[Report 1904] / Medical Officer of Health, Weymouth & Melcombe Regis Borough.

Contributors

Weymouth and Melcombe Regis (England). Borough Council.

Publication/Creation

1904

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ANNUAL REPORT

ON THE

HEALTH AND SANITARY CONDITION

OF THE

BOROUGH OF WEYMOUTH AND MELCOMBE REGIS

FOR THE YEAR 1904.

BY

T. HENRY JONES, M.D., B.A., D.P.H.,

MEDICAL OFFICER OF HEALTH.

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WEYMOUTH,

January 26th, 1905.

In submitting my Annual Report upon the Health and Sanitary Condition of the Borough of Weymouth and Melcombe Regis during 1904 to the Sanitary Committee of the Town Council, I have the pleasure to thank again all the Members of the Committee for their unfailing support and encouragement, and to congratulate them upon a satisfactory year.

T. HENRY JONES,

Medical Officer of Health.

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VITAL STATISTICS.

POPULATION.

The estimated population of the Borough of Weymouth and Melcombe Regis at the middle of 1904 was 20,560, distributed thus:

Weymouth 10,486.

Melcombe Regis ... 10,074.

In Table I. are given the Vital Statistics for the whole district for each year from 1896 to 1904. The former boundaries of the borough were extended in 1895, consequently the statistics for the years before 1896 would not be comparable with those given in this table.

In Table II. are given the figures for the separate localities, Weymouth and Melcombe Regis, for three years. Unfortunately the particulars necessary for construction of such a table for previous years are not obtainable.

TABLE I.-Vital Statistics of Whole District during 1904 and Previous Years. Name of District - Weymouth and Melcombe Regis.

_				
NETT DEATHS AT	ALL AGES BELONGING to the district.	Rate.*	13.0	13.7
NETT D	ALL AGES	Number.	tainable. 263 292	283
Daniland	Residents	Public Public Institutions beyond the District.	Particu lars not ob tainable. 12 6 263 25 5 292	5
Deaths of	Non- residents	registered in Public Institu- tions in the District.	Particu 25	26
TOTAL	DEATHS	PUBLIC INSTITU- TIONS IN THE DISTRICT.	52 54 54 54 55 95 95 95 95 95 95 95 95 95 95 95 95	65
E DISTRICT	At all Ages.	Rate.*	13:3 14:77 15:2 15:3 15:3 15:3	14.9
ERED IN TH	At all	Number.	251 231 259 345 369 303 269 312 282	307
TOTAL DEATHS REGISTERED IN THE DISTRICT	ar of Age.	Rate per 1,000 Births registered.	101.2 112.5 120.9 158.0 84.8 113.8 85.4 132.1	8-901
TOTAL DEA	Under I Year of Age.	Number.	55 75 76 14 14 67 67	54
rits.		Rate.*	262 2442 2442 2442 2440 2440 2440 2440 2	24.1
BIRTHS.		Number.	494 462 463 481 518 480 507 486	496
	Population	estimated to Middle of each Year.	18,830 19,039 19,250 19,464 19,680 19,897 20,115 20,336	20,560
		YEAR.	1896 1897 1898 1899 1900 1901 1902 1903 Averages for years 1896-1903.	1904

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

1901.		
19,843 At Census of 1901.	Other Institutions, the deaths in which have been distributed among the several localities in the District.	
Total population at all ages Number of inhabited houses Average number of persons per house	II. Institutions outside the District receiving sick and infirm persons from the District.	County Hospital, Dorohester County Asylum, Charminster Borough Isolation Hospital, Chickerell
Area of District in acres (exclusive of area covered by water)	I. Institutions within the District receiving sick and infirm persons from outside the District.	Union Workhouse Royal Hospital Princess Christian Hospital Eye Infirmary
Area of (exc		

TABLE II.-Vital Statistics of separate Localities in 1904 and previous years. Name of District-Weymouth and Melcombe Regis.

4,140,000	and the second	400000							100000000000000000000000000000000000000
	Deaths under 1 year.	p	(a)		gal.		53		27
REGIS.	Deaths at all ages.	0				123	125		138
3Melcombe Regis.	Births regis- tered.	9					196		171
3.—M	Population estimated to middle of each year.	a				9,956	9,964		10,074
	Deaths under 1 year.	p		nable			44		26
OTH.	Deaths at all ages.	0		obtainable		140	167		145
2 Wетмоотн.	Births regis- tered.	9	No.	s not	14		311		319
ci	Population estimated to middle of each year.	a		Particular s		10,177	10,372	lane 1-3	10,486
	Deaths under 1 year.	p			BIST	41	67		53
HSTRICT.	Deaths at all ages.	c				263	292		283
1WHOLE DISTRICE.	Births regis- tered.	9				480	507		496
1.—7	Population estimated to middle of each year.	a	editori Impres			20,133	20,336		20,560
NAMES OF LOCALITIES.	YEAR,	less less	1896	8981	0061	2061	1903	$\begin{bmatrix} \text{Averages} \\ \text{of Years} \\ 1896 \text{ to} \\ 1903 \end{bmatrix}$	1904

BIRTHS.

The number of births registered in the borough during 1904 was 496, of which 277 were males, and 219 females. They were distributed thus:

	Males.	Females.	Total.
Weymouth	182	137	319
Melcombe Regis	95	82	177

This represented a birth rate of 24·1 per 1000 inhabitants. In 1903 the birth rate was 24·9 per thousand, and the average rate for the eight years 1896—1903 was 24·7. As will be seen in Table I., it has fluctuated somewhat during the past nine years; this series does not show what is very evident in statistics based upon larger groups of population—the steady decline in the birth rate from year to year throughout the country. For the whole of England and Wales this rate in 1904 was 27·9 per 1000 of the population.

There were 12 illegitimate births registered during the year, that is 2.09 per cent. of the whole number. The corresponding percentage in 1903 was 3.74.

DEATHS.

The total number of deaths registered in the borough during 1904 was 307, which represented an uncorrected death rate of 14.9 per 1000 inhabitants. The corresponding rate for 1903 was 15.3 per thousand, and the average uncorrected death rate for the eight years 1896—1903 was 14.3 per 1000.

The uncorrected death rate is calculated upon the total number of deaths registered in the district. This is always corrected to a certain extent by subtracting from the total number those deaths of patients belonging to other places who happen to die in public institutions (the workhouse and the three hospitals) in the town, and adding to it any deaths of Weymouth people that occur in similar institutions elsewhere. Obviously the death rate cannot be an absolutely correct one even after these allowances have been made, for strangers die in every district, and in health resorts more often than in other places, whose deaths should be put down to their own districts if perfect accuracy is to be obtained. As this is impracticable, it is the custom for general statistical purposes to consider only deaths of strangers in public institutions with a view to calculating the corrected death rate. Applying this method the deaths belonging to the borough in 1904 were found to be 283, and the corrected death rate becomes 13.7 per thousand.

The death rate for the whole of England and Wales in 1904 was 16.2 per 1000. Table III. shows the death rates for England and Wales, and for certain groups of districts, from all causes, and from the seven principal zymotic diseases during 1904, and the corresponding rates for Weymouth.

TABLE III.-Death Rates.

	All causes.	Diseases in Cols. 3 to 9.	Small-pox.	Measles.	Scarlet Fever.	Diph- theria.	Whooping Cough.	'Fever'	Diarr- hœa.	Deaths under 1 year per 1000 births.
Columns	1	2	3	4	5	6	7	8	9	10
England and Wales	16.2	1.94	0.01	0.36	0.11	0.17	0.34	0.09	0.86	146
76 Great Towns	17.2	2.49	0.01	0.47	0.12	0.19	0.40	0.10	1.20	160
142 Smaller Towns	15.6	2.02	0.03	0.36	0.13	0.16	0.35	0.10	0.89	154
England and Wales less the 218 towns	15.3	1.28	0.01	0.23	0.09	0.14	0.27	0.08	0.46	125
Weymouth	13.7	0.29		0.04			0.25			106.8

The 283 deaths belonging to the borough included

53 54 of infants under 1 year of age,

149 148 of persons aged between 1 year and 70 years, and 81 of persons aged 70 years and upwards.

Natural decay was returned as the cause of 39 of these deaths of old people, distributed thus:

The total number of deaths registered in the district has been taken for calculating the average age at death, which was found to be 47 years.

Of the total deaths of people over 70 years of age, 23 occurred in the work-house, that is a percentage of 59. Of these 6 did not belong to Weymouth.

The number of deaths occurring at the various age periods, and the causes of death classified, are shown in Table IV.

TABLE IV.—Causes of, and Ages at Death during Year 1904.

Name of District—Weymouth and Melcombe Regis.

Total Deaths whether of Resi-	dents or Non Residents in Public Institution in the District.	16	-	***	:			:	:			:	::	:					: 0	27 0	0		- 1	e	21	:	:				1	67	5	::	4	65
to Localities, istrict.		15	1	:	:			:	:		:	::	:	:	:	:		:	:	::	::	:	:	::	:	:	:	:		:	:		:		:	
ng to Los District		14	:	:		: :			:	:	:				::	:		::						::		:		:			:	***	:	:	:	
belongii		13	1 :	:		: :	:	:	::	:		:	:		:	::				::	:	:			:	:		:					::			:
sidents"		12	1 ::			:	:	:	:	***	:	:	:		::	::	::	:	:	:	:	::	::			:	:	:	0000				:			
Deaths at all ages of "Residents" belonging to Loc whether occurring in or beyond the District.		11	:	:		: :	:	:	:		::	::	:	***	:	::		***		::		:	::	:	:	:	:	:			: :				:	:
at all ages	Mel- combe Regis.	10	:	:		-		:	:	::	:		-	::	:		4		:		9	-	00	17.	6.		-	-	-	4	:	14	-	-	57	138
Deaths	Wey- mouth.	6		-		4			:	:			::	:	:	:	2		:	-	12	-	12	201	7					00	01	15	7	:	65	145
whether	65 and up- wards.	00		:			:	:			::	::			:		::	::	****	:	C1	::	00	67	9		1			:		10	63	::	59	106
-	25 and under 65	k	:	:		: :	:	:		:			_		::		1		:	21	15	-	12	00 (9	-	:	-		:		18	4	-	30	95
"Residents" the District.		9	::	:		: :	:	:		:	:		:	:	:			::		:	-	23		:	:	:	:				2		:		-	9
ages of	5 and under 15	. 0	1	::				:	:			***	:	:	::	:					:			:		:	::	:					60	::	00	9
the subjoined ages of occurring in or beyond	1 and under 5	4	1	:		: 00		:	::		:	::	::	:					::			::	:	9	27	::	::		-	:			-	:	5	17
Deaths at the subjoined	Under 1 year.	00	:	1		: 6	1	:				:	:		:	:	00			***			::	9 0	00	:		:				-	1		54	53
Deaths	All Ages.	21	-	-		: 10		:				::	-			:	6	::	:	C7	200	03	50	75	16		-	-		-1	. 2	53	=	-	122	283
	CAUSES OF DEATH.	1	Small-pox			ngh	Tembranous Cronn)	Forton Destroit	~	Cuner continued	Epidemic Innuenza		Flague	Datrica	Enterior	ruerperal Fever	Erysipelas	Other Septic Diseases	Futnisis (Fulmonary Tuberculosis)	Ther Inbercular Diseases	Cancer, Mangnant Disease	Deconcilities	Plannian	Other Diseases of Possinstant Organia	Alcoholism	Cirrhosis of Liver			ceidents of Parturitie	Heart Diseases		Suioides	All other causes	All causes

ZYMOTIC DEATH RATE.

This is calculated upon the seven principal zymotic diseases, viz.: Small-pox, measles, scarlet fever, diphtheria, whooping cough, "fever" (typhus, enteric, and other continued), and diarrhea. During 1904, 5 deaths were attributed to whooping cough, and 1 to measles, none to any of the other diseases.

The zymotic death rate was therefore 0.29 per 1000 inhabitants. In 1903 it was 0.49, and the average rate for eight years (1896—1903) was 0.75 per 1000. In England and Wales it was 1.94 for this year. Table III., p. 9, shows the death rate from each of these diseases in Weymouth compared with those for England and Wales.

INFANTILE MORTALITY.

There were 53 deaths of infants under 1 year old belonging to the district during the year, which represented an infantile death rate of 106.8 per 1000 registered births. In 1903 the corresponding rate was 132.1, and the average rate for eight years (1896—1903) was 113.5.

An extended classification of the causes of these deaths of infants during the year brings out points of interest:

Measles	 1	Heart Disease 1
Whooping Cough	 2	Accident 1
Enteritis	 8	Debility, inanition 15
Bronchitis	 6	Teething, convulsions 4
Pueumonia	 3	Convulsions 4
Premature Birth	 7	Meningitis 1

In 1903, a year of high infantile death rate, 21 of the deaths were ascribed to debility or inanition, that was 31·3 per cent. of the whole. In 1904 it will be seen that the number ascribed to this cause was again high—15, or 28·3 per cent. of the whole. (To this category might probably be added several, if not all, of the seven cases of premature birth). This leads to the highly important question of ante-natal conditions, which turns very largely upon the care that can be given to mothers during the months immediately preceding childbirth, not to mention the general physical condition of those members of the community who are at the child-bearing period of life. Weakly or unhealthy parents produce weakly off-spring; mothers who through poverty cannot be properly fed or cared for during their pregnancy, produce weakly offspring; these unfavourable conditions have an immediate bearing upon the infantile death rate, and an extensive bearing upon the future health of those children who survive beyond infancy.

CORONER'S INQUESTS.

Fifteen inquests were held during 1904, and the following verdicts were returned:

Natural causes		 	6
Accidents-			
Suffocation		 	1
Falls		 	5
Burns		 	1
Run over by	cart	 	1
hall have b			- 8
Suicide		 	1
			15

UNCERTIFIED DEATHS.

There were three deaths which were not certified either by medical practitioners or the Coroner. The causes given were:

Teething and	convulsion	ıs	 1
Convulsions			 2

NOTIFICATION OF INFECTIOUS DISEASES.

The Diseases that must be notified under the Infectious Diseases Notification Act are—Small-pox, cholera, diphtheria or membranous croup, erysipelas, scarlet fever, typhus fever, enteric, relapsing and continued fevers, puerperal fever and plague.

Eight notifications were received during 1904, comprising 1 of diphtheria, 3 of erysipelas, 3 of scarlet fever, and 1 of puerperal fever. No cases of small-pox, cholera, typhus, enteric, relapsing and continued fevers, or plague were notified. The notification rate was therefore 0.3 per 1000 inhabitants.

The corresponding rate for the eight years previous to 1904 is given here for comparison, that is as far back as the figures can be obtained.

1896	 2·2 per 1000	1900	 5.9 per 1000)
1897	 1.7 "	1901	 14.0 ,,	
1898	 0.8 ,,	1902	 8.8 ,,	
1899	 1.1 "	1903	 1.3 ,,	

The average rate for the eight years was 4.4 per 1000,

From this it will be seen that the notification rate during 1904 was by far the lowest in the series, indeed it was a quite exceptionally low one, upon which any town might be congratulated. It would not be reasonable to expect such a state of affairs to continue indefinitely; outbreaks of infectious disease must occur from time to time in all towns, and a holiday resort is especially liable to the introduction of infection by some among the many thousands of people who so frequently pour into it. The most careful sanitary administration can only hope to check the spread of these diseases when they do occur.

It may be added here that two other notifications provisionally made in 1904 were afterwards withdrawn, and are therefore not included in the table; the suspected cases occurred at the same time and in the same family, they were so suggestive of scarlet fever as to render it advisable to remove them to the Isolation Hospital for observation, whence they were discharged in a few days, as they proved not to be cases of that disease.

Table V. shows the diseases notified, the ages of the patients, and the number from each district removed to hospital.

TABLE V.—Cases of Infectious Disease notified during the Year 1904.

Name of District-Weymouth and Melcombe Regis.

	-	Cases r		l in w	notified	Cases in each ality.	No. of Cases removed to hospital from each Locality.				
NOTIFIABLE DISEASE.	At all ages.	Un- der 1	1 to	5 to 15	1	25 to 65	65 and up- wards.	Wey- mouth.	Mel- combe Regis.	Wey- mouth.	Mel- comb Regis
Small-pox											
Cholera											
Diphtheria	1			1					1		1
Membranous Croup.											
Erysipelas	0	1				2		3			
Scarlet Fever	0				2	ī		li	2	1	2
Typhus Fever		1									
Enteric Fever											
Relapsing Fever								1			
Continued Fever	3 (12.12.0)										
Puerperal Fever	1				1			1			
Plague	A SECTION										
Totals	. 8	1		1	3	3		5	3	1	3

Isolation Hospital—Borough Isolation Hospital, Chickerell, (in Weymouth Rural District).

SMALL-POX.

No cases of this disease were notified during 1904. I was only once asked to see a case suspected to be small-pox, which proved to be chicken-pox.

Two notices were received during the year from the Port Medical Officer of Health at Southampton that men had landed from ships on which cases of small-pox had occurred, and were proceeding to their homes in Weymouth, one in January, and the other in March. The necessary precautions were taken in each case, and the men proved to be free from infection. It may be added that a case of small-pox occurred in a neighbouring town, in which the infection was traced to one of these very ships, showing the importance of the system of notification by Port Medical Officers of the destination of any passengers landed from infected ships.

DIPHTHERIA.

Only one case was notified during the year, the patient being a boy who had been inadvertently sent home for the Easter holidays from a private school in Plymouth when sickening with the disease. It was found upon enquiry that several other cases had occurred in connection with this school. This boy was removed to the Isolation Hospital at once and made a good recovery, and no spread of the infection took place.

In 1903 there was also only one case notified; the average for eight years (1896—1903) was 6·3 cases per annum.

My attention was drawn to several cases of suspicious sore throat in the course of the year by the doctors in attendance, but it was found possible in each of these cases, with the help of bacteriological examination, to exclude diphtheria. One case which I was asked to see in December was so suspicious that the patient, a child of four, was removed to the Isolation Hospital at once for further observation, as the circumstances of the home made it unsafe to risk delay, even while a culture was made from the throat for bacteriological examination. The case ultimately proved not to be one of diphtheria.

SCARLET FEVER.

Three notifications of cases that proved to be scarlet fever were received during the year; no deaths occurred from this disease. In 1903 there were 21 cases notified; during the three years previous to that the cases were very numerous owing to an epidemic. The freedom of the town from this very common infectious disease during 1904 was quite exceptional.

Two other notifications of scarlet fever provisionally made were subsequently withdrawn; they have already been mentioned. There occurred also in the early part of the year two cases which were very suspicious at the time, but were not

formally notified, though each was removed to the Isolation Hospital for observation; this step was taken because the patients could not remain where they were with safety to others while they presented any suspicious symptoms.

The periodical examination of the children in the elementary schools is of great value for the discovery of unrecognised cases of this disease. It is well-known that its symptoms may often be so mild as to escape detection, though the patients are quite as infectious to others as if their illness were severe, indeed more so, for they are allowed to mix freely with others during the attack. Only two such cases were discovered in connection with the schools during last year, both being children who showed slight peeling, which, together with the history, suggested scarlatinal origin. They were promptly isolated at home, and the necessary precautions as to disinfection undertaken, with the result that no other cases occurred.

TYPHOID OR ENTERIC FEVER.

No cases of this disease were notified during the year. In 1903 three cases were notified, and the average for eight years was 5.1 cases per annum.

An obscure case brought to my notice in March caused considerable doubt, and was removed to the Isolation Hospital as a precautionary measure. After the patient had been there a few days, it was found possible to exclude the diagnosis of enteric fever.

Shellfish and Enteric Fever. Under this heading may be mentioned two cases of enteric fever and sundry cases of diarrhea that occurred in Dorchester in December, which were ascribed to the consumption of some cockles bought in Weymouth.

I visited Dorchester as soon as they came to my knowledge, where the Medical Officer of Health kindly gave me every opportunity for investigating the circumstances, which were shortly these:

On November 26th a Dorchester fish-hawker bought about 1½ pecks of live cockles from two men whom he happened to meet at a public house in Weymouth. He took them home to Dorchester, and roughly washed them under a tap, preparatory to selling them. Half the quantity he sold to a customer in the town, who had them cooked before eating them, and suffered no ill effects from their consumption. The rest he took to a public house in the evening of the same day (a Saturday), and sold them by pennyworths to various men there, who ate them, on the spot, raw, and unaccompanied by any other food. Some were left over on that day, and kept in a shed by the hawker until the Monday (November 28th), when he again took them to the same public house, and sold them for consumption there under precisely the same circumstances as before. The hawker himself ate several on the two occasions.

On the 29th November the hawker and some two or three of his customers (the exact number could not be ascertained) suffered from diarrhœa and griping abdominal pains, which lasted in each case for four or five days. I saw two men on December 23rd who had eaten a great many of the cockles on the two days mentioned (one of them was acknowledged as the eater of the largest quantity of all the customers), and who had suffered no ill effects whatever; and I heard of several others who could give the same history.

The two typhoid patients gave the following accounts: (1) C. was first noticed to be out of sorts on December 2nd, and confessed to having felt poorly for two or three days before that. He boarded with a family, with whom he had his meals, none of them were at all indisposed; there had been no strangers staying in the house; he had not been away from Dorchester for several months; he had eaten nothing else out of the common. (2) M. ate forty raw cockles on November 26th. He had uncomfortable symptoms the next day, and began to be ill on the 29th or 30th. He had had nothing out of the common to eat at home; no other member of the family had any similar symptoms. Occupation, oil-van man, with a wide district.

In Weymouth the men who sold the cockles at the public house were traced; they said they had picked them from the swannery (a mud-bank) in the backwater, on the day that they sold them to the hawker.

This history, obtained a month after the circumstances described, cannot by any means be taken as absolute proof of causative connection between the cockles and the cases of enteric fever; in any case it gives occasion for repeating emphatically the now familiar advice that people ought not to eat such shell fish raw.

It appears that both cockles and mussels are regularly obtained from the backwater (a tidal estuary), the latter in large quantities from the stone dam close to the sewage pumping station. The backwater is liable to receive a certain amount of sewage pollution from two sources: (1) the water of the river Wey, which has the village of Radipole on its banks just above its entrance into the backwater; and (2) at the Weymouth sewage pumping station on its bank, where, on some occasions of heavy rainfall, the sewage and storm-water of a considerable part of the town have to be discharged. It is unlikely that shell fish gathered there would cause illness, if it were always well cooked before consumption; I have been informed of many people in the district who habitually eat it, and have never suffered from doing so. Moreover, quantities of mussels are sent away to Bath, Bristol, London, and elsewhere; if suspicious illness occurred among its consumers, the careful enquiries that are generally made in such cases would lead to further investigation, which would come to my knowledge.

MEASLES.

This not being a notifiable disease the actual number of cases occurring in the town during any year does not come to my knowledge. The great majority of cases, however, occur among children attending the elementary schools; by arrangement with the teachers I receive information about these regularly, and am, therefore, able to exercise a considerable amount of supervision over them.

During 1904 there was no prevalence of this disease until September, when a slight outbreak occurred in Westham, among the children attending St. Paul's Infant School. The infection appeared to have been introduced from neighbouring districts, measles having been very prevalent in some of the adjacent villages during the summer. At the outset it was found that most of the children affected lived in one particular street (Franklin Road) in Westham; therefore all children belonging to that street were excluded from day and Sunday schools for a fortnight, with the exception of older children who had had measles before, and who came from non-infected houses. This had the effect of checking the spread of the infection in St. Paul's School for a time, but it had evidently gained a footing in the Westham district before this, for cases continued to occur in other streets, with short intervals, during the rest of the term, though not in sufficient numbers to make it necessary to close the school.

Towards the end of September cases of measles began to occur in the infant department of St. Mary's School, and, in spite of the exclusion of children affected, and of all children from infected houses, they increased in number until five actual and four suspicious cases were discovered in one day (October 18th). The circumstances of St. Mary's School differ somewhat from those of the other schools in the town; being centrally situated it draws children from all districts, whereas the other schools draw their pupils almost entirely from their own districts. Consequently when infectious illness breaks out in any one district St. Mary's is likely to suffer, as well as the school situated in that district. Further, any school drawing children from its own district only is likely to be free from an outbreak of infectious disease as soon as it has travelled through its district, whereas the centrally situated school will continue to suffer as the disease passes from one district into another. It must also be noted that a centrally situated school may act as a distributor of infection from one district to another; thus, in the outbreak of measles now under discussion, the children first affected at St. Mary's School were those from Westham. But week by week fresh cases appeared in slightly increasing numbers in other districts, all in connection with children attending this school, whence obviously the infection, originally introduced by way of Westham, was spread. On October 18th, having regard to these circumstances, it was judged desirable to close St. Mary's Infant School for three weeks, which was done, with very good effects. Thereafter only very few cases occurred in connection with this department for the rest of the term, and a few among the pupils of the Girls' School. The infection finally showed a tendency to travel into the parish of Holy Trinity, where a few scattered cases occurred during the last fortnight of the term. Throughout the term no cases came to my knowledge in connection with St. John's School, at the other end of the town.

This short account of an outbreak of measles has touched upon the part played by schools in the spread of infectious illnesses, of which measles is a very good example. It may be remarked that in this outbreak practically only the infant departments of the various schools were affected, cases occurring in the girls' and boys' departments were very few. This, of course, is partly due to the fact that a great many of the older pupils have had the illness in infancy, and are therefore not so susceptible to the infection. It is also very largely due to the fact that the unnatural aggregation of children of tender years, for several hours a day, in schoolrooms, inevitably tends to the growth and the spread of infection amongst them. There is, unfortunately, in every infant department a class of babies of three and four years old, sent thither chiefly with the object of relieving their mothers of the trouble of looking after them; among such babies, and, to an almost equal degree, among all children up to six or seven years old, infection once introduced naturally spreads with great rapidity. Conditions that would not affect older children at all affect infants injuriously at once. Among the classes whose children are not sent to school at such an early age there is much less prevalence of measles and other infectious ailments of childhood.

Only one small group of three or four cases occurring in a private school came to my knowledge during this outbreak in the public schools: the school in question was at once closed, and no spread of the infection occurred thereafter.

It may be well to mention here the precautions that are taken with regard to measles--as typical of the whole class of infectious diseases-in the schools. As Medical Officer to the schools I get returns from the teachers of all children suffering, or suspected to be suffering, from infectious diseases weekly, and, if necessary during an outbreak, daily. Also, during an outbreak, I pay daily or very frequent visits, as required, to the affected department of a school, with the object of examining the children, and sending home those who show any suspicious symptoms. All children whose names are given to me are visited at their homes; if they are found to be medically attended, directions are given only with regard to the other children of the family concerning school attendance; if, as is most common, they have not been medically attended, the patients are seen, with a view to deciding upon the real nature of the illness. If it be measles, general directions are given to the mothers as to the precautions to be observed; the other children of the family are excluded from school for varying periods, according to the stage of the illness, and their previous history as regards measles; and the teachers are afterwards notified of the period for which each child is to be excluded. All the visits are paid by the Medical Officer of Health

in person, and this proof that measles, and the other so-called less important infectious diseases, are regarded by the Sanitary and Educational Authorities as worthy of so much care already appears to me to be having some effect upon the parents.

In August, what might have given rise to an outbreak of measles was averted, through notification of a case in the early stage which was kindly made to me by the medical attendant. The patient was a visitor's child from Derby; the parents were staying with relatives, who had children, in a small house, in a populous road, in which there had not been cases for a long time. Special precautions were possible where a single case was discovered early, and spread of the disease in the holiday season was thereby averted.

One death was ascribed to measles during 1904, representing a death rate of '049 per 1000. In England and Wales the corresponding rate was 0.36 per 1000.

WHOOPING COUGH.

This, like measles, is not a notifiable disease, and only those cases of it which occur among, or in the families of, pupils in the elementary schools come regularly to my knowledge.

In January there was a slight outbreak of the disease at the North end of Melcombe Regis; careful exclusion of the patients, and, where necessary, of contacts, from school for varying periods served to abate it. After this there were practically no cases in the town until the late Autumn, when, with the onset of cold weather, a few cases occurred among the pupils of some of the infant schools. It was, however, not unduly prevalent throughout the year. It is particularly a disease of young children, and very apt to attack those under six or seven years of age who may be exposed to any chance of infection. School attendance naturally fosters this tendency, as young children are thereby subjected to risks both of cold and specific infection.

Five deaths were ascribed to whooping cough during 1904, of which

2 were deaths of infants under 1 year of age, and

3 were deaths of children between 1 and 5.

In three of these cases death was due to inflammation of the lungs following whooping cough, the other two were due to dentition and convulsions supervening upon whooping cough. These deaths illustrate the course that the disease is apt to take in weakly or ill-cared-for children, it is not the actual whooping cough that kills, but a complication following upon it. These five deaths represent a death rate of 0.25 per 1000; for England and Wales the corresponding rate was 0.34 per 1000.

These deaths further illustrate the serious nature of this disease, which, with measles, furnishes the whole of the zymotic death rate of the borough for 1904.

These two infectious ailments are regarded lightly, because they do not happen to be included among the notifiable diseases, and are not dealt with so stringently as, for instance, diphtheria or scarlet fever, and, therefore, do not loom so large in the public eye. But it is found every year throughout the country that the deaths ascribed to them among children constitute a very large proportion of the total deaths from zymotic diseases; this year they formed close upon $\frac{1}{3}$ of the whole in England and Wales.

The deaths generally occur among the children of the poorer classes, who do not realise the need for care in the treatment and isolation of the patients. I believe that care bestowed upon them in connection with school attendance will in the course of time have an educative influence upon parents. The precautions adopted in this district have been described under the heading of measles, they are precisely the same for whooping cough. Both diseases are, unfortunately, highly infectious before there is any suspicion as to their real nature, therefore, if they were made notifiable, the information gained thereby would generally come too late to be of more than partial value for the adoption of preventive measures.

EPIDEMIC DIARRHŒA.

1904 was the third year in succession during which no deaths were ascribed to epidemic diarrhea. It is classed as one of the seven important zymotic diseases, and is responsible for a very large proportion of infantile deaths throughout the country, especially in the great towns and industrial districts.

CHICKEN POX, MUMPS.

Very few cases of these complaints have come to my knowledge during the year; there has been practical freedom from them among the children attending the elementary schools.

TUBERCULAR DISEASES.

Twenty-one deaths registered in the borough were ascribed to various forms of tubercular disease during 1904. Of these one did not rightfully belong to Weymouth, the patient having come from another district into the Workhouse.

Of the twenty remaining deaths, eighteen were due to phthisis or pulmonary tuberculosis, and two to other tubercular diseases. This represented a death rate of 0.97 per 1000 from all tubercular diseases, and 0.87 from phthisis alone. In 1903 the death rate from phthisis was 0.83 per 1000, the average rate for eight years (1896-1903) was 0.73 per 1000,

The age distribution of the eighteen deaths ascribed to phthisis was:

Ages.	0-1.	1-5.	5-15.	15-25.	25-35.	35-45.	45-55.	55-65.	65 and upwards
Deaths				1	5	3	3	4	2

The other two deaths were ascribed to-

- (1) Tubercular peritonitis, and
- (2) Tubercular disease of bladder and bowels.

Every house in which a death from phthisis occurs is visited, and free disinfection of rooms, bedding, etc., is offered to the relatives; also general directions are given about other precautions to be taken. By means of these visits it is possible to spread a certain amount of knowledge as to the infectious nature of this complaint, and the care which should be taken to prevent its spread, though, unfortunately, when visits can only be paid after death, the full benefit of such care is not obtained.

I became aware of only three cases of phthisis, apart from the death returns, during the year. These came to my knowledge by chance, and they may quite fairly be taken as examples of the many cases existing in all towns that are inevitably potential sources of infection to others.

- (1) A woman suffering from the disease who came to stay with a friend (who had young children) in Weymouth, hoping to benefit by the change of air; the Medical Officer of Health of her native place notified her coming to me. She was visited during her stay, and disinfectants were provided for her. She left after a few weeks, and I heard subsequently that she had died at home in the Autumn.
- (2) A woman in the late stage of the disease discovered by a chance visit to her house, she had been ill three years, and died three months after I first knew of her; there were two young children in the family.
- (3) A complaint was received that a boy suffering from phthisis was employed in a provision shop. After interviews with his parents and his medical attendant, it was arranged that he should be transferred to outdoor occupation, at which he is doing well.

Such an account of the little that could be done during the year in connection with phthisis shows that under existing conditions this disease cannot be adequately dealt with. It is, therefore, necessary to consider what further steps might be taken, with advantage to the public health.

I.—Notification. The arguments in favour of its notification may be shortly given. It is well known that phthis is an infectious disease. It can be prevented to a great extent from spreading by timely precautions of a simple nature. The course of the infection is insidious, and generally protracted; the results of preventive measures are therefore not so immediately apparent as in the case of the ordinary infectious diseases, but their value cannot be doubted. The logical conclusion is that preventive measures should be adopted in their entirety for this disease.

When a case of one of the notifiable infectious diseases is discovered it becomes the duty of the relatives, and of the medical attendant, to notify it to the Medical Officer of Health; this has been made obligatory for the sake of the community. The Sanitary Authority is thereupon enabled to take the necessary steps to safeguard other people from the infection. This arrangement has worked on the whole with benefit to everybody concerned for a number of years.

The same measures, in a modified form, might be adopted with regard to phthisis. When a patient has died from the disease, precautions taken against the spread of infection may be, and often are, too late; they should begin as soon as the disease is discovered. And notification is an essential preliminary to this. But notification of phthisis cannot legally be made compulsory, it can only be voluntary. The system of voluntary notification has been tried in various districts with success, and, in my opinion, it would be a valuable adjunct to sanitary work in Weymouth. Should the Sanitary Committee decide to proceed in the matter, it would be necessary to obtain the opinion of every doctor practising in the town, for the system could not be adopted without the co-operation of the medical profession. In the event of a favourable response it could be arranged that cases of the disease should be notified in the usual way, the usual small fee being paid for the notification.

Precautions could then be taken according to necessity. As a rule well-to-do patients are found to have taken timely precautions, without the intervention of the Sanitary Authority. Sanatorium treatment has become so general that patients who can afford it go at once to some institution for treatment. But poor patients cannot do this; there is no sanatorium in Dorset; and in any case they can seldom leave their homes for the length of time required for such treatment. At their homes, and at their work, they do not, as a rule, take the precautions necessary to prevent the spread of the infection. Here the intervention of the Sanitary Authority may be of great value in various ways:—

(1) Instruction of patients as to necessary precautions, and supply of disinfectants to poor patients. It is generally found that precautions are seldom thoroughly taken, even when patients are under medical treatment; the Medical Officer of Health can

give directions as to these often with advantage; they involve care not only at home, but in the workshop and elsewhere.

- (2) Disinfection of rooms, clothing, bedding, etc., when necessary. This is of advantage, and a great safeguard to others, when patients move from one room to another, or from one house to another, as they frequently do in the course of a long illness.
- (3) The history of the illness is obtained, and sources of infection may be traced.
- (4) The sanitary condition of the patient's house can be investigated, and remedied if defective.
- (5) Sanatorium or other institutional treatment may possibly be arranged for patients who could not otherwise get the benefit of it.

II.—Temporary isolation of selected cases in a part of the Borough Isolation Hospital. The last point leads to a suggestion that was touched upon in my report for 1903, and that has since been brought before the Sanitary Committee, namely that the Borough Isolation Hospital might be utilised as a help to other preventive measures. It is not intended to suggest that it should be used for protracted treatment, that would be neither suitable nor possible. But a short residence there might be of very great service in teaching patients how to look after themselves, so as not to be sources of risk to others. What they have to practise is simple enough, but it must be done habitually and instinctively, and to that end patients must be drilled in the necessary precautions. A stay of a month at the Hospital, with nothing else to do than to learn these precautions under favourable conditions, would do far more good than countless directions given at home, where no one could see that they were properly obeyed. Further, judging from the improvement in the general health of other patients who have been at the hospital for short periods, a decided improvement might be expected in the condition of many a phthisical patient taken thither from a poor home for a month, though it might not be maintained afterwards. And, finally, it would give an opportunity for cleansing and disinfecting the home, before the patient's return to his old surroundings.

Should the principle of this suggestion be accepted, the details could be arranged later. Its adoption would cost no more than the actual maintenance of the patients; nursing and medical attendance are already available. And, until the method has passed the experimental stage, it could be arranged that such patients should only be admitted when the hospital was empty, and sent home if any other infectious patients had to be admitted.

CANCER.

Twenty deaths were registered as due to cancer during the year, all belonging to Weymouth. This gave a death rate of 0.97 per 1000 inhabitants. The corresponding rates in former years, as far back as they can be ascertained, were:

1900	 0.50.	1902	 0.59.
1901	 1.05.	1903	 0.63.

ISOLATION HOSPITAL.

The Borough Isolation Hospital is situated on an enclosed piece of ground, $5\frac{1}{2}$ acres in extent, about two miles from the centre of the town, and outside the borough boundary. It is built of galvanized iron and wood, and consists of a central administrative block, two detached ward blocks, a laundry block, and other outbuildings. Accommodation can be provided here for forty-two patients. The adjacent small-pox hospital, a building of similar type, provides further accommodation for eight patients, and the necessary attendants. The main block of the hospital is at present furnished for twenty-one beds.

During 1904 ten patients were isolated in the hospital, of whom only four were actually suffering from infectious diseases; the other six patients were taken thither for observation. The cases isolated may be classified thus:

Diphtheria	 	1	Suspected diphtheria		1
Scarlet fever	 	3	" Scarlet feve	r	4
			" Enteric feve	er	1

With reference to the six doubtful cases, which, upon observation in hospital, proved not to be infectious, it may be added that the four suspected of being scarlet fever were ready for discharge each in a few days, but that the other two, suspected of being diphtheria and enteric fever respectively, had to be kept in hospital longer, on account of the serious nature of their illnesses. The fact that all six were discharged from a hospital for infectious diseases without contracting any ailment there reflects great credit upon the arrangements made for them by the Matron.

One of the advantages of an Isolation Hospital, and that not the least important for a town like Weymouth, is its availability for the isolation in this way of cases in the doubtful stage of their illness, when the home circumstances are such as to make their removal advisable. Such a step is not justified in other than exceptional cases; but to give examples from among the six patients above mentioned: one was removed from a general hospital, one from a boarding school, and one from a house in which there were several small children, and the mother was about to be confined. In such cases as these it was of great advantage to have facilities for tentative isolation for a few days.

All the patients isolated during the year were discharged cured, and many of them were greatly improved in general health by their stay in hospital.

Nursing assistance was required only once during the year; otherwise the Matron has been able to do the work alone with perfect efficiency. The rest of the staff consists of the caretaker, and his wife, and their daughter who acts as wardmaid.

The expenses of the hospital during 1904 were:

						£306	7	9
Improvement of grounds, a	nd other	r estab	lishment	charg	ges	40	1	11
Maintenance of staff and pa	atients					83	0	0
Rates, taxes, and insurance						20	8	0
Water, coal, and light						41	16	2
Salaries								d. 8

This amount is, of course, large in proportion to the number of patients isolated during the year, the fewer the patients the greater is the average cost of each, but it is a small sum to pay for the security afforded by a hospital to which any case can be sent at a moment's notice. To be useful the hospital must always be ready.

From the total cost of upkeep, as given above, must be deducted £16 3s. 6d., the sum claimed on behalf of paying patients. The nett cost for the year then becomes £290 4s. 3d.

The rate of charges fixed by the Sanitary Committee for paying patients is:—
25/- a week for ordinary patients, and 10/- a week for domestic servants whose employers pay for them during their illness. These charges are very low, and do not nearly cover the cost in any case, but they were made so purposely, as it was thought that they might be paid, when higher charges might be prohibitive.

WATER SUPPLY.

The borough is supplied throughout by a private company, which also supplies various parishes in the adjacent rural district. The water springs from the upper greensand below the chalk at the hill foot beyond the village of Sutton Poyntz, and about three and a half miles from the town. The collecting area is uninhabited, and about four acres of it are enclosed by iron fencing. Within this is an open collecting reservoir, from which the water flows through a pipe to the pumping station in the village, whence it is pumped to covered service reservoirs, from which it descends by gravitation to the town.

The water is of uniformly excellent quality, and is sufficient in quantity. The latest analysis made for the Directors of the Water Company by Mr. F. Wallis Stoddart of Bristol gave the following results:—

"Analysis of sample of Weymouth water received November 26th, 1904.

				grains ;	per gallon.
Saline Ammonia				 	.0007
Albuminoid Ammonia				 	.0010
Nitrogen as Nitrate				 	.38
Nitrites				 	absent
Chlorine as Chloride				 	1.65
Oxygen absorbed in 4	hours at	80° F.		 	.003
Total dissolved solids				 	23.0
Temporary hardness				 	9.5
Permanent "				 	3.0
Total ",				 	12.5
Poisonous Metals				 	absent
Colonies of micro-organ	nisms on	gelatine	plate	 47	per c.c.
Pathogenic organisms				 	absent

These results are perfectly normal and satisfactory."

Most of the houses in the town have their own water taps, and the conditions of supply are generally satisfactory. There still remain a few groups of houses whose water supply is drawn from single stand-pipes; were all closets provided with flushing cisterns this would not be unsatisfactory; but when water has to be carried from a stand-pipe in the middle of a court, through the houses, to the back yards, for the purpose of flushing closets, it is unlikely that these will be kept adequately flushed.

SEWERAGE.

The sewage of the town is discharged into the sea at a point 1150 feet beyond the Nothe, and 25 feet below the low water level of ordinary spring tides. It is pumped thither as far as possible during the ebb of the tide, from the sewage collecting tank on the west bank of the backwater at Westham. This tank is supplied by two intercepting sewers, one from Weymouth and one from Melcombe Regis, into which the street sewers run. During heavy storms it is found impossible to pump all the mixture of sewage and storm water to the outfall; upon such occasions it is discharged into the backwater and harbour.

Apart from this general system, there are two local sewers in the Belfield and Old Castle districts, which take the drainage of some seventy-five houses in all, and discharge independently into Portland Roads.

The only trade refuse now draining directly into the harbour is that from the two breweries; this is not mixed with the town sewage.

I have referred in previous reports to the difficulties to be overcome in dealing with the drainage of districts of such widely varying levels as those found in this town, and to the inconvenience suffered by householders in the low-lying districts from flooding of yards, and even houses, during heavy rains. The Council decided to provide relief surface drains for the extensive Park district in February, and for the Hope Square and North Quay districts later in the year, in order to prevent such occurrences, as far as possible by relieving the sewers and the pressure upon the pumps. A Local Government Board enquiry having been held with regard to the Park Scheme, the work was proceeded with according to the plans prepared by the Borough Surveyor, and was completed before the end of the year. The plans prepared for a similar scheme for the Hope Square and North Quay districts were adopted by the Council in December.

Flushing of Sewers was carried out regularly during the dry months. This was done by means of the large water cart specially fitted as a portable flushing tank for the purpose, and used at each manhole along the course of each sewer in turn. The drains in the Park district, having very little fall, need to be flushed by hose, which is regularly done as required.

Ventilation of Sewers. There are now, as I am informed, sixty-six up-cast shafts, and thirteen extractor lamps (of which three were erected during 1904), provided for the escape of foul air from sewers; where these have been erected the surface gratings, formerly used, have been closed. Since these means have been adopted far fewer complaints than formerly have been received about bad smells from the sewers.

New Sewers. Two new sewers have been laid during the year, one in Granville Road to the Electric Lighting Station, and one behind Myrtle Terrace, to replace the old sewer which I reported to be unsatisfactory.

The Council has also decided to lay a new sewer along one side of Wesley Street, to replace an old brick drain found to exist there, and reported to the Sanitary Committee in July.

HOUSE DRAINAGE.

The systematic house to house inspection, begun in October, 1902, has been continued by the Inspector during 1904. It is a measure of great importance for the discovery of visible defects in drainage, structural condition of houses, and paving of yards. The practice is to send a note of any faulty conditions found to the owners of the houses, with suggestions as to the remedies required. As a result of this proceeding many faults have been remedied, and many more are under consideration with a view to being remedied. The following table, prepared by the Inspector, shows the progress of the work for the year.

Houses inspected		1311
Drains re-laid		2
" ventilated		11
" repaired and cleaned		7
" disconnected and ventilation improved	1	4
New closets provided		14
New flushing apparatus provided		3
Closets repaired		9
Waste pipes cut off and trapped		19
D :		17
" " and gutters repaired		13
Bell and other traps replaced by gulley traps		136
New ware sinks provided		4
Yards paved and repaired		45
F1 1		2
r loors repaired		-

The repairs found necessary in many of the houses visited at the end of the year were naturally not carried out when this table was prepared, consequently the figures given above do not represent the complete results of the visits paid during 1904.

One important point in connection with house drainage must be again referred to, viz.:—the large numbers of closets in the town unprovided with flushing cisterns. These all belong to houses built before the present building by-laws came into force, therefore no compulsion can now be exercised to remedy this state of affairs in most cases. But I have in previous reports drawn attention to the fact that it is in the power of the Council to make certain clauses in these by-laws retrospective, and applicable to all houses in the borough. There can be no doubt that the full benefit of a water carriage system of sewerage is not obtained if closets are not properly flushed, and there can be no doubt that most closets unprovided with flushing cisterns are not sufficiently flushed, even though they may not appear offensive. Unfortunately one district, among others, in which this fault is very generally to be found, is the low-lying Park district, where the drains, having but little fall, stand in need of as much flushing as possible, and where they are very often choked.

Testing of drains is undertaken by the Sanitary Department upon the application of householders, and certificates are issued for those found, or, if necessary, made, satisfactory. For this a nominal charge is made, to cover working expenses, and it is found that increasing advantage is taken of the opportunity for drain testing thus provided. When this arrangement was first made in 1902 it was hoped that keepers of lodging-houses would avail themselves of it, for the satisfaction of visitors, but so far they have shewn no eagerness to do so. There are two reasons for this: one is that visitors rarely ask about the drains when taking rooms, and the other that the lodging-house keepers probably fear that defects will be revealed by the test which will have to be remedied at some cost. Undoubtedly it will be an uphill task to get the drainage of the older houses in the town into line with modern requirements. Those who now take most advantage of the arrangement for drain testing are prospective or actual tenants of better class houses.

Twenty-six applications for testing were received during 1904, and in several cases where improvements were needed the drains were tested a second time, in order to see that they had been properly carried out. Fourteen certificates were issued. In some cases the improvements necessary to qualify the houses for certificates were not made.

The following improvements were effected in consequence of these tests, before certificates were granted:

New water closets provided			***	2
Closets supplied with water				1
Drains re-laid or renewed				4
" disconnected from sewer				4
" ventilated, or ventilation in	proved	l		7
Inspection chamber provided				1
Waste and rain water pipes cut off	from c	lrain		3
New traps provided				5
Defective joints or pipes repaired				11

The drainage of new houses is a subject that has recently called for special attention, owing to the discovery of certain newly built houses in which the arrangements were faulty, the building by-laws not having been observed or enforced. I drew the attention of the Sanitary Committee to the subject in October, and it was subsequently brought before the Council. I would repeat here my opinion that all new drains ought to be systematically and thoroughly tested—not merely inspected at their junction with the sewer—before new houses are allowed to be occupied. It is much easier and simpler to prevent faults in drainage, as in other things, than to cure them, and until the Council makes provision for the due enforcement of its excellent building by-laws, the full benefit of them cannot be obtained.

REMOVAL AND DISPOSAL OF HOUSE REFUSE.

The scavenging of the town is so arranged that every house shall be visited by the carts three times a week, with the exception of the two main business streets, from which refuse is collected daily. The refuse so collected is conveyed to the destructor, situated on the west bank of the backwater close to the sewage pumping station. This was first ready for work in January, and has been in regular use since.

I have referred in previous reports to the miscellaneous uncovered receptacles for rubbish put out by householders in many public thoroughfares in the town, to await the coming of the dust carts. These are very unsightly, and often a source of nuisance. The Council arranged in May, upon the recommendation of the Sanitary Committee, for the sale of covered dustbins at moderate prices, and notices were issued to all householders calling their attention to this arrangement, and to the clause in the newly adopted by-laws requiring the provision of properly covered receptacles for household refuse deposited in any public place to await removal. This led to a certain amount of improvement, but it was only very partial, and the subject requires further attention.

HOUSING OF THE WORKING CLASSES.

House accommodation for the working classes is on the whole ample; practically the whole district of Westham consists of new houses of this description, also the greater portion of the Park district, as well as a considerable part of the Weymouth Ward, both its older centre, and the comparatively new extension from it along the Chickerell Road.

These houses naturally vary greatly in their character. Some of the old rows containing only two-roomed houses, built back to back with each other, are decidedly preferable as dwellings to many of the newer houses. One of the chief defects of many groups of cottage dwellings, new as well as old, is the bad paving of yards, or the total lack of it; this is a very serious fault interfering both with cleanliness and comfort. A legacy from former years of houses faulty in this respect is a troublesome one to deal with; when to them are added similarly faulty houses built since the adoption of the present building by-laws, the embarrassment is much increased. Apart from structural condition and drainage, there is nothing which has such an important bearing upon the healthiness of a dwelling as cleanliness of its immediate surroundings, and that cannot be obtained without a well-paved and properly drained yard.

During 1904 the yards of several groups of houses have been properly paved and drained by the owners, at my request, namely:

All in East Row.

- ., West Row.
- ., Gordon Row.

1 in Southampton Row (the rest to be done).

All in Weston Cottages.

- " North View Terrace (house drains also renewed throughout). 6 in Chapelhay Street.
- Certain courts have also been properly paved and drained throughout by the owners, namely:

East Row, Chapelhay Street.

West Row ,,

Chapel Row ,, ,,

and, by the Corporation, John Street, a thoroughfare which is in effect a court. The improvement effected in these properties thereby is quite striking, and has, I believe, pleased the owners quite as much as the occupiers.

Negotiations are proceeding with the owners of several other similar properties, with a view to securing like improvements. There is still scope for a great deal of work in this direction.

Bad paving of single yards is dealt with in the house to house inspection of the town, now proceeding, and already referred to; forty-five yards were paved or repaired as a result of this inspection during 1904.

Closing of unsuitable houses. Two houses were closed during the year, in consequence of a representation from the Medical Officer of Health that they were unfit for habitation.

Houses in some of the older courts would, for many reasons, be better closed altogether, but this extreme step is avoided whenever possible, because, whatever their faults, they are cheap self-contained dwellings for very poor people, who, if turned out of them, could only afford to take rooms in tenement houses, where their last state would be worse than their first.

Tenement and sublet houses. There are in this town very few self-contained tenement dwellings, where a separate family life is possible for those who live in them; that can only be ensured when every necessary appliance (e.g.: water tap, scullery, and closet), is provided for each tenant, instead of having to be used in common by numerous families. Eleven new houses fulfilling these conditions have recently been built in Holly Road, Westham; each house consists of two entirely self-contained tenements on the flat system.

Otherwise such tenement houses as exist in the borough are ordinary dwelling houses, originally intended for single families, containing six or seven rooms, let by the owners, or sublet by the tenants, in sets, to a number of families; the most prominent examples are Weston Terrace and Arch Villas. (The block of tenements known as Burdon's Buildings is the only exception to this statement; it will be referred to later). In tenements such as these there is no possibility of a separate family life for any of the families living in them; the scullery, the water tap, and the single closet in the yard must be used by all in common.

A census was taken of these two terraces, among others, in December, of which the results may be summarized here.

- (1) Weston Terrace, ten houses, of which seven were let in tenements, and one was sublet, giving eight tenement houses comprising twenty tenements. The number of people per house varied from six to fourteen. In this terrace there were four sets of rooms in which the Registrar General's limit of two persons per room was exceeded. In most, if not all, of the houses in this terrace the yards and back premises generally were in a very dirty and dilapidated condition. There was one closet, without water supply, in each yard for the use of all the families living in the house; one water tap, and one scullery for each house.
- (2) Arch Villas, twelve houses, of which four were sublet, and six let in tenements, giving ten tenement houses, comprising twenty-five tenements, (and two sets of rooms empty). The number of people per house varied from eight to sixteen. In this terrace there were seven sets of rooms in which there was crowding above the Registrar General's limit. One closet, without water supply, in each yard for the use of all the families living in the house; one water tap, and scullery, for each house.

There are other groups of houses in the same neighbourhood in which there is some subletting, though not nearly to the same extent as in those above mentioned, e.g.: Selway Terrace, a row of six very neglected houses; and North View Terrace, also consisting of six houses, which were in very bad condition, but have recently been improved at my request, their drains being renewed, and the yards paved.

Burdon's Buildings have been alluded to; this is a large block of buildings built upon three sides of a square, four storeys high, formerly barracks, and now adapted for tenement dwellings. There were here in December thirty-five tenements, of which twenty-two were two-roomed, ten were three-roomed, and three were empty. There was crowding above the Registrar General's limit in two sets of rooms. A water closet is provided on each landing for the common use of the tenements (two or three according to size) on the landing, and each

tenement has its own water tap and sink; a great fault to all the closets is that they have ventilators opening on to the common stair. The conditions in these tenements allow of rather more privacy for families than can be obtained in the other tenement houses referred to, but this is obviously only very partial.

In order to compare the state of affairs existing in two and three-roomed cottages with those in tenements of the same number of rooms, a census was also taken in December of certain groups of such cottages. Abstracts of the results are given here.

A. Two-roomed cottages.

- (1) East Row. Eight houses; a closet for each house without water; three water taps for the group. No overcrowding.
- (2) West Row. Eight houses; a closet for each without water; four water taps for the group. Slight overcrowding in one.
- (3) Southampton Row. Six houses; a closet without water for each, and a water tap. No overcrowding.
- (4) Gordon Row. Five houses; a closet without water for each, and three water taps for the group. No overcrowding.
- (5) East Row, Chapelhay Street. Seven houses; three water closets for the group, and one water tap. No overcrowding.
- (6) West Row, Chapelhay Street. Seven houses; a closet without water for each, one water tap for all. No overcrowding.
- (7) Seymour Street. Twelve houses; five water closets for all, one water tap for the group. No overcrowding.

B. Three-roomed cottages.

- (1) James' Court, West Parade. Five houses; three water closets, and one water tap, for the group. No overcrowding.
- (2) Terrace Court. Six houses; a closet, without water, and a water tap, for each house. Crowding above limit in one house.
- (3) Havelock Place. Seven houses; closet in back yard, without water, for each; two water taps in front for the group. Crowding above the limit in two.
- (4) Chapel Row. Six houses; a closet for each, without water, and one water tap for five houses, one has its own. No overcrowding.
- (5) Franchise Court. Six houses; water closet and water tap for each. Crowding above limit in one house.
- (6) High West Street Court. Five houses; a water closet for each, one water tap for all. No overcrowding.

- (7) New Court, West Street. Four houses (also a larger one). A closet for each without water, and one water tap for all. No overcrowding.
- (8) Part of Wellington Place, consisting of nine houses; a closet, without water, and a water tap, for each. No overcrowding.

It is therefore obvious that the conditions are decidedly better in these cottages than in tenements of the same size. Added to that, tenements in what ought to be single houses are decidedly dearer as dwellings. There is always competition for the small cottages, and landlords can have their choice of good tenants; the most thriftless and worst tenants are apt to gravitate into the tenements. In the small cottages there is a considerable proportion of elderly people without families.

I have referred to the Registrar General's definition of overcrowding, as used for census returns in this country, viz., anything above two persons per room. That is satisfactory to a certain extent, but it does not cover much overcrowding of a most undesirable kind from the point of view of decency. For instance, a two-roomed tenement or cottage in which the family consists of father, mother, and two children, with only one room for use as a bedroom, may not be overcrowded, but the arrangement is decidedly objectionable as the children grow up from infancy, and still more so when, as sometimes happens, another baby is born under such conditions.

The legal definition of overcrowding has never been clearly formulated, but it is generally taken to mean anything less than three hundred cubic feet of air per person in bedrooms. As a matter of fact, no definition suffices for all cases, each case must be taken on its merits.

I referred in my report for 1903 to the systematic inspection made of the various courts and terraces of poor houses in the town which needed attention. During 1904 a sub-committee of the Sanitary Committee has visited with me thirty-nine groups of these houses.

COMMON LODGING HOUSES.

There is but one registered common lodging house in the borough, which was satisfactorily conducted during the year.

There are two other lodging houses which receive supervision, though they are not registered common lodging houses.

OFFENSIVE TRADES.

There are no trades in the town known to come under this legal definition, and no complaints have been received about any offensive trades during the year.

COWSHEDS, DAIRIES, AND MILK SHOPS.

There are eight cowsheds within the borough, and twenty known dairies and other shops where milk is kept for sale, as a rule in small quantities. The greater part of the milk sold in the town is brought in from the rural district.

The cowsheds within the borough are regularly inspected, and efforts have been made during the year to raise the standard of some of them. The buildings used for the purpose are in many cases not of a permanent character, and in one or two cases they are dilapidated. It must be borne in mind that in this mild climate cows are very rarely kept in, and that during the greater part of the year they are only taken in for milking, consequently very solid cowsheds are not absolutely necessary. There can, however, be no question as to the necessity for absolute cleanliness in and about the cowsheds, and in connection with the work of milking, and it is a lesson which cowkeepers as a class are slow to learn.

Extensive improvements were obtained in the cowsheds of two establishments during the year; in one set of four sheds the floors were newly paved with impervious material throughout, and properly drained, new windows were provided, and the premises greatly improved generally; another cowshed was properly paved and drained.

In three cases limewashing and cleansing were required when visits of inspection were made, and in five cases both landlords and tenants were interviewed with the object of securing improvements in the immediate surroundings of cowsheds.

One cowkeeper was summoned before the magistrates, and fined twenty shillings and costs, for neglecting to keep his shed clean, and for non-removal of manure.

SLAUGHTER HOUSES.

There are ten licensed slaughter houses in the borough which have been regularly inspected during the year. They are generally well kept, the only faults found were defective paving in one case, and accumulation of manure in the yards of three others, which were remedied. I have alluded in previous reports to the desirability of a municipal abattoir.

ICE CREAM AND FRIED FISH SHOPS.

There are ten of these shops, which have been inspected, and in some of them improvements in cleanliness have been required. Also in two cases improvements in yard paving and drainage were required and carried out.

UNSOUND FOOD.

Articles of food were condemned on four occasions during the year.

- (1) In May, eight boxes of haddocks, containing 96 lb., were voluntarily surrendered by a shopkeeper, upon being received in a decomposing state; they were destroyed.
- (2) In June, 14 cwt. of potatoes, all diseased, were voluntarily surrendered, and destroyed by Magistrates' order.
- (3) In August, two bushels of shrimps unfit for food were voluntarily surrendered, and destroyed.
- (4) In October, a box of kippers and a parcel of bloaters were found in a shop in a mouldy and stinking condition; it was averred that they were not for sale but to be thrown away, and the proprietor was given the benefit of the doubt, with a warning; the fish was destroyed.

FACTORY AND WORKSHOP ACT,

Under this Act the Council is responsible for the regular supervision of all workshops and workplaces in the borough; the factories come under the control of the Home Office. There are at present 196 workshops on the register, comprising:

Bakehouses			40	Painters and Plumber	rs	9
Basket Makers			3	Picture Framers		3
Bicycle Workshops			5	Saddlers		2
Boat Builders			3	Ships' Chandlers		1
Cabinet Makers, Jos	iners, e	tc.	27	Shoemakers		11
Coach Painters and	Builde	rs	5	Smiths and Tinsmiths		15
Confectioners			3	Stonemasons		4
Dressmakers and M	illiners		38	Tailors		18
Laundries			4	Watchmakers		2
Machinist		.,,	1	Wheelwrights .,		2

A list is also kept of outworkers, *i.e.*, those who do work at their homes for tailors, upholsterers, etc.; there were thirty-three such home-workers upon the list in 1904. It is necessary to see that work is done in these premises under proper conditions of cleanliness, and provision is made for prohibiting any work in houses where there is infectious disease.

During the year 237 inspections were made of bakehouses, workshops, workplaces, and home-workers' premises. The following defects were found, and remedied:

Want of cleanliness					27
" " ventilation					7
Overcrowding					1
Other nuisances					16
Breach of special Sani	itary r	equireme	ents fo	r bake-	
houses					2
Failure to affix abstra	ct of]	Factory	and W	orkshop	
Act					1
Matters notified by	H.M.	Inspecto	r, rem	ediable	
under Public I	Health	Acts			2

THE GENERAL SANITARY WORK OF THE YEAR

is given in the following table prepared by Mr. J. Keeley, Inspector of Nuisances, so far as it can be shown in tabular form. In it are included the various figures already given in the detached tables relating to house to house inspection, and testing of drains.

Number of complaints received			42
Houses and premises visited		***	1526
Letters to abate nuisances, etc.			342
Notices		***	13
Legal proceedings			1
Results obtained—			
Houses drained to sewers			1
New closets provided			5
Closets supplied with water			5
" repaired			10
" provided with new pans	and	traps	14
Drains tested			37
,, re-laid			6
,, repaired and trapped			29
" disconnected and ventila	ted		10

Drains ventilated or ventilation i	improv	ed	21
" cleaned			56
" inspection chamber provid	led for		2
Waste pipes cut off and trapped			24
Rain water pipes renewed or rep	aired a	and	
trapped			32
Bell and other traps replaced by	gulley	traps	149
Yards paved or repaired			48
Floors repaired			2
New ware sinks provided			4
Premises limewashed			5
Manure removed			11
Fowls and rabbits removed			3

SALE OF FOOD AND DRUGS ACT.

The report of the Public Analyst for the borough upon the articles analysed by him during the year is given below. Legal proceedings were taken in one case, for adulteration of milk, and the vendor was fined £5.

Articles submitted for Analysis.	By whom submitted.	Result of Analysis, showing whether the sample was Genuine or Adulterated, and, if Adulterated, what were the nature and extent of the Adulteration.	Observations.
Whisky Whisky Whisky	Chief Constable, Weymouth	Genuine " "	
Milk Milk Milk Butter Butter	" " " " "	" " " "	Quarter ending 30th June:
Butter Butter Butter Butter Butter	" " " " " " " " " " " " " " " " " " " "	" " " "	Samples adulterated, 0.
Butter Butter Butter Vinegar	" " "	n n n	
Vinegar Lard Lard Lard	" " " "	" " "	Quarter ending 30th September : Samples analysed, 10.
Sago Butter Lard Cheese	" " " " " " " " " " " " " " " " " " " "	" " " " " "	Samplesadulterated, 0.
Cheese Cheese Butter Butter Milk	" " " "	" " " "	Quarter ending 31st December: Samples analysed,
Milk Milk Milk	" " "	Contained 6 per cent. of added water Contained 20 per cent. of added water Genuine	Samples adulterated, 2.

Total Number of Samples Analysed during the year... 35.

Total Number of Samples Adulterated 2.

(Signed) JAMES NIMMO,

Date-25th January, 1905.

Public Analyst.

WEATHER OF 1904.

For the appended Meteorological Table I am indebted to Mr. I. J. Brown, F.R.Met.Soc., Honorary Observer.

METEOROLOGICAL OBSERVATIONS,

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The Winds. Number of Observations.	Calm.		-	0	0	-	0	0	0	-	0	2	0	67	7
	W.		10	15	6	16	15	==	19	16	00	6	-	13	148
	20		4	4	0	1	9	00	20	4	1	5	0	5	43
	E.		00	5	91	2	4	6	9	00	6	7	5	8	85
	×		00	5	9	10	9	67	-	1	9	11	18	9	98
Relative Humidity.		0/0	88	85	833	77	81	9/	79	79	80	83	85	87	18
Rainy Days.			21	20	10	12	17	00	13	16	10	6	00	19	163
Rainfall.		inches.	4.03	4.06	1.07	06-0	2.96	98-0	2.63	3.30	1.58	1-95	1.96	3.00	28.30
Sunless Days.			16	00	6	4	67	0	67	0	67	00	20	13	69
Bright Sunshine.		1 27	47 30		. 2										1675 36
May and	Max. and Min. Mean.	0	42.2	41.7	42-2	49.6	52.4	57.6	65-9	9.19	6.12	53.3	46-2	45.6	51-1
ature.	Range Mean.	0	6.8	7.5	10.0	10.4	11.5	12.7	11.5	12.5	11.5	9.7	10.1	9.2	10:5
Temperature	Min. Mean.	0	37.9	38-0	37.2	44.4	46.7	51.3	57-2	55.5	52.5	48.5	41-2	40.9	45-9
	Max. Mean.	0	8.95	45.5	47-2	54.8	58-5	64.0	68.7	67.7	63-7	58-5	51.3	50.4	56.4
Barometer.		inches.	29-951	29-498	29-993	30-06	30-049	30.085	30.054	30.026	30-069	30-124	30-129	29-953	29-997
1904.			January	February	March .	April	May	June	July	August	September	October	November	December	Year