

[Report 1910] / Medical Officer of Health, Winchester U.D.C. / City.

Contributors

Winchester (England). Urban District Council.

Publication/Creation

1910

Persistent URL

<https://wellcomecollection.org/works/w5vne8tr>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



City of Winchester.

ANNUAL REPORT

ON THE

HEALTH OF THE CITY OF WINCHESTER

FOR THE YEAR 1910,

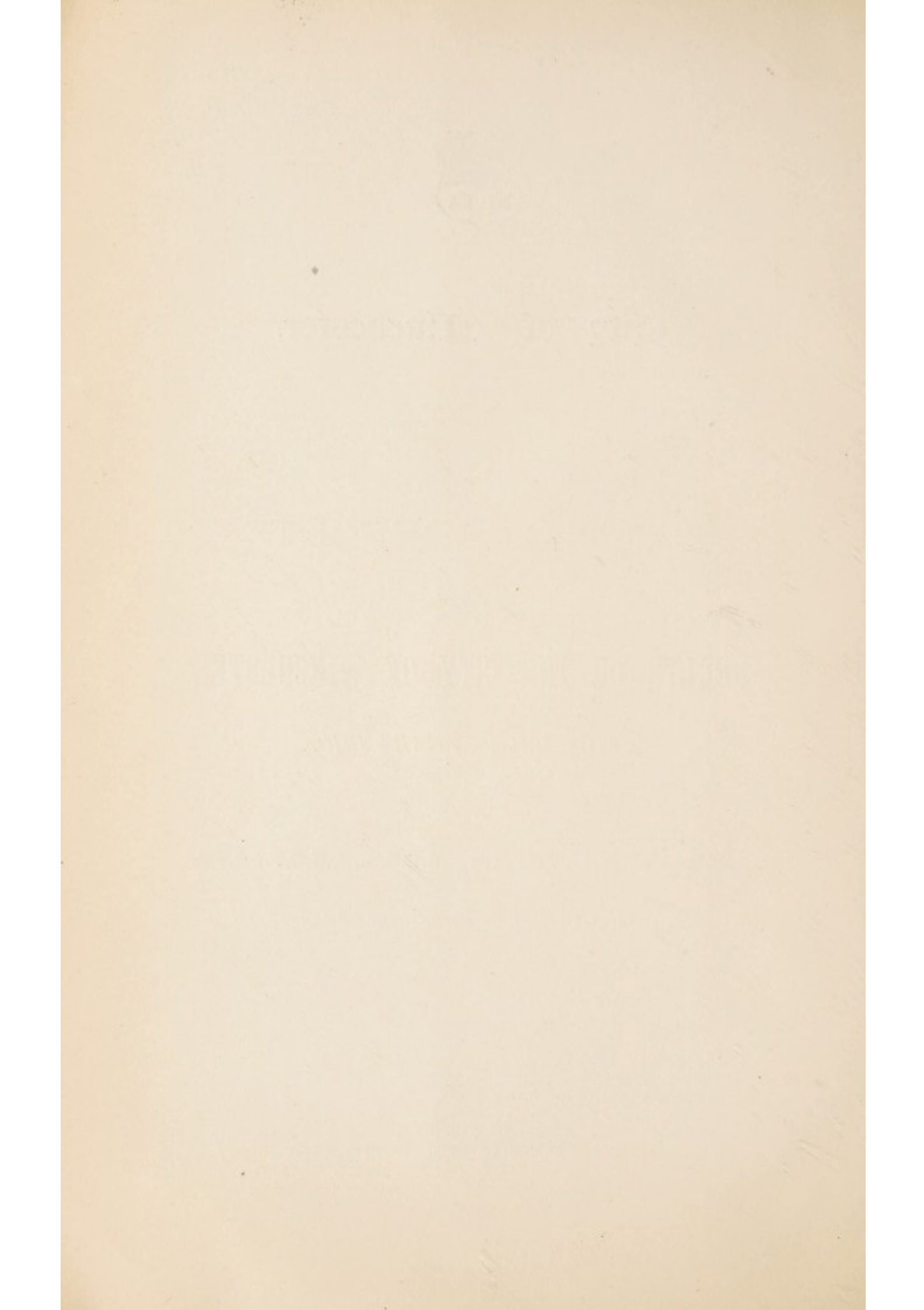
BY

LESLIE MILBURN, M.R.C.S., L.R.C.P., D.PH.

MEDICAL OFFICER OF HEALTH FOR THE CITY.

WINCHESTER :

PRINTED BY JOHN T. DOSWELL, ST. PETER STREET.



SANITARY COMMITTEE, 1910.

Chairman :

ALDERMAN L. J. CARTER.

Vice-Chairman :

COUNCILLOR H. S. D. BROWNE, M.B.

THE MAYOR (COUNCILLOR H. STRATTON).

ALDERMAN W. H. FORDER.

COUNCILLOR P. SHENTON.

COUNCILLOR W. HUTCHINGS.

COUNCILLOR F. W. HOLDAWAY.

COUNCILLOR H. SEALEY.

COUNCILLOR J. S. FURLEY, M.A.

PUBLIC HEALTH DEPARTMENT.

Inspector of Nuisances and Inspector under Food and Drugs Acts :

JOHN LORD.

Matron of Victoria Hospital.

MISS A. BRYAN.

MISS IDA B. GOODALL.

City Analyst :

ARTHUR ANGELL, PH.D., F.I.C.

Inspector of Cattle in Dairies :

J. B. TUTT, F.R.C.V.S.

*Medical Officer of Health and Medical Superintendent of
Victoria Hospital :*

LESLIE MILBURN, M.R.C.S., L.R.C.P., D.PH.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30282354>

**To the Mayor, Aldermen and Councillors of the City
of Winchester.**

GENTLEMEN,

I have the honour to present to you my second annual report on the health of the City, and the work carried out in the Public Health Department during the year 1910.

The past year has been noticeable on account of the low incidence of infectious disease, more especially as regards scarlet fever.

The publication of the Housing (Town Planning Act), 1909, the Housing (Inspection of District) Regulations, 1910, and the Antitoxin Order, 1910, have all tended materially to increase the work of the Department, details of which are set out in the following pages.

I wish to gratefully acknowledge the courtesy and cordial assistance given to me by the head teachers of the schools in connection with the work of Medical Inspection.

I am, gentlemen,

Your obedient servant

LESLIE MILBURN,
Medical Officer of Health.

Guildhall, March 31st, 1911.

GENERAL.

GENERAL.

Appointment of Health Visitor and School Nurse.

IN January, 1910, the Council approved of the recommendation of the Sanitary and Education Committees to appoint a Health Visitor and School Nurse. On March 31st Miss C. Underwood was elected to this appointment and commenced her duties here on April 18th.

Almost immediately after Miss Underwood's appointment, the annual routine Inspection of School Children was commenced. The duties falling to Miss Underwood in connection with these inspections occupied a considerable portion of her time. These duties she carried out, as also those in connection with the Notification of Births Act, with exceptional tact and ability. In September, Miss Underwood obtained an appointment under the Warwickshire County Council and resigned her position at Winchester. Nurse Underwood was succeeded by Nurse King-Townend, who took up her duties here in November last, and continued the useful work started in April with an equal amount of energy and enthusiasm. After 9 months experience of the work of a Health Visitor in this City, I can say with confidence, that not only the attendance and condition of the school children, but also the health of the City is being greatly benefited.

Changes at Victoria Hospital.

After many years service, Miss A. Bryan gave up her duties as Matron of Victoria Hospital in November last, and after a most careful consideration by the Committee of a long list of applicants, Miss Ida B. Goodall was appointed Matron, and took up her duties at the beginning of December. By this appointment Victoria Hospital has, I am convinced, gained a most valuable Matron, not only has Miss Goodall had a wide training and experience in nursing infectious diseases, especially diphtheria, but her experience in the Sanatorial treatment of Tuberculosis, gained at King Edward's Sanatorium, Midhurst, marked her as peculiarly adapted as Matron of an Infectious Hospital in which available wards are used for the treatment of early cases of Tuberculosis.

Beyond the regular annual repairs to the Hospital several improvements to the wards have been carried out. The floors of all wards and ward kitchens were, early in the year, stained and treated with "Ronuk," thus saving the repeated washing of floors which was often so detrimental to the patients.

The wards of the Phthisis and Diphtheria block had, formerly, walls treated with distemper. This distemper has now been replaced by paint and the wards so treated are greatly improved, not only in appearance, but by the fact that the walls can now be washed or sprayed as frequently as may become necessary.

Housing of the Working Classes Acts.

The Housing, Town Planning, etc., Act, 1909, was published at the close of that year, and was at once given the most careful consideration by the members of the Council and the Sanitary Committee was constituted the Housing Committee.

In January, 1910, the Sanitary Committee gave instructions that a report should be made on the Housing of the Working Classes in Winchester and the need, if any, for the provision of more houses.

In the Housing, Town Planning Act, 1909, the more important points with regard to the question of Housing of the Working Classes are :—

1. The Act is a compulsory and not an adoptive one.
2. Part III. of the Housing of the Working Classes Act, 1890 (Working Class Lodging Houses) now takes effect in all districts. Previously it was in force only in those districts for which it had been formally adopted.
3. If the Local Authority of any district appears, on the complaint of four inhabitant householders to the Local Government Board, to have failed to exercise their powers under Part II. (Unhealthy Dwelling Houses) or Part III. (Working Class Lodging Houses) of the Act of 1890, the Local Government Board may cause a public local inquiry to be held. As the result of such an inquiry the Board may order the Local Authority to carry out certain works. (Sec. 10).

4. The Act greatly increases the facilities for the acquisition of land for the purposes of the Housing Acts.
5. A contract, in respect of houses of a certain rental, entered into after the passing of the Act (Dec. 3rd, 1909), carries with it an implied condition that the house is fit for habitation, and also that the Landlord shall keep the house in a state reasonably fit for habitation during the holding. (Sec. 14, 15 (i)).
6. The law as regards the closure and demolition of dwellings unfit for human habitation is simplified and strengthened, the local authorities themselves making the closing order, instead of having to apply to a Court of Summary Jurisdiction.
7. Section 36 provides power of entry into any house, premises or buildings, to any person *authorised in writing* by the local authority.
8. The definition of a dwelling house includes an unoccupied as well as an occupied house.
9. Section 17 repeats the words of sec. 32 of the Housing of the Working Classes Act, 1890, with the addition, "and for that purpose it shall be the duty of the Local Authority, and of every officer of the Local Authority, to comply with such regulations and to keep such records as may be prescribed by the Board."

In accordance with Section 17 of the Housing (Town Planning) Act, the Local Government Board issued in September last the Housing (Inspection of District) Regulations. These Regulations give directions as to the scope and manner in which the inspection of a district shall be carried out.

Article I. of these regulations prescribes that the Local Authority shall establish a method of procedure to be adopted in dealing with these matters. This procedure must include :—

- a* The provision of a thorough inspection to be carried out according to the varying needs and circumstances of the district.

- b* The instruction to the Medical Officer of Health to prepare a list of dwelling houses, the early inspection of which appears to him to be desirable.

Article II. provides that the inspection shall be made by the Medical Officer of Health or by an officer acting under his direction and supervision, and enumerates the matters in relation to which inspection shall be made. These include :—

1. Water supply.
2. Closet accommodation.
3. Drainage.
4. Condition in regard to light, air, dampness, cleanliness.
5. Sanitary condition of yards and outhouses.
6. House refuse.
7. Existence of unhealthy room or rooms.
8. Defects or other matters which may tend to render the dwelling house dangerous or injurious to health.

Article III. prescribes the records to be kept which shall contain information as to :—

1. Situation of premises.
2. Name of official making the inspection.
3. Date of inspection.
4. Dates and records of any previous inspections.
5. State of the dwelling house in regard to each of the matters referred to under Article II.
6. Action taken by the Medical Officer of Health, either independently or by direction of the Local Authority.
7. Result of any such action.
8. Any further action which should be taken.

Article IV. prescribes that the Local Authority shall take these records into consideration "*at each of their ordinary Meetings,*" and to give such directions and to take such action as may be desirable in such case, and all such instructions are to be added to the records.

By Article V. the Medical Officer of Health is required to include in his annual report detailed information and particulars as to the inspections made and the results thereof.

These regulations were reported on and the Committee resolved—

- a* That authority in writing be given to the Medical Officer of Health, the Inspector of Nuisances and the City Surveyor to enter any house, premises or building in the City to which section 15 of the Housing and Town Planning Act applies, for purpose of viewing the state and condition thereof.
- b* That the Medical Officer of Health be instructed to present from time to time at the ordinary meetings of the Committee a list of houses which he considers to need inspection most urgently.
- c* That the inspection of all houses authorised by the Committee be undertaken by the Inspector of Nuisances under the direction and supervision of the Medical Officer of Health, and that such inspection shall be done in the manner provided by, and the reports thereon shall contain the particulars referred to in, the Housing (Inspection of District) Regulations, 1910.

In accordance with the instructions given by the Committee on January 27th, an inspection of the houses of the working classes was actively carried out and reports were given on April 13th and June 28th. In these reports the houses inspected were divided into three classes.

- I. Houses having minor dilapidations.
- II. Houses in which the dilapidations were considerable.
- III. Those houses which were unfit for habitation.

The houses coming under class I. were dealt with by sending Notices under the Public Health Act, 1875. Those in Class II. were inspected by the City Surveyor who drew up complete schedules of the repairs necessary. Twenty-four houses were represented as being unfit for human habitation. Of these the owners of 20 have since been served with notice of closure. One was closed by the owner, while three are under consideration.

METEOROLOGY.

Meteorological observations have been regularly kept throughout the year. Some of these observations (Thermometer, Barometer, Hygrometer, and Rain Gauge, are recorded from instruments kept in the Abbey House grounds, while the sunshine and earth temperature are recorded at Victoria Hospital.

Weekly records from these instruments are forwarded to and published by the *Hampshire Observer*.

Records for the year will be found in the subjoined table. The following comparisons of the years 1909, 1910 are of interest :—

	1909.	1910.
Mean Barometer pressure ...	29.79	29.29
Mean Temperature	54.3	55.28
Maximum Temperature recorded	86	79
Minimum ,, ,,	5	18
No. of days on which rain fell ...	169	186
Greatest Rainfall in one month...	6.98 (Oct.)	6.05 (Dec.)
Total Rainfall	30.10-ins.	34.09-ins.
Average daily Sunshine for year	5.4 hours	4.7 hours
Greatest amount recorded in 1 month	339.1 (May)	253.1 (May)

METEOROLOGICAL RECORD—YEAR 1910.

Months.	Barometer	Thermometer.				Hygrometer		Rainfall		Bright Sunshine	
	Mean Pressure at Station Level 128 feet above M.S.L.	Maximum Air Temperature	Minimum Air Temperature	Mean Air Temperature	Mean Earth Temperature 4 feet below surface	Mean Observations at 9 a.m.		Number of days on which rain fell	Amount collected	Total observed	Mean daily Average
						Dry Bulb	Wet Bulb				
January	29.26	55	18	40.0	44.5	39.13	38.67	17	3.05	--	2.8
February	28.96	53	27	42.2	43.2	42.28	41.71	22	4.17	101.2	3.6
March	29.45	58	27	45.7	43.8	43.45	42.16	12	1.21	174.7	5.6
April	29.20	63	25	54.3	45.3	48.03	38.67	18	3.75	153.8	5.1
May	29.29	75	31	64.1	47.9	55.22	53.77	17	1.46	253.1	8.1
June	29.23	79	40	73.5	52.8	61.83	60.93	15	2.83	222.2	7.4
July	29.36	76	45	70.0	55.3	59.16	58.80	15	2.18	154.2	5.0
August	29.39	76	44	70.0	56.3	62.38	61.80	17	2.20	172.1	5.5
September	29.89	75	36	61.0	55.8	57.10	56.60	3	.15	176.1	5.9
October	29.29	69	41	55.1	54.6	55.06	53.03	14	4.01	87.8	2.8
November	28.93	56	23	38.4	50.0	36.96	36.93	15	3.03	102.4	3.4
December	29.16	53	26	49.0	46.6	44.51	44.29	21	6.05	35.3	1.1
Year	29.29	79	18	55.28	49.7	50.28	49.00	186	34.09		4.7

VITAL STATISTICS.

VITAL STATISTICS.

The City of Winchester constitutes for the purposes of the Public Health Acts an Urban Sanitary District, and is divided into six wards, namely, St. Maurice, St. Bartholomew, St. John, St. Michael, St. Thomas and St. Paul.

These wards were constituted in 1906 and since the last census year.

Population.—The population as estimated by the Registrar-General to the middle of 1910 is 21,494.

Owing to the long periods of time between the various census years, the estimation of local populations during the later years of an intercensal period becomes a very uncertain process, and it is frequently found that the estimated population of these later years have to be corrected on the occurrence of the next following census.

The method adopted in estimating populations is to assume that the annual rate of increase as shown by the two preceding census enumerations is maintained and remains constant. This method, while giving fairly accurate results for the first five years after a census, is liable to show considerable error when applied to the 8th, 9th and 10th year of an intercensal period, because the influences of local circumstances, *i.e.*, sudden increase of building speculation, alterations in trade, etc., cannot be taken into consideration.

At the time when the last census was taken the population of the Barracks had been reduced by some 700. The increase of the population of the City of Winchester, therefore, was enumerated at a lower figure than would have been the case had not the war in South Africa been then proceeding. For these reasons it is probable that the estimate obtained by the Registrar-General is too low.

Your late Medical Officer, Dr. Sandilands, taking these circumstances into consideration, estimated the total population of the City for the year 1908 at 23,251.

This figure was obtained by adding together the following figures :—

Civil population, 1907	21,838
Excess of Births over Deaths	198
Average strength of Barracks	1,215
Total population, 1908	23,251

While agreeing with my predecessor in thinking that the estimation as obtained by the Registrar-General is too low, I am inclined to think on various considerations that the estimate of 23,251 for the year 1908 is likely to be somewhat too high, and have therefore made no increase in the estimation for either of the years 1909, 1910, but have adopted the same figure and taken a population of 23,251 as the basis of the Vital Statistics for this year.

Births.—The total number of births occurring during the year was 443, which gives a Birth Rate for the City of 19'05 per 1000 of the population.

This rate is lower by .95 than that recorded for last year and is the lowest rate recorded for the City.

These births, arranged according to sex and legitimacy, are shown in the following table :—

	Males	Females	Total
Legitimate	224	201	425
Illegitimate	12	6	18
Total	236	207	443

The greatest number of births in one month was 48 in April, and the smallest number was 26 occurring in October.

Month.		Males.		Females.		Total.
January ...	...	20	...	15	...	35
February	...	19	...	19	...	38
March ...	...	23	...	23	...	46
April ...	...	27	...	21	...	48
May ...	...	16	...	19	...	35
June ...	...	22	...	19	...	41
July ...	...	22	...	15	...	37
August ...	...	19	...	13	...	32
September	...	19	...	17	...	36
October ...	...	13	...	13	...	26
November	...	19	...	20	...	39
December	...	17	...	13	...	30
Total		236	...	207	...	443

The following table shows these births allocated to the Wards in which they occurred :—

Ward.		Males.		Females.		Total.
St. Maurice	...	48	...	43	...	91
„ John ...	...	32	...	44	...	76
„ Thomas	...	49	...	32	...	81
„ Paul ...	...	50	...	32	...	82
„ Bartholomew	...	27	...	27	...	54
„ Michael	...	30	...	29	...	59
Total		236	...	207	...	443

The birth of twin children occurred in three instances, in each case the sex was similar, two being male children and one female.

Deaths.—The number of deaths registered in the district was 302, of which 121 occurred in Public Institutions. Of this 121, 55 were deaths of persons belonging to other districts, to which the records were returned for purposes of statistics and are, therefore, excluded from the nett total of deaths belonging to the City. Four deaths of residents of Winchester occurred in Public Institutions outside the district. These deaths are included in the nett total.

The number of deaths properly belonging to the City is thus 251, which gives a Death Rate of 10·8 per 1,000 of the population. This rate is lower by ·96 than the corresponding rate for last year, and is the lowest recorded for the City.

The several Death Rates and Birth Rates for each of the years 1900-10 are given in Appendix Table I.

Causes of Death.—The causes of death and age periods at which death occurred are set out in detail in Table IV. The following list shows the most frequent and important causes of death in the past two years :—

			1909.		1910.
All causes	...	...	257	...	251
Measles	...	...	2	...	6
Scarlet Fever	...	...	0	...	0
Whooping Cough	...	...	0	...	6
Diphtheria	...	...	1	...	3
Influenza	...	...	6	...	2
Tuberculosis	...	...	17	...	15
Cancer ...	...	...	24	...	28
Bronchitis	...	...	32	...	27
Pneumonia	...	...	19	...	15
Heart Disease	...	...	24	...	36
Bright's Disease	...	...	12	...	9

Infantile Mortality.—Thirty-five deaths of Infants occurred under one year of age. This figure is higher by 2 than that recorded for 1909. The Infant Mortality figure, *i.e.*, the number of deaths of children under one year of age per 1000 births is equal to 79, showing an increase of 8·3 as compared with the corresponding rate of last year, but being well below the average Infant Mortality Rate of the 10 years 1900-1909, which average rate is 96.

An analysis of these deaths classified under age periods of weeks and months is given in Table V. From this table it will be seen that the most frequent causes of death under one year, after excluding premature birth and debility from birth which accounted for 11 of the 35, are Bronchitis which caused 6 deaths, and convulsions which caused 5, while of the Infectious Diseases Whooping Cough caused 3, and Measles 2.

INFECTIOUS DISEASES.

INFECTIOUS DISEASE.

During the year 1910, 74 cases of Infectious Diseases were notified. These include Scarlet Fever 13, Diphtheria 29, Typhoid Fever 5, Puerperal Fever 2, Erysipelas 9, and Phthisis 16, 11 being notified under the system of Voluntary Notification introduced in 1907, and 5 notified under the Public Health (Tuberculosis) Regulations of 1908.

Excluding the cases of Tuberculosis, which have not been notifiable for the whole of the period, it is seen that the number of other Diseases notified, namely 58, is the lowest recorded during the past 10 years.

1901 ...	240
1902 ...	119
1903 ...	113
1904 ...	158
1905 ...	89
1906 ...	66
1907 ...	88 + 2 Phthisis (vol. notif.)
1908 ...	106 + 16 Phthisis (vol. notif.)
1909 ...	77 + 16 Phthisis (vol. notif. 6, P.H.T.R. 10)
1910 ...	58 + 16 Phthisis (vol. notif. 11, P.H.T.R. 5)

A comparison with the cases notified during the year 1909 is given in the following list :—

				1909.		1910.
Scarlet Fever	...	...	...	43	...	13
Diphtheria	...	...	...	21	...	29
Typhoid Fever	...	...	...	3	...	5
Puerperal Fever	...	...	...	1	...	2
Erysipelas ...	...	...	...	9	...	9
Phthisis	{ under voluntary system		...	6	...	11
	{ under Regulations 1908		...	10	...	5
				—		—
				93		74

SCARLET FEVER.

This disease has during the past year become an almost negligible quantity. Only 13 cases were notified, and in each instance the disease was of the mildest possible type. Only 6 of the 13 cases were removed to Victoria Hospital, and in these cases the period of illness, as apart from the period of infectivity, only lasted for 2 or the most 3 days. No death occurred from this disease, and all the cases admitted to Victoria Hospital were discharged convalescent and appearing all the better for their stay on the breezy downs.

DIPHTHERIA.

Twenty-four cases of Diphtheria occurred during 1910, as compared with 21 in 1909. Of these 29 cases 24 were treated at Victoria Hospital. Three deaths in all occurred, 2 at your hospital and 1 outside.

The small increase noticed in this disease is accounted for by the occurrence of the disease, *a*, in a family composed of father, mother and 3 children in which diphtheria occurring in one child had spread to the other 2 before a doctor was called in, while the father developed it two days later, and *b*, a small outbreak which occurred in the Children's Ward of the County Hospital, through which 4 children and one mother who had visited the Ward developed the disease.

The duration of each patient's stay in hospital was, as I pointed out last year, determined entirely by means of bacteriological examination of the throat. No arbitrary time limit has been adopted, but when, the patients appearing convalescent, two successive bacteriological examinations of the throat yield negative results, the patient is discharged.

Of the three deaths which occurred the cause was identical in each case, namely, the disease not being recognised, a doctor was not called in at a sufficiently early date and antitoxin was not given in time.

DIPHTHERIA ANTITOXIN ORDER, 1910.

The great usefulness of Antitoxin, both as a curative measure when used early in the disease and as a prophylactic to prevent the development of diphtheria in those who have most probably become infected but have not yet developed the clinical symptoms of the disease, has received official recognition by the Local Government Board in the publication of the Diphtheria Antitoxin Order, 1910.

This order, which was published in August, 1910, sanctions the provision by the Council of any Borough, Urban or Rural District, of a free supply of Diphtheria Antitoxin for the use of the poorer inhabitants of the district and of medical assistance in connection with the use of the Antitoxin. In a circular letter accompanying the Order, the Local Government Board especially emphasises that "The prompt administration of Antitoxin before the patient is removed to Hospital may, especially if delay in removal is inevitable, go far towards preventing the attack of Diphtheria from being fatal."

"The free provision of Diphtheria Antitoxin must not be regarded as a substitute for removal to Hospital."

"Where a patient is under the care of a Medical Practitioner the latter should, under ordinary circumstances, administer the Antitoxin."

In emergencies, however, if requested by the Medical Practitioner, the Medical Officer of Health is authorised to administer the Antitoxin.

The sanction contained in this Order was accepted by the Sanitary Committee in October.

Arrangements were immediately made whereby a free supply of Diphtheria Antitoxin could be obtained by the Doctors for the use of the poorer inhabitants of the City. A special register was provided giving particulars as to the Antitoxin supplied, and a circular letter sent to all the Doctors in the City informing them of this provision and calling their attention to special points in the Order.

The adoption of the Antitoxin Order, 1910, should go far to reduce not only the incidence of Diphtheria, but also the mortality caused by that disease. Great as is the Public Health value of this

Order, it is yet not complete without the provision of free Bacteriological diagnosis of all cases suspected of being Diphtheria. I hope that during the coming year it will be found possible to make such provision.

TUBERCULOSIS.

Tuberculosis is unfortunately not yet a disease which is compulsorily notifiable, so that its prevalence throughout the city can only be guessed at.

Certain cases of phthisis, namely, those admitted to Workhouse Infirmarys, are compulsorily notifiable under the Public Health (Tuberculosis) Regulations of 1908. These patients are mostly in an advanced stage of the disease, frequently being admitted to the Workhouse only a short time before death.

The total number of deaths from this disease belonging to the City was 15, 14 being due to phthisis and 1 to other forms of tuberculosis. This gives a tuberculosis death rate of .64 per 1000 of the population.

The great Public Health importance of tuberculosis has not been lost sight of within the City, and apart from the Tuberculosis Regulations, the following measures have been taken for its prevention or cure :—

1. *Voluntary Notification of Phthisis.*—Phthisis was made a voluntarily notifiable disease in 1907. Unfortunately these notifications are not made so frequently or at such an early date as is desirable. During the past year 11 such notifications were received.
2. *Visits to Patients so notified.*—These visits are only made with the consent of the Doctor notifying the case.
3. *Provision of Disinfectants and Sputum Flasks.*—In cases where patients cannot or are not willing to be removed to a sanatorium, special pocket sputum flasks are given out on loan, and disinfectants for cleansing purposes are supplied from time to time.
4. *Disinfection of Houses.*—After the occurrence of a death from this disease disinfection of the house or room is carried out free of charge.

5. *Bye-Law*.—During the past year a special Bye-Law was passed prohibiting any person to spit in any public carriage, hall, waiting room, or place of entertainment.

Warning notices against the dangerous habit of spitting were also posted throughout the city.

6. *Admission of Patients to Victoria Hospital*.—Patients suffering from phthisis in the early stages of the disease are admitted to Victoria Hospital on payment of 10/- a week, provided it is not necessary to occupy all the wards with patients suffering from other diseases.

During the past year 8 patients have been admitted suffering from Phthisis. Two of these patients are still in Hospital. The duration of stay of these patients in Hospital has been very variable, in many cases the period being too short to effect any permanent improvement. In these cases it has been invariably at their own request that patients have left Hospital.

PHTHISICAL PATIENTS ADMITTED TO VICTORIA HOSPITAL DURING 1910.

1. Remained sixteen days in Hospital. Left to go to another Sanatorium for which an admission letter had previously been obtained.
2. Three months in Hospital. Discharged apparently convalescent.
3. A "School Inspection" case discharged after six weeks. Disease apparently arrested.
4. One month in Hospital. Left by his own desire *in statu quo*.
5. Six weeks in Hospital. Left by own desire considerably improved.
6. Eight weeks in Hospital, during which time considerable improvement was made. Left by own desire. This patient has fallen back since leaving Hospital.
7. Two months in Hospital—improving—still under treatment.
8. Admitted December 28th. Still in Hospital.

ADMISSIONS TO VICTORIA HOSPITAL.

During the year 1910, 39 patients were admitted to the wards of Victoria Hospital suffering from Infectious Diseases.

These included :—

Scarlet Fever	...	...	...	6
Diphtheria	...	...	...	24
Typhoid Fever	...	...	...	1
Phthisis	...	...	...	8

Two deaths occurred from Diphtheria, the remaining patients were discharged convalescent, or in the case of some Tubercular patients at their own request.

BACTERIOLOGICAL LABORATORY.

The total number of specimens examined in the Bacteriological Laboratory during 1910 was 119. These included 88 throat swabs examined for the presence of *Bacillus Diphtheriae*, 14 specimens of Sputum examined for *Bacillus Tuberculosis*, 14 specimens of hairs for the Ringworm Fungus, 1 case of suspected Typhoid Fever tested by Widal's reaction, and 2 miscellaneous specimens.

A comparison of these specimens with those examined during the year 1909 is shown in the following table :—

	1909.	1910.
<i>Throat Swabs for B. Diphtheriae—</i>		
Positive	15	29
Negative	34	59
<i>Sputum for B. Tuberculosis—</i>		
Positive	3	7
Negative	4	7
<i>Hairs for Ringworm Fungus—</i>		
Positive	3	12
Negative	1	2
<i>Widal's reaction—</i>		
Negative	—	1
Miscellaneous	4	2
	64	119

MEDICAL INSPECTION OF SCHOOL CHILDREN.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

By the appointment of a Health Visitor and School Nurse, referred to previously, the duties of Medical Inspection have been carried out in a much more satisfactory manner than was possible during the year 1909.

All children who were found to be in any way defective were subsequently visited at their homes, the parents were advised as to the best course to take to remedy the defects, and in the case of verminous heads especially, considerable pressure was brought to bear on those parents who neglected to deal with the condition of their child in a satisfactory manner.

The necessary forms and notices required in connection with Medical Inspection have been improved and completed. A copy of the various forms now in use, E1-E7, are inserted at the end of this section. Form E1 is sent to the head teacher of the school about a week before the inspection is held. On this is stated the class or age of children to be inspected and the proposed time of visit of the School Nurse to assist in weighing and measuring the children is given. This form is accompanied by the required number of forms E2 which are subsequently sent to the parents by the teachers. E3 and E4 are notices used in connection with cases of verminous heads. This latter form was only introduced at the end of the year after the Education Committee had decided to prosecute those parents who by neglect of their children caused them to remain in such a condition that their exclusion from school was necessary in order to protect the children of cleaner and more careful parents. Only one prosecution was undertaken under this heading before the close of the year, but the result of the publicity and small fine inflicted in this case has had a wonderfully stimulating effect on those parents whose enthusiasm over the cleanliness of their children was inclined to waver. Probably a few more cases of a similar nature will have to be brought before the Magistrates before the determination of the Education Committee to insist on reasonable cleanliness in all children attending their schools is fully realised, but I hope that before long Form E4 will be seldom or never used.

The total number of children examined during the School Inspection of 1910 was 384. These included :—

Boys	Routine	168	Special	2	Total	170
Girls	„	209	„	5	„	214
Totals	...	377		7		384

Amongst these children the following defects were found :—

SPECIAL CASES.

Defective Sight ...	Boys	1	Girls	2	subsequently treated	3
Mentally Defective	„	1	„	0	„	0
Verminous Heads	„	0	„	3	„	3
Totals	...	2		5		6

ROUTINE INSPECTION.

Nature of Defect.	Boys	Girls	Subsequently treated	Not treated	Removed from district
Defective Sight ...	12	25	37	5	—
Enlarged Tonsils or Adenoids	17	17	23	7	3
Defective Teeth (more than 4 decayed)	5	9	13	1	—
Tuberculosis (Pulmonary)	2	1	3	—	—
„ (Glandular)	2	—	2	—	—
Defective Heart	2	—	1	1	—
Ear Discharge	—	2	1	1	—
Ring Worm	3	1	4	—	—
Ricketts	1	—	—	1	—
Chorea	—	1	1	—	—
Verminous Head	25	87	112	—	—
Total	69	143	197	16	3

Height and Weight of Children Inspected (Routine).—The measurement and weighing of the children presented for Inspection is carried out by the School Teachers with the assistance of the School Nurse. These measurements are taken without boots, and are entered on the Inspection Cards prior to my visit.

The average height and weight of all the children inspected during 1910 is shown in the following Table :—

Age	BOYS.				GIRLS.			
	Height			Weight		Height		
	cm.	ft.	in.	kilo.	st. lbs.	cm.	ft.	in.
3	93	3	0 $\frac{1}{2}$	14'90	2 4 $\frac{3}{4}$	89	2	11
4	100	3	3 $\frac{1}{4}$	15'90	2 7 $\frac{3}{4}$	92	3	0 $\frac{1}{4}$
5	103	3	4 $\frac{1}{2}$	17'81	2 11 $\frac{1}{2}$	100	3	3 $\frac{1}{4}$
6	107	3	6	18'26	2 12	106	3	5 $\frac{3}{4}$
7	111	3	7 $\frac{3}{4}$	18'91	2 13 $\frac{1}{2}$	111	3	7 $\frac{3}{4}$
8	117	3	10	21'80	3 6 $\frac{1}{4}$	118	3	10 $\frac{1}{2}$
9	130	4	3	28'18	4 6 $\frac{1}{2}$	128	4	2 $\frac{1}{4}$
10	—	—	—	—	—	—	—	—
11	—	—	—	—	—	133	4	4 $\frac{1}{4}$
12	139	4	6 $\frac{3}{4}$	31'05	4 12 $\frac{1}{2}$	140	4	7
13	142	4	7 $\frac{3}{4}$	34'20	5 5 $\frac{1}{4}$	144	4	8 $\frac{1}{2}$
14	148	4	10 $\frac{1}{4}$	38'00	5 13 $\frac{1}{2}$	148	4	10 $\frac{1}{4}$

These figures have the one great drawback of being averages derived from comparatively small numbers, but they are of particular interest when compared with the following tables of average height and weight of children in different areas of England. This valuable chart has recently been compiled by Drs. A. W. Tuxford and R. Ashleigh Glegg, School Medical Officers for the Counties of Holland and Lindsey, Lincs., whose courtesy in allowing me to make use of their figures I gratefully acknowledge.

AVERAGE HEIGHT AND WEIGHT OF CHILDREN IN DIFFERENT AREAS OF ENGLAND.—BOYS.

AGE.	ENGLAND.		COUNTY AREAS.		URBAN AREAS.		NORTH OF ENGLAND.		SOUTH OF ENGLAND.	
	Height Cm.	Weight Kilo.	Height Cm.	Weight Kilo.	Height Cm.	Weight Kilo.	Height Cm.	Weight Kilo.	Height Cm.	Weight Kilo.
3	92'4	14'86	93'1	14'93	91'3	14'74	92'4	14'86	92'5	14'85
4	98'2	16'29	98'5	16'44	97'7	16'10	98'0	16'36	98'4	16'18
5	103'0	17'54	103'2	17'71	102'7	17'34	102'6	17'51	103'7	17'53
6	108'0	19'33	108'6	19'35	107'5	19'31	107'7	19'49	108'6	19'04
7	114'7	21'20	115'3	21'47	114'3	21'01	114'1	21'17	115'2	21'22
8	119'3	22'86	119'5	23'30	119'0	22'75	118'3	22'62	120'0	23'01
9	124'7	25'12	126'6	25'86	123'7	24'73	125'4	25'46	123'8	24'71
10	129'4	27'42	130'0	27'75	129'1	27'22	129'3	27'46	129'8	27'31
11	134'2	29'93	135'2	30'78	133'7	29'47	134'0	30'17	134'5	29'69
12	139'8	33'05	140'2	33'31	138'9	32'45	139'4	32'89	140'2	33'24
13	142'5	35'15	142'6	35'32	142'4	35'03	141'5	34'89	143'8	35'52
14	147'1	38'15	147'8	38'34	146'8	38'06	145'5	37'45	149'0	38'97

AVERAGE HEIGHT AND WEIGHT OF CHILDREN IN DIFFERENT AREAS OF ENGLAND.—GIRLS.

AGE.	ENGLAND.		COUNTY AREAS.		URBAN AREAS.		NORTH OF ENGLAND.		SOUTH OF ENGLAND.	
	Height Cm.	Weight Kilo.	Height Cm.	Weight Kilo.	Height Cm.	Weight Kilo.	Height Cm.	Weight Kilo.	Height Cm.	Weight Kilo.
3	91'6	14'44	91'9	14'52	90'9	14'29	91'5	14'66	91'7	14'40
4	98'1	15'82	99'2	15'92	96'7	15'69	97'8	15'82	98'6	15'82
5	102'6	17'07	103'1	17'22	102'0	16'92	101'9	16'98	103'8	17'25
6	107'6	18'58	108'0	18'74	107'2	18'44	107'0	18'52	108'6	18'70
7	113'9	20'50	114'6	20'64	113'4	20'40	112'9	20'46	114'8	20'58
8	117'6	22'19	117'8	22'22	117'5	22'18	117'2	22'09	118'1	22'31
9	123'7	24'75	125'6	25'10	122'6	24'56	124'2	24'93	122'9	24'52
10	129'8	26'71	130'2	26'94	129'4	26'57	129'2	26'59	131'1	27'03
11	133'5	29'59	135'6	30'31	132'3	29'16	133'6	29'59	133'4	29'59
12	138'7	33'51	138'5	33'84	139'3	32'79	138'7	33'25	138'8	33'84
13	144'5	36'31	145'1	36'79	144'0	35'94	143'7	36'08	145'6	36'60
14	149'0	39'81	149'8	40'12	148'7	39'65	147'7	39'00	150'7	40'79

Clothing and Footgear.—The clothing and footgear worn by the children was found in most cases, quite satisfactory. This is an observation which cannot satisfactorily be made by the Medical Inspector, for in nearly all cases where the child possesses a “best suit” or change of underclothing this is put on for the occasion of the inspection.

Cleanliness of Head and Body.—In my Report for the year 1909, I remarked under this heading, “The one extremely unsatisfactory condition which has been revealed by this inspection is the large number of verminous heads found amongst the school children. This condition is far more prevalent amongst girls than boys, owing to the greater difficulty of keeping long hair clean, but even amongst the boys the number of cases is far greater than should be found in a City like Winchester.” In that and previous reports I urged upon you the great desirability of appointing a School Nurse, a part of whose duty should be to follow up cases of verminous heads and see that the necessary treatment is carried out, also to visit the various schools from time to time and seek out any child who may be in a verminous condition.

Such an appointment has now been made, and since April last all cases of verminous condition in children have been actively followed up, and although for a time the school attendances suffered from exclusions due to this cause, yet the condition of the school children and also the school attendances are already showing an improvement, and I am convinced that this improvement will steadily increase.

Amongst the 377 children examined in the routine inspections, 112 or 29 per cent. were found to be verminous, these included :—

		Inspected.		Verminous.		per centage.
Boys	...	168	...	25	...	15
Girls	...	209	...	87	...	41

Dividing these children into classes as over or under 9 years of age it is found that the per centage of verminous heads varies directly with the average length of hair of the class.

		Verminous.				Verminous.
Boys over 9	...	10 per cent.		Girls under 9	...	36 per cent.
„ under 9	...	16 „ „		„ over 9	...	42 „ „

These figures show only a very slight improvement on the corresponding figures of the previous year, which were :—

	Verminous.		Verminous.
Boys over 9 ...	10 per cent.	Girls under 9 ...	40 per cent.
„ under 9 ...	17 „ „	„ over 9 ...	48 „ „

I should, however, point out that the routine School Inspections to which these figures refer, were held immediately after the appointment of the School Nurse, and before the organised attack on these cases had had time to make itself felt. Since these inspections were made 661 visits in respect of cases of verminous heads were made either by the School Nurse or myself, and I fully expect that at the School Inspections to be made in 1911 a great improvement will be found to have taken place.

E 1

CITY OF WINCHESTER.

EDUCATION COMMITTEE.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

To the Head Teacher of { School
 Department

DEAR SIR OR MADAM,

I propose to visit your School for the purpose of holding a Medical Inspection on.....at.....o'clock.

The children who will be examined are—

.....

.....

I should be obliged if you will take the necessary preliminary observations and fill in a Card for each child (girls blue, boys yellow) prior to my visit.

The information which I should be glad if you will fill in is included under those headings printed in red.

.....will call at your School for the purpose of assisting with the weighing, measuring, etc., on.....at.....

Yours faithfully,

LESLIE MILBURN,

Date.....

Medical Officer of Health.

E 2

CITY OF WINCHESTER.

EDUCATION COMMITTEE.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

To the Parents or Guardians of.....

DEAR SIR OR MADAM,

I beg to inform you that I shall visit.....School
 on.....next at.....o'clock, for the purpose of
 Inspecting the Children, amongst whom your child,.....
will be included.

You are invited to be present at the Examination, and any information
 you can give as to the child's health will be welcomed. If any disease or
 defect is discovered advice will be given you as to the necessary steps
 to take.

Also I shall be obliged if you will fill up and send to the School at
 once the Form on the other leaf in order that as complete a report as
 possible may be made.

Yours faithfully,

LESLIE MILBURN,

*Date.....**Medical Officer of Health.**Child's name (in full).....*

If the Child has suffered from any of the following diseases, please fill
 in the age of the Child at the time the disease occurred. If the Child has
 not had the disease please write "No."

Measles..... Small Pox.....

Whooping Cough..... Fits.....

Chicken Pox..... Mumps.....

Diphtheria..... Tuberculosis.....

Scarlet Fever..... Rheumatism.....
 (Scarlatina)

Other Illnesses.....

Does your Child suffer from Rupture?.....

*Signed.....**Parent or Guardian.*

E 3

CITY OF WINCHESTER.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

PRIVATE NOTICE.

The careful and regular examination of the heads of all children at school has been found necessary in order to ensure more satisfactory conditions.

Your attention is drawn to the fact that there are nits on the hair of

On the other side you will find directions for satisfactorily dealing with the matter.

Date.....

TREATMENT OF HEADS OF CHILDREN.

Even clean Children are liable to become infected with vermin, and it is therefore necessary to carefully examine the hair every week or oftener. The Treatment to be applied is as follows:—

First Night.—Wash the head thoroughly with soft soap and hot water and dry it with a dry warm towel. Then rub in sufficient paraffin oil over the head, so as to have the whole of the hair and skin completely wet with oil. The oil is left on until the next night.

Caution.—Do not use paraffin near a fire or a naked light.

Second Night.—Thoroughly comb the hair with a fine tooth comb, then wash the head again with soft soap and hot water—dry and apply the paraffin as before.

Third Night.—The head is again combed, washed, dried, and the oil applied as before.

If the above directions are carried out thoroughly there will be no sign of life after the third day.

If there are many nits present it is advisable to cut the hair short all over, as a good deal of time and trouble will be saved.

For the removal of nits from the hair after the above treatment, apply warm vinegar to the hair, lock by lock, and thoroughly comb with fine tooth comb or scrape with finger nail.

The presence of crusts or scabs on the head makes the above treatment more urgently necessary. The scabs should be carefully removed when they are softened by the washing.

Iron the collars of all the clothes with a hot iron.

After the head is quite clear of nits, it is advisable to follow out the above treatment once a week to ensure perfect cleanliness.

E 4

CITY OF WINCHESTER.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

SECOND NOTICE.

Your attention is drawn to the fact that.....

 is still in a verminous condition, and that little or no improvement has been
 made in the condition of h..... head since the first notice was served
 you on.....last.

Unless the child's head is sufficiently cleansed to enable h..... to
 return to school by.....you will
 render yourself liable to be **summoned before the Magistrates** for the child's
 non-attendance at school.

LESLIE MILBURN,

Date.....

School Medical Officer.

E 5

CITY OF WINCHESTER.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

PRIVATE NOTICE.

To.....

DEAR SIR OR MADAM,

Your Child.....

has been inspected by me and found to be suffering from.....

You should at once ask your Doctor what he advises should be done
 for the Child.

Yours faithfully,

LESLIE MILBURN,

Medical Officer.

E 6

CITY OF WINCHESTER.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

Date _____

Important Notice to the Parents or Guardians of

.....

The above-named Scholar was to-day Medically Examined by me, and found to be in such a condition as to be **fit to attend School regularly.**

I have advised the Teacher that his (her) absence from School is not to be excused unless a Doctor's Certificate is produced.

LESLIE MILBURN,

Medical Officer of Health.

E 7

CITY OF WINCHESTER.

EDUCATION COMMITTEE.

Date _____

To the Parents or Guardians of

.....

The condition of this Child, to which your attention is called on the accompanying form, is such that (s)he must not return to School until that condition is considerably improved or at earliest _____

LESLIE MILBURN,

Medical Officer of Health.

FACTORIES AND WORKSHOPS.

FACTORIES AND WORKSHOPS.

The following table contains information with regard to Factories and Workshops summarised in the official form provided by the Home Office :—

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES & HOMEWORK.

I.—INSPECTIONS.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises	Number of		
	Inspection	Written Notices	Prosecutions
Factories (including Factory Laundries) ...	1	1	—
Workshops (including Workshop Laundries)	93	2	—
Workplaces (other than Outworkers' premises included in Part 3 of this Report)... ..	—	—	—
Total	94	3	—

II.—DEFECTS FOUND.

Particulars	Number of Defects			Number of Prosecutions	
	Found	Remedied	Referred to H.M. Inspector		
<i>Nuisances under the Public Health Acts—*</i>					
Want of Cleanliness	2	2	—	NONE	
Want of Ventilation	—	—	—		
Overcrowding	—	—	—		
Want of Drainage of Floors	—	—	—		
Other Nuisances	—	—	—		
Sanitary Accommodation {	insufficient	—	—		
	unsuitable or defective	—	—		
	not separate for sexes	—	—		
<i>Offences under the Factory and Workshop Act</i>					
Illegal occupation of underground bake-house (s. 101)	—	—	—		
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	4	4	—		
Other offences (excluding offences relating to outwork which are included in part 3 of this Report)	—	—	—		
Total	6	6	—		

* Including those specified in sections 2, 3, 7 and 8, of the Factory and Workshop Act as remediable under the Public Health Acts.

OTHER MATTERS.

Class								Number	
Matters notified to H.M. Inspector of Factories—									
Failure to affix Abstract of the Factory and Workshop Act (s. 133)								—	
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory Act (s. 5)								2	
Notified by H.M. Inspector								2	
Reports (of action taken) sent to H.M. Inspector								2	
Others								—	
Underground Bakehouses (s. 101):—									
Certificates granted during the year								—	
In use at the end of the year								—	
Homework —									
List of Outworkers (s. 107):—								Number	
Nature of Work—Wearing Apparel, Making, etc. ...								Lists received	
Total ...								Out-workers.	
								10	
								10	
Number of Inspections of Outworkers' premises ...								52	
Workshops on the Register (s. 131) at the end of the year ...									
Important classes of workshops such as workshop bakehouses may be enumerated here.	Bakers and Confectioners								29
	Milliners and Dressmakers								18
	Shoemakers								13
	Tailors								11
	Carpenters and Cabinet Makers								—
	Laundries								11
	Smiths, Ironmongers and Plumbers								—
	Wheelwrights and Coachbuilders								—
Others								53	
Total number of workshops on Register								135	

REPORT OF THE INSPECTOR OF NUISANCES.

**ANNUAL REPORT of the INSPECTOR of NUISANCES
for the Year 1910.**

*To the Chairman and Members of the Winchester Urban
District Council.*

GENTLEMEN,

I beg to submit to you my Annual Report in which is recorded particulars of the work done in connection with the sanitary inspection of the district during the year 1910.

It is pleasing to be able to testify that the duties of the Department have been carried out through the whole year without the least friction, nor has it been necessary to apply for magisterial aid in a single instance, notwithstanding the large amount of structural improvements which have been effected in the drainage and sanitary arrangements of the city.

The sanitary operations are now greatly facilitated by the additional powers conferred on your Council by the adoption of the Public Health Acts Amendment Act 1907. This Act is one of the most important measures of sanitary reform that has been placed on the Statute Book during recent years, and it contains several provisions which will prove of material aid to your Health Department. Under the new Act authority is given to deal with paving of yards, the proper supervision of drinking water cisterns, the examination and testing of drains, etc., the provision of sinks and urinals, and the registration of certain businesses as offensive trades.

I feel I ought not to let the opportunity pass without expressing my appreciation and thanks to the Architects, Builders and Plumbers practising in the city for the ready and willing assistance they have rendered to facilitate the routine work of the Department in the reconstruction and testing of drainage work. I am convinced it is mainly due to the mutual confidence existing that the standard of sanitary work in the city has been raised to its present high level and is so well maintained.

During the year the inspection of the district has been systematically carried out, careful attention being given to all sanitary conditions bearing on the health and comfort of the inhabitants. House to house inspection, supervision and testing of drainage work, inspection of workshops, laundries, bakehouses, slaughter-houses, butchers, fruiterers and fishmongers' shops, dairies, cowsheds and milkshops, and the inspection of elementary schools have each and all occupied the time of your Inspector, and wherever insanitary conditions were found to exist, or where food was found to be unsound, or stored in such a manner as to endanger its wholesomeness, such action as was necessary was promptly taken.

In the tables appended it will be seen that a large amount of work has been carried out during the year. In all 2672 inspections were made. In 732 of the premises visited nuisances were found to exist, and in dealing with the sanitary defects from which they arose 242 intimations and 29 statutory notices were served. In numerous instances the circumstances were such that it was considered advisable to send an explanatory letter rather than a formal notice, whilst in a number of other cases nuisances were abated as a result of interviews with the responsible parties. In order to ascertain that the sanitary defects referred to were being properly remedied 610 visits were paid to the respective premises while the necessary work was in progress.

The total number of written and verbal complaints received is 101, but it was found, however, on investigation that some of these did not come within the scope of Sanitary Law. Needless to say the same attention was given to all complaints, whether anonymous or otherwise.

There have been 44 drains discovered requiring reconstruction, 13 requiring connecting with main sewer, and 27 were found not efficiently trapped. Defects in connection with sink pipes, ventilation shafts, soil pipes, yard drains, eave gutters and stack pipes, roofing, baths, and water closets have been attended to in 164 instances. Nuisances from want of drains, cesspools, choked drains, poultry and pigeons, and the keeping of animals under improper conditions have been attended to in 46 instances. Sink-stones have been provided to 21 houses, 1 stable and 13 wash-houses have been paved with impervious material.

It occasionally happens that cases come under my notice which afford striking evidence of the need of supervision of sanitary work by some responsible authority. In one such instance during the year I found in a certain house a new sink and W.C. had been fixed on the third floor and the waste pipe had been fixed so as to discharge on to a lead flat and the roof water from this flat discharged into a large rain water cistern in the adjoining premises. No precaution was taken to ascertain that the pipe referred to had a proper outfall, therefore the adjoining premises soon became flooded with sewage. On making a further investigation into the drainage of these premises I found that the late occupier had fixed a W.C. in the basement and not connected the same to the sewer, but had simply dug a large hole in the floor into which the W.C. was discharging.

It is to be regretted that the Public Health Acts in force within the city do not provide for the prosecution of persons guilty of executing work in such an extremely negligent manner.

Owing to the unsatisfactory state of the law as regards the definition of drains and sewers the Corporation have again been involved in considerable expense in remedying insanitary conditions on private property.

Out of the large number of provisions in the Public Health Acts there is none which has been the cause of more litigation than those relating to the testing of drains and sewers. Local Authorities have for a long time endeavoured to induce the Local Government Board to initiate legislation to remove the anomalies and difficulties in the provisions of the Acts relating to drains, but their efforts have been unavailing.

In the 1910 Session of Parliament, however, the Surbiton Urban District Council succeeded in obtaining for their district in a Private Act an amendment of the provisions of Sec. 19 making drains receiving the drainage of two or more houses belonging to the *same* owner a single private drain, the cost of repairing which may be recovered from the owners, thus removing the anomaly as far as their district is concerned.

I understand that a combination of Local Authorities have agreed to share the cost of promoting a Bill to obtain similar powers to those acquired by the Surbiton Urban District Council. If this Bill becomes law, as it appears highly probable that it will, the Government will find it incumbent upon them to pass an amending Act in similar terms applicable to the whole country. Such an Act is greatly needed in Winchester.

New drains are in all cases required to be constructed with Salt Glazed stoneware, or heavy cast iron coated pipes laid on a good solid foundation. The drains are disconnected from the sewer by means of approved intercepting traps, and proper means provided for their efficient ventilation, cleansing, and testing. The work of reconstructing defective drains has, as usual, been carefully supervised by your Inspector, and sufficient attention to all details of the work was secured by frequent visits to the premises while it was in progress.

Drains Examined on Application.

During the year 12 applications were received to test the drains and sanitary arrangements in connection with dwelling houses. The amount realised by this work is £30 : 9 : 0, being £8 : 8 : 0 more than last year.

Paving of Yards.

In the course of my inspection 27 yards in connection with dwelling houses were found in an insanitary condition, either from the absence of paving or through the defective condition of such paving as existed. The owners in each case were requested to pave a sufficient area of the yard, or to properly repair the existing paving as the necessity of the case required.

Disposal of House Refuse.

In the Annual Report of 1906 your attention was called to the insufficient and unsuitable ash-pit or ash-bin accommodation in many dwellings and business premises. A general improvement is being effected in this respect, but there having been no regular system of enforcing proper provision it will take some time to make up the delay and to obtain anything like a general improvement. At the end of the year 96 notices had been served upon owners to provide proper Sanitary Dustbins, 75 notices have been complied with and the remaining 21 were outstanding.

Factory and Workshops Acts, 1901—1907.

The details of the work done by your Inspector under the provisions of the above Acts, are recorded in the tabulated statement included in the report of your Medical Officer of Health.

Disinfection of Premises.

As soon as possible after a patient is removed to hospital, or, when the patient is nursed at home, directly the Medical Attendant notifies that the patient is free from infection, the room is fumigated with formic aldehyde vapour, and the bedding, blankets, and wearing apparel are passed through the steam disinfecter. Forty-one premises were fumigated, and 2,328 articles, chiefly bedding and wearing apparel were disinfected in the Council's steam disinfecter. A large amount of bedding, &c., has been disinfected for the Royal Hants County Hospital, and the Military Authorities, for which a charge is made. Reports giving the particulars of the enquiries made and the result of the inspections have been supplied to the Medical Officer of Health respecting each case of Notifiable Disease.

Common Lodging Houses.

There are six registered houses in the City as follows :—

The Church Army Home, 32 The Square.

No. 4 Upper Brook Street.

Queen's Head, Upper Brook Street.

Plough Inn, „ „ „

Britannia Inn, Lower Brook Street.

56 Canon Street.

I have made frequent inspections of the above houses, and where necessary, notices have been served to cleanse and limewash the walls and ceilings of sleeping rooms and kitchens.

Dairies, Cowsheds and Milkshops.

The whole of the premises have been periodically inspected to see that they were kept in accordance with the provisions of the Dairies, Cowsheds and Milkshops Order, 1885, and the regulations made thereunder by your Council. A good deal of attention has been given to the cleanliness of the Cows, and it has been necessary to request several cowkeepers to take more stringent precautions in regard to cleansing of the hands of the milkers and the cows udders.

Slaughter-houses and Food Inspections.

The number of slaughter-houses in the district remain the same as last year, namely, ten. These premises are licensed, such license has, subject to the approval of the Council, to be renewed every twelve months. The usual frequent inspections of these premises has been carried out, and the bye-laws have been generally well observed. It is an obvious fact that in districts where a number of private slaughter-houses are in use only a small proportion of the carcasses can receive the attention which the whole should have. On one occasion the carcasses of two pigs were found to be extensively affected with Tuberculosis and were therefore condemned and destroyed.

The Sale of Food and Drugs Acts.

During the year 48 samples have been purchased for analysis. It is very gratifying to find that all the samples submitted for analysis have been returned as genuine, showing what an excellent food supply we have in the city.

The following is a summary of the work accomplished under these Acts :—

Name of Article.			Number Analysed.	Result of Analysis.
New Milk	...	...	16	Genuine
Separated Milk	...	...	1	"
Butter	...	...	17	"
Margarine	...	...	4	"
Lard	...	...	3	"
Bread	...	...	5	"
Cream	...	...	1	"
Coffee	...	...	1	"

I am, Gentlemen,

Your obedient Servant,

JOHN LORD, A.R.S.I.

HEALTH DEPARTMENT.

REMOVAL OF NUISANCES.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Totals
Drains requiring Re-construction	18	12	13	1	44
" " connecting with main sewer	..	1	2	9	12
" not efficiently trapped	7	3	8	9	27
" requiring Ventilation Shafts	1	4	2	1	8
Defective Sink-pipes and Drains	20	13	15	4	52
" Yard Drains	4	1	4	..	9
" Eave and Fall Pipes	3	2	7	..	12
" Roofing	..	6	18	..	24
" Baths	1	..	..	..	1
" Water Closets	21	16	19	10	66
" Soil Pipes	1	4	1	1	7
" Vent Shafts	7	11	13	2	33
" Sewers on Private Property	2	1	1	..	4
Waste Pipes requiring Disconnecting	..	1	1	..	2
To provide Sinkstones to Houses	3	6	9	3	21
Fall-pipes requiring Disconnecting	2	..	..	..	2
To Provide Eave and Fall Pipes	2	1	6	..	9
" " Sanitary Dust Bins	3	26	30	37	96
Nuisances from want of Drains	1	4	2	9	16
" Cesspools	..	1	1	1	3
" Choked Drains	10	5	3	4	22
" Defective Surface of Yard	14	4	7	2	27
" Poultry and Pigeons	1	..	1	..	2
" Animals	2	..	1	..	3
" Verminous Bedding	..	..	3	..	3
Offensive Accumulations	6	3	1	11	21
" Ashpits and Privies	..	..	..	9	9
Closets requiring Lime-washing	..	..	20	..	20
Ashpits and Closets requiring Re-construction	..	2	..	9	11
" " requiring proper doors & covering	..	2	2	11	15
Old Privies requiring alteration to w.c. system	..	..	..	9	9
Insufficient Closet Accommodation	..	..	..	2	2
Houses Overcrowded	2	1	3	2	8
" Unfit for Habitation	..	..	..	..	..
" Requiring Cleansing	..	4	29	2	35
" Damp	1	5	10	..	16
" Requiring Water Supply	..	4	..	..	4
Wash-houses requiring Paving	1	3	6	3	13
Stables	..	..	..	1	1
Common Lodging-houses requiring Lime-washing	1	6	..	5	12
Slaughter-houses	..	1	..	..	1
Cowsheds	..	..	..	..	..
Dairies	1	..	..	..	1
Bakehouses, requiring Lime-washing or Cleansing	..	5	..	1	6
Workshops	..	2	..	1	3

HEALTH DEPARTMENT.

SUMMARY.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Totals
No. of Premises inspected where Zymotic diseases have occurred	11	9	9	8	37
" " disinfected " " ..	13	11	9	8	41
" " flushed " " ..	11	7	4	5	27
Total number of visits to infected houses ..	35	27	22	21	105
Number of Articles disinfected by Steam disinfectant	605	485	556	682	2328
Number of visits in death from Phthisis ..	2	1	1	3	7
" " premises disinfected after Phthisis ..	..	1	1	2	4
Nuisances reported at Sanitary Office ..	26	18	39	18	101
" inspected ..	26	18	39	18	101
Inspection of Premises where nuisances are found ..	156	255	176	145	732
" " where offensive trades are conducted	..	..	..	2	2
" Dwelling-houses in house to house visitation	74	78	15	13	180
" Factories	1	..	..	..	1
" Laundries	5	4	..	10	19
" Workshops	1	49	15	9	74
" Outworkers	2	16	5	29	52
" Schools	1	15	28	17	61
" Slaughter-houses	25	10	2	33	70
" Common Lodging-houses	7	11	17	13	48
" Dairies and Milkshops	7	9	14	13	43
" Cowsheds	8	10	8	9	35
" Bakehouses	4	13	3	10	30
" Markets and Shops	45	45	30	55	175
" Van Dwellings	..	..	..	15	15
Re-visits to work in progress	136	149	166	159	610
Visits to property under notice	89	61	92	183	425
Total number of Inspection of Premises ..	587	743	610	733	2673
Number of Entries in Report Books	40	70	127	54	291
Preliminary Notices to Owners	27	71	112	32	242
Letters written	17	27	27	33	104
Number of Legal Notices issued for Abatement or Abolition of Nuisances	5	12	1	11	29
Owners seen personally	18	29	23	24	94
Sections of New Drains Tested	54	35	47	19	155
" " and satisfactory at first test ..	46	29	37	16	128
Number of visits under Food and Drug Acts ..	12	14	9	12	47
Food and Drugs—samples purchased	12	14	10	12	48
" " " adulterated	..	..	..	..	..
Meat, seizures made or destroyed	Tuberculous Pigs 2	..	..	..	Tuberculous Pigs 2
Old Drains tested and found defective ..	14	16	19	2	51
" " " sound	1	2	..	2	5

APPENDIX.

TABLE I.
WINCHESTER URBAN DISTRICT.

Vital Statistics of Whole District during 1910 and previous Years.

YEAR	Population estimated to middle of each year	Births		Total Deaths Registered in the District				Total deaths in public institutions in the district	Deaths of non-residents registered in public institutions in the district	Deaths of residents registered in public institutions beyond the district	Nett deaths at all ages belonging to the district	
		Number	Rate*	Under 1 Year of Age		At all Ages					Number	Rate*
				Number	Rate per 1000 births registered	Number	Rate*					
1	2	3	4	5	6	7	8	9	10	11	12	13
1900	19,274	421	21·8	54	128	309	16·0	78	26	16	299	15·5
1901	20,929	438	20·9	46	105	330	15·7	102	50	—	280	13·3
1902	21,132	439	20·6	49	111	291	13·7	75	37	3	257	12·1
1903	21,491	464	21·5	49	105	292	13·5	81	34	8	266	12·3
1904	22,472	471	21·1	47	100	307	13·3	101	39	9	277	12·4
1905	22,961	489	21·3	40	82	295	12·8	110	35	6	266	11·6
1906	22,978	471	20·5	35	74	306	13·3	105	45	7	268	11·7
1907	23,063	488	21·1	48	98	361	15·6	122	48	9	322	14·0
1908	23,251	491	21·0	47	96	312	13·4	126	45	14	281	12·1
1909	23,251	467	20·0	33	70·7	300	12·9	72	43	—	257	11·04
Averages for years 1900-09	22,080	463	20·9	44	96	310	14·0	97	40	7	277	12·6
1910	23,251	443	19·5	35	79	302	12·9	121	55	4	251	10·8

NOTE.—The deaths included in Column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division. The deaths included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term “non-residents” is meant persons brought into the district on account of sickness or infirmity and dying in public institutions there; and by the term “residents” is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The “Public Institutions” to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses, and lunatic asylums.

Area of district in acres (exclusive of area covered by water)	...	1,931
Total population at all ages (at Census of 1901)		20,929
Number of inhabited houses		4,017
Average number of persons per house		5·2

I.	II.	III.
Institutions within the district receiving sick and infirm persons from outside the district.	Institutions outside the district receiving sick and infirm persons from the district.	Other institutions, the deaths in which have been distributed among the several localities in the district.
1 Royal Hants County Hospital	1 Victoria Hospital, Chilcomb	1 Fredenheim Hospital, Hampstead
2 Union Workhouse		2 Lady Margaret Hospital, Bromley

TABLE III.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1910.

Notifiable Diseases	Cases notified in whole district						Total cases notified in each locality					No. of cases removed to Hospital from each locality					Total cases removed to Hospital			
	At all ages	At Ages—Years					St. Maurice	St. Bar-tholomew	St. John	St. Thomas	St. Paul	St. Michael	St. Maurice	St. Bar-tholomew	St. John	St. Thomas		St. Paul	St. Michael	
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65														65 and up-wards
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous croup)	29	...	8	13	3	5	...	...	6	7	3	3	6	3	6	6	2	1	...	...
Erysipelas	9	...	1	...	2	8	1	...	2	2	2	2	...	...	...	...	...	...	...	...
Scarlet Fever	13	...	5	7	1	...	...	...	1	1	5	3	...	...	...	...	...	...	...	...
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	5	...	...	...	1	4	...	...	1	...	...	...	1	...	...	...	...	...	...	...
Relapsing Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	2	...	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	58	...	14	20	7	19	1	...	5	11	16	9	8	7	8	7	10	4	1	32

Isolation Hospital—Victoria Hospital (situated just outside the City boundary). Total available beds 44. Number of diseases that can be currently treated 3.

TABLE IV.—WINCHESTER
CAUSES OF, AND AGES AT, DEATH

Causes of Death					Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District						
					All ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards
Small-pox	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	6	2	3	1	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	6	3	3	...	...	...	...
Diphtheria (including Membranous Croup)	...	...	...	...	3	...	2	1	...	...	...
Convulsions	...	...	...	...	5	5	...	...	...	...	...
Fever { Typhus	...	...	...	...	...	...	...	...	...	...	...
Enteric	...	...	...	...	...	...	...	...	...	...	...
Other continued	...	...	...	...	...	...	...	...	...	...	...
Epidemic Influenza	...	...	...	...	2	...	...	...	...	1	1
Epilepsy	...	...	...	...	1	...	...	...	...	1	..
Improper Feeding	...	...	...	...	2	2	...	...	...	...	...
Diarrhœa	...	...	...	...	1	...	...	...	...	...	1
Enteritis	...	...	...	...	1	...	...	...	...	1	...
Gastritis	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	1	...	...	...	...	1	...
Phthisis (Pulmonary Tuberculosis)	...	...	...	...	14	...	...	2	2	9	1
Other Tuberculous Diseases	...	...	...	...	1	...	...	...	1	...	..
Cancer, Malignant Disease	...	...	...	...	28	..	...	...	...	11	17
Bronchitis	...	...	...	...	27	6	2	1	...	7	11
Pneumonia	...	...	...	...	15	1	2	1	...	8	3
Pleurisy	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of Respiratory Organs	...	...	...	...	...	...	...	...	...	...	...
Alcoholism, Cirrhosis of Liver	...	...	...	...	2	...	...	...	...	1	1
Venereal Diseases	...	...	...	...	1	1	...	...	..	...	...
Premature Birth	...	...	...	...	4	4	...	...	...	...	...
Diseases and Accidents of Parturition	...	...	...	...	2	...	...	...	1	1	...
Heart Diseases	...	...	...	...	36	...	...	...	5	17	14
Accidents	...	...	...	...	6	...	...	1	...	2	3
Suicides	...	...	...	...	6	...	...	..	...	5	1
Cerebral Hæmorrhage	...	...	...	...	18	...	...	...	...	10	8
Bright's Disease	...	...	...	...	9	...	...	...	1	1	7
Senectus	...	...	...	...	23	...	...	...	...	...	23
Marasmus	...	...	...	...	7	7	...	...	...	...	...
All other causes	...	...	...	...	24	4	1	1	...	10	8
All causes	...	...	...	...	251	35	13	8	10	86	99

URBAN DISTRICT.

DURING THE YEAR 1910.

Deaths at all ages of "Residents" belonging to localities, whether occurring in or beyond the District						Total Deaths whether of "Residents" or "Non Residents" in Public Institutions in the District	Causes of Death
St. Bartholomew	St. John	St. Maurice	St. Michael	St. Paul	St. Thomas		
...	...	...	...	...	...	...	Small-pox
1	...	4	...	1	...	...	Measles
...	...	...	...	...	...	...	Scarlet Fever
...	1	3	1	...	1	...	Whooping Cough
1	1	...	1	...	...	2	Diphtheria (including Membranous Croup)
...	2	...	1	1	1	...	Convulsions
...	...	...	...	...	...	...	Fever { Typhus Enteric Other continued
...	...	...	...	...	...	...	
...	...	...	...	...	...	...	
...	...	...	...	1	1	...	Epidemic Influenza
...	...	1	...	...	...	...	Epilepsy
...	2	...	...	...	...	...	Improper Feeding
...	...	1	...	...	...	...	Diarrhœa
...	...	...	...	...	1	2	Enteritis
...	...	...	...	...	...	...	Gastritis
...	...	...	...	...	...	...	Puerperal Fever
...	...	1	...	...	...	1	Erysipelas
1	5	1	2	2	3	5	Phthisis (Pulmonary Tuberculosis)
...	...	1	...	...	...	...	Other Tuberculous Diseases
2	5	7	5	6	3	15	Cancer, Malignant Disease
1	3	13	2	4	4	8	Bronchitis
2	2	5	2	3	1	7	Pneumonia
...	...	...	...	...	...	1	Pleurisy
...	...	...	...	...	...	...	Other Diseases of Respiratory Organs
1	...	1	...	...	...	1	Alcoholism, Cirrhosis of Liver
...	...	...	...	1	...	1	Venereal Diseases
...	2	...	...	1	1	1	Premature Birth
1	...	1	...	...	...	3	Diseases and Accidents of Parturition
...	8	8	4	7	9	13	Heart Diseases
1	...	2	1	1	1	8	Accidents
...	2	3	...	...	1	1	Suicides
...	...	3	4	4	7	6	Cerebral Hæmorrhage
1	4	2	...	2	...	7	Bright's Disease
...	5	6	5	4	3	11	Senectus
1	...	5	...	1	...	4	Marasmus
5	3	5	5	5	1	24	All other causes
18	45	73	33	44	38	121	All causes

TABLE V.—WINCHESTER

INFANTILE MORTALITY

Deaths from stated causes in Weeks

CAUSE OF DEATH					Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month	1-2 months	2-3 months
All Causes	Certified	...	...	...	8	3	1	3	15	4	3
	Uncertified	...	...	...	...	...	...	...	...	...	...
Common Infectious Diseases	Small-pox	...	...	...	...	...	...	...	...	...	...
	Chicken-pox	...	...	...	...	...	...	...	...	...	...
	Measles	...	...	...	...	...	...	...	...	...	...
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...
	Diphtheria (including Membranous Croup)	...	...	...	...	...	...	...	...	...	...
Diarrhoeal Diseases	Whooping Cough	...	...	...	...	...	...	...	...	...	...
	Diarrhoea, all forms	...	...	...	...	...	...	...	...	...	...
	Enteritis, Muco-enteritis, Gastro-enteritis	...	...	...	...	...	...	...	...	...	...
Wasting Diseases	Gastritis, Gastro-intestinal Catarrh	...	...	...	...	...	...	...	...	...	...
	Premature Birth	...	...	...	4	...	...	...	4	...	...
	Congenital Defects	...	...	...	...	...	1	...	1	...	...
	Injury at Birth	...	...	...	...	...	...	...	...	...	...
Tuberculous Diseases	Want of Breast-milk, Starvation	...	...	...	...	...	...	...	...	...	...
	Atrophy, Debility, Marasmus	...	...	...	1	2	...	1	4	2	...
	Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...
	Tuberculous Peritonitis : Tabes Mesenterica	...	...	...	...	...	...	...	...	...	...
	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...
Other Causes	Erysipelas	...	...	...	...	...	...	...	...	...	...
	Syphilis	...	...	...	...	...	...	...	...	1	...
	Rickets	...	...	...	...	...	...	...	...	...	...
	Meningitis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	...
	Convulsions	...	...	...	...	1	...	...	1	1	2
	Bronchitis	...	...	...	...	...	...	...	...	...	1
	Laryngitis	...	...	...	...	...	...	...	...	...	...
	Pneumonia	...	...	...	...	...	...	...	...	...	...
	Suffocation, overlying	...	...	...	2	...	...	...	2	...	...
Other Causes...					1	...	...	2	3	...	...

Population—estimated to

Births in the year { legitimate 425
 { illegitimate 18

Deaths from all Causes

URBAN DISTRICT.

DURING THE YEAR 1910.

and Months under One Year of Age.

3-4 months	4-5 months	5-6 months	6-7 months	7-8 months	8-9 months	9-10 months	10-11 months	11-12 months	Total deaths under one year	CAUSE OF DEATH
2	3	...	1	1	2	...	3	1	35	Certified
...	...	...	..	...	...	...	...	...	..	Uncertified
...	...	...	...	...	...	...	...	...	...	Small-pox
...	...	..	...	...	...	...	...	...	...	Chicken-pox
...	...	...	...	...	...	...	2	...	2	Measles
...	...	...	...	...	...	...	...	...	...	Scarlet Fever
...	...	...	...	...	...	...	...	...	...	Diphtheria (including Membranous Croup)
...	1	...	...	...	2	...	...	...	3	Whooping Cough
..	...	..	...	...	...	...	...	...	...	Diarrhœa, all forms
...	...	...	...	...	...	...	...	...	1	Enteritis, Muco-enteritis, Gastro-enteritis
...	...	...	...	...	...	...	...	...	...	Gastritis, Gastro-intestinal Catarrh
1	...	...	...	...	...	...	...	...	4	Premature Birth
...	...	...	...	...	...	...	...	...	1	Congenital Defects
...	...	..	...	...	...	...	...	...	...	Injury at Birth
...	...	...	...	...	...	...	..	...	...	Want of Breast-milk, Starvation
1	...	...	...	...	..	...	...	...	7	Atrophy, Debility, Marasmus
...	...	...	...	..	...	...	...	...	...	Tuberculous Meningitis
...	...	...	...	...	...	...	...	...	...	Tuberculous Peritonitis: Tabes Mesenterica
...	...	...	...	...	...	...	...	...	...	Other Tuberculous Diseases
...	...	...	...	...	...	...	...	...	...	Erysipelas
...	...	...	...	...	...	...	...	...	1	Syphilis
...	...	...	...	...	...	...	...	...	...	Rickets
...	..	...	...	...	...	...	...	...	...	Meningitis (<i>not Tuberculous</i>)
...	...	...	1	...	...	...	...	...	5	Convulsions
1	2	...	...	1	..	...	1	..	6	Bronchitis
...	...	..	...	...	...	...	...	...	...	Laryngitis
...	...	...	...	...	...	...	...	1	1	Pneumonia
..	...	...	...	...	...	...	...	...	2	Suffocation, overlying
...	...	...	...	...	...	...	...	...	3	Other Causes

middle of 1910—23,251.

Deaths during the year of { legitimate infants 33
 { illegitimate „ 2

at all Ages 251.

