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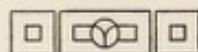
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COUNTY BOROUGH OF ROTHERHAM.



# ANNUAL REPORT

OF THE

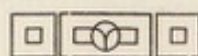
## Health and Sanitary Circumstances of Rotherham.

TOGETHER WITH

The Report of the Borough Hospital and of  
the Borough Laboratory, for the  
year 1909: 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



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# HEALTH COMMITTEE

## OF THE COUNCIL OF

### THE COUNTY BOROUGH OF ROTHERHAM.

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Chairman :—ALDERMAN GRUNDY, J.P.  
Vice-Chairman :—COUNCILLOR LODGE, M.D., J.P.  
Members :—ALL THE MEMBERS OF THE COUNCIL.

#### **Isolation Hospital and Consumption Sub-Committee.**

Chairman :—ALDERMAN GRUNDY, J.P.  
Vice-Chairman :—COUNCILLOR LODGE, M.D., J.P.  
ALDERMAN CLARKE, J.P., COUNCILLORS BECKETT,  
GAFFNEY, HOPKINSON, HOUGHTON, JARVIS,  
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ELLIS, FLETCHER, LODGE, M.D., J.P., REEVES, and  
JARVIS.



# Officials of the Public Health Department, 1910.

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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., D.P.H.

Inspector of Nuisances :—

CHARLES E. PARKIN.

Assistant Inspectors :—

C. E. PARKIN, Junior.

WILLIAM PEARCE.

Female Health Visitors :—

Mrs. ADA KEMP.

Miss MANGHAM.

Matron, Isolation Hospital :—

Mrs. HAWES.

Clerks :—

JOHN E. HICKS.

GEOFFREY RUSSUM.

JAMES CARR.



## SUMMARY OF VITAL STATISTICS, 1909.

POPULATION.—Census, 1901, total 54,349. Under five years, 7,552, 5-15, 13,185.

Estimate, 1909. Total, 65,000. Under five years, 9,750, 5-15, 16,150.

†BIRTHS.—Total number registered, 2,066, including 93 illegitimates. Birth rate per 1,000 population, 31.78.

NOTIFICATIONS.—Total number received, 432, including :—

Smallpox.....	0	Pulmonary Consumption .....	131
Scarlet Fever .....	110	Puerperal Fever.....	9
Diphtheria .....	56	Membranous Croup.....	2
Enteric Fever.....	43	Erysipelas.....	81

### DEATHS.

\*Total uncorrected .... 915 Rate 14.08 per 1000 living ....

\*Total corrected ..... 841 Rate 12.94 per 1000 living.

\*Under one year of age 240 Rate 116 per 1000 births registered.

Causes of death : All ages, persons.

	No.	Rate.	
*Smallpox.....	—	—	
*Measles .....	13	.2	
*Scarlet Fever .....	—	—	
*Whooping Cough ....	7	.11	
Diphtheria .....	8	.12	
*Typhoid Fever .....	10	.15	
*Diarrhoea .....	32	.49	
Erysipelas .....	—	—	
Phthisis .....	44	.69	
Tubercular Diseases ...	22	.34	
Cancer .....	44	.67	
Premature Birth .....	49	.75	
Respiratory Diseases ..	165	2.54	<div style="display: inline-block; vertical-align: middle;"> { Pneumonia ..... 101  { Bronchitis..... 56  { Pleurisy ..... 6  { Asthma ..... 2 </div>
Other diseases .....	447		

\* Lowest ever recorded in Rotherham.

† Second lowest on record.

## 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
Pulmonary Consumption	91		

## DEATHS :

Total uncorrected ..... 1087 Rate 16.92.

Total corrected ..... 1005 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	
Diarrhoea .....	76	1.18	{ Diarrhoea ..... 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
Other Diseases .....	434		{ Asthma ..... 2



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 con-  
" ditions 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 disease, ages, and locali-  
" ties."



# ANNUAL REPORT, 1909.

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

GENTLEMEN,—

I have the honour to submit for your consideration my Annual Report on the health of the Borough for the year 1909. It will, I think, be a source of satisfaction to the Health Committee to know that the corrected death-rate for the year under consideration was only 12.94 per 1000 inhabitants, as compared with that of 15.62 for the previous year.

This is the lowest death-rate ever recorded in the County Borough of Rotherham.

The total number of deaths registered during the year was 841, as compared with 1005 for the year 1908.

On reference to the summary of vital statistics on page 4 of this Report, the details of this "Bill of Mortality" will at once be seen. A similar table on page 5 shows in what particulars these returns differ from those of the previous year.

## BIRTH RATE.

During the year 1909, 2066 births were registered, including 93 illegitimates. This gives a rate of 31.78 per 1000. For the year 1908, 2093 births were registered, including 105 illegitimates, which gave a birth-rate of 32.75 per 1000.

The birth-rate for the year 1909, was the second lowest ever recorded in the Borough, and shows that, in Rotherham, as elsewhere, this particular rate is on the decline. A stationary, advancing or declining birth-rate should be variously judged according to the social condition of a town, and a declining birth-rate is not necessarily an occasion for much regret.

Each year, the Annual Report of the Registrar-General records a continuous drop in the birth-rate. In dealing with any particular town, one must first consider whether it is necessary to or desirable for the national well-being that the rate of increase, to which in years we have been accustomed, should continue.

This is a difficult and complex question to which no satisfactory answer will readily be forthcoming.

It is clear that the decline in the birth-rate is due to the diminished fertility of women capable of child-bearing between the ages of 15 and 45. This was 153.3 per 1000 in the year 1880, but had declined to 112.5 in 1905.



The illegitimate birth-rate thirty years ago was 14 per 1000, and this declined to 7.8 in 1907. So far as the general decline in the birth-rate is to be ascribed to this contributory cause, it must be contemplated with satisfaction.

Again, there has been a marked increase in the age at which women marry, and that as a result the number of married years spent by women of child-bearing age has proportionately diminished.

So far as this directly affects the birth-rate in a town like Rotherham, there will be few who regret the decrease resulting from a cause which has been accepted as a desirable change.

During the last census period, the fertility of English women was lower than that recorded in any European country, with the single exception of France. It is this "deliberate restriction of child-bearing" amongst English wives which has called forth so many denunciations.

A high infantile mortality rate is hygienically and economically unsound. The unaided mother of a family (and there are many in Rotherham), even when she is fortunate enough to escape being a contributory wage earner, can rarely do justice to the numerous family which she is naturally capable of bearing.

If restricted child-bearing is compensated in improved mothering of a small progeny, and if diminished families mean better conditions for the fewer children, the numerical decrease in the growth of the population will be a source of satisfaction, and as most people will agree, will not be a high price to pay for so desirable a result.

The provisional estimate of the population of Rotherham for the year 1909 was 65,000. This is based on the census of 1901, and on the increase during the inter-censal period. In my opinion this estimate is considerably below the mark, but it is the figure given by the Registrar-General.

There is in all towns very great difficulty in correctly estimating the population at a period distant from the last census (as we are in the year 1910). Seeing that the population is only enumerated every ten years, the impossibility of making trustworthy estimates for inter-censal periods is obvious.

The only remedy is the taking of a census at more frequent intervals.

For years past pressure has been brought upon successive Governments to arrange for a quinquennial census, and it is expected that the efforts to secure this will soon be successful.

In districts like Rotherham, the difference between the estimated and actual population may be so great as to invalidate altogether any statistics based on the estimate.



All Medical Officers of Health are anxious to secure accuracy in their statistical records, but without a correct estimate of the population this is quite out of the question.

### VITAL STATISTICS IN ENGLAND AND WALES (1909).

	Annual Rates per 1000 living.				Infantile Mortality Rate per 1000 Births.
	Births.	Deaths.		Principal Epidemic Diseases.	
		Crude	*Corrected		
England and Wales ..	25.6	14.5	14.5	1.12	109
76 Great Towns .....	25.7	14.7	15.6	1.42	118
142 Smaller Towns ..	24.8	13.9	14.5	1.08	111
England and Wales less the 218 Towns ..	25.6	14.5	13.6	0.80	98
<b>Rotherham .....</b>	<b>31.78</b>	<b>14.08</b>	<b>12.94</b>	<b>1.76</b>	<b>116</b>

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

### MARRIAGE RATE.

The marriage rate in Rotherham for the year 1909 was, I believe, the lowest on record.

A generation ago, the marriage rate of a town was held to be a good barometer of the prosperity of the district, but new factors now enter into the case.

The main idea still is, no doubt, generally true, that wherever there is room for two people to live together, up to the conventionally recognised standard of comfort, a marriage takes place. Throughout Europe statistics on the whole indicate a slight falling off in the marriage rate during the last thirty years.

In Ireland, there has been a decline of nearly 19 per cent., and during the last thirty years less than a third of the women have married in this country.



The increased avoidance of matrimony has been most marked in the United Kingdom. In all countries, especially in England, people marry later in life, and this has, as I have already stated, resulted in a marked decline in the birth-rate. The death-rate during the last ten years has been materially reduced, and the community therefore almost everywhere shows a higher average in point of years.

#### DEATH RATE.

The death-rate for the year 1909—12.94 per 1000—is the lowest on record, and compares favourably with that of any other manufacturing town. This decrease is due to various causes, which will be discussed in other pages of this Report.

During the last fifty years, roughly speaking, there has been a decrease in the death-rate from 20 per 1000 to 15 per 1000, taking the country as a whole. This is really equivalent to a diminution of 25 per cent. In many districts, including Rotherham, the fall has been even greater.

The Registrar-General considers that this satisfactory reduction has been mainly brought about by the effects of the Public Health Act, 1875, under which the country is divided into sanitary districts administered by the Medical Officer of Health, by the advance made in medical science, and by the increased attention paid to hygienic questions by the individual, the local administrative measures, and the State.

There is no doubt, also, that there is less sickness, and that deaths from all diseases are fewer owing to the fresh air propaganda which has been carried on during the last ten years.

Though primarily used as a weapon against tuberculosis, the "fresh air cult" must have had an influence in other directions which, hitherto, has not been sufficiently appreciated.

#### ZYMOTIC DEATH RATE.

The zymotic death-rate for the year 1909 was only 1.08 per 1000. This, again, is the lowest zymotic death-rate ever recorded in Rotherham, and has, of course, assisted materially to reduce the general death-rate.

During the year 1909, there have been 13 deaths from Measles, 7 from Whooping Cough, 8 from Diphtheria, 10 from Typhoid Fever, and 32 from Diarrhoea (nearly all infantile).

For the first time no death from Scarlet Fever has been registered. No doubt the treatment and isolation of a very large proportion of the cases reported, which have been removed to the Isolation Hospital, accounts for this.

Again, during the year 1908, 99 cases of Enteric Fever were reported, which resulted in 16 deaths, whereas during 1909 only 43 cases were reported with only 10 deaths; 70 per cent. of the reported cases being removed to the Isolation Hospital.



## ROUTINE WORK.

It seems to me that the chief object which every zealous Medical Officer of Health desires to attain is to produce a higher standard of health, and to reduce the death-rate and the proportion of sickness in his district.

He seeks to accomplish this in various ways, of which, perhaps, the following are the principal:—

1. By dealing with the question of the rearing of infants, their proper feeding, and the removal of the various and numerous causes of infantile mortality. The great difference between the rates of infantile mortality in districts well and badly circumstanced socially in Rotherham, is a sufficient indication of the results which might be obtained if the infants of the less favoured districts had extended to them the same care that is bestowed upon those of the better favoured districts. One has only to compare the rates in the various wards in the Borough to see how true this is.

2. By endeavouring to secure the purity of the milk supply, and the food supplies generally, especially tuberculous meat. The abolition of private slaughter houses will effect this.

3. By endeavouring to secure the better housing of the people, not only of the working classes, but also by the proper use of materials, sanitary appliances, and drainage arrangements in better class houses. How useful the new Housing and Town Planning Bill will be, remains to be proved by practical experience.

This Bill is undoubtedly a complicated measure.

For example, St. Ann's Ward in the Borough has hitherto been the most congested. During the past year it has become more so, no fewer than 118 new houses having been erected during the past twelve months. This would have been impossible had the Housing and Town Planning Bill been in operation during that period.

4. By dealing with the various causes of preventable diseases and by the proper isolation of infectious diseases, more especially cases of tuberculosis, which, in most towns, causes more deaths than all the other infectious diseases added together. The Health Committee during the past year commenced isolating male cases of pulmonary tuberculosis. It is to be hoped that in the near future some similar provision may be made for cases occurring in females.

The disparity with regard to the incidence of and the deaths from pulmonary tuberculosis in Rotherham invariably shows that there is much to be done before the conditions under which the less well-to-do classes are living will even approximate those of the more favoured classes.

According to the Statistical Memorandum relating to public health and social conditions recently issued, it appears that during the last fifty years, the general death-rate has fallen considerably.



At the same time the death-rate amongst the coster, hawker, general labourer and inn-keeper classes is more than double that of the engineer, clerk, and more favoured classes.

During this period "institutional treatment" has enormously increased.

There is a steadily increasing demand upon voluntary, isolation, and union hospitals. This demand is doubtless due to increasing confidence in the system of administration in these institutions. Throughout the country at least 1 in 5 of the total number of deaths registered occur in either voluntary, isolation, or union hospitals.

For instance, in Rotherham during the year 1909, 132 were so registered, as belonging to the Borough, which is equal to 1 in 6. In addition, 74 deaths were registered in the Borough, which belong to outside districts. This increases the number of deaths registered in the Borough to 206, and increases the ratio to 1 in 4.

It will be found that in a great number of instances the deceased inmates of these institutions have been admitted from administrative areas other than those in which the institutions are situated.

This creates another difficulty in securing accuracy in statistical returns, when dealing with the question of deaths occurring outside the administrative area to which they belong.

There can be no doubt that sanitary reform in the past has been largely due to the prevalence of pestilence and famine, and that failure in solving problems of public health, in the first instance, has been the inevitable precursor of final success.

Epidemics of infectious diseases have been the teachers of sanitary efficiency.

Of all diseases, Cholera in particular, has been the greatest Sanitary Reformer. The panic produced by outbreaks of this disease, and the devastation following it have been, in a large measure, the parents of all sanitary progress.

Repeated outbreaks of Typhus Fever were the immediate cause of the erection and maintenance of Isolation Hospitals by Health Authorities, as well as of the demolition of "human rookeries" where the disease always existed and spread from house to house.

A direct attack upon tuberculosis has only just begun, and in regard to this particular disease we have again to learn that one of its chief causes is poverty, and that extended public health administration must be the chief means of removing destitution from our midst. During the year 1909, 131 cases of this disease were notified in Rotherham, and 45 deaths took place. Nearly all these deaths took place in either the Workhouse Hospital or the



poorest districts of the town; the sufferers either ending their days in the Workhouse or in the cheapest houses they could obtain, after previously spending nearly all their money.

Disease and poverty in such cases teach us that one is dependent upon another, and that the welfare of the entire community can only be secured by securing the welfare of its weaker members.

Again, the excessive mortality from Diarrhœa and Enteric Fever in the large towns of Yorkshire and Lancashire, associated with the continuance of privies and similar abominations, suggests that many sanitary authorities are exceedingly remiss in the discharge of their elementary duties. Often (alas!) extravagant in less essential matters, such as the provision of Turkish Baths or costly Town Halls, they leave backyards and streets unpaved, the water supply impure, and neglect to teach girls domestic economy, and boys such knowledge as will enable them to take a definite part in the adult life of the community.

Whilst the Medical Officer of Health is endeavouring to remedy these evils to the best of his ability, it is to be regretted that the position which he holds with respect to what is in reality the Central Sanitary Authority—the Local Government Board—is not sufficiently realised by the Local Sanitary Authority by whom he is elected.

In a large majority of cases, the only information which the Local Government Board obtains of the sanitary condition of a district or of the manner in which the Public Health Acts are being administered, is from the annual and other reports of the Medical Officer of Health. The only exception is when the Local Government Board sends a Medical Inspector from their own department to make a sanitary survey of a district, such as took place in Rotherham last year.

The order of the Local Government Board, under which the duties of a Medical Officer of Health are defined, requires him to send to the Central Authority a copy of every report which he presents to the Local Authority.

Whatever may have been the case in former years, there is no doubt that at the present time these reports receive very careful scrutiny at the hands of the Local Government Board, and that the attention of the Local Authority is called by them to conditions which require to be remedied.

Although Dr. R. Deane Sweeting's report (received by the Rotherham Corporation in August, 1909), to the Local Government Board on the sanitary circumstances and administration of the County Borough of Rotherham, with special reference to the continued prevalence of Enteric Fever, was certainly accepted by the Health Committee *in malam partem*, 15 out of 16 recommendations made by H.M. Inspector have been seriously considered, and many have already been acted upon.



The full benefit of carrying these recommendations into effect should, in a few years, be apparent in the improved health of the inhabitants of Rotherham, more especially with reference to the prevalence of Enteric Fever in their midst.

It will be noticed in the summary on page 4, that only 43 cases of Enteric Fever were reported during the year 1909, as compared with 99 for the year 1908. This, again, is the lowest but one on record.

It sometimes unfortunately happens that certain members of a Local Sanitary Authority resent what they are pleased to call this interference of the Central Authority. An attempt even may sometimes be made to "edit" the Report of the Medical Officer of Health to suit the views of the local body.

Fortunately this has not happened in Rotherham.

Such attempts, however, are rarely successful, so that, as a rule, the true conditions existing in a district are faithfully reported to the Central as well as to the Local Health Authority.

#### PUBLIC HEALTH LEGISLATION DURING 1909.

The 41 Acts passed by the Liberal Government during its last Session, are, with one exception, of little interest to Public Health Authorities.

Surveying the work of the whole Session, it is satisfactory to note that in this Parliament possibly more than in any previous one—with perhaps the one exception of 1875—public health questions have been more frequently and more generally in evidence.

The one great Bill passed into law has been the Housing and Town Planning Act, which promises to do much, if properly administered, for the better housing of the poor, and the orderly development of urban areas.

Its passage, after being before Parliament for four successive Sessions, is a matter of hearty congratulation, dealing as it does very largely and very closely with public health problems.

The other Acts of the Session, which remotely affect public health, are aimed at unemployment, viz., the Labour Act, the Trades Boards Act, and the Development Act.

The question of compensation in Schedule 5 of the Town Planning Act is likely to be very important, and, if the schemes are not carefully watched, it may prove a serious handicap to the movement. If a town planning scheme be improvidently launched in a town like Rotherham, and the expense is excessive, the whole movement towards successful improvement will be discredited.



It is a great mistake, I believe, to assume that the Housing Bill—as a whole—is regarded with disfavour by Local Authorities. The measure is keenly welcomed by all enlightened municipal circles, apart perhaps from its unfortunate tendency to centralise power in the Local Government Board.

It increases the obligation of property owners to keep their houses in reasonable repair; it simplifies the supervision of existing dwelling houses; and it encourages the erection of new property, both by private and municipal enterprise.

In the town planning clauses the Bill is carefully—even cautiously—drafted, and contains safeguards preventing any Local Authority from embarking upon extravagant or ill-considered schemes. The rights and interests of property owners are fully protected, but, on the other hand, the Bill jealously guards public health interests, and gives them the primary consideration.

Many Local Authorities have been asking for town planning powers for many years, and this particular Housing Bill gives them the least that can be conceded.

It is a comparatively easy matter to provide healthy and sanitary dwellings for a certain class of persons. The difficulty is that, although sanitary dwellings are provided, they are so quickly rendered insanitary, in many instances by the dwellers, who are themselves dirty and neglectful. The time has passed since people desired to live in the centre of a town like Rotherham, and this area is gradually, but surely, being occupied for business purposes, the dwellers migrating into the outskirts or suburbs.

The means of speedy transit in Rotherham by trams at cheap rates is greatly facilitating this.

## INDUSTRIES IN THE BOROUGH.

The chief industries of the inhabitants of Rotherham consist of coal mining, brass and iron working.

Coal mining results in a large number of fatal accidents.

In addition, there are what may be termed, dangerous trades in the Borough, such as those connected with the enamelling of baths and the use of white lead in the various potteries; also glass blowing, which in some districts produces cataract.

During the past twelve months I have made 265 monthly inspections of the workpeople employed in these particular industries, and suspended one girl from work on account of lead poisoning.

In addition, under the Workmen's Compensation Act, I have, in my capacity as Factory Surgeon for the district, granted certificates in 8 cases of Miner's Nystagmus, and one case of lead poisoning.



In seeking to lessen the ill results which are associated with employment in these industries, the responsible officials of the Home Office have always adopted what may be termed a persuasive, rather than a penal policy.

They have sought to educate employers and employed in the best methods of prevention rather than to punish them for neglecting to carry out stringent regulations. In seeking to diminish the amount of lead poisoning, the first and most effective step has been to ascertain who are the individuals affected, this being done, to a certain extent, by statutory provision, which requires every medical practitioner attending on, or called in, to visit a patient whom he believes to be suffering from lead poisoning, contracted in any factory or workshop, to send particulars of the name and address of the patient to the Chief Inspector of Factories. A fee of 2s. 6d. is paid for this information.

Amongst the workers in lead there are, however, a large number who are slightly affected, but who do not seek the advice of a medical man, and for the purpose of ascertaining these a monthly periodical examination is now made by the Certifying Factory Surgeon of the district. At these periodical examinations the Factory Surgeon is empowered to suspend from working any person who, in his opinion, is injuriously affected by continuing to work amongst lead. The good results of these repeated examinations cannot be estimated by the number of suspensions which take place, for the very object of the frequency of the surgeon's visits is to prevent suspensions.

The good that is done comes from constantly drawing the attention of the workpeople to the fact that the poison enters their system, not only through the skin, but through breathing dust, and through eating food, or putting such things as sweets or pipes into their mouths with unwashed hands. An examination of the hands by the Factory Surgeon will show if a nail brush has been used recently, and regular and constant attention to the teeth will be made a condition of continued employment.

There is one other respect in which the constant visit of the Factory Surgeon must be of the greatest service. There are a number of persons whose temperaments render them particularly susceptible to lead poisoning. Before the present periodical examinations were instituted, such persons would continue at their work gradually absorbing more and more of the poison until their symptoms became so acute that they were compelled to seek medical advice, and to learn that their health had been irretrievably ruined.

Under existing circumstances such instances ought never to occur, for the earliest symptoms should be discovered, and the person affected withdrawn from an employment for which he is not suited.



There is one other aspect of this question connected with the earthenware trade to which reference should be made. A great deal of thought has been expended for many years past upon the production of a "leadless glaze," and, in time, I trust the object in view will be attained.

However satisfactory it may seem to lessen the evil effects resulting from working in the various lead processes, it would be far better to be able to dispense with the lead altogether.

## DESCRIPTION OF ROTHERHAM.

The Borough of Rotherham is still situated immediately below the junction of the River Rother with the River Don, and lies in that pleasant district which is watered by the River Don, and which was in olden times occupied by a large forest, which covered a portion of the hills and valleys lying below Sheffield, in the once beautiful Don Valley.

Although the majority of houses at the present time in the Borough are above the average usually found in large manufacturing centres, there are many distinctly below it.

I know of houses in the Borough, of groups of houses, even of a considerable section of the Borough, where the condition of the premises is most unsatisfactory, where general slovenliness exists in everything which relates to the removal of refuse matter. Slovenliness, which in very many cases amounts to utter bestiality and neglect, is the local habit.

The Health Officials are constantly urging upon the inhabitants the importance of abolishing, by burning, accumulations of filth, whether they be in the dustbin, the ashpit or the manure heap.

Privy middens are now being specially dealt with under our Local Act of 1904.

Too much importance cannot be attached to the removal of filth from the proximity of dwellings.

One of the principal reasons for this is the recognised fact that the principal cause of the contamination of food is by means of flies, which settle upon accumulations of filth in the immediate neighbourhood, and carry disease germs on their feet or on the tip of their proboscis, to milk, butter, and other articles of food.

These refuse heaps of recent origin undoubtedly serve not only as fly-breeding deposits, but, in hot weather, also act as incubators for infective germs, including the diarrhoea causing organisms, and have an intimate relation with the causes of infantile diarrhoea and typhoid fever.



## FUTURE SUBURBAN SLUMS.

To the modern sanitarian there appears to be a regrettable policy—though its motives are easily understood—of crowding together small cottages in new districts, foreshadowing in the near future vistas of ultimately mean slums.

This is taking place to-day in the immediate neighbourhood of the Borough of Rotherham.

## THE LANDLORD'S VIEW OF THE QUESTION.

During the year 1909, several tenants were summoned under Section 91 of the Public Health Act, 1875, for keeping their premises in such a state as to be a nuisance or injurious to health; a conviction followed in each case with a nominal penalty, and an order by the magistrates that the houses should be kept in better condition in the future.

In all these cases an improvement in the premises has been reported to me.

Housing reformers, whilst legislating for the comparatively few, and those mostly of a class well able to look after themselves, are generally doing nothing at all to render first aid to the many who dwell in wretched houses in indescribable squalor and filth, not from necessity, but purely from choice.

Experience has proved that, in Rotherham at any rate, it is impossible to persuade the great majority of these people either to desire or deserve anything better, even when there are plenty of low rented and sanitary houses standing empty.

One of the greatest social evils of this country to-day is dirt, and if its baneful and far reaching effects are to be effectively checked, special legislation is urgently needed.

There is abundant reason and excuse for some of the poverty which prevails in certain of our slums to-day, but much of it could be mitigated or avoided by the people themselves, for there is absolutely no excuse for anyone, however poor, to be dirty.

The few respectable poor, who of necessity occupy the cheapest houses in the least desirable neighbourhood, are not the people who create the difficulty; the evil is wholly attributable to dirty, drunken, and dissolute folk, who form by far the greatest portion of those who dwell in the slums of most large towns.

Owners and agents are utterly weary of being robbed by fraudulent, dirty, and destructive tenants, for whom houses have been put into good condition and repair.

Again, owners, for the most part, are not only willing, but anxious in many cases to undertake necessary repairs whenever there is any likelihood of reciprocal treatment by the tenant. Even supposing there were neglect in this respect by the landlord to-



wards a decent tenant, he could, and should, be made to do his duty. To be just, it must also be made possible for the owner to compel the occupier to do his duty.

It is too little realised in Rotherham that the supply of cheap and healthy artisans' houses always exceeds the demand, and that any respectable tenant, who can be relied upon to pay his rent and keep his house in proper order, can (and does) always insist in getting repairs done on his own terms.

Few people realise that slums are created by people, as well as by buildings. Social and religious effort alone are quite inadequate to cope with the whole question, and in order to effect material and lasting improvement, some form of special legislation is necessary.

To be so filthy in person or in house as to be a menace to the general community ought to be an indictable offence, and subject to similar penalties.

Reform is also urgently needed in the law between landlord and tenant, by which recovery and possession from a really dissolute and dishonest tenant would be simplified.

The present method of ejectment is cumbrous, costly, and tedious. It ought to be possible for a magistrate to issue an order for ejectment in 48 hours on proper evidence being given that this course is necessary.

Except in a few instances when illness exists, there should be no excuse for persistent dirtiness amongst town dwellers.

#### CANKLOW NUISANCE ABATEMENT.

In July last, Mr. Justice Swinfen Eady, in the Chancery Division, approved certain terms of settlement, which had previously been submitted to the Attorney-General, in the action brought by the Mayor, Aldermen, etc., of the County Borough of Rotherham against Messrs. John Brown and Co., Ltd.

The facts of the case, which are of interest to other Public Authorities, were set out by Mr. Upjohn, K.C., who appeared for the Rotherham Corporation.

He explained that the action had been brought to restrain two public nuisances.

One was that the defendants, for ten or eleven years past, deposited and accumulated, on that portion of their land which was within the Borough of Rotherham, large quantities of refuse and other offensive matter from their colliery; that they had deposited a spoil heap, which increased continuously, and was now about 17 acres in extent, and from 16 to 18 feet in height; and that the deposit gave out an offensive smell which pervaded the air and neighbourhood, and penetrated the Borough to a considerable distance.

The other related to a nuisance by the washing of coke ovens.



The defendants, for the purpose of working their collieries, in the year 1902, had erected and still used a large number of coke ovens situate upon that portion of their land which was outside the Borough, but contiguous and closely adjacent to it. The ovens were frequently opened by the defendants, red-hot coke was pushed out therefrom, and foul and stinking water was poured upon it, whereby offensive smells issued from the ovens and pervaded the air of the neighbourhood, such effluvia being most offensive when the wind was blowing to the southerly quarter.

The Corporation of Rotherham are the owners of Boston Park and the Cemetery, situated respectively about 600 or 700 yards from the colliery.

Particles of matter were blown from the deposit and from the coke ovens, were disseminated in dust, and carried by the wind, were deposited upon the trees and shrubs in the park and cemetery.

The terms, which had been submitted to the Attorney-General and approved by him, included a perpetual injunction to restrain the defendants, their servants, workmen or agents from depositing or accumulating in or upon their works any refuse whatsoever so as to cause a nuisance to the public, and from allowing any noxious effluvia to be discharged or issued from any spoil heap in such a manner as to cause a nuisance to the public or to the plaintiffs.

The terms of the settlement to allow the defendants a period of 12 months, in which to carry out the works necessary to comply with the conditions laid down, and approved by the Court.

The defendants agreed also to pay all the costs of the action.

The Rotherham Corporation is to be congratulated upon this successful termination to such an important action.

#### EXTENSION OF SHEFFIELD SEWAGE WORKS, BLACKBURN MEADOWS.

The physical features and general character of the Borough of Rotherham, its district, general conditions and the health of its inhabitants are likely to be affected injuriously by these proposed extensions, which are situated within our Borough.

The Rotherham Corporation was represented at the Local Government Board inquiry, which was held in the Town Hall, Sheffield, on September 17th, 1909, asking for their sanction to this scheme, by the Chairman of the Health Committee (Alderman Grundy, J.P.), the Vice-Chairman (Dr. G. H. Lodge, J.P.), the Town Clerk, the Borough Engineer, and the Medical Officer of Health.

Strong evidence in opposition to the scheme was tendered by our Corporation, on the ground that further extension of these sewage works would act injuriously upon the health of the inhabitants, and that there was within half a mile of the proposed extensions a population of nearly 11,000.



The following is a précis of the evidence given at the inquiry by myself as Medical Officer of Health:—

“That, during the year 1909, 99 cases of Enteric Fever were reported to him in the Borough of Rotherham, 30 of which occurred in the neighbourhood of the Wincobank Sewage Works.

“That Enteric Fever had often been proved to be due to emanations from manure heaps and other filth accumulations such as sewage works.

“That sewage acted injuriously on the neighbourhood, and whether in the gaseous, liquid, or solid state, contaminated the air or drinking water.

“That the acreage of the proposed extension was insufficient as one acre of land was required for every 1000 persons, and that the soil, consisting at any rate partly of clay, was not of the best, and that if the land at any time became waterlogged from original unsuitability, inattention, accident or defect, a grave nuisance must be the result.

“That, in his opinion, all sewage works were more or less ‘pestilential swamps,’ and a nuisance to the immediate neighbourhood; that there was a great possibility of a nuisance arising from the smell of the proposed extensions, as they would extend in the direction of the centre of the Borough of Rotherham, which had a large and rapidly increasing population, and that the direction of the prevailing winds would intensify the nuisance.

“That the fact of the gradual extension of sewage works into the very midst of a populous district must of necessity be deleterious to the health of the inhabitants, and to the workmen engaged in the large works hard by.

“That the Royal Commission on sewage disposal stated that all sewage works were liable, at times, to give off unpleasant smells, and should therefore, wherever practicable, be situated away from dwellings.

“That he objected to the Borough of Rotherham being converted into the cesspool of the City of Sheffield.

“That the City of Sheffield would never for one moment countenance the dumping of Rotherham sewage in their midst.

“That the erection of sewage works in any district threatened to affect injuriously the health of the inhabitants.

“That the present foul condition of the river Don, as it flowed through Rotherham, was largely due to the ineffective treatment of Sheffield sewage at the Wincobank Works, and that the present effluent was not sufficiently free from noxious and offensive matters.

“That he had referred to this in his annual Reports on the sanitary condition of the Borough of Rotherham, and in other Reports.



"That the remedy was to construct any extension of the Sheffield outfall works in the Don Valley below Rotherham, where land was plentiful."

Notwithstanding this strong evidence and strenuous opposition of the Rotherham Corporation, the Local Government Board, after the lapse of four months, have written "That the Board have given consideration to the representations of the Town Council of Rotherham in the matter, but they have not seen their way to refuse their sanction to the loan."

How the Local Government Board could consistently sanction the construction of extensive sewage works (81 acres), within three-quarters of a mile of the Parish Church, which is the centre of a population of 66,500, is, to my mind, incomprehensible, especially after it was pointed out to their inspector that 30 out of the 99 cases of Enteric Fever epidemic in 1908 were reported from the immediate vicinity of the existing sewage works.

There will probably be further opposition by Rotherham when application to borrow the money necessary for the actual construction of these works is made by Sheffield.

Number of Cases of Infectious Diseases reported in each Month of the year 1909.

	Scarlet Fever	Diphtheria	Membranous Croup	Enteric Fever	Puerperal Fever	Erysipelas	Total.
January .. ..	10	11		3	1	6	31
February .. ..	4	3		7	1	6	21
March .. ..	16	6	2	1		14	39
April .. ..	8	4		2		4	18
May .. ..	13	2		1	1	8	25
June .. ..	12	5		3		4	24
July .. ..	13	3		1	1	2	20
August .. ..	9	5		2	1	9	26
September .. ..	12	1		8	1	4	26
October .. ..	1	5		7	2	7	22
November .. ..	3	1		4		13	21
December .. ..	9	10		4	1	4	28
Totals ..	110	56	2	43	9	81	301



## THE NEGLECT OF VACCINATION.

Until recent years Rotherham has always been a well vaccinated town. It is quickly losing its character in this respect.

During the year 1908 there were in the Borough 126 conscientious objectors, and as there were 2093 births registered that year, the percentage of unvaccinated children was 6. During the year 1909 there were 2066 births, 1837 of whom were successfully vaccinated, which equals 89 per cent. During this year the number of conscientious objectors rose to 174, which equals 9 per cent.

During the course of my medical inspection of 2736 children attending the Elementary Schools within the Borough during 1909, I found 247 who had not been vaccinated, which is also equal to 9 per cent.

The proportion of exemptions, as was expected, has risen considerably under the easy provisions of the new Act.

The large number of unvaccinated persons, and the increased facilities afforded to the conscientious objector, no doubt constitute a serious danger to the public health, which sooner or later will probably result in another epidemic of Smallpox.

The increasing neglect of vaccination throughout the country, and the facilities with which so-called "objections" can be secured by parents who show the most astonishing ignorance on the subject, should give cause for serious alarm, and is in strong contrast to the custom in Germany and Japan. In these countries vaccination and re-vaccination are practised periodically, with the result that Smallpox does not exist, and there are no Smallpox hospitals.

Small-pox is the most fearful and loathsome disease inflicted upon the human race, leaving on those whose lives are spared the hideous marks of its power, and attacking rich and poor, high and low, alike.

Unfortunately these facts are forgotten, and because, thanks to vaccination, it is now the exception, and not, as it once was, the rule, to see pock-marked faces and blind at every turn, we are doing our best rapidly to create victims for a huge epidemic of Small-pox.

The following interesting table shows the progress of the growth of the conscientious objector in England and Wales during the last ten years :—

Year.	Births.	Exemptions.	Percentage.
1899	928,646	32,341	3.5
1900	927,062	39,511	4.2
1901	929,807	41,030	4.4
1902	940,509	33,632	3.6
1903	948,271	37,474	3.9
1904	945,389	39,512	4.1
1905	929,293	43,341	4.6
1906	935,081	52,391	5.6
1907	918,042	57,675	6.2
1908	942,611	162,800	17.2



## SMALLPOX.

No case of Smallpox has been reported in the Borough since the year 1907.

The immediate erection of a Small-pox Hospital at Kimberworth is one of the recommendations contained in this Report.

The question of vaccination and the increasing number of conscientious objectors in the Borough is dealt with on another page.

## SCARLET FEVER.

Only 110 cases of this disease were reported during the year 1909. This is the lowest number in the Borough since the year 1893. Of these 82 were removed to the Isolation Hospital, which is equal to 74 per cent. of the total number of cases in the Borough notified during the year.

No death resulted from the disease.

I consider that the removal of such a large percentage of the cases to Hospital, and their treatment there, instead of in their home surroundings, is partly the cause of such a large number recovering.

A larger percentage of the cases reported have been removed to Hospital than in any previous year.

## SCARLET FEVER.

Number of Cases occurring each month in the various Wards.  
during 1909.

	East.	St. Ann's.	Clifton.	South.	West.	North.	Thornhill.	Masbro'.	Kimberworth.	Total.
January .....		3	2	1			1	3		10
February .....			1	2			1			4
March .....	2	1	3	2		3	2	3		16
April .....		1	3	1		2		1		8
May .....			1		7	3	1		1	13
June .....		4	1		3	2		1	1	12
July .....		3			4	6				13
August .....	3		1	1	3	1				9
September ...	7	1	1	1	1		1			12
October .....				1						1
November ....		2		1						3
December ...	4	2		1	1			1		9
Total ..	16	17	13	11	19	17	6	9	2	110



## 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.
1888	36,182	128		12	10.6	
1889	36,307	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
1909	65,000	110	82	—	—	74.5



## MEASLES.

During the year 1909 only 13 deaths were due to Measles, which gives a death-rate of .2 per 1000. During the previous year Measles was responsible for 52 deaths, which is equal to .81 per 1000 of the total number of deaths during that year.

It is surprising how few children under one year of age die from Measles.

In the warfare against infectious diseases, there is one which stands out as having successfully resisted all attacks. Medical officers of health have to confess that in dealing with outbreaks of Measles they have no well defined or even rational lines to work upon. Small-pox has been robbed of its terrors by vaccination, the virulence of Scarlet Fever has been reduced almost to nothing by hospital isolation, outbreaks of Diphtheria can be held in check by the beneficent art of bacteriology, and most Public Health officials speak hopefully and confidently of annihilating Pulmonary Consumption.

The weapons which have been used successfully in combating against these diseases are unavailing in outbreaks of Measles. Nor is the reason far to seek, for, whereas in most acute infectious diseases, there are well defined premonitory symptoms, an attack of Measles is usually ushered in by ill-defined signs, during which a patient is capable of transmitting the disease to others with whom he may come in contact. Isolation during what is probably the most infectious stage of the disease is thus rendered well nigh impossible. For the same reason the efficacy of compulsory notification is questionable, for long before the complementary steps to notification can be taken there is nothing to be done except to let the outbreak blaze out, and to lessen, as far as possible, the well known ill results which so commonly follow the disease.

It must not be supposed, however, that hopeless as the prospect of success appears, Public Health officers have assumed an attitude of helplessness, and are sitting down with folded hands acknowledging their powerlessness. Admitting, as they do, that there is no specific line of attack, as in cases of Small-pox or Diphtheria, they are nevertheless in agreement as to the general principles of procedure.

All Medical Officers of Health are agreed that the fatal period is between the ages of one and five years, and that a great deal will be gained, so far as lessened mortality is concerned, by postponing as long as possible the liability to attacks of Measles.

There are consequently an increasing number of Medical Officers of Health and School Medical Officers who believe that we should have much less Measles, certainly very fewer fatal cases, if we abandon once and for all the practice of sending infants to public elementary schools before the age of five years.



There is a growing feeling, too, amongst those best competent to express an opinion that insufficient attention is paid to the cleanliness of schools and their efficient ventilation. Evidence is forthcoming from many quarters that periodical and systematic disinfection of school buildings is not resorted to sufficiently often.

Having regard to our meagre knowledge of the mode of transmission of Measles, it is only right that we should proceed in our attack against it by every means which suggests even a moderate measure of success.

For this reason I urge that more general attempts should be made to render the interior of school buildings "aseptic."

In plain language, they should be kept clean.

Amongst special measures which have been adopted by Sanitary Authorities in connection with outbreaks of Measles, I would draw the attention of the Health Committee to a recommendation which is in force in some towns, that wherever Measles appears in a school the teachers should be asked to notify the parents of the other children in the particular class infected.

This notice should also indicate the symptoms to be looked for, and also recommend that the child affected be kept in a warm room.

Such a recommendation might with advantage be adopted by the Rotherham Education Committee.

It is more than probable that when, in the course of a few years, we are in possession of the family history of the majority of children attending the public elementary schools, as a result of medical inspection, Public Health Authorities will be in a better position to deal effectually with epidemics of Measles.

It was not found necessary to close any of the elementary schools within the Borough on account of the prevalence of this disease. This is an unusual occurrence.

## DIPHTHERIA.

During the year 1909, 58 cases of this disease were reported to me, which resulted in eight deaths. The mortality per cent. was 13.8; the number of cases removed to the Hospital was 35, being 60 per cent. of the notified cases. The percentage of deaths was lower in hospital treated cases than in those treated at home, though probably the worst cases were sent to the Borough Isolation Hospital.

Before a case of Diphtheria has been discharged from our Isolation Hospital as cured at least three successive negative bacteriological examinations have been made from either the throat or nose of the patient.



In the Borough Laboratory at 12, Frederick Street, no fewer than 192 swabs from suspected Diphtheria cases were examined during the year, after growing for 24 hours in the incubator.

Of this number 56 gave a positive, 113 a negative, and 23 a doubtful result.

Diphtheria was epidemic in the borough during the whole of the year 1909.

The keynote of success in the treatment of this disease is the early administration of antitoxin. This expensive drug is supplied by the Public Health Committee gratuitously, and during the year 1909, 45 phials were supplied to the medical practitioners within the borough. It is surprising that this offer of the Committee is not taken more advantage of in Rotherham, because if every case could be injected with antitoxin on the first day of illness, and kept at rest for three weeks, very favourable results would follow.

Spread of the membrane is rare after an injection; but the chances of recovery grow less with each day of postponement.

The importance of early dosage cannot be over estimated.

In any but the mildest attacks, the result of the examination of a culture should not be awaited, but an injection of antitoxin should be made at once if the symptoms warrant a clear suspicion of Diphtheria. Medical practitioners should notify the Medical Officer of Health at once, specifying urgency, by telephone if necessary, when the diagnosis is clinically certain and removal to hospital urgent. Removal will then be made, and the culture, which should be taken in every case, can be dealt with later.

### “PROPHYLACTIC DOSES.”

Even a small dose of 2,000 units may be of much service, if it is necessary to await the result of a culture before removal of the case can be arranged for. This dose cannot harm the patient. Many medical men—myself amongst the number—periodically administer this dose to themselves, as a prophylactic.

### “CARRIERS.”

If Diphtheria breaks out in a school or institution, all throats and noses should be at once tested for the bacillus. This is frequently done in the Borough of Rotherham.

Similarly, if cases succeed one another in a family in spite of removal to Hospital and the disinfection of the premises, the throats and noses of other members of the family should be at once tested for the bacillus, which will be found to be carried—in the vast majority of cases—by people, and not by drains.



If prophylactic doses are necessary amongst "contacts," 500 units will act as an efficient protection for three weeks, but it must be borne in mind that although this is a protection to the individual it does not prevent him from becoming a "carrier" to others.

The following table shows the incidence, prevalence, fatality per cent, number of cases treated in Hospital, and percentage of cases of Diphtheria removed to Hospital in Rotherham during the past 20 years:—

## DIPHTHERIA.

Year.	Estimated Population.	Total No. of Cases Notified.	No. of Deaths Registered.	Fatality per cent.	No. of Cases treated in Hospital.	Attack Rate per 1,000 Population.	Percentage removed to Hospital.	Mortality per 1,000 Population.
1890	38000	27	6	22·2	—	·71	—	·16
1891	43000	12	2	16·6	—	·28	—	·05
1892	44000	17	2	11·8	—	·4	—	·04
1893	46000	10	1	10	—	·21	—	·02
1894	47000	15	2	13·3	—	·32	—	·04
1895	48000	15	3	20	—	·31	—	·06
1896	50000	29	5	17·24	—	·58	—	·1
1897	52000	30	12	40	—	·58	—	·23
1898	53000	15	5	33·3	—	·28	—	·09
1899	57000	21	9	42·86	—	·37	—	·16
1900	59000	46	12	26·0	—	·78	—	·2
1901	56000	43	6	13·3	—	·80	—	·10
1902	57000	81	9	11·1	—	1·4	—	·16
1903	58000	115	16	13·9	—	1·98	—	·28
1904	59000	77	8	10·4	6	1·3	7·8	·13
1905	60000	43	8	18·6	4	·70	9·3	·13
1906	61500	62	7	11·3	17	1·01	27·4	·11
1907	62500	44	9	20·4	18	·70	41	·14
1908	64000	56	7	12·5	19	·87	33	·11
1909	65000	58	8	13·8	35	·89	60	·12



## DIPHTHERIA.

Number of Cases occurring each month in the various Wards.

	East.	St. Ann's.	Clifton.	South.	West.	North.	Thornhill.	Masbro'.	Kimberworth.	Total.
January . . . .	4		2	2			2		1	11
February . . .	1	2								3
March . . . . .		2	3	1	1		1			8
April . . . . .		1	1		1	1				4
May . . . . .		1					1			2
June . . . . .			1			3	1			5
July . . . . .		1	1		1					3
August . . . . .	2	1	1					1		5
September . .								1		1
October . . . .	1		3		1					5
November . . .				1						1
December . .	2		3		3		2			10
	10	8	15	4	7	4	7	2	1	58

## DIARRHŒA.

This epidemic disease was the cause of 32 deaths in Rotherham during the year 1909. During the year 1908 there were 76 deaths.

This diminution in the number is satisfactory, and is due to the following causes:—

- (1) The cold and wet summer of 1909.
- (2) The adoption of the Notification of Births Act (1907).
- (3) The successful results of the work accomplished by the two Female Health Visitors, the Health Committee having appointed an additional one on my suggestion during the year.
- (4) The visits—often repeated—of some of the ladies forming the Voluntary Health Association.

Epidemic or Infantile Diarrhœa, or, as it is sometimes called, summer Diarrhœa, is in all probability due to bacteria. The definite germ, however, has not yet been isolated. These germs gain access to the milk supply, but in what particular way is not



quite certain. Some people say at the farm, others at the home of the child affected. In either case, this disease is most prevalent in summer, and chiefly affects bottle-fed children; those whose careless mothers neglect to clean the feeding bottle after each feed, and to sterilize the milk and protect it from contamination, are the chief sufferers.

Ep'demic Diarrhœa is always most frequent in dirty houses and in houses in crowded districts, abutting on dirty unpaved courts, curtilages, and filthy backyards.

In all probability most of the contamination of milk occurs in the home. The death-rate from summer Diarrhœa is very high, being fatal, in some of these dirty districts, in 20 per cent. of the known cases.

There can be no doubt that this disease can be prevented by care on the part of mothers, improved sanitation, and the conversion of privy middens, which always results in a diminution of cases of this particular disease.

It is always most prevalent and fatal in hot, dry summers, when the germs flourish in the polluted soil of unpaved backyards. The death-rate is always lowest in cold and wet summers, the germs in the surrounding soil being probably "drowned out."

This disease is, as I have already said, a common filth disease, which is bred and spread, not by the hot sun, but by millions of flies, which carry actual filth and bacteria to the houses, and to the food and milk of the children.

Bye-laws for regulating the frequent removal of manurial accumulations are necessary in all districts. The necessity for making such bye-laws in urban districts is not a very urgent matter, for under Section 49 of the Public Health Act, 1875, the Inspector of Nuisances is empowered to give twenty-four hours' notice to the responsible person, requiring the removal of any accumulation which this particular official considers ought to be removed. In the event of the notice not being complied with, the manure can be sold by the Urban District Council, and the expense of removal is recoverable from the previous owner in the event of the amount for which it is sold not being sufficient to cover the cost of removal.

This Section is almost the only one in the 1875 Act which authorises a sanitary official to take action without authority from the Council, and yet it is so rarely enforced that its machinery might be most cumbersome, instead of, as is actually the case, being both simple and swift in its action.

This section might be more rigourously enforced with advantage in Rotherham, and if it was, the complaints about the enormous number of flies in the Borough at certain seasons in the year would, I believe, be materially reduced.



If it is true, as I am convinced it is in Rotherham, that accumulations of manure near to dwelling-houses are responsible for the swarms of flies with which we are pestered in the autumn, the very presence of these flies is testimony to inefficient administration, for, as I have already pointed out, the removal of manure is neither costly to the Sanitary Authority nor tedious.

Diarrhœa and many ill-defined diseases are probably the consequences of the dangerous habits of young children, who manifest such a strong predilection for putting every kind of article, clean or otherwise, into their mouths.

Some children seem to take a special delight in searching for odds and ends among the refuse contained in dust bins.

Groups of children, just under school age, may often be seen in Rotherham anxiously awaiting a scavenger with the contents of a cesspool or privy midden, and though he may have been successful in keeping the children off during the (judging from the expression on their tiny faces) intensely interesting operation, they, on his departure, at once begin to grope eagerly among the sludge, etc., for lost treasures.

### CANCER DEATH-RATE.

The number of deaths from Cancer in Rotherham during the year 1909 was 44, giving a death-rate of .67 per 1000 living. This is a rather lower rate than that of the previous year, when the deaths numbered 50. The table given below shows the striking increase throughout the country from this disease since it was first included in the Local Government Board tables:—

1900.	Death-rate per 1000 living	.....	0.54
1902.	„	„	..... 0.60
1904.	„	„	..... 0.65
1906.	„	„	..... 0.69
1907.	„	„	..... 0.70
1908.	„	„	..... 0.92

The death-rate for the year 1908 is the highest on record. This country occupies an unenviable position with regard to mortality from Cancer, the rate in England and Wales being exceeded in only two European countries, viz., Switzerland and the Netherlands. In all countries from which returns have been received the proportionate mortality from Cancer has shown a general tendency to increase during recent years.

Whenever a death from Cancer takes place in a house, similar precautions should be taken to those after a death from Pulmonary Consumption.



## VIOLENT DEATHS.

The following table gives the number of inquests held in the Borough during the year ended 31st December, 1909:—

Natural causes .....	13
Colliery accidents .....	15
Falling from a plank .....	1
Alcoholic poisoning .....	1
Railway accidents .....	4
Cycle accidents .....	2
Suffocation by choking .....	1
Burning accidents .....	3
Falling down .....	3
Gangrene caused by accident .....	1
Steelworks accident .....	1
Side of excavation giving way .....	1
Blood poisoning result of accident .....	2
Lockjaw .....	1
Found drowned .....	2
Suicide by drowning .....	5
Suicide by hanging .....	2
Scalding accidents .....	5
Premature birth .....	1
Drowning accident .....	1
Falling down stairs .....	1
Motor lorry accident .....	4
Run over by cart .....	1
Over-laying .....	1
Total .....	<hr/> 72

## PULMONARY TUBERCULOSIS.

The following table gives the number of cases notified, and deaths from this disease during the past eleven years in Rotherham:

Year.	Deaths.	Cases Notified.
1899	56	—
1900	55	—
1901	42	—
1902	45	—
1903	43	—
1904	39	—
1905	45	—
1906	36	64
1907	48	98
1908	62	91
1909	44	131 (Voluntary 94, Poor Law 37.)



Allocating the 131 cases of this disease which have been notified to me during the past twelve months into voluntary and Poor Law, and again sub-dividing them into the various wards in the Borough, the following additional table is of great interest:—

Ward.	Voluntary	Poor Law.	Total.
East .....	8	—	8
St. Ann's .....	11	5	16
Clifton .....	2	—	2
South .....	7	3	10
West .....	8	11	19
North .....	12	3	15
Thornhill .....	22	4	26
Masbro' .....	18	10	28
Kimberworth .....	6	1	7
	—	—	—
	94	37	131

On referring to page 93 of this Report, showing the ages and causes of death during 1909, it will be seen that of the 44 deaths from this disease 38 occurred between the ages of 25 and 55. This is equal to 86 per cent. of the total number of deaths, and these have occurred during the working period of a man's life.

If the Health Committee would only recognise that the Poor Law Guardians have eventually to maintain the sick men and sick women, together with their families, whom it has allowed to sink gradually into Consumption, as it has now practically to maintain persons who contract Smallpox, it would look with a different eye upon the Medical Officer of Health's desire to "search out every case of incipient Phthisis," whilst it is yet curable, to press upon the poor ignorant sufferer the best hygienic advice, and to do what is necessary in order to enable the insidious progress of the disease to be arrested.

The break-up of the Poor Law implies the adoption by municipalities of a systematic crusade against the several preventable causes of destitution, of which Pulmonary Tuberculosis is one, if not the commonest, cause.

Any public provision, which cannot be brought to bear on the individual long before actual destitution has set in, is inevitably destined to fail, in the vast majority of cases, to effect any lasting good.

The phthisical patient (Phthisis causes one-seventh of all pauperism) who has got so low as to become destitute, has also long passed the stage at which he can be cured.

### CONTROL OF PULMONARY TUBERCULOSIS.

It is generally recognised that administrative measures for the control of Phthisis are robbed of their effectiveness unless suitable



means are adopted for bringing to the notice of the Sanitary Authority those cases of the disease which have to be dealt with.

In other words this disease should be made a compulsorily notifiable one.

It is undeniably possible that in some cases hardship might be imposed on persons suffering from Consumption if they became liable to the disabilities which are associated with persons suffering from infectious diseases, more especially with regard to exposure, while infected, in public places.

In two English towns—Sheffield and Bolton—compulsory notification of cases of Pulmonary Tuberculosis has been in force for several years, but in both towns, precautions have been taken to abolish the disabilities to which I have referred.

When considering direct measures for the prevention of this disease it must not be forgotten that they should go hand in hand with ordinary sanitary measures.

Direct measures must be associated with indirect. There must be unremitting and systematic removal of nuisances, prevention of overcrowding, enforcement of good ventilation, reconstruction of insanitary houses, improvement of insanitary areas, stringent supervision of the meat and milk supplies, systematic and detailed inspection of cows, cowsheds and dairies, cleansing of streets and proper disposal of refuse.

On referring to the table giving the cases which have been reported in the various wards of the Borough, it will be at once seen how true this statement is, and that the majority have been reported in the recognised insanitary areas.

### SANATORIUM TREATMENT OF CONSUMPTIVES "IN THEIR OWN SURROUNDINGS."

An interesting experiment to help consumptives to fight this dread disease in their own surroundings has been made in Rotherham during the past twelve months. Seven patients have been admitted into the open-air shelter in connection with Isolation Hospital in Badsley Moor Lane. This shelter has been erected in a remote corner of the Hospital grounds at a considerable distance from any of the permanent buildings.

The purpose in view is to treat cases for a lengthened period in a well constructed wooden shelter, which faces south-west. The idea is mainly educational, and the results have so far exceeded expectations. All have materially increased in weight, and, with one exception, in which the case had been wrongly diagnosed, their physical condition has improved.



It has been my aim to put the patients on the right road for recovery, giving them the fullest instructions how to regulate their lives, so as to avoid risk of infection to their homes and friends. They have also been allowed to take a whole holiday about once a week. This has been found to be beneficial in many directions.

The patients whilst under treatment have had a thorough rest and the best possible care and food, which gives them a fair start on the road to recovery, and every instruction and encouragement to carry out for themselves and under the supervision of their own medical attendants, such a course of life and treatment as will enable them eventually to overcome the disease.

These attempts have been made *in our own climate and under our own atmospheric conditions which are, of course, not of the best.* It has been thought by the Health Committee that it would be useless to provide the patients with sanatorium treatment in a salubrious air and favourable surroundings, and then to expect them to retain any benefit when they return to their old conditions.

If we can only put them in the way of resisting the ill effects of their environments of every-day life whilst still subject to unfavourable conditions, we hope we shall have effected an improvement which may be not only maintained, but carried further, in spite of these environments.

Of course it is too early to give definite results, as it will require a longer time and continuous effort and observation before much can be said about permanent results.

### SPITTING ON PUBLIC PAVEMENTS.

As I am convinced that by far the chief cause of the spread of Tuberculosis of the lungs is the sputum of persons suffering from Consumption, on my recommendation, the Public Health Committee passed unanimously the following resolution, and ordered it to be affixed on the lamp posts in the populous portions of the Borough:—

“Prevention of Consumption.”

“Persons are requested not to spit on the footwalks.”

Also that notices be put in public houses, factories, workshops, and other places of public resort, requesting people not to spit on the floor and walls.

### DEATHS FROM PULMONARY TUBERCULOSIS.

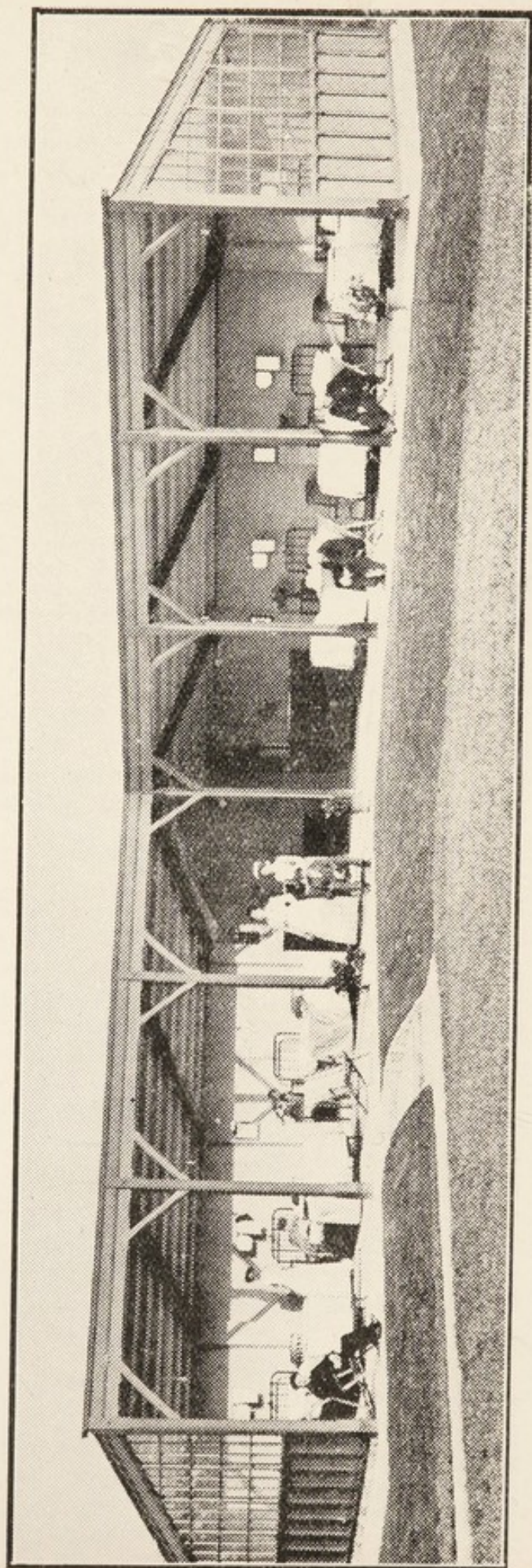
During the past year, after a death from this disease has occurred the following procedure has been taken in each case:—

1. To remove the contents of the room occupied by the patient for sterilization by moist heat at a temperature of 250 degrees F.
2. To leave the room under fumigation with Formalin in large quantities for 24 hours.
3. After the room has been opened up to wash all woodwork and floors, and the heavy articles of furniture it may contain, with a strong solution of perchlorate of mercury (1-1000).









ROTHERHAM NEW SANATORIUM, ISOLATION HOSPITAL.



The following notice on our new shelter for consumptives appeared in the "Municipal Journal" of January 14th, 1910:—

"Whilst large policies of providing sanatorium treatment for consumptives are being discussed all over the country, and with very little prospect of such policies being carried out in the near future, a few local authorities have adopted the more practical course of establishing sanatoria and shelters without national, voluntary, or neighbourly aid. Amongst the pioneers is the County Borough of Rotherham. Here the Public Health Department has erected a simple, and, as results have proved, a very effective shelter for consumptives in a corner of the Isolation Hospital grounds.

"Through the courtesy of Dr. Alfred Robinson, Medical Officer of Health for Rotherham, we are able to give an illustration and a few particulars of this useful addition to the sanitary defences of the town.

"The shelter has sleeping accommodation for 12 male patients, and is provided with lavatories and water closets. The estimated capital cost of the structure and equipment was £150.

"The cost per patient per week has also been very low, viz., 15s., this including capital charges, maintenance, medical attendance, and miscellaneous expenses. The cooking and nursing are supplied from the administration block of the Isolation Hospital, and have therefore entailed no extra expenditure.

"The Corporation bears all charges in respect of the maintenance and treatment of patients, except those sent by the Poor Law Authority. As regards the latter a charge of £2 per week is paid by the Guardians. No voluntary societies render financial assistance.

"The sanatorium dietary is as follows:—

Sunday.

- 6.30 a.m. 1 pint milk.
- 8.45 a.m. Porridge, bacon, jam or butter, 1 pint tea.
- 11.0 a.m. 1 pint milk.
- 12.45 p.m. Roast beef, vegetables, milk pudding,  $\frac{1}{2}$ -pint milk.
- 3.0 p.m. 1 pint milk.
- 5.30 p.m. 1 pint tea, butter, jam or eggs.
- 8.0 p.m. 1 pint milk and bread.

Monday.

- 6.30 a.m. 1 pint milk.
- 8.45 a.m. Porridge, bacon, jam or butter, 1 pint tea.
- 11.0 a.m. 1 pint milk.
- 12.45 p.m. Roast pork, vegetable, milk pudding,  $\frac{1}{2}$ -pint milk.
- 3.0 p.m. 1 pint milk.
- 5.30 p.m. 1 pint tea, bread and butter, jam (cake or eggs three times weekly).
- 8.0 p.m. 1 pint milk and bread.



## Tuesday.

6.30 a.m.	1 pint milk.
8.45 a.m.	Porridge, eggs, butter, jam, 1 pint tea.
11.0 a.m.	1 pint milk.
12.15 p.m.	Cold meat, vegetables, pickles, milk pudding, $\frac{1}{2}$ -pint milk.
3.0 p.m.	1 pint milk.
5.30 p.m.	1 pint tea, bread and butter, jam or eggs.
8.0 p.m.	1 pint milk and bread.

## Wednesday.

6.30 a.m.	1 pint milk.
8.45 a.m.	Porridge, bacon, butter or jam, 1 pint tea.
11.0 a.m.	1 pint milk.
12.15 p.m.	Roast mutton, vegetable, milk pudding, $\frac{1}{2}$ -pint milk.
3.0 p.m.	1 pint milk.
5.30 p.m.	1 pint tea, butter, jam.
8.0 p.m.	1 pint milk and bread.

## Thursday.

6.30 a.m.	1 pint milk.
8.45 a.m.	Bacon, porridge, butter, 1 pint tea.
11.0 a.m.	1 pint milk.
12.15 p.m.	Irish stew or chops, vegetables, milk pudding, fruit in season, 1 pint milk.
3.0 p.m.	1 pint milk.
5.30 p.m.	1 pint tea, butter, jam or eggs.
8.0 p.m.	1 pint milk and bread.

## Friday.

6.30 a.m.	1 pint milk.
8.45 a.m.	Eggs, porridge, butter, 1 pint tea.
11.0 a.m.	1 pint milk.
12.15 p.m.	Chops or Cold Meats, vegetables, milk pudding, $\frac{1}{2}$ -pint milk.
3.0 p.m.	1 pint milk.
5.30 p.m.	1 pint tea, butter, jam or eggs.
8.0 p.m.	1 pint milk and bread.

## Saturday.

6.30 a.m.	1 pint milk.
8.45 a.m.	Bacon, porridge, butter, 1 pint tea.
11.0 a.m.	1 pint milk.
12.30 p.m.	Roast beef, vegetables, milk pudding, $\frac{1}{2}$ -pint milk.
3.0 p.m.	1 pint milk.
5.30 p.m.	1 pint tea, butter, jam or eggs.
8.0 p.m.	1 pint milk and bread.

(Cocoa is served in place of tea if desired.)

"Patients are admitted on a form of certificate drawn up by Dr. Robinson and signed by their own medical advisers. They are required, before admission, to enter into an agreement with the Corporation to take the risk of infection from any infectious disease



that may be treated at the Isolation Hospital, and to make no claim whatever upon the Corporation for any loss or damage they (the patients) may sustain 'by reason of having contracted any infectious disease or otherwise howsoever.'

"A paper of 'Advice to Patients' takes the place of any rigid code of rules. It opens with an assertion of the doctrine of obedience. 'Living in the open air will not alone cure Consumption. An active effort by each patient must be made to get the best result, by patient, persistent, cheerful determination to carry out all instructions.' The patient is required to take rest in bed for one week immediately following his admission; afterwards to go to bed early and get a long night's rest, also to rest after every meal. Exercise, regulated according to the doctor's orders, is strictly enjoined. With regard to occupation, the patient is reminded that health must rank before amusement. Games which engender heat or excitement are to be avoided. The reading and writing of letters must be restricted to the forenoon. The voice must not be strained—no singing except as advised, and no smoking except by special permission. The final instruction is: 'Never talk of your symptoms to anybody but the doctor, and never talk to other patients of their symptoms.'

"The time table of the sanatorium begins invariably at 6.30 with the taking of the pint of milk referred to in the dietary given on the previous page. Then the following order of the day is observed:—

#### Time Table.

6.30 a.m.	Milk.
7.0 a.m.	Rise, wash and dress. Shower bath if advised.
9.30 to 12.	Rest or exercise as advised.
10 to 12 a.m.	Doctor's visit.
12 to 1 p.m.	Rest absolutely.
1 p.m.	Dinner, then rest for 1½ hours.
3 to 5 p.m.	Rest or exercise as advised.
5 to 6 p.m.	Rest absolutely.
6.0 p.m.	Supper, then rest for 1½ hours.
8.0 p.m.	Milk.
8.30 p.m.	Lights put out and talking ceases.

"The average length of stay of patients in the sanatorium has been 86 days. Up to the present eight have been treated with marked benefit. All have materially increased in weight, and their physical condition has improved with one exception, in which the case had been wrongly diagnosed. The increase in weight has ranged from 36½lbs. to 1½lbs. during the patient's stay in the sanatorium. As already stated, only males are admitted, but we understand that the question of providing a shelter for women in another part of the Isolation Hospital grounds will shortly be considered by the Hospital Committee."



## TREATMENT OF CONSUMPTION IN THE 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 in the treatment of advanced and of earlier cases of this disease.

Dr. Riddell reports as follows:—

“The cases which are received into the Workhouse are divided into two classes, the early cases being sent to consumptive sanatoria, and the late cases being treated in a special ward in the Workhouse Hospital. Some twenty of these early cases were sent to Deanhead, near Leeds, for open-air treatment, but the cost has been so considerable that the Guardians formed a Committee to inquire into the matter. The Committee reported that it was advisable that the Guardians should maintain a sanatorium of their own for the Union. Various sites were visited, and the one selected as the most suitable was that upon which the old Smallpox Hospital now stands in Badsley Moor Lane. An agreement has been made with the Feoffees to lease the ground, and with the Corporation to purchase the buildings. When the local Government Board's sanction has been obtained the necessary alterations will at once be proceeded with, and it is then hoped to be able to accommodate 18 or 20 cases. It is expected that many patients will be induced to put themselves under treatment at an earlier stage than they would do if they had to become inmates of the Workhouse. When not filled with cases of Consumption it will also be utilised for other forms of Tuberculosis and illnesses requiring outdoor treatment. Comparatively few cases of Consumption in females come to the Workhouse, and no special provision has as yet been made for them. I have made free use of the facilities offered by the Bacteriological Department at the Health Office for the examination of the sputa of tuberculous patients, and am glad to have the chance of acknowledging the great assistance that this has been in the diagnosis of cases of Consumption.”

The Clerk to the Rotherham Board of Guardians (Mr. W. C. Harrison) informs me that during the year 1909, 13 males and two females suffering from Pulmonary Tuberculosis, have been sent to various sanatoria in England for open-air treatment, at a cost of £572 18s. 7d.

These have, I understand, all been destitute persons.

## HOSPITAL ISOLATION OF ENTERIC FEVER CASES.

Recommendation No. 10 in Dr. Sweeting's Report.

During the year 1909, 43 cases of Enteric Fever have been reported to me, and 67 per cent. have been removed to the Borough



Isolation Hospital, as compared with 48 per cent. in 1908. It has not been thought advisable to resort to compulsory removal in any case under Section 124 of the Public Health Act, 1875, as no case (which has not been removed) has occurred where the person has been without proper lodging or accommodation or has been lodged in a room occupied by more than one family.

The average duration of stay of recovered cases of Enteric Fever in the Isolation Hospital during 1909 has been 43 days, as compared with an average stay during 1908 of 37 days. All premises, where a case has been reported, have been personally visited by myself and directions given to prevent the spread of infection. When necessary, pressure has been brought to bear to consent to the removal of cases of Enteric Fever to the Isolation Hospital.

A copy of the following directions has been left at the house in those cases which have been treated at home.

### TYPHOID (ENTERIC) FEVER.—HOME CASE.

All cases of 'diarrhœa,' "severe headache," "feverishness" occurring in the household should be immediately reported to your Medical Attendant. Any suspicious case 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 into a mixture of water and disinfectant, sufficient being used to cover it completely, 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. Discharges 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 infection.

**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 to 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.**

When a patient has been discharged from the Isolation Hospital, a copy of the following directions has accompanied the discharge:—

## **INSTRUCTIONS TO TYPHOID CONVALESCENTS.**

### **To be handed to Patients when Discharged from Hospital.**

Typhoid Fever is caused by a germ (the typhoid bacillus), which enters the body in food or drink or swallowed dust. When the convalescent stage is reached, the germ may remain in the intestines, and cause relapses of the disease. Sometimes the germ remains permanently in the intestines, and may cause a return of the disease many years after the first attack. The germ may also induce the formation of gall stones. Thus it is evident that the contents of the intestines of the typhoid convalescent are infective, and that the convalescent may be the unconscious means of transmitting the disease to his or her own family or friends. Cooks, male or female, dairymen or dairywomen, milk vendors, greengrocers, butchers, fishmongers, provision dealers, workers in cocoa, chocolate, or confectionery, waiters and waitresses, and the mother who prepares food for the family form classes of convalescents in whom the opportunities of transmission of the disease are very frequent. The following provisional rules are suggested with a view to diminishing the risk of infection:—

1. The hands and nails should be thoroughly washed, first in disinfectant solution, then in soap and water, and well rinsed, before touching any foodstuffs, especially milk.



2. After the bowels are opened or the bladder is emptied, the hands and nails should be at once disinfected and washed.

3. Strong disinfectant solution should be poured over the stools, etc., before the plug of the water closet is used or the lid of the dry closet is shut down.

4. When the motions are loose the risk of infection is increased, and additional care should be taken.

5. The convalescent should periodically visit the medical attendant, so that the blood, etc., may be tested, and measures may be taken to control the action of the germs. As there is generally no need to deal with the drains, or to disinfect rooms or houses for these special cases, no upset of the domestic arrangements is necessary.

6. In a household where a patient is recovering from Typhoid Fever, the additional precautions of boiling all the milk and water used for drinking or in the preparation of food should be taken, and uncooked foods should be avoided.

**STATISTICS AS TO ENTERIC FEVER IN ROTHERHAM DURING  
THE LAST FOUR YEARS.**

YEAR.	Esti- mated Popula- tion.	No. of Cases of Enteric Fever Notified or Ascer- tained.	No. of such patients isolated in Hospital.	Total Deaths registered from Enteric Fever.	Mortality per cent.	Percent- age removed to Hospital.
1906....	61,500	66	14	8	12.12	21.21
1907....	62,500	47	20	6	12.77	42.55
1908....	64,000	99	48	16	16.6	48.48
1909....	65,000	43	29	10	23.25	67.44

**WORK IN THE BOROUGH BACTERIOLOGICAL  
LABORATORY.**

This department has been fully occupied during the year, as the following table, which gives the full details of the bacteriological examinations made during the year 1909, will show :—

	Posi- tive.	Nega- tive.	Doubt- ful.	Total.
Diphtheria .....	56	113	23	192
Typhoid Fever .....	29	18	4	51
Pulmonary Tuberculosis..	37	53	..	90
Ringworm.....	7	1	..	8
Others .....	..	..	..	5
	129	185	27	346



This total is only three less than the number of bacteriological examinations during 1908.

The great value of an early diagnosis of such diseases as Pulmonary Tuberculosis, Diphtheria, Anthrax, Enteric Fever, &c., is becoming more generally recognised and appreciated in each successive year, by the medical profession in Rotherham, as the above details will show.

These examinations, of course, take up a large amount of time, and their number is likely to increase every year.

#### ISOLATION HOSPITAL, BADSLEY MOOR LANE.

During the past year 157 cases have been admitted into the above institution. The following table gives the details:—

	Cases.	Deaths.
Scarlet Fever .....	82	—
Enteric Fever .....	29	8
Diphtheria .....	35	4
Measles .....	2	—
Pulmonary Tuberculosis ...	7	—
Erysipelas .....	1	—
Puerperal Fever .....	1	—
	<hr/> 157	<hr/> 12

The duration in Hospital of recovered cases was as follows:—Scarlet Fever, 39 days; Enteric Fever, 43 days; Measles, 27 days; Pulmonary Tuberculosis, 86 days; Erysipelas, 7 days; Puerperal Fever, 43 days; Diphtheria, 17 days.

During one week in November, the first time since the Hospital was opened, there was no patient in the Isolation Hospital suffering from Scarlet Fever.

It will be observed that the number of patients treated during the year 1909 was identical with that of 1908.

A table is attached giving the total expenses incurred at the Isolation Hospital during the last financial year:—

#### COUNTY BOROUGH OF ROTHERHAM. HOSPITAL ACCOUNT.

##### To Infectious Hospital:

	£	s.	d.
Medical Officer .....	50	0	0
Wages—Attendants .....	463	1	10
Groceries and Provisions .....	343	15	0
Furniture, Bedding, etc. ....	39	4	11
Stores and Drugs .....	34	14	4



	£	s.	d.	
Coal and Light .....	177	15	2	
Water .....	35	15	6	
Repairs .....	33	2	0	
Insurance (prepaid) .....	0	0	0	
Insurance (Boiler) .....	2	15	0	
Printing, Stationery, & Advertising .....	18	4	7	
Seeds and Shrubs .....	1	9	4	
Rates .....	111	8	5	
Horse Hire .....	76	2	6	
Cleaning Materials .....	9	0	1	
Telephone .....	7	15	0	
Nurses' Uniforms .....	8	11	8	
Petty Cash .....	20	16	5	
Sundries .....	21	5	10	
	1454	17	7	
New Phthisis Block (on account) ...	210	12	11	
To Infectious Hospital Loan Charges ...	1016	1	0	
	2681	11	6	
Less Receipts:				
By Grass sold and Agistment	17	0	0	
Amount received from				
Guardians .....	4	0	0	
Easement .....	0	2	0	
Distress Committee—				
Grant .....	2	7	4	
	23	9	4	
	2658	2	2	
To Small-pox Hospital:				
Loan Charges—Land .....	53	2	4	
Ground Rent .....	17	11	9	
Rates and Taxes .....	3	13	3	
Repairs and Painting .....	23	15	6	
	98	2	10	
Less Receipts:				
By Rent Hospital Land				
(Kimberworth) .....	12	10	0	
Rent Hospital Land				
(Badsley Moor Lane)...	5	0	0	
	17	10	0	
	80	12	10	
Nett Cost chargeable to G. D. Rate amounting to				
3.557d. in £ .....	£2738	15	0	



The weekly cost per patient during 1909 has been 6s. 8d., as compared with 5s. 9d. during 1908, an increase due to the additional cost of the food supplied to the cases of Consumption.

This includes all expenses, loan charges, rates, wages, medical attendance, maintenance of resident staff, etc., etc.

For some reason or other, very few isolation hospitals publish a balance sheet of their expenditure, but to judge from those which I have seen, the cost of the upkeep of the Rotherham Isolation Hospital compares most favourably with that of any similar institution in the kingdom; this I consider reflects great credit upon the management of the Matron, Mrs. Hawes.

The number of patients—and it is increasing yearly—who, suffering from infectious diseases, take advantage of isolation hospital treatment, is a matter of satisfaction, and proves that the confidence of the general public in the hospital management is increasing.

This will at once be obvious if the tables containing the percentage of Scarlet Fever, Typhoid Fever, and Diphtheria notified and removed to the Isolation Hospital are examined.

During the past year only male cases of Consumption have been admitted. There are, however, at the present time a large number of female consumptive patients in the Borough, the number of whom is increasing annually. These have doubtless become infected through their husbands.

I should like to see some means devised for the isolation and treatment of these also.

#### OFFICERS' SICK LIST, 1909.

No case of infectious disease has occurred amongst the Nursing Staff during the past year.

The only cases of illness have been the following:—One nurse was off duty with Gastric Ulcer for 21 days; one with Bronchitis for one week; two with Influenza for one and two weeks respectively, making a total of 49 days, as compared with one of 138 days during the previous year.

#### WATER SUPPLY.

This continues satisfactory. 1,600,000 gallons of water from Langsett Reservoir reaches Rotherham daily. This is the maximum amount which we can obtain from this source until the Derwent scheme is completed.

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



The analysis of this water is not very satisfactory. The presence of nitrates suggests infiltration of drainage or similar impurity, to a limited extent, which has subsequently undergone spontaneous destruction by oxidation.

This water is periodically analysed, and the source frequently visited.

All the old sources of domestic supply, Ulley, Dalton, Silverwood, and Aldwarke Springs, have been abandoned.

There still remain a few shallow wells in the Borough; several have been condemned during the year, and Langsett water has been laid on.

Until the Derwent Water scheme is completed it will be out of the question to dispense with the Pinch Mill supply.

The Langsett water, an upland supply, has been regularly analysed from samples taken from taps at different situations within the Borough, and the results have always been satisfactory. They negative any suspicion of contamination by drainage or similar impurities. The figures recorded under the head of Reducing Power are always somewhat high, but this is due to the vegetable organic matter present in the water, which is probably derived from peat, to which cause also the "coffee" colour may be attributed. This particular water would be improved in appearance by efficient filtration. I understand that works are in progress at Langsett for accomplishing this, and that they will probably be completed during the present year.

The water is rather soft, and in order to prevent any plumbo-solvent action on lead pipes, it is subjected, as it enters the mains from Langsett Reservoir, to a process which I described fully in my Report last year.

No case of lead poisoning traceable to the drinking water occurred in the Borough during the year 1909.

Certain districts of the Borough—especially the higher portions, such as Kimberworth, etc.—are at times short of water. This shortage is due to the mains being too small to carry the necessary supply.

This defect will be remedied when the new scheme for bringing the Derwent Water into the Borough is completed.

#### NOTIFICATION OF BIRTHS ACT.

This Act has now for the first time been in full working order for a complete twelve months.

During the year 1909, 2066 births were registered. Of these 1856 were notified to me as Medical Officer of Health under the Notification of Births Act, 1907.

This leaves 210 unaccounted for.



On referring to the following two tables it will be seen that the majority of the cases not accounted for have occurred in the North, Thornhill, Masbro', and Kimberworth Wards; that is, the North-west Registration District of Rotherham. On the other hand, in the East, St. Ann's, Clifton, South and West Wards, or the South-east Registration District, nearly all the births have been notified to me. On referring to the infantile mortality tables on another page of this Report, it will be found that the highest death-rates have occurred in those wards in which the notification of births has been least satisfactory.

The inference is obvious.

The question of how to deal with these defaulters is under the consideration of the Midwives Committee.

TABLE 1.

Births registered during 1909 divided into Wards.

Ward.	Births.			Illegitimate Births.		
	Males.	Females.	Totals.	Males.	Females.	Totals.
East .....	92	90	182	4	—	4
St. Ann's .....	140	123	263	2	4	6
Clifton .....	70	68	138	2	—	2
South .....	60	62	122	2	3	5
West .....	95	119	214	11	19	30
North .....	143	139	282	6	6	12
Thornhill .....	154	155	309	11	5	16
Masbro' .....	149	152	301	6	6	12
Kimberworth ....	139	116	255	6	—	6
Totals .....	1042	1024	2066	50	43	93

TABLE 2.

Notification of Births Act, 1907.

Births notified during 1909 divided into Wards.

Ward.	Males.	Notifications.		Totals.
		Females.	Unstated.	
East .....	87	82	2	171
St. Ann's .....	133	129	2	264
Clifton .....	75	65	2	142
South .....	56	54	3	113
West .....	87	118	5	210
North .....	111	115	20	246
Thornhill .....	127	111	12	250
Masbro' .....	114	119	19	252
Kimberworth .....	110	88	10	208
Totals .....	900	881	75	1856



The duly certificated midwives practising within the Borough have, I believe, notified all the births that they have attended. Many of the uncertificated women and several of the midwives who have been struck off the Midwives Roll, on the other hand, have failed to do so.

A fairly large number of the medical men practising in certain districts of Rotherham have resented the obligation to notify births placed upon them by this new Act. Some say that they should not be compelled to disclose information which they only obtain through being the medical attendant; others object that, if the State requires information, the State should pay for it; others again leave the notification to the parents.

It will be remembered that the first objection was raised much more loudly when the Notification of Infectious Diseases Act, 1879, was made compulsory, though payment for the information was arranged for under that particular Act.

As to the non-payment of a fee for the notification of a birth, a great deal more may be said. That a fee ought to be paid for each notification is certain, for it is obviously unfair to demand gratuitous service, especially from a medical man whose profession has cost him many years of preparation for entering on the study of medicine, and after he has done so, at least five years more before he can become qualified and earn anything.

The law is obviously unfair, and has no more right to exploit the services of the medical profession for nothing than it has to compel a solicitor or barrister to give his service without a fee.

It is not because doctors care so much about the fee, but because they resent being compelled to give information gratuitously, and naturally ask, "Where will it all end?"

The medical profession is noted above any other for unpaid services in the cause of public and even private charity, which have always been given ungrudgingly and whole-heartedly in the cause of suffering humanity.

### INFANTILE MORTALITY.

The following table gives the death-rate per 1000 births during the last eleven years:—



1899—Death-rate per 1000 births .....	166
1900—       "               "	170
1901—       "               "	175
1902—       "               "	141
1903—       "               "	187
1904—       "               "	164
1905—       "               "	123
1906—       "               "	158
1907—       "               "	146
1908—       "               "	149
1909—       "               "	116

This gives an average for the last eleven years of 154.

Subdividing this infantile mortality during 1909 into wards, the following table gives the number of births, birth-rate, deaths, death-rate, deaths under one year, and infantile mortality per 1000 births in the various wards within the Borough.

Ward.	Births.	Birth Rate.	Deaths.	Death Rate.	Infantile Deaths mortality.	
					under 1 year.	per 1000 Births.
East .....	182	32.94	61	10.98	15	82
St. Ann's .....	263	33.67	86	11.01	32	141
Clifton .....	138	24.06	49	8.56	14	107
South .....	122	17.94	63	7.26	21	172
West .....	214	40.0	60	11.18	19	88
North .....	282	33.7	70	8.36	15	53
Thornhill .....	309	37.02	115	13.78	46	148
Masbro' .....	301	33.66	132	14.76	47	156
Kimberworth ...	255	31.48	85	10.47	22	86
Totals .....	2066		721		231	

It is somewhat of a surprise to me that the figures for the North Ward should come out so favourably. The results in the remaining wards are exactly what I should have expected.

The following appear to me to be the principal causes of infantile mortality in the Borough of Rotherham:—

1. Deficient nutrition and care of mothers during pregnancy.
2. Early, improvident and unhealthy marriages.
3. Inherited constitutional conditions.
4. The damaging effects of the use of drugs, etc., used by so many women to produce abortion.
5. Illegitimacy.
6. Carelessness and ignorance on the rearing of infants on the part of parents, untrained nurses and untrained midwives.
7. Bottle feeding—often with unsuitable or polluted foods.



8. Excessive feeding and drugging.
9. Positive neglect of children and their ailments, and exposure to cold, etc.
10. Poverty and starvation, or semi-starvation.
11. Alcoholism in one or both parents.
12. Insanitary housing conditions.
13. Overcrowding, per house and per acre.
14. Want of cleanliness in house, person, clothing and habits.
15. Employment of mothers outside their homes.

The public mind and conscience is now so aroused and awake that inaction with regard to infant life and health is no longer possible, and if action is not at once taken by the present Health Authorities, it will certainly be taken sooner or later by religious, philanthropic, or possibly scientific and medical bodies.

Good as these auxiliaries may be, their administrative powers are most limited, and the result of their action will probably be a chaos of conflicting, overlapping, non-effective effort, producing a minimum result with a maximum expenditure of energy and money.

The proper sphere of all this energy, religious, philanthropic, medical and scientific—is as the auxiliary of the municipal work which should control and direct the whole. Voluntary aid in a municipal setting is what is required, and this has been the chief aim of the Rotherham Voluntary Health Association.

The Health Authority is the central force, inspiring and disciplinary, and putting into effective and useful operation every part of the whole. The municipality must of necessity have the first place, and lead all the time, or confusion will certainly follow.

To my mind, the fact that the Health Authority can do the work so much better, and so much more easily, than any other conceivable body, makes it obligatory on them to take it up.

The first effective action for saving infant life and health is to get to know that the babies are born. The adoption of the Notification of Births Act in Rotherham has secured this.

I am quite aware of the objections which have been urged, especially by the medical profession in certain towns, but, on the broad, common-sense principle that you cannot possibly deal with anything until you know it exists and where it is, nothing can be substituted for the notification of births. Before anything can be done to care for the infant, we must surely be informed that it is there.

At the same time it is no use knowing of the existence and whereabouts of a baby unless we are prepared to do something to promote its welfare.



It is hopeless to expect the mother to come to us; we must go to her.

There must of necessity be Female Health Visitors who must visit the home at once, for the obvious reason that if help is needed it is needed at once; delay may mean death or blindness, or permanent disablement in some form.

The official Health Visitor should surely be a woman. At the present time in Rotherham we have two such officials, and the time of each is fully occupied.

During the year 1909, there were 2066 births registered in the Borough, and 1856 births notified under the Notification of Births Act, 1907. This leaves 210 not accounted for.

The majority of the notified births were visited at once by one of the Female Health Visitors.

The addresses of about 900 babies were sent by me, as Honorary Secretary of the Voluntary Health Association, to the Lady Superintendent in each ward in the Borough. Supposing each of these babies was visited twice, the number of visits paid during the year 1909 by the ladies of the Voluntary Health Association will have amounted to 1800.

What has been the result of this untiring energy during the past two years?

Up to the end of 1908, the average rate of Infantile Mortality in the Borough for the last ten years has been 158 per 1000 births.

During the year 1909 this was reduced to 116. Only once during the past ten years previously has this rate in Rotherham been below 130, and this was in the year 1905, when it was 123.

This reduction in the rate means that there was a saving of 72 lives during the past twelve months, when compared with the previous year.

During the year 1908 there were 312 deaths under one year, whereas during 1909 the deaths only amounted to 240.

This death-rate is the lowest on record, and one which will compare most favourably with that of any Borough in England.

### MUNICIPAL BABY WEIGHING.

A reliable machine has been provided for weighing municipal babies in Rotherham, and its constant use proves how greatly it has stimulated the interest of mothers in the healthy development of their infants. During the year 1909, 172 babies were weighed at the Public Health Department in Rotherham.

The prejudice, the origin of which no one knows, which formerly existed against this weighing of infants, has to a large extent disappeared, and the result of each successive weighing is awaited with interest by the fond parent.



A healthy rivalry exists between the mothers—as a result of our two Baby Shows—at the last of which over 230 babies competed for valuable prizes.

Our last Show was a great success, the number of babies competing being in proportion to the population, the largest in England.

One result of this constant inspection of babies has made clear to me the important factor that the great majority of children are well developed and healthy at birth, and when properly cared for subsequently maintain this standard. The physical deterioration met with during the first year of life is almost entirely due to ignorance and carelessness.

It is always found that infantile mortality is one-third greater in towns than in rural districts, and much greater in the slums than in any other parts of all large Boroughs. For example, in Rotherham, Clifton Ward nearly always has the lowest rate.

Amongst illegitimate children—the unloved and unwelcome—the death rate is 50 per cent. higher than amongst the legitimate births.

If amongst infants only those died who were unfit for the struggle of life, there would be less cause to mourn. There is no doubt, however, that many, who are fit enough, are sacrificed by gross ignorance and carelessness.

It has been something in the nature of a surprise to me that the results which have been obtained by the visitation of the new born babies in Rotherham are likely to reform even the homes themselves.

In the first place infantile mortality has been considerably reduced (which was the first object aimed at), but not only are the children living healthier lives than was ever the case before in my experience, but they are cleaner, better clothed, and better housed.

If the baby is clean, and to be kept clean, the mother herself and her home must naturally be clean also, otherwise she cannot handle her baby without soiling its clothes.

We cannot hope to see much improvement amongst the elder women, who have been accustomed to live in a state of apathy, but we can hope, and I believe we shall find, that young mothers will not sink into the same state of degradation as regards dirt, even, it may oftentimes be added, as their ancestors did.

The past winter has been one of serious shortage of work among the working folk in Rotherham, and far too many mothers for months prior to their confinements have been short of food, with the result that the babies have come into the world feeble and small, whilst the mother's health, after this first trial of her strength, is a hindrance to her good recovery. This again entails the want of that energy which every woman requires for the efficient management of her household.

In Sheffield, in connection with the Jessop Hospital, and in London, etc., I find that, three months before the expected birth of a child, mothers are provided with free dinners three days a week.



Could not something of this kind be done in Rotherham?

DEATHS UNDER ONE YEAR IN THE VARIOUS WARDS.													
	East.	St. Ann's	Clifton.	South.	West.	North.	Thornhill.	Masbro'.	Kimberworth.	Workhouse.	Hospital.	Isolation Hospital.	TOTALS.
January .....	..	3	..	2	2	1	8	4	1	1	..	..	22
February .....	3	3	2	3	2	1	4	2	2	1	1	..	24
March .....	..	..	2	1	1	1	3	7	5	..	..	..	20
April .....	1	1	2	1	1	1	2	6	1	..	..	..	16
May .....	1	3	..	1	2	4	3	2	..	..	..	..	16
June .....	2	..	1	2	2	..	2	4	2	..	..	..	15
July .....	..	1	..	1	2	1	6	..	3	..	2	..	16
August .....	..	3	2	2	2	3	4	3	..	..	1	..	20
September ...	4	4	..	3	1	..	4	5	2	..	..	..	23
October .....	2	4	..	1	1	1	1	3	1	..	..	..	14
November....	..	2	2	2	..	1	5	7	2	1	..	..	22
December ...	2	8	3	2	3	1	4	4	3	1	1	..	32
Totals .....	15	32	14	21	19	15	46	47	22	4	5	..	240

### SHOWING THE INFLUENCE OF THE WEATHER ON INFANTILE MORTALITY.

	Number of births.	Deaths under one year.	Infantile Mortality.
January .....	167	22	131
February .....	162	24	148
March .....	189	20	105
April .....	186	16	86
May .....	161	16	99
June .....	165	15	90
July .....	179	16	89
August .....	190	20	105
September .....	150	23	153
October .....	169	14	82
November. ....	173	22	127
December .....	175	32	182



# INFANTILE MORTALITY DURING THE YEAR 1909.

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 .....	55 3	11	6	12	84 3	35 2	7	19	16	12	13	11	12	12 2	4	8	233 7
Measles .....									1		1				1	1	3
Whooping Cough .....																	1
Diarrhoea, all forms .....				2	2	6	1	3	4	2	1	1	2			2	24
Enteritis, Muco-enteritis, Gastro-enteritis .....						5		1	1	1	1		1				11
Gastritis, Gastro-intestinal Catarrh .....																	
Premature Birth .....	34	6	1	4	45	4			1								4
Congenital Defects .....	12	2	1	2	17	1			1								50
Injury at Birth .....	3				3	2											18
Want of Breast-milk, Starvation .....																	3
Atrophy, Debility, Marasmus .....		2			4	5	2	3	1	2	3	3		1			2
Tuberculous Peritonitis : Tables Mesenterica .....				2					1				1				24
Other Tuberculous Diseases .....	1				1				1					1			3
Syphilis .....						2											2
Meningitis (not Tuberculous) .....																	3
Convulsions .....	7		2		9	2	1		2				1	3		1	4
Bronchitis .....			1		1	5		4	3	2	3	1	2	2	1	1	17
Pneumonia .....				1	1	3	2	3	1	1	2	5	4	4	1	3	24
Suffocation, overlying .....								1									30
Other Causes .....	1		1	1	3	2	1	3		2	1	1	1		1		1
	58	11	6	12	87	37	7	19	16	12	13	11	12	14	4	8	240

County Borough of Rotherham Population. Estimated to middle of 1909, 65,000

Births in the year. Legitimate, 1973; illegitimate, 93

Deaths in the year. Legitimate Infants, 219; illegitimate infants, 21.

Deaths from all Causes at all ages, 841.



January.

# INFANTILE MORTALITY DURING THE YEAR 1909.

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
	4	3	3		1	8	2		2	2	1	2			1	1	2	21
All Causes { Certified .. Uncertified ..	4	3	3		1	8	2		2	2	1	2			1	1	2	1
Measles .....																		3
Diarrhoea, all forms .....																1		1
Enteritis, Muc-enteritis, Gastro-enteritis .....									1									1
Premature Birth .....	3	3			1	7	1											1
Injury at Birth .....	1					1												1
Atrophy, Debility, Marasmus .....											1							1
Tuberculous Peritonitis : Tabes Mesenterica .....																		1
Convulsions .....																		1
Bronchitis .....																		1
Pneumonia .....																		1
	4	3			1	8	2		2	2	1	2			2	1	2	22



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

CAUSE OF DEATH.	PERIOD OF LIFE.																
	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.....	3	2	2		5	1	1	3	1			3	1	1	1	1	22
Premature Birth .....	1				1	1											2
Congenital Defects .....			1		1	1											2
Want of Breast Milk, Starvation .....						1								1			1
Atrophy, Debility, Marasmus .....						1											1
Meningitis (not Tuberculous) .....						1	2		1			1					4
Convulsions .....	4				4												4
Bronchitis.....					1	1							1				3
Pneumonia .....			1		1	1						2					4
Other Causes .....					1		1								1		3
	5	2	2		7	5	1	3	1			3	1	1	1	1	24



INFANTILE MORTALITY DURING THE YEAR 1909.

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						2	8	2						1	2	1	1	1	1	1	1	1				3	1		19	1				
All Causes } Certified .....		6					2	8	2						1	2	1	1	1	1	1	1						3	1		19	1			
All Causes } Uncertified .....		1						1																								1			
Whooping Cough.....																																	1		
Enteritis, Mucro-enteritis, Gastro-enteritis .....									1							1																	1		
Premature Birth .....	6							6																									6		
Congenital Defects .....	1						1	1																									1		
Atrophy, Debility, Marasmus .....							1	1																									1		
Other Tuberculous Diseases .....																																		1	
Convulsions .....																																		1	
Bronchitis.....																																		1	
Pneumonia .....																																		1	
Other Causes.....																																		1	
	7						2	9	2						1	2	1	1	1	1	1	1						3	1			20			



### INFANTILE MORTALITY DURING THE YEAR 1909.

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

CAUSE OF DEATH.	All Causes		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
	Certified	Uncertified																	
Enteritis, Muco-enteritis, Gastro-enteritis.....																			
Premature Birth .....	3						3									1			1
Congenital Defects .....	1						1												1
Want of Breast-milk, Starvation ....							1	1											1
Atrophy, Debility, Marasmus .....			1				1												1
Convulsions .....	1						1												1
Bronchitis .....										1									1
Pneumonia .....										1									1
Other Causes .....																			3
<b>Total</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>2</b>			<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>			<b>15</b>



May.

# INFANTILE MORTALITY DURING THE YEAR 1909.

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

CAUSE OF DEATH.	Under 1 Week.					Total under 1 Month.					11-12 Months.					Total Deaths Under One Year
	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.	
All Causes. { Certified ..... Uncertified .....	5	1		2	8	2		1	1	2	1			1		15
Diarrhoea, all forms.....					1											1
Enteritis, Muc-enteritis, Gastro-enteritis.....				1	4	1		1								1
Premature Birth .....	2	1		1	2											5
Congenital Defects .....	2				1											2
Injury at Birth .....	1															1
Atrophy, Debility, Marasmus .....																1
Syphilis.....																1
Convulsions .....																1
Pneumonia .....																2
Other Causes .....																1
	5	1		2	8	2		1	1	2	1			1		16



June.

# INFANTILE MORTALITY DURING THE YEAR 1909.

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
	5	2			1	8	1	1	1	1		2					2	15
All Causes { Certified .....																		
{ Uncertified .....																		
Enteritis, Muco-Enteritis, Gastro-enteritis.....												1						1
Premature Birth .....	3				1	3	1											3
Congenital Defects .....	1	1				1		1		1								4
Atrophy, Debility, Marasmus .....		1				1												3
Meningitis, not Tuberculous .....																	1	1
Convulsions .....	1					1												1
Bronchitis.....												1						1
Pneumonia .....																	1	1
	5	2			1	8	1	1	1	1		2					2	15



July.

# INFANTILE MORTALITY DURING THE YEAR 1909.

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

CAUSE OF DEATH	Deaths from stated Causes in Weeks and Months under One Year of Age.																
	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 .....	6	1	1	1	8	2		1	1	1			1	2			16
Diarrhoea, all forms.....																	1
Premature Birth .....	4				4				1								4
Congenital Defects .....	1			1	1	2				1							4
Atrophy, Debility, Marasmus .....														1			1
Tuberculous Peritonitis:   Tabes Mesenterica .....	1		1		1									1			1
Other Tuberculous Diseases.....					1								1				1
Convulsions .....																	1
Bronchitis.....																	2
Other Causes .....																	1
	6	1	1	1	8	2		1	1	1			1	2			16



August.

# INFANTILE MORTALITY DURING THE YEAR 1909.

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

CAUSE OF DEATH.	Deaths from stated Causes in Weeks and Months under One Year of Age.																	Total Deaths Under One Year
	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.		
All Causes. { Certified ..... Uncertified .....	3	1			4	3	5			1	1	2	2	2			20	
Diarrhoea, all forms .....							4			1	1	1		2			9	
Enteritis, Muco-Enteritis, Gastro-Enteritis .....						1											1	
Premature Birth .....	1	1			2	1											3	
Congenital Defects .....	1				1												1	
Injury at Birth.....	1				1		1					1					1	
Atrophy, Debility, Marasmus .....																	2	
Tuberculous Peritonitis: Tabes Mesenterica .....						1							1				1	
Other Causes .....													1				2	
	3	1			4	3	5				1	2	2	2			20	



September.

# INFANTILE MORTALITY DURING THE YEAR 1909.

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	2	1	1	2	1	1	2	1	1	3	2	1	3	2	1	2	5	1	3	2				23
All Causes { Certified .....	3	2											5			3		1	2	5	1	3	2			1	23
Uncertified .....																											
Diarrhœa, all forms .....																1			1	1		1				1	5
Enteritis, Muco-enteritis, Gastro-enteritis .....																1				1			1				3
Gastritis, Gastro-intestinal Catarrh .....																			1	1							3
Premature Birth .....	2	1											1														3
Congenital Defects .....	1												2														3
Meningitis, not Tuberculous .....																											1
Bronchitis .....																		1			1						3
Pneumonia .....																		1				1					3
Other Causes .....																											1
	3	2											5			3		1	2	5	1	3	2			1	23



INFANTILE MORTALITY DURING THE YEAR 1909.

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

[illegible]



November.

## INFANTILE MORTALITY DURING THE YEAR 1909.

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

CAUSE OF DEATH.	Total under 1										Total Deaths						
	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.	Under One Year.
All Causes { Certified ..... { Uncertified .....	5	1		2	8	1	2	1	3			1		2		2	21
Diarrhoea, all forms .....																	1
Gastritis, Gastro-intestinal Catarrh .....																	1
Premature Birth .....	2	1		1	4	1			1					1			6
Congenital Defects .....	1				1												1
Convulsions .....	1				1	1	1	1				1		1			3
Pneumonia .....				1	1	1	1	1									7
Other Causes .....	1				1				1								2
	5	1		2	8	3	2	1	3			1		2		2	22



December.

INFANTILE MORTALITY DURING THE YEAR 1909.

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

[illegible]



SHOWING THE DEATH RATE AND THE INFANTILE MORTALITY RATE, &c., IN THE VARIOUS WARDS DURING 1909.								
WARD.	No. of Houses.	Estimated Population.	Births.	Birth Rate.	*Deaths.	Death Rate.	*Deaths under one year.	Infantile Mortality Rate per 1000 births.
East.....	1126	5524	182	32.94	61	10.98	15	82
St. Ann's .....	1648	7811	263	33.67	86	11.01	32	121
Clifton .....	1151	5734	138	24.06	49	8.56	14	107
South.....	1321	6803	122	17.94	63	7.26	21	172
West .....	1064	5364	214	40.0	60	11.18	19	88
North .....	1687	8368	282	33.7	70	8.36	15	53
Thornhill .....	1669	8341	309	37.02	115	13.78	46	148
Masbro' .....	1793	8941	301	33.66	132	14.76	47	156
Kimberworth .....	1563	8117	255	31.48	85	10.47	22	86
Total .....	13022	65000	2066	..	721	..	231	..
*These columns do not include the deaths in the Workhouse and Hospital.								

### EXCREMENT DISPOSAL IN ROTHERHAM: SYSTEM IN VOGUE: DEFECTS.

The following table gives, I believe, the correct number of privies and middens in the various wards of the Borough in December, 1909:—

#### PRIVIES.

East Ward .....	313
St. Ann's Ward .....	188
Clifton Ward .....	131
South Ward .....	166
West Ward .....	103
North Ward .....	258
Thornhill Ward .....	153
Masbro' Ward .....	109
Kimberworth Ward .....	441
Total .....	1862

Moses, the great Jewish sanitarian, whose ideas and instructions deserve careful attention at the hands of modern sanitarians, in spite of the interim of thousands of years, is supposed to have urged the



method of disposal of human excrement in the manner so intelligently illustrated and demonstrated in the present day by the domestic cat!

There were flies, I presume, in existence in those days.

This method of immediate earth burial is also in vogue, I believe, amongst gipsies and other nomadic people.

Earth burial of excrement at a depth of not more than three or four inches from the surface ensures a rapid and inoffensive destruction of all disagreeable organic matter, and unquestionably enriches the soil from an agricultural point of view.

But such is the laziness and indifference of the modern generation, that it has become the custom, in many manufacturing towns, to dig pits or privy middens to a depth of some feet below the surface of the ground, to which every individual member of a household can contribute his individual excrement, without an attempt—until perhaps after a lapse of several weeks or months—on the part of anyone to deal further with the stinking accumulation and abomination. These collections have by this time become most objectionable, insanitary, and dangerous, polluting the air and sub-soil around, and perhaps even, in some cases, the domestic water supply which is probably not many yards below.

### WATER-CARRIAGE SYSTEM OF SEWAGE IN ROTHERHAM.

This important question has been prominently before the Health Committee on various dates during the past twelve months.

The general sentiment of English people, and nearly all Health Authorities, has strongly pronounced in its favour as the system of the future, and it is the only one which provides the cleanest, readiest and, in the long run, the cheapest method for the removal of sewage.

I believe every enlightened Local Authority in England recognises the truth of this statement, and the great majority are at the present time encouraging, by various means, the introduction of the water-carriage system and abolishing all other methods.

We live at the present time in an age of great municipal and industrial progress, and municipalities like individuals cannot afford to stand still.

Pioneers recognise that in seeking for the ideal, systems must come and go; and that, as the pail, midden, and slopwater system have outstayed their time, they must now disappear by a gradual process of conversion, and give place to the water-carriage system.

Such a scheme lays the foundation for much useful sanitary reform, and, when accomplished, its beneficent influence will operate favourably on the many complex factors which determine the condition of the public health of the inhabitants of the Borough of Rotherham.



During the year 1909, 322 middens were converted into water closets in the Borough.

Does it not strike everyone as strange that there should be such a great contrast between the care the nation takes of the health of a workman, and our neglect of him when he returns to his home, if it is really a home?

I think that consideration should be impressed upon the public mind. I am not at all sure that a man who had a good healthy home would not be better off (even if he had to submit to worse conditions for part of the day at the factory) than if you reverse the process and secure the best sanitary conditions in the factory, allowing him to live and sleep under unhealthy conditions at his own home.

I have, in my Annual Reports and in special reports on the sanitary condition of the Borough of Rotherham, repeatedly urged the Health Committee to put into effect Section 98 of the Rotherham Corporation Act, 1904, which deals with the conversion of existing closet accommodation into water closets.

Dr. R. Deane Sweeting, H.M. Local Government Board Inspector, in his report upon the sanitary condition of the Borough (received during the past year), endorsed my previous recommendations.

One of the results of Dr. Sweeting's Report has had this effect, that the following resolutions were passed by the Rotherham Corporation in December, 1909, and are now being actively enforced.

It is expected that in about two years' time the water-carriage system of sewage will be almost universal throughout the Borough.

#### PRIVY CONVERSIONS.

The Sub-Committee considered reports received by the Medical Officer of Health and the Borough Engineer on the subject of the conversion of privies within the Borough.

#### REPORT OF MEDICAL OFFICER OF HEALTH UPON PRIVY CONVERSIONS.

1. Cost of water used as a result of conversions.
2. Cost of dealing with the additional quantity of sewage at the outfall works.

The only objection 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 in regard 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 effluents 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 system 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 still 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.

In the Borough of Ipswich all the privies have been converted into water closets during recent years. The population of Ipswich is about equal, and similar in character, to that of Rotherham. Since these conversions in Ipswich outbreaks of Typhoid Fever have been absent.

Dr. Pringle, the Medical Officer of Health for Ipswich, has kindly supplied me with the following information on this important question.

1. The flushing cisterns are of at least  $2\frac{1}{2}$  gallons capacity.
2. The average number of persons per house is 4.6.
3. The number of water closets replacing the 8000 privies is at least 9000.
4. If each person uses the water closet twice daily the consumption will be 5 gallons per head. This will be equal to 207,000 gallons per day.
5. The cost is given as  $3\frac{1}{2}$ d. per 1000 gallons, or about £3 per day. This equals £1095 per annum.
6. The additional quantity of sewage—the water consumed.



7. The cost of dealing with the extra sewage has been extremely small, for the reason that our sewage undergoes no treatment other than simple settling.

ALFRED ROBINSON,  
Medical Officer of Health.

27th Sept., 1909.

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### BOROUGH ENGINEER'S REPORT UPON PRIVY CONVERSIONS.

According to the resolution of the Public Health Sub-Committee, April 21st, 1909, I was instructed to report to you as to (1) the additional cost of water used as a result of privy conversions; (2) the cost of dealing with the additional quantity of sewage at the Outfall Works; and (3) schemes for dealing with privy refuse.

1. According to information received from the Sanitary Inspector, there are, at the present time, some 1919 privies in the Borough, exclusive of those attached to schools, chapels, and works. With a few exceptions, amounting to 172, the situation of these privies allows them to be drained into the pipe sewers, and the extra tax on the capacity of the sewer need not, I think, be considered. The flushing cisterns fixed in Rotherham have a two gallons capacity, and assuming that each person uses the water closets three times in two days, or at the rate of  $1\frac{1}{2}$  times per diem, the consumption for 1747 closets will amount to 47,000 gallons per diem. Assuming that water costs the Rotherham Corporation 9d. per 1000 gallons, the annual value of the water supplied for flushing these closets is £643 6s. 3d., from which, under the existing arrangements of no charges being made for water closets, no further income would accrue to the Water Department.

2. The cost of dealing with the additional quantity of sewage at the Outfall Works would amount to  $2\frac{1}{4}$ d. per 1000 gallons, or an annual cost of £160 16s. 7d.

3. I am afraid I do not quite understand what the Committee mean by the instruction "that the Borough Engineer also make enquiries and report as to schemes for dealing with privy refuse." The only two methods that I know of are (1) its disposal to farmers, and (2) its cremation at the New Destructor. The best possible method is to convert as many privies as possible into water closets, and, of the products of the remainder, that which cannot be disposed of should be brought to the New Destructor and burnt, so that it may not be a nuisance to the inhabitants.

E. B. MARTIN.  
Borough Engineer.

4th October, 1909.



(1.) Recommended:—That Section 98 of the Rotherham Corporation Act, 1904, be put into operation, viz. :—

“ When a sewer and water supply sufficient for the purpose are reasonably available, the Corporation may, by written notice to the owner of any building, require any existing closet accommodation (other than a water closet) provided at or in connection with such building, to be altered (so as to be converted) into a water closet, which shall comply with the bye-laws for the time being in force, and shall communicate with a sewer, and they may also require a separate receptacle for ashes and house refuse to be provided at, or in connection with, such building.

“ If the owner of any such building fail, in any respect, to comply with a notice from the Corporation under this section, the Corporation may, at the expiration of a time to be specified in the notice (not less than 21 days after the service of the notice), do the work specified in such notice, and may recover from the owner the expenses incurred by the Corporation in so doing. Provided that if, in any case, such alteration shall be required in respect of any existing closet accommodation, which, prior to the serving of the notice under this section, shall not have been certified by the medical officer to be insufficient for the necessities of the inhabitants of the building, or to be in such a state as to create a nuisance or to be dangerous or injurious to health, then the Corporation shall bear and pay such sum towards the expenses incurred by them (not less than one-half thereof) as the Corporation may consider just and proper according to the circumstances, and the remainder of the expenses shall be borne by the owner.

“ The Corporation may contribute towards the expenses incurred in making any alteration of any closet accommodation in pursuance of this section in any case in which they may not be required to bear any part of such expense.

“ The notice under the provisions of this section shall state the effect of the provisions of this section.”

(2.) Recommended:—That it be an instruction to the Medical Officer to report to the Committee as to the privies within the Borough which are insufficient for the necessities of the inhabitants of any building, or in such state as to create a nuisance, or to be dangerous or injurious to health.

(3.) Recommended:—That application be made to the Local Government Board for sanction to the borrowing of the sum of £2500 for the purpose of contributing towards the cost of the conversion into water closets of closet accommodation within the Borough which may not be certified by the Medical Officer of Health to be insufficient for the necessities of the inhabitants of any buildings, or to be in such a state as to create a nuisance, or to be dangerous or injurious to health.



(4.) Recommended:—That the amount to be contributed by the Corporation, to closet accommodation, in respect of which notices to convert have been served, and where the same is not certified by the Medical Officer to be insufficient, a nuisance, or dangerous or injurious to health, be one-half of the cost of conversion.

### MEAT INSPECTION IN THE BOROUGH.

The Public Abattoir is regularly visited twice or three times per day, and oftener when necessary, when slaughtering is in progress.

In the case of a doubtful carcase, on which a difference of opinion may arise, the Medical Officer of Health, and, in some cases, the Veterinary Inspector, are called in to decide what course to pursue.

The private slaughter-houses are visited, in certain intervals, by the Medical Officer of Health, and by the Assistant Inspectors of Nuisances, when on their rounds, but, as the times of slaughtering and of the arrival of cattle from the markets and elsewhere are very uncertain, and the officials have no power to enforce any notice which might be given as to when and how a man shall carry on his business, it has been found impossible to inspect every carcase that is dressed.

One of the Assistant Inspectors of Nuisances holds the "Meat" Certificate.

The following principles have been observed in the inspection of tuberculous carcasses of cattle:—

(a) When there is miliary tuberculosis of both lungs ..	The entire carcase and all the organs may be seized.
(b) when tuberculous lesions are present on the pleura and peritoneum .. .. .	
(c) when tuberculous lesions are present in the muscular system or in the lymphatic glands embedded in or between the muscles .. .. .	
(d) when tuberculous lesions exist in any part of an emaciated carcase .. .. .	
(a) when the lesions are confined to the lungs and the thoracic lymphatic glands .. .. .	The carcase, if otherwise healthy, shall not be condemned, but every part of it containing tuberculous lesions shall be seized
(b) When the lesions are confined to the liver .. ..	
(c) When the lesions are confined to the pharyngeal lymphatic glands .. .. .	
(d) When the lesions are confined to any combination of the foregoing, but are comparatively small in extent .. .. .	

In view of the greater tendency to generalisation of tuberculosis in the pig, it is considered that the presence of tubercular deposit in any degree should involve seizure of the whole carcase and of the organs.

In respect of foreign dead meat, seizure shall ensue in every case where the pleurae have been stripped.



Acting in accordance with the above recommendations contained in the report of the Royal Commission (1895) appointed to inquire into the effect on human health of food derived from tuberculous animals, the number of carcasses and parts of carcasses condemned for tuberculosis in Rotherham during the year 1909 is as follows:—

Beasts: whole carcasses confiscated .....	0
Pigs: whole carcasses confiscated .....	3
Parts of carcasses in beasts affected, condemned and confiscated on account of tuberculosis .....	25

A lengthy report upon the numerous registered and licensed Private Slaughter-houses in the Borough will be found on Page 77 of this Report.

The action taken with regard to other foods, unsound food and food inspection, sanitary condition of premises where foods are prepared, stored, or exposed for sale, meat inspection, disease in meat, and condition of slaughter-houses, is dealt with in the Report of the Sanitary Inspector (Mr. C. E. Parkin), who is the official appointed under the Sale of Food and Drugs Act. His Report also includes the action taken or needed under the Sale of Foods and Drugs Act, and under Section 117 of the Public Health Act, 1875.

#### NEW REFUSE DESTROYER.

Amongst the numerous sanitary improvements effected during the year 1909 in Rotherham was the erection of a new refuse destructor in Rawmarsh road.

This was opened in state by His Worship the Mayor (Councillor D. Mullins), on September 15th, 1909.

The destructor buildings comprise a spacious, well-lighted cell room, containing the furnaces, air heaters, etc., with fan, engine and pump rooms, men's mess room, with bath and lavatory accommodation, all communicating with the main building. In the rear is placed the covered-in tipping floor, under which are various store rooms, workshops, etc. This part is reached by an inclined roadway from Rawmarsh road. The refuse destructor in the furnace room is known as Heenan's patent, and was erected by Messrs. Heenan and Froude, Engineers, Manchester. It comprises two complete and independent units, each containing three furnaces for the burning of refuse, the combined area of each being 75 square feet. The combustion chamber communicates with two water-tube boilers.

The working of the destructor is as follows:—

The refuse having been collected from the various districts of the Borough, each cart is brought over a weigh bridge and automatically weighed. The cart then ascends the inclined roadway



to the tipping platform, the load is shot over a tipping beam into hoppers at the level of the firing floor in the rear of the furnaces. The refuse is then fed into the back of each cell of the furnaces in rotation, and after being thoroughly burnt, the clinker—which is now hard and innocuous and quite free from organic matter—is drawn out from the front of the furnaces into steel skips. These skips run along an overhead mono-rail track, out of the main building into the cooling yard. When cooled the clinker is passed into a crusher and broken up into small pieces, which are automatically fed into an elevator delivering into a revolving screen which graduates the material into various sizes and distributes it into separate hoppers ready for the wagons. It is proposed to use the bulk of this crushed material as filtering media in the bacteria beds at the sewage works at Aldwarke. Communication between the two places is by means of a specially built barge on the canal, which waterway, in fact, is likely to prove most useful.

The plant is capable of dealing with 75 tons of refuse per day of eighteen hours. Total cost approximately £10,000.

How to dispose of "Spion Kop" is still a burning question in the Borough.

## SPECIAL REPORT ON THE PRIVATE SLAUGHTER HOUSES IN THE COUNTY BOROUGH.

There are at the present time within the Borough 31 private slaughter houses; 8 of these are registered and 23 licensed. The distinction between a registered and a licensed slaughter house is dependent upon the fact that in one case the place was used as such before the passing of the Act in 1875, whilst in the other case it has been licensed since that date. Before the year 1890 the licence was a permanent one; since then it has had to be renewed annually. The law says: "A notice bearing the words 'Licensed Slaughter House' or 'Registered Slaughter House' must be attached and displayed in some conspicuous place on every private slaughter house by the owner or the occupier." It will be noticed in the following report how often this is disregarded. Again, "Continuance of use" is of great importance, as it is frequently found in the Borough (to be exact in 13 instances), that private slaughter houses are no longer used as such. In such cases they cannot be again used as a slaughter house without a renewed application for a licence.

In the following details the letter "R" stands for registered and "L" for licensed.

1. L. 35, Hope street,—These premises were licensed in December, 1889. They were formerly in use as a private slaughter house, but for the last nine months they have been used as a cobbler's shop. They are badly lighted, dirty, and no water is laid on. There is no notice over the door, and the premises are quite unsuitable for the purposes of a private slaughter-house,



being situated in a densely populated district. The approach is bad, and the entrance to the slaughter-house forms the right of way to the dwelling-house. The lair is at present being utilised for keeping fowls and rabbits.

2. R. Princes street.—This slaughter house is situated in a very crowded district. There is no notice on the door. Water is laid on to the premises, the approach is good, and the ventilation fair. At the time of my visit there was a large heap of offal in the yard, which is not removed sufficiently often. On an average four beasts are killed weekly in this slaughter house.

3. L. 21, Midland road.—These premises were licensed in the year 1881. They have not been used as a slaughter-house for 20 years, and at the present time are used for storing coal. There is no notice on the door. The premises exist in a densely populated district, and they are wholly unsuitable for the purpose of a private slaughter house. No water is laid on, and there are no appliances. The premises are dilapidated and falling to pieces, and the roof is in holes in many places.

4. L. 39, Midland road.—These premises were licensed in January, 1891. At the time of my inspection they were not being used as a private slaughter house, and I am informed that they have not been used for such purpose for seven years. At the present time they are being utilised as a stable. Water is laid on, but the approach to the premises is bad, and they are badly lighted and ventilated. Years ago this place was used as a bakehouse. The premises are not suitable for a private slaughter-house.

5. L. Wortley road.—These premises were licensed in December, 1878. Water is laid on, and the premises were clean and well ventilated, and the approach is good. A notice is duly painted on the door. There are, however, several houses within 100 feet of the premises.

6. L. 91, Wilton lane.—These premises were licensed in 1881. They have not been used as a slaughter house for two years. No water is laid on and the approach is bad, but a notice is duly painted over the door. A portion of the slaughter house is used as a hay-loft. There are several dwelling-houses within 100 feet of the premises.

7. L. Ferham road.—These premises were licensed in 1891. They are kept in excellent condition, water is laid on, and they are well lighted and ventilated. No notice is painted on the door.

8. L. Masbro' Cō-operative Society.—These premises were licensed in 1888. There are several dwelling-houses within 100 feet of the premises. They are in excellent condition, well lighted and ventilated. There is a large heap of manure stacked in the yard. No notice is attached or displayed in any noticeable place.



9. L. 115, Main street.—These premises are generally clean and in good condition. Water is laid on. The slaughter house is not very well ventilated, and the approach is bad. There is a densely populated district immediately around.

10. R. Wentworth street.—These premises have not been used as a slaughter house for months, and at the time of my visit the slaughter house contained a cart. They are quite unsuitable for the purpose, being dilapidated, and generally dirty and neglected. The approach is bad, and there is no notice on the door.

11. L. 72, Westgate.—These premises were licensed in September, 1881. A notice is duly posted on the door. Water is laid on, and the premises are clean, well lighted and well ventilated. The walls are whitewashed frequently. There are several dwelling-houses within 100 feet of the slaughter house, and there is a privy in the yard in close proximity to the premises.

12. R. Millgate.—These premises are very seldom used. The approach is exceedingly bad, being less than one in four. The walls of the slaughter-house require whitewashing, and there are a number of houses in the immediate vicinity. No notice is painted on the door, and a manure heap is closely adjacent. The yard is unpaved and generally in a bad condition. I consider the premises quite unsuitable for the purpose. This is one of the oldest private slaughter-houses in the town.

13. L. 35, Eastwood lane.—These premises were licensed in January, 1894. The premises generally are in good order, and well lighted and ventilated. No notice is painted in any conspicuous place, and there is a large number of houses in the immediate vicinity.

14. L. Wharnccliffe street.—These premises were licensed in April, 1890. They are clean, well lighted and well ventilated. There is no notice on the door. Many complaints have been received from the neighbours about the smell from the manure heap in the yard. There is quite a number of houses in the immediate vicinity.

15. L. Drummond street.—These premises were licensed in April, 1882. They have not been used as a slaughter house for years, and are now converted into a fowl house. They are quite unsuitable for the purpose of a slaughter-house. No notice is painted over the door.

16. L. 67, Frederick street.—These premises were licensed in 1891. They are not very well lighted, but are well ventilated. Many houses are situated within 100 feet of the premises, and there is no notice of any kind on the doors.

17. L. 10, Kenneth street.—These premises were licensed in March, 1898. I found them clean, well lighted and ventilated, with a good supply of water. There is a large number of houses within 100 feet of the premises. There is no notice on the door.



18. L. Thomas street.—These premises were licensed in September, 1881. I found them lofty, well lighted and ventilated, with a good supply of water. They were clean and generally in good order, and well drained. There is a large number of houses within 100 feet.

19. R. Corner of Greasbro' road.—I found these premises well lighted and ventilated, with a good supply of water. They are clean and generally in good condition, but the approach is not good. No notice is painted on the door.

20. L. Corner of Greasbro' road.—Same as No. 19.

21. R. Bridge Inn Yard.—These premises were generally clean and in good order, but the lighting and ventilation might be improved. A notice is duly displayed. There is a number of houses in the immediate vicinity.

22. R. Bridge Inn Yard.—This is one of the oldest registered private slaughter houses in the town, as well as one of the worst. The approach to it is not good, the walls require whitewashing more frequently, and the premises are generally dirty and neglected. A large number of houses are in close proximity. There was a large heap of manure adjacent to the slaughter house, and the neighbours complain very much of the smell from this. A notice is duly painted on the door.

23. L. Effingham street.—These premises were licensed in September, 1881. At the time of my visit they were not in use as a slaughter house, having been converted into a bicycle depot, and all slaughter house appliances have been removed. The approach is bad, and the entrance forms part of the right of way to a dwelling-house. The premises themselves are dark and badly ventilated. No notice is painted on the door. In my opinion the premises are most unsuitable for a private slaughter house, being situated in a crowded district.

24. R. Bridgegate.—The approach to these premises is not good. They are clean and in good order, well lighted and ventilated. The immediate district is a crowded one. No notice is painted on the door.

25. L. Wellgate.—These premises were licensed in January, 1889. They are clean, lofty, and well lighted and ventilated. There is a large number of houses in the immediate vicinity, and I have received many complaints from the inhabitants about the lowing of cattle and about the smell from the slaughter house.

26. L. Effingham street.—These premises were licensed in September, 1889. They have never been used since they were licensed as a slaughter house, and have been converted into a stable with two stalls. There is no ventilation and very little light, and there are no slaughter house appliances of any kind. The premises are quite unsuitable for use as a slaughter house.



27. L. 115, Effingham street.—These premises were licensed in March, 1891. Water is laid on, and they are well lighted and ventilated, the drainage is in good order, but the walls require whitewashing more frequently. There are several houses in the immediate vicinity. There is no notice on the door.

28. L. 150, Nottingham street.—These premises were licensed in October, 1892. They have not been used as a private slaughter house for four or five years, and at the time of my visit were let to Messrs. Lancaster, High street, for washing and storing bacon. The premises are not sufficiently ventilated. The surrounding district is thickly populated, and in my opinion the premises are quite unsuitable for a private slaughter house.

29. L. Red House Farm, Keppel's Column.—These premises were licensed in May, 1885. I am informed by the tenant that they have not been used as a slaughter house for the past 12 years, and have been converted into a barn. They were formerly occupied by a farmer and butcher. No notice is painted on the door.

30. R. Back of Sportsman Inn, Blackburn.—These premises have not been used as a slaughter house for the past three years. They are quite unsuitable for the purpose, having no appliances and no water laid on. No notice is painted on the door.

31. L. Blackburn.—These premises were licensed in February, 1894, and are situated at the back of some old fork shops. The premises have not been used as a slaughter-house for the past four years, and have been converted into a horse-box. They are quite unsuitable for the purpose of a slaughter-house, having no appliances and no water laid on. No notice is painted on the door.

One of the chief disadvantages in Rotherham of private slaughter-houses is the very serious nuisance caused by the proximity to the inhabitants of surrounding houses.

These undesirable premises are frequently to be found in the poorer districts.

#### PRIVATE SLAUGHTER-HOUSES.

It is satisfactory to find that amongst Public Health Authorities there is a growing feeling in favour of the abolition of all private slaughter-houses in large centres of population.

This fact was evident in Rotherham during the past year, the Health Committee having repeatedly declined to allow the transference of a licence from one district of the town to new premises.

The advantages connected with the use of a public abattoir include not only airy surroundings, a guarantee of cleanly manipulation and improved inspection, but there must also be fewer opportunities for the infliction of unnecessary pain during the act of slaughtering. There is little doubt, moreover, that the quality of meat is distinctly improved when public slaughtering is carried on.



Among the disadvantages of private slaughter-houses is the very serious nuisance caused to the inhabitants of surrounding houses by their proximity, and as these buildings are very frequently to be found in the poorer quarters of a town, their continuance is essentially a "poor man's grievance."

The excuses, which Sanitary Authorities usually make for their inaction in providing an adequate public abattoir, are the excessive rates existing in all progressive towns and the want of power to prohibit the use of existing private slaughter-houses.

Powers ought to be conferred on Sanitary Authorities in England such as already exist in Scotland, where, on the provision in any town of a public abattoir, no other place can be used for slaughtering, except that existing private slaughter-houses are allowed to be used for a period not exceeding three years.

The arguments against private slaughter-houses are well known. They stand condemned on hygienic, economic, and humanitarian grounds. Their structure is often insanitary, their scattered position renders adequate inspection impossible, and their privacy gives opportunity for undetected acts of cruelty.

Such are the chief objections which have been so often urged against them by Medical Officers of Health.

In some of the private slaughter-houses in Rotherham the entrance forms the right of way to private dwelling-houses. Under these circumstances, therefore, the unfortunate inhabitants, whether approaching their dwellings from the front or back, have to run the gauntlet of the scenes of horror caused by the frantic struggles of the doomed cattle to avoid being driven into the narrow passages leading to the slaughter-house.

Again, there is the effect upon children living in the immediate neighbourhood. It is easy to understand the demoralising influence of witnessing slaughter-house horrors. Children soon acquire a taste for such sights.

I have heard of a butcher's wife of not the highest type (this did not occur in Rotherham, by the way) who was in the habit of collecting halfpence from children as the price of admission to the slaughter-house!!!

Everyone must have noticed how often children are seen following cattle driven through the streets in order to be "in at the death."

In my opinion, the term "nuisance" is not inapplicable to private slaughter-houses. A nuisance is defined as "something which interferes with the ordinary comfort of life to which every man has a right," and surely these squalid death chambers must be offensive to eye, ear, and nose alike.

The noise alone, whether caused by cattle stabled in the lairage or by animals in their death agony, is an intolerable nuisance. The annoyance, sometimes repeated three times



weekly, caused to the dwellers in neighbouring houses by the squealing of pigs whilst being slaughtered can by most people be better imagined than described.

The butcher is generally a man of substance, and also of firm and energetic character, due probably to his calling, and he makes it his business to be well represented on any local body which controls the private slaughter-houses. Any motion brought before such a body tending to abolish a private slaughter-house he takes good care to have immediately quashed.

Of course he pleads, and reasonably so, the greater convenience of a slaughter-house situated within a few yards of his shop.

The private slaughter-house is, I repeat, apart from its other demerits, "a poor man's grievance."

The present system of slaughtering animals furnishes abundant arguments in favour of collectivism, both because the work of slaughtering cannot be carried out under the present conditions unless it is centralised, and because the present system subjects the poorer classes to an intolerable nuisance.

The present public abattoir is much too small for Rotherham, and is inconvenient in many respects. A resolution has been passed by the Health Committee suggesting that a new one should be built on a more suitable site.

If possible, the Sanitary Authority in Rotherham should prohibit the use of private slaughter-houses within the Borough.

Advocacy of such a plan implies no reflection upon the local butchers. I have made numerous visits to the various slaughter-houses within the Borough, and I can testify to the satisfactory manner in which some of them are conducted. But the general arguments in favour of a public abattoir far outweigh, in my opinion, those of the other side.

A public abattoir secures constant and effective meat inspection; the best mechanical appliances for handling meat; the most improved methods of slaughter; the maximum of cleanliness and the minimum of suffering.

It operates in favour of honest traders, and it places the smaller trader, as regards efficient slaughtering, on the same level as the larger one.

Experience has shown that most of the fears entertained by butchers as to interference with their business are illusory.

One objection raised against public abattoirs is that, by throwing out of use existing private slaughter-houses, for which their owners still have to pay rent, they tend to raise the price of English meat, as the butchers must recoup themselves for their loss. It is also, it is alleged, more convenient for the butchers to have their private slaughter-houses close to their shops, and a



public abattoir can only be built at a great cost, and to the detriment of the ratepayer, who is prejudiced both by increased rates and by the enhanced price he has to pay for his meat.

Allowing due weight for such objections, I still believe that the trade would gain more than it lost, and the ratepayer would not suffer financially by the establishment of a modern and efficient public abattoir in the Borough of Rotherham.

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## REPORT UPON TENTS, VANS, SHEDS, AND SIMILAR STRUCTURES USED FOR HUMAN HABITATION IN ROTHERHAM.

Gentlemen,—

In accordance with the resolution passed by the Rotherham Corporation on February 10th, 1909, requesting me to report to the next meeting of the Health Committee "as to the number and condition of caravans, etc., used within the Borough for the purposes of dwellings," I made an inspection on February 19th and 20th.

On the occasion of my visit on February 19th, I found that they were nine in number, eight being in regular occupation. On my re-visit on February 20th, this number had increased during the night to ten. Seven of these are situated on the open space adjoining 141, Greasbro' Road, one at the back of 68, Greasbro' Road, and two on the Great Central Railway Company's land in Northfield Road. They are generally occupied by travelling hawkers, with their wives and families. The majority of them are here to-day and gone to-morrow.

These vans are practically identical in capacity, construction, etc., the average dimensions being about 10 feet long, 6 feet broad, and 6 feet high. Their cubic capacity when deductions have been made for sleeping bunks, furniture, etc., is about 270 cubic feet.

The following vans were on the land belonging to the Masbro' Equitable Pioneers' Society on the occasions of my visits. This Society charges 1s. per van per week, and I am informed they are anxious to have the people removed:—

1. One van with a capacity of 240 cubic feet. Occupied by a man, his wife, and one child.
2. One van with a capacity of 270 cubic feet. Occupied by a man and his wife with a child of 10.
3. One van with a capacity of 270 cubic feet. Occupied by a woman and two children, both under 10 years of age.
4. One van with a capacity of 270 cubic feet. Occupied by a man and his wife.



None of these vans have any sanitary conveniences whatever.

The following persons have vans on land belonging to Mr. Henry Newsum's Trustees. The agent for the Trustees refuses to accept any rent for the occupation of the land, and wishes them removed:—

1. One van with a capacity of 270 cubic feet. Occupied by a man and his wife.

2. One van with a capacity of 270 cubic feet. Occupied by two adult males, one adult female, and a boy aged nine years. Behind this van is a hoop and rag tent, but it is not used for sleeping purposes.

3. This van arrived during the night of February 19th, and has a capacity of 270 cubic feet. Occupied by a man and his wife.

These vans also have no sanitary convenience whatever.

At the back of 68, Greasbro' Road, a man and his wife use a caravan for sleeping purposes only. A temporary structure consisting of a living room and shop is used in connection with this van.

There is no sanitary accommodation. This man has also in his back premises a kind of wooden stable, in which he manufactures ice cream. This place is, in my opinion, a nuisance and injurious to health. There is no proper drainage in connection with it, and in close proximity to the shed in which he manufactures his ice cream there is a sump full of surface drainage water from his yard and stable. Pigs are also kept no great distance away. This man should be dealt with by the clause in our local Act of 1904, dealing with ice cream vendors, Section 140.

Two caravans are also situated on the Great Central Railway Company's land in Northfield Road. One, which was unoccupied on February 19th, was occupied on February 20th by a man, his wife, and one child. It has a capacity of 750 cubic feet, and the rent paid is 2s. per week. The other van is occupied by a man, his wife, and one child, and has a capacity of 300 cubic feet. The rent paid for this van is 2s. 6d. per week. A pail closet in a wooden structure forms the sanitary accommodation. This pail closet is emptied periodically by the Sanitary Authority on payment of 1s. for its removal. I was unable to ascertain how often this occurs. These two vans have a water supply, which is obtained from the town source.

The number of these vans varies daily. For instance, on February 19th there were eight in occupation, on the following day, on my again visiting them, the number had increased to ten.

So far as I could learn, the children who dwell in these vans do not attend any elementary school.



These van dwellers quite frankly admit that they obtain their drinking and ablution water from the taps in the yards hard by. Whether they pay their neighbours for this privilege it is naturally impossible to ascertain. No sanitary conveniences of any sort exist in connection with these vans (with the exception of those on the land owned by the G.C. Railway Co.). The inmates in all probability use their neighbours' water closets in addition to obtaining their domestic water supply. They probably make a small payment for this concession. It appears that occupiers of adjacent houses cannot be prohibited from allowing the use of their water closets to the occupiers of vans, etc.

Kitchen refuse, garbage, and the hundred and one other things that make up the ordinary refuse from their vans is thrown indiscriminately all over the ground in the immediate vicinity. If these van dwellers are allowed to remain in the Borough, special receptacles for refuse, conveniently placed for the purpose, should be provided. These should be regularly emptied by the Sanitary Authority.

### INTERIORS OF VANS.

I found the internal surface and the floors of these vans thoroughly clean, with adequate means of ventilation. They were all reasonably waterproof, and were provided with a suitable dry flooring. The interiors of receptacles for food were clean, but there were not sufficient receptacles with proper coverings for the storage of water.

The space allowed by the Canal Boats Act is 60 cubic feet for adults and 40 cubic feet for children. The inhabitants of these vans had considerably more than this. So far as I know there are no regulations in existence having reference to the amount of cubic space required for van dwellers.

I do not see myself how the Rotherham Corporation can reasonably take action against the few isolated van dwellers at present in existence, so long as they allow such a large number to assemble in the Borough each November at the Statutes Fair, which is an unmitigated evil.

So far as I know, there are no bye-laws in the Borough of Rotherham for promoting cleanliness in and habitable conditions of tents, vans, sheds, and similar structures used for human habitation, for preventing the spread of infectious diseases by the inhabitants thereof, and generally for the prevention of nuisances in connection with the same. They can be best dealt with under Section 9 of the Housing of the Working Classes Act, 1885.

Tents, vans and similar structures used for human habitation, which are in such a state as to be a nuisance and injurious to health, or which are so overcrowded as to be injurious to the



health of the inmates thereof, whether members of the same family or not, are deemed nuisances within the meaning of Section 91 of the Public Health Act, 1875.

Bye-laws should be passed by the Corporation to prohibit these occupiers of tents, vans, sheds, or similar structures used for human habitation from retaining any liquid or solid filth within 30 feet of such tent, van, shed, etc., or in any place so as to cause a nuisance.

It is not necessary that a nuisance in connection with dwellers in vans should also be injurious to health.

Section 9 of the Housing of the Working Classes Act, 1885, is one of the most useful provisions in this Act, as it enables Sanitary Authorities to control a class of persons hitherto unapproachable through the sanitary laws.

### WORKSHOPS.

Premises.	Inspections.
Workshops (including workshop laundries) .....	66
Work places (other than outworkers' premises included in Part 3 of this report).....	121
Total .....	187

### 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.....	..	..
Defective sanitary accommodation ....	2	2
Want of cleanliness .....	1	1
Total .....	8	8

### HOME WORK.

Twice yearly.		Once yearly.	
Lists.	Outworkers.	Lists.	Outworkers.
12	24	..	..



	Work-people.	Inspection of Premises.
Wearing Apparel :—		
Making, Repairing, &c., Tailoring ...	21	38
Boot and Shoe Repairing.....	2	8
File Cutting .....	1	4
Total .....	24	50

#### ILLNESS AMONGST SCHOOL CHILDREN.

The following table gives the months during which various non-notable infectious diseases have been most prevalent during the year 1909 amongst children attending the Elementary Schools in the Borough of Rotherham :—

	Measles.	Whooping Cough.	Chicken Pox.	Mumps.	Ring-worms.
January .....	27	44	14	8	12
February.....	25	34	48	11	19
March .....	15	16	34	11	24
April .....	3	10	17	10	14
May .....	4	11	7	10	18
June .....	9	3	11	4	16
July .....	19	4	13	2	20
August .....	7	6	7	6	12
September .....	11	27	21	11	19
October .....	8	9	28	11	17
November.....	17	9	30	12	13
December .....	31	11	32	18	13
Totals .....	176	184	262	114	197

#### INFECTIOUS DISEASES AMONGST CHILDREN, 1909.

No. of Children examined at the Public Health Department .....	121
No. certified as fit to attend School .....	34
No certified as unfit to attend School .....	87

#### SCHOOL CLOSURE.

The following School was closed during the year 1909 :—

Alma Road Council Infants' School—26th March, 1909, to 19th April, 1909—Diphtheritic Throats.

#### MEDICAL INSPECTION OF SCHOOL CHILDREN.

During the year 1909, two reports on the Public Elementary Schools within the Borough have been prepared by myself, as School Medical Officer. These have included the sanitary con-



ditions of the schools, including their water supply, and the action taken in relation to the health of the scholars and for the prevention of the spread of infectious disease. Remarks have also been made upon the arrangements for the medical inspection of school children within the Borough of Rotherham.

One of these reports was submitted to the Education Committee in August last, the other in December, 1909.

However, as these reports are still under the consideration of the Rotherham Education Committee, I am not in a position to publish them.

### METEOROLOGY.

The year 1909 will be known as one of the wettest of recent times, the rainfall for the year being nearly two inches in excess of the average. The total amount of rain which fell in the district was 24.94 inches.

The months of February and November were the driest, and March and December the wettest months during 1909.

January, April, May, and October were the only months during this year which were warmer than the average.

Thus, while the winter was a normal one, the early spring was warm, the late spring and summer were cold, with the exception of a perfect fortnight of hot summer weather during the first half of August.

The temperature of the year 1909 was very changeable, and the absence of any persistent extremes was decidedly in favour of the general healthiness during this year.

There were only four days throughout 1909 with a temperature of 80. These all occurred within the first three weeks of August. On the other hand, there were only two days when the temperature did not rise above freezing point. These two days were in December and January, when the temperature was 30.6 and 30.3 respectively.

The variation in the barometer was considerably above the average, the highest reading being 30.690, the lowest 28.453, a difference of nearly  $2\frac{1}{4}$  inches.

The year 1909 will rank as the wettest, most unseasonable and healthiest, within living memory.

The Sewage Works have been in full operation throughout the year. Sprinkler filters are gradually being constructed with the clinker from the new destructor. Seven 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, 85.6 per cent., and at Thorpe, 92.5 per cent.

Mr. J. H. Kershaw, F.C.S., Sewage Works Manager, has kindly supplied me with the particulars of the rainfall for the year 1909 at Aldwarke:—



	No. of wet days.	Rain-fall in Inches.	Maximum daily fall.	
			Day.	Inches.
January .....	9	1.05	Thursday, 14th .....	.26
February.....	5	.46	Wednesday, 10th ....	.26
March .....	16	3.12	Saturday, 6th.....	1.36
April .....	11	1.5	Monday, 19th.....	.48
May .....	10	1.51	Tuesday, 25th .....	.51
June .....	13	3.03	Thursday, 24th .....	.62
July .....	13	3.16	Tuesday, 27th .....	.68
August .....	10	2.12	Saturday, 7th.....	.7
September .....	10	1.75	Tuesday, 28th .....	.56
October .....	15	2.13	Saturday, 16th .....	.37
November.....	3	.15	Sunday, 28th .....	.08
December .....	20	4.96	Wednesday, 22nd ....	.96
Totals .....	135	24.94		

### RECOMMENDATIONS.

I have, in conclusion, to suggest again for your consideration, the following recommendations for improving the sanitary conditions affecting the general health of the district:—

1. The question of the desirability of erecting and maintaining a municipal lodging-house in the Borough.
2. The abolition of private slaughter-houses.
3. The erection of a Small-pox Hospital at Kimberworth.
4. The desirability of dealing effectually with the drainage of Steel Street and the Holmes district generally.

Several tables are included in this Report, completed in accordance with the instructions recently issued by the Local Government Board. It is to me a matter of satisfaction that the Corporation has adopted a system of payment to owners of a portion of the cost of the conversion into water closets of those existing privies the condition of which cannot be described as a very bad nuisance; also they have appointed an additional Female Health Visitor, a step which must tend to reduce the very high infantile mortality in certain wards of the Borough.

I am,

Mr. Mayor, Mr. Chairman, and Gentlemen,

Your obedient servant,

**ALFRED ROBINSON,**

Medical Officer of Health.



**ENQUIRY AS TO INDUSTRIAL EMPLOYMENT OF MARRIED WOMEN,  
AND INFANT MORTALITY (1908).**

**SUMMARY. ROTHERHAM.**

**1. CASES UNDER ENQUIRY.**

	In case of mothers industrially employed.			In case of mothers <b>not</b> industri- ally em- ployed.
	in factory or workshop		else- where.	
	in lead.	other- wise.		
Children born alive and surviving first year .....	1	2	28	876
Children born alive and dying in first year .....	..	..	2	93
Miscarriages, Still Births, Premature Births .....	..	..	3	41
Age of mother :				
—25 years .....	1	1	19	281
—35 years .....	..	..	10	516
Over 35 years.....	..	1	1	67
Previous confinements :				
Miscarriages, Still Births .....	..	..	13	307
Children born alive .....	1	6	49	4096
Children now living .....	1	2	37	3114
Children died in first year .....	..	2	9	602
No previous confinement .....	1	1	20	153
Status of mother :				
Living with husband .....	..	1	5	928
Living apart.....	..	..	1	8
Widowed .....	..	..	..	4
Single .....	1	1	24	34
Reason for industrial employment of mother :				
A—as sole or main source of income	1	1	6	..
B—to supplement small income ...	..	1	3	..
C—preference for industrial work ..	..	..	..	..
Number of households .....	1	1	26	969
Average number of rooms per household	4	1	4	4
Average number of persons per room, including lodgers .....	..	3	1.20	1.5
Average rental .....	5/6	4/-	5/-	4/10½
Average weekly earnings of mother be- fore confinement .....	7/-	10/6	6/11	..
Average weekly earnings of mother after confinement .....	7/-	9/-	5/1	..
Average total weekly income of family..	..	35/-	34/11	28/6



**ENQUIRY AS TO INDUSTRIAL EMPLOYMENT OF MARRIED WOMEN  
AND INFANT MORTALITY (1908).**

**SUMMARY. ROTHERHAM.**

**II. EMPLOYMENT OF MOTHER IN RELATION TO HEALTH OF  
CHILD.**

**A.—CHILDREN SURVIVING FIRST YEAR.**

	In case of mothers industrially employed.			In case of mothers <b>not</b> industri- ally em- ployed.
	in factory or workshop		else- where.	
	in lead.	other- wise.		
Industrial work discontinued before con- finement :				
1 week .....	1	..	4	..
2 weeks .....	..	..	..	..
3 weeks .....	..	1	..	..
4 weeks .....	..	1	4	..
8 weeks .....	..	..	3	..
12 weeks .....	..	..	5	..
26 weeks .....	..	..	4	..
Over 26 weeks .....	..	..	1	..
Industrial work resumed after confine- ment, within :				
4 weeks .....	1	1	6	..
6 weeks .....	..	1	6	..
8 weeks .....	..	..	..	..
12 weeks .....	..	..	2	..
52 weeks .....	..	..	..	..
Not within year.....	..	..	7	..
Nursed at last visit :				
At home by mother .....	1	1	10	873
At home by other person.....	..	1	5	1
Put out .....	..	..	2	2
Feeding—Breast alone :				
1 month .....	1	..	1	8
2 months .....	..	1	..	3
3 months .....	..	..	..	1
6 months .....	..	1	9	632
Feeding—Breast partly :				
1 month .....	..	..	..	4
2 months .....	..	..	..	..
3 months .....	..	..	..	..
6 months .....	1	..	5	24
Artificial entirely.....	..	..	5	12



ENQUIRY AS TO INDUSTRIAL EMPLOYMENT OF MARRIED WOMEN,  
AND INFANTILE MORTALITY (1908).

SUMMARY.

ROTHERHAM.

II. EMPLOYMENT OF MOTHER IN RELATION TO HEALTH  
OF CHILD.

B.—CHILDREN DYING IN FIRST YEAR.

	In case of mothers industrially employed elsewhere.	In case of mothers not industrially employed.
Industrial work discontinued before confinement :		
1 week .....	1	..
Industrial work resumed after confinement, within		
4 weeks .....	1	..
6 weeks .....	1	..
Nursed (at last visit) :		
At home by mother .....	1	92
At home by other person .....	..	1
Put out .....	1	..
Feeding—Breast alone :		
—1 month .....	1	31
—2 months .....	..	11
—3 months .....	..	11
—6 months .....	..	27
Feeding—breast partly :		
—1 month .....	..	3
—2 months .....	..	..
—3 months .....	1	..
—6 months .....	..	1
Feeding artificial entirely .....	..	4
Age at death :		
—1 month .....	1	38
—2 months .....	..	14
—3 months .....	1	12
—6 months .....	..	19
—12 months .....	..	12
Cause of death :		
Infectious diseases .....	..	2
Wasting diseases (including premature birth) .....	..	20
Other diseases .....	2	43
Mean age at death .....	2 mon.	3.75 mon.



## Shewing ages and causes of death during the year 1909 :—

DISEASES.	AGES.													All Ages
	0	1	5	10	15	20	25	35	45	55	65	75	85	
Measles .....	3	10	1											14
Epidemic Influenza....								2		4	4			10
Whooping Cough.....	1	6												7
Diphtheria .....		6	3											9
Enteric Fever .....		1		5	1		1	2						10
Diarrhoea, Dysentery ..	15	2	1							1				19
Epidemic Enteritis ...	9	4					1							14
Tetanus.....								1						1
Anthrax .....					1									1
Syphilis .....	3						1		1					5
Puerperal Fever .....							1							1
Carbuncle .....											1	2		3
Rheumatic Fever .....		2			3	1								6
Rheumatism of Heart..						1								1
Tuberculosis of Brain..	2	4	4											10
Phthisis.....		1	2	1	1	1	10	7	9	9	3			44
Abdominal Tuberculosis	4	2	1	1	1									9
General Tuberculosis ..	3	1	1	1										6
Other forms Tuberculosis					1					1				2
Ptomaine Poisoning ..						1								1
Improper Feeding.....	1													1
Blood Poisoning .....										1				1
Osteo-arthritis .....										1	1	1		3
Gout .....												1	1	1
Cancer .....							1	4	8	14	13	4		44
Diabetes Mellitus .....							2	1	5	2		1		11
Purpura Hæmorrhagica	1						1							2
Anæmia.....							1	1	1	1	1			5
Premature Birth .....	48	1												49
Injury at Birth .....	3													3
Debility at Birth.....	5													5
Atelectasis .....	1													1
Congenital Defects....	15													15
Want of Breast Milk ..	2													2
Atrophy, Debility, Marasmus .....	23	4												27
Dentition .....	1	2												3
Old Age, Senile Decay..											13	27	9	49
Convulsions .....	18	2												20
Meningitis.....	4	3	1								1			9
Apoplexy .....							1	1		1	2	2		7
Softening of Brain ....												2		2
Hemiplegia .....										4	5			9
Cerebral Tumour.....			1	1										2
Laryngismus Stridulus			1											1
Paraplegia .....											2			2
Cerebral Sclerosis .....							1			2				3
Meningocele .....	1													1
General Paralysis .....											1			2
Endocarditis.....		1		1			2	2	4	13	6	3		32







Shewing ages and causes of death during the year 1909 :—

DISEASES.	AGES.														All Ages
	0	1	5	10	15	20	25	35	45	55	65	75	85		
Suffocation .....	1													1	
Falls not specified.....									1	1			1	3	
Otherwise not stated ..			1		1		1							3	
Suicides :—															
By Hanging and Stran- gulation .....								2						2	
By Drowning .....							1			3		1		5	
Ill defined and unspeci- fied causes .....										1				1	
Grand totals .....	240	106	24	13	13	12	41	45	67	105	93	68	14	841	

### POPULATION, INHABITED HOUSES, BIRTHS AND DEATHS.

	No. of Inhabited Houses in the Borough	Births.	Deaths.	Deaths in Workhouse and Rotherham Hospital.	Estimated Population
1909	13,022	2066	841	120	65,000
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
Av. of 10 yrs. 1899- 1908.	11,640	1963	953	122	59,400



Shewing Density of Population and Prevalence of Certain Diseases in the various Wards during 1909.

WARD.	Number of Houses.	Population.	Acreage.	Density per acre.	Cases notified during 1909.			
					Scarlet Fever.	Diphtheria.	Enteric Fever.	Pulmonary Consumption.
East.....	1126	5524	480	11.71	16	10	3	8
St. Ann's .....	1648	7811	131	59.7	17	8	5	16
Clifton .....	1151	5734	524	10.94	13	15	2	2
South.....	1321	6800	436	15.6	11	4	1	10
West .....	1064	5364	530	10.12	19	7	5	19
North .....	1687	8368	318	26.3	17	4	7	15
Thornhill .....	1669	8341	196	45.11	6	7	8	26
Masbro' .....	1793	8941	412	21.94	9	2	2	28
Kimberworth ...	1563	8117	2985	2.7	2	1	10	7
Totals .....	13022	65000	6012	—	110	58	43	131

DEATHS AT ALL AGES IN THE VARIOUS WARDS DURING 1909.

	East.	St. Ann's.	Clifton.	South.	West.	North.	Thornhill.	Masbro'.	Kimberworth.	Workhouse.	Hospital.	Isolation Hospital.	TOTALS.
January .....	3	6	6	3	9	8	15	18	7	7	4	..	86
February .....	8	8	5	7	6	9	12	7	9	10	6	..	87
March .....	2	5	7	13	1	7	8	17	12	11	3	3	89
April .....	2	5	5	2	7	5	10	9	7	6	2	1	61
May .....	6	6	4	4	5	5	7	11	2	6	2	..	58
June .....	7	1	1	4	6	3	8	6	6	4	1	2	49
July .....	2	8	1	3	5	4	13	4	7	9	5	..	61
August .....	..	9	7	6	6	9	10	10	3	1	4	1	66
September ...	7	7	2	4	2	5	7	13	4	4	5	2	62
October .....	6	9	2	5	3	1	8	8	5	1	3	2	53
November....	..	8	3	5	3	4	8	14	13	8	7	1	74
December ...	6	14	6	7	7	10	9	15	10	6	5	..	95
Total .....	49	86	49	63	60	70	115	132	85	73	47	12	841



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
1909....	31.78	12.94	116	1.08	.15	.49
Averages from 1892—1909...	33.74	16.29	157	2.1	.19	.95

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 deaths.	Percentage of deaths of infants to registered births.	Deaths of children under five per cent. to total deaths.	Percentage of deaths in Workhouse and Rotherham Hospital
1909.....	12.94	40.76	28.5	11.61	41.14	14.26
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
Av. of 10 yrs. 1899-1908.	16.04	48.9	32.77	16.88	48.3	11.73



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
1909	31.78	12.94	1.076	65,000

\* Principal Zymotic Diseases.

I.	II.	III.
Institutions within the District receiving sick and infirm persons from outside the District.	Institutions outside the District receiving sick and infirm persons from the District.	Other Institutions, the deaths in which have been distributed among the several localities in the District.
Rotherham Hospital. Rotherham Union Workhouse.	Wadsley Asylum. Royal Hospital, Sheffield. Jessop Hospital, Sheffield.	Rotherham Isolation Hospital.

Is the Union Workhouse within the district?—Yes.



# VITAL STATISTICS OF WHOLE DISTRICT DURING 1909 AND PREVIOUS YEARS.

Year.	Population estimated to middle of each year.	Births.		Total Deaths Registered in the District.				Total Deaths in Public Institutions in the District.	Deaths of Non-residents register'd in Public Institutions in the District.	D'ths of non-residents register'd in Public Institutions beyond the District.	Nett Deaths at all Ages belonging to the District.	
		Number.	Rate.*	Under 1 Year of age.		At all Ages.					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				
1901	56000	1975	35.26	347	176	988	17.64	104	27	16	988	11.64
1902	57000	1970	34.56	278	141	865	15.17	108	31	15	865	15.17
1903	58000	1933	33.33	363	187	1004	17.31	122	41	13	996	17.17
1904	59000	1930	32.70	317	164	980	16.60	162	22	14	948	15.83
1905	60000	1915	31.91	235	123	855	14.25	137	46	14	836	13.93
1906	61500	1941	31.56	307	158	1061	17.23	162	39	20	1015	16.50
1907	62500	2017	32.29	296	146	1027	16.43	173	56	10	966	15.45
1908	64000	2093	32.75	312	149	1087	16.92	221	61	20	1005	15.62
Averages for years 1898-1908												
	59400	1963	33.11	311	158	979	16.47	137	44	16	952	15.16
1909	65000	2066	31.78	240	116	915	14.08	206	74	17	841	12.94

\* 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 5.1 at census of 1901. Area of District in acres (exclusive of area covered by water) 6012.



## CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1909.

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 H	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) .....	58	1	19	25	8	5	10	8	15	4	7	4	7	2	1	35						
Erysipelas .....	81	3	2	5	6	53	2	6	13	11	17	11	13	6	2	1						
Scarlet Fever.....	110	1	26	61	12	10	16	17	13	11	19	17	6	9	2	82						
Enteric Fever.....	43		2	18	12	11	3	5	2	1	5	7	8	2	10	29						
Puerperal Fever....	9				2	7		2	1		1		2	2	1	1						
Pulmonary Consumption ....	131		1	7	16	103	8	16	2	10	19	15	26	28	7	7						
Totals .....	432	5	50	116	56	189	39	54	46	37	68	54	62	49	16	155						

Rotherham County Borough Isolation Hospital, Badsley Moor Lane.

Total available Beds, 58. Number of Diseases that can be concurrently treated, 4.



VITAL STATISTICS OF SEPARATE LOCALITIES IN 1909 AND  
PREVIOUS YEARS.

NAMES OF LOCALITIES	1. EAST.					2. ST. ANN'S.					3. CLIFTON.					4. SOUTH.				
	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.
Year.																				
1905.....	4893	156	42	12	6448	232	94	31	5378	126	48	10	6410	169	66	13	6410	169	66	13
1906.....	5159	125	45	21	6944	192	100	30	5495	179	47	16	6548	151	74	21	6548	151	74	21
1907.....	5299	160	62	21	7169	235	105	37	5590	134	62	14	6648	160	79	25	6648	160	79	25
1908.....	5477	163	71	15	7473	271	117	42	5656	145	106	14	6760	162	87	26	6760	162	87	26
1909.....	5524	182	61	15	7811	263	86	32	5734	138	96	19	6800	122	63	21	6800	122	63	21

NAMES OF LOCALITIES	5. WEST.					6. NORTH.					7. THORNHILL.					8. MASBRO'.					9. KIMBER'TH.							
	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.
5252	168	59	107	44	8236	293	117	41	8240	277	93	34	8240	277	93	34	8240	277	93	34	8240	277	93	34	8240	277	93	34
5282	191	76	134	43	8258	314	143	54	8331	296	137	51	8331	296	137	51	8331	296	137	51	8331	296	137	51	8331	296	137	51
5317	168	60	106	47	8256	321	150	53	8466	296	131	43	8466	296	131	43	8466	296	131	43	8466	296	131	43	8466	296	131	43
5345	167	151	110	38	8348	294	136	56	8626	322	132	45	8626	322	132	45	8626	322	132	45	8626	322	132	45	8626	322	132	45
5364	214	133	70	15	8341	309	115	46	8941	301	132	47	8941	301	132	47	8941	301	132	47	8941	301	132	47	8941	301	132	47



## FEMALE HEALTH VISITOR'S REPORT.

The officially appointed Female Health Visitors, Mrs. Ada Kemp and Miss Elizabeth Mangham, have submitted to me the following account of the work they have done during the last twelve months, together with the tables giving further details of this work:—

## GENERAL REPORT.

The total number of visits paid during 1909 has been 5681, an increase of 744 on the previous year, due chiefly to the help given by the Assistant Female Health Visitor since her initiation on September 13th, 1909.

The cases include consumption, births, dirty houses, overcrowding, school complaints, ragged and verminous children, ringworms, measles, whooping cough, diarrhœa, chicken-pox, eczema, scabies and puerperal fever—also children with sore eyes and heads, death inquiries amongst children, visits to midwives, workshops where females are employed, outworkers and sub-let houses. A larger number of dirty houses have been dealt with, 32 notices for cleansing have been served, but no prosecution has been necessary, the specified work being done in the given time. We hope during the present year to extend this branch of work, and after dealing with the houses, keep them under supervision for a longer period afterwards in the hope that it may not be so easy for them to lapse again to their old condition. A request in most cases that a house shall be cleansed and the necessary work stated, is sufficient to ensure its being done, but the great difficulty is to get it maintained in a cleanly state, hence the necessity of constant supervision. Overcrowding was more prevalent during the earlier portion of the year, much of it due to one member of a family providing accommodation for the unemployed and sick relatives.

Diarrhœa cases present a notable feature in the year's work, only 25 being visited, whilst 1908 was responsible for 116 cases.

The cold summer was no doubt a great factor in keeping down this disease, but the scheme for providing puny babies with dried milk and keeping them under continuous supervision helped greatly, for 10 cases of diarrhœa came into our hands through the advice of medical practitioners, all of them recovering after feeding on the dried milk.

Eczema and ringworm cases show an increase, particularly the latter, many of them of a bad type, owing chiefly to neglect and carelessness on the part of the parents. Ringworm is not often detected until it has spread very much, and then time is often lost by trying silly remedies instead of getting medical advice. The usual pamphlets with "Advice to Mothers" on the "Care and Rearing" of children have been distributed, and there is a growing tendency to visit the Health Office when troubles arise for help in various ways.



The sub-let houses show a little improvement, but chiefly in the rooms where the tenants have been more stationary. Usually these people are moving from place to place so constantly that little can be done with them. It would be of great service in this work if cards were affixed in each room specifying number of persons allowed and the cleansing bye-laws for houses of this description.

### PULMONARY TUBERCULOSIS.

Two hundred and eighty-seven visits and re-visits have been paid during 1909, some of the patients being those notified during previous years.

The Poor Law notification is the most effective, being compulsory. The patients do not object so much to the removal to the Hospital, which is fortunate, as in many cases isolation is impossible, especially in the common lodging-houses. There have been 12 notifications of cases from C.L.H. out of the 42 Poor Law cases. After removal, their rooms have been disinfected, and pamphlets dealing with simple measures for the prevention of spread of the disease have been supplied.

Ninety-six males and thirty-five females have been notified, but there are many cases of preceding years still being visited. Complaints are occasionally made by the females that no suitable sanatorium accommodation is provided for their sex.

Results from this work are not always gratifying, as it is only by constant repetition that one makes not only patients but relatives and friends realise the ease with which it is spread.

More objections are made about isolation and open windows during the night by the relatives than by the patients themselves, and it is no unusual thing to find several visitors sitting with the patients when I visit. Efforts have been made to get the patients in the early stages of the disease to consent to Hospital or sanatorium treatment, but few of these cases are notified, the notification being more general when the patient is in far advanced stages.

Monthly and bi-monthly visits are paid to patients in their homes, advice given as to the value of fresh air, isolation, rest, good and suitable food, and the disadvantages of overcrowding, uncleanness, also visitors explained, and the beds and rooms sprayed with "Formalin." Dried milk is occasionally supplied to poor patients with good results.

PULMONARY TUBERCULOSIS.	
Males.	Females.
96	35



TRADES RE MALES NOTIFIED 1909.													
Publicans.	Stokers.	Ironworkers.	Crane-driver.	File-makers.	Meter Examiner.	Slotter.	Clogger.	Slaters.	Plasterers.	Colliers.	Wheel-turners.	Blacksmiths.	Fitters.
2	2	15	1	2	1	1	1	4	4	23	2	5	2
Labourers.	Brass-workers.	Boot-maker.	Pony-drivers.	School Boys.	Infant.	Total.							
23	2	1	2	2	1	96							

TRADES RE FEMALES NOTIFIED 1909.					
Tailoress.	House-wives.	Teacher.	Char-women.	Domestic Servants.	Total.
1	19	1	4	10	35

PULMONARY TUBERCULOSIS.			
Notifications.	Poor-law.	Not Confidential.	Confidential.
131	42	71	18

WARDS.									
East.	St. Ann's.	Clifton.	South.	North.	Thornhill.	Masbro'.	West.	Kimberworth.	TOTAL.
6	16	3	15	10	21	36	17	7	131



WARDS RE CASES "NOT CONFIDENTIAL."									
East.	St. Ann's.	Clifton.	South.	North.	Thornhill.	Masbro'.	West.	Kimberworth.	TOTAL.
5	10	1	7	7	12	20	5	4	71

WARDS RE "POOR LAW" CASES.									
East.	St. Ann's.	Clifton.	South.	North.	Thornhill.	Masbro'.	West.	Kimberworth.	TOTAL.
5	5	1	8	1	3	12	10	2	42

WARDS RE "CONFIDENTIAL."									
East.	St. Ann's.	Clifton.	South.	North.	Thornhill.	Masbro'.	West.	Kimberworth.	TOTAL.
1	1	1	..	2	6	4	2	1	18

## MIDWIVES.

Sixteen certified midwives notified their intention to practice during 1909 in the County Borough of Rotherham. Three live in the West Riding of Yorkshire, but near to the Rotherham boundary, so get engagements in the borough.



One hundred and ninety-six (196) visits have been paid to the homes of the midwives during the year for the inspection of the homes, bags, appliances, etc. The homes are usually very clean. Two exceptions have been dealt with, cleanliness being secured within 24 hours, no lapse occurring afterwards. The bags, books, and appliances have been satisfactory. The Medical Officer of Health has made periodical inspections also.

Advice and help are sought at the Health Office when the midwives are in any difficulty, any abnormal circumstance arising being reported there any morning from 9.30 to 10.30.

There are still nine uncertified women practising, and although 149 cases have been notified by them, many others have not been sent in. The infantile mortality is highest amongst these cases. The women officiating as midwives obey no rules for cleanliness, give no advice on the feeding or rearing of the children, and where not notified the birth is often undiscovered until the death is notified. Fortunately, this difficulty can be overcome after April 1st, 1910, as the law forbidding uncertified women to practise then comes into force. Nine hundred and sixty-one births have been notified by the midwives; all have been visited and some re-visited several times.

The fund provided by the kindness and generosity of Mrs. Stoddart for the benefit of lying-in women has been continued through the year. This help is greatly appreciated, and many messages of thanks and gratitude are sent to Mrs. Stoddart verbally and otherwise.

Milk, oatmeal, tea, sugar, etc., are allowed for a fortnight after child birth, where the mother has no means of obtaining them for herself owing to sickness or unemployment.

Tearful expressions of thanks are often given by the husbands of these women, for no doubt the help comes when they are most helpless.

Thanks are also due to various ladies for maternity tickets sent by them for emergency cases, which have been more numerous during the past year.



No. of Midwife.	Registered No. 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	2144	103	102	1	103	..	92	10	1	2	3
2	4924	78	72	6	78	..	68	9	1	1	11
3	3014	5	4	1	5	..	4	..	1	..	..
4	820	23	21	2	23	..	19	4	..	..	2
5	8590	99	91	8	98	1	88	9	2	4	9
6	5767	21	19	2	20	1	18	1	2	..	..
7	15702	22	20	2	22	..	18	3	1	..	..
8	2910	79	70	9	79	..	68	11	..	1	7
9	24112	3	2	1	3	..	2	..	1	..	1
10	3698	54	51	3	54	..	48	6	..	1	13
11	25007	40	34	6	40	..	32	8	..	1	5
12	3857	181	168	13	181	..	160	20	1	3	10
13	19376	4	4	..	4	..	4	..	..	..	..
14	3700	118	99	19	116	2	102	15	1	Not Notified.	Not Notified.
15	28119	1	..	1	1	..	1	..	..	..	..
16	1993	130	120	10	130	..	118	10	2	3	7
		961	877	84	957	4	842	106	13	16	68

### DRIED MILK SCHEME.

A large and increasing quantity of dried milk, or Glaxo, has been supplied to mothers at cost price during 1909, which has produced excellent results in many ways. Since its introduction in September, 1908, up to December 31st, 1909, 3912 pounds have passed through the Health Office.

Visits are paid to the homes as soon after the notification of births as possible, and mothers are advised to do all in their power to feed their babies naturally on breast milk, but if this fails to bring the babies without delay to the Health Office, and obtain the dried milk either as an addition to their own scanty supply or as its substitute.

One hundred and seventy-two (172) mothers have responded to this invitation during 1909, some coming weekly, others fortnightly, and a few monthly, the time being ruled by the physical condition of the children, the milk, however, being obtained weekly in every case.

The babies are stripped and weighed at each visit, results being entered in a book kept for the purpose, with information as to the child's general condition. The mother's attention is drawn to the weight, defects, or malformations, advised to seek medical help where necessary, or, if very poor, Hospital recommends are



given. Young mothers with first born babies are shown how to dress and undress the children to avoid the needless tossing about they so often get; the cleanliness of the skin is noted, particularly in all the folds of skin (neck, armpits, inside the elbow, joints, groin, etc.), the condition of the eyes, also the clothing.

Far too much flannelette is worn by babies, but it is gratifying to notice the woollen garments gradually taking its place when the babies are brought continuously. The mothers come very willingly, particularly after the first visit, and if they miss their usual time through unavoidable cause a message is often received explaining this, and asking that they may be visited by us in their homes. Type-written instructions as to the method of preparing the dried milk, the time for feeding, the cleanliness of the vessels used, and the date and times of their visit to the office are given in every case. Where the fathers are unemployed the milk is supplied gratis.

The results amongst the babies fed in this way have been wonderful; only three have died, and the cause has been nothing akin to the feeding, as the following table shows:—

Number of Cases.	Glaxo entirely.	Glaxo partially.	Children living.	Children deceased.	Cause of death.	Puny when first brought.	Now healthy.
172	140	32	169	3	1 Meningitis. 2 Bronchitis. 3 Pneumonia.	172	169

STATISTICS RE 961 BIRTH ENQUIRY FORMS, 1909.										
Number Visited.	Unmarried Women.	Illegitimate Children.	Children Deceased.	Still-births.	Employment (other than house work).	First-born.	Premature.	Lodgers' Kept.	Average Rentals.	Nurse Children.
961	39	44	84	16	19	164	20	250	5/8	4



# DETAILS OF WORK DURING 1909.

## MRS. KEMP'S REPORT.

Births First and re-visits.	Dirty Houses.	Midwives.	Consumption.	Sore Heads.	Sore Eyes.	Measles.	Whooping Cough.	Scabies.	Diarrhoea.	Eczema.	Ringworms.	Clothing of Children.	Puerperal Fever.	Death Inquiries.	Overcrowding.	Chicken-pox.	Houses Sub-let.	Outworkers.	Workshops.	Schools.	TOTAL.
2001	513	186	262	142	164	88	79	29	25	69	45	189	6	173	133	8	274	44	121	9	4560

## MISS MANGHAM'S REPORT.

Births First and re-visits.	643	Dirty Houses.	238	10	Midwives.	25	Consumption.	22	Sore Heads.	10	Sore Eyes.	1	Measles.	Whooping Cough.	Scabies.	Diarrhoea.	Eczema.	Ringworms.	Clothing of Children.	Puerperal Fever.	Death Inquiries.	Overcrowding.	Chicken-pox.	Houses Sub-let.	Outworkers.	Workshops.	Schools.	TOTAL.	1121
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## COMBINED REPORT.

Births First and re-visits.	Dirty Houses.	Midwives.	Consumption.	Sore Heads.	Sore Eyes.	Measles.	Whooping Cough.	Scabies.	Diarrhoea.	Eczema.	Ringworms.	Clothing of Children.	Puerperal Fever.	Death Inquiries.	Overcrowding.	Chicken-pox.	Houses Sub-let.	Outworkers.	Workshops.	Schools.	TOTAL.
2644	751	196	287	164	174	89	79	29	25	69	72	189	6	229	175	8	321	44	121	9	5681



## SANITARY INSPECTOR'S REPORT. CANAL BOATS.

Fifty-three canal boats have been inspected during the year. The boats were found to be in a fairly cleanly condition, and one 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:—

3	.....	1	year.
2	.....	3	„
1	.....	4	„
1	.....	5	„
1	.....	7	„
2	.....	10	„
2	.....	12	„

—  
12

### INSPECTIONS.

Yard-to-Yard and Miscellaneous Visits .....	5828
House to House Inspections .....	38
Complaints Investigated .....	536
Re-visits re Complaints .....	387
Visits re Sanitary Alterations (with builders, etc.) .....	187
Inspections of Work in progress .....	1256
Visits to:—	
Canal Wharf (inspection of boats) .....	143
Cattle Market .....	104
Common Lodging Houses .....	442
Dairies, Cowsheds, and Milk Shops .....	99
Fish, Fruit and Vegetable Markets .....	156
Slaughter Houses .....	843
Tripe Boilers' Premises .....	80
Bake Houses .....	35
Workshops .....	66
Cases of Infectious Diseases Investigated .....	232
Re-visits re Disinfection, etc. ....	69
Visits re Diseases of Animals .....	30
Number of Houses Disinfected .....	108
Number of Schools Disinfected .....	6
Number of Drains Tested .....	130
Number of Notices served for Abatement of Nuisances .....	686
Number of Notices served under the H. W. C. Acts .....	1
Number of Houses Closed or Repaired .....	1
Number of Reports to Borough Engineer of Wastes of Water .....	122
Number of Licences granted for Movement of Swine .....	1253
Number of Samples of Food and Drugs taken for Analysis .....	164
Number of Samples of Water taken for Analysis .....	2



### NUISANCES ABATED.

Number of Drains Opened, Cleansed, Re-laid, Trapped, Ventilated, etc. ....	324
Number of Water Closets Opened, Cleansed, and Repaired .....	198
Number of Privies Converted into Water Closets .....	322
Number of Ashbins Provided .....	739
Number of Roofs or Spouting Repaired .....	15
Number of Stagnant Waters removed from Cellars, etc. ...	76
Number of Manure and Offensive Accumulations Removed .....	14
Number of Cases of Overcrowding Abated .....	10
Number of Yards Paved or Asphalted .....	103
Number of Pig Keeping Nuisances Abated .....	10
Number of Nuisances from Fowl and Pigeon Keeping Abated .....	49
Number of Dirty Houses Cleaned .....	2
Number of Smoke Nuisances Abated .....	2
Number of Offensive Trade Nuisances Abated .....	1
Number of Urinal Nuisances Abated .....	1
	<hr/>
	1866

### BY OUR OWN STAFF.

Number of Cesspools Cleansed .....	224
Number of Gullies Cleansed .....	7372
Number of Courts and Common Yards Scavenged .....	2947
Number of Street Gullies Disinfected .....	855
	<hr/>
	11,398

### PUBLIC SLAUGHTER-HOUSE.

#### ANIMALS SLAUGHTERED DURING THE YEAR 1909.

Beasts .....	3403
Calves .....	126
Sheep .....	6004
Lambs .....	851
Pigs .....	1663
	<hr/>
	12,047

Number of Private Slaughter Houses .....	27
Number of Registered Cow Keepers .....	34
Number of Milkshops .....	51
Number of Workshops .....	112
Number of Common Lodging Houses .....	8
Number of Bakehouses .....	7
Number of Offensive Trades .....	6
	<hr/>
	245



## CLEANSING AND DISPOSAL OF HOUSE REFUSE.

Number of Privies Emptied .....		15,178
Number of Dry Ashpits Cleansed .....	11,720	
Number of Ashpits with Privies attached .....	6,236	
		17,956
Number of Loads from Ashpits Combined with Privies .....	5,252	
Number of Loads removed from Dry Ashpits .....	5,522	
Number of Loads collected by Day Staff .....	12,526	
		23,300
Number of Loads Burned at Destructor .....	18,956	
Number of Loads Tipped .....	3,609	
Number of Loads taken to Farmers .....	735	
		23,300
Number of Loads collected at Thorpe, Blackburn, and Isolation Hospital .....		171

## ARTICLES DESTROYED AT THE DESTRUCTOR.

Mattresses .....	881
Beds .....	34
Pillows .....	251
Carcases:—	
Beasts .....	13
Sheep .....	15
Lambs .....	0
Calves .....	143
Pigs .....	57
Dogs .....	742
Foals .....	1
Cats .....	20
	2157

## FOOD SEIZED OR SURRENDERED AND DESTROYED DURING THE YEAR.

Articles of Food.	No.	Weight in lbs.	Proceedings.	Penalties.
Carcases of : Beasts .....	9	4248	..	..
Sheep .....	6	361	..	..
Calves .....	3	164	..	..
Pigs .....	8	469	..	..
Lambs .....	..	..	..	..
Pieces of Meat .....	..	120	..	..
Plucks .....	12	..	..	..
Hearts .....	9	..	..	..
Livers .....	20	..	..	..
Heads .....	9	..	..	..
Nuts .....	1 parcel	40	1	2 13 6
Fish .....	2 Boxes	182	..	..
Eggs .....	1200	..	..	..
Total .....	1279	5584	1	2 13 6



SUMMARY OF SAMPLES PURCHASED UNDER THE SALE OF FOOD  
AND DRUGS ACTS AND PROCEEDINGS TAKEN THEREON  
AND RESULTS OF PROSECUTIONS.

No. in Record.	Article Analysed.	Results.		Penalties.	Costs.
				£ s. d.	£ s. d.
10	Milk .....	Milk fat..... Non fatty solids. Water .....	2.80 9.11 88.09	1 0 0	0 19 0
			100.00		
11	Milk .....	Milk fat..... Non fatty solids. Water .....	2.79 9.48 87.73	1 0 0	0 19 0
			100.00		
17	Separated Milk .	Milk fat..... Non fatty solids. Water .....	0.37 8.23 91.40	No proc	eedings.
			100.00		
25	Milk .....	Milk fat..... Non fatty solids. Water .....	2.86 8.91 88.23	2 0 0	0 19 0
			100.00		
40	Milk .....	Milk fat..... Non fatty solids. Water .....	2.66 8.85 88.49	0 10 0	0 19 0
			100.00		
94	Milk .....	Milk. Parts .. added water .	95 5	Dismissed on payment	of 0 19 0
			100		
111	Milk .....	Milk fat..... Non fatty solids. Water .....	9.40 8.21 82.39	No proce	edings.
			100.00		
114	Separated Milk .	Milk .....	0.770		
		Non fatty solids.	9.010		
		Boron pre-erva- tive .....	0.012		
		Water .....	90.208	No proce	edings.
			100.000		



SUMMARY OF SAMPLES PURCHASED UNDER THE SALE OF FOOD  
AND DRUGS ACTS AND PROCEEDINGS TAKEN THEREON  
AND RESULTS OF PROSECUTIONS.

No. in Record.	Article Analysed.	Results.		Penalties.	Costs.
120	Butter .....	Margarine .....		1 0 0	0 8 6
		Milk fat.....	3.480		
		Non fatty solids.	8.840		
		Boron preserva- tive .....	0.015		
124	Milk .....	Water .....	87.665	No proce edings.	
			100.000		
147	Milk .....	Milk fat.....	2.85		
		Non fatty solids.	8.83		
		Water .....	88.32	2 0 0	1 9 0
			100.00		
				7 10 0	6 12 6

SUMMARY OF ALL SAMPLES PURCHASED UNDER THE SALE  
OF FOOD AND DRUGS DURING THE YEAR 1909.

No.	Nature of Sample.	Pure.	Adulterated.	Summonses issued.	Dismissed or withdrawn.	Convictions.	Penalties.	Costs.
95	Milk .....	87	8	6	1	5	6 10 0	6 4 0
8	Separated Milk .....	6	2	..	..	..	..	..
15	Lard .....	15	..	..	..	..	..	..
4	Cheese .....	4	..	..	..	..	..	..
23	Butter .....	22	1	1	..	1	1 0 0	0 8 0
2	Glycerine .....	2	..	..	..	..	..	..
1	Mus' ard .....	1	..	..	..	..	..	..
2	Pepper .....	2	..	..	..	..	..	..
2	Castor Oil .....	2	..	..	..	..	..	..
1	Vinegar .....	1	..	..	..	..	..	..
1	Camphorated Oil .....	1	..	..	..	..	..	..
2	Ground Ginger.....	2	..	..	..	..	..	..
2	Friar's Balsam .....	2	..	..	..	..	..	..
1	Baking Powder .....	1	..	..	..	..	..	..
159	INFORMAL SAMPLES.							
3	Creams .....	3	..	..	..	..	..	..
1	Margarine .....	1	..	..	..	..	..	..
1	Butter .....	1	..	..	..	..	..	..
164		148	11	7	1	6	6 10 0	6 12 6

CHARLES E. PARKIN, Chief Inspector.



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ROTHERHAM  
RURAL DISTRICT COUNCIL.

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ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH

*For the year 1909.*

---

LEWIS J. WEATHERBE, M.B., C.M., Medical Officer  
OF HEALTH.



**VITAL STATISTICS IN ENGLAND & WALES,  
1909.**

<b>Birth Rate...</b> ... ..	<b>25·6</b>
<b>Death Rate</b> ... ..	<b>14·5</b>
<b>Zymotic Death Rate</b>	<b>1·12</b>
<b>Infantile Mortality ...</b> <b>(Per 1000 Births).</b>	<b>109</b>