were not properly fed, and many had insufficient clothing and footgear, and were generally neglected.

The results of the medical inspection of this school are most unsatisfactory. A far larger proportion of these infants were suffering from parasitic diseases, etc., in a much higher proportion than amongst any of the other children at the other schools where the medical inspection has already taken place. The general physique of the children was also lower, and generally showed considerable neglect on the part of the parents. One child was suffering from an almost complete cleft palate, which ought to be operated on at once.

I found the school premises neglected and dirty, not properly kept, and the windows appeared as if they had not been cleansed for a considerable period.

The sanitary conveniences are deplorable in the extreme, consisting of a privy midden, which the head teacher informs me has not been emptied for seven weeks. At the time of my visit it was nearly full, and the smell arising therefrom was unbearable. To allow 150 children to play about in the immediate neighbourhood of this filthy midden is certainly not to the credit of the authorities. I consider it absolutely necessary to have this privy midden converted into water closets **WITHOUT DELAY**.

The appointment of a school nurse to visit the homes of these children appears to me indispensable if any good is to be done towards improving the condition of the children, the parents obviously being absolutely ignorant as to what steps should be taken towards even keeping their children in a cleanly condition.

7th October, 1908.

ST. BEDE'S SCHOOL.

The school appeared to me to be overcrowded, but the sanitary conveniences were in good order. The playground at the back of the school should be asphalted.

In forming an opinion of the cleanliness of the body generally in boys the condition of the skin was noted rather than dirt on the face and hands. Vermin were sometimes present on otherwise clean children, and this was evidently caused by association with others. The hair was cut short in all the boys, and very few cases of pediculosis found. The school teachers might possibly direct attention to this particular lack of cleanliness, but in order to get good results a regular inspection by a school nurse at frequent intervals is necessary. As a rule the youngest boys were the dirtiest, indicating a want of parental care and attention.

The total number of female children classified at this particular school as having dirty heads and lack of cleanliness of clothing and body lice is very large (nearly 90 per cent.), and indicates the presence of vermin in a very large proportion of the number examined. It was noted that in very young children the presence of vermin occurred in nearly every case.

There is an immense difference between the children in the matter of cleanliness, both of clothing and of person. The number not only of verminous children but of extremely bad cases where the heads and bodies were in a foul state was very large.

It was obvious at St. Bede's School that the condition of some of the children was due to their contact with others, and not in every case to neglect at home.

It is surely a hardship that the children of careful mothers should be exposed to such risks. This evil is on such a scale as to merit the attention of the Education Committee.

Several of the children examined at this school had a poor, under-fed and ill-matured appearance. The defect in feeding is probably in some cases not so much in quantity as in kind. A great deal of ignorance exists as to the economic and nutritive values of many of the common articles of food, and amongst the poorer classes much of their earning is wasted on food containing little nutritive value.

21st October, 1908.

ST. JOHN'S SCHOOL.

I was struck after examining the children at this school to find how large a number of them ought to be receiving medical attention, and whose future in life is imperilled for want of it, and that many of the children, either from disease or lack of personal cleanliness, are a source of danger and serious discomfort to their fellow scholars, and how many could derive little benefit in school attendance, because they cannot apply their minds when hungry.

The sanitary conveniences at this school are satisfactory. The playground or yard requires paving, being full of holes. The arrangements for the disposal of the children's cloaks and hats are most unsatisfactory.

The general physique of these children was bad; many of them are very dirty, and several of them were under weight and looked under-fed.

26th October, 1908.

PARISH CHURCH SCHOOL.

Five children were not examined owing to absence from school

The heights and weights of the children at this particular school are considerably under that given in the Anthropometric Committee's report as to the average of the general population throughout the country. The clothing was in many cases meagre, dirty and worn out. The footgear was deficient in a very large number of the children examined. The condition generally—there were exceptions—of the children was dirty, ill-kempt, and ill-

matured. The average age of the children examined was between five and six years.

If the heights and weights of the children at this particular school be compared with, say, the children of the Wellgate Council School, the great difference would be seen at a glance.

The school generally did not seem overcrowded; the sanitary arrangements were in good order, and the cloak room accommodation was satisfactory.

16th November, 1908.

EASTWOOD NATIONAL SCHOOL.

There were a large number of dirty and ragged children attending this school.

In the classroom in which the medical inspection took place at this particular school the noise was so great from the adjoining classrooms that it was exceedingly difficult to carry out the medical inspection satisfactorily.

The cloak room accommodation was very deficient, the ventilation in the classrooms was good, and the sanitary conveniences were in good order. The classrooms appeared to me to be considerably overcrowded.

2nd December, 1908.

THORPE HESLEY NATIONAL SCHOOL.

The general condition of this school was bad, the sanitary conveniences being middens of an abominable type. These ought to be converted into water closets without any further delay. The cloak room arrangements are most primitive and insufficient. The classrooms are extremely dirty, and under present circumstances should be thoroughly scrubbed and cleaned out every month instead of every three months. The dirty condition of the classrooms is due to the unsatisfactory condition of the play ground, the children carrying in a considerable amount of dirt and other filth into the classrooms from this source. These yards should be either concreted or asphalted. Some of the doors of the classrooms do not fit, and dry rot has attacked the wainscotting. The heating in the class rooms is insufficient, and the present fireguards are worn out and should be replaced by new ones. There was no overcrowding.

16th December, 1908.

THORPE HESLEY WESLEYAN SCHOOL.

One boy examined was the unusual possessor of six fingers on his left hand, and six toes on his left foot.

The general condition and appearance of the children attending this school is not good; more than 50 per cent. had enlarged tonsils with adenoids, and there was an unusually large number of children with defective clothing and footgear.

The older portion of this school is not satisfactory, being damp and dilapidated, the floors especially being in a bad condition, and should be re-laid. The sanitary conveniences are bad, consisting of privy middens, which should be converted into water closets without delay. The playground is unpaved, and the system of surface drainage most primitive. The cloak room accommodation is bad, and there are no wash-bowls in connection with this school. The new portion of the building is in excellent condition.

21st December, 1908.

HISTORY OF MEDICAL INSPECTION.

When the question of medical inspection of school children was first discussed by the House of Commons in the year 1906, every section and shade of political opinion were agreed as to its necessity, and Mr. Birrell accepted the principle of compulsory medical inspection, with an enabling clause empowering local authorities to make provision for treatment in addition.

The Bill of 1906, however, did not pass.

In 1907 the clauses relating to medical inspection were brought up as a private members Bill, and having passed the House of Commons without any opposition whatever, were incorporated in the Government's Administrative Provisions Bill in this year by Mr. McKenna and became law.

OBJECTS OF MEDICAL INSPECTION.

These can be divided conveniently under the following heads:

(1) To advise necessary alterations in the curriculum to special needs of any particular child, excluding from school altogether, admission to special classes, exemption from special subjects, the allotment of special positions in class, and to indicate harm already done to particular children by school methods.

(2) To obtain treatment or amelioration of defects after proving their existence.

(3) To collect statistics for national use, showing how different environments act upon growing children; to compare town and country children; to compare town with town and decade with decade.

(4) Many other objects might be mentioned, and it will probably be eleven or twelve years before the true estimate of the value of medical inspection can be obtained.

PROCEDURE.

All the examinations have been conducted during school hours, and on school premises.

In recording the results of the examination on the official cards under the heads of clothing and footgear, nutrition, cleanliness and teeth, I have adopted a system of marks, numbering from one to five. Thus, with regard to clothing of the scantiest description possible, as for example, one ragged coat buttoned up and practically nothing underneath, and boots represented by perhaps a mass of rags tied to the feet, I have marked—5. In cases where the clothing has been insufficient to retain animal heat or boots leaking as—1.

Where the clothing has been poor but passable, consisting perhaps of an old and ragged shirt, with some attempt at proper underclothing, usually flannelette, as + 1. Where the child has been well clad with good boots and a flannel under-garment, or a guernsey, poor perhaps but sufficient, as + 3. When a child has been very well clad, as + 5.

The symbols +, 0, and — have in the same manner been used with regard to nutrition, cleanliness, and teeth.

When a child removes from one school to another, the card should be transferred at the same time. Thus in future years there will be a complete history of each child during its school life.

ATTENDANCE OF PARENTS.

In all cases parents have been notified beforehand when the examination of their children is going to take place. In Rotherham only 32 per cent. of the parents have attended the medical inspection. The percentage of parents has varied from 75 at Park Street Council School to 0 at Scholes Council School.

Throughout the country I am informed that less than 25 per cent. of parents have attended the examination of infants, but it is always possible for the teacher to get the necessary family history of the child examined from the mother at the home.

I have endeavoured in all cases to get a history as to whether the child has had measles and whooping cough, these being the complaints that give most trouble in school life at a later stage, and the results obtained should be extremely useful in deciding in the future as to whether certain schools should be closed on account of outbreaks of these epidemics, or certain children excluded from the school. Another reason for desiring the parents' attendance is for the purpose of eliciting the nature of any other previous illnesses of the child, and it would be therefore advisable in the future to send out with the official notice of the date of inspection, the card embodying the six lines on the front, and requesting affirmative or negative replies to the several items.

The lack of a proper room for this inspection is a difficulty which is not infrequently met with. In many instances a side classroom had to be turned out. Under these circumstances some derangement of the classes is inevitable.

In many towns branch free libraries have been utilised for the purpose, the children being brought in batches of twenty and examined there. The results have been most beneficial, and there has been no interruption of school work. I believe no difficulty would be raised by the Board of Education if this was proposed to be done in Rotherham.

ADVICE TO PARENTS.

If, as a result of the medical inspection, it is found that medical treatment is required, I have advised the parents to go either to medical men or to the Hospital. No parents are advised to go to the Hospital unless their circumstances are such as to make them suitable objects of charity. There has been no difficulty in the majority of cases in obtaining the co-operation of the parent; lack of means or ignorance being the more common obstacle in the way of obtaining medical treatment, rather than indifference. Throughout the country I am informed that in many towns and districts parents have raised objections to the medical inspection. So far as Rotherham is concerned not a single parent has objected or put any difficulty in the way whatever, the majority being most grateful for any advice which was suggested.

TEACHERS AND MEDICAL INSPECTION.

The teachers are competent to give very valuable assistance in the matter of school inspection. They are fully aware of the immense importance of the physical condition of the child, and its bearing on the child's progress at school, and I think everyone is agreed that the teaching profession has welcomed everywhere medical inspection as tending to aid them materially in their school work.

The teacher is at every age of the child's school life an indispensable and valuable co-adjutor in medical inspection.

Above all, the teacher is in many cases in close touch with the parent and home surroundings of the child. There is an interdependence between the school doctor and the school teacher, and one speedy result of medical inspection ought to be the throwing up of more light into the dark places of our educational system.

At each school without exception I have received every assistance and the willing co-operation of the headmistress. So far as I have been able to judge there has been very little disturbance of the school work, and the arrangements made by the Director of Education to have the work smoothly carried out have been most excellent.

ASSISTANCE OF TEACHERS.

The sympathy and active assistance of the teachers should be valued very highly by the School Medical Officer. They help and do much good in the following ways:—

(1) By correcting bad positions of sitting or standing of the children at school.

(2) By specially observing children with defective hearing or vision.

(3) By impressing upon parents the necessity for treatment as advised by the School Medical Officer.

(4) By adjusting and regulating the light, heat and ventilation of the school premises.

(5) By encouraging cleanliness generally and discouraging dirty habits.

(6) By teaching older children the value of fresh air, pure water, good food and clothing, and healthy living.

(7) By varying the classes and positions in school in order to avoid fatigue.

(8) By varying the physical exercises, and changing their character fortnightly or periodically.

(9) By taking an interest in the outdoor games and exercises of the children.

(10) By attending the cloak rooms and lavatories, preaching and practising sanitation generally.

(11) By obtaining such good work in school that home lessons and home work become unnecessary.

The valuable aid of the teachers is necessary to carry on this work, which must be for the advancement and benefit of the children examined. It at the same time enhances the efforts of the teachers themselves by getting better results from the children.

MENTALLY DEFECTIVE CHILDREN.

The majority of children I have inspected in Rotherham during the past year have been under the age of six. The testing of the mental capacity of children under this age is extremely difficult and in the great number of cases impossible.

Some of the children I have examined were, however, obviously mentally deficient.

The general intelligence may be recorded under the following heads:—

(a) Bright, fair, dull, backward.

(b) Mentally defective.

(c) Imbecile.

Further powers are obviously necessary for dealing with mentally and morally defective children, and compulsory legislation is necessary to compel the parents of such children to permit their removal to residential schools. Supposing such girls are kept in their own homes, it will probably mean their ruin, because there are instances of parents who are either themselves of such low moral type that they will not see necessity for it; or there may be some who even desire children's wages.

The question of providing special departments, or a special school for very dull or mentally defective children will have to be dealt with by the Education Committee of the County Borough of Rotherham very soon. This is a question of very great importance and difficulty.

There are at the present time many children attending the schools in the Borough who would, without any doubt, benefit by special tuition; there are also some children who appear unable to learn, although they appear to be bright and fairly intelligent. These children, I feel certain, at any rate some of them, would do more justice to themselves and their teachers if they could be taught technical or manual work.

If from this type of children in after years a large class of habitual offenders is developed, who cannot refrain from repeated acts of dishonesty, and who in this respect may be called moral imbeciles. These should be retained in places other than ordinary prisons. Under control many of them might be doing useful work for the community, such as tree planting and land reclamation, when a life of semi-liberty would bring them a degree of happiness and some pecuniary profit instead of drifting into our Workhouses as able-bodied paupers, or spending most of their lives in prisons as most of them do under existing conditions.

CLEANLINESS, CLOTHING AND FOOTGEAR.

Some of the children attending the elementary schools in Rotherham are in a condition of uncleanness bordering on scandal, and have to be kept frequently from school. If by the attention of school nurses these children could be kept more regularly at school, surely the school grants would be increased.

Dirty and verminous head, for example, require in most cases very simple remedies, combined with care and cleanliness. These matters would, if a school nurse was appointed, receive the attention they deserve.

The condition of the clothing and footgear have been noted in all the children examined. Insufficiency, need of repair and uncleanness has been recorded in a very simple way. In very bad cases of uncleanness "filthy" may be the only adequate term, and it is in this direction that cleanliness is to be hoped for in the schools in the future.

This is the one great thing in which many of the poor require to be educated—cleanliness of person, cleanliness of clothing, and cleanliness of habit and surroundings. If only uncleanliness could be done away with, if we could get and keep children clean, not only with regard to their bodies, but their clothes also, we should, by this alone, do away with much ill-health and contagious disease. It must also be remembered that it is not alone the skin, but the health of the child generally, that becomes affected by uncleanliness. I have often seen children whose clothes actually reek and are alive with vermin. In such cases even a daily bath when the clothes are subsequently worn without being disinfected is necessarily rendered of but little value. The infection of clothes, with the living organisms of "scabies" and "pediculosis corporis," forms one of the main difficulties in the cure of the diseases.

Then, again, much of the bronchitis and lung mischief of children, as well as many instances of general malnutrition, is due to bad boots; children get wet feet, if not wet clothes on their way to school, and sit with cold and wet feet whilst in attendance there.

In my opinion all the schools should be cleansed, scrubbed and disinfected once a month. Baths, preferably spray ones, might with great advantage be provided at some of the schools, as surely it is not fair to clean children to sit next to dirty ones.

Much of the cleansing of schools might form part of the daily drill, as it would afford exercise and relaxation for the elder scholars and at the same time be an object lesson in sanitation.

I think everyone will admit the uselessness of education without surrounding healthy conditions.

CLOAK ROOM ACCOMMODATION.

The close mingling of hats and caps in the lobbies of schools is responsible for so free an interchange of parasites that it would perhaps be far more preferable to see children go to school hatless, after the manner of "Bluecoat" boys. The idea of cleanliness of heads doubtless originated this "hatless" idea. Again, when pegs are so close that garments hanging up on them touch, no amount of cleansing will prevent the spread of undesirable matter.

One of the immediate results of medical inspection will be that much more notice and interest will be taken of the condition in which children are frequently sent to school. I find that the Liverpool Corporation have recently secured powers to compel the parent or guardian to cleanse a child who is sent to school with vermin, or is in a foul and filthy condition within 24 hours, and in default to remove the child to a place where the cleansing may be properly carried out.

CHILDREN NOT VACCINATED.

Amongst the 1489 children medically inspected in the Borough I found 76 who showed no signs of vaccination marks. This is equal to over 5 per cent.

Ferham Council School contained the largest number of children unvaccinated, viz., 18. At St. Paul's, Thorpe National, Thorpe Wesleyan, Templeborough, and Scholes Schools, the whole of the children had been successfully vaccinated.

THE NECESSITY OF SCHOOL NURSES.

The only recommendation I have at present to make is the appointment of one or more school nurses who could daily visit each school and supervise personally the cleanliness of the children on the spot.

In some of the cases I have examined it is inconceivable that parents could allow their children to attend school in the filthy condition I have found some of them.

I am told that when children are sent back to their homes on account of their dirty condition, they are in many instances kept at home some days and then returned absolutely in the same state.

There are, of course, very many other instances in which a properly qualified school nurse would be most useful, in addition to that of attending to or supervising the cleanliness of the children. She would be capable of assisting in the work of medical inspection by getting the child prepared for this inspection, and (under medical instructions) in applying, or showing parents how to apply remedies for minor ailments. Such matters as the antiseptic treatment of discharging ears, the treatment of sores, minor skin diseases and minor diseases of the eye, and slight injuries resulting from accidents would fall within the scope of the school nurse.

The visits of these nurses to the homes of the children would also have a good moral effect upon the parents, insomuch that it would stimulate them to pay more attention to the physical welfare of their children.

They could also urge upon the parents the necessity for obtaining treatment for their children.

THE TREATMENT OF DEFECTIVE CHILDREN.

The first and most natural result of the medical inspection of school children is an invasion of the eye, ear, and throat departments of the hospitals by children in need of treatment.

It is characteristic of British methods that Parliament should set up a system excellent in itself, but leading to consequences for which no provision is made.

Throughout the country School Medical Officers are notifying parents that their children require treatment for various defects. In many cases it is to be feared those parents are too ignorant to give the matter attention; even those who are alive to their children's interests may be unable through want of means to act on the doctor's suggestion.

How is this treatment to be obtained?

It should be pointed out that to take a child to a Hospital often means that the father or mother must lose a day's work, and it is doubtful if the Education Authority can fairly expect the Hospital Staff to devote themselves to the wholesale removal of tonsils or adenoids, or to doing refraction.

It is quite certain, too, that many parents are willing and able to pay for the treatment necessary, and it is undesirable that they should seek help from institutions intended for the very poor. No doubt School Clinics, already set in foot in some towns, such as Bradford, are the best solution of the difficulty, inasmuch as they ensure the child securing the required treatment. These, however, are open to the grave objection that their privileges are liable to be abused to the detriment of the general practitioner.

The whole problem is of great difficulty, but I believe that some arrangements could be made between the Rotherham Education Authority and the members of the medical profession in their respective districts, so that free treatment should be available only for deserving cases, whilst those who can afford to pay will suffer no loss of self-respect.

The following recommendations have recently been passed by a leading education authority:--

(a) That, as the existing provisions of private and hospital practice sufficiently meets the requirements in the case of children requiring operative and in-patient treatment (who are thus removed from the direct purview of the Education Authority) no further steps should be taken in regard to this class.

(b) That the Council should establish "School Clinics" at suitable centres for the medical treatment of children suffering from decayed teeth and simple diseases, skin diseases, such as ringworm, scabies, pediculosis, ear defects and other simple diseases.

It remains, however, to be seen whether the honorary staffs of local hospitals concerned, will accept the proposal without demur (in class A). It has been repeatedly urged that municipalities and Education Committees can perfectly well afford to pay for such medical services that they require.

The medical profession is always ready and willing to render free service to the worthy indigent, but this charity should be limited to the deserving poor. If the far-reaching effects of medical

services be analysed which are rendered through various channels, the "hard times" complained of by the medical profession can be easily explained.

In view of the diversity of opinion on this vexed question of medical treatment throughout the country, I offer no opinion on the question, and recommend that the whole matter be deferred for the present.

My recommendation of appointing and paying local medical men to perform the work in certain districts of the Borough is quite an original one, and one which so far as I know has not been suggested in any other town.

It is for the Education Committee to decide whether it be feasible or not.

The whole question devolves itself into one of "ways and means."

VENTILATION : A LOST ART !

In many of the schools within the Borough, there is on entering an indescribable feeling of stuffiness. Architects maintain usually, *and quite truly*, that they are not experts on ventilation, and quietly pass on the responsibility of this important detail to someone else. It seems strange that among all the inventions of recent years, no one has discovered a scientific method of ventilation.

It is questionable whether there is a perfectly ventilated school, church or hall in existence.

TIME OCCUPIED IN MEDICAL INSPECTION.

Taking the average of the whole of the children examined, five minutes, or twelve in an hour, gives a rough idea of the time that has been devoted to this work. Of course, when the parents attend the time varies considerably, some mothers being more talkative than others.

SCHOOL CLOSURE.

The following schools have been closed on my authority during the year 1908 owing to the prevalence of measles amongst the scholars :—

1. Doncaster Road Infants, 12th October, 1908, to 3rd November, 1908, inclusive.
2. Kimberworth St. Mark's Infants, 14th December, 1908, to 10th January, 1909, inclusive.
3. Kimberworth Council Infants, 14th December, 1908, to 10th January, 1909, inclusive.
4. Alma Road Infants, 15th December, 1908, to 10th January, 1909, inclusive.

RESULTS OF MEDICAL INSPECTION.

No reasonable person can remain in doubt as to the ultimate good results of this legislative measure. Medical inspection of school children is sorely needed, and the method of carrying it out, if not perfect, is a good one, and unlikely to cause much friction. Inspecting entrance gives some guarantee that children shall not begin their school life with defects which can be remedied.

Generally speaking, this work of medical inspection seems to have been started on the right lines, and the outlook is quite good, and the question of how to obtain the necessary skilled attention for affected children is a problem which will no doubt be solved in the future.

As this is my first report under the new conditions it is necessarily incomplete in many details.

As I have stated in the body of this report, I have only one recommendation to make, the appointment of one or two school nurses.

I hope this recommendation will receive the favourable consideration of the Rotherham Education Committee.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

ALFRED ROBINSON, M.D.,
School Medical Officer.

18th January, 1909.



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