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SHEPshed URBAN SANITARY DISTRICT.

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ANNUAL REPORT

FOR THE YEAR

1893.

BY

G. CARDNO STILL, M.B., C.M.,

FELLOW OF THE BRITISH INSTITUTE OF PUBLIC HEALTH,

MEDICAL OFFICER OF HEALTH.

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THE UNIVERSITY OF CHICAGO

ANNUAL REPORT

1954-1955

CHICAGO, ILLINOIS

# Shepshed Urban Sanitary District.

## TO THE CHAIRMAN AND MEMBERS OF THE LOCAL BOARD.

GENTLEMEN,—

I herewith submit to you the Annual Report on the health of your District for the year 1893.

**DEATHS.**—During the year 88 deaths were registered, of which 43 were males and 45 females, giving a death-rate of 19·9 per 1000 inhabitants. One, however, did not belong to the district, which, if deducted, would give a rate of 19·7. Last year (1892), without deductions, the rate was 16·8.

**BIRTHS.**—160 births were registered during the year, giving a birth-rate of 36·2 per 1000 inhabitants. Of these 68 were males and 92 females. In 1892 the birth-rate was 31·0.

**ZYMOTIC DISEASES.**—*Zymotic Death-rate.*—In 1893 this was 2·3 per 1000 inhabitants; the year before it was 1·4.

*Small-pox.*—Nil.

*Measles.*—Nil.

*Typhus Fever.*—Nil.

*Diphtheria and Membranous Croup.*—There were three cases of membranous croup, all of which were fatal. Two occurred in October, and one in December. They were the only cases seen during the year, and nothing calling for notice was found in the sanitary condition of any of the premises. The houses were in remote parts of the village and had nothing in common.

*Scarlet Fever.*—About 166 cases of this ailment came under my notice during the year. It was found first in June, in Coats' Yard, Chapel Street. The sanitation of the premises was not satisfactory, and the pump was out of repair. All this was promptly put right. The next case, about a month afterwards, occurred in Charley Way, and was clearly traceable to infection from a house in Loughborough, where scarlet fever existed at the time. I could trace no connection between this and the former case. The next was in the Flatts, and was evidently due to hose being sent from the house in Coats' Yard to be seamed by the patient in the Flatts. This unfortunate circumstance took place in spite of all my stringent instructions about isolation. Other cases occurred in July and August (one evidently was imported infection from Ansty): they were mainly in Chapel Street. This street, being divided into two by a large intervening space, and the cases being in the upper portion only, I wrote to the teachers of the Schools to request them to prohibit the attendance of children from this part. Fresh centres appeared in other parts of the village, and it was evident that the epidemic was to be general. With the sanction of your Board, all the Day Schools were closed for seven weeks, and the Managers of the Sunday Schools were asked to co-operate. With regard to the latter, I understand that some of the Nonconformists did not adhere strictly to the request. The total closure of schools is a serious matter, and I laid before your Board at the time some of my reasons for adopting this course. The cases in September were scattered, and, therefore, a general epidemic was inevitable. The number of cases at the time was not so great as to make the closure fruitless, and I do not think I was premature in suggesting this course. The weather was exceptionally fine, enabling the children to play in the open and utilize the large Recreation Ground which your Board has provided, instead of being in close contact with each other and breathing pre-breathed air, as they would have done had they been in School. The epidemic continued right through the year, though there was a marked declension in the later months.

The isolation of particular individuals, except in a few instances, was impossible; and the quarantine of the inmates of infected houses was not attended with great success. The reason of the former was, that many of the houses were so small, and the bed-rooms so few, that to get a separate

# Hygienic Urban Sanitary District

## TO THE CHAIRMAN AND MEMBERS OF THE LOCAL BOARD

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the proposed plan for the improvement of the drainage system of the district, and in reply to inform you that the same has been referred to the Local Board for their consideration. The Board will meet on the 17th inst. and will have the honor to discuss the same at that time. I am, Sir, very respectfully,  
Your obedient servant,  
J. H. [Name]

The Local Board of Health, in their report of the 10th inst., have expressed their approval of the proposed plan for the improvement of the drainage system of the district, and have recommended that the same be carried into effect. It is the duty of the Local Board to see that the health of the district is maintained, and it is the duty of the Local Board to see that the drainage system is improved. The Local Board have considered the proposed plan, and have found it to be a most excellent one. They have also considered the cost of the same, and have found it to be a most reasonable one. They have, therefore, recommended that the same be carried into effect. It is the duty of the Local Board to see that the health of the district is maintained, and it is the duty of the Local Board to see that the drainage system is improved. The Local Board have considered the proposed plan, and have found it to be a most excellent one. They have also considered the cost of the same, and have found it to be a most reasonable one. They have, therefore, recommended that the same be carried into effect.

room and attendant for a case was out of the question. From notes I made of the epidemic, I find that from 22nd June to 31st July there were only four cases; and at the end of August the number was 17. If we had had an Isolation Hospital, this out-break might have been minimised. The failure of keeping the inmates of infected houses in quarantine was due in many instances to the nature of the stocking industry. A stocking begun in the hand-frame is frequently not completed in one house. This necessitates the material passing through several hands, and often the hands of persons in infected houses, if not the hands of persons in an infective stage of the disease. This especially where the disease has not been recognised, and no precautions adopted. To put a stop to this would very frequently be to put a stop to the sole source of livelihood of the family. It may be a slight solace to the public mind to know that these stockings pass through the pot of the dyer before they get into the hands of the dealer, and when the pot is at boiling point it would rob any stray germs of the disease of their activity. The adoption of Compulsory Notification of Infectious Diseases would in all such cases enable precautions to be taken, and considerably reduce the dangers.

There is another probable source of spreading infection from houses where the patient is not isolated. Some milk-sellers go their rounds with open milk-pails, and frequently deposit them on the door-steps and inside the houses. Here their transactions take place, metallic as well as lacteal, over the open pail, which may give and receive germs of the poison in its contents. The covered churn with tap is a much safer vehicle, especially when epidemics like this abound.

Disinfection by means of sulphur candles, gratuitously supplied by your Board, has been well carried out. The Schools were thoroughly disinfected, both during the closure and in the Christmas holidays, under the supervision of the Sanitary Inspector. I found it difficult to convince some people that plenty of fresh air was a better preventative than "plenty of opening physic."

There were but three deaths registered from scarlet fever, but the frequent complications of rheumatic fever, kidney disease, and affections of the ear, have interfered much with the health of the children. From an educational point the epidemic has been most disastrous.

*Typhoid Fever (Enteric Fever).*—There were two cases of enteric fever during the year. Both were in August, and there was no death. The first was in Brook Street, where the sanitation of the premises generally was found good, and the well-water free from pollution. The second case was in ~~Charley Way~~ ~~in a young woman who came here ill from Coalville.~~ ~~The examination of the premises~~ here again showed good sanitation. In both cases the usual precautions were taken, and the health of the other inmates of the houses remained good. I understand there were several cases of enteric fever in Coalville at this time.

*Whooping Cough.*—An epidemic of whooping cough began in the first week of April, and continued till about the end of July. There was one death—an infant—registered from this cause. In the autumn some of the scarlet fever cases had a return of the "whoop" during their convalescence. On the 6th September I saw an imported case from Belton.

*Diarrhoea.*—There were a great many cases of this ailment during the year. Two out-breaks, one in February and one in April, were found to be due to polluted wells; and when the pollution was stopped, the diarrhoea ceased. But the epidemic form began about the first week of July, and continued into September. In the surrounding villages there was a similar epidemic. The weather during this time was exceptionally dry, there having been no rain for many weeks. The water in the street gullies had evaporated, and allowed the sewers to be ventilated through them. Besides, the shallower wells would be drawing their supplies from a remote area not altogether free from impurities. These, I think, were contributory causes of the epidemic. I recommended your Board to have the traps filled with water, and to use carbolic powder freely. This was done.

*Chicken Pox.*—Several cases of chicken pox were seen in March. They were isolated as far as possible.

*Epidemic Influenza.*—In April a few cases of epidemic influenza were seen. They were of a mild type. In November, the epidemic that was passing over the Forest reached us, and continued till the end of the year. Many of the cases were very severe. It differed from the epidemic of 1891, inasmuch as it was almost entirely confined to adults; and also that pneumonia, of a most virulent type, complicated many of the cases. Three deaths were registered from influenza, and in each the fatal complication was pneumonia. I estimate that there were about 400 cases.

**OTHER DISEASES.**—*Phthisis.*—There were seven deaths from consumption. The average for the last five years has been 6.2 per annum.

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**INFANT MORTALITY.**—This is calculated on the deaths in children under one year per 1000 registered births. It is less this year than last, being 137, as compared with 145 in 1892.

**ISOLATION HOSPITAL.**—During the year the provision of an Isolation Hospital for the parish was discussed. At your request I visited and examined the house known as Morley Cottage. Briefly, the points recommending it were :—That it was situate on a hill in a field sufficiently removed from any dwelling, and about a mile-and-a-quarter distant from the Market Place, and that it was already the property of the Sanitary Authority. I discussed fully the size of the rooms, and considered, as far as the internal accommodation was concerned, that the rooms were more numerous and larger than the average cottage in the parish, and that four adults (exclusive of the matron), and perhaps two children, might be accommodated. But after all, the proper standard space was not reached, the bed-room ceilings were low, and on the ground level the floor was of brick. Unfortunately, as the house is built on a rock, there is no water supply close to the house, the present tenant carrying the water from a short distance, the water of which when tested last was found to be good. The pan-system is adopted, and in the meantime there is no ashpit. There is one drain, and it is satisfactory. The quarry-workers pass by the house on their way to the Quarry, but this is not unavoidable, and the house is situated a safe distance from the Quarry. Before the cottage could be used for the purpose of an Isolation Hospital, a good many repairs would require to be done, and a wash-house provided. Of course, a means of disinfecting clothing, and an ambulance, would also have to be supplied. I know of no other place in the parish, of the same size, so isolated, that would be available.

**INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.**—I brought the question of the adoption of this Act under your notice in 1892. I then pointed out the advantages of the Act, but your Board resolved to postpone its consideration. I also referred to it in my Annual Report for 1890. At the latter end of 1893, at a full meeting of your Board, the consideration of the matter took a more pronounced shape, and after due notice the adoption was moved, but failed to find a seconder. This is a retrograde step, and not in keeping with the sanitary reforms which have hitherto characterised your Board; and though it may be imprudent, in a district of this nature, to be the first to adopt a new Act, yet it may be equally imprudent and detrimental to keep too far behind the times. The seven or eight parishes which surround and adjoin this parish, have *all* adopted the Act; and I cannot help thinking

that Procrastination in this matter may not only be the thief of Time, but may also annex a clean bill of health:

**NEW HOUSES.**—Building has gone on apace, there being no fewer than 23 plans submitted to your Board during the last year, which is far above the average. Some new houses are much wanted, as in many of the older parts of the village the houses are so dilapidated, low-roofed, and deficient in sleeping accommodation, that they are hardly fit for occupation. To such houses congregate the poorest and oldest of the inhabitants, and the rent paid (frequently unpaid) is no inducement for the landlord to expend much on repairs. Rent also enters largely into the scheme of building new houses, with the result that to get a fair per centage for one's outlay, with a rental not to exceed three or four shillings per week, every available inch of space must be utilized, and no more bricks used than are absolutely necessary. There is, therefore, a stereotyped plan of architecture, and a tendency to sacrifice some of the details that keep a house in a satisfactory state for years to come. I may mention that in houses without cellarage, the floor ought to be two feet above the level of the soil; but I note that this is seldom done. Steps also, for the efficient prevention of dry-rot by sufficient ventilation under the floor, does not get the amount of consideration it deserves. A house I saw recently in the village, and which is only of a few years' standing, had the floor quite rotten, and was being patched. On examining the outside walls of the house, I found the ventilator on a level with the pavement, and sealed up with dust, &c. The damp-proof course, I notice, is sometimes made with gas-tar, which has nothing to recommend it except its cheapness. The damp-proof course ought also to be the ventilating course; and though the blue bricks, with the joints left free, is an excellent method, the glazed perforated earthenware slabs are superior.

With regard to drainage, the purchase of "second" drain-pipes—which, I understand, are those that are imperfectly fired, and frequently not circular—is dangerous economy. Disconnection, and a means of inspection of drains (even where there are cesspools) is unknown in these new houses. Your officers and builders are somewhat handicapped in their movements by your Board having no bye-laws of their own.

Undue haste has characterised the entering into these new dwellings, and many of them are let before they are finished. The dangers are obvious. It is impossible to lay down any hard and fast rule as to the proper time that should elapse before entering a new house, but houses begun and finished in the winter cannot be quite safe till after being subjected to the drying winds of March. The entering



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into summer-built houses will depend on the season, and both will be much influenced by artificial means of drying. This has not been quite satisfactorily carried out in some of the houses; for, when the weather is fine and dry, the windows should be all open, and the wind allowed to blow through; when it is wet and dull, the windows should be closed and the fires lighted. The walls, too, are left in the primitive state of plaster because they are not sufficiently dry to be painted or papered, thus allowing the porous surface to be impregnated with foul effluvia and deposits. They at least ought to be "sized" to render them impervious, and enable them to be washed down.

**WATER SUPPLY.**—On the whole this, for a well-supplied district, is fairly satisfactory. During the year 28 samples of water were examined, and 17 found good. The 11 unsatisfactory ones were dealt with. Two tests of the supply, as regards quality and quantity, may be noted. In support of quality, I would remind you that there were but two cases of typhoid fever recorded, one undoubtedly imported, and the other of doubtful origin. As evidence of quantity, after such an excessively dry season the per centage of dry wells was small. This, however, may be felt more later on. At any rate, it is evident that the majority of the wells are not easily affected by seasonal variations. It must not be inferred from this that we have few shallow wells; on the contrary, we have many, but they are kept tolerably pure by stringent inspection and abatement of petty nuisances, especially of throwing slops on the ground, and of filling up old deep ashpits to the ground level and cementing them.

There is a tendency to stop sinking wells whenever water is reached, without having gone through an impervious stratum. All such wells, irrespective of their depth, must be considered shallow wells.

**THE SEWERAGE** has been opened in seven places during the year, and, with the exception of Forest Street, where the main was half-full, and in the Kirk-hill, where there was two-and-a-half inches of deposit, they were clear. The sewerage only extends a short way along the Leicester Road, and beyond this point there are many houses, and likely to be many more. In fact, eight additional ones have been erected during the past year. The system of the disposal of the sewage here is by means of cesspools, which, under the most favourable circumstances, is always a most questionable method. The main objections in the case of the Leicester Road houses being the absence of disconnection of the drains leading to the cesspools, and the want of provision for over-flow, except into the adjoining ditch.

The ventilating shafts, if any, are not sufficiently high. In the meantime, I consider the system as an unavoidable nuisance, and there is but one satisfactory way of dealing with it, and that is to extend the sewer to those houses.

**SCAVENGING.**—The scavenging is not quite satisfactory, the attention of the contractor having repeatedly been called to the want of promptitude in complying with notices. I agree with the suggestion of the Sanitary Inspector, that another scavenging cart would facilitate the work.

**REGULAR INSPECTIONS** have been made during the year, in conjunction with the Sanitary Inspector. The Schools were examined, and suggestions made to the Managers were carried out. Several filthy houses, and an offensive trade, were reported on. In July inspections of meat were made, and the result found satisfactory. The Sanitary Inspector has done much good work during the year, having made 462 inspections, and 227 re-inspections.

**RESUME.**—It is evident from the foregoing, that with epidemics of whooping cough, diarrhoea, scarlet fever, and influenza, there has been an unusually great amount of sickness during the year, and therefore the death-rate of 19.9 is not large. For the same reason the zymotic death-rate of 2.4 cannot be considered excessive. The want of an Isolation Hospital was experienced in the beginning of the scarlet fever epidemic; and the dangers of unnotified cases going about without any restriction whatever, was seen all through. People who have shops and sell provisions, will not notify infectious diseases until they are compelled. The comparative absence of typhoid fever is a significant fact, and a matter for congratulation. It is desirable to have a good code of bye-laws for the assistance of your officers, and the guidance of builders. The too early entry into newly-built houses is to be condemned. The extension of the sewer should be considered, and the building of cesspools discouraged. To assist and improve the scavenging an extra sanitary cart would be advantageous.

Generally speaking, I consider the sanitary state of your District satisfactory.

I remain, Gentlemen,

Your obedient Servant,

G. CARDNO STILL.

Shepshed, February, 1894.

The first part of the paper is devoted to a general survey of the subject, and to a description of the various methods which have been employed for its investigation. The second part is devoted to a detailed account of the experiments which have been conducted, and to a discussion of the results which have been obtained. The third part is devoted to a comparison of the results which have been obtained with the results which have been obtained by other investigators, and to a discussion of the reasons for any differences which may exist between the two sets of results.

It was found that the rate of reaction was increased by the presence of a catalyst, and that the rate of reaction was decreased by the presence of an inhibitor. The rate of reaction was also found to be affected by the concentration of the reactants, and by the temperature of the reaction. The results of the experiments are discussed in detail in the following sections of the paper.

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## APPENDIX.

## SHEPshed PARISH.

Table A.—DEATHS.

At all Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 60.	60 and upwards.
88	22	14	3	6	22	21

	Under Five Years.	Five Years and over.	TOTAL.
Whooping Cough ...	1	0	1
Membranous Croup ...	3	0	3
Scarlet Fever ...	2	1	3
Diarrhœa and Dysentry	3	0	3
	0	7	7
Bronchitis and Pneumonia	6	4	10
Heart Disease ...	0	18	8
Injuries ...	1	2	3
Other Diseases ...	20	30	50

One of these did not belong to this district.

Table B.—Cases of Infectious Sickness.

	Under Five Years.	Five Years and over.	TOTAL.
Small-pox ...	0	0	0
Scarlatina ...	66	100	166
Diphtheria ...	0	3	3
Membranous Croup ...	3	0	3
Typhus Fever ...	0	0	0
Typhoid ,, ...	0	2	2
Continued ,, ...	0	0	0
Relapsing ,, ...	0	0	0
Puerperal ,, ...	0	0	0
Erysipelas ...	0	0	0

Population at all ages, census 1891—4416. Registered Births—160.  
Area in Acres—5280.

