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STROUD URBAN DISTRICT  
COUNCIL.

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ANNUAL REPORT  
OF THE  
MEDICAL OFFICER  
OF  
HEALTH.

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February 5, 1904.

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ROBT. PATERSON, TYPO., STROUD.





Dr. Martin, medical officer of health, read his annual report on the health and sanitary conditions of the district, as follows:—

Gentlemen,—I beg to lay before you my second annual report on the Sanitary Administration of your district, for the year, 1903. In my report last year I gave a full account of the general conditions of the district past and present, and to this I would refer you for matters which it is not necessary for me now to deal with again. The year under review has not been marked by any special circumstance in its sanitary history, save that notifiable infectious disease has been less prevalent than in any year since the adoption of the Infectious Diseases (Notification) Act, 1889, by the Council in 1892, and that the importance of bacteriological diagnosis was recognised by the Council, and arrangements made whereby it was undertaken at the cost of the Council.

House Accommodation:—This subject has come before you during the year only in connection with a group of sixteen dilapidated uninhabited cottages on the lower side of Summer Street. These are dangerous to the public health only in the direction of being structurally more or less unsafe. In December last the Surveyor to the Council reported that they had changed hands, and that he would make enquiries as to what would be done with them. In another direction attention has also been given to this matter by the proposed widening of King Street, and thereby increasing the air-space round the houses. This will



be an important improvement in many ways, and not least in the particular direction I have mentioned. Six new houses have been erected in the course of the year, the plans having been first submitted to the Council in accordance with the bye-laws.

Sewerage and Drainage:—The only change made during the year has been a minor improvement in one part of the town whereby the slop water from a group of houses in Bowbridge Lane has been diverted into the sewer instead of, as hitherto, being allowed to run down the rough surface water channel at the side of the Lane. Matters which require attention are the provision of suitable flushing cisterns for those closets which are at present hand-flushed and improvement in the method of sewage disposal. The present Sewage Disposal Works are some of the oldest chemical precipitation works in the kingdom, and though when first used they may have been capable of dealing with the sewage sent down to them, with the increase of connections and growth of the town more work has been put on them than they have been capable of performing. The result is that the effluent has not been satisfactory.

Refuse Disposal:—There has been no change in the system of removal of house refuse during the past year. Covered receptacles as required by the bye-laws appear to be provided by very few householders.

Water Supply:—I dealt very fully with this matter in my report for 1902, and it is



only necessary for me now to remark that the variations in the results of the examination of the water to which I then referred are shown in the analyses made this year. On my report a Committee was appointed to consider the matter and a sub-Committee inspected the gathering ground of the upper (Stroud Hill) supply. They recommended that two small feeders should be cut off from the supply, and this was at once done. The water supply of the town generally is still under consideration by the Committee.

Common Lodging-Houses:—These places have been inspected from time to time in the course of the year and have generally been found in a fairly satisfactory condition.

Dairies, Cowsheds and Milkshops:—The number of dairies and cowsheds on the register is the same as last year, but two milk-sellers have been added. There are at present no regulations in this district with respect to these places. Probably if such were adopted it would be possible to ensure that the milk was obtained under more cleanly conditions than at present, and that more care would be taken in the storage of this important article of food which is so susceptible to the conditions under which it is kept. In the smaller milkshops where heterogeneous articles are on sale, it is very advisable that the milk should be kept in a cupboard with a fixed opening to the outside air and a close fitting door on the side of the room, so that it practically forms a compartment separate from the room.



**Factories and Workshops:—**There are now 102 workshops on the register, and the names of outworkers received from the occupiers of factories are 155 in number. Bakehouses have received special attention during the year. Three of these are technically underground, and in two considerable alterations had to be made before certificates under the Factory and Workshop Act, 1901, could be granted. With these alterations they may be considered suitable for the purposes for which they are used.

**Offensive Trades:—**With the exception of some chemical manure works at which work has been carried on for a few months each year for the past six years, the only offensive trade in the district is that of tripeboiling. There are two tripe boilers in the town. The conditions under which the work is carried on in one establishment are not satisfactory and will require some alteration shortly. With regard to the Chemical Manure Works I was requested to make a report to the Council early in 1902. I found that the manufacture consisted in the mixing of materials together in the form of coarse powders in various proportions according to the crop for which they were intended. In the course of this mixing process—carried out in an open shed—objectionable effluvia were given off which were a nuisance to the residents in the neighbourhood and to the passers by on the high road adjoining, dependent to a certain extent on the prevailing direction of the wind. A copy of my report was sent to the manufacturers by order

of the Council, and shortly afterwards the work was stopped for the season. In May, 1903, a petition, signed by 20 residents in the neighbourhood of these works, was presented to the Council, calling their attention to the nuisance caused by this manufacture. The Clerk was instructed to take the necessary steps to secure an abatement of the nuisance.

Infectious Diseases:—The total number of notifications of cases of infectious disease received during the year was 11, the smallest number in any year since the adoption by the Council in 1892 of the Infectious Diseases (Notification) Act, 1889. The figures for each year are:—

	Total	Scarlet Fever	Diphtheria	Typhoid Fever	Erysipelas	Puerperal Fever	Small-pox
1893	84	26	3	22	10	—	23
1894	39	23	2	4	2	—	8
1895	12	8	1	—	3	—	—
1896	16	4	3	4	3	1	1
1897	19	9	4	3	—	3	—
1898	44	21	7	3	12	1	—
1899	63	40	11	3	9	—	—
1900	209	177	10	16	5	1	—
1901	77	57	6	2	12	—	—
1902	35	29	4	1	1	—	—
1903	11	3	1	—	7	—	—

Scarlet Fever:—The number of cases of scarlet fever has also been the lowest on record. The three cases of this disease arose at different times of the year, and each of them was removed to the Hospital as soon as the nature of the illness was known. On six occasions now since the end of the epidemic of scarlet fever of 1899-1902 has the



disease been introduced into the town. In one case a nurse girl had infected her sisters and her charge before it was known she herself had the disease, and 7 cases were the result. With this exception, the disease has been limited absolutely to the persons primarily infected. In obtaining this result the temporary Isolation Hospital must have contributed in no slight degree. The one instance in which the disease did spread affords an excellent example of one of the difficulties in coping with scarlet fever: for in some cases the initial illness is of so slight a nature that it is taken for an ordinary cold and any rash there may be is overlooked by the parents—so slight indeed is the illness that often no doctor is called in at all. In the case under consideration, the nurse girl had such an illness before she came to Stroud. As soon as she arrived she infected her sister and the child of whom she had charge. The former also had a mild attack which was entirely overlooked, but a doctor was called in to see the latter, and at once notified the case to me. It was only whilst investigating this case, that I heard of the nurse girl's slight illness. On carefully examining her, evidences that her illness was really scarlet fever were clearly found, and a similar state of affairs was discovered when I visited her home and examined the brothers and sisters. It is to such cases as these that must be attributed any apparent failure in stopping an outbreak by isolation of all known cases. The discovery of these unrecognised cases in-



volves the most careful watching, and investigation, and unless this is carried out in its entirety, failure in controlling outbreaks by isolation is sure to occur. Unfortunately we have not in this disease the accessory means of diagnosis which we have for diphtheria, to which I shall refer presently.

Diphtheria:—There was only one case of this disease notified during the year, unfortunately fatal. Epidemics of this disease are almost entirely due to direct infection from one person to another, and—like scarlet fever—the worst causes of the spread, are mild and unrecognised cases. But, unlike scarlet fever, in this case we have an extremely subtle means of early diagnosis in bacteriological examinations of the excretions. I brought this matter before your notice in September last, at the same time that the neighbouring District Councils were considering the question. The importance of bacteriological diagnosis in this disease, and in the case of typhoid fever, was recognised by you (as well as by the other two Councils) and I was instructed to make arrangements with W. Washbourn, Esq., M.R.C.S., of Gloucester, to undertake such examinations for a period of six months. Since then the County Council has carefully considered the matter, and has now made arrangements whereby this means of early diagnosis will be available—free of charge—to all registered medical practitioners throughout the Administrative County. It is greatly to be hoped that this concession—together with



careful vigilance on the part of the sanitary officials—will enable any outbreak either to be nipped in the outset or very soon brought to an end.

Erysipelas:—Seven cases of this disease occurred during 1903, one of which ended fatally.

Isolation Hospital:—Owing to the very small number of cases of scarlet fever the Temporary Isolation Hospital was not brought into extensive use during 1903; but the value of always having it ready for occupation was clearly demonstrated, as we were able to remove patients without delay as soon as the cases were notified. As I reminded you in my report of 1901, the work done by an isolation hospital is to be judged rather by the small number of cases admitted than by the large number of patients treated in it, for the object of the isolation is to prevent cases occurring. I would also refer you to my remarks in a previous paragraph on scarlet fever. The numbers of cases notified after the opening of the hospital, and the numbers (and percentages) admitted to hospital in each year were:—

	Total cases.	Admis- sions.	per cent. admitted to hospital.
1900	60	41	68.3
1901	77	49	63.6
1902	29	24	82.8
1903	3	3	100

The total cost of the hospital (excluding site) together with the Berthon Hut, furniture, etc., was £614 17s. 0½d. The emer-

## SCHEDULE B.—Stroud Urban District, 1903.

Causes of Death.	All ages	Under 1.	1—5	5—15	15—25	25—65	65 and upwards	Stroud	Uplands			In public Institutions.
Scarlet Fever ... ..												1
Whooping Cough ... ..	1			1				1				
Diphtheria, Membranous Croup...	1		1					1				
Diarrhoea, Dysentery ... ..	1	1						1				
Enteritis ... ..	2	2						2				
Erysipelas ... ..	1						I	1				
Tuberculosis of Lungs ... ..	15				3	12		13	2			4
Other forms of Tuberculosis ...												1
Alcoholism ... ..	2					2		2				
Cancer ... ..	11					5	6	9	2			2
Premature Birth ... ..	1	1						1				
Developmental Diseases ... ..	8	8						7	1			
Old Age ... ..	13						13	10	3			
Organic Diseases of Heart ... ..	5					2	3	5				
Acute Bronchitis ... ..	3		3					3				
Chronic Bronchitis ... ..	10					1	9	9	1			3
Lobar (Croupous) Pneumonia ...	4					1	3	4				
Lobular (Broncho) Pneumonia ...	4	2	2					4				1
Diseases of Stomach ... ..	2		1		1			2				
Obstruction of Intestines ... ..												3
Cirrhosis of Liver ... ..	2					2		1	1			
Nephritis and Bright's Disease...	1					1		1				1
Tumours and Other Affections of Female Genital Organs ...												1
Deaths by accident or negligence	5					4	1	4	1			3
Deaths by Suicide ... ..	3				1	1	1	3				
Deaths from Ill-defined Causes...	3			1			2	3				1
All other Causes ... ..	36	2	1	1	1	16	15	32	4			9
<b>ALL CAUSES</b> ... ..	<b>134</b>	<b>16</b>	<b>8</b>	<b>3</b>	<b>6</b>	<b>47</b>	<b>54</b>	<b>119</b>	<b>15</b>			<b>30</b>



# 2011-2012

Date		Description		Amount	
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1/30		...		...	
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2/28		...		...	
3/15		...		...	
3/31		...		...	
4/15		...		...	
4/30		...		...	
5/15		...		...	
5/31		...		...	
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11/30		...		...	
12/15		...		...	
12/31		...		...	

gency accommodation is 21 beds, and therefore the average cost per bed was £29 5s. 7d. The average cost per head per week since the opening of the Hospital—including establishment charges—was:—

	Provisions only.		
	£	s.	d.
1900	9	9.3	3 8
1901	13	11.5	4 0.3
1902	1	1 5	4 11.6
1903	1	6 4	7 3.9

The above figures show how much more economically such an Institution can be worked on a large scale than when only small numbers of cases are treated, and the advantage of such a combination of districts for a Joint Isolation Hospital such as has been formed between the Stroud Rural, Nailsworth Urban and this District. The building of the Joint Hospital at Cashes Green, Cainscross, was commenced in the autumn of 1902, and is expected to be ready for occupation within six months. The small-pox hospital at Stancombe, Bisley, is available for patients at any time, should any such be introduced into the district.

Vital Statistics:—The population of the district estimated to the middle of 1903 was 9,017, and of the constituent civil parishes, Stroud and Uplands, 7,513 and 1,504 respectively. It is on these figures that the various rates given below have been calculated.

Births:—The total number of births during the year was 181—84 males and 97 females; of these 8—2 males and 6 females—4.4 per



cent. of total births were illegitimate. The birth rate per 1,000 of the population for the whole district is 20.1, the average for the previous ten years was 23.2. Again the birth rate in Uplands was considerably higher than in Stroud, as in 1902, and the average of the previous five years:—

	1903	average 1898-1902
Stroud	19.4	21.4
Uplands	23.3	24.5
S.U.D.	20.1	21.7

It will be seen in the curves of various rates on the chart which I have reproduced again this year that the birth-rate in the Urban District still tends to be below that in the surrounding Rural District. As I suggested in my report for 1902, this is possibly due to the development of residential property just over the borders of the Urban District.

Deaths:—The number of deaths registered in the Urban District during 1903 was 161; an annual rate per 1,000 of the population of 17.9, the average for the previous 7 years being 17.4. There were 35 deaths in the Union Workhouse, and 20 in the Stroud General Hospital, a total of 55: 30 of these were of persons belonging to the surrounding districts. Also 3 persons belonging to the Urban District died in the County Asylum. Deducting the deaths of the non-residents, and adding the deaths in the County Asylum, the nett number of deaths belonging to this district becomes 134, 70 males and 64 females, a rate per 1,000 of the population of 14.9,

which is within .1 of the average rate for the preceding ten years, viz., 14.8. Correcting for the age and sex distribution—as explained in my report on the census—by multiplying by the factor .9675, the death-rate becomes 14.4. The rate for England and Wales for 1903 was 15.4. It will be noticed in the curve of death-rate that for the past five years there has been a distinct tendency for the death-rate in the Urban District to be lowered less rapidly than in the Rural District. The figures for the two constituent parishes are:—

	1903	average 1898-1902
Stroud	15.8	16.1
Uplands	10.0	11.5
S.U.D.	14.9	15.3

Deaths under one year of age:—16 infants died under the age of one year, 11 males and 5 females. The rate per 1,000 births is 88, the lowest in any year of which I have records (from 1875). The average rate for the previous ten years was 129. The difference between the rates in the two civil parishes continues in the same direction as last year:

#### Infantile Mortality.

	1903	average 1898-1902
Stroud	103	152
Uplands	29	111
S.U.D.	88	145

Illegitimate deaths were 1 in number. The infantile mortality (illegitimate deaths under one per 1,000 illegitimate births) is thus 125.



**Zymotic Diseases:**—The deaths from the diseases, included under this heading, were 3, one each from whooping-cough, diphtheria and diarrhoea.

**Special Diseases:**—During the past year I was engaged in an investigation with respect to the distribution of certain diseases in this neighbourhood. For the purpose of this inquiry I extracted from the death registers of the Stroud Union—which were very kindly placed at my disposal by the Superintendent Registrar, W. Warman, Esq., all the deaths during the twelve years, 1891-1902, certified as due to the following diseases—cancer, other malignant diseases, phthisis, other tubercular diseases, and pneumonia—lobar and broncho, a total of 1,574 deaths. It is not possible to give in this report more than a very condensed summary of the methods of work, and the results arrived at, but I hope shortly to have printed copies of the paper I have written on the subject. The deaths were distributed in various groupings—as to age, sex, occupation, elevation at which the death occurred and the chief geological sub-structures. In this way I was enabled to arrive at the following conclusions for this neighbourhood: 1. Cancer is more prevalent on impervious soils than on porous, but does not appear to be influenced directly by elevation. 2. Other malignant diseases appear to support the above in that the general tendency is in the same direction. 3. Phthisis is more prevalent on impervious soils and at low (below 150 feet) and compara-

**Vital Statistics of Whole District during 1903 and previous years.**

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				Deaths of Non-Residents belonging to the District.		Deaths of Residents belonging to Public Institutions in the District.		DEATHS AT ALL AGES belonging to THE DISTRICT.	
		Number	Rate.*	Under 1 Year of Age.		At all ages.		Number	Rate.*	Number	Rate.*	Number	Rate.*
				Number.	Rate per 1,000 registered	Number	Rate.*						
1	2	3	4	5	6	7	8	9	10	11	12	13	
1893	9,662	250	214	34	144							145	15.0
1894	9,503	259	219	25	105							129	13.4
1895	9,325	254	207	29	114							145	15.2
1896	9,458	201	213	18	80	122	12.9	21	7			115	12.2
1897	9,392	239	254	31	130	132	16.2	23	6			146	15.5
1898	9,327	205	229	30	147	126	13.5	19	6			120	12.9
1899	9,282	216	233	33	162	160	17.3	29	5			155	16.7
1900	9,198	204	222	30	147	207	22.5	76	43			164	17.6
1901	9,134	213	233	23	108	181	19.8	64	50			131	14.3
1902	9,071	184	181	26	129	176	19.4	68	44	4		126	13.9
Average for years 1893- 1902.	9,362	217	237	28	129	161	17.4	44	4			139	14.6
1903	9,017	181	201	16	88	161	17.9	55	30	3		134	14.9

\* Rates in Columns 4, 8, and 12 calculated per 1,000 of estimated population.  
 † These averages are for 1896 to 1902 only.  
 Area of District in acres (exclusive of area covered by water), 1,148. Total population of all ages, 9,133.  
 Number of inhabited houses, 2,603. Average number of persons per house, 4.57.

**Vital Statistics of separate Localities in 1903 and previous years.**

YEAR.	1.—WHOLE DISTRICT.				2.—STROUD.				3.—UPLANDS.			
	Population est. of each year.	Deaths at all Ages.	Deaths under 1 year.	Births registered.	Population est. of each year.	Deaths at all Ages.	Deaths under 1 year.	Births registered.	Population est. of each year.	Deaths at all Ages.	Deaths under 1 year.	Births registered.
	a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.
1898	...	9,227	205	120	30	7,675	170	106	25	1,452	35	14
1899	...	9,282	216	155	35	7,809	177	140	31	1,482	39	15
1900	...	9,198	204	164	30	7,726	170	142	26	1,472	34	22
1901	...	9,134	213	131	23	7,652	172	115	20	1,482	41	16
1902	...	9,071	184	136	26	7,579	135	118	23	1,492	29	18
Average of Years 1898 to 1902.	...	9,198	209	141	29	7,726	165	124	25	1,472	36	17
1903	...	9,017	181	134	16	7,513	146	119	15	1,504	35	15

**Cases of Infectious Disease notified during the Year 1903.**

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.										NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.	
	At Ages—Years.										1	2
	At all Ages.	Under 15.								15 to 25.	25 to 65.	65 and upward.
		1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upward.	65 and upward.	65 and upward.	65 and upward.			
Diphtheria	...	1										
Erysipelas	...	7										
Scarlet fever	...	3										
Totals	...	11	2	1	2	5	1	10	1	2	1	1



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tively high (350-500 feet) elevations than on porous structures and at moderate (150-350 feet) elevations. High elevations appear to favour the development of phthisis. 4. Other tubercular diseases do not appear to be so directly influenced by elevation, though they are mostly prevalent at elevations below 100 feet on an impervious subsoil. 5. Pneumonia—lobar and broncho—seems to be affected in the opposite direction to phthisis by both subsoil and elevation. In the Urban District deaths occurred at all elevations from 100-500 feet and on geological substructures from the lower lias to the inferior oolite. From the percentage of total deaths at the various elevations and on the different geological structures:—1. The death-rate from cancer should be about the same as the average for the whole Union. The death-rate for Stroud was .77, while that for the Union was .80 during the decennium, 1891-1901. 2. The death-rate from phthisis should be rather less than that for the whole Union; whereas, the Stroud death-rate was 1.49, while that for the Union was 1.105. This difference can be accounted for in some measure by the facts that (1) Stroud is purely urban in character, and has an average number of persons per house of 4.7, one of the highest in the Union; and (2) the chief occupations—cloth-workers, milliners, tailors, clerks—appear to be those which are generally favourable to the development of this disease. 3. The death-rate from “other



tubercular diseases"—chiefly an affection of childhood and young adult life—is the highest in the district. 4. The death-rate from pneumonia is comparatively high, thereby agreeing with the general conclusions above given. With regard to tubercular diseases (phthisis as well as other 'tubercular') I last year drew attention to the high mortality in this town, and as a practical outcome the District Council instructed me to draw up a leaflet for distribution at every house (on cards for places of public resort) calling attention to this fact and indicating one cause of the spread and how this influence might be combated. The particular influence in this spread of tubercular disease, which was emphasized in this leaflet, was indiscriminate spitting, especially in public-places. At the same time all consumptives were advised to use rags or paper handkerchiefs, etc., which could be burnt as soon as used. The inhalation of such matter when dried and blown about in the form of dust is certainly one cause of the disease, though the individual is rendered more susceptible to it if he lives or works under unsuitable conditions—such for example as always working and sleeping in rooms with the windows closed, working in dusty atmospheres, etc. Where people are closely associated, one consumptive may be the direct cause of infecting his neighbours by the fine particles of spittle ejected in the act of coughing unless he takes the precaution always to receive these particles on a



handkerchief, etc.—preferably one which can be burnt. Provided these precautions are taken, a consumptive person is no source of danger to his fellows. But, these precautions must be taken. Plenty of fresh air, sunlight and good food are the surest means not only of curing the disease after it has occurred, but also in maintaining the general health and avoiding any danger of contracting the disease. Also, the Council decided that free disinfection of rooms occupied by a consumptive should be offered in all cases where death occurred. This has been done on several occasions already, the householders being advised at the same time to strip the wall-papers, thoroughly wash all woodwork and paint, and re-whitewash the ceilings. There are other ways in which the disease can be spread (e.g., by tuberculous milk from cows suffering from this disease), which have to be taken into consideration. This can only be done by careful examination of the cattle, etc., by veterinary surgeons, or—by the sterilization of all milk (though this should not be necessary). It may be interesting to note here that milk is the only animal food which is taken by man uncooked. Personal infection, is, however, the chief cause of this disease—e.g., among members of the same family, fellow workers, etc.—and we can do very much to reduce the prevalence of the disease provided the ordinary hygienic principles of perfect cleanliness in our habits as regards person, house, and air are carefully carried out—plenty of soap and water, proper receptacles for spittle, and open windows.

Deaths not certified by a medical certificate:—The total number was 17—8 males and 9 females, 12.7 per cent. of total deaths—inquests being held in all cases but one,



(female). The verdicts were:—

NATURAL CAUSES.

1. Found dead in bed having died from natural causes.
2. Chronic alcoholism : heart failure.
3. Convulsions while teething.
4. Senile decay accelerated by erysipelas.
5. Found dead on floor having died suddenly from natural causes.
6. Found dead in bed : natural causes, long history of failing powers and weakness.
7. Found dead in bed : natural causes, history of consumption.
8. Heart failure : natural causes.

ACCIDENTS.

1. Found dead : probably accidentally drowned.
2. Found drowned.
3. Found dead in bed : asphyxia : accidentally suffocated by gas.
4. Collapse : result of getting into a pond of water whilst of unsound mind.
5. Injuries to head : accidental fall from cart into which she was stepping.

SUICIDES.

1. Suicide by drowning whilst of unsound mind.
2. Suicide by hanging himself.
3. Committed suicide by drowning himself in a water butt whilst of unsound mind.

The case in which no inquest was held was that of a child born prematurely.

Full statistical tables will be found appended to this Report dealing with the distribution of births and deaths for the year 1903 and previous years and with infectious disease for the year 1903.

I remain, Gentlemen,

Your obedient servant,

(signed) J. MIDDLETON MARTIN,

B.A., M.D., B.C., D.P.H.

Medical Officer of Health.