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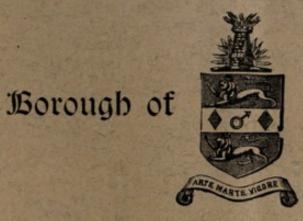
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Wednesbury.

# ANNUAL REPORT

OF THE

# MEDICAL OFFICER OF HEALTH,

For the Year ended December 31st, 1896.

WALTER C. GARMAN. M.D., EDIN.,
MEDICAL OFFICER OF HEALTH.

Printed by Order of the Town Council.

WEDNESBURY
T. SOUTHERN AND SON, PRINTERS, RUSSELL STREET.

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## Borough of Wednesbury.

## Report upon the Health of Wednesbury,

For the year 1896.

BY WALTER GARMAN, M.D., EDIN., MEDICAL OFFICER OF HEALTH.

## TO THE MAYOR AND MEMBERS OF THE WEDNESBURY TOWN COUNCIL.

MR. MAYOR AND GENTLEMEN,

The time has again arrived when it becomes my duty to submit to you an Annual Report upon the Health of Wednesbury. There is no reason to suppose that any noticeable alteration has occurred in the population of the town, which for a number of years has remained practically stationary. I have therefore based my statistics upon an assumed population of 25,300.

## 1.—VITAL STATISTICS.

The number of births registered during 1896 was 959 (males 502, females 457) which is equal to a birth rate of 37.9 per 1000 of the population. The natural increase of the population by excess of births over deaths was 431. The deaths from all causes numbered 528, which is equal to a death rate of 20.8 per 1000 of the population. The deaths of children under five years of age numbered 271, or 51.3 per cent of the total deaths; of these 167 were under one year of age.

The following table furnishes an analysis of the deaths occurring under five years of age during the past five years :—

				1892	1893	1894	1895	1896
Premature Birth	and V	Vasting	Diseases	 92	97	44	77	75
Bronchitis and Pr				 46	42	34	32	44
Scarlatina				 _	4	13	15	2
Measles				 14	6	8	3	49
Whooping Cough				 22	4	19	1	10
Diarrhœa				 15	14	12	21	5
Diphtheria				 	_	3	_	5
Other Causes				 29	43	56	88	81
				218	210	189	237	271

It will be observed that more than half the total mortality occurred amongst children under five years of age. This is unusual as a reference to past years will show; but is explained by the heavy death list from measles.

The next table gives the deaths due to zymotic disease—82 in number and equal to a zymotic death-rate of 3·2 per 1000—which has not been equalled since 1889. The explanation is found at once by observing that 53 deaths resulted from measles. For the purpose of comparison the corresponding figures for the preceding four years are included in the table.

					1892	1893	1894	1895	1896
Smallpox					-	_	4	_	_
Fever,-Simple,	Conti	inued	and Typ	hoid	6	3	5	3	5
Scarlet Fever					3	11	13	18	3
					14	6	8	3	53
					1		3		5
Diphtheria			1.7		15	17	10	23	6
Diarrhœa					22	4	16	1	10
Whooping Cough			***		40	- 1	-10		10
Total					61	41	59	48	82
Death-rat	to nor	1.000	)		2.4	1.6	2.4	1.9	3.2

Unfortunately enteric fever produced five deaths. All however would appear to have had a sporadic origin arising as the cases did in diverse localities. Thus—

22 Darlaston Road		 	1 Case
34 Ladbury's Lane		 	,,
1 Franchise Street		 	,,
8 Dale Street		 	,,
29 Old Union street	***	 	,,
	Total	 	5 cases.

The disease has only once during the year assumed anything of an epidemic character, and this was amongst inhabitants of property at Wood Green, known as Wood Green Gardens. The cause was easily found in the altogether faulty system of drainage—a system common to forty houses, and likely at any time to lead to an outbreak of enteric fever. Such an outbreak occurred in the summer and autumn of last year. In all some seven or eight persons were attacked, but fortunately all recovered. At the present time arrangements are being made for carrying out a system of drainage for the property upon a totally new plan, which will remedy all defects.

The really serious occurrence during the year, so far as the Town's health was concerned, was an outbreak of measles which ran its course during the first half of the year. The Local Government Board applied to me for a report upon the matter, and I feel that I cannot do better than insert here the statement I forwarded to them in June of last year.

Following is the statement having reference to the outbreak of measles which commenced early in the present year—a statement that I drew up, acting upon instructions received from the Local Government Board. It is scarcely to be wondered at, that the Authority should have especially noted the occurrence of more than 40 deaths from measles in a small community like ours within the short space of three months. As a matter of fact the death roll from measles in Wednesbury during the past ten years has been a heavy one; and at the onset it may be instructive to state the number of deaths from the

disease during the preceding ten years :-

1886	 59	1891	 11
1887	 13	1892	 14
1888	 0	1893	 6
1889	 42	1894	 8
1890	 13	1895	 3

The total of 169 shews that on an average seventeen deaths per annum have resulted from measles. And now immediately on this and at the commencement of another decade the first half of the year shews 51 deaths as the result of measles. The varying prevalence of the disease may be seen by observing the mortality from the epidemic in the successive months—thus during January 1896 there occurred 2 deaths, during February 14, March 23, April 7, May 3, and to the 15th day of June 2.

It has not been found possible to determine the original source of the disease; but certain portions of the town suffered before others, and it was pretty clearly ascertained that the first incidence of the malady was amongst children attending the Parish (St. Bartholomews) Church Schools, and later section after section of the town became affected, until the epidemic had passed its point of greatest intensity, when the scholars attending the St. James Parish Schools, and the Wesleyan Schools in the Holyhead Road were attacked, these schools being located close together. That an epidemic should have arisen in the town is no matter for surprise seeing that all the surrounding townships were during the second half of 1895 more or less severly attacked by measles.

Reference to the County returns for Staffordshire shews that Wolverhampton; Willenhall, Walsall and West Bromwich all suffered seriously from the disease. It is an interesting fact that judging from the incidence of the mortality two sections of the population in the main escaped the infection – viz: King's Hill and New Town.

The children in these localities have their own schools; and so mix scarcely at all with the other children of the town, and moreover it is the case that those two portions of the town are not so strictly continuous with the central part of the town, as are the other portions—King's Hill being separated by a considerable tract of open ground and by the intervention of an extensive ironwork whilst the nearest buildings of Wednesbury proper and of New Town are probably two hundred yards apart. These facts taken together, constituted a factor of much influence during the epidemic.

I must at once say that Wednesbury has no Isolation Hospital that could possibly receive Measles, even were it considered expedient to isolate the disease, and moreover the Health Authority has not yet adopted the notification of Infectious Diseases Act, of course notification without provision for isolation is of questionable utility, and it is only fair to observe that of 89 authorities who with the consent of the Local Government Board added Measles to their list of diseases to be notified; 11 after trial withdrew it again. But as has already been pointed out in no single instance has any local Authority provided means for isolating Measles, and the adopted notification which is the only truly practical course. There must of necessity be failure when a disease is added to the notification list and the notification simply filed. The main object of the notification of infectious diseases is not to obtain statistical information, but in order that some action may be taken to prevent the spread of disease. In the present state of feeling, at any rate so far as my particular district is concerned, I feel that the suggestion for the isolation of Measles would be considered preposterous; and yet what other really practical step can be suggested or adopted? It may be objected that the disease is highly infectious even in its earliest stage when nothing but a feverish state is to be observed; and before the appearance of the rash; and that therefore the patient infects those who are susceptible before he can be removed. But then it must be remembered that the checking of the spread of the disease is only one thing to be aimed at. This by isolation would to some extent be effected, and the limiting of the mortality from the disease which is a still more important matter would be very striking if isolation were possible. I cannot here resist quoting some recent remarks of Dr. Wynter Blyth, an admitted authority upon such a subject, he says with reference to his own district Marylebone :-"Measles has been an epidemic during the past five weeks. So far as "I am aware, it is not received at any hospital. When Measles breaks "out in a tenement dwelling it spreads unheeded and unchecked "Notification would be a certain expense, and under present condi"tions, an uncertain benefit. Something more is wanted and that
"something is a Hospital or Hospitals that would receive cases of
"measles. For a vast community like the Metropolis there would be
"no greater boon than the establishment by philanthropic effort or
"local enterprise of such Institutions. Probably an average period of
"three weeks would suffice for the treatment of the malady hence the
"Hospital accommodation would not require to be on so large a scale as
"that of accommodation for Scarlet Fever. If Hospital accommoda"tion were available there would not be a single Health Authority
"that would not recommend notification so that each case occurring in
"families with restricted accommodation could be isolated. The
"present mortality from Measles is not due to special malignity but to
"the practical impossibility of skilled treatment and nursing in the
"crowded houses of the town workers."

If the statistics of mortality from Measles be studied for any year; it will be seen that as a fatal disease it is practically confined to children under five years of a ze, and this is true of the epidemic under consideration thus the deaths at the various ages were as follows:— under one year 11; at and under two years 21; at two years and under three years 5; at three years and under four years 7; at four years and under five years 3; at seven years and under 8 years 2; giving 92·1 per cent under five years of age.

The only step which was taken to check the spread of the disease was to close the schools. Only nine deaths had been registered as due to Measles when on February the 14th, I wrote to the Clerk of the Wednesbury School Board, recommending the closure of the schools. The Wesleyan Schools on the Holyhead Road; and those of St. Bartholomews had already been closed by the School Authorities acting upon their own responsibility and I endorsed their action. The beneficial result of this wholesale closure which was put in force for two weeks as an experiment was never manifest; and I may say that I never expected it would be. Success in some county districts in arresting epidemic of Measles appears to have followed notification; followed by the prompt closing of the schools. But this may be all very well in a sparse population. It is far otherwise in a densely populated district

where the means of spread are numerous-and where even if the schools be closed, the children during their absence from school play together in the little houses or crowded courts and alleys, to an extent which differs little from their congregation in a school room. So it happened; and as I have already stated that whereas at the time the schools were closed only nine deaths had resulted from Measles, 42 additional deaths occurred later, and that without any temporary check in the rate of mortality. It was only my powerlessness in the matter in other directions, combined with my anxiety to do something that led me to take a step which from the onset promised no success. Apart altogether from the children playing together at home there is another means by which the disease is widely spread. I allude to the large number of small general shops, scattered amongst the community. Over and over again I have attended children suffering from Measles and Scarlatina at the back of these little shops the mother acting both as shopkeeper and as sick nurse. The shop consists merely of the small front parlour converted so as to contain a small stock of a variety of articles of food and clothing. Is there room for wonder that the disease spread. Add to all this a few miserable pawn shops through which at such a time must circulate a quantity of infected clothing; and it may be understood without difficulty that closing the schools has a very limited effect upon the course of such an epidemic. Yet to talk of the isolation of Measles is considered almost ridiculous by many persons who would be the most panic stricken if the fifty deaths had been due to Smallpox instead of Measles. I have previously pointed out that even if hospital accommodation does not prevent the spread of the disease in the case of Measles; at any rate in that way mortality may be greatly lessened. I have only now to add that the mere mortality of a preventable disease must not alone be considered. It is to be borne in mind that ophthalmia, deafness and tubercular diseases are so common after Measles as to be a more or less definite sequel.

Five deaths occurred during the year from Diphtheria a number which is excessive for Wednesbury, although the disease never became epidemic.

The town has been quite free from smallpox, and scarlatina which caused 3 deaths never prevailed to any great extent. While considering zymotic disease mention must be made of Influenza which during the year occasioned 11 deaths. At present it is not usual to include deaths so caused, amongst deaths from zymotic disease—although Influenza is recognised as a highly infectious affection; which even when not fatal is apt to be associated with a variety of serious and obstinate complications. So far as my observation goes there is no more infectious disease than Influenza and of such diseases, none with more far-reaching and distressing consequences. Unfortunately at present little is really known respecting the influenza poison—and probably as little concerning the best method for checking its spread. Perhaps one of the most trying features of the disease is that one attack instead of conferring immunity from a second appears to render an individual more than ever liable to successive attacks.

The next table gives the mortality from the pulmonary disease :-

Year.	Bronchitis and Pneumonia.	Phthisis.	Total.
1892	94	28	122
1893	114	13	132
1894	66	24	90
1895	87	26	113
1896	96	20	116

Following is a table giving the vaccinations done during the year ending June 30th, 1896:—

Births Regis- tered.	Success- fully vac- cinated.	Insus- ceptible	Dead unvacci- nated.	Medical postpone- ment.	Removals known.	Removals unknown	Defaul- ters
1895871	258	5	109	23	_	-	479
1896859	216	2	126	19	-	_	496

The record of inquests by the Coroner stands thus :-

Natural (	Causes	 	11
Accident		 	7
Suicide	•••	 	6
		Total	24

The next table sets forth the deaths occurring during 1896 from all sources, classified according to diseases and ages for the four quarters; and of births for the same period;—

-	Ofher Diseases	37	42	27	33	40	31	49	38	297
hs o	Infuries				20	-	-		-	9
deat	Heart Disease		-	-	10		ю		6	24
ning	Bronchitis, Pneumonia	14	16	=======================================	6	ю	13	16	14	96
guisl	Phthisis		10		2		9		9	88
s of	Puerperal Fever									0
s; distin	Diarrhea or Dysentery		-	CV.		м				9
unses er 5	Rheumatic Fever									0
Mortality from subjoined causes; distinguishing deaths of children under 5 years of age	Enteric or Typhoid		100		-	-				2
join	Myooping Cough	-		9				100		10
sub	Croup not Spasmodic		3	0			1			63
no	Diphtheria			10		-		н		S
ty fr	Scarlatina							03		10
rtali	Measles	37	4	7		-				53
Mo	Pyœmia.						-			н
	Smallpox.									0
		Under 5 years	5 years and upwards	Under 5 years	5 years and upwards	Under 5 years	5 years and upwards	Under 5 years	5 years and upwards	
	60 years and upwards	34		27		13		34		108
all causes	25 and under 60 years	- 83		24		34		28		13 114 108
rtality from all cau at subjoined ages.	15 and under 25 years	cs.		3		м		М		13
	5 and under 15 years	2		5		5		5		83
Mortality from at subjoine	I sud under 5 years	43		32		12		17		104
orta	Under 1 year	46		31		38		52		167
N	At all ages	160		124		105		139		502 457 297 231 959 528 167 104
	Registered Births	78 225 160		49 220 124		41 262 105		63 252 139		696
		78		64		41		13		[3]
	Deaths.	88	,	75		3		92		97 2
	2"									(2)
	Births. M	120 105		117 103		6 13		9 11		2 45
	Z Z	12				12		13		02)
		1st Quarter		2nd Quarter		3rd Quarter 126 136		4th Quarter 159 113		

The next table gives the birth, death and zymotic rates for the ten years 1887—1896 inclusive:—

Year.	Estimated population.	No. of Births.	No. of Deaths.	Death-rate per 1,000 living.	Birth-rate per 1,000 living.	Zymotic death-rate
1887	25,300	898	409	16.1	35.5	1.8
1888	,,	878	461	18.2	34.7	2.1
1889	,,	890	497	19.6	35.0	3.1
1890	,,	897	472	18.6	35.4	2.8
1891	,,	881	514	20.3	34.0	1.6
1892	,.	966	440	17:3	38.0	2.4
1893	,,	847	473	18.7	33.4	1.6
1894	,,	825	402	15.8	32.6	2.4
1895	,,	872	499	19.7	34.4	1.9
1896	,,	959	528	20.8	37.9	3.2

Following is a list of the deaths occurring during the year in each street; the zymotic deaths being separately indicated:—

	-	ths from causes.		Zymotic Deaths.
Addison Street		3	 	 0
Albert Street		13	 	 , 2
Alma Street		1	 	 0
Brookside		2	 	 0
Bilston Road		5	 	 0
Bright Street		1	 	 0
Brickkiln Street		7	 	 0
Bridge Street		14	 	 1
Brunswick Terrace		1	 	 0
Brunswick Park Ros	ıd	4	 	 0
Camphill Lane		5	 	 0
Camp Street		12	 	 0
Chapel Street		2	 	 0
Chapel Street, King's	s Hill	3	 	 1
Church Hill		4	 	 0
Church Street		7	 	 2
Church Street, King's	s Hill	2	 	 1
Cobden Street		6	 	 1
Cook Street		10	 	 1
Cross Street		7	 	 2
Delves		2	 	 1

Corns Street	2				1
Dale Street	8				2
Dangerfield Lane	3				0
Darlaston Road	16				1
Darlington Street	6				1
Dudley Street	16				4
Elwell Street	5				0
Earp's Lane	2				0
Forge Street, King's Hill	1				0
Foley Street	3				0
Foster Street	16				4
Franchise Street	7				2
Friar Street	7				1
Foundry Street	1				0
Finchpath Terrace	1				0
George Street	2				0
Great Western Street	10				1
Holden Road	1				0
Hall End	8				2
High Bullen	3				0
High Street	9				1
Hill Street	8				0
Hydes Lane	1				0
Hobbins Street	4				1
Hobbs Hole	4				2
Holyhead Road	24		***		5
Hope Terrace	3				0
King's Hill	12				0
King Street	5				1
Little Hill	7				2
Ladbury's Lane	8			***	1
Lloyd Street	6				1
Leabrook	3		***		0
Loxdale Street	3			• • • •	0
Mill Street	2		***	***	0
Market Place	1				1
Meeting Street	12	***	***		2
Moore Street	1	***			0

Moxley		12		 	2
New Street		3		 	1
North Street		4		 	1
Oakeswell Street		5		 	0
Oldacres Court		2		 	1
Old Park Road		3	*	 	0
Old Union Street		4		 	2
Oxford Street		6		 	0
Paul Street		1		 	0
Perry Street		6		 	0
Piercy Street		2		 	0
Portway Road		22		 	3
Potters Lane		3		 	0
Pitts Square		1		 	0
Park Street		2		 	0
Pinfold Street		4		 	0
Queen Street		6		 	0
Russell Street		7		 	2
School Street, Kir	ng's Hil	1 1		 	1
School St., Holyh	ead Rd	1. 2		 	0
Short Street		6		 	3
St. James' Street		7		 	4
St. Paul's Road		2		 	0
Stafford Street		11		 	1
Sparrows Forge I	ane	2		 	0
Terrace Street		5.		 	4
Tramway Terrace		1		 	0
Trouse Lane		10		 	0
Union Street		7.		 	2
Vicarage Road		7	,	 	1
Wood Street		2		 	0
Walsall Road		8		 	1
Walsall Road, Ki	ng's H	ill 7		 	3
Wellcroft Street		4		 	0
Windmill Street		1		 	0
Wood Green		10		 	2

## SANITARY WORK.

The Sanitary work of the town has gone steadily forward; but no

special outbreaks of disease have occurred, excepting that of Measles and to which detailed reference has already been made. The town is practically now completely sewered, and of late the sewers and filter-beds appear to have acted fairly well. In addition however it should be stated that the general scavenging of the town is thoroughly carried out; and so properties speaking generally have been kept in a more cleanly and sanitary state.

Appended is a table shewing the work carried out in the Sanitary Inspectors department, and from this it will be seen that a large amount of useful work has been accomplished:—

Various Nuisances reported upon for Abatement.	No. of Nuisances reported.	No of Nuisances abated.
Defective Drains requiring Opening or Cleaning	143	136
,, Spout Drains	20	19
Nuisances arising from Want of Drains	4	4
,, ,, Keeping of Fowls, &c	11	11
,, Filthy condition of Premises	64	64
,, ,, Accumulation of Water in		
Cellar	13	13
,, ,, Foul or Defective Urinal	3	3
, ,, The Overcrowding of Houses	14	14
Swine kept as to be a Nuisance	5	5
Unwholesome Houses, filthy, or with defective		4
roofs	41	39
Houses Disinfected, Cleansed, and Purified, where	""	
Zymotic Disease has occurred	12	12
Accumulation of Wash, Deposits of Offensive	10	10
Matter, &c	5	5
Foul and Defective Ashpits or Privies	62	58
Houses where the Ashpit or Privy belonging there	04	00
to are so defective as to require reconstruction	12	10
Foul condition of Water Closets	21	20
Cistome	2	2
Defective condition of Manure Pits	ī	ĭ
,, Cesspools	î	î
Slaughter Houses require connections made to	-	
Public Sewer	0	0
Private Houses require connections made to Public		
Sewer	53	50
Houses closed as unfit for human habitation	15	15
Additional Privies required	10	10
Miscellaneous	3	3
Red Redding &c Disinfected	30	
Lodging Houses visited by day	26	
night	1	
Preliminary Notice served	497	
Final Notices served	173	
	581	
Whitewash Brushes lent	3,772	
Total Number of Nuisances reporred	515	
Nuisances not abated by December 31st, 1896		17

No complaint has arisen in connection with any of the slaughterhouses, which may be regarded as in a sanitary state. The same may be said of the food supply of the town, in the market and otherwise. The state of the Lodging-houses is satisfactory.

I am glad to be able to say that the requirements of the Health Authority have been readily complied with by the inhabitants, and no legal prosecution has occurred during the year.

I find that a considerable number of void houses exist in the town; being unfit for human habitation. Thus 25 such houses are situated in Trouse Lane and Meeting Street, which are about to be pulled down; 26 such houses in Portway Road, Brickkiln Street, and Brickkiln Croft; 4 such houses have been demolished at Moxley to admit of extension of neighbouring works, and 7 others at Moxley are uninhabitable—while 5 houses in Lovers Walk, Church Hill, are void for the same reason. Those situated in Trouse Croft are to be demolished to make room for a number of new houses, which will be reached from Wellcroft Street.

I feel it my duty to repeat my annual remarks upon two matters, viz: the notification of Infectious Disease and the Isolation Hospital Until such time as the Act is adopted for the compulsory notification of Infectious Disease it is impossible for the Health Authority to judge of the proportions assumed by Infectious Disease, and when any steps have been taken to check the spread of such disease no information can be obtained as to the efficacy or otherwise of such steps excepting the cases notified by the Medical men of the town. Another year has gone by, but the perennial question of an Isolation Hospital remains unsolved. This much however has been done, on June 17th the Mayor of Wednesbury (Mr. John Knowles) with the Town Clerk (Mr. Geo. Rose) and myself attended a conference of representatives of the various Health Authorities of South Staffordshire. Our main object in attending this conference was to decide for or against joint action for purpose of isolation. Having heard the matter discussed, we decided upon separate action independent of any scheme adopted by the neighbours. From then onwards to December nothing further was done. Upon the 8th of that month however, the Health Committee and its Officers inspected a site situated in Sparrows Forge Lane, and later I was requested to report as to its suitability or otherwise as a Hospital site for the isolation of Infectious Disease. The stage having been reached it is to be hoped that the Authority will press the matter forward, so that as soon as possible a properly equipped Hospital may render us prepared for any emergency. Up to the present time we have relied upon nothing but our immunity any serious epidemic-an immunity which cannot be expected to continue indefinitely. Of course the disease that threatens us most is small-pox-and more than ever is this true that the law in reference to vaccination has become a dead letter. It will be seen by reference to the figures always given that of 859 births registered during the year ending June 30th, only 216-or 25 per cent were waccinated. If this state of things should continue just so surely as night succeeds day, will it happen that an epidemic of small-pox will break out, and so any day our Hospital may be required. Considering that the evidence taken before the members of the Vaccination Commission was over-whelmingly in favour of vaccination it becomes almost incomprehensible how political expediency and other such considerations should have led those concerned in the inquiry to allow such persons as objected to vaccination not only to expose their children to the dangers of small-pox—but also by neglecting vaccination in their own families, to menace the safety of the community generally.

I have pleasure in acknowledging the assistance I have received during the year from your Sanitary Inspector.

I am Mr. Mayor and Gentlemen,

Yours faithfully,

WALTER GARMAN.





