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Contributors

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ROTHERHAM Y RURAL DISTRICT COUNCIL.

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH,

FOR THE YEAR 1902.

L. J. WEATHERBE, Medical Officer of Health.



Rotherham Rural District Council.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1902.

GENTLEMEN,

During the year ending December 31st. 1902, 249 deaths occurred in your district, giving a death-rate of 13·1 per 1000, the lowest for some years. The death-rate for 1901 was 15·21 per 1000, and for 1900, 15·5 per 1000. The deaths due to Zymotic disease numbered 14, giving the remarkably low Zymotic death-rate of ·736 per 1000 of estimated population, against 1.47 for the previous year.

Diphtheria accounted for 5 deaths, Measles for 4, Whooping Cough for 3, Puerperal Fever and Erysipelas each for 1. There were 14 deaths due to accidental causes, and 2 from suicide. The death-rate from Phthisis was 421, and of other respiratory diseases 2.52.

The deaths of children under 1 year of age numbered 81. This gives an infant mortality of 125.77 per 1000 births, against 183.35 for 1901.

The births during the year numbered 644, 326 being males, and 318 females, giving a birth-rate of 33'89 per 1000.

The total number of cases of infectious diseases notified in the district during the year was 156. This is a great improvement on previous years. In 1901, 379 cases occurred, and in 1900, 263.

Undoubtedly the improvement in the sanitary condition of many properties, including the local and general treatment of sewage, the paving of yards, and the covering in of ashpits and middens, as well as the removal of cases to the Isolation Hospitals has played an important part in this satisfactory diminution of Zymotic disease.

When the sewage schemes now in course of construction, and others in contemplation are completed, and the Isolation Hospital for the South Rotherham District is finished, I hope for a still greater improvement in the health of the district.

Other sanitary improvements in the way of greater air-space in dwellings, more perfect ventilation, purer air in the neighbourhood of factories and collieries, by the abatement of the discharge of smoke and deleterious vapours, will no doubt in time greatly lessen the prevalence of Phthisis and other respiratory diseases.

The knowledge of the infectious character of Tuberculosis, and that the disease is preventable, and in the earlier stages curable, should enable us to greatly lower the death-rate, and improve the general health of the district. The provision of suitable sanatoria and the education of the general public in these matters, will in

time be a great factor towards this end. A certain extent of isolation and the use of disinfection has now become general in the treatment of consumption.

Another point which I would wish to mention in connection with the general health of the district, is the deficiency of a wholesome water supply, notably: Wickersley, Bramley, and Ulley. Many of the wells used give an insufficient supply, and are liable to contamination. This is a most important matter, which I hope may claim your attention during the coming year.

During 1902, the only schools closed owing to infectious disease, were those at Wickersley and Bramley, which were closed for five weeks in March and April, on account of an outbreak of Measles.

Although Small Pox has been prevalent in many parts of the County, we have so far escaped, no case having been notified up to the end of the year. I have many times reported on the want of an Isolation Hospital for Small Pox for the South Rotherham District, and trust that suitable provision for coping with the disease may soon be made.

A large number of nuisances have been abated during the year, but the removal of night soil, upon which subject I have reported unfavourably in previous years, is still unsatisfactorily carried out. On going through the district I find in many places, the ashpits and middens are full to overflowing, and on enquiry I find, are only emptied at very irregular intervals.

I cannot help thinking that the above conditions, together with the defective paving of the yards, are to a great extent responsible for the fact, that when an infectious disease breaks out in certain localities it seems almost impossible to entirely get rid of it. Undoubtedly these overflowing ashpits and middens are hotbeds and forcing houses for disease germs.

This is a matter of great importance, and one which should be dealt with energetically.

I beg to draw your attention to the statistical tables at the end of this report.

Yours obediently,

LEWIS J. WEATHERBE, M.O.H.

TABLE I.

Area, Population, Births, and Deaths.

	125.77	
Annual Rate per 1000 of Estimated Population.	Respiratory Rate.	.736 .421 2.52
	Phthisis Rate.	-421
	Zymotic Rate.	.736
	Death Rate.	13.1
	Birth Rate.	33.89
IS.	Total.	249
DEATHS.	Females.	126
DI	Males.	123
Ś	Total.	644
RTHS.	Females.	318
BIF	Males.	326
.noite	19,000	
	35,274	
	Rotherham L. J. Weatherbe 35,274 19,000 326 Rural.	
	Rotherham Rural.	

TABLE II.

Deaths at certain Ages and from certain Specified Causes.

Deaths in Isolation Hospitals		
	Diphtheria	н
Deaths from Subjoined Causes.	səirujuI	14
	Heart Disease	12
	Bronchitis, Pneumonis, and Pleurisy	48
	Phthisis	∞
	Diarrhea	-
	Whooping Cough	က
	Measles	4
	Erysipelas	-
	Puerperal Fever	H
	Enteric	
	Typhus	
	Croup	:
	Diphtheria	20
	Scarlet Fever	:
	Small Pox	:
Deaths at Subjoined Ages.	65 and up- wards	65
	25 and under 65 years	54
	15 and under 25 years	6
	5 and under 15 years	00
	Under and 1 under 1 Year 5 years	35
	Under 1 Year	81
	Rotherham	

TABLE III.

Notification, Isolation, and Adoptive Acts.

	46					
Cases Removed to Hospital.	North	Enteric	:			
		Scarlet Fever	00			
		Diphtheria	62			
	South	Enteric	:			
		Scarlet Fever	12			
		Diphtheria	24			
Cases Notified or Ascertained.	IstoT		156			
	Croup	Membraneous 6	П			
	5	Erysipelas	23			
	Puerperal		П			
	Enteric		00			
	Diphtheria		57			
	Scarlet Fever		99			
	No.					
	Yes.					
	Part 3.					
	Yes.					
	North Rotherham Conjoint					
	Rotherham Rotherham Rural Conjoint					