

[Report 1903] / Medical Officer of Health, Tettenhall U.D.C.

Contributors

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TETTENHALL DISTRICT COUNCIL.

Medical Officer of Health's Report

FOR 1903.

20th ANNUAL REPORT.



TETTENHALL DISTRICT COUNCIL.

MEDICAL OFFICER OF HEALTH'S
REPORT FOR 1903.

20th ANNUAL REPORT.

Population Census, 1891	...	...	...	...	5145
„ „ 1901	...	...	...	...	5337
Inhabited Houses, 1891	...	...	...	...	1056
„ „ 1901	...	...	...	...	1176
Area in Statute Acres	...	...	...	...	1220
Tettenhall Local Board Constituted	...	...	...	...	1883
Adoption of Bye-Laws	...	...	...	...	1887
„ „ Notification Act	...	...	...	...	1889
Sewerage Works commenced 1890, finished	...	...	...	...	1892
Isolation Hospital Provided	...	...	...	...	1891
Public Scavenging Inaugurated, May	...	...	...	...	1897
Conversion of Sewerage Treatment	...	...	...	...	1900

TABLES.

- I. & II. Table of Births, Deaths, and Infant Mortality, from 1893 to 1903.
- III. Cases of Infectious Disease Notified during 1903.
- IV. Causes of, and Ages at, Death during 1903.
- V. A Comparative Table of Epidemics, from 1883 to 1903.
- VI. Scarlet Fever.
- VII. Summary of Sanitary Work.

CENSUS OFFICE,
MILLBANK,
LONDON, S.W.,
12TH NOV., 1901.

*County Borough, Municipal
Borough or Urban District* } **Tettenhall (U.D.)**

Civil Parishes and Wards.	HOUSES.				POPULATION.		
	In- habited	Uninhabited		Building	Persons	Males	Females
		In Occupation	Not in Occupation				
Tettenhall (U.D.) Civil Parish, Tettenhall.	1176	5	48		5337	2481	2856

Medical Officer of Health's Report, FOR 1903.

To the Chairman of the Tettenhall District Council.

Sir,

The Population to the middle of 1903 was estimated at 5377.

There were 124 Births, 64 Deaths at all ages, and 17 Deaths of Infants under one year.

The Birth Rate was 23, the Death Rate 11·8, and the Infant Mortality 136·2

Seven Inhabitants of the District died in the public Institutions of Wolverhampton—5 in the General Hospital, 1 in the Borough Hospital, and 1 in the Workhouse.

Of the 124 Children born, 17 succumbed in the first year of life—that is to say one baby out of six died; 4 children were said to be prematurely born; 2 died of Measles; 3 from Pneumonia and Bronchitis; 1 from Enteritis; 1 from Heart Disease; and 6 from general causes

In Deaths from all ages Measles claims 5 victims; Enteritis 1; Tuberculosis 3; Cancer 8; Bronchitis and Pneumonia 8; Alcoholism 4; and Heart Disease 12.

Two Women died in Childbirth, one from Placenta Prævia, and the other from exhaustion after delivery of twins, while 4 children were prematurely born. 16 persons died from other causes including 5 cases of Hæmorrhage or plugging of the blood vessels of the brain.

In the Table of Deaths at the end of the Report it will be noticed that there were 3 cases of tuberculous disease in 1903 as compared with 7 in 1902. But Cancer has increased from 5 in 1901, and 2 in 1902, to 6—or more probably 10—in 1903. These Cancer cases will be dealt with later in the Report.

Only 1 death from Enteritis is recorded, and the absence of Diarrhoea is explained by the coldness of the summer which has been favourable to the preservation of milk.

Of the 12 cases of Heart Disease, two are specified as Endocarditis and one as congenital disease. The remainder were probably deaths from heart failure due to old age.

Infectious Diseases. Forty (40) Notifications were received, viz.: Scarlet Fever 37; Erysipelas 2; Diphtheria 1.

From other sources 155 cases of Measles, 1 of Mumps, and 1 of Chicken Pox came to the knowledge of the S.A.

Scarlet Fever. 37 cases of Scarlet Fever were notified in 25 houses. 22 were from Tettenhall Wood (including Compton, Finchfield, and Wightwick), and 15 from Tettenhall; the former division suffering most at the beginning and the latter at the end of the year.

19 cases were treated in the Hospital and 18 at home. As a rule, if there was sufficient accommodation to isolate the child, or if there was only one child in the house, or if two or more were attacked simultaneously the disease was treated at home, but in unfavourable centres like the Brick-kiln every case was removed.

On visiting one house I found two children with Scarlet Fever and one with Chicken Pox in the same bed. These were not removed as they would have introduced Chicken Pox among the children in the Isolation Hospital.

In June two children were sent to the Hospital and returned on 21st July and 1st August respectively. On 8th August the mother contracted the complaint, probably from the convalescent children.

One child died in Hospital.

Diphtheria. One case was reported from Tettenhall in April

Erysipelas. Two cases were notified

Measles. We are indebted to the Teachers of the Elementary Schools for informing us of 155 cases. The prevalence of cold and wet lowers the vitality of children attending school and renders them susceptible to this most infectious disease. As a practical remedy against measles I believe it would be well to close the school for a fortnight on the outbreak of the first few cases.

Mumps and Chicken Pox have been already mentioned.

Small Pox. Pending the erection of the New Small Pox Hospital, arrangements have been made for removing cases to the Kingswinford and Rowley Regis Isolation Hospitals in Ambulances belonging to these Authorities.

Notification. The advisability of extending the list of Notifiable Diseases was considered at a recent meeting of the Council.

At present the Notifiable Diseases are:—

Small Pox.	Diphtheria.	Typhus.	Puerperal Fever.
Scarlatina.	Membranous Croup.	Typhoid.	Continued Fever.
	Erysipelas.		

Through the kindness of the Elementary School Authorities our information is satisfactory with regard to Measles and

Whooping Cough, but owing to the resemblance of Chicken Pox to Small Pox and owing to the increased interest in Pulmonary Tuberculosis and Cancer the Council debated whether it would be advisable to ask the permission of the L.G.B. to make these diseases notifiable.

Your M.O.H. was requested to ask the opinion of the County Medical Officer.

Dr. Reid wrote that the notification of Measles involved a good deal of work and expense with very little result, and had proved unsatisfactory to the Authorities who had tried it. As Small Pox was declining, he thought it unnecessary to report Chicken Pox and did not believe that the L.G.B. would sanction the notification of Consumption or Cancer.

The Notification Act has now worked smoothly for 15 years and has not led to the friction that some anticipated, but there is a tendency to assume that when a case is notified the responsibility of caring for the patient and guarding against infection rests with the Sanitary Authority alone.

This is quite right if there are no means of isolation and the patient becomes a source of danger to his neighbours. The community provides a Hospital for such cases

But if a sick person can be treated at home and there is reasonable hope that he will not communicate the disease to susceptible persons there is no reason why he should be made chargeable to the ratepayers.

It is not the province of the M.O.H. to treat disease but it is his duty to prevent it as far as possible.

In view of the recent changes that have taken place it will be of assistance to the Sanitary Inspector to formulate the routine which has been practiced in this district.

Cases of Scarlet Fever should at once be removed to the Borough Hospital if there is no reasonable expectation of isolating the patient at home.

This can always be done at the outbreak of an epidemic as we have four beds at our disposal, but if the epidemic increases and the Hospital becomes crowded the M.O H. must exercise his discretion with regard to the cases to be removed, and make the best arrangements he can with the S.A. of Wolverhampton.

If the case is treated at home the Inspector should see that the "Sanitary precautions for preventing Fevers and other Infectious Diseases" are carried out.

These recommendations were drawn out in 1884 and will now be somewhat modified.

First cases of Diphtheria and Enteric can be taken to the Wolverhampton General Hospital on the same terms that have been arranged with the Wolverhampton Corporation, and arrangements have been made for Small Pox.

All rooms should be disinfected to the satisfaction of the Inspector. The use of disinfectants gives rise to false security and they should be used as adjuncts to other means for destroying germs, such as boiling water, soap, whitewash, fresh air, and general cleanliness.

The S.A. of Wolverhampton will fumigate and disinfect beds and unwashable materials at a small cost, for which the Council will be responsible if necessary.

It is desirable that the form of School Notices issued by the Sanitary Inspector should be made to coincide with the Regulations of the Education Committee of the County Council just issued.

Their purport with regard to Infectious Diseases is as follows :

A child suffering from Infectious Disease shall not return to School until a specified period has elapsed since the first appearance of the rash

DISEASE.	ISOLATION.
Scarlatina	8 weeks
Whooping Cough, while Whoop lasts or	6 weeks
Diphtheria	6 weeks
Measles and German Measles ...	4 weeks
Mumps	3 weeks
Chicken Pox	3 weeks

The same rules apply to children coming from infected houses unless evidence is produced that the first case is isolated in Hospital and the house disinfected and that the other inmates are free from infection.

In all cases of Small Pox and Ringworm a Medical Certificate is required when children return to school.

It would be advisable to add Scabies or Itch which often flourishes under the disguise of a resulting Eczema.

Pulmonary Tuberculosis. The Council have received a Report on the Prevention of Pulmonary Tuberculosis by the County Medical Officer and were invited to send representatives to attend a Conference at Stafford to consider the advisability of establishing a Sanatorium for Consumption in the County.

Your Chairman and Medical Officer attended the Meeting, to which all the Sanitary Authorities of Staffordshire sent delegates. In spite of some divergence of opinion the general feeling of the meeting was in favour of considering proposals for building a Sanatorium.

In 1903 the Mortality from Consumption was low in our district, but it averages 1 death per 1000 of the population. This means that there are from 16 to 20 people with consumption among the inhabitants of Tettenhall. Not only will these people die in a year or two if not assisted, but they are propagating the disease in our midst without hinderance.

The cause of the disease is the tubercle bacillus which is conveyed to susceptible persons by the secretions of the consumptive.

Of these secretions by far the most virulent and infective is the expectoration.

The patient is constantly coughing and spitting. The expectoration is crowded with bacilli and some of it becomes dry and turns to dust, which in the nature of things is liable to be inhaled or swallowed by healthy persons who in their turn become infected and the centres of disease.

This infected dust is less dangerous in the open air than in a house, and in a well ventilated house than in a cramped cottage.

Fresh air and sunlight are unfavourable to the life of the bacillus and it is easily killed by the stronger germicides.

Therefore cleanliness, ventilation, and the destruction of fresh sputum (before it becomes dried) are the obvious remedies.

This treatment is rigorously carried out in the special Sanatoria for the disease with a twofold object—curative and educational. The patient both learns how to get well and ceases to be a source of danger to his neighbours.

The most remarkable fact about the open air treatment of Phthisis is that patients go to Nordrach or Davos frightened of draughts and come back oblivious of climate.

Tubercular meat is probably, and tubercular milk is certainly, a source of infection; but the signs of tubercle in meat are obvious and no respectable butcher would sell it

With milk it is different. It is difficult to detect the disease in milk, but we often see its effects when it causes tubercular ulceration of the intestines in hand-fed babies.

It is always advisable to boil milk even if it makes it less digestable.

At present our information with regard to tuberculosis is derived from the Registrar of Deaths or from the practice of Hospitals, but I think it would be most useful if Pulmonary Tuberculosis were made a notifiable disease even if the only object gained were to teach the patient to spit into a cup containing carbolic acid

If the County Council build a Sanatorium on Cannock Chase it is hoped that they will do so with the material as well as the moral support of every Sanitary Authority in Staffordshire.

Cancer. Our returns show an increasing number of cases of Cancer. As in Appendicitis this is due to a more accurate recognition of internal disease and the advance of Surgery and Pathology.

In 1903 six deaths in the district were certified as Cancer. One inhabitant of Tettenhall died of cancer of the bladder in the Hospital; two persons aged 78 and 54 died of ulcer of the stomach which was probably cancerous; and a case certified as Uræmia had undergone an operation for cancer of the intestine. Certainly 8 and probably 10 persons—or $2\frac{1}{2}$ in 1000—died last year of Cancer, viz.: stomach, 3; intestine, 1; liver, 2; bladder, 2; uterus, 1; breast, 1. = 10.

There is reason to believe that cancer is infectious. The malignant growth spreads into neighbouring parts and infects distant organs through the blood and lymph channels. Cancer cells also have the power of travelling through solid tissues like leucocytes and certain bone cells and establish colonies identical with the parent growth, and it seems a reasonable axiom that "diseases which are infectious to the individual are capable of communication to others."

Cancer occurring in several members of a family is probably infective and not hereditary, and a case was recently recorded (*Practitioner*, Oct. 1903) in which the disease was obviously communicated to the husband from the wife as Syphilis might be.

Therefore it is desirable that the secretions and discharges of cancer should be regarded as infective and should be destroyed.

Vaccination. In spite of the *Encyclopædia Britannica* there is a well-founded belief that efficient vaccination is the preventive remedy for Small Pox.

The Vaccination Officer, Mr. West, has made the following return. 124 children were born during the year. Of these 79 are vaccinated; 1 is insusceptible; 4 exempted; 1 postponed owing to health; 3 have removed, and there have been 9 deaths. (= 97.) Of the 27 unvaccinated only one has attained the age of 6 months and there are probably 8 deaths for which Mr. West has not made allowance.

Factory and Workshops' Act, 1901. The essential difference between a Factory and a Workshop is that mechanical power is used in the former, and is not in the latter.

A workshop is a place where manual labour is employed in making, altering, mending, or adapting any article for sale.

There are 49 Factories and Workshops in Tettenhall, viz.: Bakers, 7; Bootmakers, 6; Dressmakers, 11; Tailors, 4; Blacksmiths and Wheelwrights, 6; Millwright, 1; Locksmiths, 5; Builders, Contractors, Carpenters and Joiners, 6; Plumbers and Painters, 3; Laundries, 2.

It is the duty of the Council to see that these Factories and Workshops are kept clean, ventilated, and dry. The walls and ceilings of a factory have to be limewashed and the paint scrubbed down with soap and hot water at least every 14 months. Suitable sanitary conveniences must be provided, and workshops must be kept free from effluvia of closets, drains, urinals, and other nuisances.

As an unsanitary workshop is a nuisance under the P.H.A. the F. and W.A. does not materially increase the responsibilities of the S.A.

The following note with regard to **Bakehouses** is useful to the M.O.H. and the I.N.

a. A water closet, earth closet, privy, or ashpit must not be within or communicate directly with the bakehouse.

b. Every cistern for supplying water to a bakehouse must be separate and distinct from any cistern for supplying water to a water closet.

c. A drain or pipe for conveying offall or sewage matter must not have an opening within the bakehouse.

The inside walls, ceilings, passages, and staircases of a bakehouse must be (1) painted and varnished every 7 years and washed down with soap and hot water every 6 months, or (2) limewashed every 6 months.

A bakehouse shall not be used as a sleeping apartment.

An underground bakehouse is a baking room of which the floor is more than 3 feet below the surface of the surrounding ground and may not be used unless certified as suitable by the D.C.

A retail bakehouse is a shop on the same premises as a bakehouse in which bread, biscuits, and confectionery are sold over the counter, and is under the control of the D.C. and not under an inspector of factories.

A practical point to remember is that no clothing may be made, repaired or washed in any house where there is infectious disease (as specified in the I.D.N.A.) or in any house which has not been properly disinfected after infectious disease.

A Domestic Workshop is a private house which is a workshop by reason of the work done, and the only persons employed are members of the family dwelling there.

Handicrafts exercised at irregular intervals and not furnishing the principal means of living of a family do not make a house a workshop.

The Council are unfamiliar with the Act and I have endeavoured to explain these provisions which appear to concern us.

Mr. McCarter reports that there are 50 workshops, viz.: Domestic Workshops, 19; Retail Bakehouses, 7; Laundries, 2; Other Workshops, 22. = 50.

150 Visits of Inspection have been made by the Sanitary Inspector.

17 Notices to cleanse have been served on 15 Workshops and 2 Domestic Workshops.

The general sanitary condition of Retail Bakehouses is good but better ventilation was recommended in two cases.

14 informal notices were served and obeyed with regard to limewashing.

There are no underground bakehouses in the District.

H.M. Inspector had no Sanitary defects to report to the S.A., and the Sanitary Authority had no infringements of the Act to report to H.M. Inspector.

The excellent Tram Service which connects Tettenhall to the industrial centres of Wolverhampton has given an impetus to the building trade. The new houses are chiefly for clerks and prosperous artizans, and are no doubt intended to attract tenants from Wolverhampton.

But the cottages of the labouring man are old and yearly deteriorating.

The increased rates and the sanitary requirements of the Council press heavily on small owners, but the houses are patched up from time to time and the original tenants continue to live in them.

If the landlord is well off and the cottages are condemned, one of two things usually happens.

They are pulled down and a class of house built beyond the means of the original occupiers, or they are closed and the less fortunate tenants have to seek accommodation in the slums of towns.

The cottage property in the Brick-kiln, Tettenhall Wood, where there was a good deal of Scarlet Fever this year, has improved both with regard to cleanliness and the building of new

closets. In Shaw Lane the middens were condemned as wet and dilapidated and too close to the cottages, and the row of cottages on the hill going to Finchfield have been closed.

Report of Inspector of Nuisances.

482 inspections were made during the year. Formal notices were issued in 19, and informal in 288 instances. 307 Nuisances were abated.

Fifteen (15) houses were connected to the sewers making a total of 1172 connections.

Tap water was laid on to 15 houses, 4 water closets, 1 field, 1 garden, 1 Tram Rest.

Water Mains were extended 135 yards at Stockwell End.

Night Soil and House Refuse. 1729 loads were removed from 665 Ashpits and 636 Privies, affecting 968 houses. The total number of loads is 141 more than in 1902, or 483 loads more than in 1898.

There is no difficulty in getting rid of Night Soil.

The tip at Compton will be closed next Lady Day and unless another tip is found all the Night Soil will have to be carted to Tettenhall.

Dry ashes and house refuse are treated at Tettenhall Wharf on the open clamp system and the ashes are used for spreading on footpaths.

School Notices. 201 Notices were served in duplicate—one to the school, the other to the parents.

Mr. McCarter says he would like a portable Disinfecting Apparatus, also a Sprayer or Formic Aldehyde Lamp.

Sewage Outfall Works. Mr. McCarter reports that the conversion of Precipitation Tanks into Bacterial Tanks works satisfactorily, but that "a considerable amount of detritus gets fixed up at the top end of the larger tanks."

"The entrance to these tanks being by a single pipe to each chamber, and these pipes being at the top end the Sewage matter is not evenly distributed over the whole surface. This necessitates clearing away the thick (sludge) every 18 months. This work has been recently carried out."

Smestow Brook. The stream has been flushed by the heavy rains, but the Mill Pools at Compton are gradually filling up with solid matter.

I am, Sir,

Your obedient servant,

W. H. T. WINTER.

March, 1904.

TABLES I. & II.

TETTENHALL DISTRICT.

Vital Statistics of Whole District during 1903 and Previous Years.

YEAR	Population estimated to Middle of each year	BIRTHS		DEATHS UNDER ONE YEAR OF AGE		DEATHS AT ALL AGES. TOTAL	
		Number	Rate*	Number	Rate per 1,000 Births registered	Number	Rate*
1	2	3	4	5	6	7	8
1893	5314	154	28.9	14	90.9	77	14.9
1894	5344	142	26.5	11	77.5	69	12.9
1895	5385	132	24.5	16	121.2	110	20.4
1896	5434	148	27.2	17	114.8	58	10.6
1897	5520	130	23.5	15	115.3	66	11.9
1898	5584	140	25.0	23	164.2	79	14.1
1899	5655	138	24.4	11	79.7	62	10.9
1900	5720	134	23.4	18	134.3	68	11.6
1901	5337	110	20.6	10	90.9	59	11
1902	5357	144	26.6	17	118	67	12.3
Averages for years 1893-1902	5465	137.2	25	15.2	111	71.5	13
1903	5377	124	23	17	136.2	64	11.8

* Rates calculated per 1,000 of estimated population.

Area of District in acres (exclusive of area covered by water).

1220

Total population at all ages .. 5337
 Number of inhabited houses .. 1176
 Average Number of persons per house 4.5

At Census of 1901

TABLE III.

TETTENHALL URBAN DISTRICT.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING
THE YEAR 1903.

NOTIFIABLE DISEASE	CASES NOTIFIED IN WHOLE DISTRICT						
	At all Ages	At Ages—Years					
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and up- wards
Diphtheria	1			1			
Erysipelas	2					1	1
Scarlet Fever*... ..	37		8	26	2	1	
Measles	155			155			
Mumps	1			1			
Totals	196		8	183	2	2	1

*NO. OF CASES REMOVED TO HOSPITAL, 19.

TABLE IV.

TETTENHALL URBAN DISTRICT.

CAUSES OF, AND AGES AT DEATH DURING YEAR 1903.

CAUSES OF DEATH	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						Total Deaths in Public Institutions in the District
	All ages	Under 1	1 and under 5	15 and under 25	25 and under 65	65 and upwards.	
Measles	5	2	3				
Scarlet Fever							1
Enteritis	1	1					
Phthisis	1				1		
Other tubercular diseases	2	1	1				
Cancer, malignant disease	8				6	2	1
Bronchitis	4	1			1	2	
Pneumonia	4	2			1	1	
Alcoholism } Cirrhosis of liver }	4				3	1	
Premature birth	4	4					
Diseases and accidents of parturition	2				2		
Heart diseases	12	1			2	9	1
Accidents	1			1			
Suicides							1
Cerebral Hemorrhage...	5					5	
All other causes ..	11	5	1		2	3	3
All causes	64	17	5	1	18	23	7

TABLE V.

A COMPARATIVE TABLE OF EPIDEMIC DISEASES, from 1883—1903.

Year	Small-pox.		Scarlet Fever. SEE TABLE VI		Diphtheria.		Typhoid.		Puerperal Fever.		Measles.		Epidemic Influenza.	
	No. of Cases	Deaths	No. of Cases	Deaths	No. of Cases	Deaths	No. of Cases.	Deaths	No. of Cases	Deaths	No. of Cases	Deaths	No. of Cases	Deaths
1883			5		1		1				xx	2		
1884	7	1	6				1				5	5		
1885					1	1	1				115	5		
1886					1		8	3			34	5		
1887			1	1			1							
1888			2								49	3	xx	
1889*							3				86	1	xx	
1890			16	1			3	1			x	1	xx	
1891			17				6		1		3		x	
1892			14		6	2	6		1			3		
1893	1		29		1		2	1			40	3		
1894			46	3	12	5	2		1	1			x	3
1895			24	1	60	15	2	1	1	1			x	1
1896			50	2	40	4	1							
1897			9		6		1							
1898			11	2	1		3	2			230	8	x	
1899			5		1		3				34		xx	
1900			14		5		4				10		xx	1
1901			11	1	28	1	3	1	1		66		xx	1
1902			57	1	13						2		x	
1903			37	1	1						155	5		
TOTALS	8	1	354	13	177	28	49	7	5	3	829	33		6

NOTE—A few cases **x**. Prevalent **xx**. Very Prevalent **xxx**.
 *Adoption of Infectious Diseases' Notification Act.

TABLE VI.
—
SCARLET FEVER.

Year	Rent of Hos- pital	Charges for Board and Treatment in Hospital	No. of Days charged at 1/6 2/6		No. of Patients in Hospital	Deaths in Hos- pital	Patients not treated in Hospital	No. of Deaths in Patients not treated in Hospital
1892	£40	£16 2 6	215	—	4	—	10	—
1893	£40	£54 10 6	512	129	13	—	16	—
1894	£40	£61 17 6	728	33	17	2	29	1
1895	£40	£34 14 0	431	19	9	—	15	1
1896	£40	£151 12 6	975	629	32	2	18	—
1897	£40	£18 13 6	249	—	4	—	5	—
1898	£40	£8 9 6	113	—	4	2	7	—
1899	£40	£6 7 6	85	—	1	—	4	—
1900	£40	£27 15 0	370	—	8	—	6	—
1901	£40	£10 13 0	142	—	4	1	7	—
1902	£40	£182 6 0	862	940	39	1	18	—
1903	£40	£66 7 6	795	54	19	1	18	—

TETTENHALL URBAN COUNCIL.

TABLE VII.

SUMMARY OF SANITARY WORK done in the Nuisance Inspector's Department during the year 1903, in the Urban District of Tettenhall.

		Inspections and Observations made	Formal or Informal Notices by Authority	Nuisances Abated after Notice
Dwelling houses and Schools	Foul Conditions	10	} 5/42	10
	Structural Defects	37		37
	Dairies and Milkshops	64	} .16	16
	Cowsheds	28		14
	Bakehouses	16	.14	16
	Slaughter-houses		.16	
	Ashpits & Privies Dilapidated, Insufficient and Foul	47	5/42	47
	Deposits of Refuse and Manure	15	2/13	15
	Water Closets	14	1/13	14
	Defective Traps		} 3/54	
House Drainage	No Disconnection	57		57
	Other Faults			
	Water Supply, Leakages, Well Cleaning, and Defective Pump	21	2/19	21
	Pigsties	5	.5	1
	Animals improperly kept			
	Fowls	1	.1	1
Other Nuisances		45	.45	41
TOTALS		360	360	290
See Factories and Workshops form for further Inspections.				Nos.
Samples of Food taken for Analysis Milk ..				1
Precautions against Infectious Disease.				
Houses Disinfected after Infectious Disease				
Scarlet Fever				35

NOTE.—When an Inspection or Notice embraces more than one defect, it may be enumerated separately as regards each such defect.

Signed, H. McCARTER,
Inspector of Nuisances.

Feb. 19th, 1904.