

**[Report 1897] / Medical Officer of Health, Stratford-upon-Avon Borough,
Stratford-upon-Avon R.D.C., Marston Sicca R.D.C.**

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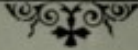
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With Dr. Thomson's Compliments.

ANNUAL ❖ REPORTS

❖ 1897 ❖

OF THE

Medical Officer of Health

FOR THE

BOROUGH OF STRATFORD-UPON-AVON,

THE

RURAL DISTRICT OF STRATFORD-UPON-AVON,

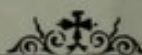
AND THE

RURAL DISTRICT OF MARSTON SICCA.



W. STANTON, PRINTER, STRATFORD-UPON-AVON.

—
1898.



VITAL STATISTICS OF ENGLAND AND WALES
FOR THE YEAR 1897.

Birth-rate	...	...	29.7	per	1000	inhabitants.
Death-rate	...	..	17.4	”	”	
Zymotic Death-rate	...	...	2.15	”	”	

Infantile Mortality, 156 per 1000 Births registered (deaths under 1 year of age).

The deaths from Zymotic Disease were in the following proportion, Smallpox being taken as the unit.

Smallpox	...	...	...	1
Scarlet Fever	...	...	...	179
Fever (chiefly Typhoid)	...	...	...	194
Diphtheria	...	...	...	298
Whooping Cough	...	...	...	435
Measles	...	...	...	498
Diarrhoea	...	...	...	1074



❖ 1897. ❖



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR

The Borough of Stratford-upon-Avon.

1910-1911

...

...

PAYTON STREET,

STRATFORD-UPON-AVON,

JANUARY, 1898.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR

THE BOROUGH OF STRATFORD-UPON-AVON.

TO THE MAYOR, ALDERMEN, AND COUNCILLORS OF
THE BOROUGH.

MR. MAYOR AND GENTLEMEN,

In presenting my Report on the Health of the Borough for the year 1897, it is with much pleasure I draw attention to the fact that the mortality-rates for the year are uniformly very low, and that infectious disease is almost entirely absent from the statistical tables as a cause of death. It is true, of course, that statistics derived from the basis of a population numbering under nine thousand are subject to much greater variation from year to year than is the case where large centres of population are dealt with; but at the same time it is highly encouraging to find that in the past year the improvement is particularly noticeable in connection with those mortality-rates which sanitation most directly influences, viz., the zymotic death-rate and the infantile death-rate.

The Birth-rate is 22·1 per 1,000 inhabitants, there being 188 births registered in the year, of which 86 were male and 102 female.

The death-rate, when corrected by subtracting from the gross number of deaths those of persons not belonging in the Borough, is 13·5 per 1,000.

The Infantile death-rate is 90 per 1,000 births registered, that is to say, nine per cent. of children born have not lived to attain one year of age. An infantile death-rate under 100 per 1,000 is highly satisfactory, especially for an urban district.

The Zymotic death-rate (*i.e.*, the death-rate from the principal infectious diseases) is ·1 per 1,000 inhabitants.

The death-rate from diseases of the respiratory organs (phthisis excluded) is 2·2 per 1,000.

The Phthisis death-rate is 1·2 per 1,000.

The Cancer death-rate is ·8 per 1,000.

No deaths were notified as due to influenza.



Localities.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; public institutions being shown as separate localities.	MORTALITY FROM ALL CAUSES AT SUBJOINED AGES.						MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.																								
	At all ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Smallpox.	Scarlatina.	Diphtheria.	M'branous croup.	Typhus.	Enteric or Typ.	Continued.	Relapsing.	Puerperal.	Cholera.	Erysipelas.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Rheumatic Fever.	Phthisis.	Bronchitis, Pneumonia & Pleurisy.	Heart Disease.	Cancer.	Injuries.	All other Diseases.	TOTAL.		
The Borough	99	18	8	3	2	34	34	Under 5	1														1	5					19	26	
The Workhouse	32				1	10	21	Under 5																9	11	5	6			42	73
The Hospital	14		2	4	2	4	2	Under 5															1								2
The Nursing Home	1					1		Under 5															1	3		2			1	5	12
The Joint Hospitals	1							Under 5																							1
Totals.	147	18	10	8	5	49	57	Under 5	1														2	5					119	28	
Deaths occurring within the district among persons not belonging thereto.	32	1	1	2	2	9	17	Under 5															1							1	2
								5 upwds.															1	1	1	7	1	1	18	30	

TABLE B.

SMALL-POX.—No cases of this disease were notified in the year.

SCARLET FEVER.—While fewer cases of scarlet fever were notified in 1897 than in the preceding year, there still remains the fact that on account of the extreme mildness of the complaint in the majority of cases one has to be satisfied with exercising a certain amount of control over its spread and to acknowledge the certainty of many cases being overlooked by those in charge. In some cases it is only repeated scrutiny on the part of the medical attendant which divulges the nature of the disease, and, as frequently no medical attendant is called in to establish the nature of what is apparently a trifling illness, it is not difficult to see how a sequence of infective cases may be maintained. Thirty-three cases were notified in the year, all of which were sent to hospital. The months in which these occurred and the places of residence are shown in the following table.

MONTH.	NO. OF CASES	NO. OF FAMILIES.	RESIDENCE.
Jan.	4	4	Cherry Street, Bridgefoot, Industrial Home, Shottery Road.
Feb.	3	3	Birmingham Road, Shottery, the Hospital.
April.	4	2	Shottery, Birmingham Road.
June.	5	3	Wood Street, Bishopton, Welcombe.
Aug.	4	3	Bull Street, Wood Street, Narsing Home.
Sep.	3	2	Warwick Road, John Street.
Oct.	2	2	Warwick Road, Union Street.
Nov.	4	3	Cherry Street, Shottery Road, August Hill.
Dec.	4	4	West Street, Birmingham Road, Ryland Street, Shottery Road.
	33	26	

DIPHTHERIA. — Eight cases were notified, but of these two were re-notifications, owing to recrudescence or reinfection of cases previously brought to my knowledge. In all cases notified the premises were inspected to ascertain possible sources of infection, and the water analysed, if derived from a well and suspected as a cause. Among defective sanitary conditions found were a yard gully communicating direct with the sewer, and an offensive road gully close to the door of premises occupied. Two cases only were sent to hospital.

ERYSIPELAS.—Seven cases were notified, of which one case was clearly infected through a visit to a friend suffering from the disease. No special interest attaches to the other cases notified.

ENTERIC FEVER.—The only case notified sickened shortly after a visit from home, and probably imported the infection.

SEWERAGE AND DRAINAGE.

As stated in my Report for 1896, it seems to be a radical defect in sanitary administration that all alterations or repairs of house drainage are not subject to official approval before being carried out, as it occasionally happens that work of this sort is not executed on approved principles. The importance of this appears, on consideration of the fact, that on the condition of the house drainage the health of the household more nearly depends than even on the general sewerage system of the community, as is shown by the frequency with which some local defect in house drainage is associated with infectious sickness. The supervision suggested is not, of course, so requisite nowadays, when the general principles of house sanitation are better understood, as it would have been in time past, but it is still occasionally required.

WATER SUPPLY.

I am informed by your Surveyor that there are at present 603 connections, and 1,124 separate supplies from the water-mains in the Borough. The area from which the reservoir derives its

supply being now almost entirely under the control of the Corporation, the outlook is hopeful for a general adoption of the use of water from the main, and for a gradual abolition of the use of well water.

In a Circular Letter, issued by the Local Government Board, dated December 17th, 1897, calling the attention of Districts Councils to their responsibility in the supply of "pure and wholesome water" from any waterworks which they may control, the Board goes on to recommend careful inquiry into the sources, nature, and quality of the various supplies of water which may exist in a district in addition to public supply from waterworks.

As far as my experience of the wells in the Borough goes they cannot be said, generally speaking, to be "pure and wholesome."

In the past year periodical analyses of the Stratford Public Water Supply have shown that the quality is unvaried by drought or wet weather—a most desirable requisite—and care has been taken to guard against pollution of the water.

VACCINATION.

An appended return, furnished by the Vaccination Officer, gives evidence of Vaccination being effectually carried out in the Borough. In the last few months of the year the columns of the local press have been flooded with correspondence emanating presumably from members of the Anti-Vaccination League. The fact that many of the letters are dated from places remote from Stratford suggests the unkind reflection that possibly the writers of them are debarred from gratuitous advertisement of the Anti-Vaccination League at their homes. If these gentlemen, instead of sitting at home theorising, had the opportunity of becoming acquainted personally with the disease as seen in hospitals, they would learn one fact which is worth any amount of theory, namely, that the disease rarely attacks well-vaccinated persons in constant contact with it, a fortunate circumstance for nurses and medical attendants.

HOUSING OF THE WORKING CLASSES.

No property has been dealt with during the past twelve months under the provisions of the Housing of the Working Classes Act. There are, however, several properties in the town which might be closed or improved with advantage, but the drawback against making any closing orders lies in the fact that a scarcity of house accommodation already exists. Most of the cottage property in the Borough is free from the objection of being pent in and deprived of fresh air, but many of the cottages are absolutely unfit for an average sized family to live in, the cubic space of the sleeping rooms being inadequate, and the number of bedrooms being too small. It is very likely that doing away with some of the worst properties would render it more difficult for the lowest substratum of the population to live in the same condition as now is the case with some families, as no landlord would ever be willing to let them a house of a decent class. Consequently, they would have to improve or go elsewhere.

DAIRIES, COWSHEDS, AND MILKSHOPS.

In the milk distribution in Stratford the milk is transferred very directly from the cowkeeper to the consumer, and very little of it is kept over between the morning and evening milkings. As a result there is little opportunity for contamination of milk in storage. During the year there has not been any reason to suspect milk as a vehicle of conveying infection in any instance, though in one instance a case of scarlet fever occurred at a dairy farm. It would not be easy to trace infection conveyed in this way, as it is not uncommon for a milk dealer to supplement any deficiency of his supply from the surplus of another in the same trade.

BAKEHOUSES.

These are up to a fair standard.

CANAL BOATS.

Vide Report of Inspector.

SLAUGHTER HOUSES.

It would be a great improvement, from a sanitary point of view, if slaughtering in the more thickly populated part of the town could be discontinued.

I am, Mr. Mayor and gentlemen,

Your obedient servant,

ARTHUR THOMSON, M.B.



VACCINATION.

THE BOROUGH OF STRATFORD-UPON-AVON.

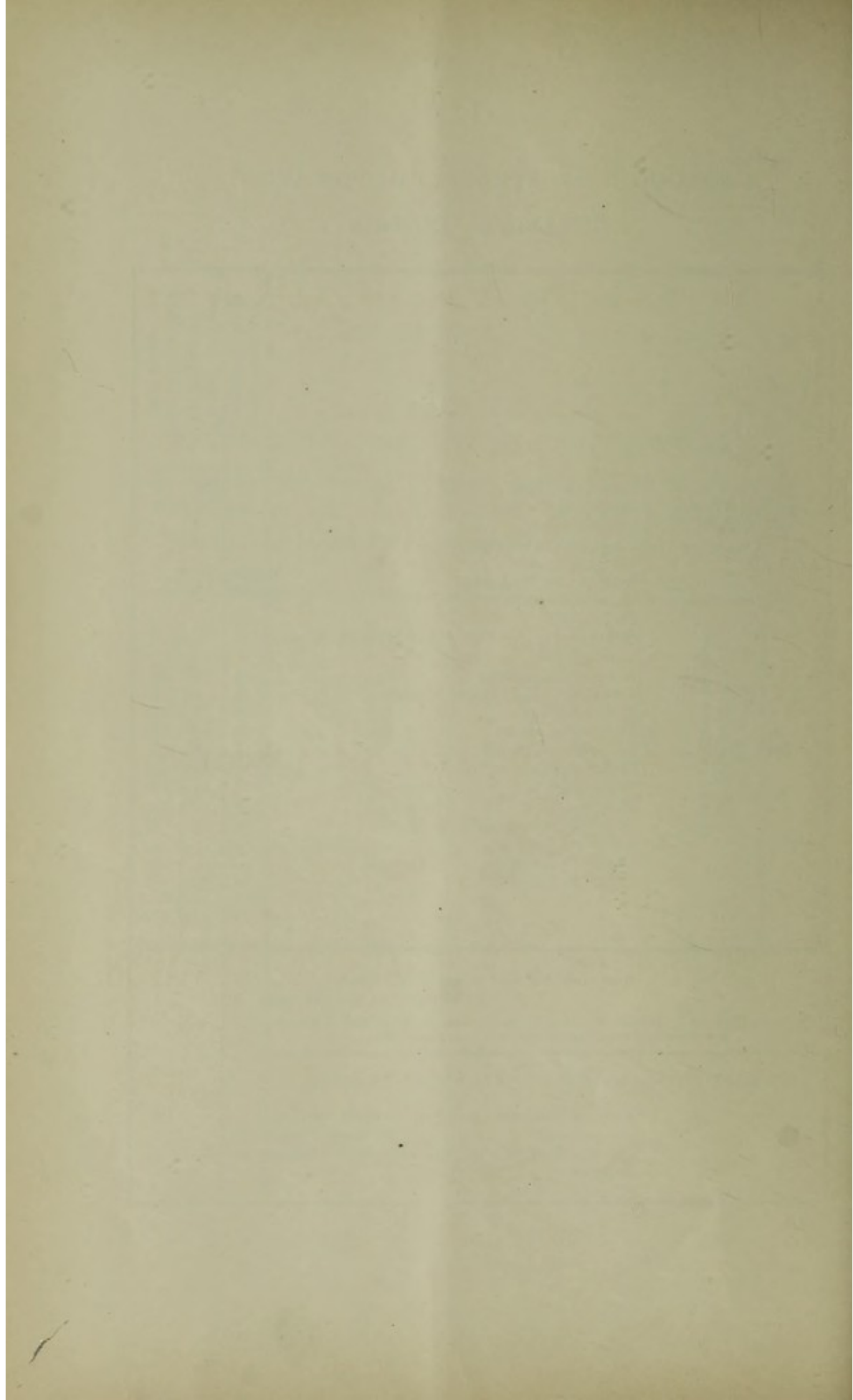
Return, showing the number of Births Registered, together with the number of such cases successfully Vaccinated or otherwise disposed of in the above District during the year ending 30th June, 1897.

No. of Births Registered during the year ending 31st December, 1897.	Number of these cases successfully Vaccinated.	Insusceptible of Vaccination.	Died before Vaccination.	Cases under Postponement.	Removals to other Districts out of the Union.	No. of cases not to be found.	Number of cases remaining Unvaccinated at date of this return.
194	158	—	18	—	8	..	10

BOROUGH OF STRATFORD-UPON-AVON.

NUISANCES ABATED.

		Inspections and Observations made.	Formal Notices by Authority.	Nuisances Abated after Notice.
Dwelling Houses and Schools.	{ Foul Conditions	19	16	19
	{ Structural Defects	34	25	30
	{ Overcrowding ... ..	...	...	...
	{ Unfit for Habitation ... ..	...	...	...
	{ Lodging House	} Regu larly	...	...
	{ Dairies and Milkshops ... ..		...	...
	{ Slaughter-houses ... ..		...	...
	{ Cow Sheds ... ..	...	...	...
	{ Bakehouses ... [See M.O.H. Report	...	...	...
	{ Canal Boats ... ..	...	...	...
House Drainage	{ Ashpits and Privies	24	16	21
	{ Deposits of Refuse and Manure	5	5	4
	{ Water Closets	25	18	22
	{ Defective Traps	19	13	18
	{ No Disconnection	8	8	8
	{ Other Faults	16	14	14
	{ Water Supply	15	15	13
	{ Pigstyes ... ..	...	...	...
	{ Animals improperly kept (Pigs)	9	9	9
	{ Offensive Trades ... ..	...	...	...
	{ Smoke Nuisances ... ..	...	...	...
{ Other Nuisances	11	19	10	
TOTALS		185	158	168
Samples of Water taken for Analysis		12		
" " condemned as unfit for use		9		
NOTE.—When an Inspection or notice embraces more than one defect it may be enumerated separately as regards each such defect.				
PRECAUTIONS AGAINST INFECTIOUS DISEASE.				
Lots of Infected Bedding Stoved or Destroyed ... [No Record kept				
Houses Disinfected after Infectious Disease		41		
Schools " " "				



Stratford-upon-Avon Rural District.



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

RURAL DISTRICT OF STRATFORD-UPON-AVON

FOR THE YEAR

❖ 1897. ❖

Stratford-upon-Avon Rural District.



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

Area (approximate) 58,000 acres. Population in 1891, 11,297.

PARISHES.	POPULATION (IN 1891).	INHABITED HOUSES (IN 1891).
† Alveston ...	954	206
Atherstone-on-Stour ...	115	23
Bearley ...	188	45
Beaudesert ...	141	33
Bickmarsh ...	130	22
Billesley ...	16	3
Binton ...	235	55
Charlecote ...	212	56
* Combroke ...	209	48
Compton Verney ...	86	14
Claverdon ...	550	128
Ettington ...	620	149
Fulbroke ...	59	16
Temple Grafton ...	388	97
Hampton Lucy ...	395	90
* Kineton ...	1021	234
Langley ...	142	37
* Loxley ...	261	63
Luddington ...	109	25
Milcote ...	50	8
Moreton Morrell ...	252	63
Newbold Pacey and Ashorne ...	338	81
Old Stratford and Drayton ...	165	111
Preston Bagot ...	176	38
Snitterfield ...	790	200
Wellesbourne Hastings and Walton ...	672	160
Wellesbourne Mountford ...	673	170
Whitchurch ...	194	42
Wolverton ...	151	37
* Wootton Wawen (* Ullenhall) ...	2005	468
Totals ...	11,297	2,722

Parishes marked * have public water supply from mains.

† Public water works in course of construction.

TO THE CHAIRMAN AND MEMBERS OF THE DISTRICT
COUNCIL.

MR. CHAIRMAN AND GENTLEMEN,

In this Report on the health of the district for 1897, the statistics are based on the assumption that the population neither increases or decreases at the present time. For the five years following the last census it was taken for granted that there was a decrease going on at the same rate as was the case between the years 1881 and 1891, but for 1897 it is probably more reasonable to consider that the population is at a standstill.

The Birth-rate for the year is 24 per 1,000, the number of births being 264 (male 136, female 128).

The Death-rate is 15·4 per 1000, the number of deaths being 144 in the district, and 26 of persons dying *outside* the district but belonging thereto.

INFANTILE MORTALITY. Twenty-six infants under one year of age died in the year, and the Infantile death-rate is 98 per 1000 births registered, which may be considered satisfactory.

There were fourteen deaths from the principal zymotic diseases, the Zymotic death-rate being 1·2 per 1000 inhabitants. (Scarlet Fever, 2; Enteric Fever, 1; Puerperal Fever, 1; Measles, 4; Whooping Cough, 1; Diarrhœa and Dysentery, 5).

The Respiratory Diseases death-rate (phthisis excluded) is 2· per 1,000.

The Phthisis death-rate is 2·4 per 1,000.

The "Cancer" death-rate is 1·1 per 1,000.

(B)—TABLE OF POPULATION, BIRTHS, and of NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the year 1897, in the Stratford-upon-Avon Rural District; classified according to Diseases, Ages, and Localities.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; Public Institutions being shown as separate localities.	POPULATION AT ALL AGES.		Registered Births.	Aged under 5 or over 5.	NEW CASES OF SICKNESS IN EACH LOCALITY, COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.																					
	Census 1891	Estimated to middle of 1897			HEALTH.						TREATMENT IN ISOLATION HOSPITALS.															
					Smallpox.	Scarlatina.	Diphtheria.	M'braneous croup.	Typhus.	Enteric or Typ.	Continued.	Relapsing.	Puerperal.	Cholera.	Erysipelas.	Smallpox.	Scarlatina.	Diphtheria.	M'braneous croup.	Typhus.	Enteric or Typ.	Continued.	Relapsing.	Puerperal.	Cholera.	Erysipelas.
Registration Sub-District Stratford-on-Avon				Under 5 5 upwds.	1											1										
Registration Sub-district Wellesbourne... ..				Under 5 5 upwds.	5	18	2		3			1			3	17										
Registration Sub-district Wootton Wawen				Under 5 5 upwds.	4	35			1						3	32										
				Under 5 5 upwds.																						
				Under 5 5 upwds.																						
				Under 5 5 upwds.	9										6	49										
Totals	11297	10992	264	Under 5 5 upwds.	53	3		4	1			1			1	1										

TABLES A AND B.

SCARLET FEVER. In the course of the year, sixty-two cases were notified, fifty-five of which were sent to hospital for isolation. In 1896 there were eighty-two cases notified, and sixty-four sent to hospital.

In the first nine months of 1897 a large proportion of patients notified were from the parish of Wootton Wawen, twenty-two cases having occurred in that period of time. From Wellesbourne also, in a less degree, cases have been notified throughout the year. At Loxley, Ettington, Claverdon, and Newbold Pacey a few cases have cropped up from time to time, but the disease has never in the course of the year been widely epidemic in any village. In the last quarter of the year a few cases were notified from Snitterfield, and there is reason to think that mild attacks of the disease in that parish have been overlooked by parents of children, and have been instrumental in the spread of the fever.

DIPHTHERIA. Only three cases of this disease were notified, one of which was removed to hospital.

ENTERIC FEVER. Four cases of Enteric Fever were notified, one of which was doubtfully of that nature. One of the cases notified contracted the infection when away from home. The premises occupied by a case at Bearley were found to be most insanitary, and these have since been improved. The well-water in use on the premises occupied by another case was found to be impure, and this matter has been dealt with.

All of these patients were nursed at home, and although directions are always given as to the disposal of the excreta it must be considered unsatisfactory to nurse typhoid fever patients at their homes in villages deriving their drinking water from wells. Even when there is every care taken in the disposal of excreta the disease may be spread in the washing of bed and other linen used by the patient.

PUERPERAL FEVER. On inquiry into the causation of a fatal case of this disease, which was notified, there was nothing to be ascertained pointing either to the importation of the infection or to local septic influence.

ERYSIPELAS. One case, of no special interest, was notified.

MEASLES have been widely epidemic, and the closing of schools at Wolverton and Combroke was caused thereby.

WHOOPIING COUGH. The schools at Loxley, Henley-in-Arden, Wootton Wawen, and Temple Grafton have been temporarily closed in the year on account of whooping cough.

INFLUENZA. No deaths have been registered as due to influenza,

PREVENTION OF THE SPREAD OF INFECTIOUS DISEASE.

In the course of the year I have been much assisted by my fellow-practitioners in the district in the endeavour to check the spread of infectious disease, over and above the simple requirements of the Notification Act, and the result of this co-operation undoubtedly lessens the number of cases removed to hospital, and minimises the opportunities of infectious disease spreading. Many cases are notified by telegram, and then removed without delay, and infection of other members of the same family prevented; and the principle is pretty generally acted upon that it is better to quarantine a doubtful case in hospital than to run the risk of leaving it at home. The chief drawback met with in the prevention of the spread of one particular infectious disease—Scarlet Fever—is that it is generally so mild in attack that is constantly overlooked by parents. If it were more severe in its initial symptoms there would be little trouble in stamping it out.

In the past year I have drawn up the accompanying printed directions for the prevention of the spread of infectious disease, and copies of these are left at the houses from which infectious cases are notified:—

When Infectious Disease (such as Scarlet Fever, Smallpox, Diphtheria and Croup, Measles or Whooping Cough) breaks out in a house, it is the duty of those who are in charge to prevent the disease being spread to other persons. And to prevent this happening, the persons in the infected house must not visit their neighbours, or attend School or Divine Worship.

Also there should be no visitors allowed to enter the infected house unless for absolutely necessary reasons.

No clothing, bedding, food, milk, letters or laundry should be sent out of an infected house, because any of these articles may carry the infection with them.—*See Note I.*

The sick-room in which an infectious case is nursed should be as far as possible from other occupied rooms, and is best situated in the top story of the house. Before placing the patient in the room remove all carpets, clothing, and furniture, which will not be needed, out of the room, and tack a sheet over the door. This sheet should be kept soaked with disinfectant.

If the patient is removed to hospital, the sick-room he (or she) occupied is to be shut up with all its contents until it is disinfected by an official, who will come for this purpose.

It is especially to be remembered that although a child may appear to be perfectly well a short time after the sore-throat and rash of Scarlet Fever have gone, yet as long as the "peeling" of skin from the body is present the patient is infectious and cannot go at large.—See Note I.

NURSING.

It is of the utmost importance that none but those in immediate attendance on the sick should enter the sick-room, and no visitors should be allowed.

No child from the infected house should be permitted to attend school for a fortnight after a case has occurred.

Persons in attendance on the sick should by preference wear cotton dresses, and should frequently wash their hands with disinfectant soap and water. They should as far as possible avoid associating with others.

All spoons, glasses, cups, and other vessels used in the sick-room should be scrupulously cleansed.

All discharges from the patient should be received into a vessel containing a disinfectant solution, and be removed from the sick-room without delay.

On no account should they be thrown into a common closet, or ashpit midden, but where practicable they should be buried in the garden, and as far as possible from the well.

In wiping the discharges from the nose and mouth, soft pieces of rag should be used instead of pocket handkerchiefs, and be immediately burned.

All bed or body linen which has been in contact with the person of the patient should be steeped in a vessel containing a disinfectant solution, *before removal from the room*, then soaked in cold water for some hours, and afterwards boiled.

No articles from the infected house should be washed elsewhere.

In the event of death from dangerous infectious disease, the body should be enveloped in a sheet wrung out of a strong disinfectant solution, be placed in a coffin, and buried without delay. It is highly desirable that as few persons as possible should attend the funeral, and none but those required to remove the body should be allowed to enter the infected house.

After removal to hospital, or death, all infected mattresses, blankets, bedding, or other draperies should be at once removed to the disinfecting station.

NOTE I.—By the Public Health Act, 1875, it is enacted that if any person, while suffering from any dangerous infectious disorder, shall wilfully expose himself (or any other person) without proper precautions, in any street, public place, shop, inn, or public conveyance, or enters any public conveyance without first notifying the owner or driver, or transmits, or exposes without previous disinfection, any clothing, rags, or other things which have been exposed to infection from any such disorder, he shall be liable to a penalty not exceeding five pounds.

Four times this penalty may be inflicted upon any person knowingly letting an infected room or house without previous disinfection to the satisfaction of a legally-qualified medical practitioner. This applies to public-houses, hotels, and lodging-houses.

NOTE II.—A fine not exceeding 40 shillings may be imposed on any person convicted of concealing the knowledge of a case of Smallpox, Scarlet Fever, Diphtheria, Typhoid, Typhus and Puerperal Fever, Erysipelas.

NOTE III.—The attention of milk dealers, cow-keepers and dairymen is called to the requisitions of "The Dairies, Cowsheds, and Milkshops Order," of July, 1879.

N.B.—Disinfectants will be supplied gratis on application to Mr. John Brook, Sanitary Inspector, 6, College Street, Stratford-upon-Avon, any day at 9 a.m. (Sundays excepted).

By Order of

THE JOINT HOSPITALS COMMITTEE.

In cases of Enteric Fever and Diphtheria the premises occupied are examined to ascertain any possible local cause of infection, and the drinking water used, if derived from a well, is analysed. Throughout the district deep middens, allowing of soakage into the adjoining soil, are gradually being done away with, and replaced either by a W.C. (where this is permissible) or by a shallow midden-privy, constructed on the admirable plan of your Sanitary Inspector.

BYELAWS.

These having been finally completed, and having received the sanction of the Local Government Board, will bring about, in course of time, many desirable sanitary improvements; and, although many of the requirements may appear unduly stringent, it must really be to the ultimate benefit of the property owner that such is the case. If, for instance, it is ordered in the Byelaws that a certain distance must intervene between the midden and the house well, the less likelihood of the owner being called upon to clean out or close the well. A most valuable provision in the Byelaws is that one bedroom at least in every newly-erected house shall have a fireplace, as will be acknowledged by all who come in contact with sickness among the poorer classes in the winter months.

VACCINATION.

As shown by the returns of the Vaccination Officer, the children in the district are largely guaranteed immunity from smallpox. The adult population, as elsewhere in England, are partially protected by the vaccination performed in their infancy.

WATERWORKS.

In Alveston Parish, the artisan bore-hole now being sunk will probably be down to the water-bearing stratum in the first half of 1898, and should the supply obtained be equal to what it is reasonable to expect, it would probably be of advantage to extend the water-mains to Wellesbourne, and thereby confer on that place the most important sanitary condition available — a pure and wholesome supply of water in practically unlimited quantity. There is far more water used in a district when it can be had without the labour of pumping, and the more water used, the better the drains are flushed.

At Ullenhall, complaint of earthy sediment in the public water supply led, during 1897, to an investigation of the cause. It is too soon as yet to be certain if the steps taken to remedy the condition have been completely successful.

In the village of Moreton Morrell the deepening of wells and the sinking of a new deep well, work carried out in the past two years, will probably ensure the village against the scarcity of water which existed a few years ago.

A circular letter issued by the Local Government Board in December, 1897, on the subject of the Water Supply of Districts is reprinted as an Appendix, and will be found on the last pages of these reports.

SEWERAGE AND DRAINAGE.

During the month of November the nuisance created by the discharge of sewage into the brook at Kineton led to a report being made by me to to your Council. Since that time, improvement of the existing conditions is under consideration, and it will be an object to have the matter dealt with before the warm weather comes again.

HOUSING OF THE WORKING CLASSES.

No representations have been made under this Act during 1897.

DAIRIES, COWSHEDS, AND MILKSHOPS.

Care has been taken to guard against spread of disease through these.

BAKESHOPS.

Inspection of these is duly carried out from time to time.

I am, gentlemen,

Your obedient servant,

ARTHUR THOMSON, M.B.



APPENDIX.

Town Councils. Urban District Councils. Rural District Councils

**Water Supplies in Districts not within Limits of Supply of
Water Companies.**

LOCAL GOVERNMENT BOARD,

WHITEHALL, S. W.,

17th December, 1897.

SIR,

I am directed by the Local Government Board to call the attention of the Council to the subject of the water supply of their District.

The importance of a wholesome supply of water need not be emphasized in view of the serious epidemics of enteric fever which have, of recent years, been brought about by specific contamination of water supplies in different parts of the country. It is true that this disease, which formerly prevailed somewhat generally in endemic form, has during the last twenty-five years been largely reduced as a cause of death; but, on the other hand, there is now a recurring tendency to sudden localised epidemics, in which the typhoid infection is distributed to large populations by means of the contamination of water delivered from public works of water supply.

The Council are the body responsible under the Public Health Acts for securing to the inhabitants of their district a proper and sufficient supply of water, and the Board desire to impress upon them the importance of taking the matter into their serious consideration with the object of guarding their District against dangers the gravity of which has been sufficiently shown by recent examples.

Where the Council have themselves constructed or purchased any water works it is their duty, in pursuance of section 55 of the Public Health Act, 1875, to provide a supply of "pure and wholesome" water, and in order to fulfil this obligation it behoves them to exercise every precaution to secure that the water which they deliver to the consumers, shall be protected from risk of contamination, whether in connection with the sources from which it is derived or during the course of its storage or distribution, and that where means of filtration are necessary, these should be adequate and maintained in a thoroughly efficient condition.

Not only are the Council thus under a responsibility for the wholesomeness of the water which they themselves supply, but they should by careful inquiry make themselves acquainted with the sources, nature and quality of the various supplies in all parts of their district and, in every case in which the result of their inquiries is unsatisfactory, should take all such steps as may be within their powers with the view of supplementing or improving the supplies.

The Board would observe generally that accurate information should be procured, if not already available, in such matters as the following:—

1st. Where Water is derived from Gathering Grounds or from Springs.

Whether drainage from human habitations, farm yards and the like finds its way directly or indirectly into the reservoir or to any part of the water service; and whether risk of access to the water of human excreta and similar refuse is likely to arise.

2nd. Where Water is derived from Deep Wells.

Whether surface or other water, liable to be contaminated by drains, sewers, cesspools and the like, reaches, or is liable to reach, the wells. The existence and direction of fissures in the strata deserve especial consideration in this respect.

3rd. Where Water is derived from Shallow Wells.

Whether the wells are so circumstanced that they run risk of contamination by reason of drains, privies, cesspools, or middens, or by the deposit of manure—whether derived from human excreta or not—in or on the ground in the neighbourhood of the wells.

The Board trust that the Council will not fail to give their most careful attention to this subject, and that where it may appear that further works which may be within the powers of the Council for the improvement or protection of existing supplies are needed, the Council will forthwith, with the assistance of such skilled advice as the circumstances of the case may require, execute the necessary works.

I am, Sir,

Your obedient Servant,

HUGH OWEN,

Secretary.



VACCINATION.

STRATFORD-UPON-AVON RURAL DISTRICT.

Return, showing the number of Births Registered, together with the number of such cases successfully Vaccinated or otherwise disposed of in the above District during the year ending 30th June, 1897.

No. of Births Registered during the year ending 31st December, 1897.	Number of these cases successfully Vaccinated.	Insusceptible of Vaccination.	Died before Vaccination.	Cases under Postponement.	Removals to other Districts out of the Union.	No. of cases not to be found.	Number of cases remaining Unvaccinated at date of this return.
256	185	—	13	—	4	..	54

C. STRATFORD-UPON-AVON RURAL DISTRICT
 NUISANCES ABATED.

		Inspections and Observations made.	Formal Notices by Authority.	Nuisances Abated after Notice.
Dwelling Houses and Schools.	{ Foul Conditions	41	32	41
	{ Structural Defects	55	37	47
	{ Overcrowding	2	2	2
	{ Unfit for Habitation ... ..	...	...	..
	{ Lodging House	} Regularly	...	..
	{ Slaughter-houses			
	{ Dairies and Milkshops	17	...	...
	{ Cow Sheds ... ..	...	...	...
	{ Bakehouses ... [See M.O.H. Report	...	...	...
	{ Canal Boats	13	...	...
{ Ashpits and Privies... ..	95	59	90	
{ Deposits of Refuse and Manure	10	10	10	
{ Water Closets	12	10	12	
House Drainage	{ Defective Traps	43	35	40
	{ No Disconnection	32	28	30
	{ Other Faults	85	59	73
	{ Water Supply	56	56	47
	{ Pigstyes ... ..	...	...	...
	{ Animals improperly kept (Pigs) ... ..	...	...	...
	{ Offensive Trades ... ..	...	...	...
	{ Smoke Nuisances ... ..	...	...	..
{ Other Nuisances	6	6	4	
TOTALS		467	334	397
Samples of Water taken for Analysis		21		
" " condemned as unfit for use		18		
NOTE.—When an Inspection or notice embraces more than one defect it may be enumerated separately as regards each such defect.				
PRECAUTIONS AGAINST INFECTIOUS DISEASE.				
Lots of Infected Bedding Stoved or Destroyed ... [No Record kept				
Houses Disinfected after Infectious Disease		48		
Schools " " "				

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The Rural District of Marston Sicca.



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

❖ 1897. ❖

Rural District of Marston Sicca.



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

Area (approximate) 8286 statute acres.

Rateable Value, £10,286.

Population in 1881, 1,808.

Population in 1891, 1,658.

PARISHES.

Clifford Chambers.

Preston-on-Stour.

Dorsington.

Welford-on-Avon.

Marston Sicca.

Weston-on-Avon.

TO THE CHAIRMAN AND MEMBERS OF THE MARSTON
SICCA DISTRICT COUNCIL.

MR. CHAIRMAN AND GENTLEMEN,

It is difficult to estimate accurately the population of the district for 1897, as six years have elapsed since the last census enumeration, and instead of assuming that a yearly decrease takes place it appears to me as likely to be a more accurate method, with reference to your district, if no increase or decrease is assumed after a period of five years from the census taking. For it is very doubtful if the population is decreasing, as it did between 1881 and 1891, as if so, it would be found that several houses every year would become derelict for lack of tenants.

DEATH RATE. This rate is 11·3 per 1000 inhabitants. If the population *has* decreased more than estimated by me, the error thereby introduced in the calculation of the death-rate would be fractional, and not alter the truth of the statement that the rate is a very low one

The Birth-rate is 23·9.

The Infantile Death-rate is nil, no deaths under one year of age having occurred.

The Zymotic Death-rate is 1·2, two deaths being registered as due to zymotic disease. One of these deaths was due to diarrhœa, which is frequently non-zymotic in origin.

INFECTIOUS DISEASE. The district has been remarkably free from infectious disease during the year. One case of scarlet fever was notified and promptly removed to hospital. Two cases of diphtheria occurred, both of which were nursed at home, and of these one died.

WATER SUPPLY.

Long Marston is still in the unfortunate position, as regards water supply, as has been stated in every annual report from time immemorial. The only advance made to date is the establishment of the fact that a proper supply cannot be obtained from the proposed source of Rumer Hill. It is consequently useless to consider Rumer Hill any longer, since it has been pronounced unsuitable by an engineering expert in waterworks, and the only alternative is to include the village in the "Villages Water Scheme," if this can be effected. To allow the present condition of affairs to continue any longer is out of the question.

VACCINATION.

On account of the recent decision of the Board of Guardians to enforce in future the requisitions of the Vaccination Acts, there will probably be a marked improvement hereafter as regards vaccination in the district.

HOUSING OF THE WORKING CLASSES.

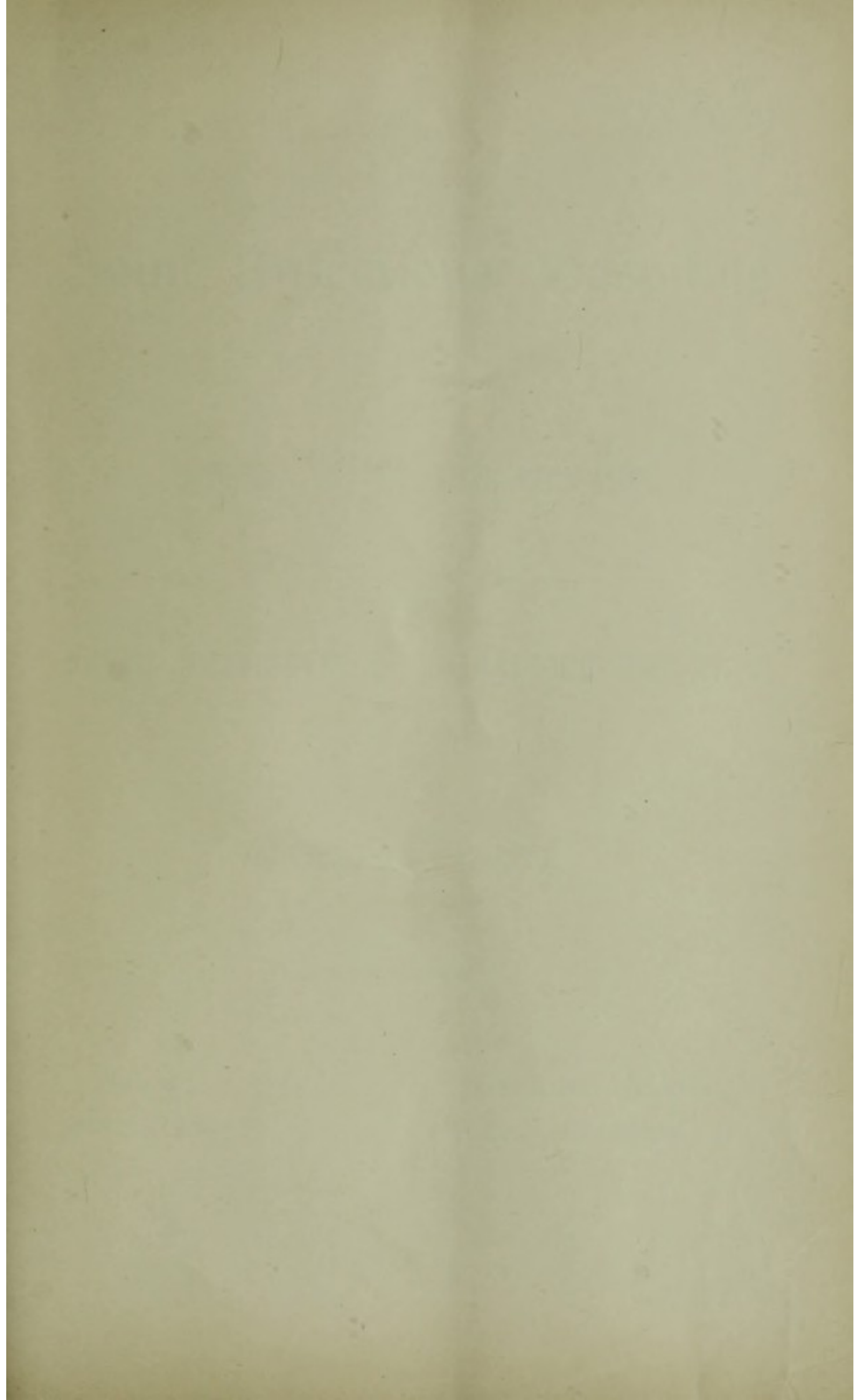
There are in the district many cottages of an unsatisfactory nature, their condition not being one to necessitate a certificate under "The Housing of the Working Classes Act," and yet such as to be injurious to health, especially in cold weather and to persons past middle age. It would be impossible to make many of these cottages satisfactory without rebuilding them.

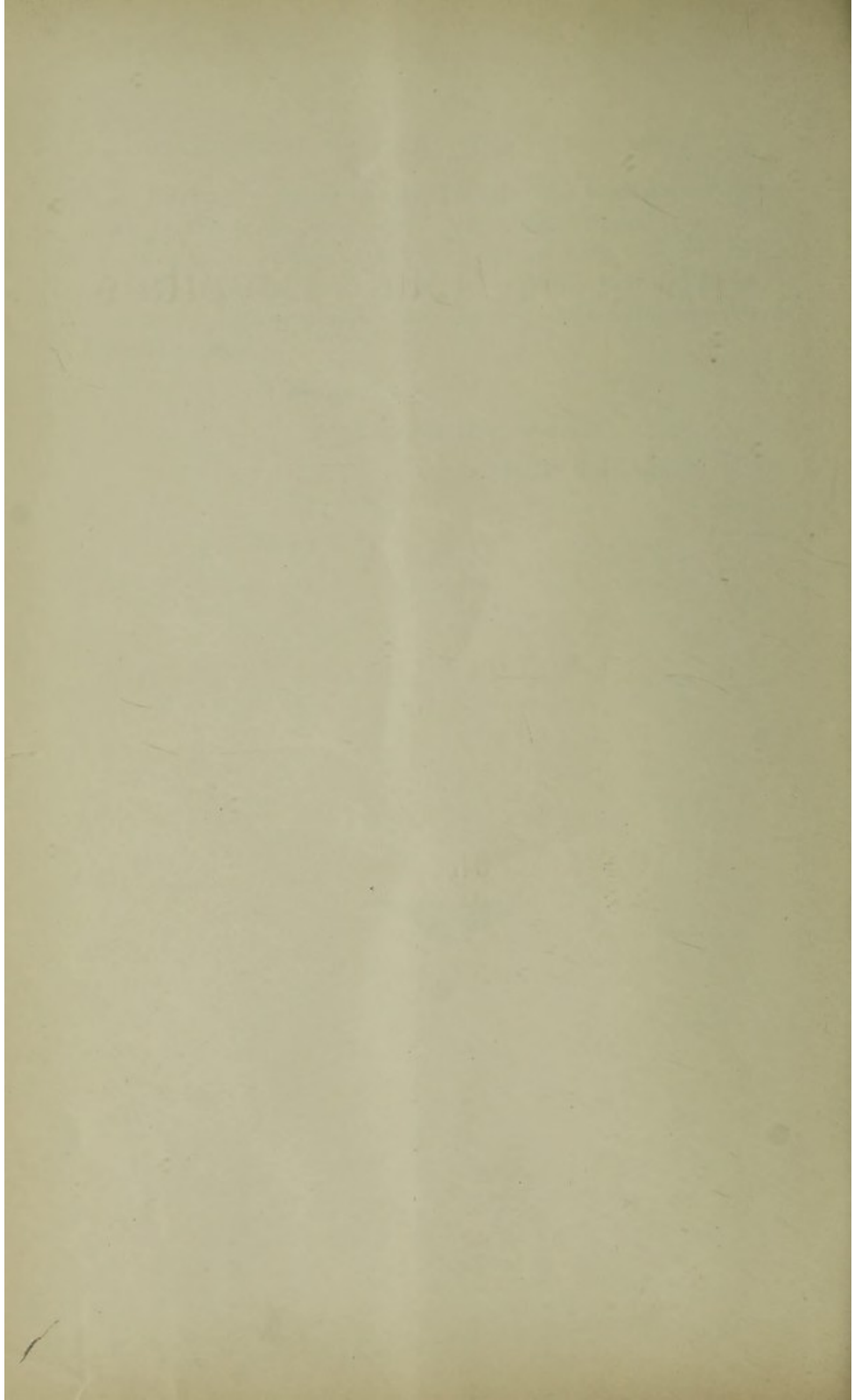
I am, gentlemen,

Your obedient servant,

ARTHUR THOMSON, M.B.







Joint Infectious Hospitals

OF THE

BOROUGH OF STRATFORD-UPON-AVON,

AND THE

RURAL DISTRICTS OF STRATFORD-UPON-AVON,

AND

MARSTON SICCA.

Matron :

MRS. ELLIS.

Medical Superintendent :

ARTHUR THOMSON, M.B.

Stratford-upon-Avon Joint Hospitals.

JANUARY 7TH, 1898.

REPORT OF THE MEDICAL SUPERINTENDENT.

TO THE CHAIRMAN AND MEMBERS OF THE JOINT HOSPITALS
COMMITTEE.

GENTLEMEN,

In the past year there have been ninety-two patients admitted to the hospitals, of which number ninety-one were discharged convalescent, and one died. In the year 1896, one hundred and eighteen patients were admitted, and two deaths occurred; and in 1895, one hundred and nine cases were isolated, five of which terminated fatally. The accompanying table shows the number of patients from each district.

	No. of cases Scarlet Fever.	No. of cases Diph- theria.	No. of cases Enteric Fever.	Deaths from Scarlet Fever.	Deaths from other Infectious diseases.
Borough of Stratford-upon-Avon	33	2			
Rural District of Stratford-upon-Avon ...	55	1		1	
Rural District of Marston Sicca	1				
Total	89	3		1	

The admissions for each month in the year were—

Jan.	Feb.	Mar.	April	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
11	8	2	6	3	6	13	6	8	11	8	10

The average length of isolation required for Scarlet Fever patients was 45 days, and for Diphtheria three weeks.

All of the Scarlet Fever cases notified in the Borough in the course of the year were sent to the Hospitals, and from the Rural Districts 88 per cent. of cases notified. While this is an improvement as regards the Rural Districts it is to be hoped that in course of time *all* rural cases of Scarlet Fever fit for removal will be sent to hospital as a matter of course.

As regards the isolation of Diphtheria, three cases have been sent in out of 13 notified. The majority of the diphtheria cases notified have been mild in character, but as they have been none the less infectious on that account, and as many epidemics of the disease originate in mild cases an isolation hospital would seem to be the proper place for the nursing of the disease.

The two chief obstacles which prevent the public from more extensive use of the hospital isolation for diphtheria are that either a case of this disease is thought to be so mild as not to necessitate hospital nursing and isolation, or the severity of the case induces those in charge of it to look upon removal to hospital as a needless and useless separation of the patient from his relatives. The time for removal to hospital is *before* the disease has advanced as far as to render recovery improbable. The work carried out in the M.A.B. Hospitals in the past few years demonstrates clearly the advantage gained by such early removal.

Taking into consideration the facts that any apparently mild case may rapidly become of grave import, or may give rise to a more malignant form by spread of infection, and that it is very difficult to bring about the removal to hospital of a serious case, the logical deduction is that, generally speaking all cases of diphtheria should be sent to an isolation hospital.

Unfortunately, the success arrived at by operative measures, such as can best be carried out in hospital, are not sufficiently sensational in degree as to be publicly appreciated, for the reduction of the mortality-rate of the disease from twenty-seven or twenty-eight per hundred to twenty or twenty-one (a reduction achieved by the use of Antitoxine) does not appeal forcibly to the public as a notable advance gained, and tracheotomy has won little reputation commensurate with what it deserves as the one hope in otherwise hopeless cases.

The staff of the Birmingham Road Hospital is the same as in 1897, *i.e.* the Matron, a Nurse, and a Wardmaid, with a general servant for the administrative block. The outdoor work is attended to by the porter, whose wife carries out the laundry work.

The Hospital and grounds have improved much in appearance since the buildings were first opened, and in course of time the place will probably present a much more attractive and pleasant appearance than is the rule with similar institutions.

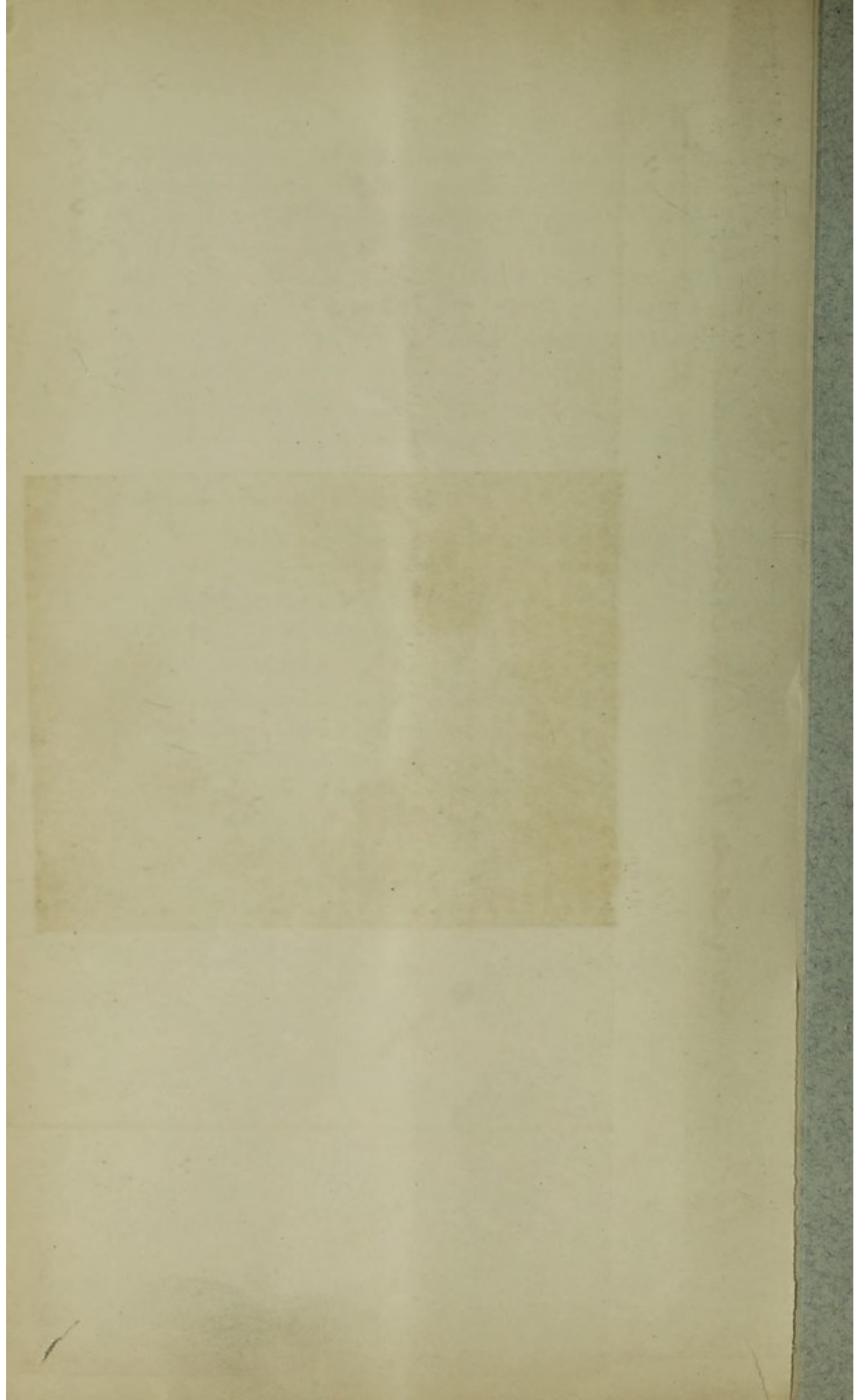
Bellevue Hospital (for smallpox) has not been in use for more than a year, but can be opened at any time with a few hours' notice, as the building is always free from damp. When a building has to be left untenanted for long intervals, and yet kept so as to be fit for occupation at short notice, no mode of construction could so well answer the purpose as this corrugated iron on a timber frame, raised on brick piers.

I am, gentlemen,

Your obedient servant,

ARTHUR THOMSON, M.B.

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Joint Infectious Hospitals

OF THE

BOROUGH OF STRATFORD-UPON-AVON,

AND THE

RURAL DISTRICTS OF STRATFORD-UPON-AVON

AND

MARSTON SICCA.

Matron :

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Medical Superintendent :

ARTHUR THOMSON, M.B.

STRATFORD-UPON-AVON JOINT HOSPITALS.

JANUARY, 1898.

ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT.

TO THE JOINT HOSPITALS COMMITTEE.

MR. CHAIRMAN AND GENTLEMEN,

In the past year there were one hundred and forty-four patients treated at the Birmingham Road Hospital: of these, 138 were cases of Scarlet Fever, 5 were cases of Diphtheria, and one was a case of Enteric Fever. There was one death—that of a child with Scarlet Fever.

The following Table shows the number of patients from each of the Districts which maintain the Hospitals.

	No. of cases Scarlet Fever.	No. of cases Diphtheria.	No. of cases Enteric Fever.	Deaths from Scarlet Fever.	Deaths from other Infectious Diseases.
Borough of Stratford-upon-Avon	12	2			
Rural District of Stratford-upon-Avon ..	121	3	1	1	
Rural District of Marston Sicca	5				
Total	138	5	1	1	

Since the Hospitals were opened, the following is the number of patients isolated in each year:—

1895—One hundred and nine. 1896—One hundred and eighteen.
1897—Ninety-two. 1898—One hundred and forty-four.

In the past twelve months, the greatest influx of patients was in the autumn, when the capabilities of the Hospital were severely taxed. The admissions for each month were as follows:—

Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
12	8	6	10	6	11	10	22	19	16	18	6

There has been very little trouble in gaining the consent of parents to the removal of their children, and where there has been friction it has usually been due to the fact that the mildness of the type of Scarlet Fever from which the patient was suffering caused the parents to think that either the diagnosis was wrong, or that it was useless to isolate a child who, in their belief, was fit to be at large.

In the treatment of Diphtheria in Hospital the use of Antitoxine is continued in suitable cases, and, I think, with marked benefit. A supply of the remedy is kept at the Hospital for the use of medical practitioners in the neighbourhood, and can be had on application, with the apparatus for its use.

One of the patients admitted with Diphtheria during the past year was treated overnight at her home with Antitoxine obtained from the Hospital, and removed subsequently to the Hospital—a distance of ten miles: I mention this as showing an incident where it was found of great advantage to have the remedy readily accessible.

There have, on one or two occasions during the year, been more cases isolated at the Hospital than, strictly speaking, the cubic capacity of the wards should admit of: to obviate any ill effects from this, free ventilation has been constantly maintained under such circumstances, and to such an effect as to make the wards as free from stagnant air as those of a tent hospital.

The mildness of the weather in the last quarter of the year, which was the time during which the wards were most full, permitted the ventilation of the Hospital as stated, but in a long severe frost, with the Hospital very full, some propulsion method of ventilation would be required to obtain the best results.

In conclusion, I have to express my satisfaction with the care and attention which the inmates receive at the hands of the resident staff.

I am, gentlemen,

Your obedient servant,

ARTHUR THOMSON.

