

[Report 1910] / Medical Officer of Health, Wallasey Local Board / U.D.C. / County Borough.

Contributors

Wallasey (England). Local Board.

Publication/Creation

1910

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REPORT

ON THE

Health of the Borough of Wallasey,

FOR THE YEAR 1910,

BY

T. W. NAYLOR BARLOW,

M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Camb.),

of Lincoln's Inn, Barrister-at-Law,

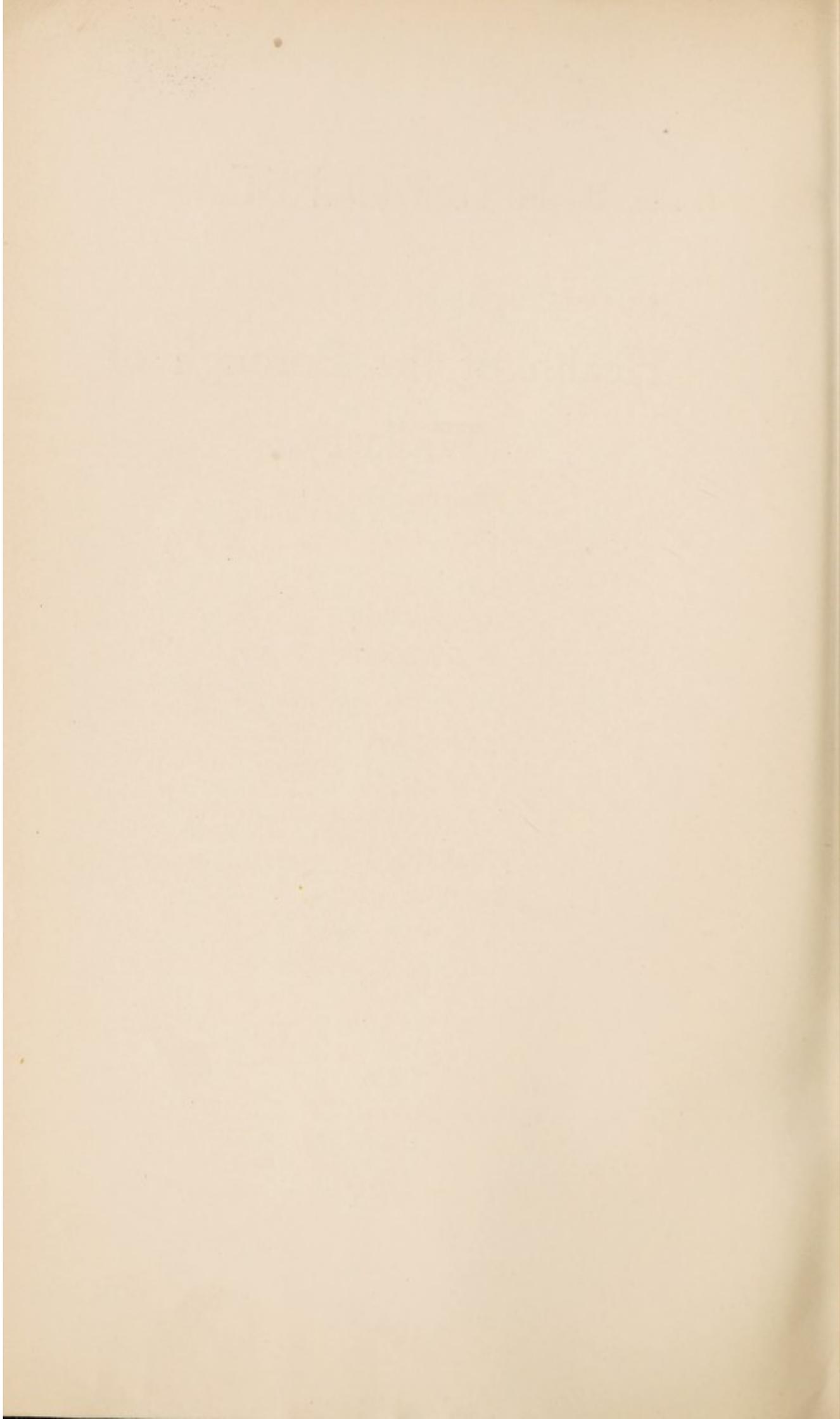
MEDICAL OFFICER OF HEALTH.

MEDICAL SUPERINTENDENT OF THE CORPORATION'S
INFECTIOUS DISEASES HOSPITAL.

LIVERPOOL:

CHARLES BIRCHALL, LTD., PRINTERS, STATIONERS, &C., 7 & 9, VICTORIA STREET.

1911.



Health, Hospital and Cemetery Committee

OF THE

WALLASEY URBAN DISTRICT COUNCIL

TO NOVEMBER, 1910.

Chairman :

Mr. T. C. HURWORTH-ROBINSON, B.A., LL.B.

Vice-Chairman :

Dr. A. BANKS.

Councillors :

Mr. J. BOUGHEY.
„ T. V. BURROWS.
„ E. D'ARCY.
„ J. JOYCE, J.P.
„ A. J. MEAD, B.A.
Dr. A. W. MONTGOMERY.

Mr. C. J. WOODROFFE, J.P.,
Chairman of Council.

Mr. W. C. CURRIE, C.C.,
Vice-Chairman of Council.

Health, Hospital and Cemetery Committee

OF THE

WALLASEY TOWN COUNCIL

FROM NOVEMBER, 1910.



Chairman :

MR. ALDERMAN BANKS, L.R.C.P.I., &c.

Vice-Chairman :

MR. ALDERMAN OLDERSHAW, M.D., J.P., C.C.



MR. ALDERMAN DAWSON, F.C.A.

Councillors :

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„ H. COVENTRY.

„ J. JOYCE, J.P.

„ W. SETTLE.

„ J. URMSON.

„ W. J. YEOMAN,

. AND

HIS WORSHIP THE MAYOR (J. T. CHESTER, Esq., J.P.)

OFFICIALS OF THE
PUBLIC HEALTH DEPARTMENT.

T. W. NAYLOR BARLOW, M.R.C.S. (Eng.), L.R.C.P. (Lond.),
D.P.H. (Camb.); of Lincoln's Inn, Barrister-at-Law,
Medical Officer of Health.

*HERBERT CLAUDIUS BASCOMBE,
Chief Sanitary Inspector.

CHARLES HORSFALL SCOTT,
*Meat Inspector, and Inspector under the Contagious
Diseases (Animals) Acts, 1885 and 1886.*

*JAMES MANSEL DAWKIN,
Assistant Sanitary Inspector.

*ALBERT HENRY ORMESHER,
Assistant Sanitary Inspector.

*THOMAS NICHOLSON CLEATOR,
Assistant Sanitary Inspector.

*HIRAM THOMAS IRVING,
Shop Hours and Workshop Inspector.

*MISS ISABELLA BIRRELL,
Lady Sanitary Inspector.

JOHN McNALLY,
Chief Clerk.

CHARLES A. HOLLAND,
Assistant Clerk (to November).

RICHARD C. THOMSON,
CHARLES H. SQUIRE, (*from November*).
Junior Clerks.

*Hold the Certificate of the Royal Sanitary Institute.

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PHYSICAL FEATURES AND GENERAL CHARACTER
OF THE DISTRICT.

The Borough of Wallasey is a part of the Wirral Peninsula and itself forms a Peninsula, bounded by the River Mersey on the East, the Irish Sea on the North, Birkenhead and Wallasey Docks on the South and South-West, with a mile of flat land on the West between head of docks and sea. The ground rises from Seacombe in a back-bone along the middle of the district, reaching a height of 200 feet above the sea at New Brighton, affording splendid facilities for drainage East and West of this natural ridge. New red sandstone underlies all this district, at a variable depth, with pockets of alluvium, drift clay, gravel and marl.

It is mainly a residential place, a large number of the inhabitants being engaged in business in Liverpool. Some large docks, forming part of the Port of Liverpool, are situated in the Borough. There are also in the district extensive Lairages, where imported sheep and cattle are killed. There is no occupation which would have any particular influence on the public health.

WATER SUPPLY.

The water supply of the Borough is partly from wells in new red sandstone, 320 to 900 feet deep, reinforced by a supply of 750,000 gallons per day from Lake Vyrnwy, upland surface water. No filtration is necessary. The service is a constant one, and the supply ample and pure.

SEWERAGE AND DRAINAGE.

The water-carriage system obtains throughout the Borough and the crude sewage is discharged into the Mersey below low water level.

The growth of Wallasey has been extremely rapid, with the result that most of the house drains are new, and have been constructed under modern bye-laws and strict supervision. All new house drains are subjected to a smoke test before being finally covered.

REMOVAL AND DISPOSAL OF HOUSE REFUSE.

There remain at present 1,083 single ashpits and 1,591 double ashpits. These are emptied on an average every six weeks by the employés of the Council. Their number is being steadily reduced. 555 ashpits have been abolished during the past 2 years and bins substituted. Bins are now required in all new property. These are emptied once a week, and the total number of bins is now 13,285.

AREAS AND STATISTICS OF TOWNSHIPS

1910.

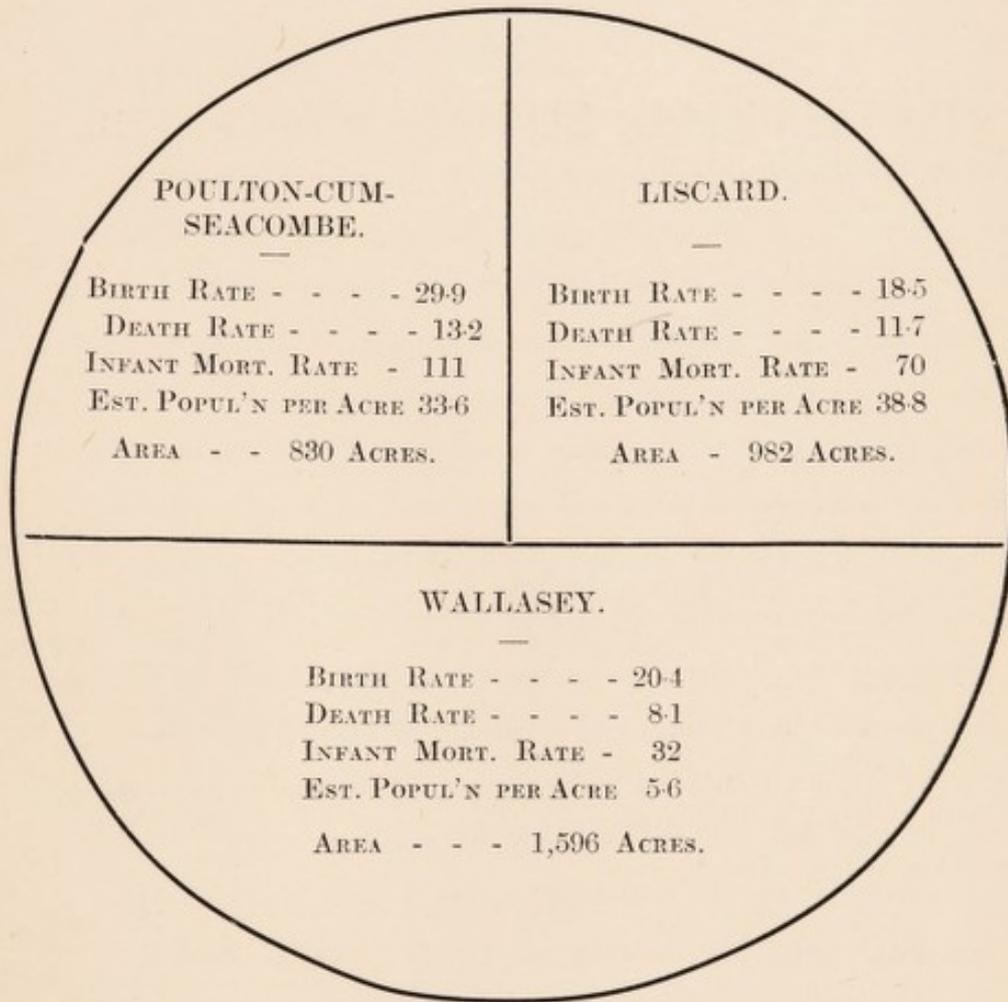


DIAGRAM SHEWING BIRTH RATE AND DEATH RATE PER 1,000 OF ESTIMATED POPULATION, INFANTILE MORTALITY PER 1,000 BIRTHS, AND ESTIMATED POPULATION PER ACRE.

WHOLE DISTRICT.	BIRTH-RATE	22.9
	DEATH-RATE	11.8
	INFANTILE MORTALITY RATE	86
	ESTIMATED POPULATION PER ACRE	22.0

STATISTICS OF TOWNSHIP

1910



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Public Health Department,

March 28th, 1911.

*To the Mayor, Aldermen and Councillors
of the Borough of Wallasey.*

Mr. Mayor and Gentlemen,

I have the honour to present to you my third Annual Report on the health of the Borough, in compliance with the duties statutorily placed upon me.

The report contains the vital statistics for the year and details of the work carried out in my Department.

The gross death rate is again lower than any previously recorded, and in the death rates of the large towns published weekly by the Registrar-General, Wallasey has on several occasions occupied the lowest place.

I should like to gratefully acknowledge the assistance which the various members of my staff have accorded me, and the willingness with which they have always met any exceptional demands upon their services.

In conclusion, I wish to thank the Chairman and Members of the Health Committee in particular, and the Members of the Council in general, for their kindness and courtesy towards myself and for the support they have invariably given me in my work.

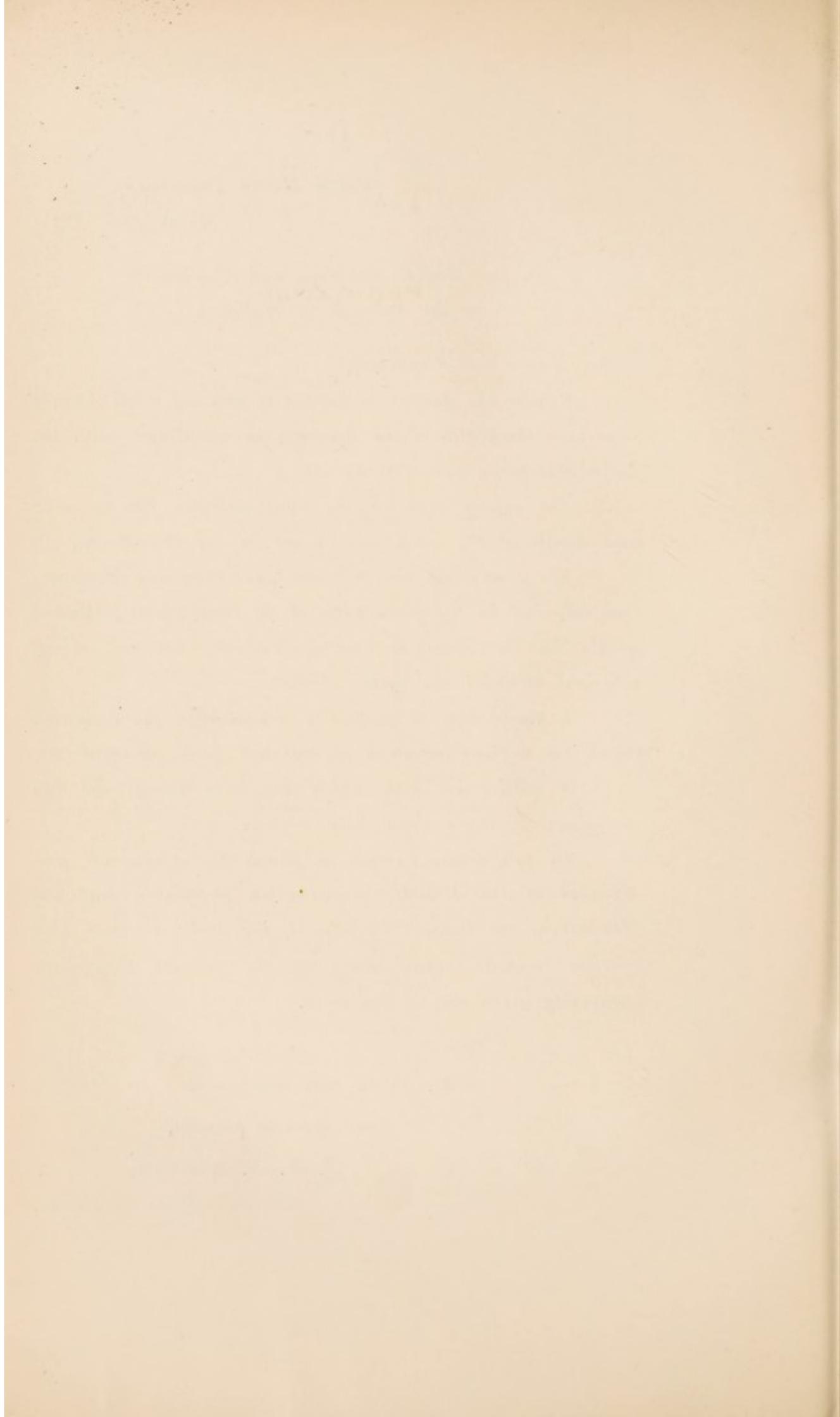
I am,

Mr. Mayor and Gentlemen,

Your obedient Servant,

T. W. N. BARLOW,

Medical Officer of Health.



Part I.—VITAL STATISTICS.

Population.

The difficulty of correctly estimating the population of a rapidly growing district such as Wallasey has been pointed out in previous Annual Reports, as has also the extreme importance of having such estimate correct, since all mortality rates are calculated per thousand of population. For this reason, the census which is to take place in March of this year, will be cordially welcomed.

The population shown by the last three census returns has been as follows :—

	Census 1881.	Census 1891.	Census 1901.
Poulton-cum-Seacombe	7,640	14,900	20,749
Liscard... ..	11,612	16,356	28,661
Wallasey	1,940	1,971	4,169
Entire District	21,192	33,227	53,579

I will not trouble to refer in this Report to the Registrar-General's method of estimating the population. I have commented upon it in previous Reports. I will simply point out that his total estimate is 1,800 less than mine, although his estimated increase for the year is more than mine. I have taken pains not to over-estimate the population, and I think it will be found when the census is taken that my estimate is considerably under the actual population. For instance, I have reduced the population per house which, at the 1901 census was 4.98, to 4.75, and although my estimated population for the middle of the year is 75,821, I have used 75,000 in all my calculations.

The following Table shows the number of INHABITED HOUSES for the past five years :—

	Poulton-cum- Seacombe.	Liscard.	Wallasey.	TOTALS.	Increase on Previous Year.
1906	5,002	7,501	1,313	13,816	1,907
1907	5,223	7,911	1,492	14,626	810
1908	5,562	7,976	1,686	15,224	598
1909	5,840	7,991	1,852	15,683	459
1910	6,083	8,135	2,024	16,242	559

The population at the end of 1909 was estimated at 74,494. The number of inhabited houses at the end of 1910 (16,242) multiplied by 4.75 (number of people per house) gives an estimated population at the end of 1910, of 77,149, an increase, therefore, of 2,655 for the year. Take half this increase (1,327) and add it to the estimated population at the end of 1909 (74,494) and we have an estimated population for the middle of the year of 75,821, which I have still further reduced to 75,000 for statistical purposes. The effect of under-estimating the population is, of course, to increase all the rates, and of over-estimating, to decrease them.

It will be observed from the table above that there was an increase in the number of inhabited houses in the district during the year of 559. Allowing only four persons per house, instead of 4.75, would mean an increase in the population of 2,236, whereas, in my calculations, I have estimated an increase of only 2,000 over the population of 1909.

The following Table shows the number of new houses certified for habitation during the past seven years.

1904	...	...	...	...	259
1905	...	...	...	...	432
1906	...	...	...	...	614
1907	...	...	...	...	706
1908	...	...	...	...	604
1909	...	...	...	...	630
1910	...	...	...	...	739

Births.

The Births during the year numbered 1,724 (884 males and 840 females), giving a Birth-Rate of 22.9 per 1,000, compared with 24.8 for the whole of England and Wales. The Births were distributed as follows :—

	Poulton-cum-Seacombe.	Liscard.	Wallasey.
	836	705	183
<i>Rate per 1,000 of estimated Population</i>	29.9	18.5	20.4

Chart shewing BIRTH RATES of Wallasey since 1891.

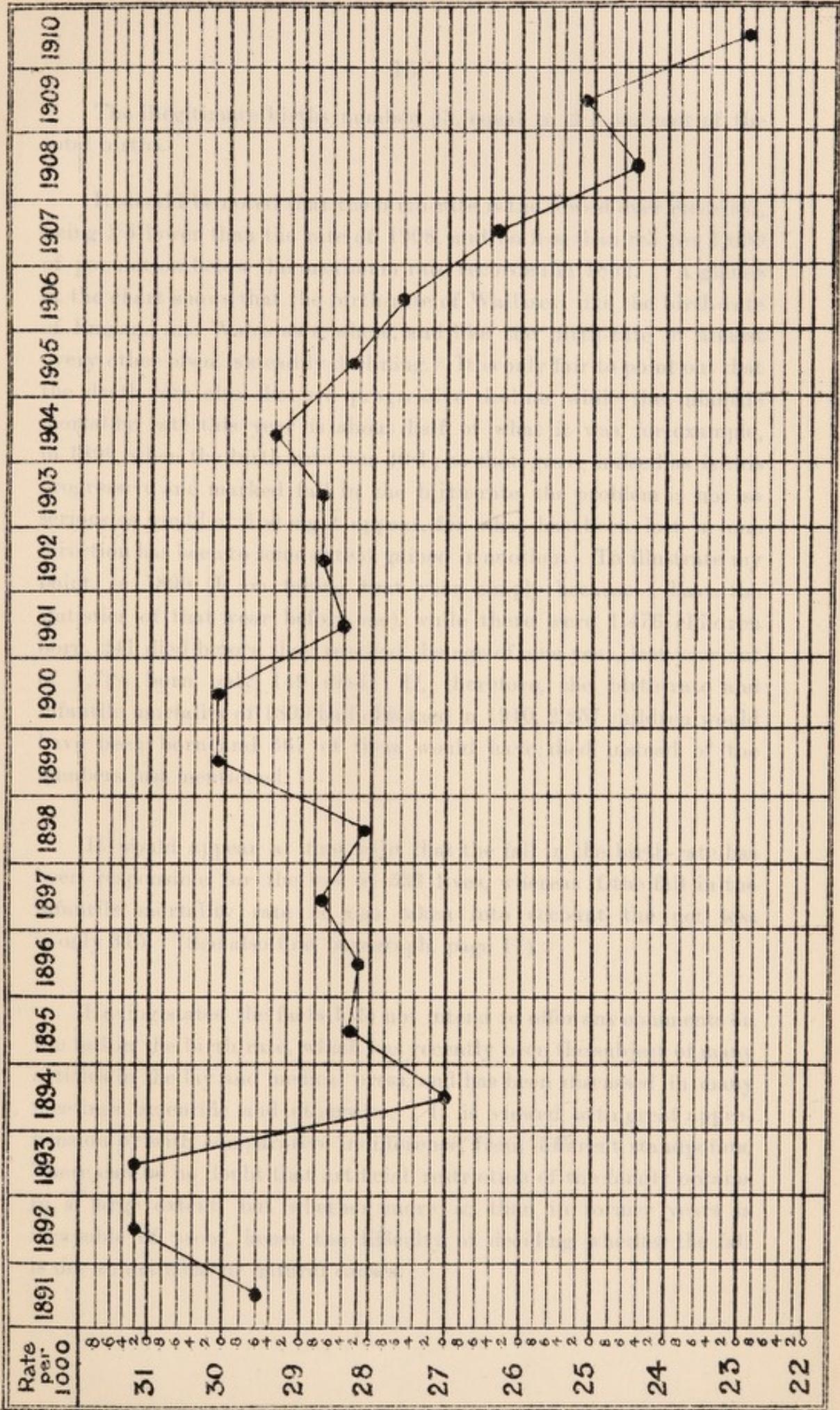
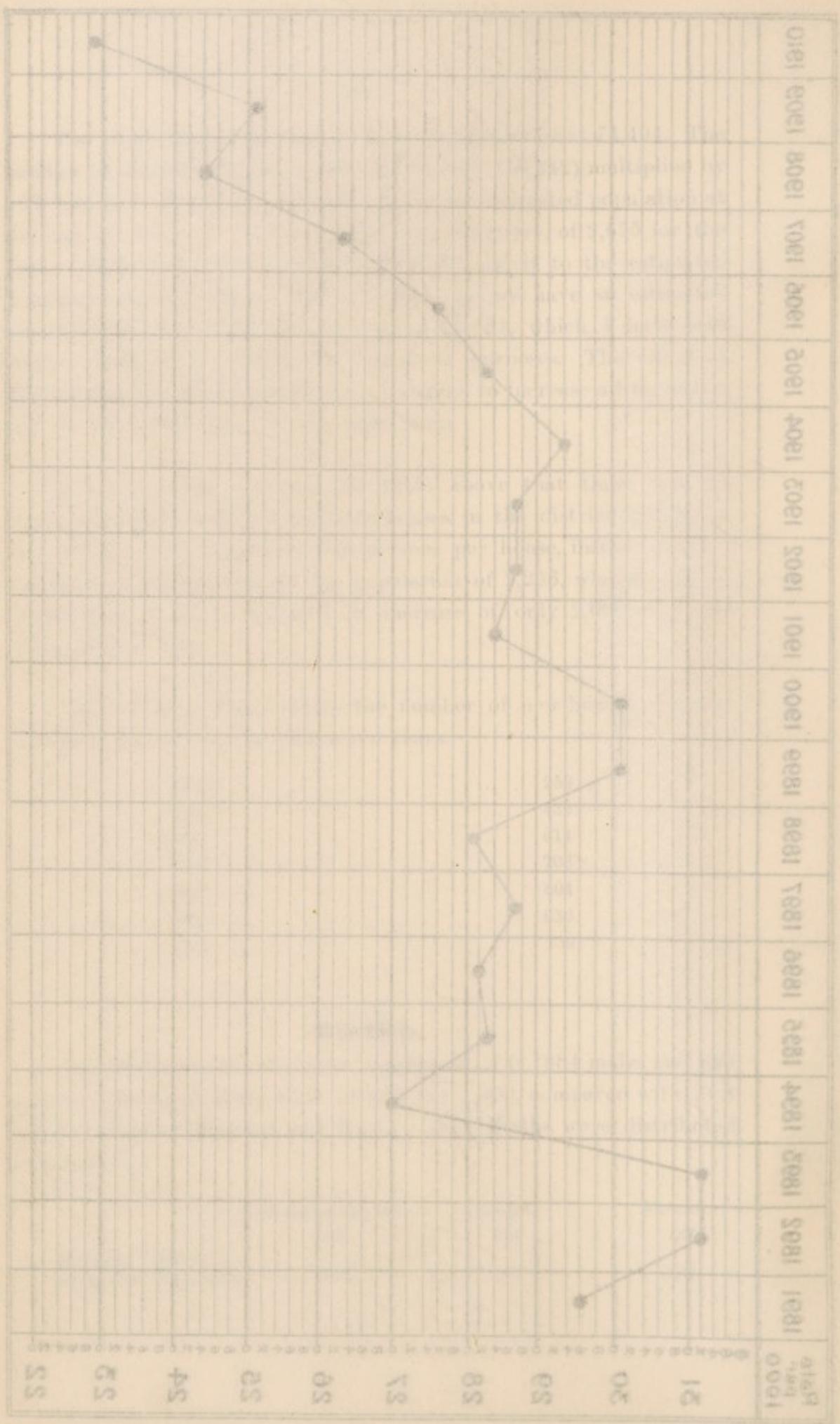


TABLE 1. - *Estimated and actual production of cotton in the United States, 1880-1910*



The illegitimate births number 43, equal to 2·4 per cent of the total births.

It should be noted that the birth-rate is the lowest ever recorded, being 1·5 lower than the rate of 1908, and no less than 8·3 per 1,000 of population below the maximum rate recorded in 1892. A glance at the chart shows that the birth-rate of Wallasey, like the birth-rate of England and Wales as a whole, and like the birth-rate of almost every other town, is steadily declining. It is only fair to point out that the death-rate also shows a progressive decline, while the infantile mortality rate this year is about half of what it was, for example, in 1899, when the birth-rate was 30·1; so that, grave indeed as is this progressive and marked fall in the birth-rate, the problem is not so serious as would at first sight appear, for what has been lost in one direction has been to some extent gained in another. To illustrate my point, in 1899 (I am taking that year simply because I have the statistics of that year before me), while there were 1,476 children born, 241 died before they reached the age of one year, last year out of 1,724 born only 149 died. If, therefore, the birth-rate and infantile mortality of 1899 had obtained in 1910, 2,257 children would have been born and 367 of them would have died instead of the numbers just mentioned.

It would appear at first sight that the fall in the birth-rate has been responsible for the loss of 533 lives, whereas if the fall in the infantile mortality rate is also taken into account the net loss is only 315. (See also first paragraph, page 17).

Having stated the facts I do not intend to offer any comments on the fall in the birth-rate, which has recently been the subject of many articles in the lay and medical press, and has been discussed in many meetings, scientific and otherwise. It is viewed with great apprehension or with comparative indifference, from different standpoints. There can be no doubt that artificial restriction of the family obtains to a large extent, but whether more so than in former years is incapable of proof, hence the difficulty of deciding whether the fall is due to artificial or natural causes.

The following Table shows the natural increase of population, that is, the excess in the number of births over deaths in the different Townships :—

	Poulton-cum-Seacombe.	Liscard.	Wallasey.	
Births	836	705	183	
Deaths	369	446	73	
Excess of Births over Deaths	467	259	110	Total ... 836

A comparison of the birth rate of Wallasey for the past four quinquennial periods is interesting.

For the period 1891-1895 it was	29·50.
„ 1896-1900 „	29·08.
„ 1901-1905 „	28·72.
„ 1906-1910 „	25·27.

Deaths.

The total number of deaths of residents of the district, including those dying in the Workhouse (50) and in Liverpool Hospitals (14), but excluding those of visitors (17), was 888, equal to a death-rate of 11·8, which again is the lowest death-rate for the Wallasey district as far as records go. It is 0·2 lower than the death-rate of 1909, which then constituted a record

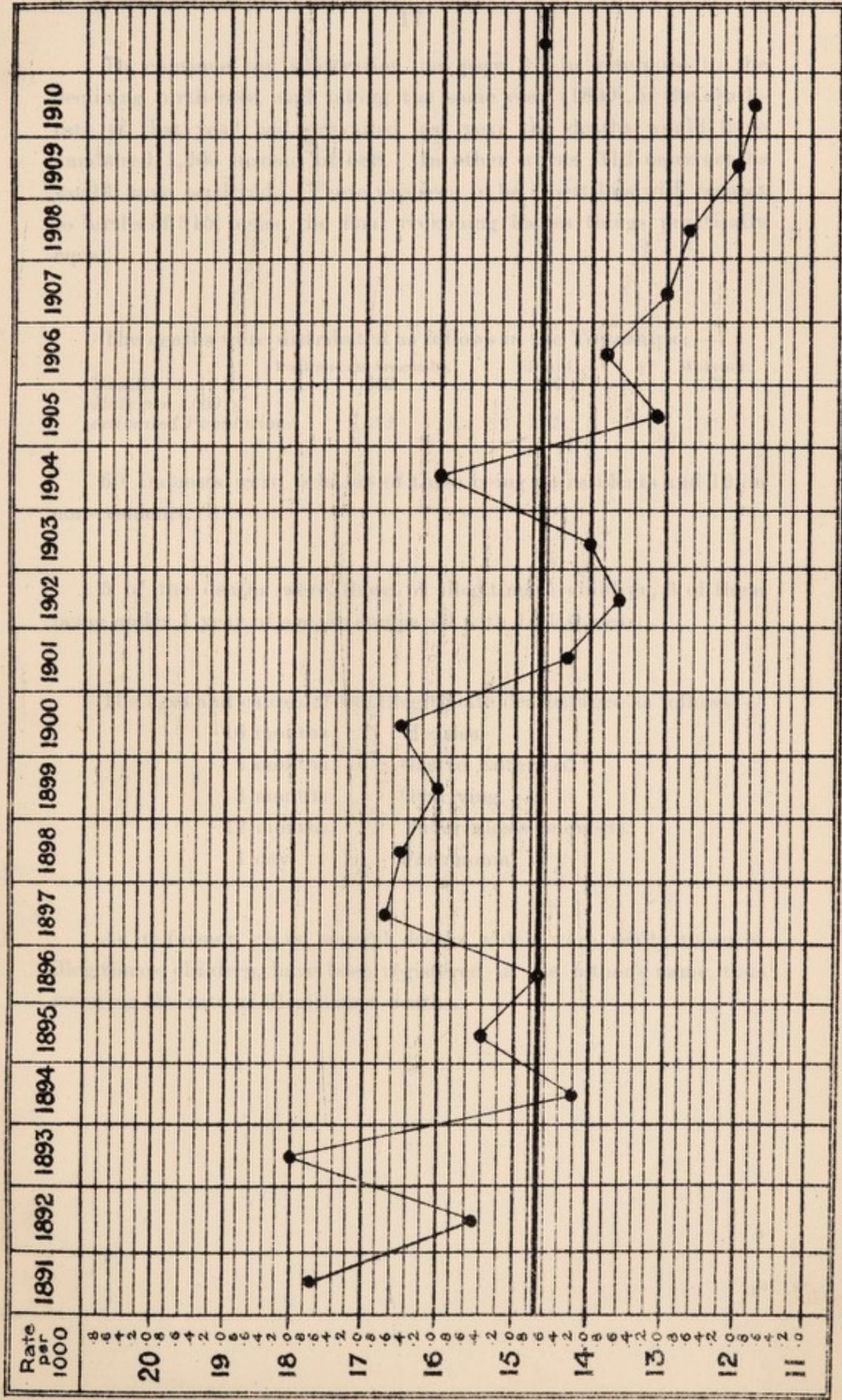
I would point out that if the deaths of visitors are included, the death-rate would be 12. It does not appear to me, however, that in a place to which thousands of visitors are attracted in the summer months, the deaths of visitors should be included, since the death-rate with their inclusion to some slight extent affects whatever value may be attached to the death-rate taken alone as an indication of the healthiness of a district.

I may remark that the Registrar General has made arrangements whereby such deaths shall in future be referred to the district whence they came.

A comparison of the death-rate of Wallasey for the past four quinquennial periods is appended :—

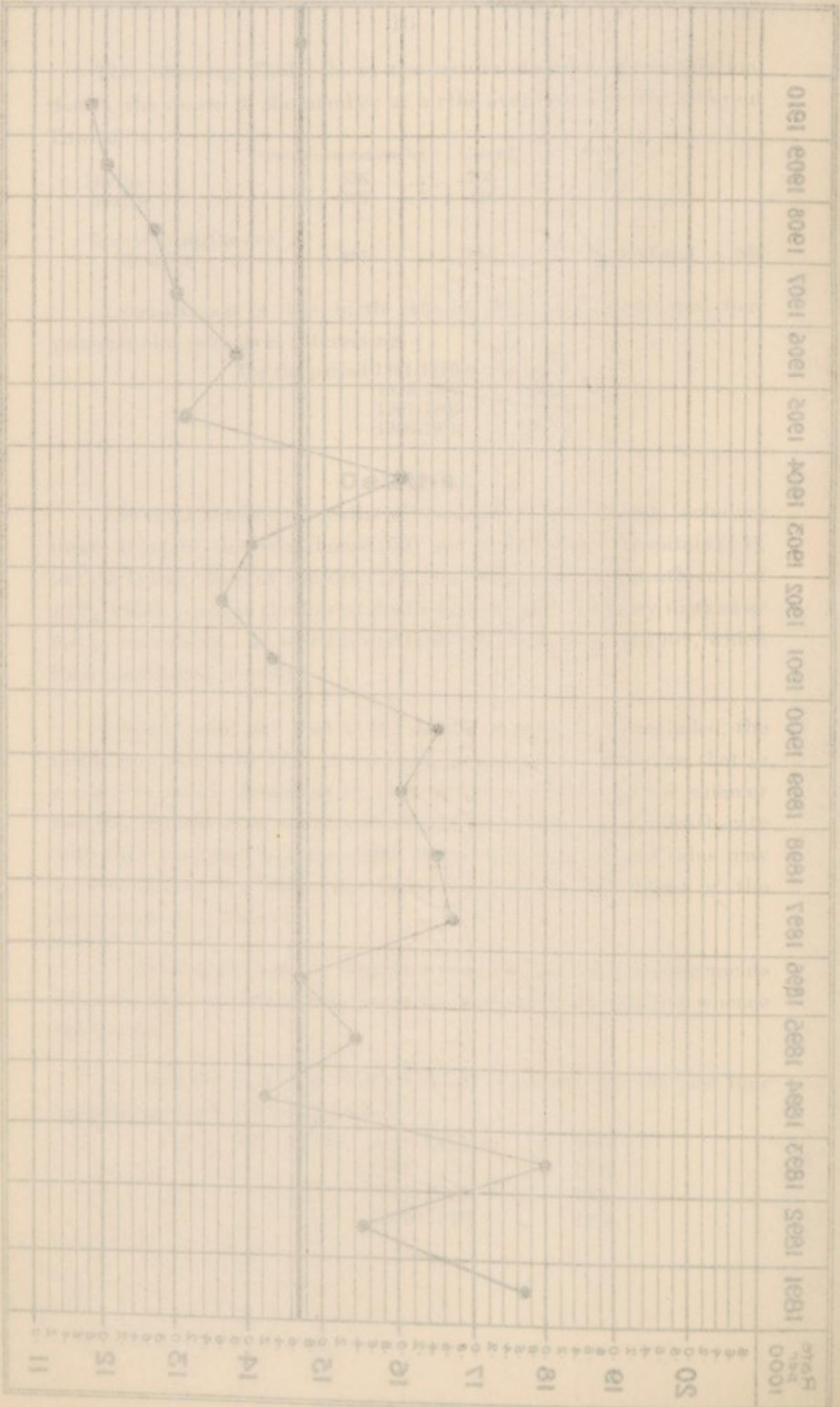
For the period 1891-1895 it was	16·1.
„ 1896-1900 „	16·1.
„ 1901-1905 „	14·2.
„ 1906-1910 „	12·6.

Chart shewing DEATH RATES of Wallasey since 1891.



AVERAGE FOR LAST 20 YEARS = 14.7.

BOARDING
TRAIL FOR
BRAZOS
RIVER



To continue my illustration on page 15 in reference to the declining birth-rate, and taking the same year (1899), if the death-rate of that year had prevailed last year the deaths would have numbered 1,200 instead of 888. In other words, 312 more deaths would have occurred. There was seen to be a nett loss with respect to births of 315, hence the final reckoning leaves things practically equal.

The deaths were distributed as follows in the Townships :—

	Poulton-cum-Seacombe.	Liscard.	Wallasey.
Deaths	369	446	73
<i>Rate per 1,000 of estimated Population...</i>	13.2	11.7	8.1

60 Inquests were held, 48 of these being on residents and 12 on non-residents.

5 of the deaths were those of illegitimate children, 3 of them being under 1 year of age, as compared with 14 last year.

The ages and causes of the illegitimate deaths were as follows :—

16 months ...	Measles.
2 months ...	Gastro Enteritis.
3 months ...	Overlying.
12 months ...	Tuberculosis (inquest).
1 day ...	Pneumonia.

As in former years, several deaths which were really those of illegitimate children, have been registered in the father's name, thus reducing the rate of illegitimate deaths.

TABLE SHOWING COMPARATIVE STATISTICS OF VARIOUS NEIGHBOURING TOWNS WITH WALLASEY.

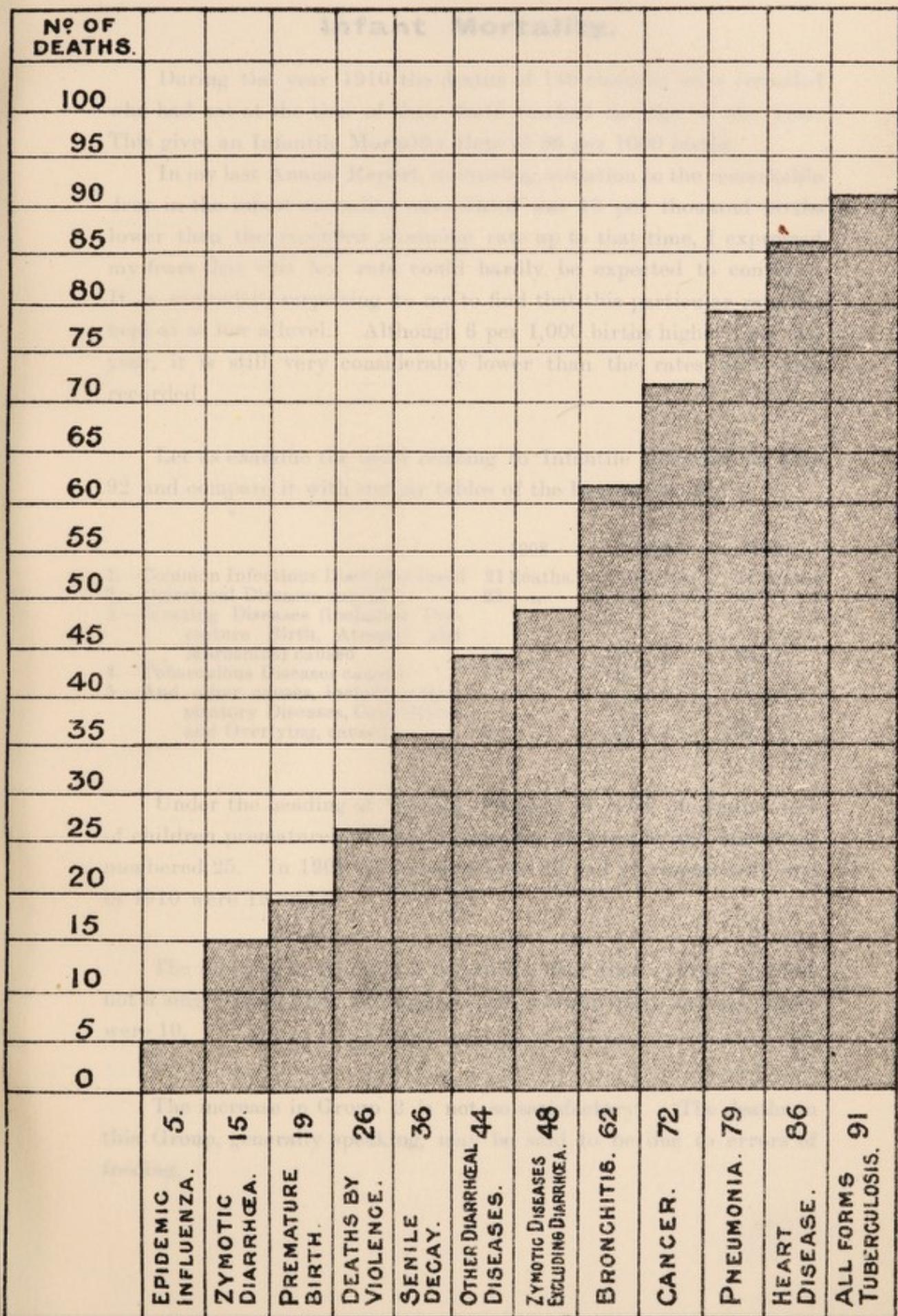
NAME OF TOWN.	Population.	Gross Death Rate, 1910.	Death Rate corrected for Age and Sex Distribution.	Birth Rate, 1910.	Infantile Deaths per 1,000 Births.	Phthisis Death Rate.	Zymotic Death Rate.
BIRKENHEAD	122,232	16·3	...	30·5	135	1·24	2·05
BLACKBURN	136,996	15·1	14·2	21·5	136	0·80	1·4
BOLTON	190,315	13·4	15·1	23·0	116	1·02	1·02
BOOTLE	72,000	14·1	...	28·0	123	1·1	1·8
BURY	59,409	14·61	16·35	20·79	124	1·23	1·06
CREWE	48,340	11·2	11·8	23·0	103	0·7	1·4
LIVERPOOL	767,606	17·4	18·6	30·0	139	1·3	2·2
OLDHAM	144,111	...	17·2	26·0	127	1·2	1·8
SALFORD	244,636	15·3	16·9	26·9	131	1·3	1·7
ST. HELENS	96,523	14·56	15·7	32·52	122	0·94	1·26
STOCKPORT	105,087	16·11	17·02	25·6	137	1·39	1·62
WARRINGTON	73,580	14·5	15·6	30·2	113	1·07	1·2
WIGAN,	94,654	15·69	14·55	29·26	133	0·69	1·39
WALLASEY	75,000	11·8	12·9	22·9	86	0·7	0·8

TABLE SHOWING COMPARISON OF WALLASEY RATES WITH THOSE FOR ENGLAND AND WALES AS A WHOLE, WITH THE 77 LARGE TOWNS (AMONG WHICH WALLASEY IS INCLUDED) WITH THE 136 SMALLER TOWNS, AND WITH ENGLAND AND WALES LESS THE 213 TOWNS.

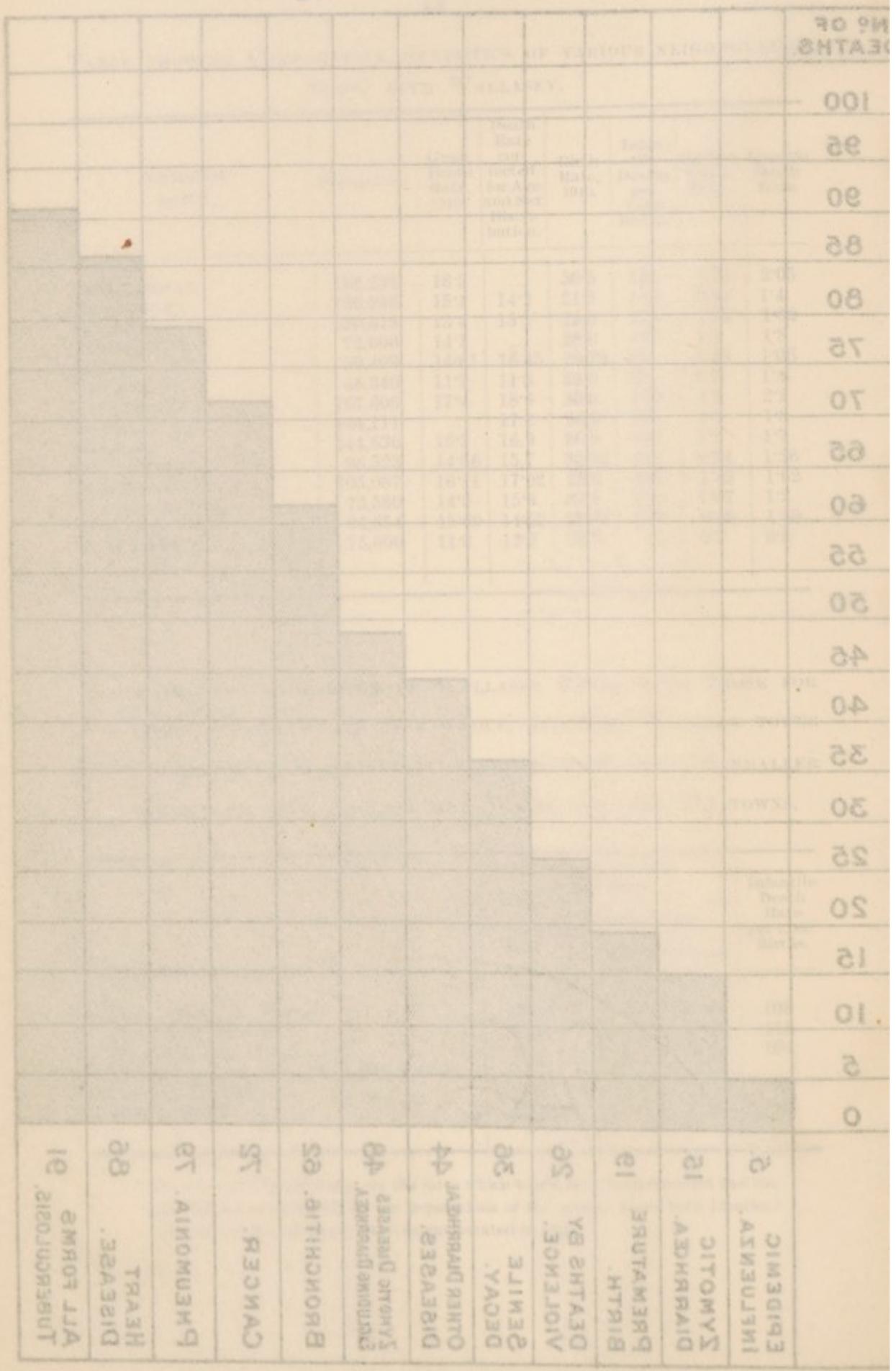
	Annual rate per 1,000 living.			Infantile Death Rate per 1,000 Births.
	Birth Rate.	Death Rate.		
		Crude.	Corrected	
ENGLAND AND WALES	24·8	13·4	13·4	106
77 GREAT TOWNS	25·0	13·4	14·3	115
136 SMALLER TOWNS	23·7	12·4	12·9	104
ENGLAND AND WALES, LESS THE 213 TOWNS	25·0	13·6	12·8	96
WALLASEY	22·9	11·8	12·9	86

* The Corrected Death Rates are the rates which would have been recorded had the age and sex constitution of the populations of the several areas been identical with that of England and Wales as enumerated in 1901.

COMPARATIVE VIEW of TWELVE of the PRINCIPAL CAUSES of DEATH in WALLASEY during 1910.



COMPARATIVE VIEW
 OF TWELVE OF THE PRINCIPAL CAUSES OF
 DEATH IN WALLASEY during 1910.



Infant Mortality.

During the year 1910 the deaths of 149 children were recorded who had not at the time of their death reached the age of one year. This gives an Infantile Mortality Rate of 86 per 1000 births.

In my last Annual Report, in drawing attention to the remarkable drop in the infant mortality rate, which was 18 per thousand births lower than the recorded minimum rate up to that time, I expressed my fears that this low rate could hardly be expected to continue. It is somewhat surprising to me to find that this particular rate has kept at so low a level. Although 6 per 1,000 births higher than last year, it is still very considerably lower than the rates previously recorded.

Let us examine the table relating to Infantile Mortality on page 92 and compare it with similar tables of the last two years.

	1908	1909	1910
1.—Common Infectious Diseases caused	21 deaths. ...	4 deaths ...	11 deaths
2.—Diarrhœal Diseases caused	23	14	38 ..
3.—Wasting Diseases (including Pre- mature Birth, Atrophy and Marasmus) caused	75	56	32 ..
4.—Tuberculous Diseases caused	11	13	9 ..
5.—And other causes, including Res- piratory Diseases, Convulsions and Overlying, caused	46	61	59 ..

Under the heading of Wasting Diseases in 1908, 39 deaths were of children prematurely born. Deaths due to Atrophy and Marasmus numbered 25. In 1909 the numbers were 27 and 20 respectively, and in 1910 were 19 and 3.

The increase in Group 1 is due to the fact that whereas in 1909 not a single death from Whooping-cough was reported, last year there were 10.

The increase in Group 2 is not so satisfactory. The deaths in this Group, generally speaking, may be said to be due to errors of feeding.

Some of the deaths recorded in this group were registered at the same time as the births were registered, and thus before a visit could be made to the house by the Lady Sanitary Inspector. Although the early part of the Summer was wet and cold, there was a prolonged hot Autumn which increased the number of deaths from Diarrhoea.

It is interesting to note with respect to Groups 2 and 3, which are very intimately associated, that the total deaths in 1910 added together are exactly equal to those of 1909, although the numbers of deaths from the specific causes forming those groups have differed considerably, as will be seen in the table below.

	Diarrhoea.	Enteritis.	Gastritis.	Total Diarrhoeal Diseases.	
1909	5	4	5	14	
1910	10	18	10	38	
	Premature Birth.	Congenital Defects.	Injury at Birth	Atrophy, Debility and Marasmus.	Total Wasting Diseases.
1909	27	6	1	22	* 56
1910	19	10	—	3	32

The numbers are so small as not to admit of any inferences being drawn. It would seem as if the deaths inserted in 1909 under Atrophy, Debility and Marasmus, had been transferred in 1910 to Gastritis and Enteritis. This may simply mean a difference in nomenclature arising from the fact that the diseases were somewhat more acute in 1910 than 1909. The fact that of the 70 deaths in these two classes, 31 of them, or very nearly half, were aged under one month when they died, is one of the reasons why I have advised the Council to adopt the Notification of Births Act for the ensuing year.

By the Registration of Births Act the time allowed for the registration of a birth is six weeks. It is thus possible, and indeed it very often happens, that a child dies before its birth is even registered. The Notification of Births Act compels notification of birth to the Medical Officer of Health within 36 hours, and it is hoped that through this early notification, the supervision exercised, and the advice given by the Lady Health Visitor, may have the effect of saving some of these lives so prematurely brought to an end. There are several factors concerned in appraising the rate of infant mortality.

One is undoubtedly the social well-being of the people. One always finds the highest rates of infant mortality in the portions of a town inhabited by the poorer-class people ; where also are usually found the conditions which co-exist with a high rate, viz. :—poverty, ignorance, excessive drinking, and insanitary conditions, such as overcrowding. Wallasey is a new district inhabited in the main by people of what I might call, for this purpose at any rate, the better-class, that is, people who are not ignorant, and who will look after their children. There still remains, however, a portion of the population amongst whom one would expect to find a fairly high rate of infant mortality, but this class has not increased proportionately with the other, with the result that just as many, or nearly as many, children now die in the poorer districts as used to die, but the proportion to the total number of children born grows less and less as the place increases in size, and this will account, in some degree, for the lower infantile mortality rates of late years, though it will hardly account for the phenomenally low rates of the past two years. These low rates must not be taken as an indication that no further improvement need be looked for. There is still a fair sprinkling of the population profoundly ignorant of all that appertains to the bringing up of children, some profoundly careless, and others so poor as to be unable to provide proper nourishment for the child when artificial nourishment is rendered necessary, owing, perhaps, to the fact, that through insufficient food, the mother is herself unable to suckle her infant ; and if I were asked to suggest a line of action for charitably disposed persons which would confer the utmost benefit upon the community, I would mention the provision of one good meal per day to poor expectant mothers, with the proviso that the meal be not eaten at home, because, in many cases that would mean giving it to the children, but that the meals be provided at some central dépôt.

The fact that babies are artificially fed presupposes, in the majority of instances, though by no means in all, some weakness on the part of the mother, and presumably, therefore, there will follow some inherent weakness on the part of the child, apart altogether from the baneful effects of artificial feeding *per se*. It cannot be too often repeated that a healthy baby, artificially fed, has a distinctly *less*

chance of being reared than one fed naturally from the breast, and if the reason for its being artificially fed is that the mother *cannot* feed it, it is a natural inference that the chance of its being reared is considerably minimised owing to the presumption which I have just mentioned.

Inquiries instituted in 1908 as to the causes and circumstances attending the deaths of children under one year have been continued in 1910, and the results again bring into prominence how important it is that young children should be breast-fed where possible. 1,128 births were visited. At the time of the first visit 78 per cent. were fed entirely on the breast; 12 per cent. were bottle-fed, 6 per cent. on breast and bottle. Of the deaths of children under one year (149 in number), 35 were breast-fed, 72 were bottle-fed, 17 were fed on breast and bottle, 11 were not fed at all, and particulars were not ascertained with regard to 14 of the deaths. It will thus be seen that although six times more children are breast-fed than are bottle-fed, there are actually double the number of deaths of bottle-fed children. These figures are most striking. If it is necessary to offer any inducement to mothers anxious for the welfare of their children to feed them from the breast where possible, these figures ought to supply that inducement.

Owing to the death of the Registrar and to the consequent interregnum, the returns with regard to births were not received by me after October 15th. The figures given above, therefore, practically only relate to the first three quarters of the year.

The Infantile Mortality Rates in the districts are as under :—

Poulton-cum-Seacombe	...	111 per 1,000 births.
Liscard	... ..	70 ..
Wallasey	... ..	32 ..

Whereas last year there was very little difference in the infant mortality rates of the three districts, the rates only varying from 75 to 83, this year there is a very marked difference, the rate for

Seacombe district being nearly four times that of Wallasey. In my last Report I said:—"Seacombe is, of course, a district where, "perhaps, the preponderance of the poorer classes live, and where one "would naturally expect a higher rate than in the more favoured "districts."

Year.	No. of Deaths of Infants under one year.	Per cent. of Total Deaths.	Rate of Infant Mortality per 1,000 Births.	Deaths of Children under 5 Years.
1899	241	30.58	163	328
1900	208	24.18	132	276
1901	219	28.33	142	293
1902	172	22.84	108	242
1903	183	23.92	113	269
1904	265	30.04	157	385
1905	163	21.10	98	240
1906	201	24.39	117	304
1907	179	20.43	101	357
1908	176	19.42	101	284
1909	148	16.7	80	227
1910	149	16.7	86	252

It has been noted that whereas in 1909 there were 53 illegitimate births and 14 deaths, equal to an Infantile Mortality Rate amongst illegitimate infants of 264, in 1910 there were but 43 illegitimate births, with 3 deaths, giving a rate of 69.7, a rate actually lower than the rate for *all* children born. As before stated, however, several children whose deaths were registered as legitimate children were really illegitimate.

Details of Deaths under one year for the last nine years, from those diseases most fatal to infants, are given below:—

	1902	1903	1904	1905	1906	1907	1908	1909	1910
Diarrhoea	9	23	50	29	55	14	12	5	10
Convulsions	15	14	24	9	14	15	10	14	10
Bronchitis and Pneumonia	31	20	31	15	26	30	21	27	30
Enteritis	7	11	9	5	11*	11*	11	9	18
Premature Birth	26	24	32	29	17	36	39	27	19
Atrophy and Debility ...	35	38	44	21	21	26	25	20	3
Totals	123	130	190	108	145	132	118	102	90

*Includes Gastritis.

N.B.—In reading this table it should be remembered that the actual number of children born progressively increased from 1902 to 1910.

The Deaths of Children under one year in the four quarters were as follows :—

First Quarter	...	...	...	35
Second Quarter	...	...	...	40
Third Quarter	...	...	...	46
Fourth Quarter	...	...	...	28

The number of deaths in the third Quarter was highest owing to the deaths from diarrhoea, 10 occurring in that Quarter.

One factor in causing a high rate of infant mortality is always supposed to be the work amongst married women. It has been suggested several times, that the time before and after confinement during which women should not be allowed to work in factories, should be lengthened. With the idea of getting information as to the alleged evil effects of work upon married women, the Home Office held an Inquiry and requested a number of Medical Officers of Health to assist them in getting exact information on the point. A form of inquiry was settled at a meeting held at the Home Office, and concerned the children born in 1908 who either died during the first year or lived 12 months. The inquiries were thus completed at the end of 1909, because a child born on the last day of December, 1908, would not have completed a year until the last day of December, 1909. As I attended the Home Office meeting shortly before my appointment to Wallasey, and bearing in mind the larger the field of enquiry the more valuable would be the result, I followed up as far as was possible the lives of 300 children born in this district in 1908 for a whole year. The results have, of course, been sent up to the Home Office, but were summarised too late for inclusion in my last Annual Report. It may be of interest if I reproduce a summary of the results obtained.

	Mothers Industrially employed.				Mothers NOT industrially employed.																																																																														
	At Home			TOTAL.																																																																															
	In Factory or Workshop	Else-where																																																																																	
Total cases—followed for 12 months	33	11	45	89	211																																																																														
Total deaths of children	2	3	9	14	25																																																																														
RATE OF INFANT MORTALITY per 1,000 Births...	60	272	200	157	118																																																																														
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In dealing with such small numbers, one must be very careful not to attach too much importance to any inferences drawn therefrom. With respect to the enquiries I conducted, the results pan out in accordance with what one would have expected. The industrial employment of women, simply because it takes the woman from home, must necessarily result in a smaller number of children being naturally fed, and this of itself must inevitably lead to a larger rate of infant mortality among them.

Table A shows that in the *first* month of life a *larger* percentage of children was breast fed amongst mothers *industrially* employed than amongst those not industrially employed. This may be taken to conform to what one would expect, because, to be industrially employed, a woman must be more or less physically capable of doing work, whereas amongst those not industrially employed, there are, doubtless, some mothers not physically capable of doing work. The workers, therefore, as a whole may be expected to be physically more capable than the non-workers; a larger percentage, consequently, are able to feed their children naturally. The children, moreover, of the women who work, from the fact that their mothers are probably physically superior, possibly *start* life with some initial advantage.

It will be noticed, however, that *after* the first month, the percentage of breast-feeding *more rapidly declines* amongst mothers industrially employed than among those not so employed. The effect is seen in Table C, where it will be noticed that, while there was no death in the first month amongst the children of those industrially employed, the percentage of the total deaths proportionately increases in the later months, presumably when imperfect feeding, the result, perhaps, of the mother's absence from home, has had time to have its effect.

COMPARATIVE VIEW
of ELEVEN of the PRINCIPAL CAUSES of
INFANT MORTALITY (below ONE YEAR of age)
in WALLASEY during 1910.

Nº OF DEATHS											
50											
45											
40											
35											
30											
25											
20											
15											
10											
5											
0											
	MEASLES. (1)	MENINGITIS. (6)	TUBERCULOSIS. (9)	COVULSIONS. (10)	DEVELOPMENTAL CAUSES. (10)	BRONCHITIS. (11)	WHOOPIG-COUGH AND MEASLES. (11)	WASTING DISEASES. (13)	PREMATURE BIRTH. (19)	PNEUMONIA. (19)	DIARRHŒAL DISEASES. (38)

COMPARATIVE VIEW
of ELEVEN of the PRINCIPAL CAUSES of
INFANT MORTALITY (below ONE YEAR of age)
in WALLASEY during 1910.

CAUSE	NUMBER OF DEATHS
DIARRHOEA (29)	29
PERITONITIS (18)	18
BIRTH INJURY (18)	18
MUSTINE DISEASE (12)	12
AND MEASLES (11) WHICH COULD NOT BE PREVENTED	11
BRONCHITIS (11)	11
SCARLET FEVER (10)	10
COLIC (10)	10
TUBERCULOSIS (8)	8
MEASLES (8)	8
MEASLES (1)	1

Deaths from Zymotic Diseases.

DISEASE.	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910
TOTALS ...	95	122	67	75	163	64	121	51	87	50	61
Smallpox ...	0	0	0	1	0	0	0	0	0	0	0
Measles ...	26	5	12	3	32	1	13	6	27	13	15
Scarlet Fever ...	4	5	5	18	8	6	6	6	10	20	3
Diphtheria and Croup ...	3	12	5	3	12	10	12	7	8	9	4
Whooping Cough	22	15	17	10	42	2	15	13	21	0	19
Fever (Typhoid)	17	31	12	5	7	8	5	3	4	2	5
Diarrhœa ...	23	54	16	35	62	37	70	16	17	6	15
<i>Rate per 1,000</i> <i>of population</i>	1.82	2.25	1.21	1.33	2.85	1.09	1.95	0.76	1.22	0.68	0.8
<i>English Rate do.</i>	2.00	2.05	1.64	1.46	1.94	1.52	1.73	1.26	1.29	1.12	0.99

Infectious Diseases.

The number of Infectious Diseases notified during 1910 shows a decrease of 395 compared with those notified in the previous year.

After the first quarter of the year the incidence of all infectious diseases was surprisingly low. It is worthy of note that, for the week ending November 26th, not a single notification of any kind was received by me, and, about that time, in several weeks the notifications numbered but one or two.

The following Table shows the number of Notifications of Infectious Diseases in the last eleven years:—

DISEASE.	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910
Small-pox ...	...	1	40	26	6	...	...	...	1	...	7
Diphtheria ...	25	52	40	38	52	64	57	92	72	57	44
Membranous Croup ...	3	3	...	2	3	1	1	...	...	...	...
Erysipelas ...	34	31	35	41	39	53	28	45	32	32	32
Scarlet Fever ...	119	147	293	440	270	348	266	255	248	716	329
Typhus ...	...	...	...	...	...	...	...	...	...	...	...
Typhoid ...	163	257	64	47	39	61	65	31	34	18	14
Puerperal Fever	4	2	4	2	4	6	2	4	3	2	4
Chicken-pox ...	...	...	93*	...	...	...	...	...	...	...	...
Cerebro-Spinal Meningitis ...	...	...	...	...	...	...	...	...	1	...	...
TOTALS ...	348	493	569	596	413	533	419	427	391	825	430

*Chicken-pox made notifiable from June 28th, 1902, to end of year.

Small-pox.

FIRST OUTBREAK.

There were 7 cases of Small-pox during the year.

In reality there were two outbreaks at the same time, and there were many interesting features with regard to each, but so far as could be ascertained there was no connection between them, and the primary source of neither could be traced. The first case was that of J.B., aged 29 years, a worker in a Grain Warehouse. He was taken ill on April 5th, the rash appeared on April 7th, and he was notified and removed to Hospital on April 11th. His wife and child were vaccinated on April 11th. The wife's vaccination took well. She, owing to her approaching confinement, was removed to the Workhouse, and on April 20th was removed from the Workhouse to our Hospital, the rash just appearing. The re-vaccination showed four marks in the pustular stage with good areolæ. Her baby was born a day before the rash appeared, and was admitted with her to the Hospital showing no signs of Small-pox. The baby was vaccinated on the day after admission (April 21st), and the vaccination took exceedingly well. On May 4th, when the vaccination was at its height, the baby developed a few pocks, the nature of which will be discussed later on.

The third (G.B., aged 19) and fourth (C.B., aged 23) cases were brothers of No. 1. The illness was said to commence in both on April 20th, and the rash appeared on G.B. on April 21st and on C.B. April 22nd. The last two cases admitted to being in contact with the first case (J.B.) on Sunday, April 10th. They also saw him on April 5th, the day after the first case (J.B.) was taken ill. They strenuously denied contact between these dates, in spite of repeated questionings. These boys were both re-vaccinated on April 12th, which, in the case of G.B., who had four scars of a very good primary vaccination, was unsuccessful, and in the case of C.B., who had three very good primary marks, a very slight re-action took place on re-vaccination. G.B. was a mild discrete case. C.B. had a semi-confluent attack and he promised to be severely ill, but the rash never went to pustulation.

These cases show that the incubation period for Small-pox may sometimes be either less or greater than the usual period of 12 days, for, if with the normal incubation period they contracted Small-pox on the first exposure, namely, April 5th, the rash ought to have appeared on April 19th. The incubation period must, in that event, have been prolonged. If, however, they contracted Small-pox on the second exposure, namely, April 10th, the rash should not have appeared until the 24th of April, and the incubation period must have been shorter than the normal. (N.B.—The rash appeared on the 21st and 22nd respectively).

SECOND OUTBREAK.

The fifth case was G.D., aged 50 years, admitted to Hospital, April 25th. He worked in a Flour Mill adjoining the place where J.B. worked, but apparently had never seen him. They certainly did not know one another, and no connection whatever between the two could be traced. His primary vaccination showed four very small scars. The course of the disease was mild.

The sixth case was Mrs. M.C., aged 62 years, admitted to Hospital, May 14th. Mrs. C. was a visitor at the house of G.D., and was there on the day of his removal to Hospital. She stated that she had only been in the house for a few minutes, had not been in the room where the patient was, and had not even seen his wife who was his only attendant. I was asked to see her on May 13th, and found a rash beginning to be vesicular, although she and the Doctor positively asserted that the rash had not made its appearance until the preceding day, May 12th. Supposing it had first appeared on May 11th, it would still mean that in this instance the rash appeared on the 16th day instead of the 15th day after contact. Although Mrs. C. was 62, and had been vaccinated only in infancy, of which vaccination there remained three very faint scars, and although in the early stages she promised to be severely ill, the pocks died away in a most remarkable manner, not even proceeding to complete vesiculation.

The seventh case was E.R., aged $3\frac{1}{2}$ years, admitted to Hospital on May 24th. In many respects this was the most interesting case of

the series. She was the daughter of one of the disinfecting staff. This disinfector had assisted in the removal of G.D. on April 25th, but had had no connection whatever with Small-pox patients or bedding after that date. I may mention that this man was re-vaccinated unsuccessfully three years ago, and he stated that he had also been vaccinated unsuccessfully three years before that. He went off duty ill on May 7th, and was attended by a doctor, whose certificate was to the effect that he was suffering from Pleurisy. He returned to work on May 16th. On being closely questioned as to his illness it appeared that he vomited before leaving work on May 7th (12 days after removing G.D.), and about the beginning of his illness there had appeared on his forehead some spots which disappeared in a few hours. I was asked to see the child with a doctor on May 23rd, 16 days after the commencement of her father's illness, and found the rash well out. There appeared to be no other way by which the child could possibly have become infected except by the father; and having in view the fact that the father's association with Small-pox absolutely ceased after April 25th, and the child's rash did not appear until on or about May 21st, it seems almost certain that the illness from which he was suffering was an exceedingly modified form of Small-pox, and that the child contracted the disease from him directly. This child had never been vaccinated, and was, therefore, highly susceptible. She had a very severe confluent attack and was dangerously ill for several days, but ultimately recovered. I may mention here that the disinfectors, when handling infected bedding, clothing, &c., wear overalls, and when the bedding, &c., has been put into the disinfecting apparatus the overalls are put in also. The men have also definite instructions that they must carefully wash before leaving the Hospital, and periodically disinfect their ordinary clothes.

The question as to whether the newly-born baby who was admitted to Hospital with her mother was suffering from generalized Vaccinia or a modified form of Small-pox, is a difficult one to decide, and various opinions were expressed by different medical men who saw the case. The baby was born *while the mother was suffering from Small-pox*, but one day before her eruption appeared. Exactly 15 days after the birth the baby developed the first pock. It should be

remembered also that the mother had been re-vaccinated 8 days before the birth of the child, and her re-vaccination was very well advanced at the time of the birth. One would have expected the baby either to have developed the rash of Small-pox concurrently with its mother, or that the combined effects of the vaccination and Small-pox in the mother would have protected the child not only from the vaccination, but from Small-pox also. The child's vaccination, however, took most vigorously, and the pocks appeared exactly at the time when the vaccination pocks were pustular, and had very large areolæ, when the arm was much swollen and the glands in the arm-pit were affected; in short, when the effects of vaccination were at their height. Some of the pocks were exactly like those of Small-pox, but their distribution and behaviour differed considerably from the latter. For instance, the pocks appeared irregularly on the head, wrist, body, then head again, trunk, hands, and so on. Again, some of the pocks became pustular within an hour or two of their first appearance.

Having regard to all the circumstances of the case, I myself was of opinion that the case was one of generalized Vaccinia, although I would not like to be too confident, because I have never before seen a case. I read, however, that there are cases in which it is absolutely impossible to say whether the disease from which a person is suffering is generalized Vaccinia or Small-pox, however learned the observer, or however great his experience.

In connection with this outbreak, it may be well to sound a note of warning on the tendency which is manifested here, as in other places, to neglect to take advantage of the benefits which vaccination affords as a protection against Small-pox.

This is shown in two ways. First, by the increased number of exemption certificates applied for, and secondly, by the fact that even where a child is vaccinated it is often very inefficiently vaccinated, so inefficiently indeed that in all probability the protection afforded is gone, or greatly lessened, in a very short time.

If children are vaccinated by the Public Vaccinator, he is compelled to vaccinate in four places. No such obligation rests on the

private practitioner, and there are some who respond to the appeals of the patient to the extent of vaccinating sometimes in one, sometimes in two places. In my opinion this should be forbidden by law. No one who has had any experience with Small-pox doubts for one single instant the importance of vaccination as an absolute preventative, if the operation is recently performed, and in those cases not sufficiently recently vaccinated to be absolutely protected, vaccination modifies the disease, if contracted, in a most amazing way.

A large number of medical men, nowadays, have never seen a case of Small-pox, and it may be this is the reason why some place such small store on vaccination, and allow themselves to be persuaded to vaccinate in only one place.

During the past year, Chicken-pox has been very prevalent, and advantage has been taken, when visiting these cases, to ascertain the nature of the vaccination of those children so suffering.

208 cases were thus visited. 2·6 per cent. were found to be unvaccinated. 16 per cent. had only 1 mark; 43·6 per cent. 2 marks; 10·12 per cent. 3 marks; 27·6 per cent. 4 marks. Thus more than half of the vaccinated children had 2 marks and under. In my remarks on vaccination, I do not wish it to be inferred that I reflect on the medical practitioners in this district in particular. As a matter of fact, I know that a very large number of infants in this district are taken to a neighbouring town to be vaccinated, because it is notorious that a certain gentleman in that town will meet the parents in the most handsome manner, and allow them absolute discretion in regard to choosing the extent of the vaccination of their children.

There would be no objection to the vaccination of children in one place provided that at the age of ten all children were compulsorily re-vaccinated. The protection thus afforded would, probably, last them throughout life, except under exceptional conditions of exposure; but while the State requires vaccination only in infancy, and no re-vaccination, it is the best policy to make the most of what one can get, and vaccinate in four places while opportunity offers.

It is a curious fact that, at a time when vaccination as a protection against Small-pox is gradually declining in favour, the most promising advances in the modern treatment of disease are on analagous lines to vaccination, *e.g.*, tuberculin and various vaccines.

Cholera.

During the year I was notified by the Medical Officers of the Port Sanitary Authorities concerned that 5 people had arrived in this district from Cholera-infected ports. These people were all visited, but none developed the disease.

Dysentery.

One case of Dysentery removed from board ship to this district was notified to me during the year by the Liverpool Port Sanitary Authority.

Scarlet Fever.

The incidence of Scarlet Fever during the year was markedly less than in 1909, considerably less than half the number of notifications being received. 329, however, is somewhat in excess of the average number of the preceding ten years. The number of notifications decreased gradually from the beginning to the end of the year. The usual Autumn-Winter rise about November was conspicuous by its absence.

The notifications for each Quarter were :—

First Quarter	...	...	127
Second „	...	...	92
Third „	...	...	56
Fourth „	...	...	54

The disease has been of a particularly mild type, only three deaths having occurred during the year, giving a percentage of deaths to cases of just under 1 per cent., compared with 4.0 in 1908 and 2.7 in 1909. Of the 329 cases notified 229 were sent to Hospital, of whom 2 died, giving a death-rate per cent. of cases equal to 0.8.

These mortality rates are considerably lower than ever previously recorded.

There is nothing of importance to be noted during the year. I think it is the general experience with regard to Scarlet that the exact source of a very small percentage only of the cases can be traced. Five of our cases, as far as it was possible to ascertain, contracted the disease outside the district.

44 of the Scarlet Fever cases notified at houses where two or more cases occurred, were removed to hospital at the following intervals:

2 cases at an interval of 1 day <i>after admission of previous case.</i>			
12	do.	2 days	do.
1	do.	3 days	do.
1	do.	4 days	do.
7	do.	5 days	do.
1	do.	6 days	do.
1	do.	7 days	do.
7	do.	7/14 days	do.
4	do.	14/21 days	do.
3	do.	21/28 days	do.
—	do.	28/35 days	do.
3	do.	35/40 days	do.
2	do.	40/50 days	do.
—			
44			

} Previous patients still in
hospital when subsequent
cases occurred.

In 13 houses 2 cases occurred and were removed to hospital at same time.

„ 2	„ 3	„	„	„	„	„
„ 1	„ 4	„	„	„	„	„

The foregoing tables show the necessity of repeating what I have pointed out on several occasions, namely, that a little care on the part of parents in isolating children at the onset of the illness would have prevented many cases. It is quite a usual thing amongst the poorer people, when a child is taken ill, for it to be removed to the kitchen—the living room—and if the disease happens to be Scarlet Fever, that of course means that every one in the house is exposed to infection. I have met several cases, indeed, in which *after* the disease has been diagnosed as Scarlet Fever, the parents have brought the child into the kitchen preparatory to its removal to hospital, and the other children in the house have been playing with it.

The following Table gives some very interesting information with regard to Scarlet Fever cases in this district since the year 1881:—

Statistics re Scarlet Fever since 1881.

Year.	Estimated Population at Middle of Year.	Total Notifications.	Attack Rate per 1,000 of Population.	Percentage of Cases removed to Hospital.	No. of Deaths.	Death Rate per cent. of Cases.	Death Rate per 1,000 of Population.	No. of Cases Admitted to Hospital.	No. of Deaths in Hospital.	Percentage of Deaths in Hospital to Admissions.
1881...	21,192 (Census)	...	...	...	...	...	...	...	...	...
1882...	22,743‡	...	...	...	29	...	1.27	...	...	...
1883...	24,037‡	...	...	...	21	...	0.87	...	...	...
1884...	25,228‡	...	...	...	5	...	0.18	...	...	...
1885...	28,000	...	...	...	4	...	0.14	...	...	...
1886...	29,500	...	...	...	4	...	0.13	...	...	...
1887...	30,500	...	...	...	8	...	0.26	...*	...	...
1888...	31,500	...	...	...	1	...	0.03	10	...	...
1889...	32,500	†	...	...	15	...	0.43	25	3	12.0
1890...	34,000	116	3.4	14.6	12	10.3	0.35	17	2	11.8
1891...	33,500	89	2.6	20.2	7	7.8	0.21	18	1	5.5
	(Census)									
	(33,229)									
1892...	34,500	49	1.1	18.4	3	6.1	0.09	9	1	11.1
1893...	35,500	123	3.4	17.0	2	1.6	0.06	21	1	4.8
1894...	37,000	246	6.0	22.7	5	1.0	0.13	56	...	...
1895...	39,000	130	3.3	36.1	4	3.0	0.10	47	2	4.2
1896...	41,500	157	3.7	38.2	4	2.5	0.09	60	3	5.0
1897...	44,000	256	5.8	48.0	15	5.8	0.34	123	7	5.7
1898...	46,800	220	4.7	44.1	11	5.0	0.23	97	7	7.2
1899...	49,000	167	3.4	53.3	5	3.0	0.10	89	3	3.3
1900...	52,000	119	2.3	50.4	4	3.3	0.08	60	2	3.3
1901...	54,000	147	2.7	45.5	5	3.4	0.09	68	4	5.9
	(Census)									
	(53,579)									
1902...	55,000	293	5.3	67.9	5	1.7	0.09	199	4	2.0
1903...	56,000	440	7.8	70.2	18	4.1	0.32	309	11	3.5
1904...	57,000	270	4.7	62.9	8	3.0	0.14	170	7	4.1
1905...	58,500	348	5.9	62.0	6	1.7	0.10	227	3	1.3
1906...	62,000	266	4.3	66.9	6	2.2	0.09	178	6	3.3
1907...	67,000	255	3.8	73.7	6	2.3	0.08	188	6	3.2
1908...	71,000	248	3.5	70.1	10	4.0	0.14	174	9	5.1
1909...	73,000	716	9.8	70.8	20	2.7	0.27	507	14	2.7
1910...	75,000	329	4.3	69.6	3	0.5	0.04	229	2	0.8

* First Case in Hospital, October 28th, 1887 (7 to end of year).

† 1889 Notification Act adopted December 2nd, 1889. (30 Scarlet Fever Cases notified to end of year).

‡ These figures are for the end of the year.

Appended are two Charts dealing with Scarlet Fever since 1890. No. 1 Chart shows the "Attack" rate per 1,000 of population, and No. 2 shows the percentage of cases removed to Mill Lane Hospital.

These two charts must be read in conjunction with one another. They certainly do not point to the conclusion that the isolation of Scarlet Fever in hospital has been attended by all the benefits which at the time of the establishment of the practice it was prophesied would result. It will be observed that when the percentage of cases removed was much below the average, the attack rate was considerably below the average also. Of course too much importance must not be placed on this fact, because the higher the incidence of disease, the larger will be the number of cases going into hospital, and the greater will be the number of concealed, unrecognised or missed cases, which in their turn tend to make the attack rate still higher. Moreover, the establishment of hospitals for Scarlet Fever can be justified on other grounds than their effect on the incidence of the disease, but, at the same time, there can be no doubt that many cases are removed to hospital which could, with perfect safety to the other members of the family and the public, be isolated at home. The only reason that can possibly be adduced for sending some of the extremely mild cases from good homes into hospital is that thereby the parents are saved some trouble. I do not sympathize with that view.

During the year there have been five "return" cases amongst those treated in hospital, and three amongst those treated at home. As I have stated in my previous Report it is exceedingly difficult to state positively whether or not the second case was actually infected by the first. For instance, on December 15th, 1909, a case was notified at a certain house, a second case occurred on January 24th, 1910, while the first child was in the hospital. Again on September 20th a case was notified and removed to hospital, a second case being reported on the 29th of the following month whilst the first was in hospital. If these two "first cases" in these instances had returned home a day or two *before*, instead of a day or two *after* the onset of the second case, no doubt these second cases would have been put down as "return cases."

Home-Treated Cases.

With regard to the home-treated "return cases," two of them were in one house. The infecting patient was isolated for six weeks and one

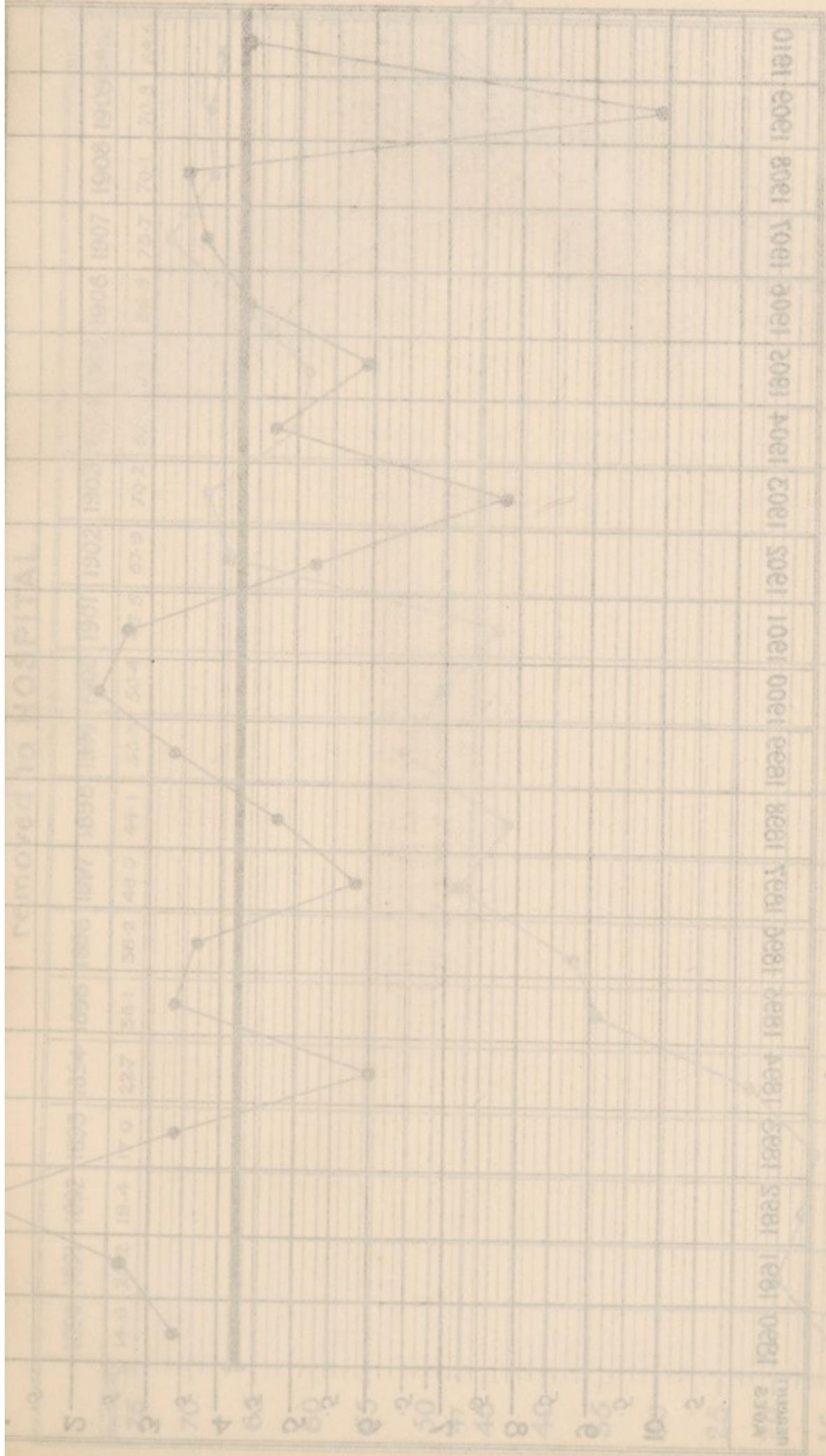
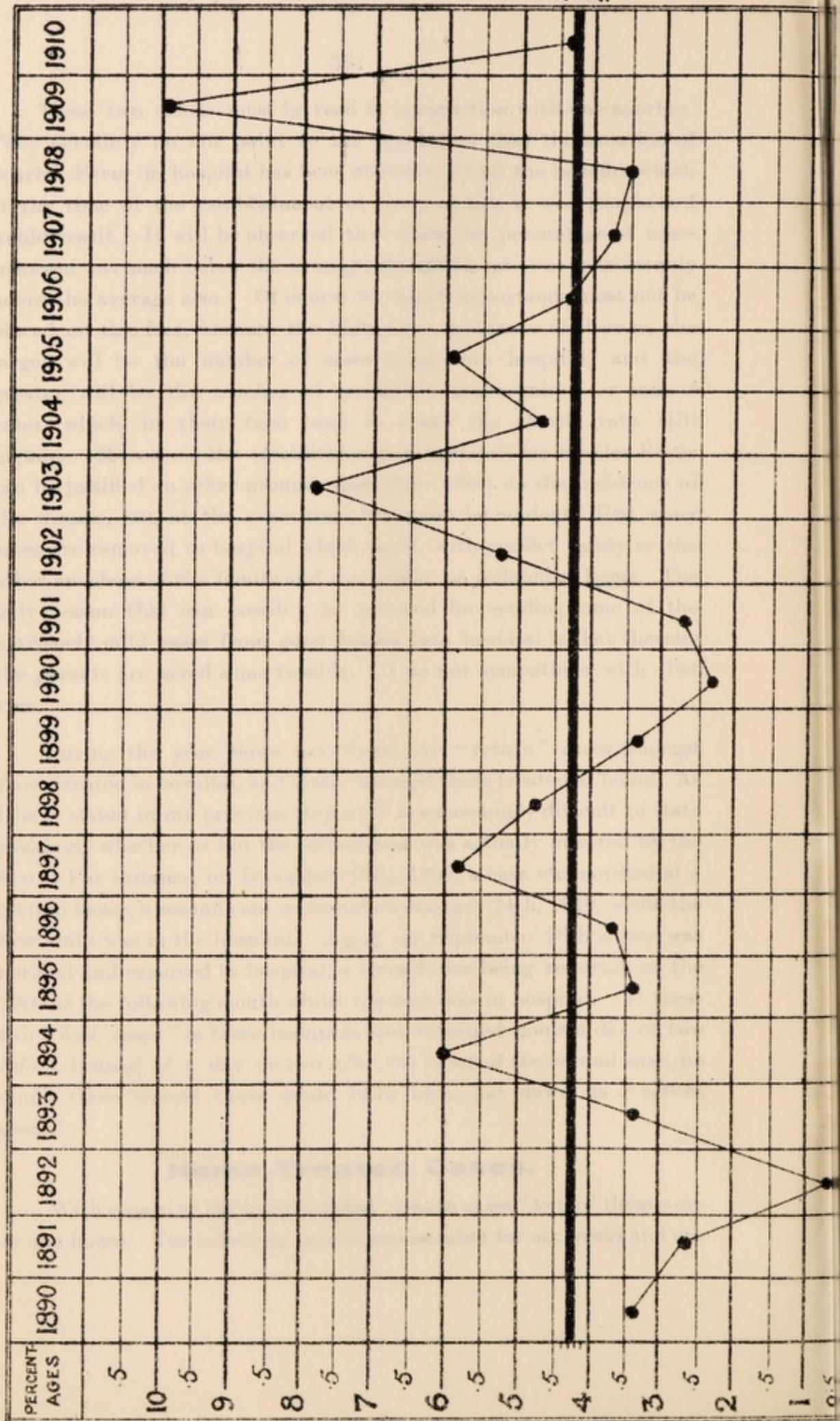


Chart showing the number of patients removed to hospital since 1890. per 1000 of population

ST. ALBERT'S HOSPITAL

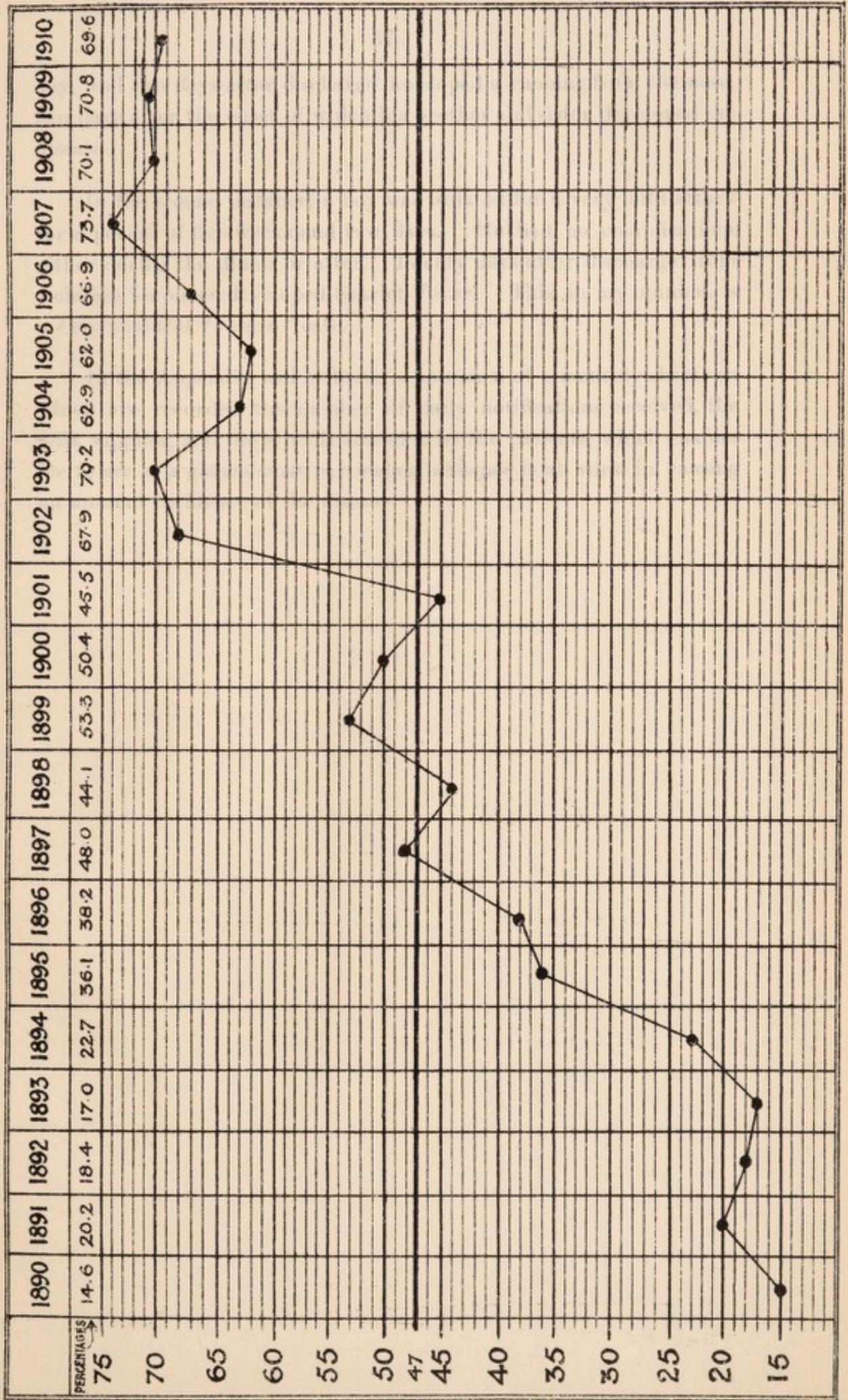
AGE 17 PER 10 YEARS

Chart Shewing SCARLET FEVER Attack-rate per 1000 of Population since 1890.



AVERAGE
4.4
FOR LAST
21 YEARS

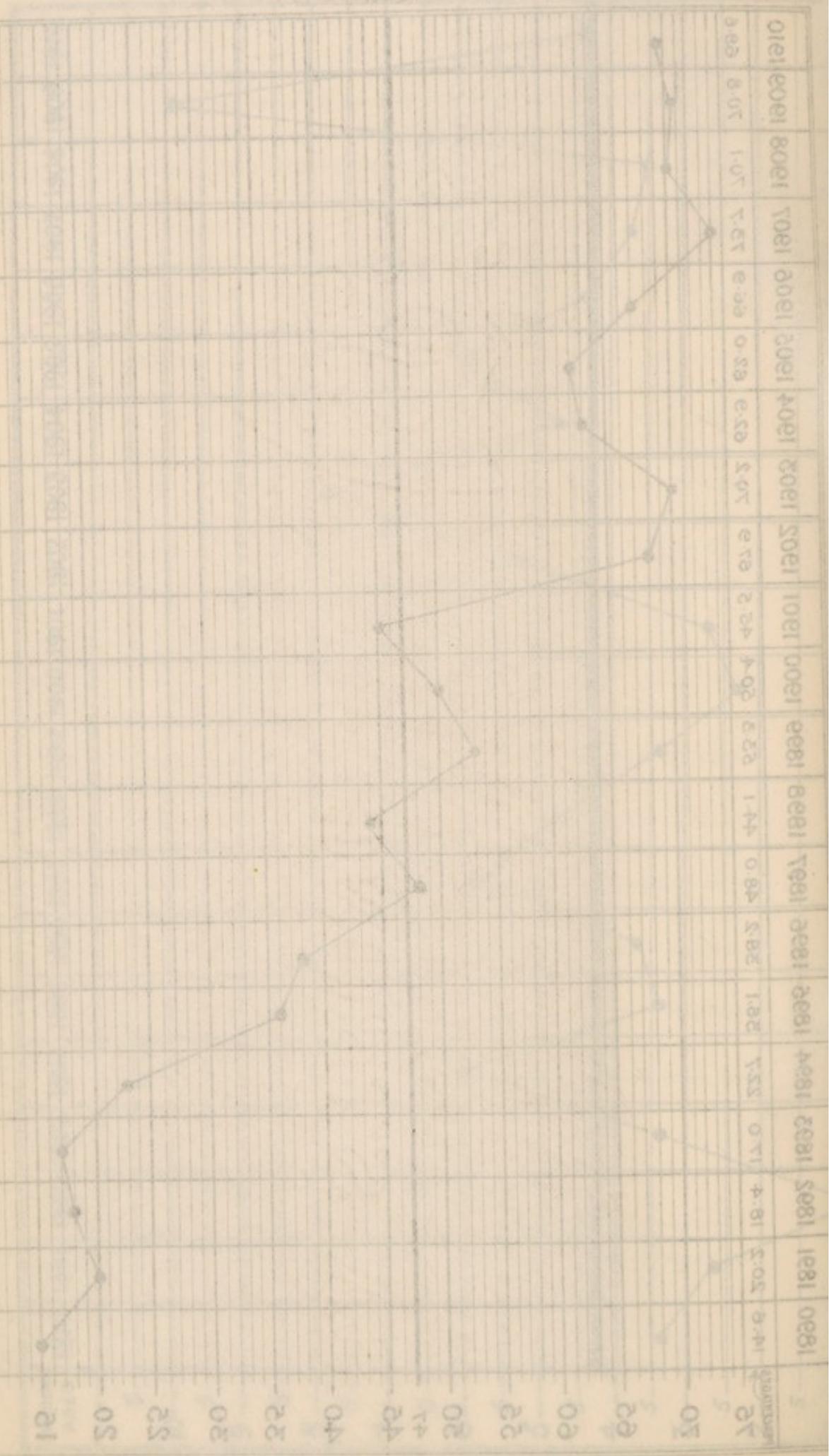
Chart showing percentage of SCARLET FEVER Cases removed to HOSPITAL.



AVERAGE
47 FOR
20 YEARS.

Chart Showing Scarlet Fever Attack-Rate

per 100,000 since 1890.



50 YEARS
1890
1934
AVERAGE

1890
1934
AVERAGE

day, and two days after discharge developed a running from the nose, two days after the onset of which his brother and sister developed the disease.

In the second instance, a boy was isolated for a very mild attack for a period of five weeks and two days. He had no complications either during the illness or after. Twenty days after discharge from isolation his sister developed Scarlet Fever. This, in my opinion, is a very doubtful "return" case.

In the Appendix will be found a specimen of a monthly sheet, on which are recorded the number of daily notifications received, the milk supplies, and the schools attended by the patients, which enables me to see at a glance what particular influence is at work in causing an unusual incidence of the disease.

Details of "Return" Cases.

DOUBTFUL.		"RETURN" CASES.			HOME-TREATED "RETURN" CASES			
Length of stay in Hospital of first case.	Interval between discharge of first case and onset of second.	Period from first onset of the disease.	Stay in Hospital of first case.	Interval between discharge of first and onset of second.	Period from first onset of the disease.	Length of isolation of first case.	Interval between discharge of first case and onset of second.	Period from first onset of the disease.
Days. * 35	Days. 4	Days. 39	Days. 56	Days. 11	Days. 67	Days. 43	Days. 12	Days. 55
†*36	8	44	44	9	53	37	20	[2 cases] 57
* 46	29	75	...	...	...	...	...	...

* None of these cases had complications either in hospital or afterwards, and in the case of † the child had attended a school from which two cases had been removed in the same week.

Diphtheria.

In 1910 the number of cases of Diphtheria notified was 44 (of which number 4 died), compared with 57 notifications in 1909 and 72 in 1908. The percentage of deaths to cases was 9.0. The distribution of the cases was as follows:—

Poulton-cum-Seacombe	...	...	...	21
Liscard	...	...	...	22
Wallasey	...	...	...	1

The number of cases notified is 13 less than in 1909, and the number is 12 below the average for the preceding ten years.

25 cases were admitted to hospital, of which one died (4.0 per cent.).

There was no special incidence of the disease in any particular district or in any particular school. The cases were sporadic and scattered.

Of the 25 cases admitted to hospital as Diphtheria 1 was found on examination not to be Diphtheria.

Three of the cases notified contracted the disease outside the district.

I have often in these reports drawn attention to the fact that the mortality from Diphtheria depends very largely upon the promptness with which the disease is cut short by the use of anti-toxin. Arrangements have now been made whereby anti-toxin can be obtained free of charge by any medical man requiring it, and it is to be hoped that this will ensure its more prompt administration, whether or not the case is removed to hospital. It will be a distinct advantage if a medical man were to administer this remedy before removal, since it may easily happen that owing to pressure of work it may not be possible immediately to remove to hospital any particular case.

The following table gives some very useful information with respect to Diphtheria and Croup in this district since 1890.

Year.	Estimated Population Middle of Year.	Total Number of Cases of Diphtheria and Croup.	No. of Deaths Registered Diphtheria and Croup.	Fatality per cent. of Cases.	Number of Cases Treated in Hospital.	Attack Rate per 1,000 Population.	Percentage of Cases Removed to Hospital.	Mortality per 1,000 Population.
1890	34,000	...	3	...	...	...	...	0.09
1891	33,229	38	1	28.9	2	1.1	5.2	0.33
	census							
1892	34,500	34	...	17.6	3	1.0	8.8	0.16
1893	35,500	39	9	23.0	4	0.9	10.2	0.20
1894	37,000	35	9	25.6	10	0.9	28.5	0.24
1895	39,000	25	9	36.0	10	0.6	40.0	0.23
1896	41,500	35	6	17.1	8	0.8	22.8	0.14
1897	44,000	12	3	25.0	4	0.2	33.4	0.08
1898	46,800	32	5	15.1	12	0.6	37.5	0.10
1899	49,000	39	10	25.6	21	0.8	53.8	0.20
1900	52,000	28	3	10.7	8	0.5	28.5	0.06
1901	53,579	55	12	21.8	22	1.0	40.0	0.22
	census							
1902	55,000	40	5	12.5	20	0.7	50.0	0.09
1903	56,000	40	3	7.5	27	0.7	67.5	0.05
1904	57,000	55	12	21.8	33	0.9	54.5	0.21
1905	58,500	65	10	15.3	45	1.1	69.2	0.17
1906	62,000	58	12	20.7	30	0.9	51.7	0.19
1907	67,000	92	7	7.6	61	1.3	66.3	0.10
1908	71,000	72	8	11.0	50	1.0	69.4	0.11
1909	73,000	57	9	15.7	31	0.7	54.4	0.12
1910	75,000	44	4	9.0	25	0.58	56.8	0.05

Typhoid.

The number of cases of Typhoid notified was 14, compared with 18 last year.

3 of these were found on observation not to be Typhoid, and 4 were contracted outside the district. None of them had eaten shell-fish.

The drop in the number of notifications of Typhoid in recent years is very remarkable. I ought to mention that the drop is not confined to Wallasey. I think it can be truthfully said that Typhoid is a disease which is rapidly disappearing in England.

The cases admitted to hospital were of a peculiarly severe type, as is shown by the fact that of the 7 cases admitted 5 died.

Deaths from Typhoid since 1887, with Rates.

Year.	Deaths.	Wallasey Rate per 1,000.	Notified Cases.	English Rate.
1887	11	0.45	...	0.21
1888	9	0.28	...	0.19
1889	12	0.36	... (Act passed in 1889)	0.19
1890	9	0.26	42	0.19
1891	20	0.59	77	0.18
1892	20	0.57	62	0.14
1893	23	0.64	132	0.24
1894	13	0.35	89	0.16
1895	8	0.20	67	0.17
1896	10	0.24	112	0.17
1897	9	0.20	93	0.16
1898	9	0.19	87	0.18
1899	11	0.23	132	0.20
1900	17	0.32	163	0.17
1901	31	0.57	257	0.16
1902	12	0.21	64	0.13
1903	5	0.08	47	0.10
1904	7	0.12	39	0.09
1905	8	0.13	61	0.09
1906	5	0.08	65	0.09
1907	3	0.04	31	0.07
1908	4	0.05	34	0.07
1909	2	0.02	18	0.06
1910	5	0.06	14	

Measles.

During the year 15 deaths occurred from Measles, equal to a rate per 1,000 living of 0.2.

The diagram on next page shows at a glance the number of deaths from Measles in the past few years. It also shows the tendency of the disease to become epidemic every second or third year.

The incidence of this disease, which was epidemic in character in October to December of 1909, continued to be very prevalent until April of 1910.

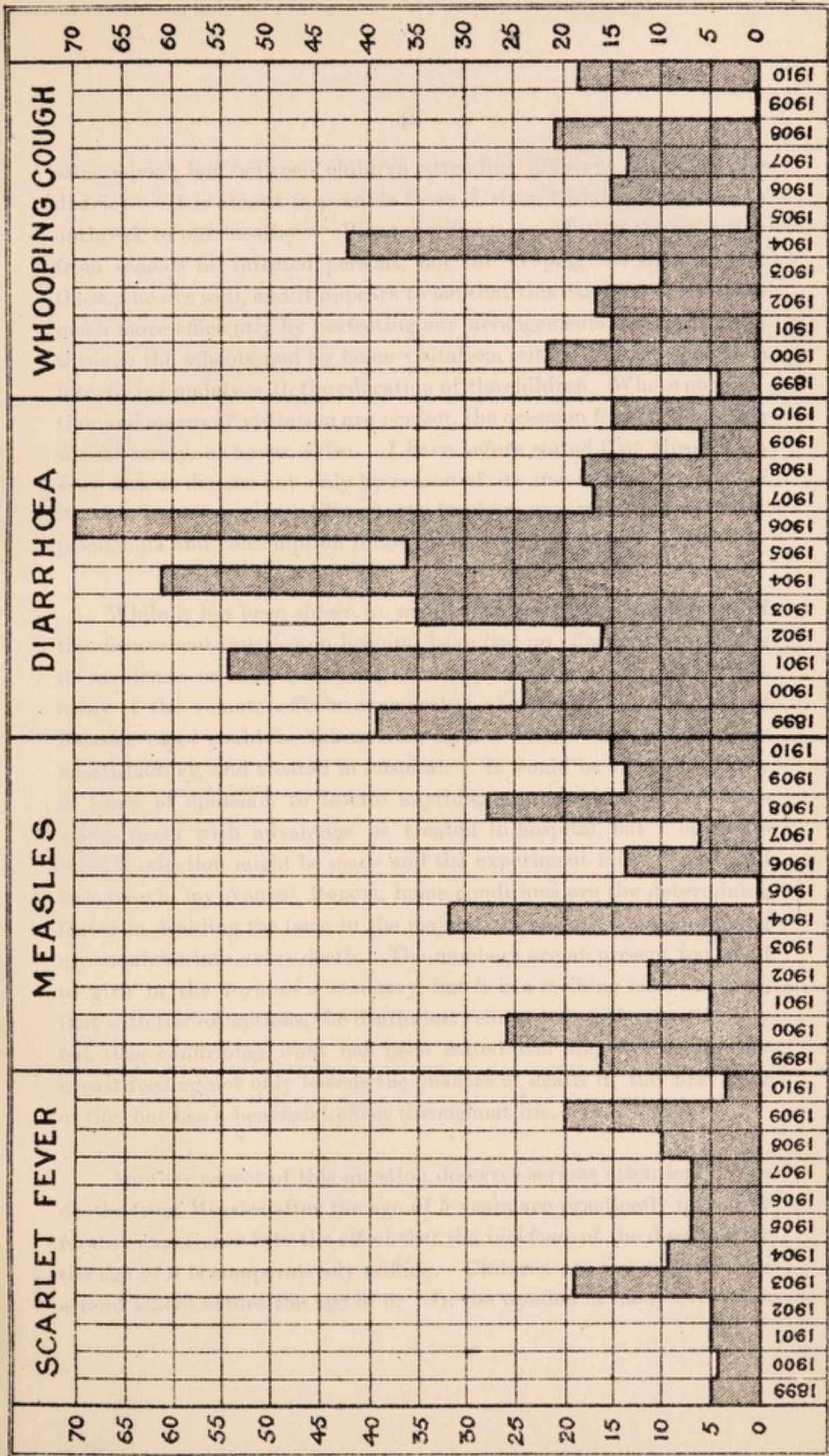
Tables 4 and 5 on page 47 show how the number of cases suddenly fell; for what reason is not apparent. That is one of the characteristics of Measles; it begins suddenly and ends almost as suddenly.

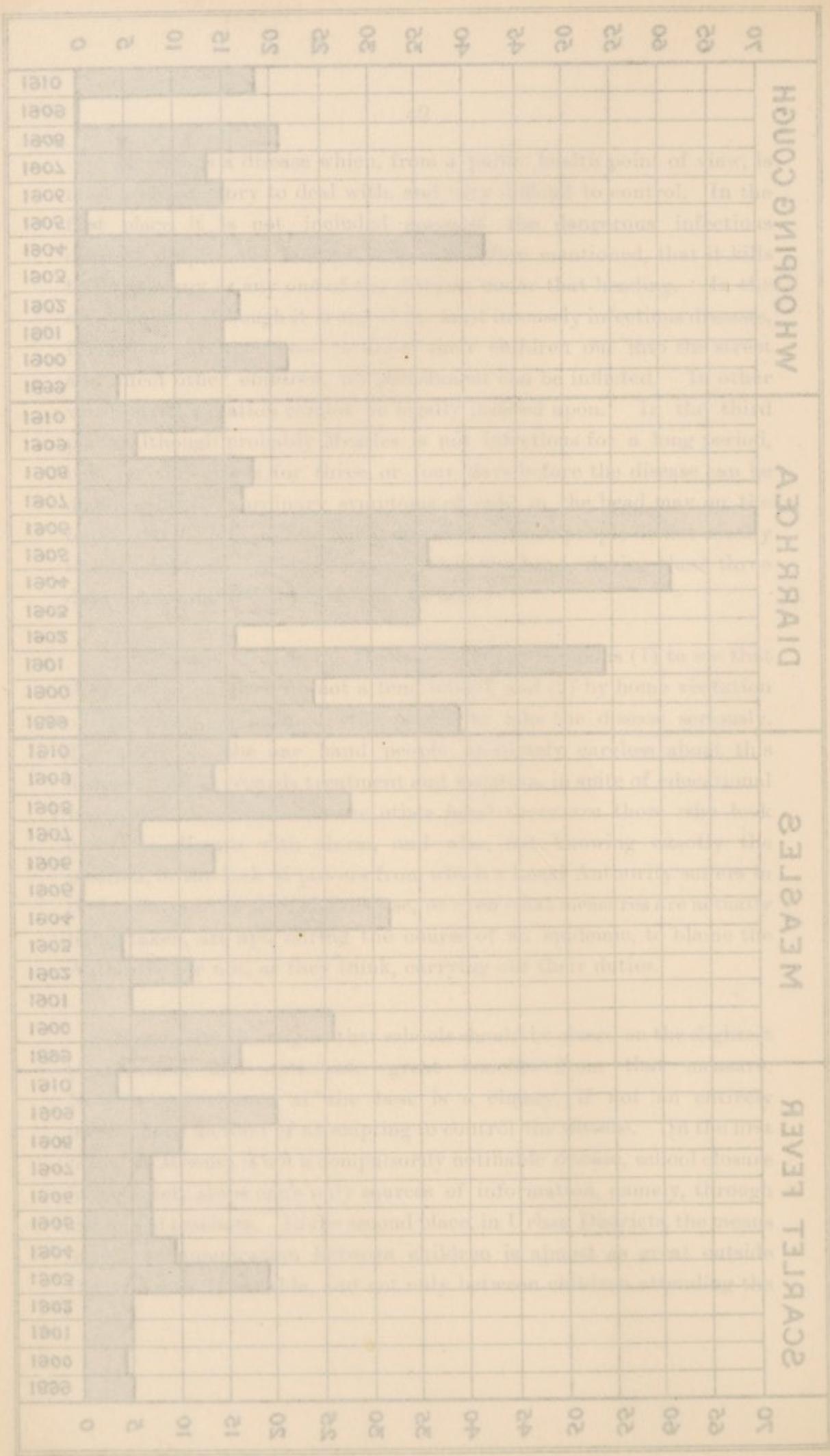
Measles is a disease which, from a public health point of view, is most unsatisfactory to deal with, and very difficult to control. In the first place it is not included amongst the dangerous infectious diseases, despite the fact, as I have so often mentioned, that it kills twice as many as any one of the diseases under that heading. In the second place, although it is one of the most intensely infectious diseases, if careless parents choose to allow their children out into the street and infect other children, no punishment can be inflicted. In other words strict isolation cannot be legally insisted upon. In the third place, although probably Measles is not infectious for a long period, it is very infectious for three or four days before the disease can be diagnosed. The ordinary symptoms of cold in the head may on the fourth day be followed by a measles rash. Since people do not usually isolate children suffering from a cold in the head, during these three days much mischief is nearly always done.

Practically all that the Health Authority can do is (1) to see that the infected children do not attend school, and (2) by home visitation or by leaflet, to persuade the people to take the disease seriously. There are on the one hand people absolutely careless about this disease, both as regards treatment and isolation, in spite of educational visits and warnings. On the other hand there are those who look upon the disease with alarm, and who, not knowing exactly the position, or the lack of powers from which a Local Authority suffers in their efforts to control the disease, or even what measures are actually being taken, are apt, during the course of an epidemic, to blame the Authority for not, as they think, carrying out their duties.

Some seem to imagine that schools should be closed on the slightest provocation, and anticipate great benefits from that measure. Now, school closure at the best is a clumsy, if not an entirely inefficacious method of attempting to control the disease. In the first place, as Measles is not a compulsorily notifiable disease, school closure immediately stops one's only sources of information, namely, through the school teachers. In the second place, in Urban Districts, the means of intercommunication between children is almost as great outside the school as it is inside, and not only between children attending the

Deaths in Wallasey during the past Twelve years.





same school, but between children attending different schools in the district. It is almost impossible in an Urban District to confine an outbreak to one locality. What we desire to effect is the exclusion from schools of infected persons, not the keeping out of school of those who are well, and it appears to me that this can be accomplished much more efficiently by perfecting our arrangements for notification through the schools, and by home visitation, without at the same time interfering unduly with the education of the children. Where notification and means of visitation are perfect, the occasion for school closing should rarely, or never, arise. I have before stated that Measles is a very serious disease not only by reason of its immediate, but also of its remote consequences. Chronic eye troubles, ear troubles, bronchitis, pneumonia and consumption follow in its train.

While it has been shown in many instances that notification of the disease and isolation in hospital have had no effect in controlling its incidence, or indeed lowering its death rate, I am of opinion that many of the remote effects enumerated above may be obviated, if Measles cases could be taken from homes where the conditions are unsatisfactory, and treated in hospital. It would be an impossibility in times of epidemic to isolate anything approaching all the cases which could with advantage be treated in hospital, but I certainly think a selection might be made and the experiment tried. As I said last year in my Annual Report, home conditions are the determining factor in deciding the issue in the majority of cases. I am continuing my enquiries into every death. The numbers are at present too small to give in the form of a summary, but it is a striking fact, however, that with few exceptions, the deaths last year are of children artificially fed, thus confirming what has been stated over and over again, that breast feeding not only lessens the chances of death in the first year of life, but has a beneficial effect throughout life.

Another aspect of this question deserves serious attention. The deaths from Measles after the age of 5 years are practically nil. My further experience is to the effect that the *incidence* of the disease after the age of 5 is comparatively trifling. Children are not compelled to attend school before the age of 5. In the opinion of many even that

age is too young (as a fact, in some Continental countries, and in most of our colonies, the minimum age is 7), but in this country children at ages between 3 and 5 are almost universally admitted to school. Quite apart from the accommodation required for these very young children, and considerations as to the value of educating such young children which naturally occur to one, there can be no doubt that these children supply the bulk of the cases during an epidemic of Measles, and there can be no doubt also that in many instances the disease is contracted at school. If these children were excluded from school it is probable that the biennial epidemics of Measles would be averted or considerably curtailed in extent, and even if the effect were simply to alter the age incidence of the disease, I would point out that that would mean a lessened mortality, and probably lessen the baneful after effects, since the older the child attacked the greater the stamina of the child, and the more likely not only to recover, but to suffer less from the succeeding complications. Several years ago I expressed the opinion that the disadvantages of allowing children below the age of 5 to attend school considerably outweighed the advantages, and I have seen no reason to change the opinion then expressed; on the contrary, instead of allowing children *below* 5 to attend school, the minimum age might, with advantage, be raised to 6.

Whooping-cough.

While in 1909 there was not a single death from Whooping-cough, last year there were 19.

Whooping-cough, from a public health point of view, is, if possible, more difficult to control than Measles. Practically the only indication one has of its presence is by the death returns, since the sufferers for the most part are below the school age. The period of infectivity, too, is very prolonged.

The following Tables show the number of cases of Infectious Disease reported by the School Authorities:—

TABLE I.

Cases of Infectious Disease notified by Elementary Education Authority (from Medical Certificates received) to the Medical Officer of Health, 1910

School.	Measles.	Chicken-pox.	Whooping-Cough.	Other Diseases.	Total.	Totals under "Other Diseases."					
						Mumps.	Scarlet.	Diphtheria.	Sore Throat.	German Measles.	Suspicious Sickness.
St. Paul's	1	6	4	9	20	...	7	1	...	1	...
St. Joseph's	5	...	14	3	22	...	1	...	...	2	...
Riverside	1	14	14	8	37	3	4	...	1	...	...
Wesleyan	7	6	2	2	17	1	1	...	...	...	...
Somerville.....	3	11	8	11	33	1	8	...	1	1	...
Poulton	8	8	2	3	21	3	...	...	...	...	...
St. Mary's.....	35	...	3	11	49	9	2	...	...	...	...
St. Alban's	10	...	...	...	10	...	...	...	...	...	...
Manor Road.....	5	4	9	11	29	2	6	1	1	1	...
Magazine Lane .....	...	...	1	...	1	...	...	...	...	...	...
Egerton Street.....	5	...	5	...	10	...	...	...	...	...	...
S.S. Peter and Paul .....	...	...	...	1	1	...	1	...	...	...	...
Vaughan Road.....	11	2	7	3	23	...	3	...	...	...	...
Wallasey	19	1	9	4	33	...	4	...	...	...	...
Total.....	110	52	78	66	306	19	37	2	3	5	...

DISTRICT TOTALS—

Poulton-cum-Seacombe...	25	45	44	36	150	8	21	1	2	4	...
Liscard	50	4	13	22	89	11	8	1	1	1	...
New Brighton	16	2	12	4	34	...	4	...	...	...	...
Wallasey	19	1	9	4	33	...	4	...	...	...	...
Total.....	110	52	78	66	306	19	37	2	3	5	...

TABLE II.

Cases of Suspected Infectious Disease notified by Elementary Education Authority (per reports of Head Teachers or Attendance Officers) to the Medical Officer of Health, 1910.

School.	Measles.	Chicken-pox.	Whooping-Cough.	Other Diseases.	Total.	Totals under "Other Diseases."					
						Mumps.	Scarlet.	Diphtheria	Sore Throat.	Rash.	Suspicious Sickness.
St. Paul's	8	11	14	8	41	...	2	1	2	3	...
St. Joseph's	18	4	20	12	54	11	1	...	...	...	...
Riverside	5	8	13	18	44	13	3	1	1	...	...
Wesleyan	8	33	13	12	66	10	...	...	...	2	...
Somerville	36	77	92	63	268	30	7	...	20	5	1
Poulton	22	42	26	118	208	85	1	...	8	3	21
St. Mary's	48	6	14	46	114	44	...	...	...	2	...
St. Alban's	11	1	23	15	50	15	...	...	...	...	...
Manor Road	22	24	54	34	134	22	4	...	3	4	1
Magazine Lane	2	...	18	35	55	35	...	...	...	...	...
Egerton Street .....	...	...	13	2	15	2	...	...	...	...	...
S.S. Peter and Paul .....	...	...	1	...	1	...	...	...	...	...	...
Vaughan Road	1	...	14	82	97	81	1	...	...	...	...
Wallasey	70	2	41	109	222	99	2	...	...	...	8
Total	251	208	356	554	1369	447	21	2	34	19	31
DISTRICT TOTALS—											
Poulton-cum-Seacombe...	97	175	178	231	681	149	14	2	31	13	22
Liscard	83	31	109	130	353	116	4	...	3	6	1
New Brighton	1	...	28	84	113	83	1	...	...	...	...
Wallasey	70	2	41	109	222	99	2	...	...	...	8
	251	208	356	554	1369	447	21	2	34	19	31

TABLE III.
CASES VISITED.

	Total number visited.	Number found not suffering as reported.
Mumps	447	101
Measles	251	60
Chicken-Pox	208	17
Whooping-Cough	356	52
Other Diseases	107	30
TOTAL	1,369	260

TABLE IV.

SHOWS THE NUMBER OF CASES OF INFECTIOUS DISEASE
REPORTED MONTH BY MONTH IN 1910.

	Measles.	Chicken-pox.	Whooping-Cough.	Other Diseases.	Total.	Mumps.	Scarlet.	Diphtheria.	Sore Throat.	German Measles.	Suspicious Sickness.
January.....	27	...	...	31	58	19	10	...	2	...	...
February.....	40	...	2	9	51	...	8	...	1	...	...
March.....	31	2	4	21	58	...	19	2	...	...	...
April.....	3	7	8	2	20	...	...	...	...	2	...
May.....	2	4	14	2	22	...	...	...	...	2	...
June.....	5	2	24	1	32	...	...	...	...	1	...
July.....	1	2	5	...	8	...	...	...	...	...	...
August.....	...	...	16	...	16	...	...	...	...	...	...
September.....	1	2	1	...	4	...	...	...	...	...	...
October.....	...	14	2	...	16	...	...	...	...	...	...
November.....	...	10	1	...	11	...	...	...	...	...	...
December.....	...	9	1	...	10	...	...	...	...	...	...
	110	52	78	66	306	19	37	2	3	5	...

TABLE V.

SHOWS THE NUMBER OF *SUSPECTED* CASES OF INFECTIOUS
DISEASE REPORTED MONTH BY MONTH IN 1910.

	Measles.	Chicken-pox.	Whooping-Cough.	Other Diseases.	Total.	Mumps.	Scarlet.	Diphtheria.	Sore Throat.	Rash.	Suspicious Sickness.
January.....	46	...	...	184	230	172	3	...	4	1	4
February.....	68	2	1	133	204	108	4	1	3	2	15
March.....	15	1	...	86	102	76	4	1	4	...	1
April.....	86	1	41	60	188	47	1	...	4	...	8
May.....	8	9	96	48	161	42	...	...	2	3	1
June.....	13	6	103	13	135	...	3	...	4	6	...
July.....	5	1	7	...	13	...	...	...	...	...	...
August.....	2	17	77	7	103	...	...	...	3	3	1
September.....	2	14	19	10	45	2	3	...	2	2	1
October.....	1	58	5	7	71	...	3	...	4	...	...
November.....	2	43	5	4	54	...	...	...	2	2	...
December.....	3	56	2	2	63	...	...	...	2	...	...
	251	208	356	554	1369	447	21	2	34	19	31

Schools.

The medical inspection of School Children in this district is not carried out under the direction of the Medical Officer of Health, but the latter Officer and the School Medical Officer are in frequent consultation, and co-operate cordially.

By arrangement, the names and addresses of children suffering from such infectious diseases as come to the knowledge of the School Attendance Officers and Teachers, have been sent to me by the Director of Education. Those cases in which a Doctor was not in attendance were visited by the Lady Inspector, and steps taken to exclude children whose presence might be dangerous to other scholars.

On several occasions during the year when certain schools seemed to be instrumental in spreading disease, I visited them for the purpose of making enquiries, and examined suspicious children.

Diarrhœa.

During the summer of 1910 there was practically no Diarrhœa in comparison with former years, the number of cases being exceedingly small. 15 deaths in all were returned as being due to Diarrhœa, 10 of which were under the age of one year, viz. :—

- 2 between birth and 2 months old.
- 1 between 2 and 3 months old.
- 0 between 3 and 4 months old.
- 1 between 5 and 6 months old.
- 6 between 6 and 12 months old.

Of these, 11 were artificially fed, 2 were breast-fed, and 2 breast and bottle.

The increase in the cases was due to the fact that the Autumn was prolonged and hot. The deaths from Diarrhœa are considerably fewer than formerly used to be the case, due no doubt, to a combination

of circumstances,—the education of the people by the press, congresses, etc., the special efforts of Sanitary Authorities, the appointment of women inspectors and their educative influence, etc., etc.

With regard to the 15 deaths, I would remark that enquiries show that some children whose deaths were ascribed to Diarrhœa were at the same time suffering from other diseases, and the history given by the mothers leads one to suppose that Diarrhœa could have had but a small share in causing the actual death. It would seem to be the custom of some doctors to ascribe deaths occurring in August or September with symptoms of Diarrhœa even of the slightest kind, to epidemic Diarrhœa. It is well known that an attack of Diarrhœa may be the termination of many illnesses, and in the notes to tables 4 and 5 printed on the back of the Local Government Board forms, occurs the following as an instruction to the Medical Officer of Health, but which, I think, might also be borne in mind by medical men :

“Deaths from Diarrhœa secondary to some other well-defined disease should be included under the latter.”

Phthisis.

The deaths from Phthisis number 56, equal to a death-rate of 0.7 per 1,000 of the population, a rate much below that of the whole country. It should be noted, however, that low as this rate is, if the Phthisis rate is taken as affording any indication of the healthiness of this particular district, it is a misleading figure, because, as a matter of fact, the good reputation of this district attracts people suffering from Phthisis to come and live here, in the hope of improving or curing their condition. Of the 56 deaths above referred to no fewer than 11 occurred among people who had been resident in the place 12 months and under, and who had come to the district specially for the sake of their health. One other death occurred amongst people similarly placed but who had been in the district two years and under.

Excluding these 12, our rate per 1,000 of population would be 0.6.

Of the total number of deaths, nine died in the Workhouse Hospital, four of these being of persons notified in 1909.

Beyond the notification of cases coming under the cognizance of the Poor Law Authority no system of notification obtains in this district.

From the Union Infirmary we received 19 notifications. Nine had, however, been previously notified. In other words, the patients had left the Infirmary and returned there. Of the remaining 10, 3 were of males and 7 of females. From the Poor Law Medical Officers 5 notifications (4 of males and 1 of females) were received, and 1 notification of a male patient was also received from the Liverpool Infirmary.

11 notifications of changes of address of patients have also been received during the year, 10 of these being notifications from the Workhouse Master that the patient had left the Hospital for an address in this Borough.

It is the practice in this district to disinfect after every death from Phthisis. The method of disinfection is as follows:—The infected rooms are sprayed with a strong solution of formalin, and the bedding and clothing taken away to be disinfected by steam. Permission is asked from the landlord to strip the paper from the walls of the infected room, and to limewash the ceilings. During 1910, 64 houses or parts of houses were disinfected, and 27 rooms stripped. Bedding, etc., was disinfected in 40 instances, other bedding was destroyed in 1 instance, and in 15 instances the disinfection could not be carried out, or was not considered necessary because of the short time in which the patient had lived in the house (sometimes only a single night).

Disinfection is also carried out periodically in the houses in which known Phthisis patients live, and on any change of their address the rooms formerly occupied by a patient are disinfected whenever possible. This, however, is found to be a very difficult matter. Some patients seem to have a perfect mania for changing their addresses. They are encouraged to notify me whenever they remove, and all have been supplied with stamped postcards, but it is very rarely indeed that they are made use of. We only find that they have moved their address on the occasion of the routine visit and may not find them again for several weeks. This is a very serious difficulty in carrying out supervision over these patients. Efforts are made to instruct them how not to become a danger to others, by care of the sputum, advocacy of the open window, advice as to sleeping, food, etc., but in many instances one is bound to confess that the time spent on this instruction is wasted. It is of no avail to tell a widow in receipt of parish relief that she should not sleep in the same bed as her children when she has only one bed, or to advise good food and warm clothing to people who find it hard to keep body and soul together,

In a previous part of this Report I have referred to Measles as a very common pre-disposing cause of Phthisis, and it occurs to me that at those times when there is plenty of available accommodation at our Infectious Hospital it might be advisable to select cases of Measles and treat them there. It is possible by effecting a more complete recovery from that disease that the development of Phthisis in some

of them in after years might be prevented. If Measles were not prevalent the surplus accommodation in the Infectious Hospital might still be made use of for the treatment of selected cases of Consumption. I can see no reason why a ward should not be set apart in our Infectious Hospital for either or both of these purposes as occasion demands and opportunity offers.

It appears to me that in regard to Phthisis we are very apt to under-estimate the importance of the resistance of the individual, and devote too much time to killing the bacillus. I do not think it is even yet realised sufficiently that Phthisis is to a very large extent a secondary product of long-continued ill-feeding and malnutrition, and that the efforts which will have most result in stamping out this terrible disease, will be exactly those which have been so efficacious in the past, viz., those which tend to improve the social well-being of the people, particularly as regards good housing, good food and temperance.

RESULT OF ENQUIRIES—FAMILY HISTORY.

In 33 instances no previous history of Phthisis among actual members of the family could be ascertained.

„ 12	„	one member of the family had died of Phthisis,				
„ 11	„	two members	„	„	„	„
„ 2	„	three members	„	„	„	„
„ 1	„	five members	„	„	„	„

These figures show that a history of a previous death in a family from Phthisis occurred in 36.1 per cent. of the cases.

The foregoing table has reference to 59 persons, and includes notifications as well as deaths of Phthisis patients. It excludes reference to those notified in 1909 and again notified in 1910, and also "repeat" notifications in 1910.

Enquiries also showed that in 6 instances other members of the family were at present suffering, or supposed to be suffering, from Phthisis. This is equal to 10.1 per cent. of the cases.

With regard to the sources of infection, one case was a lithographer's apprentice who had been working alongside an affected workman. In this trade I am given to understand that acid fumes are breathed by the workers.

COMMENCEMENT OF ILLNESS.

Enquiries have also been made with a view to ascertaining the probable date of onset of the disease.

In 29 instances the illness *was said* to have commenced less than a year prior to notification or death.

„ 9	„	between 12 and 18 months	„	„	„
„ —	„	between 18 months and 2 years	„	„	„
„ 4	„	between 2 and 3 years	„	„	„
„ 5	„	between 3 and 4 years	„	„	„
„ 3	„	between 4 and 5 years	„	„	„
„ 4	„	between 5 and 6 years	„	„	„
„ 1	„	between 6 and 7 years	„	„	„
„ —	„	between 7 and 8 years	„	„	„
„ 2	„	between 8 and 9 years	„	„	„
„ —	„	between 9 and 10 years	„	„	„
„ —	„	between 10 and 11 years	„	„	„
„ 1	„	between 11 and 12 years	„	„	„

In the remaining instances the date of commencement of illness could not be ascertained.

ALCOHOL.

The enquiries with respect to the use or abuse of alcohol in each case gave the following results :—

Intemperate, or heavy drinkers	...	...	...	11
Moderate drinkers	...	...	...	30
Abstainers	...	...	...	22
Not ascertainable	...	...	...	2

HABITS.

Enquiries were made in each case as to the "tubercular" habits of the patient, viz., whether the sputum was burnt, and whether due precautions were being taken to prevent the infection of others. In 9 instances the patients were said to be of dirty habits, in six fairly

clean, whilst in the remaining cases, so far as could be ascertained, the patients took every precaution.

The sanitary conditions prevailing were as follows, the points particularly noted being whether the houses or rooms were dark, damp or dirty:—

In 20 instances the houses were damp or dark, or both, and in 8 instances were dirty.

The following table shows the occupations, so far as could be ascertained, of the Phthisis cases, notified or fatal, that occurred during 1910.

General labourers	...	...	...	...	4
Saddler	...	...	...	...	1
Bootmaker, &c.	...	...	...	...	1
Apprentices	...	...	...	...	3
Shop Assistants	...	...	...	...	3
Clerks, etc.	...	...	...	...	5
Sailors	...	...	...	...	3
Domestic Servants	...	...	...	...	5
Charwomen	...	...	...	...	2
Wives	...	...	...	...	15
School Children	...	...	...	...	4
Postal Telegraphist	...	...	...	...	1
Independent means or no occupation	...	...	...	...	4
School-teacher	...	...	...	...	1
Plasterer	...	...	...	...	1
Team Owner	...	...	...	...	1
Dressmaker	...	...	...	...	1
Widows	...	...	...	...	2
Errand boy	...	...	...	...	1
Flour miller	...	...	...	...	1
Publican	...	...	...	...	1
Monthly nurse	...	...	...	...	1
Corn merchant	...	...	...	...	1
Surgeon	...	...	...	...	1
Master Stevedore	...	...	...	...	1
Infant	...	...	...	...	1

Deaths from Phthisis In Wallasey since 1901.

YEAR.	M	F	Under 1		1 to 5		5 to 15		15 to 25		25 to 65		65 & over.		Poulton-cum-Scombe.	Liscard.	Wallasey	Deaths in Work-house.	
			M	F	M	F	M	F	M	F	M	F	M	F				M	F
1901...	33	26	...	...	2	7	48	2	29	27	3	6							
1902...	36	33	...	1	1	12	55	...	33	28	8	7							
1903...	29	29	...	...	2	7	46	3	19	37	2	6							
1904...	30	28	...	1	5	10	38	4	24	26	8	7							
1905...	24	19	...	3	2	8	29	1	22	19	2	3							
1906...	45	24	2	7	2	11	45	2	31	31	7	12							
1907...	34	25	1	1	2	10	45	...	23	33	3	5	1						
1908...	36	22	...	...	2	4	49	3	24	28	6	7	4						
1909...	34	29	...	...	0	1	5	2	25	26	4	2	2	28	28	7	2	2	
1910...	21	26	1	...	...	1	8	6	13	17	...	1	4	16	24	7	4	5	

Deaths from "Other Tuberculous Diseases" in Wallasey since 1901.

YEAR.	M F		Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 & over.	Poulton-cum-Scombe.	Liscard.	Wallasey	Deaths in Work-house.
	M	F										
1901...	7	2	2	2	1	1	3	...	7	1	1	1
1902...	8	4	...	3	1	2	5	1	6	4	2	1
1903...	10	7	6	3	2	2	4	...	3	9	5	1
1904...	9	8	5	3	4	1	4	...	6	9	2	...
1905...	7	6	3	4	2	1	3	...	7	6	...	1
1906...	12	8	3	8	4	2	3	...	10	7	3	...
1907...	27	8	11	6	6	3	8	1	18	17	...	2
1908...	35	10	8	8	4	4	8	1	18	16	1	1
1909...	34	13	13	...	6	2	...	...	14	17	3	2
1910...	35	7	17	2	5	4	...	...	17	13	5	1

The value of the above particulars in throwing light on the local incidence of Phthisis will be much enhanced when in future years the total number of cases enquired into is large enough to found definite opinions upon. The Order of the Local Government Board enjoining the notification of all cases coming under the cognizance of the Poor Law to Sanitary Authorities is, in my opinion, a very excellent measure, and one which, in many districts will, for practical administrative purposes, provide all the information which is necessary. I have

always thought that the general practitioner was the person in whose power it lay principally to give the necessary instructions to people whereby they are enabled to prevent themselves from becoming a source of danger to their neighbours. No doubt this is always done as regards the better classes—in short, the people who would resent the interference of the Sanitary Authority. The poorer classes are those to whom suitable advice is, perhaps, not always given, and this is the class among which the efforts of the Sanitary Authority will largely lie. My previous experience of the voluntary notification of Phthisis has not impressed me favourably. I found that in the first year a very small proportion of the cases was notified, and a decreasing number in the succeeding years.

I found also that many of the cases were notified after death, thus giving me information which I could obtain in a day or two from the death returns, and which was, therefore, quite unnecessary. Moreover, I found that the cases which were notified were just those which are now notified through the Poor Law. The better class patients were those which were notified after death and simply for purposes of disinfection.

With regard to the compulsory notification of Phthisis, I do not think that the step is necessary in a town like Wallasey, especially when the arrangements for dealing with cases of Phthisis are incomplete.

Midwives Act.

Under the Midwives Act a Local Authority is either a County Council or the Council of a County Borough. Wallasey is not, therefore, a Local Authority within the meaning of the Act, but the work of supervising the Midwives of this district is placed upon me by the County Council.

During the year all the Midwives have been regularly visited.

SUMMARY OF THE WORK DONE UNDER THE MIDWIVES ACT.

Routine Visits paid to Midwives' houses, Inspection of Bags, Case books, etc.	294
Enquiries <i>re</i> Still-born Children	78
Other Enquiries	131
Total Visits paid under the Midwives' Act	<u>503</u>

Under the Rules of the Central Midwives' Board (E. 18) the following notifications have been received :—

Records of sending for Medical Help (<i>see Table below</i>)	57
Notifications of Still-births	29
Deaths of Children before Attendance of a Medical Practitioner	1
Cases of Puerperal Fever attended by Midwives ...	2
Cases of other Infectious Diseases notified by Midwives	0

The following is a list of the causes for which Medical Help was sought in the 57 cases mentioned above :—

Protracted Labour	12
Retained Placenta	2
Instrumental Aid	10
Prematurity	2
Rise of Temperature	6
Post-partum Hæmorrhage	3
Ante-partum Hæmorrhage	2
Laceration of Perineum	2
Placenta prævia	1
Inflamed Eyelids	2
Abnormal Presentation	8
Various	7
	<u>57</u>

Under Section 8 I have to keep the Central Midwives' Board acquainted with the death, change of name or address of any midwife.

The undermentioned changes have been notified:—

Change of Name ...	...	...	...	...	—
Change of Address	...	...	...	...	8
Death of Midwives	...	...	...	...	—
Notice of intention to cease practice	...	...	...	...	—
Removed from district	...	...	...	...	3

There are 49 Midwives on the Roll, one of whom cannot write. Their registers are on the whole kept well.

The total number of cases attended by Midwives was 928.

It was found necessary in one instance during the year to report a Midwife to the Local Supervising Authority for a serious breach of the rules. The matter was referred by them to the Central Midwives Board, and in the end the name of the woman was removed from the Roll of Midwives.

In 18 instances I interviewed and warned Midwives for slight irregularities which did not appear to me to be gross enough to warrant reporting them to the Supervising Authority.

Mill Lane Hospital.

SUMMARY OF CASES TREATED IN 1910.

Disease.	Remaining at end of 1909.	Admitted during 1910.	Discharged during 1910.	Died during 1910.	Remaining at end of 1910.	Average Residence in Days.
SMALL-POX ... ..	...	7	7	...	...	36.0
SCARLET FEVER	40	229	256	2	11	49.4
Cases admitted to Hospital as, but subsequently found not to be, Scarlet Fever ...	...	...	...	...	...	...
DIPHTHERIA	3	24	25	1	1	24.3
Cases admitted to Hospital as, but subsequently found not to be, Diphtheria ...	...	1	1	...	...	...
ENTERIC FEVER	1	7	3	5	...	27.5
Cases admitted to Hospital as, but subsequently found not to be, Enteric Fever ...	1	5	3	3	...	...
ERYSIPELAS... ..	...	...	...	...	...	...
OTHER ADMISSIONS ... ..	...	5	4	1	...	19.2
TOTAL	45	278	299	12	12	...

For the purpose of comparison the following table shows the number of admissions of patients notified as suffering from the various diseases during the years 1902 to 1910 :—

Disease.	Cases admitted during the year								
	1902	1903	1904	1905	1906	1907	1908	1909	1910
Small-Pox	27	25	5	...	...	...	1	...	7
Scarlet Fever	199	309	170	227	178	188	174	507	229
Diphtheria	20	27	33	45	30	61	49	31	25
Membranous Croup ...	...	...	1	...	1	1	...	...	...
Enteric Fever	46	31	24	48	48	24	25	13	12
Erysipelas	1	3	3	5	3	3	...	...	...
Other Diseases.....	1	2	3	3	3	2	4	7	5
Totals...	294	397	239	328	263	279	253	558	278

**Vaccination Returns for Wallasey for
the last two years, from the 1st July to
the 30th June in each year.**

(Supplied by the Vaccination Officer.)

	1908-9.	1909-10.
Successfully Vaccinated... ..	1,433	1,332
Died before Vaccination... ..	118	103
Insusceptible	17	9
Conscientious Objections	70	94
Postponed by Medical Certificate	42	50
Removed, Traced, and Vaccination Officers notified	30	30
Not found, or removed to places unknown ...	57	40
Not Vaccinated or otherwise accounted for	45	79
Total Number of Births Registered ...	1,812	1,737

The number of Certificates and Statutory Declarations of Conscientious Objection received during 1908-9 was 66; during 1909-10 the number was 105.

For my remarks on the question of Vaccination and Small-pox, see page 31.

Meteorological Data for 1910, from observations made at the Corporation's Meteorological Station, Marine Park, New Brighton.

	Highest Temperature.		Lowest Temperature.		Average Daily Temperature.	Greatest Sunshine.		Least Sunshine.		Average Daily Sunshine.	Total Rainfall for month. [*]	Greatest Fall in 24 hours.		No. of days with no Rainfall.	Average Daily Rainfall.	No. of days with .01 ins. or more recorded.	Dates of Snowfall.	No. of days Frost [†]
	Date	°	Date	°		Date	Hours	Date	Hours			Date	Inches						Date	Inches
JANUARY ...	14th	58·5	27th	22·0	39·61	6¾	30th	10 d'ys	2·21	2·32	23rd	·80	14	·07	16	22nd & 27th	8	
FEBRUARY...	5th	54·8	9th	32·0	42·29	9½	27th	4 d'ys	3·40	2·58	20th	·34	3	·92	25	25th	1	
MARCH	29th	55·8	18th	33·0	43·94	10¾	22nd	4 d'ys	4·51	0·57	8th	·14	20	·01	11	...	...
APRIL.....	18th	61·5	2nd	30·0	45·47	12	29th	4 d'ys	4·57	2·44	28th	·44	14	·08	16	...	2	
MAY	20th	75·0	9th	37·0	52·55	13½	23rd	2 d'ys	7·22	1·95	7th	·47	13	·06	17	...	...
JUNE	20th	77·5	1st	47·0	58·79	16	14th	5th	6·81	3·21	29th	·65	15	·10	13	...	...
JULY	14th	78·0	18th	49·2	58·98	13½	14th	2 d'ys	6·37	3·54	20th	1·05	19	·11	9	...	...
AUGUST	11th	74·2	29th	50·0	59·92	12¼	10th	2 d'ys	4·70	3·97	18th	·94	8	·12	20	...	...
SEPTEMBER..	26th	63·0	20th	43·0	56·05	11	4th	29th	4·21	0·35	1st	·15	20	·01	9	...	...
OCTOBER ...	1st	69·0	30th	39·0	52·20	8¾	1st	6 d'ys	2·61	3·05	18th	·80	18	·09	12	...	...
NOVEMBER..	12th	53·5	30th	29·0	40·52	6½	21st	6 d'ys	2·35	4·67	23rd	·67	6	·15	24	...	...
DECEMBER...	23rd	57·0	1st	31·5	44·58	5½	27th	13 d'y's	1·33	3·09	26th	·45	3	·09	28	...	...

*Total Rainfall for year: 31.74 ins. †It must be remembered that the recorded temperatures were not taken on the ground level.

Meteorological Data for 1910,

(Supplied by Mr. Plummer.)

From observations made at the BIDSTON OBSERVATORY :—

1910.	Mean Barometer. in.	TEMPERATURE.		RAINFALL.	
		Mean. °	Difference from Average °	Amount. in.	Difference from Average in.
January ...	29·769	39·1	-0·1	2·168	-0·026
February ...	29·513	41·8	+0·5	2·369	+0·648
March ...	30·124	43·6	+1·4	0·640	-1·118
April ...	29·803	45·6	-1·7	2·339	+0·728
May ...	29·894	52·0	+0·2	2·070	+0·155
June ...	29·879	58·3	+0·9	2·601	+0·571
July ...	29·852	58·5	-2·3	3·027	+0·341
August ...	29·819	59·3	-1·2	3·492	+0·504
September ...	30·244	55·7	-0·5	0·460	-2·446
October ...	30·029	51·8	+2·2	2·538	-1·050
November ...	29·606	40·0	-3·2	4·194	+1·565
December ...	29·624	44·4	+4·5	2·687	+0·113
Yearly ...		Av. 49·2	+0·1	28·585	-0·015

Ashpit Abolition.

The efforts made in the past two years to deal with nuisances arising from defective and offensive ashpits have been continued during the year. A large number of notices have been issued requiring the abolition of insanitary pits and the substitution thereof of galvanised iron ashbins in accordance with Section 77 of the Wallasey Tramways and Improvement Act, 1906.

233 pits were dealt with in 1910, as compared with 322 abolished in 1909.

THE UNIVERSITY OF CHICAGO

PHILOSOPHY DEPARTMENT

PHILOSOPHY 101

LECTURE NOTES

BY

DR. J. M. GREGG

1950-1951

CHICAGO, ILL.

UNIVERSITY OF CHICAGO PRESS

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Part 2.—GENERAL SANITARY WORK.

Insanitary Property.

A large amount of work has been done during the year to improve the housing conditions prevailing in some parts of the district.

Section 30 of the Housing of the Working Classes Act, 1890, runs as follows :—

“It shall be the duty of the Medical Officer of Health
“of every district to represent to the Local Authority of that
“district any dwelling-house which appears to him to be
“in a state so dangerous or injurious to health as to be unfit
“for human habitation.”

Section 17 of the Housing, Town Planning, &c., Act, 1909, reads :—

(1) “It shall be the duty of every Local Authority within
“the meaning of Part II of the principal Act to cause to be
“made from time to time inspection of their district, with a
“view to ascertaining whether any dwelling-house therein is in
“a state so dangerous or injurious to health as to be unfit for
“human habitation, and for that purpose, it shall be the duty
“of the Local Authority, and of every officer of the Local
“Authority, to comply with such regulations, and to keep such
“records as may be prescribed by the Board.”

(2) “If, on the representation of the Medical Officer of
“Health, any dwelling-house appears to them to be in such a
“state, it shall be their duty to make an order prohibiting the
“use of the dwelling-house for human habitation (in this Act
“referred to as a Closing Order) until in the judgment of the
“local Authority the dwelling-house is rendered fit for that
“purpose.”

In compliance with the provisions of the above Acts, the following 25 houses were represented as unfit for habitation :—

47, Oakdale Road,
1, 2 and 3, Hygeia Cottages,
1 and 2, Laburnum Cottages,
27 to 51, Burnaby Street,
1 to 5, Union Court, Union Street,
The Old Farm, Poulton,
5, Stafford Buildings.

The following Closing Orders were made (20 in number) :—

1 and 2, Mona Place (represented as unfit in 1909),
47, Oakdale road,
1, 2 and 3, Hygeia Cottages,
1 and 2, Laburnum Cottages,
27 to 51, Burnaby Street,
The Old Farm, Poulton,

All the above were closed in accordance with the Orders, and 3 additional ones, 1, 2 and 3, Garden Cottages, Wallasey Village, which were closed under an agreement made in 1909.

The following houses were demolished (12 in number) :—

191a, Wheatland Lane (represented in 1909).
191b, Wheatland Lane do.
20, School Lane do.
1-5, Hope Place do.
4, 6 and 8, Wallasey Road do.
47, Oakdale Road (represented in 1910).

The following houses have been thoroughly repaired (3) :—

195, Wheatland Lane,
1 and 2, Laburnum Cottages.

TABULAR INFORMATION WITH RESPECT TO INSANITARY PROPERTY
DEALT WITH IN WALLASEY DURING 1910.

No. of houses inspected under Section 17 of the H.T.P.A., 1909... ..	25
No. of houses found unfit for habitation ...	25
No. of houses represented to Local Authority for Closing Orders... ..	25
No. of Closing Orders made	20
No. of houses where defects were remedied without making of Closing Orders ...	—
No. of houses made fit after making of Closing Order	3

GENERAL CHARACTER OF DEFECTS FOUND.

1. Lack of sufficient or through ventilation.
2. Inefficient water supply, *e.g.*, one standpipe for several houses.
3. Lack of proper w.c. accommodation.
4. Damp and dark rooms.
5. Lack of conveniences for decent living, *e.g.*, proper facilities for storing food, washing accommodation, etc.
6. General dilapidations.

The following additional work has been done under Sections 14 and 15 of the Housing, Town Planning, etc., Act, 1909.

Statutory Notices served	...	...	9		
„	„	complied with	...	6	
„	„	in hand	...	...	2
„	„	not complied with			1

There was one appeal to the Local Government Board against a demolition order, but the appeal was subsequently withdrawn.

In the work in regard to insanitary property there has always been kept in view the fact that any work of demolition must not be done too rapidly, so that hardships may not be inflicted on tenants by their being unable to find suitable houses in the time at their disposal.

Sub-Let Houses.

There are 50 sub-let houses on the Register. These houses have been regularly supervised throughout the year.

1,093 visits have been paid by the Inspectors.

It is exceedingly difficult to keep a proper Register of these houses, as the people inhabiting them are continually changing, and what would be an accurate Register one day would not be so seven days afterwards.

For contraventions of the Bye-laws 63 notices have been served, mostly for overcrowding and filthy conditions, all of which were complied with.

Sewers and Drains.

Defective sewers in the following streets and passages have been re-constructed or repaired during the past year :—

Passage between Wheatland Lane, Kelvin Road, Fairfax Road and Brotherton Street.

Passage between Laburnum Cottages, Kelvin Road and Wheatland Lane.

Passage between Nos. 78 to 108, Bell Road, and Nos. 71 to 101 Buchanan Road.

Main brick sewer, Brighton Street, 100 yards re-inverted and repaired.

A considerable amount of storm water relief work arising out of the rapid development of the Borough has been carried out.

Old gullies, where found to be defective, have been replaced with new gullies.

The usual attention has been paid to sewer flushing and cleansing of manholes.

The drainage systems at the following houses have been entirely re-constructed under the supervision of the Health Department :—

SEACOMBE.

32, Edgmond Street.
36, Kenilworth Road.
69, Brighton Street.
152, Wheatland Lane.
20, Buchanan Road.
35, Byerley Street.
36, Florence Road.

LISCARD.

25, Holland Road.
206, 208 and 210, Rake Lane.
155-161, Withens Lane.
1, 2 and 3, Mariner's View.
101, Seabank Road.
"Wood Cottage," Magazine Lane.
34-36, St. Alban's Road.
103, Manor Road.

NEW BRIGHTON.

8, Carlton Road.
25, Montpellier Crescent.

The following drainage systems were partially re-constructed during 1910 under the supervision of the Health Department :—

SEACOMBE.

1, Peter Street.
1 and 3, Alfred Road.
37, Albemarle Road.
54, 56, 58 and 60 Byron Road.

LISCARD.

20, Mill Lane.
28-32, St. Alban's Road.
26 and 28, Sandrock Road.

NEW BRIGHTON.

New Brighton Railway Station.
3, Stoneyhey Road.

WALLASEY.

1 and 2, Rose Cottages, St. George's Road.
26, Hillside Road.

The drains were found on examination to be defective following the onset of

Typhoid Fever,	in	0	instance.
Diphtheria,	„	4	instances.
Scarlet Fever	„	13	„
Erysipelas	„	0	instance.

and on inspection following private complaints, in 343 instances.

In this district the drains of all new houses are examined, and must pass a smoke-test before being filled in and a certificate of suitability for habitation granted.

Factory and Workshop Act, 1901.

The Medical Officer of Health is required to report specifically on the administration of this Act, and to send a copy of such report to the Secretary of State. The chief points to be reported on are as follows :—

- (1) The Sanitary condition of Workshops, including
 - (A) Ventilation.
 - (B) Cleanliness of floors and walls.
 - (C) Lighting.
 - (D) Water-closet provision.
 - (E) Overcrowding.
 - (F) Drainage of floors where wet processes are carried on.
- (2) Special Sanitary Regulations for Bakehouses.

- (3) Homework.
- (4) The keeping of a list of outworkers.
- (5) The keeping of a Register of Workshops.

All these points are dealt with in the Summary.

Factories.

For the most part the law relating to Factories is administered by the Home Office.

260 visits were, however, made to factories, 211 being in reference to sanitary accommodation, and 49 in reference to emissions of smoke from chimneys.

Workshops.

The Number of Workshops on the Register is as follows :—

TRADE.	Number of Workshops.	Number of People Employed.	Number of Visits.
Bakers	50	96	439
Confectioners	60	134	520
Laundries	26	130	125
Tailors	18	36	95
Dressmakers	75	215	169
Milliners	22	49	41
Bootmakers and Boot Repairers ...	59	98	220
Cycle Builders... ..	10	16	52
Cabinet Makers and Upholsterers...	9	18	48
Watchmakers	3	8	20
Photographers	3	8	12
Wheelwrights and Smiths	12	19	50
Joiners	15	29	70
Tinsmiths	1	2	6
Saddlers	1	2	6
Leadlight Manufacturers	2	12	24
Rag Sorters	2	2	12
Picture Framers	4	9	15
Coffin Makers	1	2	8
Wringing Machine Repairers	1	2	8
Electric Fitting Repairers	1	1	8
Disinfectant Manufacturers	1	3	4
Motor Repairers	2	12	12
Stonemasons	2	5	12
Stevedores	4	97	8
Printers... ..	2	5	12
Woodturners	1	1	6
Coopers	1	1	6

All the Workshops and Workplaces on the Register were regularly inspected, with the result as shown in the Summary which follows.

11 references were sent* to H.M. Inspector of Factories in accordance with the various requirements of the Act.

Factory and Workshop Act, 1901.

1.—INSPECTION.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR
INSPECTORS OF NUISANCES.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES (Including Factory Laundries.)	260	14*	...
WORKSHOPS (Including Workshop Laundries.)	1838	74	...
WORKPLACES (Other than Outworkers' premises included in Part 3 of this Report)	226	12	...
Total	2324	100	...

* 2 Black Smoke.

2.—DEFECTS FOUND.

PARTICULARS.	No. of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts :—</i>				
Want of Cleanliness	28	27	...	...
Want of Ventilation	4	4	...	...
Overcrowding	1	1	...	...
Want of Drainage of Floors	2	2	...	...
Other Nuisances	48	47	...	...
Sanitary Accommodation :				
Insufficient	1	1	...	...
Unsuitable or Defective	21	21	...	...
Not Separate for Sexes ... ..	...	...	...	...
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal Occupation of Under-ground Bakehouse (s. 101) ... ..	...	...	...	...
Breach of Special Sanitary Requirements for Bakehouses (ss. 97 to 100)	60	60	...	...
Other offences (excluding offences relating to outwork which are included in Part 3 of this Report)	...	...	11	...
Total	165	163	11	...

3.—HOME WORK.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107.										OUTWORK IN UNWHOLESOME PREMISES, SECTION 108.			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110.			
	Lists Received from Employers.					Addresses of Outworkers.					Inspection of Outworkers' Premises.	Instances.	Notices served.	Prosecutions.	Instances.	Orders made (S. 110.)	Prosecutions (Sections 109, 110.)
	Sending twice in the year.		Sending once in the year.			Received from other Councils.		Forwarded to other Councils.										Occupiers as to keeping or sending Lists.	Failing to keep or permit inspection of lists.	Failing to send lists.
	Lists (2)	Con-tractors (3)	Work-men (4)	Lists (5)	Con-tractors (6)	Work-men (7)	Received from other Councils (8)	Forwarded to other Councils (9)	Notices served on Occupiers as to keeping or sending Lists (10)	Failing to keep or permit inspection of lists (11)	Failing to send lists (12)						
Wearing Apparel... ..	10	—	24	2	—	5	24	2	—	1	—	—	36	2	—	—	—
(1) Making, &c... ..																	
(2) Cleaning & Washing Lace, lace curtains & nets																	
Artificial Flowers																	
Nets, other than wire nets																	
Tents																	
Sacks																	
Furniture and Upholstery																	
Fur pulling																	
Feather sorting																	
Umbrellas, &c.																	
Carding, &c. of buttons, &c.																	
Paper bags and boxes ...																	
Basket making																	
Brush making																	
Racquet and tennis balls																	
Stuffed toys																	
File making																	
Electro-plate																	
Cables and chains																	
Anchor and grapnels ...																	
Cart gear																	
Locks, latches and keys																	
Pea picking																	
Totals	10	—	24	2	—	5	24	2	—	1	—	—	36	2	—	—	—

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year :—	Number.
General Workshops	252
Bakehouses, including Confectioners' Bakehouses ...	110
Laundries	26
Total number of Workshops on Register ...	388

5.—OTHER MATTERS.

Class.	Number
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (s. 133) ...	6
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5)—	
Notified by H.M. Inspector	8
Reports (of action taken) sent to H.M. Inspector	—
Other	—
Underground Bakehouses (s. 101) :—	
Certificates granted during the year	16
In use at the end of the year	16

Bakehouses.

At the end of the year there were 110 Bakehouses in occupation, of which 16 were underground.

These places have been regularly inspected, and were, on the whole, kept in a cleanly condition, although in several instances it has been necessary to serve notices or to write letters complaining of the conditions prevailing in certain of them. In some instances better provision for the washing of the bakers' hands should be provided.

A few of the existing Bakehouses have been in use a very long time, and are not up to modern requirements. When the tenancies of the present occupiers cease, I think objection ought to be taken to their continued use.

A circular letter with regard to unused bread was sent to the bakers in June, a copy of which will be found in the Appendix.

Seats for Shop Assistants Act.

Under the above Act, the title of which reveals its object, the following work has been done :—

No. of visits to shops 650

Notice to provide seats was sent in one instance, and this was complied with. Seats were already provided in the remaining shops.

Wallasey Early Closing Order 1909.

The following work has been carried out under the above Order which fixes the hours for closing certain trades each day :—

No. of Visits of Inspection	...	...	6,676
No. of Contraventions	...	...	42
No. of Prosecutions...	...	...	2

Dairies, Cowsheds and Milkshops Order.

There are 28 Cowsheds on the Register.

The number of cows in the registered sheds at the end of December was 83.

The Cowsheds have been regularly inspected (518 visits) throughout the year, and the efforts made to secure systematic grooming of the cows, the washing of the udders, and the cleansing of the milkers' hands before milking, have been continued.

No disease of a contagious nature has occurred in the Cowsheds, nor, so far as is known, has any disease been caused by milk.

DAIRIES.

Much the greater part of the milk sold in Wallasey comes from farms outside the district. I offer no opinions as to its quality or cleanliness, since the administration of the Food and Drugs Act is not in my hands, this not being a Borough with a separate Quarter Sessions or a separate Police Force.

Food and Meat Inspection.

Meat Inspection is performed by one Inspector, who gives his whole time to this work and to the inspection of food stuffs in shops. The Sanitary Inspectors also examine hawkers' barrows and baskets whenever they meet them. On Page 84 will be found a summary of the visits made to food premises. It will be noticed that very few foreign cattle have been killed at the Lairages in the past year. In former years the numbers from each Lairage ran into many thousands.

There are 4 registered Slaughter-houses and 3 licensed Slaughter-houses, in addition to those at the Wallasey and Alfred Lairages.

The following table shows, approximately, the number of animals slaughtered :—

	Cattle.	Sheep.	Pigs.	Calves.	Total.
Private Slaughter-houses	620	5,694	318	540	7,172
*Wallasey and Alfred Lairages	†100	—	—	—	100
Totals ...	720	5,694	318	540	7,272

* These figures are supplied by the Mersey Docks and Harbour Board.

† The cattle were killed in the Wallasey Lairage.

TABLE SHOWING AMOUNT OF TUBERCULOUS MEAT SEIZED
AND DESTROYED.

	Private Slaughter Houses.		Lairages.	
	Carcases.	Quarters.	Carcases.	Quarters.
BEEF... ..	9¾ carcases	—	—	—
MUTTON	—	—	—	—
PORK	6 carcases	—	—	—
VEAL	1 carcass	—	—	—
TOTAL ...	16¾ carcases	—	—	—

AMOUNT SEIZED AND DESTROYED FOR OTHER CAUSES.

	Private Slaughter-houses.		Lairages.	
	CARCASES.	QUARTERS.	CARCASES.	QUARTERS.
BEEF... ..	8½	—	—	—
MUTTON	14	—	—	—
PORK	2¾	—	—	—
LAMB	11¼	—	—	—
VEAL	*44½	—	—	—
TOTAL ...	81	—	—	—

NOTE.—Not only were inspections made at Slaughter-houses, but at all shops where food is sold. For detailed information see page 84.

* 24 Carcases were Immature.

Sale of Food and Drugs Acts.

REPORT *re* WORK CARRIED OUT IN WALLASEY IN 1910 BY THE
COUNTY FOOD INSPECTOR.

TABLE.

PARTICULARS OF SAMPLES PURCHASED IN THE DISTRICT OF WALLASEY
AND SUBMITTED FOR ANALYSIS UNDER THE SALE OF FOOD AND
DRUGS ACTS, DURING THE YEAR ENDING DECEMBER 31ST, 1910.

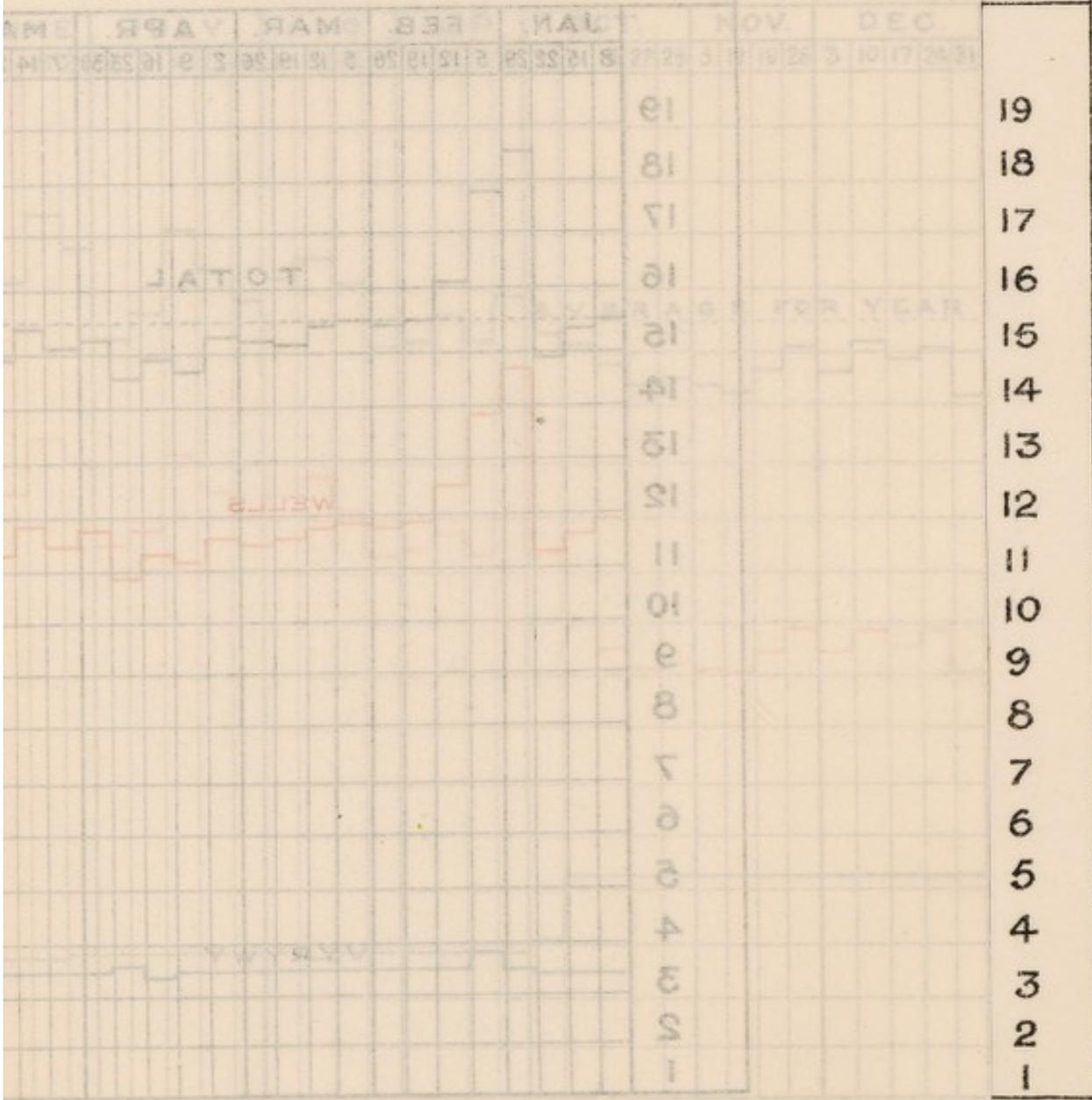
Name of Sample.	No. of Samples Analysed.	No. of Samples Certified as Adulterated.
Beer	2	...
Bread	1	...
Butter	34	...
Buttermilk	1	...
Cheese	4	...
Coffee	4	...
Cream	6	...
Dripping	1	...
Lard	9	...
Lardine	1	...
Margarine	8	...
Milk	92	3
Pickles	1	...
Rum	1	...
Vinegar	1	...
Whiskey	2	...
Yeast (German)	1	...
Totals	169	3

One sample of milk was reported as adulterated with 2 per cent. of water, and as this figure was considered too low to warrant a prosecution the seller was cautioned. The second sample of milk reported against was deficient in fat to the extent of 13 per cent., and upon tracing this milk to its source and obtaining a corresponding sample from the cows, it was found that owing to the unequal intervals between the milking, the farm milk (mornings) was only just up to the standard. The farmer was advised upon this matter, and cautioned. The third sample of milk reported against was adulterated with 17 per cent. of water, and the seller was summoned and fined 40/-, together with 14/6 costs.

The samples of lard, lardine and margarine were specially tested

INDEX
 YLRPUS YLXKZ BLACKOII
 SLLW WORT YLRPUBEDKWA
 YWNRVY BLUE

0191 RETAVWEE KUYD



19
18
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for paraffin and excess of water, with negative results. The margarines were all served in properly marked wrappers.

The six samples of cream were from different sources and were purchased during the strawberry season.

Offensive Trades.

The offensive trades are as follows :—

Trade.	No. of Visits.
Knacker's Yard and Manure Manufacturer	171

Whenever a nuisance has been discovered suitable action has been taken.

The knacker's yard above referred to has now been discontinued

Water Statistics for 1910.

Volume of Water supplied from 1st January, 1910 to 31st December, 1910, 810,670,000 gallons, made up as follows :—

From Wells at Liscard	596,750,000 Galls.
From Vyrnwy	213,920,000 "
Average supplied per day	2,222,019 "
Average consumption per day per head	29·82 "
Divided as follows :—	
Supplied by Meter... ..	5·64 Galls.
Supplied to Shipping	·15 "
Watering Streets and Road Making	·42 "
Flushing Sewers by Hose and Cart	·29 "
Domestic and other purposes, including Drinking Fountains	23·32 "

The quantity of Water used for flushing sewers and drains during the year was 7,937,000 gallons.

A Chart showing the weekly supply of Water is appended.

Inspection of Stable Yards.

3,043 visits have been made, as compared with 2,128 during last year.

In several instances manure pits have been emptied by the Department's own men, failing compliance with notices issued under

the Bye-laws. In other cases accumulations or deposits of an offensive nature have been removed by the Department's men where owners or occupiers had failed to comply with the notices served under Section 49 of the Public Health Act, 1875. In each case the expenses were recovered in a summary manner.

With a view of diminishing the number of flies, their favourite breeding places, namely, manure pits, have been attacked. The object aimed at has been the emptying of every manure pit in the district, during the summer months especially, at intervals of not longer than 10 days. We have to a very large extent received the hearty co-operation of the proprietors of stables, but there still remain some instances where improvement may be manifested. Powers exist under the bye-laws whereby a weekly removal can be enforced, and it may even be necessary in the future to take one or two refractory gentlemen into the Police Court. It must be acknowledged, however, that the fact that the manure occasionally is not removed weekly is not wholly due to the stable proprietor, but to circumstances over which he has no control, and allowance must of course be made for these cases when they occur.

Camps.

I would put on record the improved condition of the camping ground in Green Lane, Wallasey. The offensive pits used as privies have been abolished, and proper earth closets, supplying deodorizing material automatically, have been substituted. Three services of water have also been supplied to different parts of the Camp, and galvanized iron ashbins provided for the convenience of the campers. During the summer two visits weekly were paid to the Camp, which was generally found to be in a clean condition. Three notices for contravention of the bye-laws were served, and all were complied with.

A camp was also discovered along Leasowe Road, and numerous visits have been paid to this. As a result of the action of the Department a proper water supply has been obtained and a bin provided for each bungalow. The general condition of this camp was also satisfactory as regards cleanliness.

Summary of General Sanitary Work.

WORK OF THE LADY SANITARY INSPECTOR DURING 1910,

Number of Houses visited	...	...	...	...	...	1,771
Do. found dirty	...	...	...	...	...	231
Do. families visited	...	...	...	...	...	1,964
Do. do. re-visited	...	...	...	...	...	876
Do. Notices sent to Occupiers for dirty floors and bedding	...	...	...	...	...	230
Do. Notices sent to Occupiers for overcrowding	...	...	...	...	...	37
Do. do. Owners for defective sash cords...	...	...	...	...	...	4
Do. do. complied with	...	...	...	...	...	217
Do. References to Sanitary Inspectors	...	...	...	...	...	81
Do. do. other Departments	...	...	...	...	...	177
Do. Enquiry visits	...	...	...	...	...	291
Do. Visits to cases of minor infectious diseases	...	...	...	...	...	1,027
Do. References to Elementary Education Authority...	...	...	...	...	...	306
Do. Sub-let houses visited	...	...	...	...	...	293
Do. do. found dirty	...	...	...	...	...	107
Do. do. do. overcrowded	...	...	...	...	...	27
Do. other infringements	...	...	...	...	...	79
Do. Routine visits to Midwives	...	...	...	...	...	264
Do. Enquiries <i>re</i> Still-births	...	...	...	...	...	74
Do. Visits under Midwives Act	...	...	...	...	...	113
Do. do. <i>re</i> registered births	...	...	...	...	...	1,540
Do. do. infant deaths	...	...	...	...	...	156
Do. do. to Workshops	...	...	...	...	...	210
Do. do. Outworkers	...	...	...	...	...	46
Do. Special visits <i>re</i> Diarrhoea cases	...	...	...	...	...	—
Do. Visits <i>re</i> Phthisis deaths	...	...	...	...	...	53
Do. do. <i>re</i> Phthisis notifications	...	...	...	...	...	168
Do. do. <i>re</i> Measles deaths	...	...	...	...	...	11
Do. do. <i>re</i> Whooping Cough and Enteritis Deaths	...	...	...	...	...	4

WORK OF THE INSPECTORS DURING 1910.

NUISANCES.

Number of houses found in a dirty condition	...	...	...	...	94
" " " in an overcrowded condition	...	...	...	...	41
" " " with defective, insufficient or choked drains	...	...	...	...	835
" " " without supply of water for drinking, domestic or sanitary purposes	...	...	...	...	203
" " " with defective or insufficient W.C. basins, flushing cisterns, putty joints, traps, waste-pipes, soil-pipes and/or channelings	...	...	...	...	1,725
" " " with defective yard or passage surfaces	...	...	...	...	572
" " " with defective floors	...	...	...	...	101
" " " vacant or insecure against misuse by general public	...	...	...	...	24
" " " with damp or defective walls	...	...	...	...	82
" " " with defective roofs, gutters and downspouts	...	...	...	...	758
" " " without proper and sufficient ashpits or ashbins	...	...	...	...	510
" " " with dirty yard surfaces	...	...	...	...	145
" " " with offensive accumulations requiring removal	...	...	...	...	233
Number of offensive ditches and ponds requiring cleansing	...	...	...	...	8
" animals kept so as to be a nuisance	...	...	...	...	14
" matters referred to other Departments	...	...	...	...	581
" informations laid in respect of nuisances	...	...	...	...	8
" convictions obtained	...	...	...	...	3
" Magistrates' Orders obtained	...	...	...	...	3
" Nuisances abated and cases withdrawn on payment of costs	...	...	...	...	5
Amount of fines and costs	...	...	...	...	£2 4s. 0d.

SMOKE NUISANCES.

STEPS TAKEN TO PREVENT SMOKE NUISANCES

Number of observations made	...	...	...	...	49
" Notices served in respect of black smoke	...	...	...	...	2
" Informations laid in default of compliance with Notice	...	...	...	...	—
" Informations laid in default of compliance with Order	...	...	...	...	—
Amount of Fines and Costs	...	...	...	...	—

BYE-LAWS WITH RESPECT TO NUISANCES.

Number of stable yards inspected	...	...	...	...	3,043
" Notices served to empty manure pits	...	...	...	...	366
" Informations laid in default of compliance with notice	...	...	...	...	4

Number of Stable yards without manure pits	...	...	...	...	...	...	10
.. notices served to provide manure pits	...	...	...	...	...	...	21
.. notices served to provide stables with sufficient paving and/or drainage	...	...	...	...	...	...	16

ABATEMENT OF NUISANCES.

Number of preliminary notices issued for the abatement of nuisances	...	...	...	...	...	...	2,658
.. Statutory Notices issued	...	...	...	...	...	...	620

CANAL BOAT INSPECTION.

The number of Boats inspected in 1910 was 335.

INFRINGEMENTS :—

Registration	...	...	...	...	...	...	—
Notification of Change of Master	...	...	...	...	...	...	—
Certificates	...	...	...	...	...	...	8
Marking	...	...	...	...	...	...	5
Overcrowding	...	...	...	...	...	...	—
Cleanliness	...	...	...	...	...	...	—
Ventilation	...	...	...	...	...	...	—
Painting	...	...	...	...	...	...	11
Provision of Water Cask	...	...	...	...	...	...	—
Separation of the Sexes	...	...	...	...	...	...	—
Removal of Bilge Water	...	...	...	...	...	...	—
Notification of Infectious Disease	...	...	...	...	...	...	—
Admittance of Inspector	...	...	...	...	...	...	—
Name of Owner on Certificates	...	...	...	...	...	...	—
Sleeping Berths unprotected from dirt and weather	...	...	...	...	...	...	5
Defective Deck Seams...	...	...	...	...	...	...	7
Notices sent in respect of infringements	...	...	...	...	...	...	22
Cases of Infectious Disease dealt with, and measures of isolation adopted	...	...	...	...	...	...	—
Detention of Boats for cleansing and disinfection	...	...	...	...	...	...	—

Legal proceedings were not taken in any case.

The Council is not a Registration Authority.

DAIRIES, COWSHEDS AND MILKSHOPS.

Number of Milkshops on Register	120
„ shippens with Milkstores attached	12
„ inspections made	475
„ notices served for defects	16
„ notices complied with	12
„ notices served <i>re</i> utensils and covering of milk vessels ...	—
„ notices served requiring the removal of manure	2
„ notices served requiring liming or cleansing	21

FACTORY AND WORKSHOP ACT.

Number of Workshops on Register	387
„ visits made	752
„ re-visits made	162
„ workshops found defective	23
„ workrooms with dirty walls	8
„ „ with dirty ceilings	8
„ „ with dirty floors	4
„ „ with dirty lavatories	47
„ „ not properly ventilated	3
„ „ found overcrowded... ..	—
„ defective drains and water-closets	22
„ miscellaneous defects found	40
„ notices issued on occupiers	28
„ „ „ on owners... ..	38
„ references to the Factory Inspector	11

BAKEHOUSES.

Number on Register	50
„ of visits made	439
„ re-visits	20
„ bakehouses found dirty (walls and ceilings)... ..	12
„ notices issued for limewashing... ..	16
„ bakehouses limewashed without notice	38
„ notices issued for defective drainage	1
„ „ „ walls and floors	3
„ „ „ to repair defective ceilings	1
„ „ „ cleanse tables, utensils, etc.	6
„ „ „ to clean areas	4
„ references to Factory Inspector	—

SLAUGHTER-HOUSE INSPECTION.

Number of visits to Private Slaughter-houses 2,256
 Amount of Meat, etc., seized and destroyed as unfit for human food, 21,174 lbs.
 consisting of:

Beef	...	...	12,299	lbs.
Mutton	...	...	678	..
Veal	...	...	2,718	..
Offal	...	...	4,155	..
Pork	...	...	1,063	..
Lamb	...	...	261	..
Total	...	...	21,174	..

INSPECTION OF ICE CREAM CARTS, &c.

Number of visits to premises where Ice Cream is manufactured or sold ... 48

UNFENCED EXCAVATIONS.

Number of quarries found in an unfenced condition —
 „ Notices served to provide proper fences —

SPECIAL COMPLAINTS.

Number of special complaints received and dealt with 1,108

HOUSES WITH INSUFFICIENT ASHPITS.

Number of houses found without sufficient ashpits or ashbins ... 420
 „ offensive ashpits abolished 233

PRIVY CONVERSION.

Number of offensive privies converted into proper and sufficient water closets 5

DRAIN TESTING.

Number of houses at which drains or branches have been specially tested by means of smoke or water 134

EXAMINATION OF UNDERGROUND DRAINS.

Number of applications made to Council under Section 41 of the Public Health Act, 1875, to lay bare pipes and traps 15

OFFENSIVE TRADES.

Number of inspections paid to premises used for knackerling or fat boiling purposes 171

MARINE STORE INSPECTION.

Number of premises entered on Register	5
„ inspections	100
„ offensive conditions discovered at time of visit, and for which notices were served	1
„ informations laid	1
„ convictions obtained	1
„ Magistrates Orders obtained	1
Amount of Costs	3/6

PETROLEUM INSPECTION.

Number of persons licensed to store Petrol, etc.	19
„ inspections	68
„ contraventions discovered (non-renewal of licenses)	—

GAME LICENSES.

Number of tradesmen licensed to deal in Game	10
---	----

INSPECTION OF TENTS, VANS AND SHEDS.

Number of visits paid to encampments at Wallasey	50
---	----

DISINFECTION.

Number of Houses disinfected after fevers	386
„ Rooms „ „	810
„ Houses „ phthisis	64
„ „ „ other diseases	25
„ „ „ vermin, etc... ..	4
„ Books from Public, Private, or School Libraries disinfected	100

LIST OF ARTICLES DISINFECTED.

Number of Mattresses	123
„ Beds	573
„ Pillows and bolsters	1,152
„ Blankets	845
„ Quilts	584
„ Sheets	533
„ Articles of wearing apparel	2,762
„ Miscellaneous articles	1,275
„ Total	7,847

The following is a list of the articles destroyed by request of owners after infectious or other diseases :—

Number of Mattresses	20
„ Beds	21
„ Pillows and bolsters	3
„ Blankets	3
„ Quilts	2
„ Sheets	3
„ Articles of wearing apparel	21
„ Miscellaneous articles	26
Total	99

FLUSHING.

The work of flushing the drains from house to house has been continuously carried out by four gangs of men throughout the year.

HOUSE TO HOUSE WORK.

Number of streets visited	3,243
„ houses visited	48,463
„ yard W.C.'s flushed	44,970
„ yard gullies flushed	135,206
„ drains found choked	3,753
„ drains cleared	3,405

SPECIAL FLUSHING IN INFECTIOUS CASES.

Number of streets visited	386
„ houses visited	995
„ yard W.C.'s flushed	995
„ yard gullies flushed	2,572
„ drains found choked	166
„ drains cleared	160

FLUSHING OF SCHOOLS, HOSPITALS, ETC.

Number of streets visited	131
„ schools, public buildings, etc.	165
„ yard W.C.'s flushed	1,642
„ yard gullies flushed	5,054
„ drains found choked	375
„ drains cleared	373

NUMBER OF PASSAGES SPECIALLY FLUSHED DURING THE HOT WEATHER...79

TABLE II.

Vital Statistics of separate Localities in Wallasey in 1910 and previous Years.

NAMES OF LOCALITIES.	WHOLE DISTRICT.				POULTON-CUM-SEACOMBE.				LISCARD.				WALLASEY.			
	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.
Year.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.
1900...	52,000	1,568	860	208	20,100	723	381	...	28,000	721	410	...	3,900	124	69	...
1901...	54,000	1,534	773	219	20,900	673	355	...	28,900	733	370	...	4,200	128	51	...
1902...	55,000	1,579	752	172	21,000	721	318	82	29,340	735	381	71	4,660	125	54	19
1903...	56,000	1,612	813	183	21,230	706	318	90	29,900	763	425	84	4,870	143	70	10
1904...	57,000	1,678	938	265	21,470	780	381	143	30,400	760	484	100	5,130	138	73	22
1905...	58,500	1,657	772	163	21,660	758	305	75	31,305	750	392	73	5,535	149	75	15
1906...	62,000	1,716	857	201	22,475	798	319	103	33,750	776	432	86	5,775	142	73	12
1907...	67,000	1,763	876	181	24,000	819	374	85	36,200	779	461	83	6,800	165	61	13
1908...	71,000	1,738	906	176	25,934	806	371	92	37,202	764	465	74	7,864	168	70	10
1909...	73,000	1,838	885	148	27,066	867	370	72	37,605	811	443	64	8,329	160	72	12
Averages of Years 1900 to 1909.	60,500	1,668	843	191	22,583	765	349	92	32,260	759	426	79	5,706	144	66	14
								Av. for 8 yrs.				Av. for 8 yrs.				Av. for 8 yrs.
1910...	75,000	1,724	888	149	27,952	836	369	92	38,085	705	446	51	8,963	183	73	6

NOTES.—(a) The separate localities adopted for this table are areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes or registration sub-districts.

(b) Deaths of residents occurring in public institutions beyond the district are included in sub-columns c of this table, and those of non-residents registered in public institutions in the district excluded.

(c) Deaths of residents occurring in public institutions, whether within or without the district, are allotted to the respective localities according to the addresses of the deceased.

(d) The gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I and IV; thus, the totals of sub-columns a, b, and c agree with the figures for the year in the columns 2, 3, and 12, respectively, of Table I; the gross total of the sub-columns c agree with the total of column 2 in Table IV., and the gross total of sub-columns a with the total of column 3 in Table IV.

TABLE III.

Cases of Infectious Disease in Wallasey notified during the Year 1910.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						TOTAL CASES NOTIFIED IN EACH LOCALITY.			NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.			Total Cases removed to Hospital		
	At all Ages.	At Ages—Years.					1	2	3	H	1	2		H	
		Under 1.	1 to 5.	5 to 15	15 to 25	25 to 65									65 and up-wards.	Poulton-cum-S'combe.	Liscard.	Wallasey	Poulton-cum-S'combe.	Liscard.	Wallasey
Small-pox	7	1	...	3	3	3	6	1	6	1	7
Cholera
Diphtheria (including Membranous Croup)	44	8	21	9	5	1	21	22	1	...	15	10	...	25	
Erysipelas	32	...	6	4	20	...	20	8	4	...	...	...	...	...
Scarlet Fever	329	87	195	28	18	...	130	171	28	...	101	116	12	229	
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	14	1	1	1	11	...	3	8	3	...	3	8	1	12	
Relapsing Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	4	...	...	...	4	...	3	1	...	...	...	...	...	...
Plague ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Isolation ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Admissions ... ..	...	...	...	...	...	...	...	...	...	...	2	2	...	2
Totals	430	3	97	223	45	61	183	211	36	127	138	13	278		

NOTES.—The localities adopted for this table are the same as those in Tables II. and IV.
Isolation Hospitals: Mill Lane Hospital* (Poulton); Leasowe Road Small-pox Hospital† (Wallasey);

* Total available beds, 90.

† Total available beds, 20.

Number of diseases that can be treated concurrently, 4.

TABLE IV.

Causes of, and Ages at, Death in Wallasey during Year 1910.

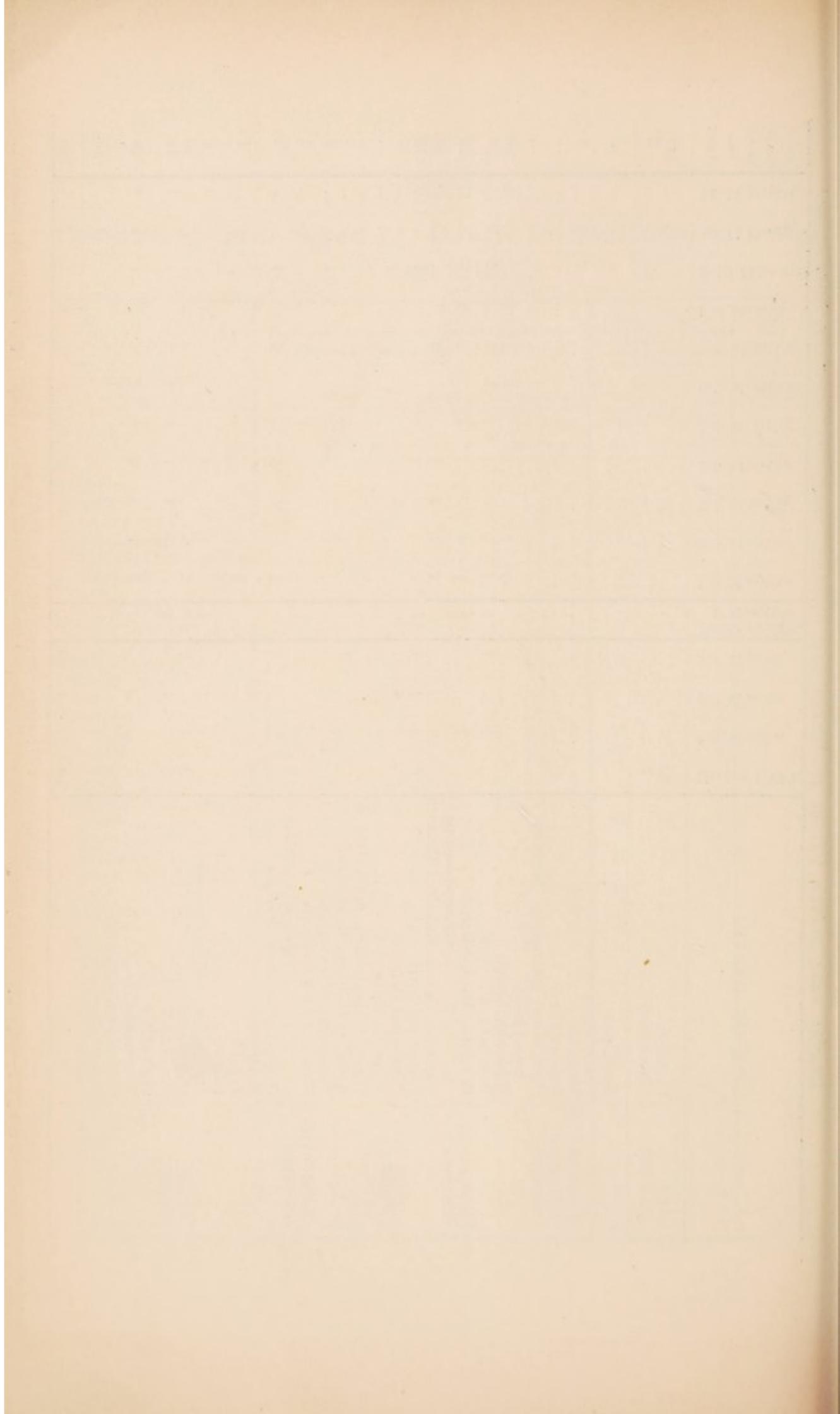
CAUSES OF DEATH.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.							Deaths at all ages of "Residents" belonging to Localities, whether occurring in or beyond the District.			Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District.
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	P'ton-cum-S'c'be	Lis-card.	Wal-lasey.	
1	2	3	4	5	6	7	8	9	10	11	12
Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...
Measles	15	1	13	...	...	1	...	8	7	...	2
Scarlet Fever	3	...	2	1	...	...	...	2	1	...	2
Whooping-cough	19	10	8	1	...	...	...	6	12	1	1
Diphtheria (including Membranous croup)	4	...	4	...	...	...	...	2	2	...	1
Croup ... ..	...	...	...	...	...	...	...	...	...	...	...
Fever- (Typhus ... ..	...	...	...	...	...	...	...	...	...	...	...
(Enteric	5	...	...	...	1	4	...	1	4	...	5
(Other contin'd ... ..	...	...	...	...	...	...	...	...	...	...	...
Epidemic influenza	5	...	...	...	...	4	1	2	3	...	...
Cholera ... ..	...	...	...	...	...	...	...	...	...	...	...
Plague ... ..	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa	15	10	4	...	...	1	...	7	8	...	...
Enteritis	29	18	5	1	1	3	1	18	10	1	1
Gastritis	15	10	...	1	...	3	1	10	4	1	...
Puerperal Fever	1	...	...	...	...	1	...	1	...	...	...
Erysipelas	2	...	...	1	...	...	1	2	...	...	1
Phthisis (Pulmonary Tuberculosis)	56	...	1	1	10	42	2	22	26	8	...
Other tuberculous Diseases	35	7	17	2	5	4	...	17	13	5	1
Cancer, malignant disease	72	...	1	...	...	46	25	17	46	9	7
Bronchitis	62	11	2	...	...	14	35	31	27	4	1
Pneumonia	79	19	13	4	1	26	16	42	34	3	3
Pleurisy... ..	4	...	...	...	...	1	3	...	4	...	1
Other diseases of Respiratory organs	13	2	1	...	...	5	5	7	4	2	...
Alcoholism	7	...	...	...	...	7	...	3	4	...	1
Cirrhosis of liver ... ..	...	...	...	...	...	...	...	...	...	...	...
Venereal diseases	1	1	...	...	...	...	...	1	...	...	...
Premature birth	19	19	...	...	...	...	...	12	7	...	...
Diseases and accidents of parturition	6	...	...	...	...	6	...	3	3	...	...
Heart diseases... ..	86	...	...	...	2	43	41	34	43	9	1
Accidents	20	2	4	4	2	5	3	10	9	1	4
Suicides... ..	6	...	...	...	...	4	2	1	4	1	...
Senile Decay	36	...	...	...	...	2	34	10	24	2	...
Not certified	8	2	1	...	...	3	2	3	4	1	...
All other causes	265	37	14	11	7	93	103	97	143	25	19
All causes	888	149	90	27	29	318	275	369	446	73	51

Infantile mortality during the year 1910.

DEATHS FROM STATED CAUSES IN WEEKS AND MONTHS UNDER ONE YEAR OF AGE.

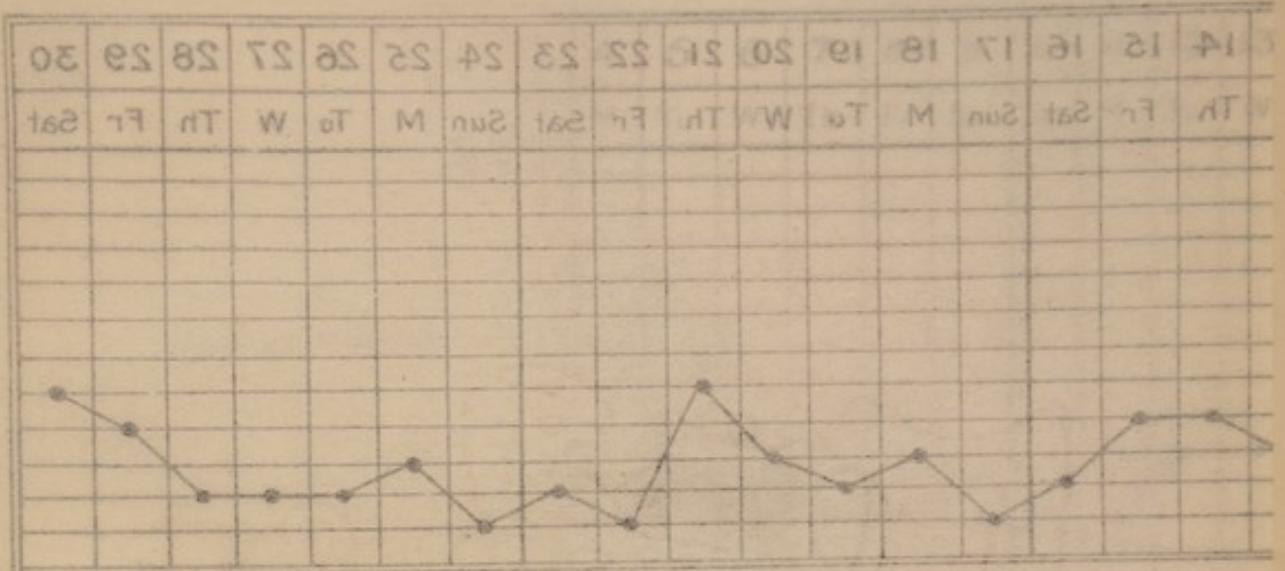
CAUSE OF DEATH.	DEATHS FROM STATED CAUSES IN WEEKS AND MONTHS UNDER ONE YEAR OF AGE.												Total Deaths under One Year.				
	Under 1 Wk	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-2 Months	2-3 Months	3-4 Months	4-5 Months	5-6 Months	6-7 Months	7-8 Months		8-9 Months	9-10 Months	10-11 Months	11-12 Months
ALL CAUSES	20 2																147 2
Common Infectious Diseases															1		
{ Small-pox ...																	
{ Chicken-pox ...															1		
{ Measles ...																	
{ Scarlet Fever ...																	
{ Diphtheria (including Membranous Croup) ...																	
{ Whooping Cough ...						2			1							1	
{ Diarrhoea, all forms ...		1			2	1									2		
Diarrhoeal Diseases		1			1	4	3			4							18
{ Enteritis, Muco-enteritis, Gastro-enteritis																	
{ Gastritis, Gastro-intestinal Catarrh						2	1			2							
Wasting Diseases		2	1		17	1											10
{ Premature Birth ...	10	2	1	4	17	1											10
{ Congenital Defects ...	5	3	1	1	10												10
{ Injury at Birth ...																	
Tuberculous Diseases																	3
{ Atrophy, Debility, Marasmus ...				1	1	1											3
{ Tuberculous Meningitis ...																	2
{ Tuberculous Peritonitis ...										1							3
{ Tabes Mesenterica ...																	4
{ Other Tuberculous Diseases ...									1								1
Other Causes																	6
{ Erysipelas ...																	
{ Syphilis ...																	
{ Rickets ...																	
{ Meningitis (not Tuberculous) ...		1	1		2	1											6
{ Convulsions ...	2	1	1	2	5	2											10
{ Bronchitis ...		1	1		2	1											11
{ Laryngitis ...																	
{ Pneumonia ...																	
{ Suffocation, overlying ...																	
{ Other causes ...	5	1		1	7												10
	22	11	4	10	47	14	10	9	10	8	12	6	7	7	5		149

Population estimated to middle of 1910, 75,000.
 Births in the year—Legitimate, 1,681, Illegitimate, 43—1,724. Deaths in the year of legitimate infants, 146, illegitimate infants, 3.
 Deaths from all Causes at all Ages, 888.

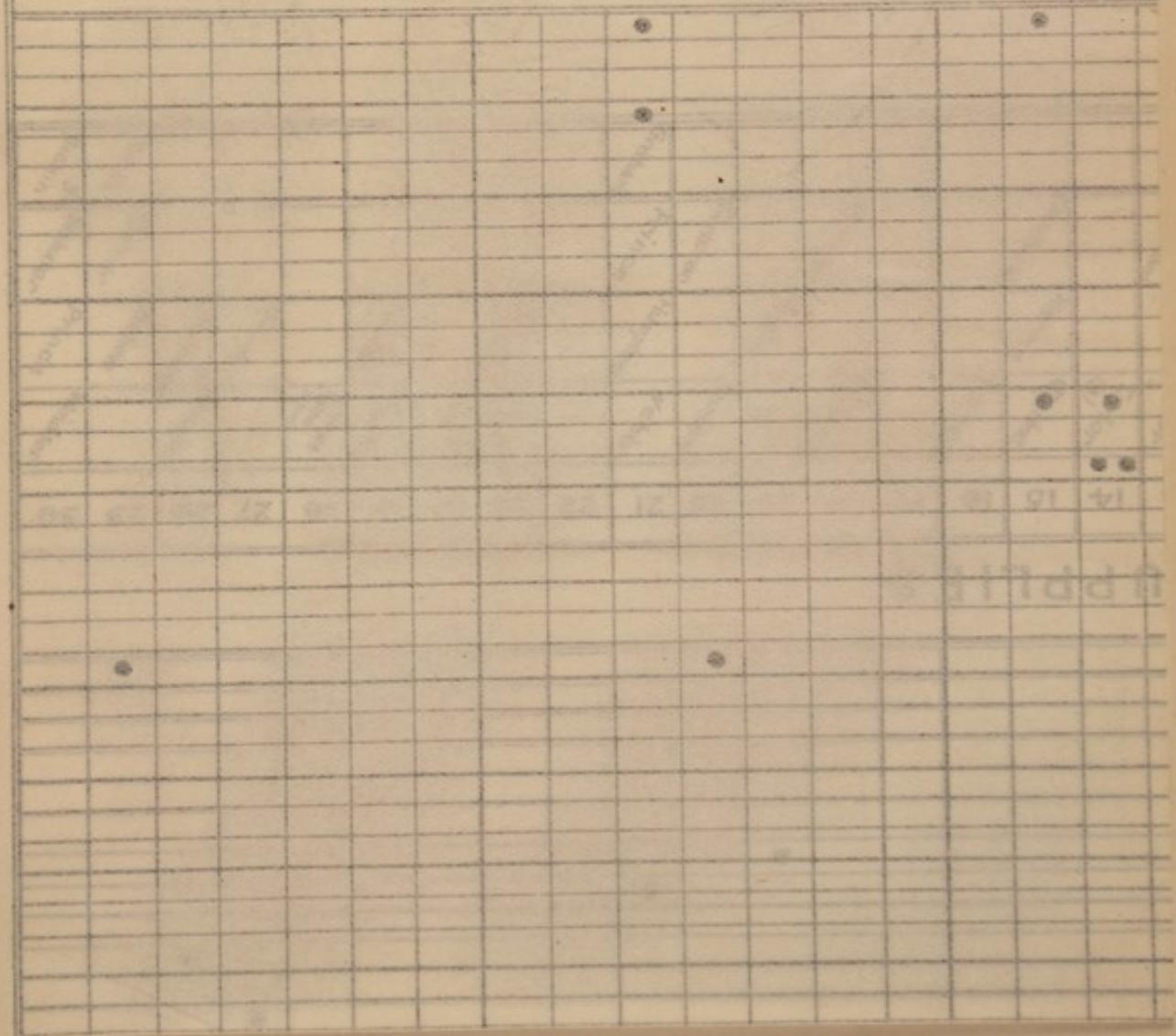


NOTIFICATIONS of SCARLET FEVER

April 1910



DOGS ATTENDED



APPENDIX.

*Copy of Circular posted to local Bakers with regard to
unused bread.*

JUNE 4th, 1910.

Dear Sir,

It has come to my knowledge that the practice obtains with some bakers in this district, of taking back bread from customers who may have taken too large a supply for their wants, giving them fresh bread in exchange, and re-selling the stale bread to poorer people. This practice is one which may be fraught with danger, inasmuch as infectious disease may be transmitted by means of this stale bread from one house to another. It is also open to other objections, and I trust that you (if you have been in the habit of doing it) will, after this intimation, cease the practice, and thus obviate the necessity of my taking further steps in the matter.

Yours faithfully,

T. W. N. BARLOW,

MEDICAL OFFICER OF HEALTH.

