

[Report 1902] / Medical Officer of Health, Wednesbury Borough.

Contributors

Wednesbury (England). Borough Council.

Publication/Creation

1902

Persistent URL

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Borough of



Wednesbury.

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH,

FOR THE YEAR ENDED DECEMBER 31, 1902.

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


MEDICAL OFFICER OF HEALTH.

Printed by Order of the Town Council.

WEDNESBURY :

RYDER AND SON, PRINTERS, SPRING HEAD.

1903.



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BOROUGH OF WEDNESBURY.

REPORT

UPON THE

HEALTH OF WEDNESBURY

FOR THE YEAR, 1902,

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 1902.

The statistics are not based upon the figures obtained at the census of 1900, when the population was stated to be 26,544. The census returns suggest that this figure is probably somewhat under the mark, since during the past twenty years the population of the town has undergone an approximate annual increase of one hundred persons. I am of opinion that this upward tendency has continued, and therefore feel justified in regarding the population for 1902 as greater by 150 persons. For purposes of calculation, therefore, I have assumed a population of 26,700.

1.—VITAL STATISTICS.

The number of births registered during 1902 was 954 (males 499, females 455), which is equal to a birth-rate of 35·7 per 1,000 of the population. The natural increase of births over deaths was 504. The deaths from all causes numbered 450, which is equal to a death-

rate of 16·8 per 1,000 of the population. The deaths of children under five years of age numbered 219, or 48 per cent. of the total deaths. Of these 148 were under one year of age.

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

	1898	1899	1900	1901	1902
Premature Births and Wasting Diseases	69	81	64	18	27
Bronchitis and Pneumonia ...	47	30	39	37	46
Scarlatina	—	3	4	3	12
Measles	16	2	59	1	13
Whooping Cough	12	21	1	16	11
Diarrhoea	59	59	43	29	7
Diphtheria	—	—	—	3	1
Other Causes	46	45	56	86	102
	249	241	266	193	219
Percentage of Total Deaths ...	51·2	50·2	50·05	50·00	48·00

It will be seen that half of the total deaths from all causes has as usual occurred amongst children under five years of age.

The next table gives the deaths due to zymotic disease. These number 53, and are equal to a zymotic death-rate of 1·9 per 1000. For the purpose of comparison the corresponding figures for the preceding four years are included in this table.

	1898	1899	1900	1901	1902
Smallpox	—	—	—	—	—
Fever—Simple, continued, and Typhoid ...	10	4	4	4	5
Scarlet Fever	—	4	6	3	13
Measles	18	2	59	1	14
Diphtheria	—	—	—	5	1
Diarrhoea	63	65	46	31	7
Whooping Cough	12	22	1	16	11
Influenza	—	—	—	5	2
Total	103	97	116	65	53
Death-rate per 1000	3·9	3·7	4·4	2·4	1·9

The next table gives the mortality from pulmonary disease :—

Year.	Bronchitis and Pneumonia.	Phthisis.	Total.
1898	97	20	117
1899	73	21	94
1900	83	35	118
1901	72	12	84
1902	98	19	117

Following is a statement of the Vaccination performed during the year ending June 30th, 1902 :—

Births Registered.	Successfully Vaccinated.	Unsusceptible.	Dead Unvaccinated.	Medical postponement.	Certificates sent in of conscientious objections.	Removals known.	Removals unknown.	Unaccounted for.
900	681	5	96	17	41	10	45	5

The inquests held by the Coroner numbered 15, and may be thus classified :—

Natural Causes ...	...	...	...	...	1
Accident ...	...	...	...	...	13
Suicide ...	...	...	...	...	1
Total ...	...	...	...	...	15

The next table sets forth the deaths occurring during 1902, from all causes, classified according to diseases and ages for the four quarters, and of births for the same period :—

Urban District of Wednesbury.

Causes of, and ages at, Death during 1902 :—

CAUSES OF DEATH.	All Ages.	Under 1 year	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up- wards
Measles	14	3	10	1			
Scarlet Fever	13	1	11	1			
Whooping Cough	11	7	4				
Diphtheria and Membranous Croup	2		2				
Enteric Fever	5			2	1	2	
Epidemic Influenza	2					2	
Diarrhœa	7	5	2				
Enteritis	21	15	6				
Puerperal Fever	2				2		
Erysipelas	1	1					
Phthisis	19				3	16	
Other Tubercular Diseases	11	5	3	2		1	
Cancer, Malignant Disease	9					6	3
Bronchitis	67	20	10	1		16	20
Pneumonia	31	7	9	3	2	5	5
Alcoholism } Cirrhosis of Liver }	8					6	2
Venereal Diseases	4	4					
Premature Birth	16	16					
Diseases and Accidents of Parturi- tion	1	1					
Heart Diseases	30				5	20	5
Accidents	13	3	2	2	1	4	1
Suicides	1					1	
All other Causes	162	60	12	6	1	38	45
All Causes	450	148	71	18	15	117	81

Following is a table giving the average birth-rate, death-rate, and the zymotic-rate for the past ten years :—

Year.	Estimated Population.	No. of Births.	No. of Deaths.	Death-rate per 1,000 living.	Birth-rate per 1,000 living.	Zymotic Death-rate.
1893	25,300	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	„	859	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
1899	„	900	480	18·4	34·6	3·7
1900	„	925	526	20·2	35·5	4·4
1901	26,544	876	387	14·5	33	2·4
1902	26,700	954	450	16·8	35·9	1·9

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

Street.	Deaths from all causes.	Zymotic Deaths.
Addison Street ...	5	1
Albert Street ...	3	
Alma Street ...	5	
Bilston Road ...	7	
Birmingham Street ...	2	
Brookside ...	3	1
Butcroft ...	1	
Brunswick Terrace ...	4	2
Brunswick Park Road ...	2	
Bright Street ...	4	
Brickkiln Street... ..	5	
Bridge Street ...	6	1
Chapel Street ...	3	
Chapel Street, King's Hill ...	3	
Corns Street ...	2	
Camphill Lane ...	2	
Church Hill ...	1	1
Camp Street ...	7	
Church Street ...	8	
„ „ King's Hill ...	1	
Cobden Street ...	11	3
Cook Street ...	8	1
Cross Street ...	9	2
Crankhall Lane... ..	2	1
Delves ...	2	
Dale Street ...	10	
Dangerfield Lane ...	3	1

Street.	Deaths from all causes.	Zymotic deaths.
Darlaston Road ...	9	
Darlington Street	15	4
Dudley Street ...	12	2
Elwell Street ...	9	2
Friar Street ...	5	1
Foley Street ...	2	
Foster Street ...	6	
Franchise Street	8	
Great Western Street	4	
George Street ...	4	3
High Bullen ...	1	
High Street ...	11	2
Hill Street ...	5	1
Hydes Lane ...	1	
Hobbins Street ...	1	
Holyhead Road ...	13	1
Hollies Drive ...	1	
Hall End ...	6	
Hobbs Hole ...	2	
Hope Terrace ...	2	
King's Hill ...	17	4
King Street ...	4	
Kendrick Street	1	
Lloyd Street ...	1	
Little Hill ...	1	
Ladbury's Lane...	5	1
Lea Brook ...	5	
Market Place ...	3	1
Mill Street ...	4	
Meeting Street ...	13	
Moseley ...	19	2
North Street ...	1	
New Street ...	2	1
Oakeswell Street	1	
Old Park Road ...	1	
Old Union Street	5	1
Oxford Street ...	7	1
Perry Street ...	5	
Pritchard Street	1	
Piercy Street ...	4	1
Portway Road ...	13	2
Potters Lane ...	5	
Park Street ...	4	1
Queen Street ...	12	1
Russell Street ...	6	
Ridding Lane ...	3	
School Street ...	1	
" " King's Hill	3	

Street.	Deaths from all causes.	Zymotic Deaths.
Short Street	4	
St. James' Street	2	1
Stafford Street	3	
Sparrow's Forge Lane	2	
Sampson Street... ..	2	1
Terrace Street	5	1
Trouse Lane	7	1
Union Street	3	
Vicarage... ..	4	
Well Street	1	
Victoria Street	4	
Wood Street	1	
Wellcroft Street	4	1
Walsall Road	4	
„ „ King's Hill	13	1
Wood Green	7	1

In the foregoing tables will be found such statistics as are needed in order to form an opinion as to the health of the town during the year. This I think may be regarded as fairly satisfactory.

I shall now make allusion to the incidence of zymotic disease during the year, and in the first place to the working of the Notification of Infectious Diseases Act. The total number of cases notified was 416, made up as follows:—Scarlet fever, 272; erysipelas, 56; enteric fever, 39; diphtheria, 27; membranous croup, 21; and puerperal septicoemia, 1.

In striking contrast to the other diseases stands scarlatina—the cases of which numbered 272—a number not only large in itself, but far larger than the list of the two preceding years, in each of which the number was strikingly heavy. Moreover the deaths were disproportionately numerous. The following are the figures for the past three years:—1900, 154 cases with six deaths; 1901, 215 cases with three deaths; 1902, 272 cases with 13 deaths. These figures, it appears to me, cannot be lightly regarded, and it will be plain to everyone that the notification of scarlatina has not been of any practical use in stamping out the disease. It is necessary to examine the facts somewhat more closely, and under existing circumstances be it remembered that notification is only of value in so far as it enables disinfection to be carried out, by which I mean that no means have been taken to isolate the disease. Now disinfection has clearly not

proved of much value, nor can its failure be a matter of surprise, and for this reason, that effective disinfection is impossible. What are the facts? In most cases the only nursing available is such as can be done by the mother of the patient, who also has the management of the household and family. The consequence is that the scarlatinal poison is scattered broadcast through the house, with the result that disinfection is ultimately required not for a room but for the entire house and its contents. This makes disinfection impracticable. Nor is this all, for cases must be remembered where the mother supplements her income by taking in washing or sewing. In other instances a portion of the clothing is regularly pawned. Need we wonder under these circumstances that the disease is not checked? I hope to find that the Council will agree with me that further means of dealing with this dangerous affection are urgently called for. Of course I refer to isolation, and would urge the importance of providing a Scarlatina Hospital, to which all cases should promptly be removed, where the patient's house does not afford the necessary accommodation or where it is impossible to provide a nurse for the case, who shall do nothing else and remain wholly apart from the rest of the household. I earnestly commend this important and pressing matter to the attention of the Council. What I have said on this subject, however, needs qualification. It must be understood that isolation in itself will not enable the Health Authority to successfully cope with an outbreak of the disease. The two measures called for are isolation and effective disinfection, systematically performed. The isolation needs to be carried out early in the case, and the disinfection of the house performed as soon as possible after the removal of the patient. To make this practicable there can be no doubt but that an official is needed in a town like Wednesbury who should be responsible for all the disinfections. It must not be supposed that the ordinary duties of a Sanitary Inspector and this special work can be performed by the same person. Without a thorough system of disinfection isolation is nearly useless, in so far as it checks the progress of an epidemic. Apart, however, from this main justification for the isolation of scarlatina there is, of course, the undoubted fact that the nursing and treatment of the children can be more advantageously carried out in hospital than in the large majority of the houses. The following are the provisions that the Health Authority must make if scarlatina is to be controlled :—

- 1.—A Hospital for the reception of the cases.

2.—An Official who shall conduct systematic disinfection.

3.—A Station where the family of an infected house can be received for 24 hours whilst the disinfection of the house is thoroughly carried out.

It cannot be too thoroughly realised that no half-hearted policy can succeed in coping with a disease like scarlatina. Half measures only lead to useless expenditure. Let us look at the facts fairly and recognise that disinfection as at present performed in Wednesbury is a farce.

The Hospital has not been required for the treatment of small-pox during the year, no cases of the disease having arisen. On August 30th, however, two young children suffering from scarlatina were removed to the Hospital from 6, Loxdale Street. The mother of the children had just been confined, and occupied the same room as the children. They underwent a moderately severe attack of fever, and were discharged well after a stay of six weeks.

Another year has passed without the appointment of an Assistant Inspector. I trust that such an appointment will shortly be made. The following might be included in the duties of such an official:—(1) the removal of typhoid excreta in the pans already provided for the purpose; (2) the systematic disinfection of scarlatinal premises; (3) the disinfection of recently emptied middens.

The deaths from *Enteric Fever* were five in number. As I have previously stated, the privy midden system which prevails in Wednesbury is one which is likely to be associated with outbreaks of enteric fever from time to time. There was, however, never during the year anything in the nature of an epidemic.

Of the 27 cases of *Diphtheria* notified, only one ended fatally. One cannot help doubting whether all the cases notified were really diphtheritic.

Measles were responsible for no fewer than 14 deaths. At the same time little comment is called for, inasmuch as we are not able to suggest any method of controlling the disease.

No case of *Smallpox* occurred during the year.

Whooping Cough was responsible for 11 deaths, of which probably the majority resulted from neglect in the matter of treatment.

The vaccination record for the year ending June 30th, 1902, shews a striking improvement as compared with the foregoing twelve months. Thus out of 804 children alive at the end of June, 1902, and born during the preceding twelve months, no fewer than 681 were successfully vaccinated, as compared with 481 vaccinations amongst 766 children in the preceding year. This means that the percentage of successful vaccinations in the year under review was 84·7, as compared with 62·7 in the previous year. Further it will be seen that this year's return shows no defaulters, whereas those in the previous year were 145 in number. This indicates very thorough work on the part of the Vaccination Officer. The calf lymph supplied by the Government has again yielded excellent results. Of the total number of vaccinations done, it must not be forgotten that a considerable proportion were only vaccinated in one place. Experience has shown that protection against smallpox thus afforded is very transient, and such a practice must be strongly condemned.

Sanitary Work.

Appended is a table shewing the work carried out in the Sanitary Inspector's Department :—

SUMMARY OF SANITARY WORK done in the Nuisance Inspector's Department during the year 1902, in the Urban District of Wednesbury.

	Inspections and observations made.	Formal Notices by Authority.	Nuisances abated after Notice.
Dwelling Houses and Schools—			
Foul Conditions	85	21	21
Structural Defects	10	8	7
Overcrowding	5	5	5
Unfit for Habitation	5	5	5
Lodging Houses	76	2	2
Cowsheds	10	1	1
Bakehouses	52	2	2
Slaughter Houses... ..	40	2	2
Ashpits and Privies	2858	84	76
Deposits of Refuse and Manure	9	9	9
Water Closets	80	17	17
House Drainage—			
Defective Traps	116	57	57
Other Faults... ..	8	5	5
Water Supply	5	5	5
Pigsties	10	3	3
Animals improperly kept	9	9	9
Offensive Trades	1	1	1
Other Nuisances	28	28	28
Totals	3407	264	255

Precautions against Infectious Disease :—Houses disinfected after infectious disease, 210.

Amongst other sanitary improvements carried out during the year I may mention the following :—

Reconstruction of ashpit and privies at 31 and 33, Darlington Street.

At 14, 15, and 16, Hall End.—These three houses have been overhauled and put in proper repair. The yard has been paved, and the drains continued from the public sewer to the wash-houses.

1 Court, Russell Street—No. 1-4.—These houses have been overhauled and put in proper repair, including the drains, water closet, and yard.

At 32 and 33, Sparrows Forge Road.—These premises have been drained into the public sewer, and the outhouses rebuilt.

At 34-40, Wood Street, and 24-27, Sparrows Forge Road.—Here a large wet midden has been removed, the premises drained into the public sewer, and six privies converted into water closets.

At 53-61, Ethelfleda Terrace.—These houses have been put into proper repair, and their drains connected with the public sewer.

An examination of the figures I have placed before you in the foregoing tables indicates that the health of the town has been fairly satisfactory, although not up to the exceptional standard of the previous year.

Before ending this report there is one point to which I feel some allusion should be made. I refer to the question of new buildings. Hitherto considerable stress has been laid upon the desirability of substantial building. Against this I have nothing to say. Nevertheless, I must urge upon the Authority the necessity of insisting that yards or courts round about the houses should be properly paved and channeled. Where the premises include a garden this is naturally not included in my remark, but the yard space immediately round the dwelling and wash-house is, as a matter of course, being constantly fouled with filth or sewage of various kinds. Such contamination is productive, in my opinion, of much disease and of much of the squalor so often observed about the homes of the poor. I feel strongly that

an effective step will have been taken by the Health Authority refusing to sanction any plans where this necessary feature has been neglected.

Finally, I would acknowledge the assistance I have received during the year from your Sanitary Inspector.

I remain, Mr. Mayor and Gentlemen,

Yours faithfully,

WALTER GARMAN,

Medical Officer of Health.