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Borough of



Wednesbury.

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# ANNUAL REPORT

OF THE

**MEDICAL OFFICER OF HEALTH,**

FOR THE YEAR ENDED DEC. 31st, 1898.

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WALTER C. GARMAN, M.D., EDIN..

MEDICAL OFFICER OF HEALTH.

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Printed by Order of the Town Council.

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## BOROUGH OF WEDNESBURY.

# Report upon the Health of Wednesbury, FOR THE YEAR 1898,

BY

WALTER GARMAN, M.D., Edin., Medical Officer of Health.

TO THE MAYOR AND MEMBERS OF THE WEDNESBURY  
TOWN COUNCIL,

MR. MAYOR AND GENTLEMEN,—

I have pleasure in presenting to you my Annual Report for the year 1898, and in doing so have calculated statistics upon a population estimated at 26,000 instead of 25,300 as in the previous eight years. Although there has been a demolition of sundry old dilapidated properties, I am convinced that recent building operations have more than kept pace with such clearances, and practically at present no habitable property in the town is void. I have reason to think that the approaching census will not shew a smaller proportion in Wednesbury than 26,000 persons.

### I.—VITAL STATISTICS.

The number of births registered during 1898 was 938 (males 495, females 443), which is equal to a birth-rate of 36 per 1,000 of the population. The natural increase of births over deaths was 452. The deaths from all causes numbered 486, which is equal to a death-rate of 18·6 per 1,000 of the population. The deaths of children under five years of age numbered 249 or 51·2 per cent. of the total deaths. Of these 184 were under one year of age.

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

	1894	1895	1896	1897	1898
Premature Birth and Wasting Diseases ..	44	77	75	82	69
Bronchitis and Pneumonia ... ..	34	32	44	33	47
Scarlatina ... ..	13	15	2	6	—
Measles ... ..	8	3	49	8	16
Whooping Cough ... ..	19	1	10	6	12
Diarrhœa ... ..	12	21	5	36	59
Diphtheria ... ..	3	—	5	1	—
Other Causes ... ..	56	88	81	95	46
	189	237	271	267	249

A survey of the figures from year to year makes it plain that somewhat more than half the total mortality occurs amongst children under five years of age. In one year the heavy mortality will be found to be mainly due to one disease, and in another year mainly due to another, but in the main approximately half the total deaths occur in young children. During the year under review a specially heavy death list resulted from infantile diarrhœa, and yet the figures as compared with those of other years may easily be fallacious. Different medical men are apt to use different terms to express the same intestinal lesion, and so in some years the number of deaths returned as due to diarrhœa may be much greater than in another year when terms expressive of the same state may find more frequent employment. My own opinion is that the amount of deaths due to enteritis accompanied by diarrhœa is mainly a matter of accident, depending largely upon the character of the weather during the summer and autumn seasons. The contributory carelessness and ignorance in regard to the feeding of young children always prevails, so that given the atmospheric conditions leading to fermentative changes in the food stuffs given to the children, particularly in milk, and acute gastric intestinal disorders are bound to follow. The main anomaly in my opinion is the inclusion of these deaths from diarrhœa in the zymotic death-list. And it is to my mind highly ridiculous to regard this affection as a zymotic, whilst so little is at present thought of the markedly zymotic character of influenza, a disease which threatens more and more to

become endemic in our midst and with markedly fatal results. This disease of course is highly contagious and may to some extent be controlled by isolation in a modified form and by disinfection of infected persons and clothing. In the case of diarrhœa on the other hand what is required is the greater enlightenment of the people in regard to the care and feeding of young children.

The next table gives the deaths due to zymotic disease, 103 in number and equal to a zymotic death-rate of 3·9 per 1,000. For the purpose of comparison, the corresponding figures for the preceding four years are included in the table :—

	1894	1895	1896	1897	1898
Smallpox ... ..	4	—	—	—	—
Fever,—Simple continued, and Typhoid ...	5	3	5	4	10
Scarlet Fever ... ..	13	18	3	10	—
Measles ... ..	8	3	53	9	18
Diphtheria ... ..	3	—	5	2	—
Diarrhœa ... ..	10	23	6	39	63
Whooping Cough ... ..	16	1	10	6	12
<b>Total ... ..</b>	<b>59</b>	<b>48</b>	<b>82</b>	<b>70</b>	<b>103</b>
<b>Death-rate per 1,000 ... ..</b>	<b>2·4</b>	<b>1·9</b>	<b>3·2</b>	<b>2·7</b>	<b>3·9</b>

It is a matter for satisfaction that neither of the three diseases, Smallpox, Scarlatina and Diphtheria, proved fatal during the year. This indeed is saying much. There have been cases of scarlatina, but fortunately they were of a mild type. So far as I can learn the cases of diphtheria were very few in number. An outbreak of small-pox occurred in March, and would appear to have originated in a case imported from Middlesborough, where the disease was prevalent at the time. The outbreak was fully reported to the Council at the time, and the cases—eight in all—were promptly isolated as they arose. All the patients passed safely through the disease, and in the course of a few months all immediate fear of epidemic smallpox had passed away. The mortality from diarrhœa I have already considered, and here I would merely point out that the deaths from this disease, returned as 63 in

number, account for the unusually high zymotic death-rate. Until the deaths from diarrhœa, which is rather a symptom of several diseases than a disease in itself, come to be classified carefully according to their real primary cause, comparatively little reliable information is obtainable from the number of cases considered alone as to number, and I feel that the deaths from infantile diarrhœa should be excluded from the list of zymotic diseases. Apart from diarrhœa the zymotic death-rate for Wednesbury during 1898 would only be 1·5 per 1,000.

I regret to say that no fewer than 10 deaths from typhoid fever have been registered during the year, viz. : — Two in the first quarter, one in the second quarter, three in the third and four in the fourth. And the following are the localities where they occurred : —

5 Brickkiln Street ...	...	...	1 Case
21 St James's Street	...	...	1 „
41 Camp Street ...	..	...	1 „
49 Darlaston Road ...	...	...	1 „
4 court Darlaston Road	...	...	1 „
Holyhead Road ...	...	...	1 „
4 court King's Hill...	...	...	1 „
34 Dale Street ...	...	...	1 „
1 court Dale Street ...	...	..	1 „
Samson Street ...	...	...	1 „
Total ...			10 Cases

In no year since 1891 have we had anything like such a fatal result from the disease, which at the same time it must be said has never prevailed in an epidemic form. In fact we must regard its presence as endemic, for it is very questionable whether the town is ever quite free from enteric fever, and this in spite of the fact that the general water supply is undeniably good. It has been a routine practice to inspect the premises in the event of a fatal case of enteric fever, and the result of such a visit is usually negative. I have frequently expressed the opinion that the typhoid poison is usually conveyed by impure milk, fish or vegetable matter. I am now, however, inclined to go further, and to specially suspect the milk supply. Speaking generally, Wednesbury is a town singularly well supplied with fruit, vegetables, and fish, and all of these excepting oysters are in the main subjected to a cooking process by which they are rendered safe as food. The same, however, cannot be said of the milk supply. Apart altogether from the town dairies, a large quantity of milk comes every

day into the town from a distance, and I cannot help suspecting this arrangement as a possible source of danger. It is impossible to say whether the dairies supplying this imported milk are under proper inspection, and inasmuch as a large quantity of milk is consumed uncooked, the consumers are likely enough to run risk of infection. Much has lately been written as to the spread of tuberculosis by the consumption of uncooked milk. Similarly from the point of view of enteric fever the thorough cooking of milk by boiling is very desirable in all cases where the purity of the source cannot be guaranteed.

This reminds me to suggest that it is high time for the Sanitary Authority to remove an anomaly of long standing. I refer to the existing arrangement whereby the control of the dairies of the town is vested in the Police Authority, an arrangement which is surely ridiculous. I am convinced that a much more efficient supervision could be exercised by the Health Authority. I would therefore suggest that you would be acting wisely in placing the dairies of the town under the periodical inspection of your Sanitary Inspector.

The prevalence of enteric fever during the year must at times have been very marked, considering that 10 deaths were registered, in fact, probably there were some 100 cases. It is true that the death-rate from enteric fever should not be so high as 10 per cent., but this is not a very high rate where the cases are entrusted to unskilled nurses.

In fairness whilst speaking of enteric fever, I ought to state for your information that during 1898 a notable increase in the prevalence of the disease has occurred in a large number of places throughout the country, an increase which has in many instances remained unexplained.

Inasmuch as notification is not in force in the town, one only hears of the existence of the disease after the registration of the patient's death.

Whooping-cough has proved very troublesome during the year and has been responsible for twelve deaths, and measles has caused no fewer than eighteen deaths. With regard to the last two named diseases, I have no doubt whatever but that the mortality is altogether excessive and unnecessary, and arises mainly from the fact that amongst the poor such diseases are regarded as of little or no gravity,

and as not requiring medical treatment until the occurrence of severe and oft-times fatal complications. These diseases, if systematically placed under medical treatment and with careful nursing, would probably not occasion one-fourth the number of deaths.

The freedom from diphtheria enjoyed by the town throughout the year is very satisfactory, and it is also satisfactory that we are equipped with the up-to-date means of dealing with the disease in the event of an outbreak, inasmuch as our arrangement with the authorities of Mason College, Birmingham, provides for the bacteriological examination of membrane from suspicious cases and also for a supply of the anti-toxin, which has been proved of such value in these cases.

Practically nothing new remains to be said of influenza, which as I have already stated has practically become endemic in Wednesbury. No fewer than ten deaths resulted from the disease during the year, viz., in the first quarter four, in the second five, in the third none, and in the fourth one. Such a number in the case of a disease like influenza represents a very large number of cases and probably one would not be far wrong in supposing that one out of every 25 or 30 persons in Wednesbury has suffered from influenza during the year. The apathy manifested by the public in regard to some diseases compared with others is remarkable. The public generally seem to think little or nothing of influenza, although in a large number of instances even when the patient seems to have recovered, the degree of nervous prostration and circulatory enfeeblement following the disease is most distressing. I believe that the disease is disseminated broadcast by the association of healthy persons with those who are tediously convalescing from the disease, and in more than one instance I firmly believe that I have met with relapses in the same patient brought about by fresh doses that have entered the system owing to the patients having stayed in the room that he had himself infected. If only the infected rooms were fumigated as rooms are after the occurrence of scarlatina, and all infected clothing were disinfected a powerful check would doubtless be given to the spread of this serious malady.

The next table gives the mortality from pulmonary disease, and calls for no special comment :—

Year.	Bronchitis and Pneumonia.	Phthisis.	Total.
1894	66	24	90
1895	87	26	113
1896	96	20	116
1897	73	26	99
1898	97	20	117

Following is a statement of the vaccination performed during the year, from July, 1897, to July, 1898 :—

Births Registered.	Successfully vaccinated.	Insusceptible	Dead unvaccinated.	Medical postponement.	Certificates sent in of Conscientious Objection.	Defaulters
935	211	—	134	11	214	365

From this it will be seen that the number of defaulters as in several preceding years is very large, the new Vaccination Act not taking effect until January 1st, 1899.

The record of inquests by the Coroner stands thus :—

Natural Causes	...	...	10
Accident	...	...	7
Suicide	...	...	3
Murder	...	...	1
Total			21

The next table sets forth the deaths occurring during 1898 from all sources, classified according to disease and ages for the four quarters, and of births for the same period :—

Mortality from all causes at subjoined ages										Mortality from subjoined causes ; distinguishing deaths of children under 5 years of age																	
Births.		Deaths.		Registered Births																							
M	F	M	F	At all ages	Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 60 years	60 years and upwards	Smallpox.	Pyæmia	Measles	Scarlatina	Diphtheria	Croup not Spasmodic	Whooping Cough	Enteric or Typhoid	Rheumatic Fever	Diarrhæa or Dysentery	Erysipelas	Puerperal Fever	Phthisis	Bronchitis, Pneumonia	Heart Disease	Injuries	Other Diseases
										Under 5 years	...	4	2	2	2	3	7	26									
										5 years and upwards	...	9	1	1	1	5	14	2	34								
										Under 5 years	...	1	1	1	1	5	13	1	25								
										5 years and upwards	...	2	1	6	43	4	2	32									
										Under 5 years	...	1	3	3	3	4	4	26									
										5 years and upwards	...	1	3	8	23	29											
										Under 5 years	...	4	4	1	9	7	1	31									
										5 years and upwards	...	0	0	18	0	63	28	224									
										...	...	0	0	18	0	63	28	224									

The next table gives the birth, death and zymotic rates for the ten year 1889-1898 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.
1889	25,300	890	497	19·6	36·0	3·1
1890	"	897	472	18·6	35·4	2·8
1891	"	881	514	20·3	34·0	8·6
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
1897	"	899	499	19·7	35·5	2·7
1898	26,000	938	486	18·6	36·0	3·9

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

Street	Deaths from all causes.	Zymotic deaths.
Addison Street	1	2
Albert Street	7	2
Alma Street...	2	0
Brookside ...	2	0
Butcroft ...	1	0
Bilston Road	4	0
Bright Street	2	1
Brickkiln Street	6	3
Bridge Street	5	5
Brunswick Park Road	4	0
Camphill Lane	2	2
Camp Street	7	1
Chapel Street	1	2
Church Hill...	3	0
Church Street	3	4
Church Street, King's Hill	2	3
Cobden Street	9	0
Cook Street ...	6	0
Cross Street...	5	1
Crankhall Lane	3	1
Delves ...	3	0
Dale Street ...	5	4
Dangerfield Lane	11	3
Darlaston Road	8	3
Darlington Street	4	5
Dudley Street	13	7
Elwell Street	3	1
Forge Lane ...	1	0
Foley Street...	8	0
Foster Street	4	1
Fallings Heath	1	0
Franchise Street	5	1
Friar Street...	1	0
Finchpath Terrace	3	0
Great Western Street...	5	0
Gladstone Terrace	2	0
Hall End ...	4	3
High Bullen	1	1
High Street...	5	0
Hill Street ...	3	1
Hydes Lane...	0	1
Hobbins Street	3	0
Hobbs Hole...	3	0
Holyhead Road	16	6
Holden Road	1	0
Hollies Drive	1	0
Hope Terrace	2	0
King's Hill ...	5	2

Street.	Deaths from all causes.	Zymotic deaths.
King Street ...	6	2
Little Hill ...	3	0
Ladbury's Lane	3	0
Lloyd Street	2	0
Lea Brook ...	1	1
Loxdale Street	1	0
Market Place	3	1
Mill Street ...	7	0
Meeting Street	11	1
Moor Street...	3	0
Moxley ...	7	0
New Cross Street	3	0
New Street...	2	1
Oakeswell End	2	2
Old Park Road	2	0
Old Union Street	4	0
Oxford Street	2	0
Perry Street	3	1
Piercy Street	5	1
Pritchard Street	1	0
Portway Road	15	2
Potters Lane	5	1
Pitts Square	2	0
Park Street ..	3	0
Pinfold Street	1	0
Queen Street	8	3
Russell Street	7	1
Ridding Lane	3	1
School Street, Holyhead Road ...	1	1
School Street, King's Hill	1	0
Short Street...	1	3
St. James' Street	11	4
Samson Street	1	1
St. Paul's Road	1	0
Stafford Street	5	0
Sparrows Forge Road...	2	0
Terrace Street	2	0
Tramway Terrace	1	0
Trouse Lane	3	2
Union Street	6	2
Vicarage ...	4	2
Victoria Street	3	1
Wood Street	4	0
Walsall Road	3	1
Walsall Road, King's Hill	15	0
Wood Green	6	2
Windmill Street	1	0
Spring Head	1	0

## SANITARY WORK.

Appended is a table shewing the work carried out in the Sanitary Inspector's Department, and together with it a similar statement in a different form for the benefit of the County Medical Officer :—

Various Nuisances reported upon for Abatement.	No. of Nuisances reported.
Defective Drains requiring Opening or Cleaning ..	123
"    Spout Drains ...	16
Nuisances arising from Want of Drains ...	4
"    "    Keeping of Fowls, &c. ...	6
"    "    Filthy condition of Premises ...	37
"    "    Accumulation of Water in Cellar ...	9
"    "    Foul or Defective Urinal ...	4
"    "    The Overcrowding of Houses ...	24
Swine kept as to be a Nuisance ...	11
Unwholesome Houses, filthy, or with defective roofs ...	29
Houses Disinfected, Cleansed, and Purified, where Zymotic Disease has occurred ...	15
Accumulation of Wash, Deposits of Offensive Matter, &c. ...	10
Foul and Defective Ashpits or Privies ...	65
Houses where the Ashpit or Privy belonging there to are so defective as to require reconstruction ...	17
Foul condition of Water Closets ...	9
"    "    Cisterns ...	3
Defective condition of Manure Pits ...	2
Private Houses require connections made to Public Sewer ...	32
Houses closed as unfit for human habitation ...	5
Additional Privies required ...	6
Miscellaneous ...	3
Bed, Bedding, &c., Disinfected ...	15
Lodging Houses visited by day ...	32
"    "    night ...	4
Preliminary Notice served ...	241
Final Notices served ...	97
Whitewash Brushes lent ...	714
Ashpits and Cisterns cleansed ...	3,778
Total Number of Nuisances reported ...	411
Nuisances not abated by December 31st, 1898 ...	24
Wells closed ...	2
S. S. Water laid on for the dwelling, 5 in number ...	3
Defects in Slaughter Houses ...	4
Lodging Houses ...	1

[illegible]

The sanitary work carried out during the year does not include anything of an extensive character, but at the same time a good deal has been done, and in many ways the state of the town's health is satisfactory. In this report I think the first matter calling for comment is the Isolation Hospital. As you are almost all aware there has been an annual Hospital Debate, or several annual debates for many years past. It would now appear to be a matter for congratulation that such a structure, albiet only of a temporary character is about to be erected. Towards the end of the year orders were issued by the Health Authority for the levelling of the selected site—a process which was necessary before building operations could be commenced. Following this, the site of the building was concreted in order to improve the foundations, and if possible to ensure greater dryness of the building when erected. Consequently when another Annual Report becomes due I hope it may be possible to say that the building is erected and fit for the reception of patients. Of course, in advance I am aware that we are likely to hear criticism from other Health Authorities with more pretentious buildings, and also from the County Authority who invited us to combine with them in a scheme for the County providing for Isolation. All this, however, need not disturb us, for we in Wednesbury know by experience that strikingly good results can be obtained in unpretentious buildings, and by means of them, epidemics of marked severity have been successfully dealt with upon more than one occasion. This subject suggests to my mind the collateral one of notification. Is it impossible that when this matter comes up again for consideration something may be done? As I have previously stated, in my opinion no useful end can be served by including the whole list of zymotic diseases in a list of notifiable diseases. Surely, however, the members of the Sanitary Authority will agree with me that there is a practical utility in adopting the Notification Act in regard to Enteric Fever, Smallpox, Scarlatina, and Diphtheria. These also are the diseases which call for isolation under circumstances which your Medical Officer may consider sufficient to demand it. I would earnestly suggest to the Health Authority that notification should be adopted in respect of the diseases I have specially mentioned. In Smallpox such a step is imperative so that isolation may be carried out from the first appearance of the disease—in the case of enteric fever, so that the total number of cases arising may be known, and so that if possible the cause of the disease may be

traced, as for instance to defective food or drainage, in the case of Scarlatina so that disinfection of the infected premises may be performed and the same consideration holds good in regard to Diphtheria.

Vaccination during the year was almost a dead letter, but the operation of the New Act is likely to yield much better results in 1899. Two points, however, in the Act calls for alteration. First, the conscientious objector should not be recognised, because in the great majority of cases there is nothing conscientious about the objection. It has not been my experience that the conscientious objector has been met with here and there so much as in certain localities where the agitation against vaccination has been actively carried on. In some streets there has been a large preponderance of conscientious objectors and in others scarcely any. Secondly, whilst no objection can reasonably be made to the performance of vaccination by any qualified medical practitioner the Act should insist upon the vaccination covering some area of minimum size to be fixed by the Act. At present in order to escape vaccination in four places as recommended by the Act, parents take their children to practitioners who make one small vaccination mark. The result is that the child does not receive adequate protection from vaccination, and so by possibly developing Smallpox a few years later when exposed to the infection, such a case may be brought forward by opponents of vaccination in order to shew its ineffectiveness, and the whole system is brought into disrepute. Such a danger should be made impossible.

I now proceed to refer to some of the chief structural alterations that have been carried out during the year for the remedy of sanitary defects.

**1 Court, Market Place.**—Five houses closed in consequence of the generally insanitary condition of them, and their outhouses. In consequence, the privies were re-constructed, the yard drained and partly paved, and two of the houses were placed in proper repair and re-let.

**Railway Inn, Great Western Street** had a foul privy and midden, with foul drainage and lack of urinals. This condition was remedied by the construction of water-closet and proper urinal, whilst the premises were well drained and the yard partly paved.

Nos. 9, 10, 11, and 12, Old Moxley were drained into a ditch at the rear of the premises. During the summer there occurred hereabout several cases of Typhoid Fever. The wash-houses and privies were put in proper repair, and the premises were drained into the sewer.

82, Portway Road was found to have to have a foul midden and privy, with inadequate yard drainage. There a water closet was constructed with a dry ashpit and the yard was properly drained.

3 Court, New Street. Here the entry was unpaved, and there was one closet with underground cistern and two privies with open middens. This arrangement was remedied by the construction of four water closets and the connection of the yard drainage with public sewer.

It gives me pleasure to acknowledge the assistance I have received during the year from your Sanitary Inspector.

I remain, Mr. Mayor and Gentlemen,

Yours faithfully,

WALTER GARMAN, M.O.H.