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**The Urban District Council
of Wellingborough.**

ANNUAL REPORT

OF THE

MEDICAL OFFICER

FOR THE YEAR 1920

BY

J. ARTHUR, M.D.

WELLINGBOROUGH :

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The Urban District Council of
Wellingborough.

REPORT
of the Medical Officer of Health.

TO THE URBAN DISTRICT COUNCIL OF WELLINGBOROUGH.

MR. CHAIRMAN AND MEMBERS,

I have the honour to herewith present to your notice my report on the health of the District during the year 1920.

I wish to take this opportunity of thanking the Chairman and Members of the Hospital Committee for their unfailing encouragement and support and the officials of the Council to whom I am greatly indebted for their courtesy and help in carrying out the work of this Department.


In particular I am much indebted to your Sanitary Inspector, Mr. W. E. Hall, who carries out his duties with so much ability.

I am, Gentlemen,

Your obedient Servant,

J. ARTHUR,

MEDICAL OFFICER OF HEALTH.



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CHIEF FIGURES FOR 1920.

Population (Census 1911)	19,758
Estimated Population, 1920... ..	21,224
Birth Rate	20.35
Death Rate	10.69
Infantile Mortality	83.3
Death Rate from Pulmonary Tuberculosis	1.03
Total Births :—	
Legitimate	412
Illegitimate	20
	— 432
Total Deaths from all causes	227
Total Deaths of Infants under One Year :—	
Legitimate	34
Illegitimate	2
	— 36
Area of District in Acres (land and inland water)	4,265
Number of Inhabited Houses	4,654
Average Number of Persons per House	4.3

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Population. The estimated population at mid-year 1920 from figures supplied by the Registrar General is 21,224, while the estimated population from the Housing Survey is 21,400. Owing to the extraordinary conditions affecting population in recent years, it will be interesting to see how this figure compares with the forthcoming census. The various rates are based on the Registrar General's figures.

Physical Features. The town of Wellingborough is situated on the South Eastern side of a Hill sloping towards the Nene Valley on the South, and the Valley of the Ise Brook on the East. The highest point of the town is about 280 feet above the sea level, while the Nene Valley is little more than 100 feet, so that the slope is considerable, and the town receives the maximum of sunshine, and drainage is facilitated. The subsoil is mostly clay on the top of ironstone.

The District is an industrial one, the majority of the inhabitants being engaged in factory work.

The staple trade is the boot and shoe industry and its allied trades. The manufacture of clothing is also a large and increasing industry, while the melting and smelting of ironstone gives employment to many people in this and the surrounding districts. The Engineering trade is also developing in the District.

VITAL STATISTICS.

Births. The total nett births registered during the year was 432 compared with 326 in 1919. Of the total 227 were males and 205 females, so that when one allows for the infantile mortality (22 males and 14 females) there is not much difference between the number of each sex.

The total birth rate works out at 20.35 per 1000 of population compared with 15.33 in 1919, and this is the highest rate since 1909.

There were 20 illegitimate births, 12 male and 8 female, compared with 32 in 1919, and is equal to a rate of 46.29 per 1000 births.

Deaths.—The total nett deaths for the year were 227 compared with 279 in the previous year. There were 112 male and 115 female deaths, so that the sexes are almost equal. The death rate works out at 10.69 per 1000 compared with 13.13 in 1919, and is I believe, the second lowest on record for Wellingborough, the lowest being in 1913 when the rate was 9.38.

Infantile Mortality. The deaths of infants under one year numbered 36, of which 2 were illegitimate. This is considerably higher than last year, but the greater the number of births, the greater the number of infantile deaths, and the rate, which works out at 83.3 per 1000 births is very slightly larger than last year when the rate was 82.8. It will be noted that of the 36 infantile deaths, 20 were due to congenital causes, the majority being premature births.

The higher the number of births, the higher the infantile mortality from congenital causes, so that if we compare 1918 (vide table) which had the lowest birth rate and lowest infantile mortality rate, with the present year, the rate would work out at roughly 100 instead of 61.

The two largest factors in infantile mortality as a rule are congenital causes including premature birth, and epidemic or summer diarrhœa. This year 20 deaths were due to the former cause, while not a single death was due to diarrhœa. This is a remarkable feature which is worthy of note. In my opinion this gratifying feature in the infantile death rate is in some measure due to the cool summer with remarkably few house flies, the general prosperity of the people, and the educational work of the Infant Welfare Centre.

In spite of this, however, the infantile mortality rate is higher than that for the country as a whole.

Coming to the age incidence of deaths I find that out of the total of 227 there were 36 infantile deaths; 54 in persons over seventy years of age; 30 in persons over eighty; and 3 in persons over ninety.

The diseases which are most frequently responsible come in the following order:—Cancer 24, Pulmonary Tuberculosis 22, Organic Heart Disease 21, Congenital Debility, etc. 20, Pneumonia, all forms, 12, Bronchitis 10, Influenza 8.

Deaths from Zymotic diseases were as follows:— Measles 7, Diphtheria 2, Whooping Cough 1. As in former years the infection mortality is chiefly caused by non-notifiable diseases; in this year, Measles and Whooping Cough.

SANITARY CIRCUMSTANCES OF THE DISTRICT.

Water Supply. The supply of Water is chiefly obtained from a well 35 feet in depth, situated at Bushfield, about $1\frac{1}{4}$ miles N.W. of the town which gives an average supply of 16,000 to 18,000 gallons per hour according to the rainfall. A supplementary supply is obtained from Hardwick, $1\frac{1}{2}$ miles from Bushfield in the same direction. The geological formation is the same in both

places and is known as the Northampton Sand, which embraces the Lower Estuarine Beds and the Ironstone Series below.

The water contains 33 degrees of hardness, but after being subjected to a softening process carried out on the continuous system, is reduced to 15 degrees, 12.5 degrees of which are permanent.

The water is filtered and pumped into service Reservoirs, from which the town is supplied by gravitation.

The consumption of water in 1920 averaged 231,529 gallons per day, equivalent to $11\frac{1}{2}$ gallons per head of the population. It must be borne in mind, however, that in many houses in the town provision is made for the collection of rain water for washing purposes.

The water supply is constant, abundant, and pure, and is free from contamination.

Rivers and Streams. There have been no complaints of any pollution of rivers and streams in the district during the year.

Drainage and Sewerage. The drains of practically every property in the district are connected with the town sewers. The sewage is treated by broad irrigation on a Sewage Farm about 400 acres in extent, situated within the adjoining Urban District of Irthlingborough. The sewage is discharged from the main outfalls into open tanks from which it is pumped direct to the various parts of the Farm as required. The irrigation is well managed and the effluent is quite satisfactory. The sewage system is quite efficient and sufficient, whilst the sewage farm is a financial asset to the town.

Closet Accommodation. This it is satisfactory to note is entirely on the water-carriage system, there being now no privies, the remainder of the latter being abolished in 1915. There is, however, room for considerable improvement in the closet system. The majority in the cottage property are of the long hopper type and hand flushed. With an abundant water supply there is no reason, except that of expense (a considerable matter in these days), why hand flushing should not be abolished. It is seldom properly carried out, and people will not give the necessary time and trouble to it, the frequent result being choked drains. It is to be hoped that owners of property will do their best to instal flushing cisterns at the earliest opportunity.

Scavenging. There are no ashpits, privies or cesspools. House refuse is stored in movable receptacles of sorts, and collected once a week in the Council's covered wagons.

The retrograde step in the disposal of house refuse, which was foreshadowed in my last report, has been taken. Until the present year house refuse was collected in the Council's covered wagons, and conveyed straight to the Gas Works where it was destroyed by incineration. The Contract with the Gas Company having expired, it was thought fit not to renew it, and the destructor has since been pulled down.

The present arrangement is as follows :—The refuse is still collected once a week in the horse wagons and taken to the Council Yard in Cannon Street. There it is dumped and transferred to motor lorries and taken to a " tip " at the Sewage Farm, where it pollutes the air of the vicinity. The present tip is nearly full, and a site for a new one will have to be found. One foresees the time when the difficulty will be to dispose of the refuse without causing a serious nuisance. In the interests of Public Health the Council will have to consider some better method of refuse disposal.

That this new method of refuse disposal is a retrograde step, I think no one will question. In this respect the clock has been put back for many years.

Since I was appointed M.O.H. I have advocated the bi-weekly collection of house refuse, at least during the summer months, and I again strongly press this matter on the attention of the Council.

The ash-bins are most unsatisfactory, any old receptacle being used ; the sanitary dust-bin with a TIGHT-FITTING cover being the exception and not the rule. It is essential in the interests of public health that dust-bins should have a tight-fitting cover, otherwise in the summer-time they become breeding places for flies. Also in Summer there are few domestic fires and much of the rubbish which in winter is burnt goes into the ash-bin adding considerably to the bulk of the refuse.

There has been considerable propaganda in recent years with regard to the influence of the house-fly in the spread of disease, and the " kill that fly " campaign has been energetically carried out in many districts. The first step is to attack the breeding ground of the insect, which is any collection of house or stable refuse. It is therefore imperative to prevent the accumulation of refuse, and the most efficient way, as well as the most sanitary, is to burn all house refuse at once. Therefore, whatever the cost of storing refuse in proper receptacles, and the frequent removal and destruction of it, it is money well spent, and will give a better return in the increased health and well-being of the community, than money spent in many other directions.

The scavenging of the streets is on the whole satisfactory, and if the amount of paper, etc., blowing about in the centre of the town at night and in the early morning is most undesirable, it is not the fault of the scavengers ; most of this refuse is caused by the patrons of the Fish and Chip Saloons. It would be very desirable that such places should have "on" licenses, the edibles to be consumed on the premises. There would seem to be a great future for any enterprising person to open a roomy restaurant where the patrons could sit down and enjoy their fish and chips in comfort. I am glad to note that the local Co-operative Society in their new Cannon Street premises have made a move in this direction.

Sanitary Inspections of the District. In the Appendix will be found a clear tabular statement of the work of the Sanitary Inspector during the year.

PREMISES AND OCCUPATIONS CONTROLLED BY BYE-LAWS OR REGULATIONS.

1.—**Slaughter Houses** are 20 in number, are licensed for one year and the Model Regulations of the Ministry of Health are in force. They have been frequently inspected and defects found have been remedied.

2.—**Bakehouses** are 33 in number and on the whole have been found in satisfactory condition.

3.—**Dairies, Cow Sheds and Milk Shops** total 60. The regulations dealing with these date back to 1903 and require bringing up-to-date. Most of the premises on inspection were found to comply with the regulations, but fall short of modern requirements.

There are numerous small retailers, and frequently an ordinary living room is cleared for the purpose. Further reference will be made to the Milk Supply later on.

4.—**Common Lodging Houses** are two in number and are frequently inspected. They have been well managed during the year.

5.—**Underground Sleeping Rooms** to the best of our knowledge do not exist in Wellingborough.

SCHOOLS.

The administrative control of the Public Elementary Schools of the town is in the hands of the County Education Committee, and in matters pertaining to Public Health the School Medical Officer and I are in touch. There were no matters of importance that arose during the year concerning the sanitation of the Schools or health of the Scholars.

The health of the Scholars during the year was satisfactory on the whole.

There was an epidemic of Measles during the Summer, chiefly affected children attending the Infant Schools, but otherwise the health of the children was satisfactory. The following were the closures during the year :—

SCHOOL.	PERIOD.	CAUSE.
The Avenue	26th July, after holidays	Measles.
Victoria Infants	" "	"
Rock Street	" "	"
Winstanley Road	5th July, after holidays	"
St. Barnabas	" "	"

FOOD.

(a) **Milk Supply.** This is, on the whole, as satisfactory as in similar districts. There is much need, however, for further improvements in the supply and distribution of milk. Many Cow Sheds and Dairies, though complying with the regulations, leave much to be desired in the matter of cleanliness and hygiene. There are very few Dairies which have any arrangements for the cooling of milk, and the premises for storing it for retail, though generally very clean, are in some cases not at all suitable for the purpose.

No action has been taken with regard to tuberculous milk, but at last a Veterinary Inspector has been appointed for this and the adjoining Rural District, which is a step in the right direction.

(b) **Meat—(i.) Inspection.** Owing to the recent de-control of the sale of meat, the Central Depot, where all the meat for Wellingborough and the surrounding districts was collected, inspected, and issued, has been closed, and we have returned to the *status quo ante*. Butchers buy in the open market, and kill in their own slaughter houses. Where killing is going on more or less simultaneously in many slaughterhouses instead of the select few, it is obviously more difficult to have efficient inspection, especially when only one inspector is available. It is physically impossible for the inspector to be in more than one place at once. Nevertheless, inspection is carried out as efficiently as is possible under the circumstances, and the conditions under which meat is slaughtered will compare favourably with similar towns where there is no public abattoir.

(ii.) **Public Abattoir.** It was hoped that when de-control took place, a public abattoir would be established in Wellingborough, and to this end conferences took place between the Council and the parties concerned. An Inspector from the Ministry of Health

came down, and at one time it looked as if the project would be successful. To work properly, such an establishment would need the support and co-operation of surrounding districts, but this was not forthcoming, and eventually the project fell through. I am afraid that there is little hope of a public abattoir in Wellingborough until the Government decide to adopt a universal scheme for the whole country.

(iii.) No prosecutions took place during the year under section 117 of the Public Health Act.

(iv.) **Tuberculous Meat.** During the year the carcasses and parts of carcasses condemned for Tuberculosis were as follows:—

Whole carcasses	...	...	12
Part carcasses	...	...	15
Total	...	...	27

Last year the total was 33.

(c) **Other Foods.** During the year a strict watch has been kept on the quality of the food supply and a reference to the Sanitary Inspector's report will show the amount of food that was condemned as unfit for the food of man.

Premises where foods are manufactured, prepared, stored, or exposed for sale have been regularly inspected, and have been found on the whole to be satisfactory and to comply with existing regulations.

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASES.

On the whole there was a slight increase in the amount of infectious disease during the year. There was an epidemic of Measles in the summer, but otherwise there was nothing particularly noteworthy.

Erysipelas. This is still on the list of compulsory notifiable diseases though in many districts it is questionable if many of the cases are ever notified. It is a relic of other days and might well be omitted from the list. There were 16 cases notified compared with 19 last year.

Enteric Fever, I am glad to say, was conspicuous by its absence, no notifications being received.

Scarlet Fever. 13 cases notified against 8 in 1919. The town has been remarkably free from this disease for some years, but there may be a recrudescence at any time. All the cases were mild ones, and occurred sporadically throughout the year. There were no "return cases."

Diphtheria. 32 cases were notified compared with 18 in the previous year. Many of the cases were mild in type, and were definitely diagnosed by bacteriological examination. There were two fatal cases, both in young children.

There was no epidemic; the cases occurring in all parts of the town. 12 of the 32 were notified during the months of November and December, the seasonal period, when the disease was very prevalent all over the country. As regards the source of infection, no positive cause was found, but in my opinion the spread of infection was due to undetected cases. In several instances there was a history of previous sore throats in the family, and I have no doubt that many mild cases were never seen by a doctor. No "carriers" as such were discovered, though several cases were detected in the convalescent stage, and this shows how advisable it is for persons with sore throat to seek medical advice.

It is largely owing to the frequent use of bacteriological methods that so many cases were discovered, and diphtheria antitoxin was freely provided and used in every case.

Small Pox. No cases occurred, I am glad to say, and there were no primary vaccinations or re-vaccinations performed under the Regulations of 1917.

Public Health Regulations of 7th January, 1919. The only notifications received under this Regulation were 15 cases of pneumonia and 2 of malaria contracted abroad, and it would seem that these Regulations might now well be rescinded.

Non-notifiable Infectious Diseases. Measles. The order of 27th November, 1915 having been rescinded, Measles and German Measles are no longer compulsorily notifiable, which to my mind is a matter for regret. **Measles** was epidemic during the summer months, chiefly among young children. There were 7 deaths from this disease which causes such a heavy annual mortality among children, more than all other infectious diseases combined.

Whooping Cough was also prevalent, but it is difficult to say to what extent, as many cases do not receive medical attention. There was one death.

Influenza was somewhat prevalent in the Spring but fortunately was of a much milder type than in the 1918 and 1919 epidemics. There were 8 deaths from this malady compared with 27 in 1919.

No cases of locally contracted anthrax or rabies occurred during the year.

Except at the Union there are no facilities provided in the district for the cleansing and disinfection of verminous persons and their belongings.

Tuberculosis. The notifications of this disease again show a decline as will be seen from Page 21. A total of 47 were received, of which 35 were cases of pulmonary tuberculosis, and 12 were other forms of tuberculosis.

Although the number of notifications has decreased there is no falling off in the mortality, there being 22 deaths from Pulmonary Tuberculosis in 1920, and 20 in 1919. There seems to be some reluctance in notifying cases until the disease is well established, which is perfectly natural. The onset of the disease is often insidious, and prolonged, and medical practitioners hesitate to notify a case until the diagnosis is established beyond doubt. There is, however, a belief that in recent years there has been some decline in the disease.

Of the total of 35 notifications of pulmonary tuberculosis, 14 were males and 21 females, so that it would appear that the disease is more prevalent in the female sex. No particular occupation seems to be particularly liable; 11 of the 35 were engaged in the staple trade, but if the ratio was worked out I do not think it would be found that there was any preponderance in the shoe and leather trades compared with other occupations.

The treatment of tuberculosis in this district is administered by the County Council.

MATERNITY AND CHILD WELFARE.

The administration of the Maternity and Child Welfare Act 1918 is in the hands of the County Council, and the Wellingborough Centre is therefore under the jurisdiction of the County Authorities.

The work is only in its infancy, and further developments and a better linking up with other branches of preventive medicine will soon take place.

With regard to infectious diseases particularly affecting parturient women and children, it is satisfactory to note that no cases of puerperal fever, ophthalmia neonatorum, epidemic diarrhoea or poliomyelitis were reported; measles and whooping cough occurred and have been already referred to.

SANITARY ADMINISTRATION.

1.—**Staff.** The Staff consists of a part time Medical Officer and one Sanitary Inspector. With the numerous and increasing

duties of public health officials, particularly in regard to inspection of food and housing, it is obvious that more assistance will be required if the work is to be efficiently carried out.

2.—Hospital Accommodation. The Isolation Hospital is situated in a good position on the outskirts of the town. Prior to the war there was only accommodation for Scarlet Fever cases, but in 1916 a Diphtheria block was built. In addition a fully trained matron and nurses form the staff, and the work of treating these diseases is most efficiently carried out.

There are 16 beds in the Scarlet Fever block and 12 in the Diphtheria block.

During the year 45 cases (12 scarlet fever and 33 diphtheria) were admitted, with one death. Owing to the shortage of nurses and servants, the work was carried out frequently under considerable difficulties, and the Matron and her staff are deserving of great praise for the efficient way in which the work was carried on. As most people are aware it is almost impossible to fill a vacancy, either nurse or servant, when it occurs, and this is the same all over the country. For this reason a scheme has been started in Leicestershire whereby the nurses for the nine Isolation Hospitals are pooled, and drafted from hospital to hospital as their services are required. Could not a similar scheme be adopted in this County?

During the year an arrangement was made whereby cases from the Wellingborough Rural District were admitted when accommodation was available, and during the year 7 cases of diphtheria were admitted from this district, with no deaths. Incidentally the payment for these patients helps towards the cost of upkeep of the hospital.

Application was made during the year from another District for admission of a case, but owing to lack of accommodation it had to be declined. The time is coming when a combined hospital serving the surrounding districts, Finedon, Irthlingborough, Rushden, as well as the Wellingborough districts will be established, and Wellingborough is naturally the place for it.

The following shows the number of admissions dealt with during the year:—

Number of patients in hospital on December 31st, 1919.			
	Scarlet Fever.	Diphtheria.	Total.
Urban	2	3	5

Admitted during the year 1920.

	Scarlet Fever.	Diphtheria.	Total.
Urban ...	12	26	38
Rural ...	—	7	7
	—	—	—
	12	33	45

One case of Tracheotomy which proved fatal.

Beds occupied during the year (days) 1,575. Average stay of patients in hospital, 35 days.

16 patients were admitted during the first 6 months, compared with 29 in the latter 6 months of the year.

Remaining in hospital on December 31st, 1920.

	Scarlet Fever.	Diphtheria.	Total
Urban ...	2	3	5
Rural ...	—	—	—

The Small Pox Hospital is situated at Spike Island outside the the district and about a mile from the town.

Thanks to the organising power of your Sanitary Inspector, accommodation for patients can be available in less than 3 hours notice. Equipment for six patients is stored in readiness.

3.—**Local Acts and General Adoptive Acts in force in the District.**

These are as follows :—

The Public Health Act, 1890.
Infectious Diseases (Prevention) Act, 1890.
Public Health Act, 1907 (parts of).
Baths and Wash-houses Acts.
Notification of Births Act, 1907.

The administration of these Acts does not call for any special comment. Under the last-named Act the Health Visitor is appointed by the County Council.

4.—**Bacteriological Work.** This is now carried out at the bacteriological laboratory of the Northampton General Hospital, and free use is made of the facilities provided.

HOUSING.

The housing problem, as everyone knows, is one of the most difficult that Local Authorities have to contend with. It is needless to recapitulate the reason why the problems is so acuye ; they are so well known to everyone.

I.—GENERAL HOUSING CONDITIONS IN THE DISTRICT.

(1).—**General Housing Conditions.** Everyone knows the difficulties and trials the country has gone through over the Housing Problem, of which Wellingborough has had its full share, and it is unnecessary to go into the history of the trouble. It is also unnecessary to explain that when we speak of houses at the present time, we refer solely to what are termed "houses for the working classes."

The general housing conditions in Wellingborough will, I think, compare favourably with other similar sized industrial towns. There has been no great increase in the population, so the difficulty is not so acute as in some other centres, but as no houses to speak of have been built for the last ten years, there is obviously a lot of leeway to make up.

(2a).—When the Housing Survey took place in 1919, it was estimated that to meet the unsatisfied demand, 200 new houses would be required in Wellingborough during the next three years, an average of practically 70 houses per annum.

(b). In conformity with the Government requirements, the Swanspool estate was purchased, and laid out for building, and before the end of 1920, 32 houses were under construction; but, as I anticipated, none were ready for occupation. I understand that so far as 1921 is concerned, plans have been passed for another 42 houses. How many will be completed by the end of the present year remains to be seen, but the present outlook is none too optimistic.

(3).—The population is more or less stationary, and no important changes are anticipated in the immediate future.

II.—OVERCROWDING.

1. It is very difficult to say to what extent overcrowding exists. No complaints on this score were received during the year, and in the course of inspection there were only a few houses found to be actually overcrowded. Approximately 150 houses contain more than one family, but in many of these one cannot say that overcrowding exists.

2. As regards the cause of overcrowding the chief difficulty is the house shortage. There are, as I have mentioned, many houses where two families are living, and in probably the majority of these the second family consists of a newly married couple, or a couple and one child. On the other hand, there are families with several children in houses that are too small, but no other house is available and they have to remain where they are.

3. It has been impossible to deal with overcrowding in the circumstances until more houses are available. The only immediate remedy, it seems to me, would be to ration out houses according to the size of the family, but such a scheme would only be feasible in Utopia.

4. One case of overcrowding was dealt with officially during the year.

III.—FITNESS OF HOUSES.

1 (a) The general standard of housing in the district is very good. Of the working class houses three-quarters of the total number or 75% are houses containing parlour, living room, scullery and three bedrooms. There are no tenements in block buildings, and only 17 houses with less than four rooms.

(b) Defects found are chiefly minor ones. The chief defect is dampness, due to the heavy sub-soil and the absence of damp proof courses. Owing to the arrears of the war period and the scarcity and cost of labour and materials it has been difficult to carry out necessary repairs.

2. General action taken as regards unfit houses:—

(a) Under the present Public Health Acts, as will be seen from the Inspector's Report, out of 229 cases it was only necessary in one instance to serve a statutory notice. I think this speaks well for the relations between the officials of the Council and the owners.

(b) No action was taken under the Housing Acts.

3. The chief difficulty in remedying existing defects is simply a question of ways and means. Repairs are being carried out as rapidly as possible under the circumstances. We have no unfit back-to-back houses.

4. Conditions so far as they affect housing, as regards water supply, closet accommodation, and refuse disposal, have been already dealt with under the sanitation of the districts.

IV.—UNHEALTHY AREAS.

There are none.

V.—BYE-LAWS RELATING TO HOUSES, HOUSES LET IN LODGINGS, &c.

The bye-laws of the district dealing with houses date back to 1859. Comment is needless. From time to time there has been vague talk of bringing them up-to-date, but no progress has been made. There are no bye-laws regarding houses let in lodgings, tents, vans, &c.

VI.—GENERAL AND MISCELLANEOUS.

No special action as regards housing that is not covered above, has been undertaken during the year.

VII.—APPENDICES.

1.—GENERAL.

(1)	Estimated population	...	...	...	...	21224
(2)	General Death-rate	...	...	...	...	10.69
(3)	Death-rate from tuberculosis	...	...	...	...	1.03
(4)	Infantile mortality	...	...	...	...	83.3
(5)	Number of dwelling-houses of all classes	...	...	...	...	4,654
(6)	Number of working-class dwelling-houses	...	...	...	...	4,326
(7)	Number of new working-class houses erected...	...	...	...	...	None

2.—UNFIT DWELLING-HOUSES.

I.—Inspection.

(1)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	325
(2)	Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	...	...	...	...	None
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	1
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	...	...	...	...	110

II.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	110
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III.—Action under Statutory Powers.

A. Proceedings under Section 28 of the Housing, Town Planning, &c., Act, 1919	No action taken.
B. Proceedings under Public Health Acts :	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	1
(2) Number of dwelling-houses in which defects were remedied :—	
(a) by owners	1
(b) by Local Authority in default of owners	—
C. Proceedings under Sections 17 and 18 of the Housing, Town Planning, &c., Act, 1909	No action taken.

3.—UNHEALTHY AREAS.

Areas represented to the Local Authority with a view to Improvement Schemes under (a), Part I., or (b), Part II., of the Act of 1890... ..	None
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4. Number of houses not complying with the building bye-laws erected with consent of Local Authori- ty under Section 25 of the Housing, Town Planning, &c., Act, 1919	None
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5. Staff engaged on housing work with, briefly, the duties of each officer	No special Staff
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ANALYSIS OF CAUSES OF DEATH
During the Year 1920 (Civilians only).

CAUSE OF DEATH.				TOTAL.	MALES.	FEMALES.
1.	Enteric Fever ...	...	...	—	...	—
2.	Small Pox ...	...	...	—	...	—
3.	Measles ...	...	...	7	5	2
4.	Scarlet Fever ...	...	...	—	...	—
5.	Whooping Cough ...	...	...	1	—	1
6.	Diphtheria and Croup ...	...	...	2	1	1
7.	Influenza ...	...	...	8	3	5
8.	Erysipelas ...	...	...	1	1	—
9.	Phthisis ... (Pulmonary Tuberculosis)	...	...	22	8	14
10.	Tuberculous Meningitis ...	...	...	4	2	2
11.	Other Tuberculous Diseases ...	...	...	1	—	1
12.	Cancer, malignant disease ...	...	...	24	11	13
13.	Rheumatic Fever ...	...	...	1	—	1
14.	Meningitis ...	...	...	—	...	—
15.	Organic Heart Disease ...	...	...	21	8	13
16.	Bronchitis ...	...	...	10	5	5
17.	Pneumonia (all forms) ...	...	...	12	6	6
18.	Other Diseases of Respiratory Organs ...	...	...	6	5	1
19.	Diarrhoea and Enteritis ...	...	...	—	...	—
20.	Appendicitis and Typhlitis ...	...	...	1	1	—
21.	Cirrhosis of Liver ...	...	...	1	1	—
21.A	Alcoholism ...	...	...	1	1	—
22.	Nephritis and Bright's Disease ...	...	...	6	3	3
23.	Puerperal Fever ...	...	...	—	...	—
24.	Other Accidents and Diseases of Pregnancy & Parturition ...	...	...	2	—	2
25.	Congenital Debility and Malfor- mation, including Premature Birth ...	...	...	20	11	9
26.	Violent Deaths, excluding Suicide ...	...	...	6	3	3
27.	Suicide ...	...	...	2	1	1
28.	Other Defined Diseases ...	...	...	65	33	32
29.	Diseases illdefined or unknown ...	...	...	3	3	—
TOTAL ...				227	112	115

**COMPARISON OF BIRTH RATE, DEATH RATE, AND
INFANTILE MORTALITY RATE FOR THE
LAST TEN YEARS.**

Year	Birth Rate	Death Rate	Infantile Mortality
1911	19.7	12.2	109.7
1912	18.7	11.7	103.7
1913	20.1	9.38	69
1914	20.38	11.1	74.87
1915	15.79	14.13	95.97
1916	17.23	13.02	76.23
1917	16.01	13.16	74.07
1918	12.48	13.14	61.59
1919	15.33	13.13	82.8
1920	20.35	10.69	83.3

**NOTIFICATIONS OF TUBERCULOSIS FOR THE
LAST FIVE YEARS.**

	Total	Pulmonary	Non-Pulmonary
1916	?	49	?
1917	?	58	?
1918	69	52	17
1919	59	41	18
1920	47	35	12

SANITARY INSPECTOR'S REPORT.

FROM 1ST JANUARY TO 31ST DECEMBER, 1920.

SUMMARY OF INSPECTIONS.

Dwelling-houses and other premises...	...	...	1174
Bake-houses	...	...	67
Slaughter-houses	...	...	373
Dairies, Cowsheds and Milkshops	...	...	86
Factories and Workshops	...	...	96
Infectious Diseases Investigated	...	...	44
Rooms Disinfected	...	...	85
Re-inspections, &c.	...	...	242
			<hr/> 2167 <hr/>

SUMMARY OF NUISANCES AND INFRINGEMENTS.

A Tabular Statement of the work performed by the Sanitary Inspector during the year 1920, supplied in pursuance of Article XX. (16) of the Sanitary Officers (outside London) Order, 1910.

NATURE	Found	Informal Notices	Statutory Notices	Remedied	Work in hand
Houses Insanitary	16	16		13	3
Houses Dilapidated	19	19	1	16	3
House Overcrowded	1	1			1
Drains Defective	13	13		13	
Drains Choked	64	64		64	
W.C. Defective	9	9		9	
Insufficient W.C. Accommodation	3	3		3	
Rainwater Guttering Defective	44	44		44	
Accumulation of Refuse	14	14		14	
Slaughterhouse Insanitary ...	1	1		1	
Bakehouses—Limewashing required	14	14		14	
Miscellaneous	25	25		25	
Offences under Factory Acts ...	6	6		6	
	229	229	1	222	7

FOOD CONDEMNED.

Beef	6 tons	1 cwt.	2 qrs.	26 lbs.
Mutton		5 "	1 "	5 "
Pork		1 "	3 "	
Bacon		9 "	1 "	16 "
Sausage			1 "	7 "
Tripe				18 "
Corned Beef				12 "
	6 "	18 "	3 "	0 "

W. E. HALL,
SANITARY INSPECTOR.

THE HISTORY OF THE CITY OF BOSTON

FROM THE FIRST SETTLEMENT TO THE PRESENT TIME

BY NATHANIEL BENTLEY

IN TWO VOLUMES

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