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4
ROTHERHAM
RURAL DISTRICT COUNCIL.

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
For the Year 1903.

L. J. WEATHERBE, Medical Officer of Health.



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ROTHERHAM RURAL DISTRICT COUNCIL.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1903.

GENTLEMEN,

During the year ending December 31st, 1903, 312 deaths occurred in your district, giving a death-rate of 16.42 per 1000. The death-rate for 1902 was 13.1 per 1000, for 1901, 15.2 per 1000, and for 1900, 15.5 per 1000.

Zymotic diseases accounted for 22 deaths, making the Zymotic death-rate 1.15 per 1000. In 1902, the Zymotic death-rate was only .736 per 1000. I attribute the increase in the Zymotic death-rate partly to the fact that in calculating the death-rate for 1903, I have included Epidemic Influenza among the Zymotic diseases, which has not previously been done, but more particularly to the fact that in 1902, a large proportion of the cases notified, viz., 46 out of 156, were treated in hospital, while in 1903, only four cases were so treated, out of a total of 159 notified, the remainder being treated at their own homes, in many instances under most unfavourable circumstances.

These unfortunate conditions were unavoidable, because it was necessary to convert the temporary Isolation Hospital at Swallownest into a temporary Small-Pox Hospital, the consequence being that the southern portion of the district was unprovided with a Hospital for isolating and treating ordinary infectious diseases.

Two deaths were due to Scarlet Fever, seven to Diphtheria, four to Epidemic Influenza, one to Measles, and eight to Whooping Cough. Eighteen deaths were due to accidental causes, and three to suicide. There was one death from Small-Pox in Hooper Hospital, but this case came from without the district.

The death-rate from Phthisis was .315, and of other respiratory diseases, 3.36 per 1000.

The deaths of children under one year of age numbered 103—136.15 per 1000 births. This makes the infant mortality rather higher than for 1902, when it was 125.77, but considerably lower than that of 1901, when it worked out at 183.35 per 1000 births. On looking into the causes of the high infant mortality, I find that out of 103 deaths, no less than 22 were certified as being due to premature birth, and occurred at a very early age, from a few minutes to a few days. These, and a number of other deaths at the same early ages, and certified as due to natural causes, are probably due to the state of the mother's health, previous to giving birth, and cannot therefore be attributed to the usually accepted causes, improper feeding, exposure and neglect. There are still, however, a large number of deaths among infants, which might be prevented by due attention to proper feeding, particularly with regard to cleanliness of feeding bottles, etc., in hot weather, when a minute portion of decomposed food may easily cause a child's death; proper clothing according to the time of year, good ventilation, and attention to sanitary conditions of premises generally. Another factor in infant mortality perhaps sometimes overlooked, is the conditions of the mother's health, before and after giving birth to the child. Insufficient and improper diet, the abuse of alcohol, and impure air here also probably account for the death of many infants. Still another cause is, no doubt, unskilled attention to the child during and immediately after birth.

During the year, 159 cases of infectious diseases were notified, being three more than in 1902, when the number reached 156. In the north side of the district, only 19 cases occurred, and of these, it was only found necessary to remove three to Hospital; whereas in the south side, the number was 140, and it was only possible to isolate two cases, one a case of Small-Pox, and the other, one of Typhoid Fever, which was removed to the Workhouse. Of these 140 cases, many ought undoubtedly to have been isolated in Hospital, and I feel confident that had it been possible to remove some of the earlier cases, the number notified during the year would have been considerably reduced.

Although Small-Pox was prevalent in the Borough of Rotherham and other neighbouring districts, your district was fortunate in escaping with only two cases, from neither of which was there any spread

of the infection. Both of these cases occurred in thickly-populated villages, one at Atlas Street, Canklow, and the other at Whinney Hill, Thrybergh. Immediately on notification of these cases, the patients were removed and isolated, one at Hoover Hospital, and the other at Swallownest. The houses were thoroughly disinfected and put in quarantine, the patients' clothing and bedding destroyed, and all the contacts vaccinated. The public vaccinators for the respective districts were communicated with, and many of the inhabitants in the neighbourhood of the infected houses were vaccinated.

I have on several occasions lately drawn your attention to the want of a Small-Pox Hospital for the southern portion of your district. Now that the Isolation Hospital for ordinary infectious diseases at Swallownest is completed, we cannot any longer consider the temporary building adjoining as a suitable place for the isolation of Small-Pox cases, so that the south Rotherham district is totally unprovided for isolating the disease. I beg to impress upon you that this matter is very urgent, and should not be allowed to stand over until an outbreak of Small-Pox, should it unfortunately occur, demonstrates the disastrous and expensive policy of being unprovided to remove and properly isolate early cases.

As we shall soon have provision for isolating cases of ordinary infectious disease occurring in all parts of the district, I hope that in the present year there may be a considerable reduction in the number of cases.

During 1903, 183 nuisances have been abated, and in going over the district, I notice a very marked improvement in the sanitary conditions of the different villages, though in some parts there is still considerable room for improvement. In a large number of cases the drainage, local and general, has been greatly improved, the yards have been paved, and the ash-pits and middens put into a proper state of repair.

The water supply in some villages remains unsatisfactory, being procured from shallow wells, which are always liable to contamination by organic matter from sewage and the decomposition of vegetable matter. In considering the health of the district, the water supply is a very important question, and one which, although the expense of

making a suitable provision in small and out-of-the-way villages, is considerable, claims your attention. In many cases, the sinking of deep wells, tapping the second stratum of water, would give a pure and abundant supply, and I am glad to hear that it is proposed to make such provision for Wickersley and Bramley. I should also be glad to hear that Guilthwaite and Ulley could be similarly supplied, as I consider the water supply to these villages is very unsatisfactory.

On my recommendation, a considerable number of shallow wells have, during the year, been cleaned out and properly covered in to prevent the direct entrance of surface water, but I would point out to you that this is only a measure of temporary advantage, as all shallow wells receive a considerable amount of surface water, insufficiently filtered through the surrounding earth, and therefore shallow wells tapping the first stratum of water, in or near villages or habitations, cannot be considered as producing a wholesome or satisfactory water supply.

During the year just ended, the Schools at Aston, Swallownest, Ulley, and Aughton were closed for four weeks on account of outbreaks of Measles, and the Schools at Tinsley were closed for three weeks for a similar reason. At Ravenfield, the School was closed for four weeks on account of an outbreak of Ringworm.

Considerable advance in the sewerage of the district has been made, at Treeton, Catcliffe, Tinsley, and Wentworth, and a scheme is in hand for the sewerage of Fence.

I regret to find that there is little or no improvement in dealing with nightsoil in the district. In many places, the ashpits and middens are very irregularly emptied, and I have frequently had complaints from the residents of the nuisance caused by neglect in this important matter.

During the last few months of the year, there was a great reduction in the number of cases of infectious disease, and the general health of the district may be considered satisfactory.

Yours obediently,

LEWIS J. WEATHERBE, M.O.H.

Rotherham, 1st January, 1904.

TABLE I,
Area, Population, Births, and Deaths.

Sanitary District.	Medical Officer of Health.	Area. Acres.	Estimated Population.	BIRTHS.			DEATHS.			Annual Rate per 1000 of Estimated Population					Infant Mortality Deaths under one year per 1000 Births
				Males.	Females.	Total.	Males.	Females.	Total.	Birth Rate	Death Rate	Zymotic Rate	Phthisis Rate	Respiratory Rate	
Rotherham Rural.	L. J. Weatherbe	85,274	19,000	392	363	755	169	148	312	39.73	16.42	1.15	.315	3.36	136.15

TABLE II.

Deaths at certain Ages and from certain Specified Causes.

Sanitary District.	Deaths at Subjoined Ages.						Deaths from Subjoined Causes.													Deaths in Isolation Hospital.					
	Under 1 Year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 65 years.	65 and upwards.	Small Pox	Scarlet Fever.	Diphtheria.	Epidemic Influenza.	Typhus.	Enteric.	Puerperal Fever.	Erysipelas.	Measles.	Whooping Cough	Diarrhoea.	Phthisis.	Bronchitis, Pneumonia, and all other Respiratory Diseases.	Heart Disease.	Injuries.	Small Pox, This case came from without the district.			
Rotherham Rural	103	50	13	7	87	52	...	2	7	4	...	...	..	...	1	8	3	6	64	22	18	1			

TABLE III.

Notification, Isolation, and Adoptive Acts.

Sanitary District.	Isolation Hospitals	Infectious Diseases Prevention Act	Public Health Acts Amendment Act	Regulations adopted under Dairies and Cowsheds Order	Public Scavenging	Cases Notified or Ascertained.							Cases Removed to Hospital.							
						Small Pox.	Scarlet Fever	Diphtheria	Enteric	Puerperal	Erysipelas	Membranous Croup	Total	South			North			Total
														Small Pox	Diphtheria	Scarlet Fever	Enteric	Small Pox	Diphtheria		Scarlet Fever	Enteric
Rotherham Rural	North Rotherham Conjoint	Yes.	Part 3	Yes	No.	2	81	33	16	1	25	1	159	1	1	...	...	2	...	4

