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# Contributors

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# Mallasey District Council.

# ANNUAL REPORT

#### OF THE .

# MEDICAL OFFICER OF HEALTH

1895.

DUNSFORD & SON, PRINTING CONTRACTORS, LIVERPOOL & LONDON.



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1896.

	Date.	No. of Inhabited Houses.	Persons per House.	Population.
Census,	1891	6,364	5.2	33,227
January,	1892	6,537	5.2	33,992
33	1893	6,928	5.1	35,332
	1894	7,124	5.1	36,332
	1895	7,564	5.1	38,576
	1896	8,044	5.0	40,220

# TABLE I.-Showing increase of Population since Census.

At the beginning of the century the population was 663.

Increase in Inhabited Houses Table I, shows an increase of 480 inhabited houses for the past year, as compared with 440 in 1894 and 196 in 1893.

The floating population in the river and docks has not been estimated, as it is so variable, but it furnishes a considerable number of deaths, chiefly as drowning casualties.

No. of Deaths and Death Rate

The number of Deaths in 1895 was 604, in 1894, 526, an increase of 78. The Death-Rate is thus 15.48 per 1,000 per annum, as against 14.21 in 1894,—an increase of 1.27. It will be remembered that 1894 had a quite exceptionally low Death-Rate.

English Death Rate The Death-Rate for England and Wales in the past year was 18.7 per 1,000 as compared with 16.6 in 1894. The Urban Rate was 19.5 per 1,000, and in the Rural Districts 17 per 1000. Our Death-Rate is thus 2.3 below the general rate, 4.1 below the Urban Rate, and 1.6 below the Rural Rate. Of the Deaths, 317 were Males and 287 Females.

Average Rate Our average Death-Rate for the last 10 years (1885-94) was 16.08, so for Last that the rate for the past year is 0.60 below this average.

No. of Births and Birth Rate The Births numbered 1,104 compared with 1,003 for 1894, giving respective rates of 28.30 and 27.08.

The natural increase in the population, *i.e.*, the excess of Births over Deaths, was therefore 500, showing that our rapid increase in population is chiefly due to the stream of immigration from surrounding districts.

English Birth Rate 2'0 below the English Rate. The Birth-Rate in England and Wales was 30.3 per 1000. Our rate is Of the Births, 575 were Males and 529 Females.

The annexed Table gives a summary since 1889 of the number of Births and Deaths since 1889, with

TABLE II.

	1889.	1890.	1891.	1892.	1893.	1894.	1895.
Births	957	953	994	1078	1108	1003	1104
Birth-Rate	29.44	29.32	29.67	31.24	31.21	27.08	28.30
Deaths	520	550	594	535	641	526	604
Death-Rate	16.00	16.92	17.78	15.50	18.05	14.21	15.48

TABLE III.—Shows the distribution of the Births in the different Births in Townships, since 1888 :---

Birt	hs.		1890.	1891.	1892.	1893.	1894.	1895.
Poulton-cu	m-Sead	ombe	483	526	599	570	534	567
Liscard			407	401	416	463	408	460
Wallasey			63	67	63	75	61	77

This shows that Seacombe has 107 more births than Liscard, despite a smaller estimated Population, as in Table V.

TABLE IV.—Shows the number of Deaths in the different Townships Deaths in the since 1892, with the corresponding rates :—

Deaths.	Seacombe.	Liscard.	Wallasey.
1892	264 (= 17.03)	244 (= 14.35)	27 (= 13.5)
1893	308 (=19.24)	294 (=16 95)	39 (=17.72)
1894	250 (=15.06)	248 (=13.70)	28 (= 12.17)
1895	316 (=18.16)	256 (= 13.36)	33 (= 13.46)

The number of Deaths for the Townships, as given above, does not correspond with that given in the large printed sheet, or in the sheet marked **A**, because fatal cases in Hospitals are here referred to the Townships from whence they came.

TABLE V.-Population of the Townships.

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Population of the Townships

Rates

	Census	Census	Estimated at Middle of	To
	1881.	1891.	1895.	
Poulton-cum-Seacombe	7,640	14,900	17,400	
Liscard	11,612	16,356	19,150	
Wallasey	1,940	1,971	2,450	

I have made a slight alteration in the estimate of the Population of the different Townships according to more recent information supplied by the Assistant-Overseers, as to the number of inhabited houses Full information is given in the large sheet at end of Report as to the number of Males and Females, the different Ages at Death, the Townships in which the Deaths took place as well as the Deaths in Public Institutions (Hospitals, &c.) and amongst Non-Residents; likewise as to the number of Deaths in each month and each quarter; with a detailed classification of the different causes of Death. Table A gives Mortality Statistics, apart from Mortality Returns, and is modelled now to suit the information derived from the Infectious Diseases' Notification Act, so as to give the notified cases of each Disease in the different Townships, and the number removed to the Isolation Hospital. It also gives details as to the Population and Births, which are found in the text of my Report. Tables A and B are not printed in the Report.

Mortality in the Quarters

### TABLE VI.—Showing the Mortality, in the different Quarters of the Year.

1893.	Quarters :	1st-109	2nd-172	3rd-179	4th-181
1894.	,,	,, -173	., -131	,, -114	,, -108
1895.	**	,, -158	.,	,, —154	" —155

The Deaths in the different Quarters show a remarkable uniformity, but the 2nd Quarter has the lowest mortality.

I give next the usual Meteorological Table furnished through the courtesy of Mr. Plummer of Bidston Observatory :---

> Latitude 53° 24′ 4″ North, Longitude 3° 4′ 17″ West. Height of Barometer above the mean level of the sea 201 feet.

#### TABLE VII.

Date.		Mean Barometer.	Mean Temperature.	Rainfall.
1895		Inches.	Degrees.	Inches.
January		 29.725	33-2	2.898
February		 30.138	30.1	0.312
March		 29.678	41.7	2.797
April		 29.876	47.6	1.782
May		 30.109	54.7	0.416
June		 30.078	57.7	0.995
July		 29.832	59.4	3.808
August		 29.839	60.4	1.853
September		 30.115	61.0	1.085
October		 29.829	45.6	5.443
November		 29.825	45.4	2.440
December	••	 29.740	40.1	2.436
				26-265

A comparison between the above table and that for 1894 gives the following results as regards Temperature and Rainfall, the sign + meaning an increase for 1895, and the sign - a decrease for 1895.

		Mean Temp. in Degrees.	Rainfall in inches.
January	 	- 5.9	+1.204
February	 	-12.4	- 2.862
March	 	- 3.8	+1.239
April	 	- 2.9	+0.186
May	 	+ 5.6	-2.059
June	 	- 0.0	- 0.963
July	 	- 1.5	+0.254
August	 	+ 2.4	-1.209
September	 	+ 6.9	+0.169
October	 	- 4.1	+1.455
November	 	- 1.9	+0.451
December	 	- 2.9	+0.521
	Total	- 20.2	-1.647 inches.

This comparison brings out the striking fact that for the whole year there was a decrease of 20.5 degrees in Mean Temperature, compared with 1894, which itself had a decrease of 13.2 degrees compared with 1893. The great cold in the first quarter accounts for the rise in deaths from Bronchitis, while the rise in Temperature in August and September is followed by an extraordinary increase in the number of Deaths from Diarrhœa and Enteritis, this latter being really the same as Infantile Diarrhœa. The fatality from Pneumonia did not rise in the same way as from Bronchitis during the cold weather.

The next table gives the Mortality (from all causes) under one year, the so-called Infant Mortality, which is always looked on as an important index to the healthiness and sanitary condition of a locality.

It also gives the number of deaths under 5 years of age.

#### TABLE VIII.

Infant Mortality

Comparison with 1894

Year,	Infants under one year.	Rate of Infant Mortality per cent. of Deaths.	Rate of Infant Mortality per 1,000 Births.	Under 5 Years.
1891	134	22.55	134.8	217
1892	123	22.99	114.1	186
1893	167	26.05	150.7	233
1894	116	22.05	115.6	192
1895	162	26.82	146.7	225

This Table shows that the Infantile Deaths in 1895 exceeded those in 1894 by 46, but 1894 had an exceptionally low Death-Rate for infants as well as for all diseases. In 1893, again, the Infantile deaths numbered 167 in spite of the smaller Population.

Details of the increased Deaths in 1895 are given below.

The Infant Mortality for England and Wales per 1,000 births was 161 compared with our 146.7, and the English Rate includes Rural as well as Urban Rates, so that in this respect we still compare very favourably with the country in general.

Details of Deaths under 1 year in 1894 and 1895 from those diseases most fatal to Infants are here given.

Fatal Infantile Diseases.

		1894.	1895.
		15	19
		16	12
		7	19
		2	23
irth		14	17
Debi	lity	18	34
Tota	ı	72	114
	  irth Debi		15 16 7 2 Sirth 14 Debility 18

This table of 6 diseases shows an excess in 1895 of 42 out of the total increase of 46. The excessive cold in the early part of the year shows its effect in the deaths from Bronchitis and the excessive heat in the autumn months account for the excess of deaths from Diarrhœa and Enteritis. The large number of deaths ascribed to Enteritis is commented on and explained under the heading of Diarrhœa later on.

Deaths of Old Of the total number of deaths 112 were over 60 years of age, and of these, 5 were over 85.

Non-certified Deaths Only 6 out of the 604 deaths were not certified either by a registered medical practitioner or by a coroner, which gives a per centage of 0.9 uncertified deaths compared with 2.3 for England and Wales.

Inquests and Rates 56 Inquests were held during the year, as against 50 in the previous year, giving a per centage of 9.2 deaths certified by the coroner, compared with 6.0 for England and Wales. Deducting 19 Drowning cases, the per centage is 6.1. I now give an analysis of the large sheet, which supplies a complete Analysis of Deaths (See statement of particulars of all the deaths during the year. The subjoined Sheet at end tabular synopsis gives a useful survey of the different classes of diseases, with the mortality of each, both in absolute numbers and in rates per 1,000 per annum. It also gives the mortality of the leading forms under each class with the exception of Zymotics, which are given in fuller detail in the succeeding table.

#### TABLE IX.

$\begin{array}{c c c c c c c c c c c c c c c c c c c $						
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Classes.	1891.	1892.	1893.	1894.	1895.
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	ZYMOTICS	69-2.05	71-2.05	80-2-25	67-1.81	57-1.46
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Cancer	19	27	24	21	37
ding Meningitis $24$ $24$ $38$ $29$ $19$ Heart Disease $34$ $44$ $49$ $42$ $53$ Bronchitis $64$ $47$ $45$ $29$ $57$ Pneumonia $48$ $34$ $33$ $51$ $46$ Liver Disease $8$ $6$ $7$ $7$ $5$ Bright's Disease $3$ $7$ $6$ $5$ $4$ DEVELOPMENTAL $76-2\cdot2$ $86-2\cdot49$ $113-3\cdot18$ $75-2\cdot02$ $86-2\cdot205$ Premature Birth $21$ $25$ $18$ $14$ $18$ Old Age $24$ $26$ $45$ $24$ $19$ Atrophy and Debility $24$ $24$ $40$ $23$ $40$	Apoplexy Convulsions	$\frac{24}{26}$	22	17	18	27
Heart Disease $34$ $44$ $49$ $42$ $53$ Bronchitis $\dots$ $64$ $47$ $45$ $29$ $57$ Pneumonia $\dots$ $48$ $34$ $33$ $51$ $46$ Liver Disease $\dots$ $8$ $6$ $7$ $7$ $5$ Bright's Disease $\dots$ $3$ $7$ $6$ $5$ $4$ Developmental $\dots$ $76-2\cdot2$ $86-2\cdot49$ $113-3\cdot18$ $75-2\cdot02$ $86-2\cdot205$ Premature Birth $21$ $25$ $18$ $14$ $18$ Old Age $\dots$ $24$ $26$ $45$ $24$ $19$ Atrophy and Debility $24$ $24$ $40$ $23$ $40$		24	24	38	29	19
DEVELOPMENTAL         76-2.2         86-2.49         113-3.18         75-2.02         86-2.205           Premature Birth         21         25         18         14         18           Old Age          24         26         45         24         19           Atrophy and Debility         24         24         40         23         40	Heart Disease Bronchitis Pneumonia	64 48	47 34	45	29	57 46
Premature Birth         21         25         18         14         18           Old Age          24         26         45         24         19           Atrophy and Debility         24         24         40         23         40	Bright's Disease	3	7	6	5	4
DROWNING 14 12 12 10 19	Premature Birth Old Age	21 24	$25 \\ 26$	18 45	14 24	18 19
	DROWNING	14	12	12	10	19

The first-class, viz., Zymotics, is fully detailed in the succeeding Table X.

Under *Constitutional* Diseases there was an increase of 15, and the table shows that the increase in deaths from Cancer alone accounted for this.

It is most satisfactory to note that the deaths from Phthisis seem to diminish rather than increase, and with improved drainage and sanitary conditions this decrease ought to continue.

Under Local Diseases there was an increase of 51, chiefly accounted for by 28 more deaths under Bronchitis and 25 more under Enteritis. The severe weather in January and February caused a great increase in the deaths from Bronchitis, and as explained elsewhere the deaths from Enteritis were probably Acute Zymotic or Autumnal Diarrhoea of children. There were 11 more deaths from Heart Disease, but 10 fewer from Brain Disease.

Under *Developmental* Diseases, there was an increase of 17 from Atrophy and Debility, chiefly occurring in the 3rd Quarter, during the hot weather, which proved so fatal to children.

Drowning cases amounted to 19, as compared with 10 in 1894, and of these 19, 15 were non-residents.

The next Table shows the deaths from Zymotics, confining the term to those reckoned as such in the Registrar-General's Returns and in all health reports. The full list of Zymotics is given in the large printed sheet, which will be found at the end of this Report.

Zymotic Deaths

#### TABLE X.-Deaths from Zymotic Diseases.

Zymotics-	1890,	1891.	1892.	- 1893.	1894.	1895.
Total	50	69	71	80	67	57
Smallpox	0	0	0	0	0	0
Measles	10	4	31	1	8	1
Scarlet Fever	12	7	3	2	5	4
Diphtheria and Croup	3	11	6	9	9	9
Whooping Cough	8	17	7	12	14	6.
Fever (Typhoid)	9 '	20	20	23	13	8
Diarrhea	8	10	4	. 33	18	29
Cholera (Simple)	0	0	0	0	0	0
Rate per 1,000 of population	1.23	2.05	2.05	2.25	1.81	1.46
English Rate do.	2.03	1.83	1.90	2.47	1.76	2.14

Our average Zymotic Rate for the last ten years (1885-94) was 1.98, as compared with 1.46 in 1895, so that for the past year the rate is 0.52 under the average for ten years past.

Comparison of The Zymotic Rate in England and Wales was 2.14 per 1,000, as com-Zymotic Rates pared with our 1.46, but the English Rate includes Rural as well as Urban Rates, and is thus sensibly lowered.

> Our Rate was thus 0.68 lower than the General Zymotic Rate, but if Enteritis is included in our Diarrhœa Rate, as I believe it should be, our Zymotic Rate is raised to 2.20 or 0.6 higher than the General Zymotic Rate.

> The next table shows where and when the deaths from the principal Zymotics took place, and this should be studied in conjunction with the

map, which brings the same thing out in a more striking way, a distinguishing mark being allotted to each disease.

## TABLE XI.-Shows Localities of Fatal Zymotic Cases.

Localities of Fatal Zymotics

#### TYPHOID FEVER.

	(1)	January	 Richmond Street. New Brighton.
	(2)	March	 Egerton Street Liscard
	(3)	June	Ashville Road, Seacombe,
	(4)	July	 Pool Cottage, Poulton.
			 Magney Dayly Wallager
	(5)	Sep.	 Massey Park. Wallasey.
	(6)	Nov.	 Littledale Road Seacombe.
	(7)		 Shaw Street, Seacombe.
	(8)	Dec.	 York Road, Seacombe.
D	PH	THERIA.	
	(1)	February	 Vale Brewery, Leasowe Road, Wallasey.
	(2)	August	 Church Street, Seacombe.
	(3)	October	 Windsor Street, New Brighton.
	(4)	December	 Sandon Road, Seacombe.
CI	ROUI	P.	
	(1)	January	 Wallasey Terrace, Wallasey.
	(2)	March	 Tollemache Street, Liscard.
	(3)		 St. Alban's Road, New Brighton.
	(4)	August	 Wallasey Terrace, Leasowe Road, Wallasey.
			Greenfield Street, Liscard.
	(5)	"	 Greenneri Gueet, Listard.
<b>S</b> (		LATINA.	
	CARI	THE THE PA	
		July	 Richmond Street, New Brighton.
	(1) (2)		 Richmond Street, New Brighton. Longland Road, Liscard.

1	1 woodencoor .		COLUMN THE CASE	
4		Prine	ess Road.	Liscard.

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#### MEASLES.

Stanley Street, Seacombe.

#### WHOOPING COUGH.

(1) August

(1)	April	 Longsight-The Village, Wallasey.
(2)	July	 Palermo Street. Seacombe.
(3)		 Wright, Street, Egremont.
.(4)	August	 York Road, Seacombe.
(5)	November	 Byron Road, Seacombe.
(6)	December	 Shakespeare Road, Seacombe.

### DIARRHŒA.

(1)	June	 Wheatland Lane, Seacombe.
(2)	,,	 Ellis Street, Seacombe.
(3)	,,	 Field Road, Liscard.
(3) (4)	July	 Back Suttons Cottages. Liscard.
(5)	"	 
(6)	33	 Havelock Street, Seacombe.
(6) (7)		 Littledale Road, Seacombe.
(8)	13	 Green Lane, Liscard.
(9)	13	 Edith Road, Seacombe.
(10)	.,	 Gresford Place, Liscard.
(11)	10	 Lucerne Road, Seacombe.

(12)	August	 Milton Road, Seacombe.
(13)		 Burnaby Street, Liscard.
(14)		 7, Short Street, Seacombe.
(15)	19	 Wheatland Lane, Seacombe.
(16)		 Daisy Grove, Seacombe.
(17)	"	 Parry Street, Seacombe.
(18)		 Catharine Street, Liscard.
(19)		 Eleanor Street, Liscard.
(20)	September	 Hawthorndale Road, Seacombe.
(21)		 Kenilworth Road, Seacombe.
(22)		 St. Alban's Road, Liscard.
(23)	**	 Belle Vue Road, Seacombe,
(24)	.,	 Liscard Battery, Liscard.
(25)	October	 Oakdale Road, Seacombe,
(26)		 Palermo Street, Seacombe.
(27)	"	 Brighton Street, Seacombe.
(28)	"	 Havelock Street, Seacombe,
(29)	13	 Rankin Street, Seacombe.
(-0)	,,	 Attended by bourder by

The next table shows the total number of Infectious Diseases reported during the year under the Infectious Diseases Notification Act, with the Townships in which they occurred.

Infectious Notifications in the different Townships

TABLE XII.—Cases of Infectious Disease notified in the Urban District of Wallasey during the year, 1894:—

J	Fownships			21 4 	Small-pox.	Scarlatina.	Diphtheria.	Membranous Croup.	Enteric or Typhoid.	Puerperal.	Erysipelas.	
Pot	alton-cum-Sea	combe	Under { Over 5	5 Years. Years	Ξ	21 37	3 2		- <mark>4</mark> 35	4	1 11	
Э.	Egremont		Under Over 5	5 Years Years	1	7 8	-4	-	7		-4	
Liscard.	Liscard		Under Over 5	5 Years Years	-4	14 21	- 5	1	1 13	=	1 1	
Γ	New Brig	hton	Under Over 5	5 Years Years		3 15	2 1	1	$1 \\ 6$	_	-3	
Wa	llasey		Under Over 5	5 Years Years	Ξ	$\frac{2}{2}$		2	=	Ξ	-2	
1	Fotals			5 Years Years	5	47 83	5 15	4	$\begin{smallmatrix}&6\\61\end{smallmatrix}$	4	<b>2</b> 21	

The above tables show that among Zymotic Diseases Diarrhœa was by far the most fatal.

I now proceed to examine the different Zymotics in detail.

12

No fatal case of Small-Pox occurred but 5 cases were notified, 4 in Small-pox Liscard, and 1 in New Brighton. They were all cases of modified Small-Pox, that is cases occurring in Vaccinated Persons. Two were very mild, and three well marked. They were clearly all infected from Liverpool. In all 5 cases, the inmates of the households were promptly re-vaccinated, but in one house a second case occurred before the vaccination had time to give protection. Full precautions in the way of isolation and disinfection were adopted, and the disease did not spread to any other household. There was no connection between the members of the different families affected. Although provision for isolation at home could be made in all these cases their occurrence plainly shows that provision should be made at Mill Lane Hospital for a possible outbreak of this disease, which could not be at present sufficiently isolated there in the absence of a separate building.

There was only one fatal case of Measles in 1895, compared with 8 in Measles and 1894, giving the very low mortality rate of 0.02 per 1,000 compared with an Rate English Rate of 0.36.

Scarlatina (Scarlet Fever) caused 4 deaths, as against 5 in 1894. This Scarlet Fever gives a mortality of 0.10 per 1,000 per annum compared with 0.14 for and Rates England and Wales.

130 cases were notified during the year, compared with 246 in 1894 and 123 in 1893. The 4 deaths give a mortality of 3.07 per cent of notified cases, which is a very low rate for Scarlet fever.

Table XIII. shows the numbers notified in each Townships for each month of the year. Seacombe had 57 cases, Liscard 68, and Wallasey only 4.

47 cases of this Fever were treated in Mill Lane Hospital, as against 56 in the previous year.

As usual, careful disinfection of the premises and of all infected articles was carried out by the Council's Officials, and notices were sent to the School Authorities in all cases where a member of an infected household attended school. Similar notices are sent in cases of other Infectious Diseases which are notified to the Sanitary Authority. The Inspector of Nuisances visits each house, and leaves a printed slip with directions to get disinfection carried out when the illness is over, to prevent children going to school, &c. The milk supply is also carefully watched, but I have been unable to trace any case to this cause.

A good deal of our milk supply comes from Moreton, Leasowe and Bidston, and as Scarlatina was prevalent there during the past year, I communicated with the doctors attending these districts, but found no cause to suspect our milk supply as carrying infection.

Т	yphoid Notifica- in 1895.	Jan.	Feb.	March	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
Sea	combe	 1	2	1	3	16	1	2	6	2	2	3	0	39
G.	Egremont	 0	0	1	0	1	1	1	0	0	2	1	0	7
LISCARD.	Liscard Proper	 1	1	1	0	0	0	1	1	5	4	0	0	14
LIS	New Brighton	 1	1	1	0	1	1	0	0	1	1	0	0	7
Wa	allasey	 0	0	0	0	0	0	0	0	0	9	0	0	0
	Totals	 3	4	4	3	18	3	4	7	8	9	4	0	67
	arlatina Notifica- in 1895.	Jan.	Feb.	March	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
Sea	acombe	 4	5	0	7	2	4	13-	4	4	2	5	7	57
RD.	Egremont	 1	0	1	2	0	1	0	2	5	1	2	0	15
LISCARD.	Liscard	 2	6	8	2	1	0	1	3	4	4	7	2	35 -68
LIE	New Brighton	 0	3	1	0	2	0	3	0	3	2	4	0	18)
337.	L.			0			0	0	0	0	2	1	0	
w	allasey	 0	0	0	0	1	0	0	0	0	-	1	0	4

#### TABLE XIII.

Diphtheria and Membra nous Croup with Rates Diphtheria and Membranous Croup caused respectively 4 and 5 deaths, exactly the same as in 1894. The mortality from Diphtheria is 0.10, compared with an English rate of 0.25, but if Croup is included, as in the English rate, our rate is 0.23 per 1,000. 20 cases of Diphtheria were notified, with a mortality of 20 per cent of notified cases.

All the 5 notified cases of Membranous Croup died.

2 of the latter occurred in Wallasey Terrace (Twenty Row), in Leasowe Road, a low lying locality draining into a ditch, which at the time of inspection was very foul. There is no possible fall for drainage here into any of our sewers, and the population is so scarse that pumping the sewage would as yet be too costly a proceeding. This latter plan (by the Shone or compressed air system) has been adopted for the new houses erected to the west of Wallasey Railway Station.

6 cases of Diphtheria were treated in Mill Lane Hospital and all recovered; 1 case of Croup was admitted, but died.

A careful examination of the milk supply showed that it could not be looked on as the cause in any of the cases.

Table XII. shows the Townships where these cases were notified, and Table XI shows where the fatal cases occurred.

In one case the bath and scullery waste pipes were both un-trapped and went direct into the drain without any disconnection. In two other cases, the down spout went direct to the drain and had open joints, and in two cases the ashpits were reported as full, but it seemed impossible to prove that these defects were the cause of the disease.

It did not seem to spread by infection from school attendance.

Whooping Cough caused 6 deaths, as against 14 in 1894, and 12 in Whooping 1893. This gives a Death rate of 0.15 per 1,000, as compared with an Cough English rate of 0.30.

This Zymotic Disease, in common with Measles and Diarrhœa, is not notified under the Act of 1889.

Diarrhœa caused 29 deaths, compared with 18 in 1894 and 33 in 1893. Diarrhœa The rate is thus 0.74 per 1,000, as against 0.48 in the previous year. The English rate was 0.88, or 0.14 higher than ours, but as I shall presently show, our rate should really be 1.48 for Diarrhœa, instead of 0.74.

It has often been mentioned in my Annual Reports that as often as we get a hot and dry Autumn, so often do we get a high death-rate from

Autumnal Infantile Diarrhœa. The remarks appended to the Meteorological Table (No. VII) need not be repeated here, but the large sheet at the end of the Report shows that out of the 29 Deaths, 8 took place in July, 8 in August, and 5 each in September and October, which shews very clearly the influence of the weather during those months. But if 29 Deaths really represented the total for our District from this cause, there would not be very much ground for surprise, comparing that number with the fatal cases in other years with similar seasons. I must however now draw attention, under this heading, to the fatality under another disease, viz .- Enteritis, appearing under Local Diseases of the Digestive Organs, and it will be seen that 29 deaths were recorded under this cause. Of the 29 deaths from Diarrhoea, 19 were under 1 year of age, and of the 29 from Enteritis 23 were under i year. 11 deaths from Enteritis occurred in July and 8 in August, and 2 each in September and October. Now the deaths so ascribed to Enteritis or Gastro-Enteritis are really deaths due to Infantile Diarrhoea, and as the distinction in name is due only to a somewhat new method of certifying such deaths, I am of opinion that our Diarrhœa fatality should be 58 instead of 29, giving a rate of 1.48 per 1,000 instead of 0.74. This is 0.60 higher than the English Rate of 0.88 and if these deaths from Enteritis are included in our Zymotics, the total Zymotic rate is raised to 2.20. Last year I had occasion to remark that our Diarrhœa and Typhoid Rates were the only Zymotic Rates higher than the English Rates, and I laid special emphasis on this point in the special Report of 1895. To what cause is this very large number of deaths from Diarrhœa and Enteritis due? As a rule, manufacturing towns, where the mothers among the working classes go back to the factories as soon as they can leave their children, suffer most from a high mortality, owing to the babies being hand-fed and not well attended to. Also low lying towns with insufficient fall for drainage and with damp subsoils suffer severely from the same disease. These conditions are not present with us although there is always a large amount of injudicious feeding of infants.

Some help to a solution of the problem will be got from studying the localities which suffered most from the disease. In the small area comprising Oakdale, Wheatland Lane and the Streets leading out of Wheatland Lane, 12 of the 29 deaths from Diarrhœa occurred and 13 of the 29 from Enteritis *i.e.*, 25 out of 58. This proportion is very striking, as many of these streets are not occupied by the poor and badly fed classes.

I believe the reason is that the drainage has been in a thoroughly bad condition. In this respect there is a striking resemblance between the prevalence of Typhoid Fever and Diarrhea, viz. : that both are apt to prevail where the sewers and drains are choked and leaking, or have a bad fall with faulty construction. From the prevalence of these two diseases in this area, I predicted that the sewers would be found in bad condition and made reports more than once to your Committee on the subject. During the latter part of 1895 and the early part of 1896, the drainage of Oakdale has been examined and many sewers and drains have had to be entirely reconstructed and in some cases they were completely blocked and the sub-soil was sodden with sewage, a condition highly favourable to the occurrence of severe and fatal cases of Diarrhœa and of Typhoid. Wheatland Lane sewer and those sewers leading into it, will I hope be shortly taken in hand. Reasoning from similar data, I consider that the drainage of Field Road, Eleanor Street, Catherine Street, Seymour Street and Place, Tollemache Street and Egerton Street, with others in that neighbourhood will demand careful and speedy attention, and I have every confidence that the mortality from Diarrheea will be largely reduced by an energetic policy of remedying the defective sewers of our District.

The remarks on Typhoid or Enteric Fever will naturally follow what I Typhoid or have just said about Diarrhoea. 8 deaths during 1895 were caused by this Enteric Fever and Rates Fever, compared with 13 in 1894 and 23 in 1893. Table X shows the mortality since 1890. These 8 deaths give a mortality of 0.20 per 1,000, as against 0.35 in 1894 and 0.64 in 1893. The English rate for 1895 was 0.17, or 0.3 lower than ours.

67 cases were notified in 1895, compared with 89 in 1894 and 132 in 1893.

This gives a mortality of 11.9 per cent. of notified cases.

On page 5 of my Special Report (April 1895), I pointed out that for the past 8 years (1887-1894), our Average Rate was 0.43 per 1,000 against an Average English Rate of 0.18 for the same period—ours being more than double the English Rate.

The Rate for each year is given in the Table referred to, and it will be

seen that for the past year, our Rate has fallen nearer the English than it has done for 9 years back, the excess being only 0.3.

The average for the last 9 years is for Wallasey 0.41.

The average for the last 9 years is for England and Wales 0.18.

Decline in Typhoid Mortality This remarkable decline during the last two years is most encouraging, especially as the weather conditions were such as to favour an outburst of Typhoid in the warm months. As a matter of fact in the month of May (with an excess of 5.6 of temperature over the proceeding May) 18 cases were reported as against 5 in 1894, in August and September 7 and 8, as against 6 and 5, but in October the cases fell to 9 compared with 14 in October of 1894. The comparison of temperatures given in the Meterological Table shows how closely the numbers correspond with a rise or fall of Temperature.

Table XIII. gives details of the notifications for months and Townships. 28 of these cases were treated in Mill Lane Hospital with only 2 deaths.

The fatal cases are recorded in Table XI.

Of these, 2 came to our District with their fatal illness already on them, and a third was probably imported.

One non-fatal case was pretty clearly traced to eating oysters.

An examination of the localities of the 67 notified cases shows that 9 were in Oakdale (5 in Cherry Bank Road and 3 in Ashville Road) and 11 in Wheatland Lane and in the Streets draining into it. This is very striking corroboration of what I stated above as to the drainage of these Streets under the heading of Diarrhœa, and now that the drainage of Oakdale has been remodelled it will be most interesting to note whether a marked improvement will follow. It sometimes, however, takes more than a year to extirpate Typhoid when the subsoil has been thoroughly soaked with sewage. There was also a group of 5 cases in the lower part of New Brighton, in Seymour Place, Grosvenor Road, Egerton Street, Waterloo Road and Richmond Street, and I have drawn attention for years back to the urgent necessity of overhauling the drainage there. Some of these sewers are known to be bad and all want careful examination.

I take the opportunity here of recording with pleasure the continued activity in the way of reconstructing old and defective sewers, but the extent of this will I hope be shown in the District Engineer and Surveyor's Report. The expense incurred in a vigorous continuation of this policy is in my opinion more necessary for the sanitary improvement of the district than that entailed by any other improvement schemes, though all the work is speedily out of sight.

I have again to record that no case has been traced to either milk or water supply.

The chief detects found in connection with houses where cases occurred were in the drains and joints of water closets, allowing sewer-gas to escape, scullery, bath and lavatory pipes untrapped, choked drains, pipes going direct into drains without disconnection, &c., but these defects grow fewer year by year and are not nearly so serious in their nature as formerly, owing to the continued abatement of all such nuisances discovered.

On page 4 of the Special Report made by the Inspector of Nuisances in November 1895, he points out that, for want of time, he and the Sub-Inspector are unable to make the necessary number of house to house visits, so as to detect all the above mentioned defects, and he clearly shows how impossible it is to do so with the increasing work of the department due to new Acts of Parliament entailing ever fresh work.

The desirability of an extra Inspector will be more readily realized, as new work must be undertaken in connection with the obligations incurred in connection with the Bye-Laws for Houses Let in Lodgings, the Factories and Workshops Act, and the Shop Hours Act.

In concluding my remarks on Zymotic Diseases, I have only to state that Influenza no case of Typhus Fever was reported during the year, but Influenza once more prevailed in an epidemic form, 2 deaths being recorded in February, 7 in March and 1 each in April and May; 11 in all, as against 6 in 1894 and 12 in 1893. Flushing of Drains The systematic Flushing of House Drains has gone on as usual throughout the year, and there is also special flushing of the drains of houses where Infectious Disease is notified. Disinfectants are poured down the drains in such cases.

85 cases were admitted into the Hospital in Mill Lane for Infectious Diseases, compared with 99 in 1894 and 62 in 1893. Particulars are given in the following Table.

#### TABLE XIV.—Cases treated in Mill Lane Hospital:

Cases in Mill Lane Hospital

	Scarlatina.	Typhoid.	Croup.	Diphtheria.	Erysipelas.	Measles.
Poulton-cum-	22	16 (2 deaths)		1		
Egremont	. 3	3		1		
Liscard proper	8 (1 death)	6	1 (1 deat	h) 3		
New Brighton	12 (1 death)	3			1	2
Wallasey	. 2			1		
		-	-	-	-	-
Total	47	28	1	6	1	2

Thus 5 deaths occurred among the 85 cases; which is a very small number considering the very serious nature of many of the cases and says a great deal for the nursing. The benefit of isolation can hardly be estimated, but my records of notification show that in many houses where the patient was not sent to Hospital, several other cases occurred *e.g.*, in one house in Seacombe 5 cases of Typhoid were notified in one family. No doubt Typhoid and Scarlet Fever have been much limited in Oakdale and similar localities by prompt removal of patients to Hospital, for in poor houses it is difficult to get disinfection carried out efficiently.

We are still without a seperate pavilion for Small-pox or Typhus cases, and I hope this want may soon be remedied, especially as a small building would meet all ordinary requirements—say one with 2 beds for male patients and 2 for female.

A new wing is in course of erection at the administrative block to provide additional accomodation for nurses and servants. This will give 3 new bedrooms, the space being often insufficient when extra nurses were required.

Night-soil Collection and Disposal

The collection of Night soil has again, as in former years, been attended and with great difficulties, although your Committee has exerted itself to the utmost to make it efficient, and though the new Inspector has done his best in the same direction. So much trouble has arisen in this department that a Resolution has been passed to the effect that the Council will itself undertake the whole task of collection, a course which will I believe prove most successful and be of the utmost benefit to the District.

The New Destructor for the disposal of night-soil, situated in Gorsey Destructor Lane, was opened in July, but the District Engineer and Surveyor reports that its successful working has been marred by the irregular way in which the Contractor has delivered his loads, especially at night. The defective condition of Gorsey Lane has also proved a source of difficulty in the way of cartage at night. The six cells are to be supplemented by six more, as the existing ones cannot cope with all the refuse of the District.

Another difficulty in connection with the work at the Destructor arises from the fact that there is still a number of uncovered ashpits with the old fashioned privies opening into them, the wet contents of which are difficult to consume. A resolution was passed to convert all such privies into water-closets and to roof over the ashpits, but I was obliged to make a report to your Committee on this subject, pointing out that it was in my opinion unsafe to do this unless the sewer into which the drains would be carried was itself in a good working condition. A special case arose in St. Alban's Road, where some very foul and offensive privies still exist on the west side. These stand in urgent need of conversion, but on examination of the sewers and of the drains leading into it, I found the fall was so small that many of the drains were half or three-quarters full of deposit, and an attempt to drain water-closets into such a sewer would have only intensified the evil.

This sewer opens into the Mill Lane Sewer, which at this part falls into Liscard Road Sewer, and as far as I could learn the Mill Lane one itself has a very poor fall. With the large access of sewage which will come into it from the number of New Streets now being rapidly built up on the south side of Mill Lane, some remedy will have to be found, and if sufficient fall cannot be got towards Liscard Road, the question will arise whether this sewer should be taken down Mill Lane, by which an excellent fall could be obtained.

The separate Report made by the Inspector of Nuisances will give many further interesting details as to the discovery and remedying of Nuisances and other matters connected with the Sanitary administration of the District. In my Special Report of April 1895, I dealt at considerable length with Insanitary Property in the District and made some suggestions for coping with the difficulties encountered.

Houses Let in Lodgings and New Bye-laws New Bye-laws New Bye-laws Lodgings and New Bye-laws Laws for Houses let in lodgings or occupied by members of more than one family

> The condition of certain houses in Brighton Place, Seacombe, specially suggested this course on account of the filth, over-crowding, want of ventilation, absence of separation of the sexes, &c., &c. In practice, these conditions could not be efficiently dealt with under the Health Acts. Take over-crowding, as an instance, which was known to exist. Notices were served to abate this, but if they were complied with for the time, the same evil speedily recurred, and we had *no* powers to enable an Inspector to make any *night* inspection to ascertain positively whether over-crowding existed, and could therefore give no information on oath in a court of justice.

> I am pleased to say that these Bye-Laws have recently been adopted by the Council, and will come into force as soon as they are confirmed by the Local Government Board. They will give power to regulate the number of persons occupying each room, a definite number of cubic feet being allowed for each occupant, to register such houses, to enforce cleansing, whitewashing and ventilation, and above all to inspect them at *all hours*.

> The number of inmates for each room can be shown on a placard fixed up on the door or wall by the Inspector.

> Some members of Council expressed a fear that these powers would give rise to undue interference with persons letting lodgings in such localities as New Brighton, but no arbitrary exercise of such powers is intended, unless there is plain evidence of over-crowding, want of cleanliness, &c., and in such cases the powers ought to be put in force whereever the house may be situated.

> They will however be chiefly applied to such localities as Brighton Place, Havelock Street, Brewer's Buildings, Stafford Buildings, &c., and will not cause any annoyance where lodging houses are kept in decent order.

In 1895, a new Factory and Workshop Act was passed, amending and Factory and Workshop Act

Hitherto no register of Factories and Workshops has been kept by our Sanitary Authority and no systematic inspections have been made. For the coming year, I propose to get authority from your Committee to keep such a register with particulars as to employment, cubic space per head, ventilation, sanitary arrangements, cleanliness, &c. H. M. Inspector of Factories now notifies to the Sanitary Authority each new workshop opened, and the administration of the Sanitary provisions relating to workshops has been transferred to the Local Authorities.

#### TABLE XV.—Vaccination Return for Wallasey District from Vaccination 1st July, 1894, to 30th June, 1895.—(Supplied by Mr. Statistics Standard the Registern )

Stewart, the Registrar.)

Successfully	Vaccina	ted				 960
Died under	Vaccinat	tion A	ge			 86
Insusceptibl						 2
Postponed b						 13
Removed, tr			ination	Officer	notified	 4
	nd not tr	aced				 5
In Default	•••					 1
	Total	Regis	tered			 1,071

This gives a percentage of only 0.5 of the 1,071 born, who have escaped Vaccination, and even this small number is almost entirely due to removal from our district. While children born in our district are thus carefully looked after, we have no guarantee that children coming here with their parents are protected against Smallpox.

The next table gives particulars as to the Water Supply and distribution, Water as kindly supplied by Mr. J. H. Crowther, the Gas and Water Engineer. Statistics

371 days Volume of Water pumped, 25/	12/94 to 3	1/12/95	5	82,942,495	galls.
				1,571,274	**
Average consumption per head per day				40.28	
Divided as follows :					
Watering Streets and Roadm	aking			.31	
Supplied by Meters				4.99	
Supplied to Shipping				.04	
Flushing Sewers by hose				-69	
Domestic and other purpose		ng Drink	ing		
Fountains, Gardens, etc.				34.25	

The quantity of water used for flushing sewers for year ended 31st March, 1895, was 11,459,318 gallons, divided as follows :----

 Flushing Sewers by Hose
 ...
 ...
 ...
 10,003,318 galls.

 Supplied through Automatic Sewer Flushers in St. Alban's
 Road, Belgrave Street, Green Lane, Mersey Street,
 10,003,318 galls.

 Wellington Road, Wallasey Road, Leasowe Road, and
 1,456,000 galls.
 1,456,000 galls.

I am, Gentlemen,

Your obedient servant,

#### A. CRAIGMILE, M.A., M.D.,

MEDICAL OFFICER OF HEALTH.

FEBRUARY 24TH, 1896.

### DEATHS IN THE PARISH OF WALLASEY During the Year 1895. Acreage 3,408:153. Population in 1891, 33,229. Estimated Population 39,000

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MEDICAL OFFICER OF HEALTH.









