

**[Report 1909] / Medical Officer of Health, Stratford-upon-Avon Borough,
Stratford-upon-Avon R.D.C., Marston Sicca R.D.C.**

Contributors

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ANNUAL REPORTS

1909

OF

MEDICAL OFFICER OF HEALTH

FOR THE

RURAL DISTRICT OF STRATFORD-UPON-AVON,

THE

BOROUGH OF STRATFORD-UPON-AVON,

AND THE

RURAL DISTRICT OF MARSTON SICCA.

These reports may suitably be prefaced by a summary of how these districts compared with England and Wales, and also with the County of Warwick generally as regards some of the more important vital statistical details during the year 1908.

In the year 1908

The Birth-rate of England and Wales was 26·5 per 1000 inhabitants, the birth-rate of Warwickshire was 25·08 per 1000 inhabitants, and the birth-rate of districts adjoining Stratford-on-Avon 22·3 per 1000 inhabitants. The deduction from this is that the proportion of persons at the child-bearing age is less in our adjoining districts than is normal for the country generally.

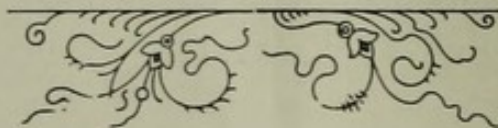
The Death-rate in 1908

of England and Wales was 14·7 per 1000 inhabitants, of Warwickshire was 12·48 per 1000 inhabitants, of districts adjoining Stratford-on-Avon 15·1 per 1000 inhabitants. In the Borough and Rural Districts of Stratford-on-Avon the death-rate was nearly 1 per 1000 less than England and Wales generally, but Marston Sicca District was considerably over it.

The infantile death-rate in 1908

of England and Wales was 120 per 1000 births, of Warwickshire 99 per 1000 births, of districts adjoining Stratford-on-Avon 100 per 1000 births.

A study of the Report of the Registrar General for the year 1908 shows that the death-rate from cancer is on the increase in England and Wales generally, as is the case in all countries from which returns are available. When our local mortality from this cause is compared with that of the country generally, the figures correspond very nearly when allowance is made for the age distribution.



Stratford-on-Avon Rural District.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH.

TO THE CHAIRMAN AND MEMBERS OF THE
RURAL DISTRICT COUNCIL.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to submit the following Report on the health of the District for the year 1909.

The Birth-rate has been 21·6 per 1000 inhabitants, which is almost exactly the average for the district, and the death-rate has been 15·1 per 1000.

The Death-rate among infants (*i.e.* children under twelve months of age) is very satisfactory being only 52 per 1000 births registered. This rate has been low for years, and probably is due in some measure to the fact that as fewer children are born, those that are produced are more valued and better cared for. One hears it sometimes pessimistically argued that the present day methods of improving the welfare of children is only calculated to prolong the existence of the "unfit" and thus to eventually deteriorate the race. Such a

contention overlooks the real result which follows in a population where child life has an unfair chance of existence, as may be seen in the slums of some large towns. This real result is that a large proportion of what might be termed "the unfit" survive the ordeal of their infant term of existence and pass on the inheritance of unfitness to their offspring. The much hackneyed phrase "survival of the fittest" might be applicable to a hypothetical race where the weakling inevitably succumbed and did not propagate.

INFECTIOUS DISEASE.

Apart from an outbreak of diphtheria in Preston Bagot parish, the district has been very free from infectious disease and there has not been a death from any of the infectious diseases which are notifiable, beyond one from Puerperal Fever. (See Table IV.)

SCARLET FEVER.

There were thirteen cases of this during the year, of which seven occurred either at Ullenhall or Henley during December. The infection seems to have come to that neighbourhood from Tanworth which adjoins the Stratford Rural District. It is difficult to say at present if this outbreak is checked. (Jan. 21st.) The means I have taken to check the epidemic are to remove all children suffering from the disease to Hospital unless I am satisfied they can be isolated at home, and to personally see any suspected case. At my request the County Medical Officer of Health (Dr. Bostock Hill) allowed one of the lady health visitors to visit Ullenhall and Henley, as I consider it acts as a considerable deterrent to the concealment of cases if it is known that a health visitor may turn up at any time. The schools remain open, but I have not suggested that pressure be brought to bear on absentees if absent from fear of infection. The remaining six cases were widely spread over the district, two came from Preston Bagot, one from Moreton Morrell, one from Wolverton, one from

Kineton, and one from Claverdon. There were five cases which occurred in homes where the accommodation allowed of isolation and these were nursed at home. The remainder were sent to Hospital.

DIPHTHERIA.

Early in the year a limited outbreak of diphtheria occurred at Preston Bagot and eight cases were notified during January and February. In the autumn of 1907 the same thing happened in that parish and thirteen cases were notified. The School premises are satisfactory except that they are situated close to a pound of canal water, and consequently in a humid atmosphere. I have heard complaints of offensive smell from the canal there but have never been able to satisfy myself that this exists.

When this last epidemic was going on I made repeated visits to Preston Bagot.

The School was closed for two weeks only and well cleaned, and although it was held locally that I should advise a longer period of closing, the outbreak ended abruptly without this being done.

ENTERIC FEVER.

One case occurred at Whimpstone—there was no obvious way by which the infection was conveyed to the patient, but the house-well was not free from suspicion as being fouled by rats. This was attended to.

PUERPERAL FEVER.

A case, which terminated fatally occurred in Kineton. When any such cases occur I inspect the premises and examine the appliances used by the mid-wife in charge. In this particular instance, the causation seemed directly due to the confinement being a complicated one especially liable to give rise to sepsis afterwards (*placenta previa*).

TABLE I. RURAL DISTRICT OF STRATFORD-ON-AVON [For Whole District.]

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT	Deaths of Non-residents register'd in Public Institutions in the District.		NET DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number.	*Rate.	Under 1 Year of Age		At All Ages			Non-residents register'd in Public Institutions in the District.	Institutions beyond the District.	Number.	*Rate.
				Number.	Rate per 1,000 Births register'd	Number.	*Rate					
1	2	3	4	5	6	7	8	9	10	11	12	13
1899	10759	240	22.3	30	125.	156	11.4			23	179	16.6
1900	10671	220	20.6	15	68.1	147	13.7			21	167	15.6
1901	10589	250	23.6	22	88.	144	13.5	1		19	163	15.3
1902	10589	195	18.4	16	82.	135	12.7	4		16	147	13.8
1903	10589	234	22.	22	94	140	13.2	1	1	13	152	14.3
1904	10589	233	22.	15	64.3	133	12.5			14	147	13.8
1905	10589	216	20.3	11	59.9	112	10.4	3	2	27	137	12.9
1906	10589	260	24.5	15	57.6	125	11.8			31	156	14.7
1907	10589	238	22.4	12	50.4	119	11.2	1	1	30	149	14.
1908	10589	226	21.3	12	53	134	12.6			16	150	14.1
Averages for years 1899—1908	10614	231	21.7	17	73.3	134	12.6			21	154	14.5
1909	10589	229	21.6	12	52	146	13.7			14	160	15.1

*Rates in Columns 4, 8, and 13 calculated by 1,000 of estimated population.

NOTE.—The deaths included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11. By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere. Institutions within the District receiving sick and infirm persons from outside the District:—Glendossil Asylum, Henley-in-Arden. Institutions outside the District receiving sick and infirm persons from the District:—Stratford-upon-Avon Hospital, the Stratford-upon-Avon Union Workhouse, Stratford-upon-Avon Nursing Home, and Stratford-upon-Avon Infirmary.

TABLE II.

STRATFORD-ON-AVON RURAL DISTRICT.

Vital Statistics of separate Localities in 1909 and previous years.

Names of Localities.	Stratford-on-Avon Registration Sub-district.				Wellesbourne Registration Sub-District.				Wootton Wawen Registration Sub-District.			
Year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.
1901	1290	37	9	2	5307	122	77	7	3992	91	77	13
1902	1290	36	17	3	5307	92	74	7	3992	67	56	6
1903	1290	37	20	5	5307	125	60	8	3992	72	72	9
1904	1290	33	20	1	5307	108	57	7	3992	92	56	7
1905	1290	29	17	2	5307	109	62	8	3992	78	58	1
1906	1290	37	16	3	5307	136	70	6	3992	87	70	6
1907	1290	33	10	0	5307	113	72	7	3992	92	67	5
1908	1290	23	21	0	5307	121	67	6	3992	82	62	6
Average of Years 1901 to 1908.	1290	33	16	2	5307	115	67	6	3992	82	64	6
1909	1290	29	19	4	5307	115	73	5	3992	85	68	3

TABLE III.

RURAL DISTRICT OF STRATFORD-ON-AVON.

Cases of Infectious disease notified during the Year, 1909.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.					TOTAL CASES NOTIFIED IN EACH LOCALITY.							NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.							
	At Ages - Years.					Stratford-on-Avon Sub-District	Wellesbourne Sub-District	Wootton Waven Sub-District	Stratford-on-Avon Sub-District	Wellesbourne Sub-District	Wootton Waven Sub-District	Stratford-on-Avon Sub-District	1	2	3	4	5	6	7	8
	At all Ages	Under 1	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards													
Small-pox ..																				
Cholera ..																				
Diphtheria (includ'g) Membranous croup	13		3	10					1	12				1	12					13
Erysipelas ..	1					1			1											8
Scarlet Fever ..	13		1	10	1					2	11				8					
Typhus Fever ..																				
Enteric Fever ..																				
Relapsing Fever ..																				
Continued Fever																				
Puerperal Fever ..	1					1				1										
Plague ..																				
Totals ..	28		4	20	1	3				5	23			1	20					21

Isolation Hospitals:—Joint (Infectious) Hospital, Stratford-upon-Avon; Bellvue (Small-pox) Hospital, Stratford-on-Avon. Total available beds, 28. Number of Diseases that can be concurrently treated, 4.

TABLE IV.
RURAL DISTRICT OF STRATFORD-ON-AVON.

Causes of, and Ages at, Death during Year 1909.

CAUSES OF DEATH.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.							Deaths at all ages of "Residents" belonging to localities whether occurring in or beyond the District.			TOTAL DEATHS WHETHER OF "RESIDENTS" OR "NON-RESIDENTS" IN PUBLIC INSTITUTIONS IN THE DISTRICT.
	All Ages.	Under 1 year.	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upw'ds	S-on-A sub-Division.	Welles-bourne sub-Division.	Wootton Wawen sub-Division.	
Smallpox											
Measles	2		1	1						2	
Scarlet Fever											
Whooping Cough											
Diphtheria & membranous croup											
Croup											
Typhus											
Fever { Enteric											
Other continued											
Epidemic influenza	8						8		7	1	
Cholera											
Plague											
Diarrhœa											
Enteritis	1						1			1	
Gastritis											
Puerperal fever	1					1			1		
Erysipelas											
Phthisis	7					5	2		3	4	
Other tuberculous diseases											
Cancer, malignant disease	13					6	7	2	5	6	
Bronchitis	14		2			2	10		6	8	
Pneumonia	9	2				4	3	3	4	2	
Pleurisy											
Other diseases of Respiratory organs											
Alcoholism											
Cirrhosis of liver }	3					3			1	2	
Venereal diseases											
Premature birth	6	6						2	2	2	
Diseases and accidents of parturition											
Heart diseases	22				1	9	12	2	11	9	
Accidents	5				1	2	2		2	3	
Suicides	1					1			1		
All other causes	68	4	2	1	1	10	50	10	30	28	
All causes	160	12	5	2	3	43	95	19	73	68	

Table V.

STRATFORD-ON-AVON RURAL DISTRICT

Infantile Mortality during the year 1909.

Deaths from stated Causes in weeks and months under 1 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 1 year
All Causes	Certified	5		1	1	7							2		1			10
	Uncertified		1			1							1					2
Common Infectious Diseases	Small-pox																	
	Chicken pox																	
	Measles																	
	Scarlet Fever																	
	Diphtheria (including Membranous Croup)																	
	Whooping Cough																	
Diarrhoeal Diseases	Diarrhoea, all forms																	
	Enteritis, Muco-Enteritis, Gastro-enteritis																	
	Gastritis, Gastrointestinal Catarrh																	
Wasting Diseases	Premature Birth	4		1	1	6												6
	Congenital Defects																	
	Injury at Birth																	
	Want of Breast-milk, Starvation																	
	Atrophy, Debility, Marasmus																	
Tuberculous Diseases	Tuberculous Meningitis																	
	Tuberculous Peritonitis: Tabes Mesenterica																	
	Other Tuberculous Diseases																	
Other Causes	Erysipelas																	
	Syphilis																	
	Rickets																	
	Meningitis (not Tuberculous)														1			1
	Convulsions																	
	Bronchitis																	
	Laryngitis																	
	Pneumonia												2					2
	Suffocation, overlaying																	
	Other Causes	1	1			2							1					3

Births in the year—legitimate, 217; illegitimate, 12. Deaths in the year—legitimate infants, 11 illegitimate infants, 1. Deaths from all Causes at all Ages, 160. Population (estimated to middle of 1909), 10589.

ERYSIPELAS.

One case was notified.

The Systematic Inspection of the District generally during 1909 has been mainly directed towards sewage disposal questions and as to the conditions of Dairies, Cowsheds and Milkshops.

SEWAGE DISPOSAL.

At Henley-in-Arden and Wootton Wawen the scheme of combination of these two places for disposal works south of Wootton Wawen, has been delayed by circumstances your Authority could not obviate, but the prospect seems good for the scheme to be ultimately carried out and probably soon.

At Claverdon the question has arisen whether to arrange for the disposal of a small amount of sewage which at present constitutes a nuisance, or to systematically drain the village and take in this small amount and install a sewage disposal works for the whole village. The whole matter is not one that calls for immediate action, but it is one that should be settled by careful consideration during the coming year. And happily for the welfare of Claverdon there seems an unanimous wish in the village that whatever really ought to be done, should be done: when this is the case the results are likely to turn out well.

Personally, I am inclined to think that where part of a village has defective sewage disposal, it is a mistake to deal with such part separately, unless the rest of the village is already well sewered and provided for, and when the levels of the defective part will not allow of proper "connecting up" to be done. One does not want two methods of sewage disposal in a village, and if Claverdon is to be sewered generally in the near future it is probably most economical and most satisfactory to have plans made which include all the area it is pro-

posed to sewer and to work on these. This does not necessarily entail that an entire scheme is entered upon forthwith, but would seem to ensure that instead of a patch-work scheme there would be a sewage system capable of extension with proper levels. As Claverdon may soon open up more for building sites the above suggestion seems particularly applicable.

The only other point on the subject I would press is that any construction of sewage disposal works should be as far from the village as reasonable economy will permit of. If the gradients allow it the cost of a few extra hundred yards of main sewer is a good investment. In constructing sewage works the real issue is not how near they may be constructed to centres of population but rather how far away one can arrange to place them.

KINETON SEWAGE DISPOSAL WORKS.

In the course of the year there has been a complaint made that these give rise to nuisance at times and the matter has been investigated thoroughly by Messrs. Willcox and Raikes, who constructed the works, and have reported upon them to your Council. I am satisfied there is no injury to the Public Health likely to arise from the works. At your suggestion I made an inspection of the stream into which this effluent discharges, and found that this watercourse is particularly free from evidence of imperfectly purified sewage both in the immediate neighbourhood of Kinton and for miles below that village. During the months of July and August next will be the opportunity to decide if the alleged nuisance is abated—probably a dense clump of evergreen trees planted about the works would assist by preventing the wind sweeping over them.

WELLESBOURNE SEWAGE & SEWAGE DISPOSAL.

This long-debated scheme is now about to be carried out and will bring this neighbourhood into line in sanitation

with the remainder of the district. The contention made that the stream which runs through Walton and Wellesbourne is sewage polluted before it reaches these villages I have disproved by examination throughout its whole course. Beyond a small amount in its head waters, miles away from Walton, no sewage reaches it and it is a clear stream as far as Walton.

The argument in favour of deferring this scheme, that a complete revolution in methods of sewage disposal may readily occur in the near future, is not borne out by a study of the Report of the Royal Commission on Sewage Disposal, which is a summary of the most recent knowledge on the subject.

ULLENHALL SEWAGE DISPOSAL.

At the time when this was inspected during the year, it was answering very satisfactorily.

WATER SUPPLY.

Regular analyses of the public water supplies of the District have been made by me and no alteration in the quality of any of them were found. At Kineton the tapping of springs on Pittern Hill to augment the Public Supply promises to be a great success.

DAIRIES, COWSHEDS, AND MILK SHOPS.

A partial round of inspection of these has been made by your Sanitary Inspector and myself, and so far results might be summed up as follows.

Cubic space per cow generally ample.

Flooring and Guttering capable generally of improvement, the Guttering often primitive and the Flooring of the Stalls not on the best modern principle.

Drainage and Ventilation very seldom of first-class modern construction but usually efficient. There is rarely efficient

window space to ensure proper light for milking in the most cleanly manner. By this I mean that where milking is carried out in semi-darkness the cleansing of cows udders and cleanliness generally cannot be properly done. In many cases the manure is stacked too near the cattle sheds.

The Cattle seen are almost invariably young, healthy looking stock and fairly clean. Arrangements of a proper kind for milkers to wash their hands and to cleanse udders with are the exception. The storage of milk vessels and their cleanliness are satisfactory, but it is frequently found that milk and milk vessels are kept in places used for storage of other articles, which is undesirable.

HOUSE REFUSE SCAVENGING.

At Wellesbourne this work during the past year was very clearly not being efficiently carried out.

HOUSING OF THE WORKING CLASSES.

At Kineton the premises formerly reported upon as unsatisfactory are improved and this is more satisfactory than their condemnation and pulling down would have been. During the year I have not certified any property under the Act as unfit for habitation, and the more efficiently house property is inspected the less chance there is of any of it getting into such dis-repair as to require this.

In an instance at Kineton recently your Bye-laws were incapable of preventing a new building obstructing the lighting and air space of an adjacent dwelling.

SCHOOLS.

A Memorandum upon Public Health Administration for the Prevention of the spread of Infectious Disease occurring among children attending Public Elementary Schools, with special reference to the circumstances in which the Closure of Schools, or the Exclusion of Individual Scholars may be

necessary, has recently been issued by the Local Government Board, and introduces certain new administrative conditions necessary to comply with the requirements of the Board of Education.

Failure to comply with these requirements involves that a claim for grant may be disallowed under either heading of School Closure or Exclusion of Individual Scholars.

The changes embodied in the Code of Regulations for Public Elementary Schools (1909), are—

(a) There is no appeal against a Sanitary Authority which requires a School to be closed, or certain scholars to be excluded, if such action is on the advice of the Medical Officer of Health and approved by the School Medical Officer.

(b) Any Closing of a School or Exclusion of Individual Scholars must be endorsed by the School Medical Officer.

That which the Memorandum most emphasises is a harmonious co-operation between those who are most in touch with Elementary School Children—namely Teachers, Attendance Officers, District Nurses (where these exist), Medical Officers of Health, and School Medical Officers, so that the occurrence of infectious disease among School Children may be dealt with effectively and without loss of time, and without confusion, and the Memorandum points out that Regulations defining the circumstances in which Teachers and other School Officers should notify suspected cases of Infectious Disease to the Medical Officer of Health and to the School Medical Officer should be made generally by Local Education Authorities. Regulations bearing on this point would be of great assistance in the districts for which I am M.O.H., for although I have been much indebted in the past to Teachers and Attendance Officers for information on suspected cases of Infectious Disease, there is no doubt that

something more formal would answer the purpose more efficiently.

In Sanitary Administration there is notably one most important source of evidence on suspected or "missed" cases of Infectious Disease from which I personally get the most valuable assistance, which is from the medical practitioners in my neighbourhood, and it is almost superfluous to remark that it is only such regulations as recognise fully this fact that will be effective in improving existing conditions. The Memorandum lays stress on the fact the School Closure is much over-rated as a check to outbreaks of epidemic disease among children, and this is well known by those who have most experience in the matter. As an alternative to routine closing of Schools the Memorandum lays down a procedure which may be adopted in many cases of exclusion of individual scholars, such procedure varying according to circumstance and to the nature of the epidemic disease. Thus, in a Scarlet Fever epidemic, the exclusion of all children who have been in contact with the cases notified and a rigid search for slight cases that have been overlooked, is held to be more rational and frequently more effective than simply to close the school. It is mentioned that in the scattered Rural Districts the means of tracing doubtful cases are less available than in Towns, and also that in closing Rural Schools we keep the children much more apart from each other than is the case in Towns.

Another factor that applies more to Rural Districts than to Towns is that when a few cases of Scarlet Fever occur in a village school, this becomes generally known at once and public opinion, never very enthusiastic in favour of regular school attendance, readily accepts the situation as a strong argument against it. As a result the daily attendance falls off, and one can readily understand that the parents of children, living perhaps a mile away from the school, and remote from other children's homes would argue, and with reason, that although every precaution was taken, their children were safer

at home than mixing with others at School. This factor comes into play in diseases other than Scarlet Fever, and recently in this district where a School was kept open during an epidemic of Measles, there was considerable local feeling on the subject.

In discussing Diphtheria the Memorandum points out the valuable assistance afforded by bacteriological means to decide what children show evidence of the disease when an outbreak occurs in a School. The suggestion is that children who have been in contact with cases of the disease or who seem out of health when the disease has broken out, should have "swabs" taken from the mucus of their throats or noses and these should be examined microscopically to ascertain if the germs of diphtheria are present therein. This is the same routine measure adopted in your Infectious Hospital when we wish to know if a convalescing diphtheria patient can safely go home again. In your district this recommendation of the Memorandum is adopted to a certain degree whenever Diphtheria breaks out in a village. It is carried out by supplying any medical practitioner visiting the locality in question, with apparatus to take such "swabs" which he can have examined gratis by sending them to the Pathological Department of Birmingham University. The suggestion in the Memorandum that Education Authorities should make regulations by which Teachers and other School Officers would notify cases of infectious sickness among scholars is particularly valuable as regards non-notifiable diseases such as Measles and Whooping Cough. It sometimes happens that these complaints get widely spread before any notice is taken of them. Then a demand is made at once to close the school.

In dealing with outbreaks of infectious disease among School Children in future I hope to find that all Head Teachers possess a copy of this Memorandum, as this will simplify our mutual dealings with respect to any epidemic.

TUBERCULOSIS (*pulmonary*).

The death-rate from this in the District is a fraction below the average for Warwickshire, as it should be in a rural population. During 1909 there were only two cases notified by Poor-law Medical Officers as being cared for at their homes.

I am,

Your Obedient Servant,

ARTHUR THOMSON, M.O.H.

STRATFORD-ON-AVON RURAL SANITARY DISTRICT.

Summary of Sanitary Work done in the Inspector of Nuisances' Department during the Year 1909.

SANITARY WORK.			Inspections and Observations made	Formal Notices by Authority.	Nuisances abated after Notice.	
Dwelling houses and Schools	{	Foul Conditions.. ..	14	14	14	
		Structural Defects	26	26	26	
		Overcrowding	1	1	1	
		Unfit for Habitation	—	—	—	
		Lodging Houses	8	1	1	
		Dairies and Milkshops	17	1	1	
		Cow Sheds	46	11	11	
		Bakehouses	30	5	5	
		Slaughter-houses	18	—	—	
		Canal Boats	3	—	—	
House Drainage.	{	Ashpits and Privies	39	39	39	
		Deposits of Refuse & Manure	11	11	11	
		Water-closets	27	27	27	
		Defective Traps	20	20	20	
		No Disconnection	11	11	11	
		Other Faults	42	42	42	
		Water Supply	9	9	9	
		Pigsties	—	—	—	
		Animals improperly kept	3	3	3	
		Offensive Trades	—	—	—	
		Smoke Nuisances	—	—	—	
		Other Nuisances	24	24	24	
		Totals		359	245	245
		Ditto of Water taken for Analysis			No. 4	
Ditto of Water condemned as unfit for use			1			
JOHN BROOK, SANITARY INSPECTOR.						

Rural District of Stratford-on-Avon.

Factories, Workshops, Workplaces & Homework.

1.—Inspection of Factories, Workshops, and Workplaces.

Including Inspections made by the Inspector of Nuisances.

Premises. (1)	NUMBER OF		
	Inspections. (2)	Written Notices. (3)	Prose- cutions. (4)
FACTORIES (Including Factory Laundries) ..			
WORKSHOPS (Including Workshop Laundries) ..	79	5	
WORKPLACES (Other than Outworkers' pre- mises included in Part 3 of this Report			
Total	79	5	

2.—Defects Found.

Particulars. (1)	Number of Defects.			Number of Prosecutions (5)
	Found. (2)	Remedied (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts:—</i>				
Want of Cleanliness	5	5		
Want of Ventilation				
Overcrowding				
Want of Drainage of Floors				
Other Nuisances.. ..				
Sanitary Accommodation. } Insufficient				
} Unsuitable or Defective				
} Not Separate for Sexes				
<i>Offences under the Factory and Workshop Act:—</i>				
Illegal occupation of underground bakehouse (s. 101)				
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)				
Other offences				
(Excluding offences relating to outwork which are included in Part 3 of this report)				
Total	5	5		

3.—Home Work.

Outworkers' List, Section 107.

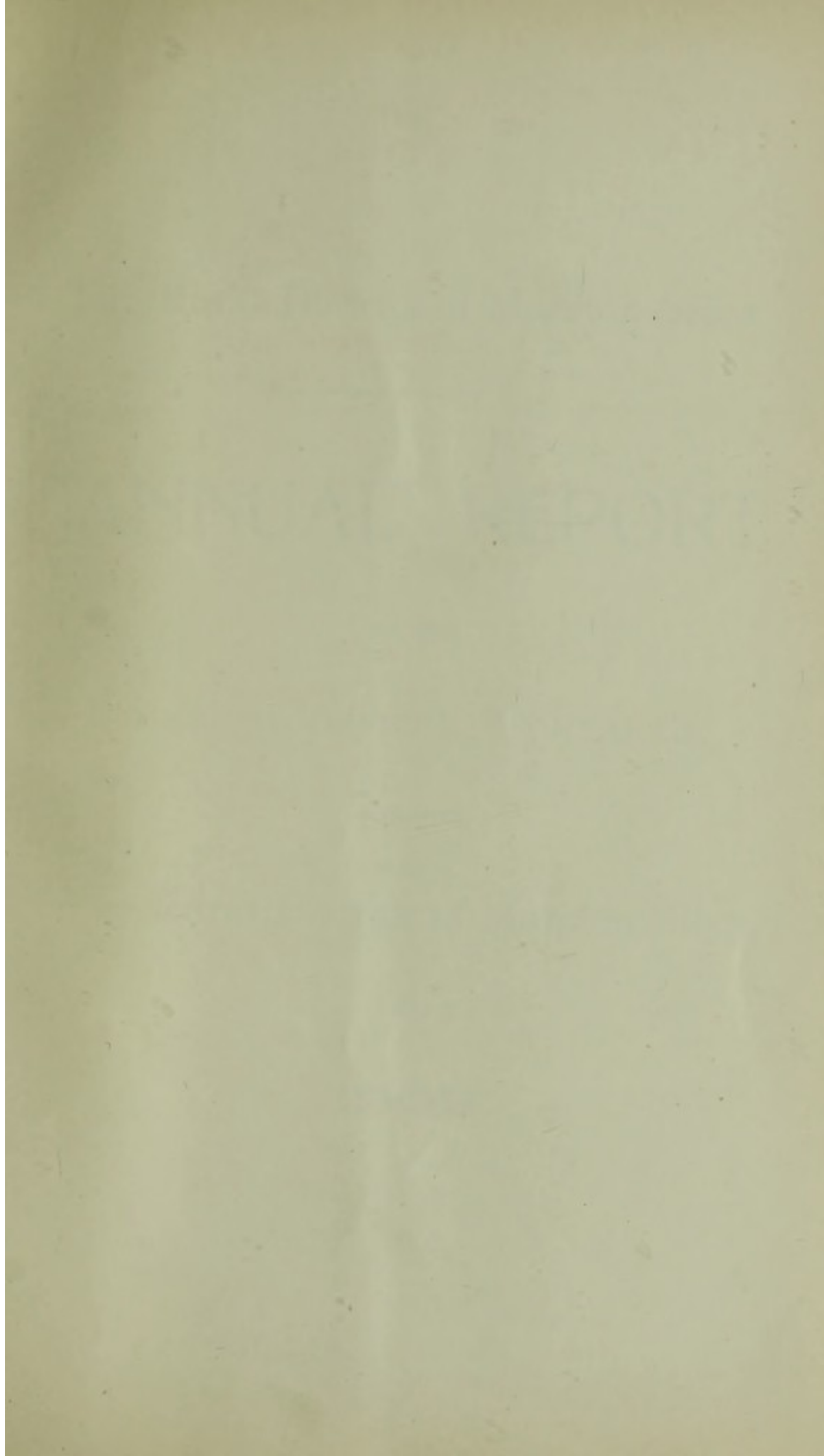
Nature of Work.	Lists received from Employers					
	Twice in the year			Once in the year		
	Lists.	O'tw'krs		Lists.	O'tw'krs	
		Con-tractors	Work-men		Con-tractors	Work-men
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel—						
(1) making, &c. ..						
(2) cleaning and washing ..						
Lace, lace curtains and nets ..						
Artificial flowers ..						
Nets, other than wire nets ..						
Tents						
Sacks						
Furniture and upholstery ..						
Fur pulling						
Feather sorting						
Umbrellas, &c.						
Carding, &c., of buttons, &c. ..						
Paper boxes and boxes ..						
Basket making						
Brush making						
Racquet and tennis balls ..						
Stuffed toys						
File making						
Electro-plate						
Cables and chains						
Anchors and grapnels ..						
Cart gear						
Locks, latches and keys ..						
Pea picking						
Total ..						

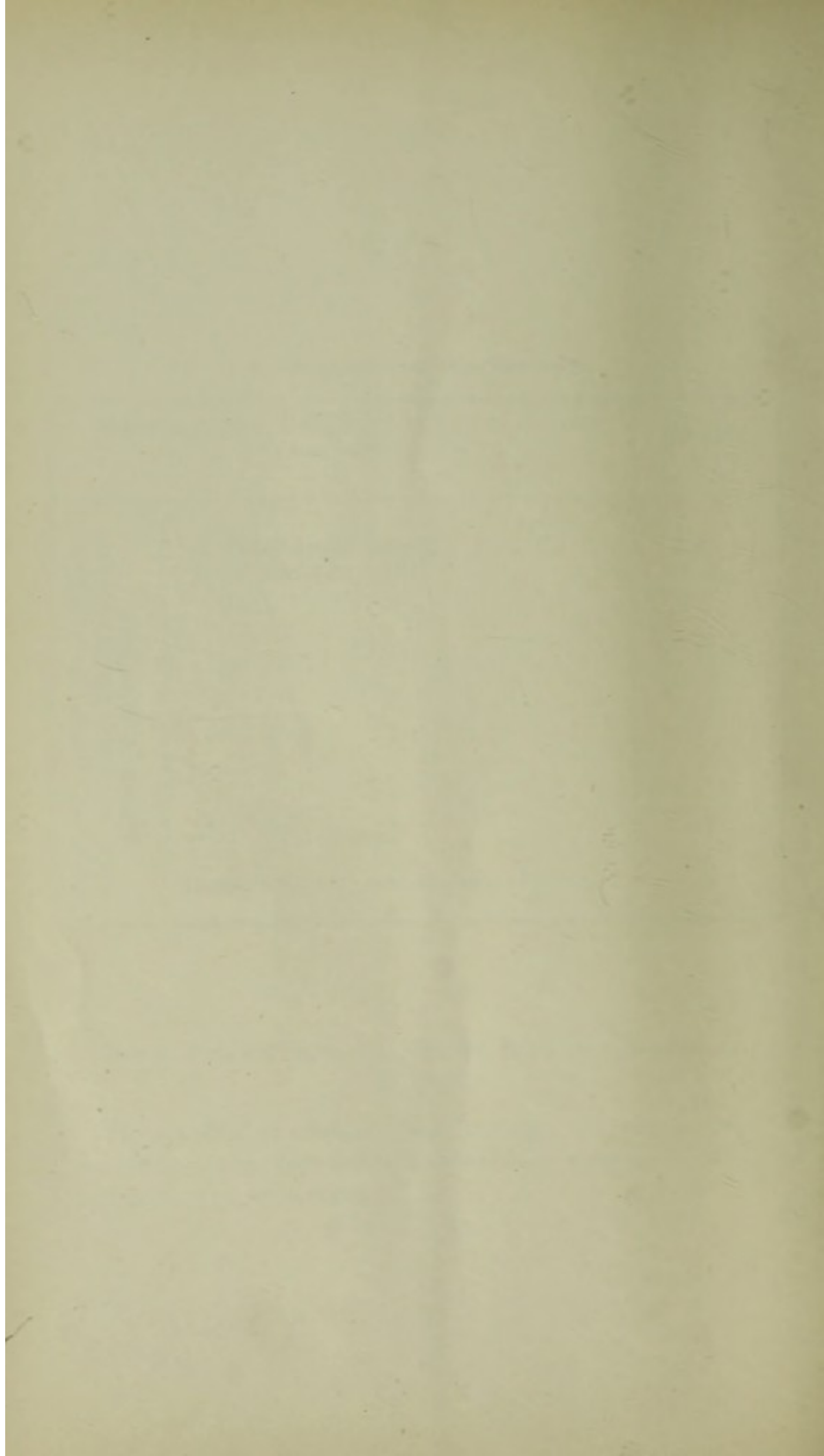
4.—Registered Workshops.

Workshops on the Register (s. 131) at the end the year. (1)		Number (2)
Important classes of workshops such as workshop bakehouses may be enumerated here.	21 Bakehouses (retail)	21
	37 Workshops (gen).	37
	Total number of workshops on Register..	58

Sec. 22 Public Health Amendment Act 1890 was adopted
in 1891.

The standard of efficiency and suitability of sanitary accommodation has not been defined, but is simply what is considered satisfactory on inspection.





The Rural District of Marston Sicca.

ANNUAL REPORT

OF THE

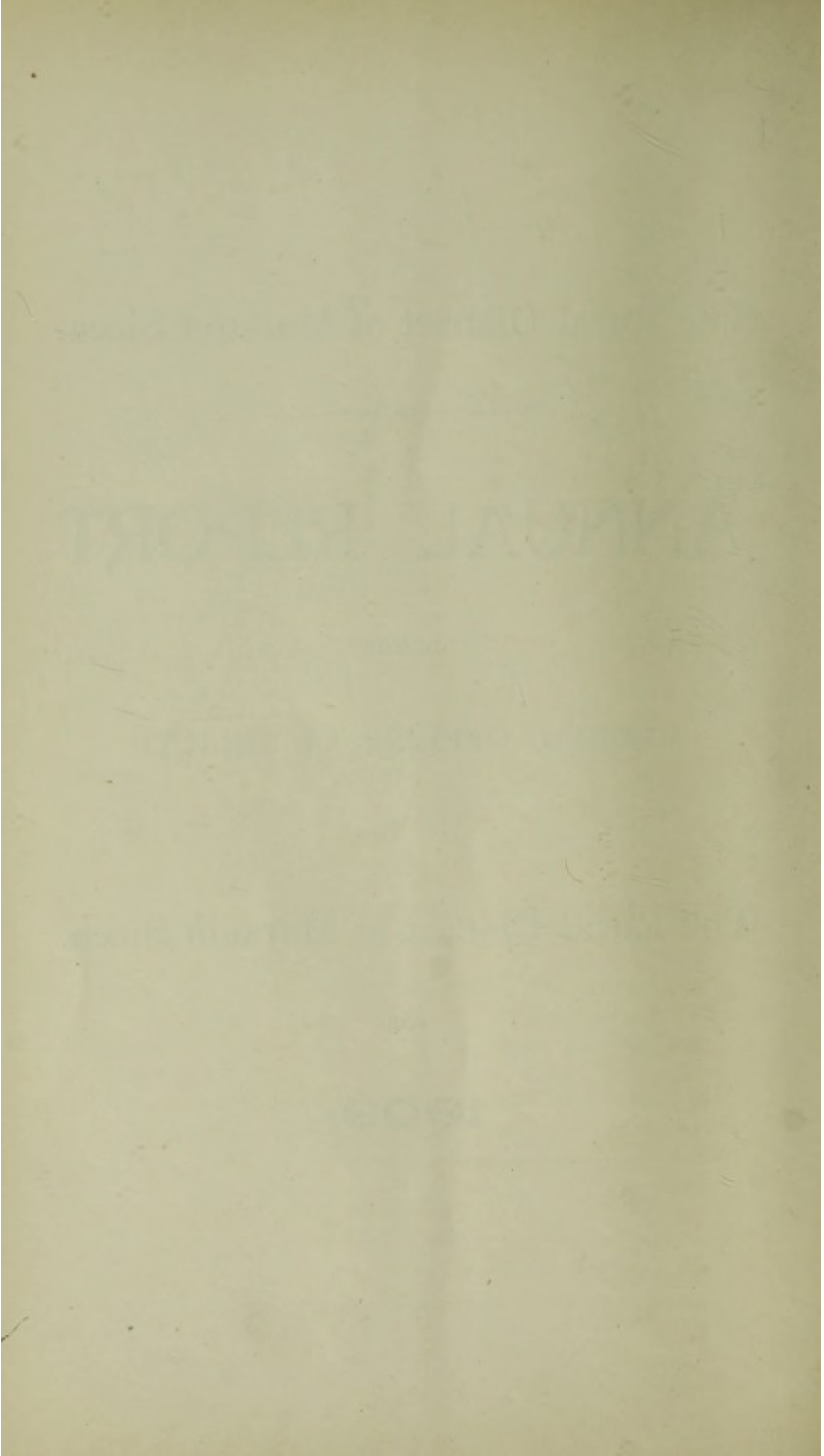
MEDICAL OFFICER OF HEALTH

FOR THE

The Rural District of Marston Sicca.

FOR

1909.



Marston Sicca Rural District,

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH.

TO THE CHAIRMAN AND MEMBERS OF THE
RURAL DISTRICT COUNCIL.

MR. CHAIRMAN AND GENTLEMEN,

I beg to submit the following as my report on the health of the District for the year 1909.

The birth rate for the year has been 25·7 per 1000 inhabitants and the death rate 14·7. The death rate among Infants has been low, 57·1 per 1000 births registered.

These mortality rates are considerably lower than the average for Marston Sicca District and such has been the case also in the adjoining Districts.

The average birth rate for Marston Sicca District is only 20·9, due to the relative proportion of women of child-bearing age being below the average for the country generally. An index of the large proportion of elderly people in the

District is afforded by the figures given in Table IV where the deaths of persons of 65 years and upwards is no less than 13 out of a gross 20. Among an ordinary rural population it would not be more than 8 out of a gross 20.

The only Infectious Disease notified in the year has been three cases of Scarlet Fever from Long Marston. These were all isolated in hospital and fortunately what threatened to be a outbreak of the Disease made no further headway. I do not think it would be possible to leave three cases of Scarlet Fever at home in this village without almost certainly originating a general epidemic. I personally visit all premises when an epidemic of this disease threatens in a village, and much can be done in this way to prevent carelessness in the spread of Scarlet Fever.

HOUSING OF THE WORKING CLASSES.

Some work has been done during the year to improve some of the worst cottages, but Weston and Long Marston are not yet up to a fair standard. Welford improves considerably, but unless further accommodation is provided for labourers in the village, the prospect seems to me that the cottage property being taken over and inhabited by persons other than labourers, will result in rents being too high for the poorer people. It is in such localities that the ineffectiveness of legislation bearing on rural housing matters is apparent. Carrying out the letter of the law, many cottages could be condemned forthwith, with no result beyond increasing the value of those not condemned, and limiting still further the supply of cottages. It is impossible to erect new cottages at a rental which will adequately repay private enterprise, and public opinion in rural districts is averse from subsidising the labourer by providing labourers dwellings out of the public purse.

WATER SUPPLY.

No further progress has been made to procure a water supply for Long Marston and I can only reiterate the suggestions made in my report for the year 1908.

SCHOOLS.

No schools have been closed during the year on account of prevalence of Infectious Disease.

To make a general summary of the District from a sanitary point of view, it is a locality where many of the cottages are below a fair standard and where, generally speaking, there is evidence that the agricultural labouring class are not a thriving, robust, and prolific race.

I would recommend that this coming year your Council should go into the question of the housing accommodation in Welford and its neighbourhood.

I am,

Your Obedient Servant,

ARTHUR THOMSON.

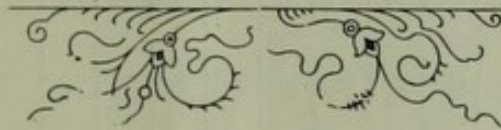


TABLE I. RURAL, DISTRICT OF MARSTON SICCA [For Whole District.] 1909

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT	Deaths of Non- residents register'd in Public Institu- tions in the District.		NET DE'ATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number.	*Rate.	Number.	Rate per 1,000 Births register'd	At All Ages			Non- residents register'd in Public Institu- tions in the District.	Institu- tions beyond the District.	Number.	*Rate.
						Under 1 Year of Age						
1	2	3	4	5	6	7	8	9	10	11	12	13
1899												
1900	1496	42	28.0	3	70	25	16.7			5	30	20.
1901	1481	26	17.5	4	153	21	14.1			2	23	15.5
1902	1465	30	20.4	3	100	27	18.4			6	33	22.5
1903	1449	29	20.0	8	275	21	14.4			5	26	17.9
1904	1434	30	20.9	1	33.3	24	16.7			2	24	16.7
1905	1419	28	19.7	5	178	19	13.3			3	22	15.5
1906	1405	20	14.2	2	100	20	14.2			7	27	19.2
1907	1390	33	23.7	3	90.9	15	10.7			5	20	14.3
1908	1375	32	23.2	4	125	20	14.5			4	24	17.4
Averages for years 1899—1908	1434	30	20.9	3.6	125	21	14.7			4	25	17.6
1909	1360	35	25.7	2	57.1	16	11.7			4	20	14.7

*Rates in Columns 4, 8, and 13 calculated by 1,000 of estimated population.

NOTE.—The deaths included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11. By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere. The "Public Institutions" taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses, and lunatic asylums. A list of the Institutions in respect of deaths in which corrections have been made is:—Stratford-upon-Avon Hospital, Infectious Hospitals, and Workhouse. Area of District in acres (exclusive of area covered by water)—8,286. Total population at all ages, 1,485.—At Census of 1901 (1st quarter of year).

TABLE III.

MARSTON SICCA RURAL DISTRICT.

Cases of Infectious disease notified during the Year, 1909.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.					TOTAL, CASES NOTIFIED IN EACH LOCALITY.								NO. OF CASES REMOVED TO HOSPITAL, FROM EACH LOCALITY.							
	At all Ages	At Ages—Years.				Under 1	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards	Long Marston	1	2	3	4	5	6	7	8	To 1 cases removed to Hospital
Small-pox ..																					
Cholera ..																					
Diphtheria (includ'g) Membranous croup																					
Erysipelas ..																					
Scarlet Fever ..	3						1	2				3									3
Typhus Fever ..																					
Enteric Fever ..																					
Relapsing Fever..																					
Continued Fever																					
Puerperal Fever ..																					
Plague ..																					
Totals ..																					

Isolation Hospitals:—Joint (Infectious) Hospital, Stratford-upon-Avon.

TABLE IV.

MARSTON SICCA RURAL DISTRICT.

Causes of, and Ages at, Death during Year 1909.

CAUSES OF DEATH.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.							Deaths at all ages of "Residents" belonging to localities whether occurring in or beyond the District.						TOTAL DEATHS WHETHER OF "RESIDENTS" OR "NON-RESIDENTS" IN PUBLIC INSTITUTIONS IN THE DISTRICT.
	All Ages.	Under 1 year.	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upw'ds	Clifford C'bers.	Dor-sington	Marst'n Sicca	Preston-on-St'r	W'lford-on-Avon	Weston-on-Avon	
Smallpox														
Measles														
Scarlet Fever														
Whooping Cough														
Diphtheria & membranous croup														
Croup														
Typhus														
Fever { Enteric														
Other continued														
Epidemic influenza ..	1						1			1				
Cholera														
Plague														
Diarrhœa														
Enteritis														
Gastritis														
Puerperal fever														
Erysipelas														
Phthisis	1					1						1		
Other tuberculous diseases														
Cancer, malignant disease	3					1	2			2		1		
Bronchitis	1	1										1		
Pneumonia														
Pleurisy														
Other diseases of Respiratory organs														
Alcoholism														
Cirrhosis of liver ..														
Venereal diseases ..														
Premature birth														
Diseases and accidents of parturition														
Heart diseases	2						2				1		1	
Accidents	1						1			1				
Suicides														
All other causes	11	1				3	7	2		2	1	5	1	
All causes	20	2				5	13	2		6	2	8	2	

Table V.

MARSTON SICCA RURAL DISTRICT

Infantile Mortality during the year 1909.

Deaths from stated Causes in weeks and months under 1 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 1 year
All Causes	Certified	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	2
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Common Infectious Diseases	Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Chicken pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Diphtheria (including Membranous Croup)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoeal Diseases	Diarrhoea, all forms	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Enteritis, Muco-Enteritis, Gastro-enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Gastritis, Gastrointestinal Catarrh...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wasting Diseases	Premature Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Congenital Defects	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Want of Breast-milk, Starvation...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Atrophy, Debility, Marasmus...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Tuberculous Diseases	Tuberculous Meningitis...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Tuberculous Peritonitis: Tabes Mesenterica...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other Tuberculous Diseases...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Causes	Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Convulsions	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Bronchitis	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
	Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Suffocation, overlaying...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other Causes	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Births in the year—legitimate 35 ; illegitimate, 0 Deaths in the year—legitimate infants, 2
 illegitimate infants, 0. Deaths from all Causes at all Ages, 20. Population (estimated to
 middle of 1909), 1360.

The following is the form which medical officers of health in the county of Gloucester are requested by the Sanitary Committee of the County Council to fill up for attachment to annual reports, and which furnishes details on the sanitary matters of the district.

TABLE C, 1909.

MARSTON SICCA RURAL DISTRICT.

Medical Officer of Health:—Arthur Thomson, M.B., D.P.H.
Sanitary Inspector:—John Izod.

HOUSING—

Number of Plans for new Houses approved	..	4
„ Houses built	.. ..	0
„ Water Certificates under Sec. 6, Public Health (Water) Act, 1878	..	0
„ Houses cleansed on notice	..	2
„ Houses closed under Sec. 32, Housing of Working Classes Act, 1890	..	0
„ Houses placed in habitable repair	..	1
„ Houses demolished	.. ..	0
„ Cases of overcrowding abated	..	0

SEWERAGE AND DRAINAGE—

Has any application for a Loan been made?	..	No
(1) Amount	.. ..
(2) Purpose	.. ..
Number of Houses newly connected with sewers	..	0
„ W.C.'s newly supplied with flushing cisterns	.. ..	0
„ Earth Closets, Pail Closets or Improved Privies constructed	.. ..	5
„ Notices served to empty "Privy Vaults"		6

REFUSE DISPOSAL—

Has any change been made in the arrangements for the removal or disposal of house refuse?	No
--	----

WATER SUPPLY—

Has there been any change in the existing sources of supply?	No
---	---------	----

Has any application for a Loan been made?	..	No
---	----	----

(1) Amount	
------------	---------	--

(2) Purpose	
-------------	---------	--

Number of new connections with public supply?	..	0
---	----	---

„ Wells sunk, or improved sources of supply provided	0
---	---------	---

„ Wells closed	0
----------------	---------	---

„ Samples taken for examination	..	0
---------------------------------	----	---

NUMBERS INSPECTED OF EACH OF THE FOLLOWING—

Common Lodging Houses	0
-----------------------	---------	---

Slaughter Houses	0
------------------	---------	---

Bakehouses	
------------	---------	--

Dairies, Cowsheds, Milkshops	3
------------------------------	---------	---

Canal Boats	
-------------	---------	--

Workshops	
-----------	---------	--

Residences of out-workers	
---------------------------	---------	--

FOOD INSPECTION.

Are the Slaughterhouses visited at the times of slaughtering?	No
--	---------	----

Does the Sanitary Inspector hold a special certificate for meat inspection?	No
--	---------	----

Are Regulations with respect to Dairies, Cowsheds, and Milkshops in force?	} There are no Local Reg'l'tions	
---	--	--

Have arrangements been made for the examination of dairy cows by Veterinary Surgeons?	No
--	----

ELEMENTARY SCHOOLS.

Number in District	5
--------------------	---------	---

Number of Schools closed	0
--------------------------	---------	---

INFECTIOUS DISEASES.

Number of cases visited and reported on	..	3
Number of houses disinfected	..	3

ISOLATION HOSPITAL ACCOMMODATION.

Has any change in the existing conditions been made?	No
If yes what changes?	.. ..

GENERAL.

Number of complaints received	..	..
Total number of nuisances reported	..	..	11
Number of swine nuisances reported	..	..	0
Total number of nuisances abated	..	..	11
Total number of notices served	..	..	11
Total number of statutory notices served	..	..	0
Total number of summonses taken out	..	..	0
Total number of convictions	..	..	0

BYE-LAWS.

Have any changes in, or additions to, the Bye-Laws been made?	No
---	----	----	----

CHIEF SANITARY REQUIREMENTS OF THE DISTRICT.

See general report *re* housing at Weston and Welford and Water supply of Long Marston.

SUMMARY OF VITAL STATISTICS.

Population of District estimated to middle of 1909, 1360.

	No.	Rate per 1,000	Deaths (continued)	No.	Rate per 1,000
Births ..	35	25·7	Measles ..	0	.. 0
Deaths ..	20	14·7	Whooping Cough	0	.. 0
Do. under 1	2	57·1	Diarrhœa ..	0	.. 0
Smallpox	0	0	Zymotic ..	0	.. 0
Scarlet Fever	0	0	Phthisis ..	1	.. '7
Diphtheria (in-			Cancer, Malignant		
cluding Mem-			Disease ..	3	.. 2·2
branous Croup)	0	0	Enteritis ..	0	.. 0
Fever	0	0	Respiratory Diseases	1	.. '7

I am, your obedient servant,

ARTHUR THOMSON, M.B.,

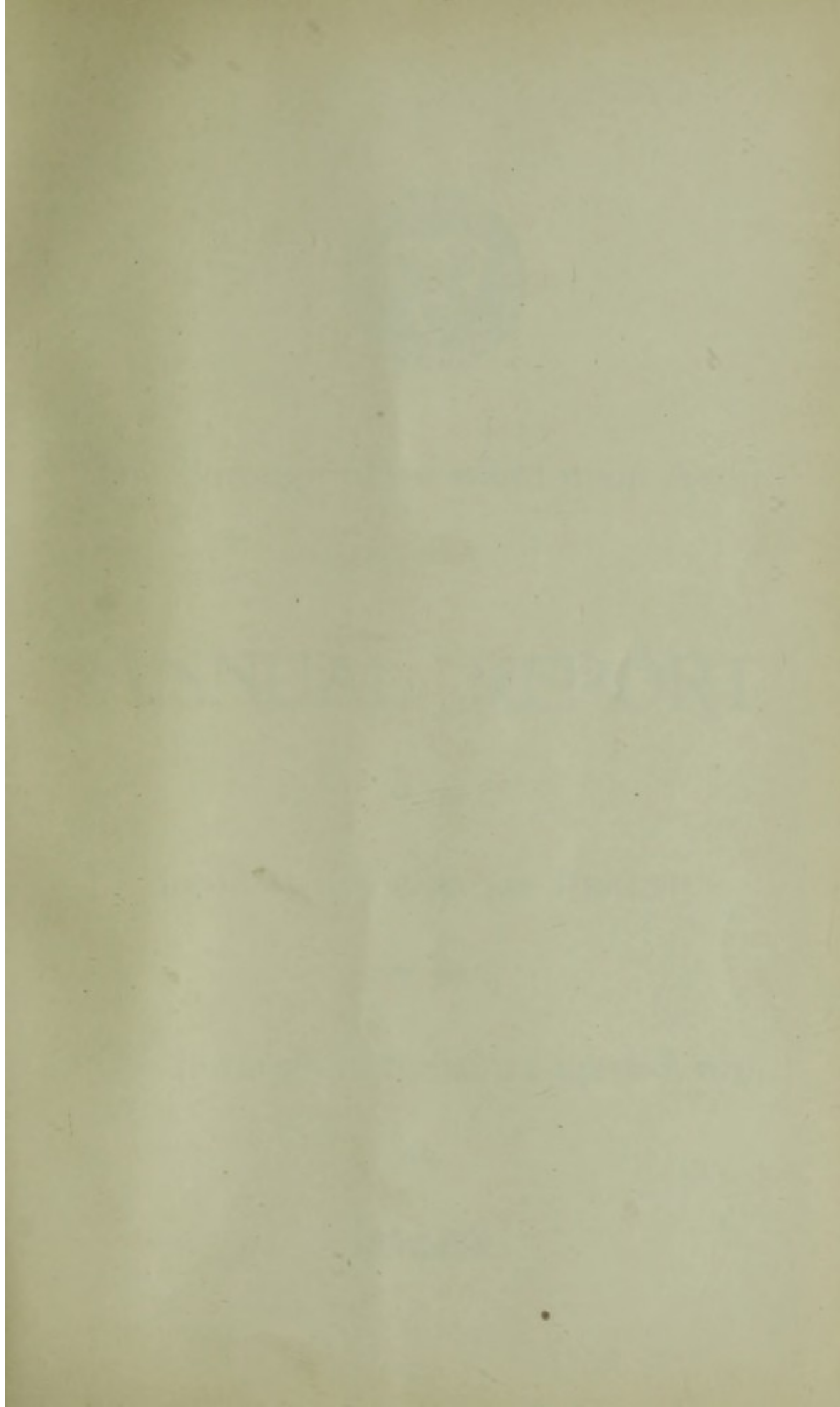
Medical Officer of Health.

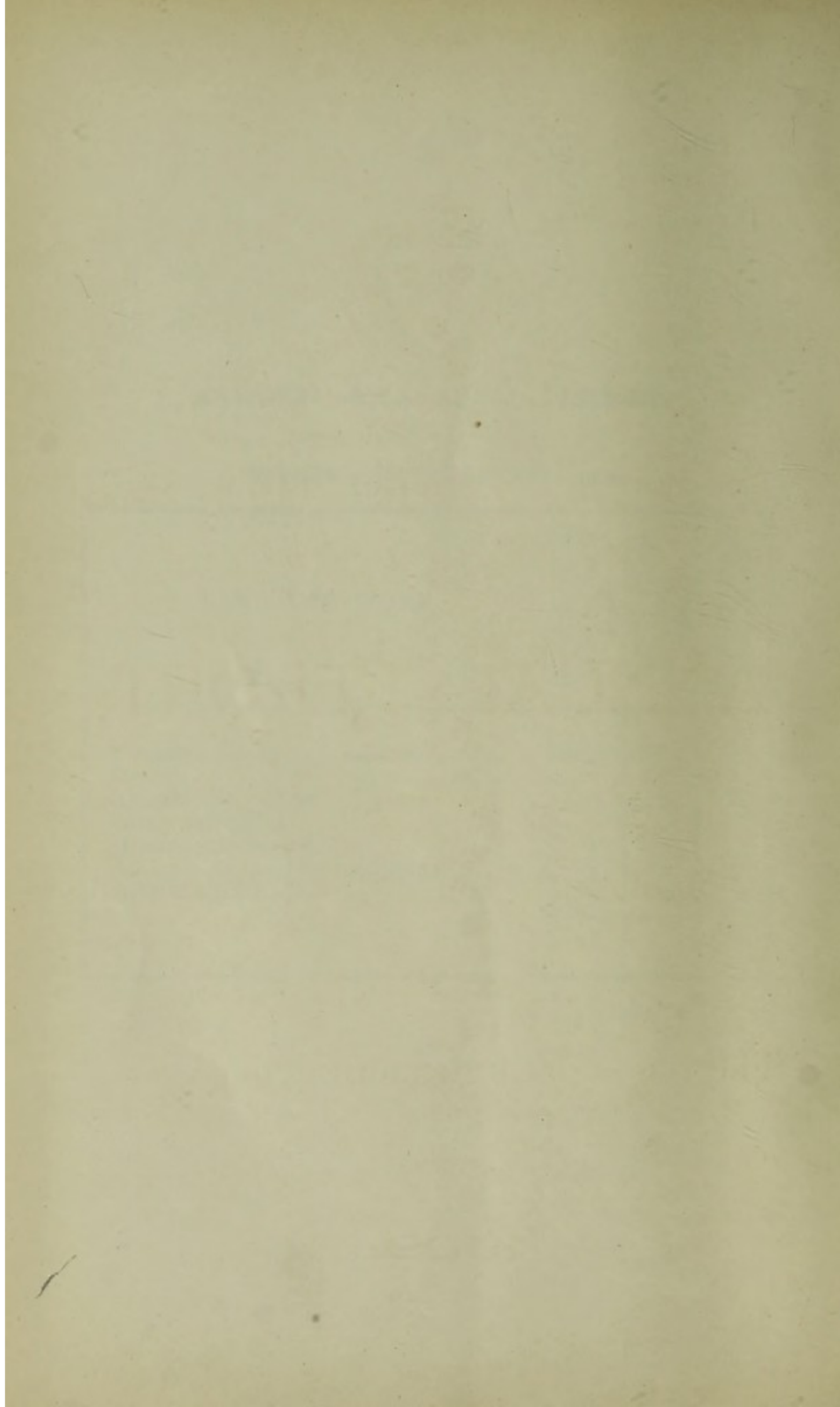
MARSTON SICCA RURAL DISTRICT.

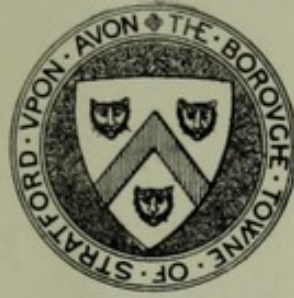
Inspector's Report for Year 1909.

SANITARY WORK.				Inspections and Observations made.	Formal Notice by Authority.	Nuisances abated after Notice.
Dwelling houses and schools .. ..	..	Regul	arly	..	..	..
Dairies .. ..	..	3	..	..	..	..
Ashpits and privies .. ..	..	6	6	..	6	6
Water samples .. ..	..	2	..	..	..	..
Houses disinfected .. ..	..	1	..	..	..	..
Animals improperly kept (pigs) ..	..	1	1	..	1	1
Defective drains .. ..	..	4	4	..	4	4
				18	11	11

J. IZOD.







The Borough of Stratford-upon-Avon.

ANNUAL REPORT

OF THE

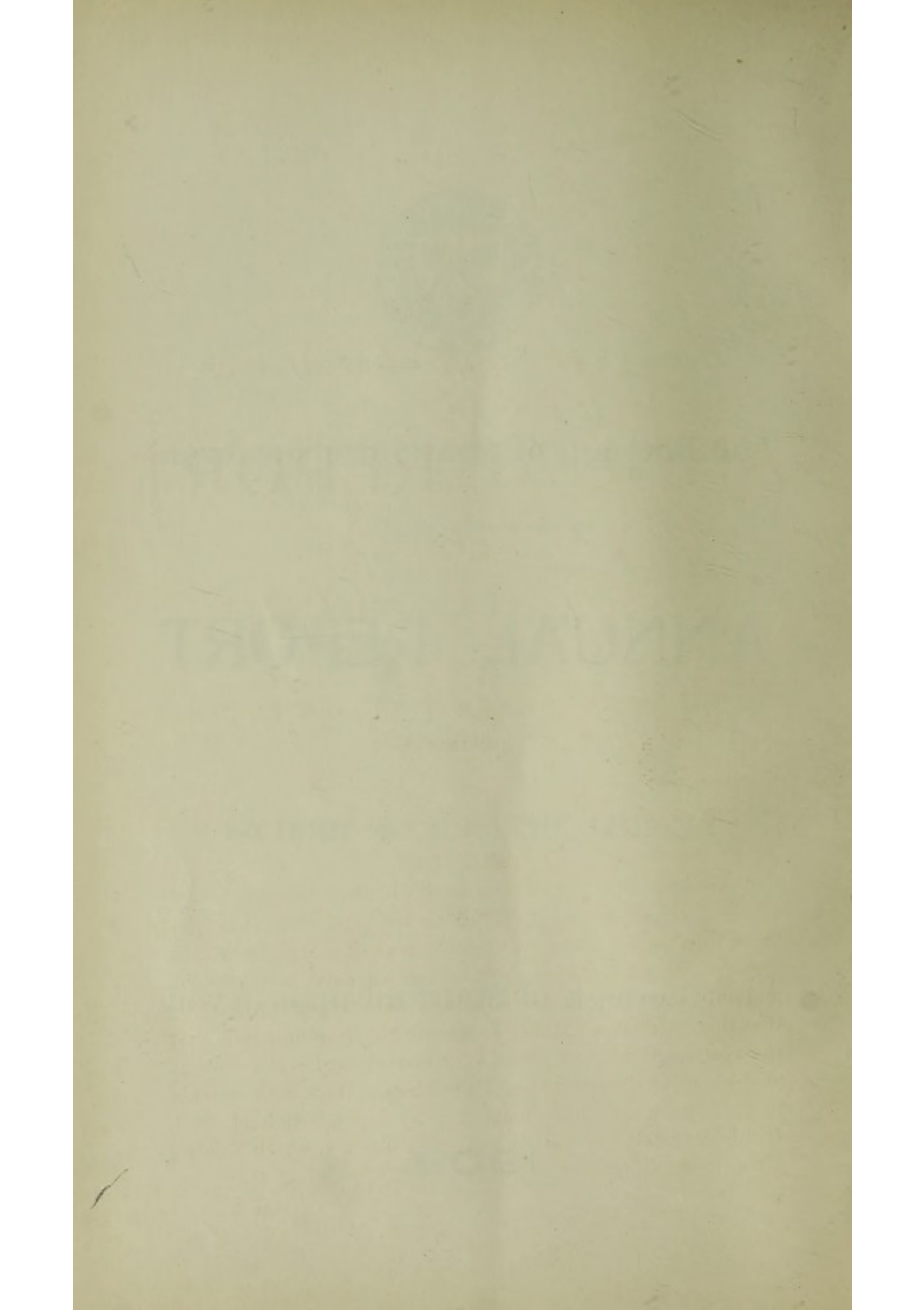
MEDICAL OFFICER OF HEALTH

FOR THE

The Borough of Stratford-upon-Avon.

FOR

1909.



Borough of Stratford-upon-Avon.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE BOROUGH.

GENTLEMEN,

I beg to submit the following report for the year 1909.

POPULATION.

At the last census (1901) the result obtained was that no increase of population had resulted for ten years, but it is probable this was an understatement to a small extent, for certain reasons. Since that time 130 new houses have been erected, and only a few tenements have been demolished. Assuming that there are 120 additional houses in the Borough and that the average number of persons per house remains the same as at the time of the census, *i.e.* 4·4 per house, there is an increase in the population of 528 making a total population of 8838. If this is correct the statistics given in Table I, which follows are altered to a fractional extent.

BIRTH-RATE.

This was a lower rate than the average (19·8) and is 6·7 below that for England and Wales for the previous year. If the population of the town inclines, as at present, to show an increase more as a residential class than as an industrial one, this low birth-rate is not likely to alter.

THE DEATH-RATE

Is very low and much below the average for the preceding ten years (11·7) and, as a reference to Table IV shows, the principal zymotic diseases did not cause a single death.

THE INFANTILE DEATH-RATE

Is also very low, only about two-thirds of the average.

INFECTIOUS DISEASE.

There has been extremely little Infectious Disease notified. Table III. The five cases of Scarlet Fever which occurred were all sent to Hospital. One case of Diphtheria was notified and this was sent to Hospital.

PHTHISIS.

Two cases only have been notified as occurring among persons attended by Poor Law Medical Officers and not in the Workhouse. It would probably be the best procedure for all concerned to endeavour to admit all such Poor Law cases to the Union Infirmary as their circumstances are such as to preclude proper means to prevent spread of the Disease. The same thing may be said with truth of many of the working classes. Your Council have considered from time to time the erection of cottages for working men, and as a step in this direction the experiment might be tried of erecting one or two on sites outside the town suitable for Phthisis and letting these at low rents to families where there was a consumptive. The advantages would not only accrue to the invalid but to those about him, and any decrease that can be made in the actual number of cases of Phthisis among the poorer classes is practically a benefit to everyone, for Phthisis is essentially a

pauperising disease, and its victims among the poor frequently come to be rate supported. If such cottages were built it would probably be a mistake to refuse them to tenants other than those for whom they were particularly intended; it would be better to have it understood that a Committee would consider any application for them, and award them according to the suitability of the applicant. It would develop in time that families where a consumptive was, would get a prior claim. In April last I made a Special Report to your Council on the requirements of the Public Health (Tuberculosis) Regulations, 1908, and on the Memorandum of the Medical Officer of the Local Government Board bearing on the subject of Tuberculosis and I have added this on an appendix to this Report.

SCHOOLS.

It has not been necessary to close any schools for Infectious Disease during the year. Much sickness among school-children is due to the inferior quality of boots which are bought by the poorer classes and which are not serviceable during wet weather. The constant renewal of foot-gear is a great tax on the resources of working people with large families.

WATER SUPPLY.

My analyses of the public water supply, made every three months show that there is no variation in the quality. I may repeat here that such analyses are only a safe guard when combined with careful exclusion from the gathering ground of any source of pollution. If the excreta from a single enteric patient gained entrance to the reservoir, chemical analysis would give no evidence of the fact, although great risk would be entailed.

SLAUGHTER HOUSES.

In my Report for 1908 I gave details of the results of establishing Public Abattoirs in towns of about the same size as Stratford-upon-Avon. The results were briefly that the initial cost of premises averaged about £2000 and that there was a

TABLE I.
BOROUGH OF STRATFORD-UPON-AVON. [For Whole District.]

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.					DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT	Deaths of Deaths of Non-residents registered in Public Institutions beyond the District.			AGES BELONGING TO THE DISTRICT.	
				Under 1 Year of Age		At All Ages				Non-residents registered in Public Institutions in the District.	Public Institutions beyond the District.	Number.	*Rate.	
		Number.	*Rate.	Number.	Rate per 1,000 Births registered	Number.	*Rate							
1	2	3	4	5	6	7	8	9	10	11	12	13		
1899	8318	208	25·	21	100	153	18·3	43	31		122	14·6		
1900	8318	175	21·	23	131	172	20·6	43	32		140	16·8		
1901	8310	179	21·5	27	150	166	19·9	47	23		143	17·2		
1902	8310	164	19·7	19	115	141	16·9	45	25		116	13·9		
1903	8310	187	22·5	26	139	156	18·7	36	21		135	16·2		
1904	8310	159	19·1	12	75	139	16·	44	21	1	112	13·4		
1905	8310	177	20·1	21	118	166	19·9	52	37	1	130	15·6		
1906	8310	187	22·5	11	56·9	150	18·	66	39		111	13·3		
1907	8310	146	17·5	13	89	134	16·1	55	32	1	102	12·2		
1908	8310	188	22·6	23	122	143	17·2	41	28		115	13·8		
Averages for years 1899—1908	8311	177	21·1	19·6	109	152	18·1	47	28		122	14·7		
1909	8310	165	19·8	11	66·6	124	14·9	43	26		98	11·7		

*Rates in Columns 4, 8, and 13 calculated by 1,000 of estimated population.

NOTE.—The deaths included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11. By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere. The "Public Institutions" taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses, and lunatic asylums. A list of the institutions in respect of deaths in which corrections have been made is:—Stratford-upon-Avon Hospital, Workhouse and Infectious Hospital.

Area of District in acres }
(exclusive of area }
covered by water.) }
Total population at all ages, 8,310
Number of inhabited houses, 1,848
Average number of persons per house, 4·4
Census of 1901.

TABLE III.

BOROUGH OF STRATFORD-UPON-AVON.

Cases of Infectious disease notified during the Year, 1909.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.							
	At Ages - Years.						1	2	3	4	5	6	7	8
	At all Ages	Under 1	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards							
Small-pox ..														
Cholera ..														
Diphtheria(includ'g) Membranous croup	1				1			1						1
Erysipelas ..					1			1						1
Scarlet Fever ..	5		3	1	1			5						5
Typhus Fever ..														
Enteric Fever ..														
Relapsing Fever..														
Continued Fever														
Puerperal Fever..														
Plague ..														
Totals ..														

Isolation Hospital—Name and Situation : Joint Hospital, near Stratford-upon-Avon.

Total available beds :—8 Small-pox, 16 Scarlet fever, 4 Diphtheria.

Number of Diseases that can be concurrently treated :—Small-pox, Scarlet fever, Diphtheria, Erysipelas

small deficit annually on the working of them. In all the cases mentioned the public slaughter house had quite replaced private slaughtering and was considered a distinct success from a sanitary point of view. A study of the matter inclines one to think that an important trade, as the meat purveying business is, might readily, by co-operation, institute a slaughtering establishment of its own, to the general advantage.

DAIRIES, COWSHEDS, AND MILKSHOPS.

As previously reported, the housing of dairy cows in some instances needs improvement, and it would stimulate this if a sub-committee would visit a few which I would designate.

SEWERAGE AND DRAINAGE.

I have not observed any degree of effluvium from the Milcote Sewage Works calculated to be injurious to health, and it now remains to be seen if the process about to be installed by "Oxychlorides Ltd." will entirely obviate any source of complaints.

SYSTEMATIC INSPECTION.

A very noticeable defect in the poorer class of cottages is the long time bedrooms are allowed to go without being whitened or re-papered. The reports I receive from the County Health Visitors endorse this.

Garrick Court and some of the Bull Street Court property is probably the least sanitary in the town. Pig keeping apparently is at present causing less nuisance than usual, as pigs are not so plentiful. To extend the distance within which pigs may be kept adjoining houses, would probably meet with less opposition now than heretofore.

The juvenile population about Shakespeare Street, Mansell Street, and Great William Street will need an open air space to play in when the land to the north of those streets is built

upon. The school children generally would be much benefitted by a public gymnasium with baths. They bathe in the river in the summer and would bathe in the winter if there was opportunity.

I am Gentlemen,

Your Obedient Servant,

ARTHUR THOMSON, M.O.H.

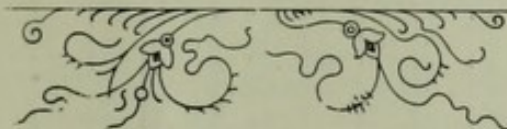


TABLE IV.

BOROUGH OF STRATFORD-UPON-AVON.

Causes of, and Ages at, Death during Year 1909.

CAUSES OF DEATH.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.							Deaths at all ages of "Residents" belonging to localities whether occurring in or beyond the District.					TOTAL DEATHS WHETHER OF "RESIDENTS" OR "NON-RESIDENTS" IN PUBLIC INSTITUTIONS IN THE DISTRICT.
	All Ages.	Under 1 year.	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upw'ds						
Smallpox													
Measles													
Scarlet Fever													
Whooping Cough													
Diphtheria & membranous croup													
Croup													
Typhus													
Fever { Enteric													
Other continued													
Epidemic influenza													
Cholera													
Plague													
Diarrhœa													
Enteritis													
Gastritis													
Puerperal fever													
Erysipelas													
Phthisis	6				1	5							3
Other tuberculous diseases	4			2		2							2
Cancer, malignant disease	10					3	7						7
Bronchitis	11	5	3				3						1
Pneumonia	4	1				2	1						1
Pleurisy													1
Other diseases of Respiratory organs	1					1							2
Alcoholism													
Cirrhosis of liver	1					1							
Venereal diseases													
Premature birth	1	1											
Diseases and accidents of parturition	1					1							
Heart diseases	13				1	5	7						5
Accidents	2						2						1
Suicides													
All other causes	44	4	1	2	1	8	28						20
All causes	98	11	4	4	3	28	48						43

Table V.

BOROUGH OF STRATFORD-UPON-AVON

Infantile Mortality during the year 1909.

Deaths from stated Causes in weeks and months under 1 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 1 year
All Causes	Certified	1	1			2	3	2	1			1		1	1			11
	Uncertified																	
Common Infectious Diseases	Small-pox																	
	Chicken pox																	
	Measles																	
	Scarlet Fever																	
	Diphtheria (including Membranous Croup)																	
	Whooping Cough																	
Diarrhœal Diseases	Diarrhœa, all forms																	
	Enteritis, Muco-Enteritis, Gastro-enteritis																	
	Gastritis, Gastrointestinal Catarrh...																	
Wasting Diseases	Premature Birth	1				1												1
	Congenital Defects..							1										1
	Injury at Birth																	
	Want of Breast-milk, Starvation...																	
	Atrophy, Debility, Marasmus...		1			1	3											4
Tuberculous Diseases	Tuberculous Meningitis...																	
	Tuberculous Peritonitis: Tabes Mesenterica...																	
	Other Tuberculous Diseases...																	
Other Causes	Erysipelas																	
	Syphilis																	
	Rickets																	
	Meningitis (not Tuberculous)																	
	Convulsions																	
	Bronchitis							1	1			1		1				4
	Laryngitis																	
	Pneumonia														1			1
	Suffocation, overlaying...																	
	Other Causes																	
		1	1			2	3	2	1			1		1	1			11

Births in the year—legitimate 152 ; illegitimate, 13 Deaths in the year—legitimate infants, 10
 illegitimate infants 1 Deaths from all Causes at all Ages, 98. Population (estimated to
 middle of 1909), 8310.

APPENDIX.

STRATFORD-UPON-AVON,

APRIL 7th, 1909.

TO THE CHAIRMAN AND MEMBERS OF THE
SANITARY COMMITTEE.

GENTLEMEN,

I beg to submit the following as a Report on the application to the Borough of the requirements of the Public Health (Tuberculosis) Regulations, 1908, and of the suggestions contained in the Memorandum by the Medical Officer of the Local Government Board on administrative measures against Tuberculosis.

The Regulations require Poor Law Medical Officers to notify to the M.O.H. any case of Pulmonary Tuberculosis (Consumption of the Lungs) among the poor they attend as Poor Law Medical Officers, and I have received four notifications to the present time, three at the workhouse and one residing in Russell Court. At the Workhouse there is now provision to adopt "open air" treatment and two cases there are carrying this out and are living apart from the other inmates. The third case at the Workhouse is isolated in a

building apart from the main building, where he lives with his wife. The case in Russell Court has died.

The Memorandum of the Medical Officer of the L.G.B. explains the Regulations as to Tuberculosis, and subjects a wider application of measures against Tuberculosis than is required by these.

It points out that there are poor to deal with who are not inside the scope of the Poor Law, and gives emphasis to the facts that :—

- (1) The sources of infection of Tuberculosis are limited and fairly easy controlled.
- (2) That healthy human beings are comparatively only slightly susceptible to infection of the disease.
- (3) That the education of persons suffering from Pulmonary Tuberculosis on means of not spreading the disease is most important.
- (4) That the methods used by a Sanitary Authority to control the spread of Tuberculosis must be entered upon with much tact so as to ensure the co-operation of all concerned, and to avoid any prejudice which might interfere with a consumptive earning his livelihood.

It is necessary to dwell on the importance of limiting the spread of Pulmonary Tuberculosis when we consider that the mortality from it in the town of Stratford is greater than that from all the diseases combined which are at present notifiable. For the towns of Warwickshire the mortality annually from Pulmonary Tuberculosis is nearly one per thousand, or nearly one-twelfth of the total mortality.

The recommendations I would make to your Committee are :—

That Pulmonary Tuberculosis is included among the Diseases already notifiable in the Borough.

That your Committee should supply to each notified case a printed card with instructions and information referring to the Disease.

That spit bottles are provided free of cost to necessitous cases on application.

That disinfection of premises and bedding is done free of charge where this seems advisable in the interests of persons suffering from the disease, and always after the death of a case of the disease.

That the Medical Practitioners of the town are asked to bring before your Committee, through the M.O.H., any case coming under their notice where Sanatorium treatment would be a benefit, and it is to be borne in mind that treatment at a Sanatorium not only may improve the patient's health, but also it educates the patient in the means of preventing the spread of the disease to others.

These are the only suggestions I have to make at present as it is advisable to begin gradually. There are many others that might be made and notably in the direction of early diagnosis of the disease. The complaint is one which begins insidiously and frequently before medical advice is sought it has made inroads that an earlier knowledge of the condition might have arrested. I think, however, that to begin as a preliminary with compulsory notification is sufficient for the present.

At the Joint (Infectious) Hospital maintained by your authority in conjunction with other authorities there is a small Ward Block which is rarely in use and well isolated from the buildings used to isolate cases of Scarlet Fever and Diphtheria. It would be possible at any time to cut this off from all connection with the Hospital by a separate entrance being made to it and a fence being put around it. The only alteration required

would be to put a small cooking range in the Duty-room, and then the building would suit admirably as a temporary house for a case of incipient Pulmonary Tuberculosis. A man and his wife and small family could be sent there and trained in methods to prevent the infection of others. To do this would not necessarily involve much expense especially if it were not the bread-winner of the family who was the patient, as in the latter case the family would simply live rent free. The expense involved would come in any instance under Section 131 of the P.H. Act, 1875, and I personally would look after the patient's welfare, as superintendent of the Hospital.

I am,

Your Obedient Servant,

ARTHUR THOMSON. M.O.H.



STRATFORD-ON-AVON URBAN SANITARY DISTRICT.

Summary of Sanitary Work done in the Inspector of Nuisances' Department during the Year 1909.

SANITARY WORK.			Inspections and Observations made	Formal Notices by Authority.	Nuisances abated after Notice.
Dwelling houses and Schools	Foul Conditions..	..	15	15	15
	Structural Defects	..	12	12	12
	Overcrowding ..	..	2	2	2
	Unfit for Habitation	..	—	—	—
	Lodging Houses	..	6	2	2
	Dairies and Milkshops	..	16	—	—
	Cow Sheds ..	..	27	7	7
	Bakehouses ..	..	18	3	3
	Slaughter-houses	..	12	1	1
	Canal Boats ..	..	6	—	—
	Ashpits and Privies	..	15	15	15
	Deposits of Refuse & Manure	..	3	3	3
	Water-closets ..	..	23	23	23
	Defective Traps	..	11	11	11
House Drainage.	No Disconnection	..	4	4	4
	Other Faults	..	19	19	19
	Water Supply ..	..	3	3	3
	Pigsties ..	..	2	2	2
	Animals improperly kept	..	2	2	2
	Offensive Trades	..	3	—	—
	Smoke Nuisances	..	—	—	—
	Other Nuisances	..	11	11	11
Totals ..			210	135	135
Ditto of Water taken for Analysis ..			1		
Ditto of Water condemned as unfit for use ..					
JOHN BROOK, SANITARY INSPECTOR.					

Borough of Stratford-upon-Avon.

Factories, Workshops, Workplaces & Homework.

1.—Inspection of Factories, Workshops, and Workplaces

Including Inspections made by the Inspector of Nuisances.

Premises. (1)	NUMBER OF		
	Inspections. (2)	Written Notices. (3)	Prose- cutions. (4)
FACTORIES (Including Factory Laundries) ..	129	7	
WORKSHOPS (Including Workshop Laundries) ..			
WORKPLACES (Other than Outworkers' pre- mises included in Part 3 of this Report			
Total	129	7	

2.—Defects Found.

Particulars. (1)	Number of Defects			Number of Prosecutions (5)
	Found. (2)	Remedied (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts:—</i>				
Want of Cleanliness	6	6		
Want of Ventilation				
Overcrowding				
Want of Drainage of Floors				
Other Nuisances	1	1		
Sanitary Accommodation. { Insufficient				
{ Unsuitable or Defective				
{ Not Separate for Sexes				
<i>Offences under the Factory and Workshop Act:—</i>				
Illegal occupation of underground bakehouse (s. 101)				
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)				
Other offences				
(Excluding offences relating to outwork which are included in Part 3 of this report) ..				
Tot	7	7		

3.—Home Work.

Outworkers' List, Section 107.						
Lists received from Employers						
Twice in the yearOnce in the year						
Nature of Work.	Lists.	O'tw'krs		Lists.	O'tw'krs	
		Con- tractors	Work- men		Con- tractors	Work- men
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel—						
(1) making, &c.	10	10	18			
(2) cleaning and washing . .						
Lace, lace curtains and nets . .						
Artificial flowers						
Nets, other than wire nets . .						
Tents						
Sacks						
Furniture and upholstery . .						
Fur pulling						
Feather sorting						
Umbrellas, &c.						
Carding, &c., of buttons, &c. .						
Paper bags and boxes						
Basket making						
Brush making						
Racquet and tennis balls . .						
Stuffed toys						
File making						
Electro-plate						
Cables and chains						
Anchors and grapnels						
Cart gear						
Locks, latches and keys . . .						
Pea picking						
Total	10	10	18			

3.—Home Work.

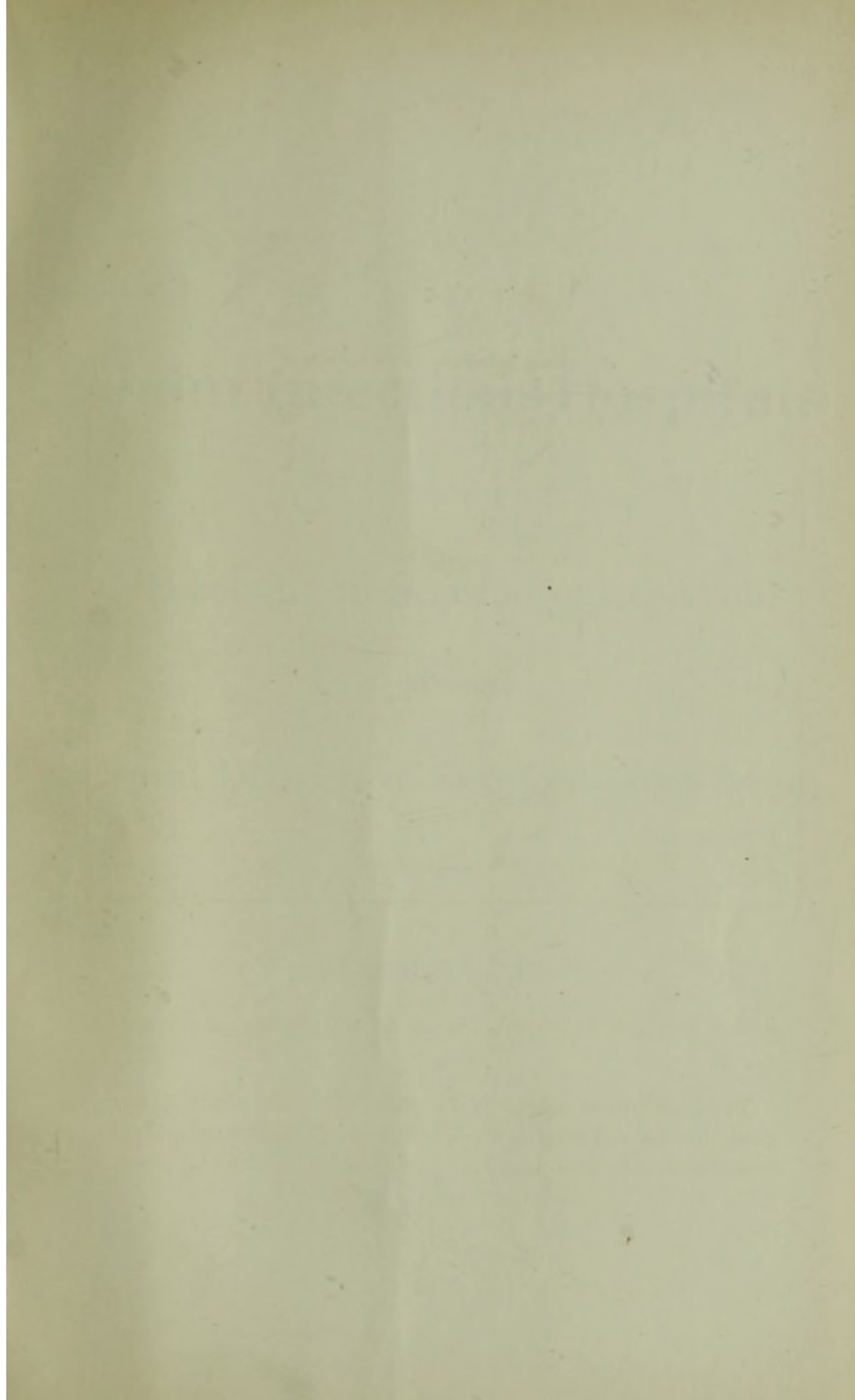
Address- es of O'twkr's		Prosecu- tions.	Inspections of Out workers' premises.	OUTWORK IN UNWHOLE- SOME PREM- ISES, SECTION 108.			OUTWORK IN INFECTED PREMISES, SECTION 109, 110.					
R'ce'v'd from oth'r Co'ncils (8)	Forw'r'ded to oth'r Co'ncils (9)			Notices served on Occ- upiers as to keeping or sending lists. (10)	Failing to keep or permit In- spection of lists (11)	Failing to send lists. (12)	Instances. (14)	Notices served. (15)	Prosecutions (16)	Instances. (17)	Orders made (S. 110). (18)	Prosecutions (Sections 109, 110). (19)
	2	10				33						
	2	10				33						

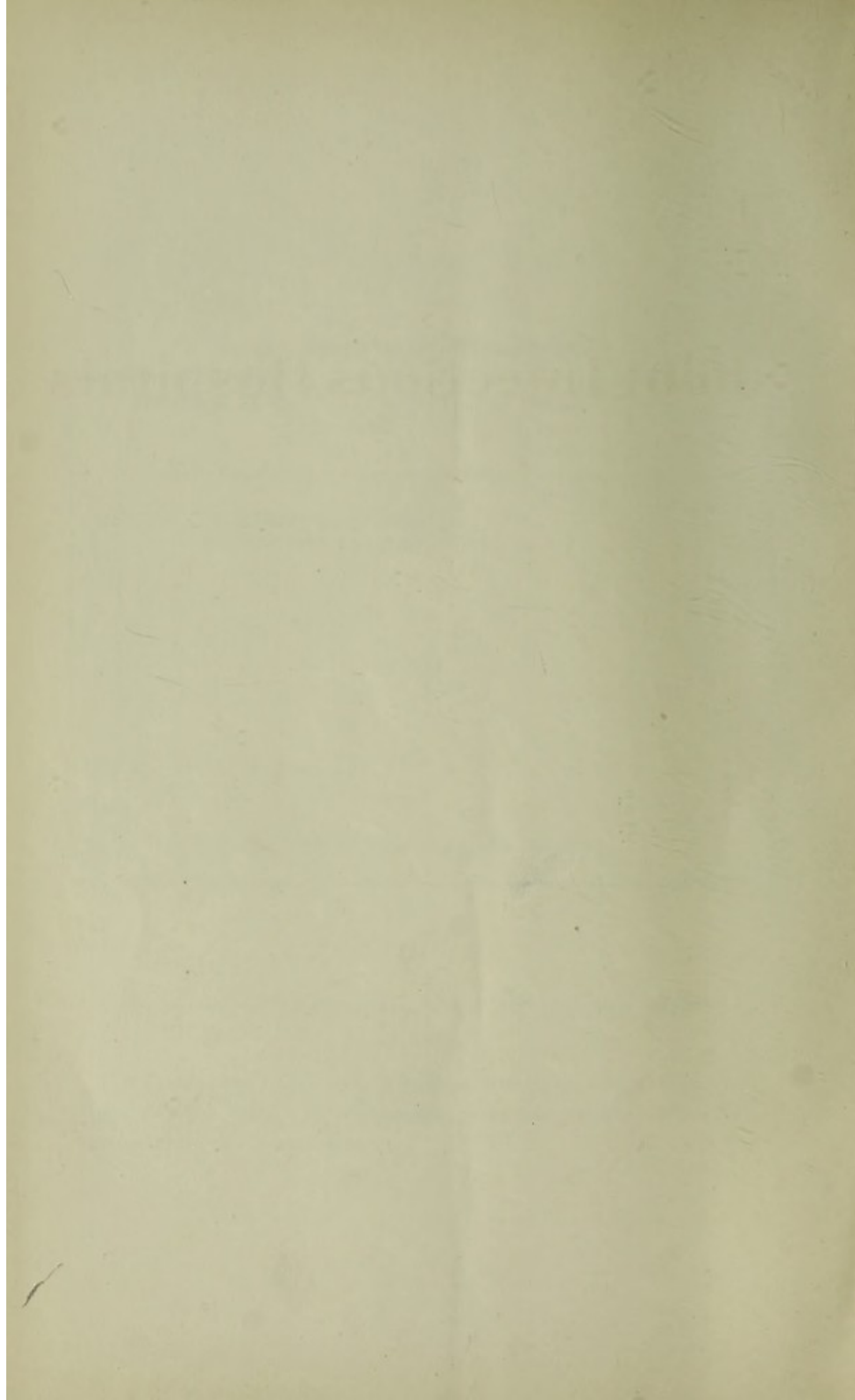
4.—Registered Workshops.

Workshops on the Register (s. 131) at the end the year. (1)			Number (2)
Important classes of workshops such as workshop bakehouses may be enumerated here.	11 Bakehouses (retail)	.. ..	11
	70 Workshops (gen).	.. ..	70
	Total number of workshops on Register..		81

Sec. 22 Public Health Amendment Act 1890 was adopted
in 1891.

The standard of efficiency and suitability of sanitary accommodation has not been defined, but is simply what is considered satisfactory on inspection.





Joint Infectious Hospitals

OF THE

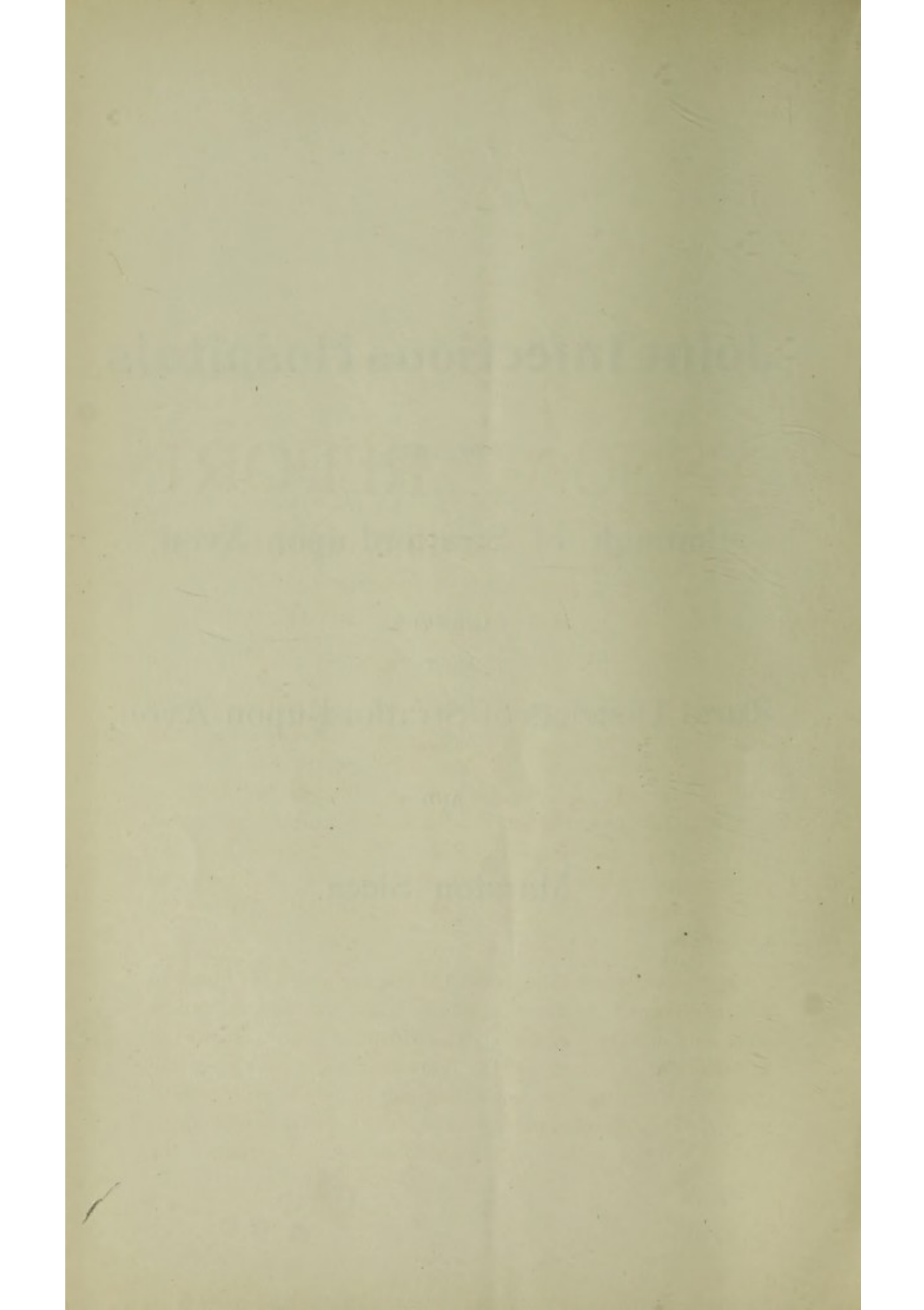
Borough of Stratford-upon-Avon,

AND THE

Rural Districts of Stratford-upon-Avon,

AND

Marston Sicca.



Joint (Infectious) Hospitals,

STRATFORD-ON-AVON.

ANNUAL REPORT

1909.

TO THE JOINT HOSPITAL COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

During the past year there were isolated at the Birmingham Road Hospital, sixteen cases of Scarlet Fever, and of these the Borough contributed five, the Rural District of Stratford-on-Avon eight, and the Rural District of Marston Sicca three. Fourteen cases of Diphtheria were also nursed there, and of these one came from the Borough and thirteen from the Rural District of Stratford-on-Avon. A case of Erysipelas from the Borough was also sent to this Hospital. There were no deaths.

Until recent years there was an average of about one hundred patients annually to be isolated, and last year's admittances were only one-third of this. The Hospital as a result, was in a position to allow some of the Nursing Staff to take up temporary work at other infectious Hospitals under the arrangement made through the Medical Officer of Health for Gloucestershire. This is a much better plan than to permanently reduce the

Nursing Staff when work is light, for in the working of Hospitals for infectious disease it is impossible to forecast when an epidemic will necessitate a full complement of Nurses.

It is very rare to find that parents have any objection to sending children to the Hospital, except in grave cases of Diphtheria, where, naturally, parents do not like to part with their children. The Institution has, I think, the complete confidence of the Districts which it serves, and for this we are mainly indebted to the Matron, Miss Wright, and her Assistants.

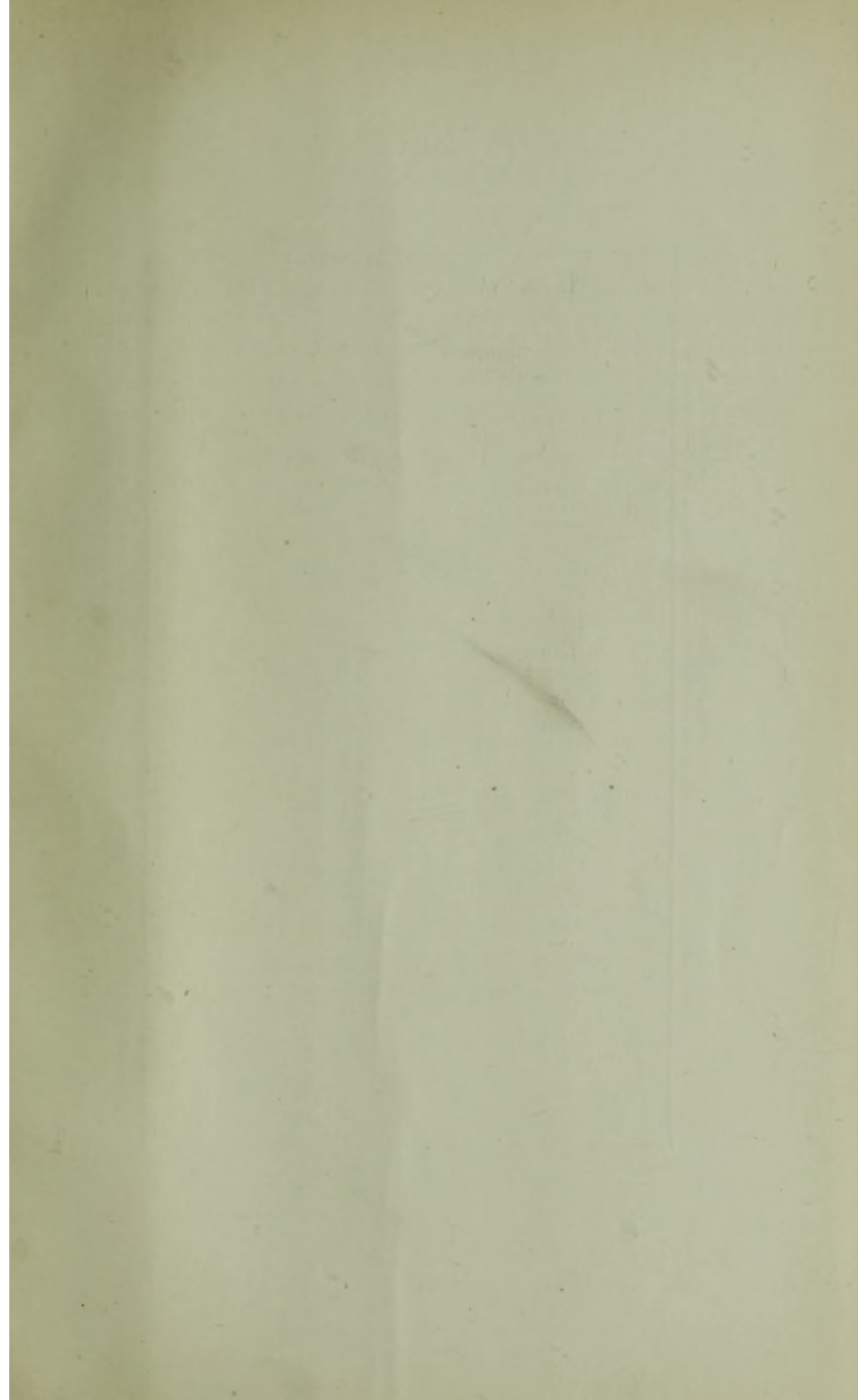
I am,

Yours faithfully,

ARTHUR THOMSON,

Medical Superintendent.





DISTRICT OF STRATFORD-ON-AVON.

RETURN showing the number of Births registered, together with the number of such cases Vaccinated or otherwise disposed of in the above District, during the year 1909.

VACCINATION DISTRICTS.	No. of Births Registered during the year ended Dec. 31st, 1909.	Number of these cases successfully Vaccinated.	Insusceptible of Vaccination.	Died before Vaccination.	Cases under Postponement.	Removals to other Dis- tricts out of the Union.	Number of cases not to be found.	Number of Cases remaining Unvaccinated at date of this Return.	Number of conscientious objection certificates.
Stratford-on-Avon ..	238	113		11	2	2	3	41	66
Wellesbourne ..	115	63		2	1		1	31	17
Wootton Wawen ..	85	44		2	1		1	16	21
TOTALS ..	438	220	0	15	4	2	5	88	104

As compared with a similar return for the year 1908 there have been 104 children unvaccinated by reason of the conscientious objections of parents, as compared with 89 for the previous year. In 1907 there were only 34.