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of Wolverhampton.

# REPORT

UPON THE

# HEALTH OF WOLVERHAMPTON,

FOR THE YEAR 1897,

BY

HENRY MALET, B.A., M.D., B.Ch.,

MEDICAL OFFICER OF HEALTH.

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# MEDICAL OFFICER'S REPORT,

### 1897.

#### PREVALENCE AND PREVENTION OF INFECTIOUS DISEASE.

Table 2 gives the weekly numbers of cases of certain diseases certified by Medical Men under the Infectious Diseases Notification Act. The crosses represent the degree to which the disease heading those columns prevailed—these are only rough approximations. Any certificate detected as erroneous before the close of the week is not entered.

Table 1 gives the total number of cases about which enquiries were made and which were recorded; no erroneous cases are entered in this Table.

Small-Pox.-No case has been reported during the year.

Measles.—The Quarterly cases of, and deaths from, Measles since 1884 are as follows:—

		1884	1		1885		1	1886		18	87
Cases	272,	710,	143, 5	2; 4,	2,,	17; 2	1, 9,	189, 95	9; 1	24, 17,	31, 22;
Deaths	11,	66,	20,	1; 1,	,,	; .	.,,	8, 10	3;	19, 4,	7, 1;
		1888	3		18	89		1890		1	1891
Cases	119, 1	149, 1	66, 43	35; 150	), 228,	78, 1	41; 68	8, 45, 139	, 230;	73, 4,	11, 275;
Deaths	9,	6,	5, 1	9; 10	, 11,	11,	8; 3	, 10, 5	, 14;	5,	, 20;
		18	92			1	1893			189	)4
Cases	501,	415,	82,	33;	21,	18,	106,	248;	530,	294,	15, 4
Deaths	21,	16,	3,	1;	6,	,	5,	10;	46,	27,	,;
		18	95			1	1896			189	97
Cases ,	2,	83,	215,	549;	159,	69,	36,	45;	83,	218, 2	249, 400.
Deaths		,	7,	33;	6,	,	1,	1;	3,	11,	16, 19.

The numbers of cases of Measles reported are only rough approximations to those actually occurring; there is no definite system of reporting this disease; probably the numbers of deaths give almost as accurate an idea of the actual prevalence. The only control exercised over Measles is that of prohibiting the attendance at school of children from infected houses; and occasionally the closure of a school. The last measure has not been adopted during the year. We had a remarkable freedom from Measles since the First Quarter of 1896 until May of this year; when it became mildly epidemic, commencing in the northern side of the Borough and extending throughout the year until at its close the south was mostly affected, the north being then almost free. At the close of the year the prevalence was rapidly declining.

Scarlet Fever.—We began recording our cases in 1884, but as we have only had notification since 1890 (inclusive) the returns before that year are probably less complete than those since. The death records in my possession go back to 1870; the following are the deaths since that year, and the known cases since 1884:—

	1870	1871	1872	1873	1874	1875	1876
Deaths	54,	26,	69,	121,	34,	26,	58.
	1877	1878	1879	1880	1881	1882	1883
Deaths	226,	40,	17,	39,	64,	27,	24.
	1884	1885	1886	1887	1888	1889	1890
Deaths	37,	46,	5,	16,	17,	6,	13.
Cases	212,	244,	47,	168,	194,	124,	500.
	1891	1892	1893	1894	1895	1896	1897
Deaths	14,	3,	25,	55,	34,	21,	24.
Cases	419,	242,	623,	1096,	592,	372,	529.

The fatality varies in different periods, so that the deaths bear little ratio to the cases; as a rule with increased prevalence there is increased fatality, so that the higher death returns do not mean quite a proportionate increase in cases.

The following Table gives Quarterly particulars as to the cases in the two Sub-Districts. None of the cases in the General Hospital were sent in by us. The deaths are those of the cases reported in each Quarter, and sometimes occur later: they therefore do not correspond to the deaths in the Mortality Tables, which are those registered in each Quarter :-

Cach Quare							
	Quarters.	Cal Cash	1st	2nd	3rd	4th	Year
	Total	Cases	49	48	58	69	219
	Total	Deaths	2	5	3	1	11
	Borough	Cases	45	35	46	53	179
East	Hospital	Deaths	1	4	3	1	9
EAST	General	Cases			1	2	3
	Hospital	Deaths					
	At Home	Cases	4	8	11	14	37
	At Home	Deaths	1	1			2
in the second		Cases	40a	33	96b	141c	310
1.05	Total	Deaths .	1	1	7	8	17
100	Borough	Cases	23	21	73	90	207
West	Hospital	Deaths		1	7	6	14
WEST	General	Cases		1		1	2
-30	Hospital	Deaths		· · · · ·			
	At Home	Cases	15	11	19	31	76
	(As Home)	Deaths	1			2d	3

a.—Two were in a Public Institution and kept there.

b.—Four

On account of the larger size of many of the houses in the West a greater number of cases in this Sub-District have fair facility for home isolation; hence the greater proportion of cases so treated there. The following table gives the proportion of cases kept at home in the Sub-Districts since 1884. I give the total deaths also, because the cases were imperfectly reported before 1890:—

	-	East.		-	West.	
		tal Cases.	Cases at home.	Tot Deaths.	tal Cases.	Cases at home.
1884	28	?	?	9	?	?
18×5	37	146	78	9	98	70
18 6	2	19	4	3	28	19
1887	5	52	25	11	116	82
1888	5	58	27	12	141	56
1889	0	45	16	5	79	29
1890	5	239	61	. 8	261	100
1891	7	154	28	7	265	74
1892	2	76	19	1	166	50
1893	17	301	20	8	322	47
1894	39	600	53	16	496	104
1895	16	234	28	18	358	98
1896	10	155	20	11	217	55
1897	11	219	87	15	810	77

The above figures are very remarkable; the greater child population of the East, and the far greater facilities which its larger proportion of poor and crowded areas afford for the spread of infection, would lead one to suppose that Scarlet Fever would be much more prevalent there than in the West. This was the case in 1884-5, and 1894. In 1884-5 there was very little Hospital isolation. (I have not been able to get the figures for the Sub-Districts separately prior to this). Then followed a long period of peculiarly low prevalence of Scarlet Fever; during which we were increasing the amount of our Hospital isolation, until in the East it became fairly complete. the prevalence became very heavy, and judging by the deaths, the prevalence in the East was more than in the West, although the reported cases were more in the latter. Probably the mortality was actually greater amongst the feebler children in the East, but most likely too a number of mild cases were overlooked in that Sub-District, and thus the proportion of cases unisolated would be much greater than appears from the Table. Next year, 1894, we find a very heavy prevalence of Scarlet Fever, the East far exceeding the West both in number of cases and in mortality. Since this the prevalence has again declined, but much more in the East, which has had fewer cases and deaths than the West each year since. These facts apparently indicate that in spite of the greater facilities which exist for the extension of Scarlet Fever in the East, the fairly complete Hospital isolation attained there renders that Sub-District during ordinary years less affected than the West; but this protection fails when a more epidemic prevalence exposes the poorer and more crowded Sub-District to the danger of overlooked cases spreading infection; at a time, too, when the unknown epidemic conditions which favour infection are present. At such periods the East Sub-District is more affected than the West.

The following is the summary of the apparent effects of removal and home care on the spread of the infection in the households attacked during the year. No account is taken of houses where there is no susceptible child after the first case attacked; children who have already had Scarlet Fever being counted as insusceptible:—

East Sub-District.—During the year there were 90 instances in which no second case occurred after the removal to the Hospital of a first case. In these 90 houses there remained 241 children who had not previously had Scarlet Fever.

In two houses 2 children were taken ill simultaneously; they were removed, and 7 children remained free.

In 12 instances secondary cases occurred without Hospital removal, there were 17 such cases; they occurred at the following intervals after the previous case was taken ill:—one day, 1 case; two days, 3 cases; three, four, six, seven, and nine days, 1 case each; twelve days, 6 cases; seventeen days, 2 cases.

In most of these Hospital removal was ultimately resorted to, and in six instances, where 13 susceptible children still remained, there was no further recurrence.

Thus in 98 instances there was no further case after Hospital removal, though 261 children remained in these houses.

In 7 instances further cases occurred after Hospital removal; 8 cases so occurring at the following intervals after the removal:—one day, 3 cases; four days, 2 cases; seven and ten days, 1 case each; twenty-three days, 1 case. The first three cases were certainly infected before removal took place, and the last was probably independent infection; so that only four cases could be considered as due to failure of removal to check extension.

In these seven houses there still remained 12 children who escaped. So that altogether 273 children escaped infection after Hospital removal.

In the East, cases were treated at home in thirty houses during the year; of these, in six there was no other child; in eight all the other children (13) were at once sent away. In sixteen houses prolonged isolation was attempted, other children (38 in number) being kept at home. In six of these houses secondary cases occurred, 7 children being taken ill; the intervals after previous illness being one, seven, and nine days, 1 case each; twelve days, 3 cases; and seventeen days, 1 case.

West Sub-District.—There were 105 instances in which one case of Scarlet Fever was removed, and no other occurred. In these 105 houses there remained 280 susceptible children.

In one house 2 cases occurred simultaneously; these were removed, and 3 children remained unattacked.

In 24 instances secondary cases occurred without Hospital removal; there were 36 such cases; they occurred at the following intervals after the preceding case had been taken ill:—one day, 2 cases; two days, 5 cases; three days, 11 cases; five days, 1 case; six days, 3 cases; seven days, 2 cases; twelve days, 1 case; thirteen days, 2 cases; fourteen days, 1 case; fifteen days, 3 cases; forty-seven days, 2 cases; fifty, sixty-four, and sixty-nine days, 1 case each.

In some of these Hospital removal was ultimately effected; in five instances there was no recurrence, I2 children escaping.

Thus in 111 houses there was no further case after Hospital removal, though 295 children remained.

In 11 houses further cases occurred after Hospital removal, 14 cases occurring at the following intervals after removal:—one day, 1 case; two days, 4 cases: three days, 2 cases; four, five, eight, and fourteen days, 1 case each; twenty-five days, 2 cases; and twenty-seven days, 1 case. The first 7 cases were almost certainly infected before removal, and the last 3 were probably independent infection, so that removal only failed to limit infection in 4 cases.

In 8 of these houses 15 children remained unattacked after final removal, so that altogether 310 children escaped infection after Hospital removal.

In the West cases were treated at home in 60 houses. In 26 the only children were those primarily attacked. In 9 all the other children were sent away. In 1 the patient died in two days, in another in seven days. In 23 houses prolonged isolation was attempted, other children (43) remaining at home. In 11 of these secondary cases occurred, 15 cases occurring at the following intervals after the primary case:—Three days, 3 cases; seven, twelve, thirteen, and fourteen days, 1 case each; fifteen days, 3 cases; forty-seven days, 2 cases; fifty, sixty-four, and sixty-nine days, 1 case each.

The Summary for the Borough is as follows:—Hospital removal was effected in 227 houses. After the first removals there remained in these houses 605 children. In 209 of these houses there was no recurrence after removal, 556 children escaping. In only 18 houses was there recurrence, 22 further children being attacked. In these 18 houses 27 children still escaped after final Hospital removals. Of the 22 secondary cases 10 occurred within three days of the removal, and were probably infected before. Four occurred more than three weeks after the removal of the primary case, and were probably due to independent infection, leaving only 8 cases possibly due to failure.

Cases were treated at home, with reasonable facility for isolation, in 39 houses, where there were 81 other children besides the primary cases. Secondary cases occurred in 17 of these houses, 22 cases occurring. 4 of these were within three days of the primary attack, and were probably infected before any care was taken. 2 were over 60 days after the primary attack and were more of the nature of "return" cases than failures in isolation. Thus 18 cases were probably due to failure.

The following Tabular Statement shows the results at a glance:—

		Hospital Removal.	Home Isolation.
Total houses		227	39
Cases recurred in		18 or 7.9%	17 or 43.5%
Number of children after princases	nary	605	81
Number subsequently attacked		22 or 3.6%	22 or 27·1%
Number possibly due to failure		8 or 1.3%	18 or 22·2%
Number of children escaping		583 or 96.3%	59 or 72.8%

The following gives the total results for the four years, 1894, 1895, 1896, and 1897:—

		Hospital.	Home.
Total houses	 	 1225	137
Cases recurred in	 	 130	64

Number of children after primary	Hospital.	Home.
cases	3,509	298
Number of these attacked	167 or 4.7%	95 or 31.8%
Number possibly due to failure	78 or 2.2%	67 or 22.3%
Number of children escaping	3,342 or 95·2%	203 or 68·1%

I must refer to the comments in the 1895 Report, page 11; the above figures further confirm them.

Diphtheria.—The Quarterly cases of, and deaths from, Diphtheria in the Borough since 1890 have been:—

		1890.				189	1.		18	392.			1	893.	
Cases	11, 3,	4,	5;	8,	8,	6,	11;	1,	7,	4,	4;	7,	5,	12,	11;
Death	s 3,,	,	1;	1,	2,	1,	1;	,	3,	1,	;	,	1,	1,	3;
	1	1894.				1898	5.		18	396.			1	897.	
Cases	11, 16,	33, 2	22;	34,	78,	56,	140;	108,	101,	87,	64;	73,	72,	75,	91.
Death	s 5, 8,	10, 1	10;	19,	24,	14,	27;	19,	15,	9,	12;	11,	10,	11,	26.
1	The Ann	ual d	case	s ar	nd d	leat	hs in	the	Sub	-Di	stric	ts h	ave	beer	n:—
		1	890	18	91	189	2 1	893	189	94	189	5	1896	3	1897
East	Cases Deaths		11 2	8	3	3 2		14 2	36 20		88 29		$\frac{114}{21}$		$\frac{121}{21}$
West	Cases Deaths	1	12	25	5	13 2		21 3	46 13		$\frac{220}{55}$		$\frac{246}{34}$		190 37

As I have several times pointed out our Diphtheria statistics are uncertain in two directions; a number of real cases are probably never seen by a doctor, and, therefore, never heard of; and a proportion of the cases reported are probably not Diphtheria; the diagnosis being difficult and uncertain in many instances. Thus the same extreme disproportion which I drew attention to last year between the numbers of cases and of deaths at different periods and in different areas at the same period has again occurred this year. The Quarterly cases reported, and the numbers of those cases that died in the Sub-Districts this year were:—

East	Cases	32	27	33	29
	Died	1	7	6	8
West	Cases	41 10	45 5	42 6	62 17

These figures cannot be even approximately accurate.

General conclusions can be drawn best from the deaths alone These would indicate that the exceptional prevalence of Diphtheria which began in the Second Quarter of 1894 and reached a maximum at the close of 1895, declined considerably in the Third Quarter of 1896, kept thus until the Fourth Quarter of the present year, when it again nearly reached the maximum. The minimum Quarterly deaths since the exceptional prevalence began is more than double the total yearly deaths for any previous year. The following is a brief summary of the occurrences in each Sub-District during the year:—

East. – Of the 32 cases in the First Quarter 13 were in the Workhouse, one of these being fatal. Of the other 19 cases all recovered, this is a strong presumption against their being Diphtheria. Only 2 cases were in one house, 17 being apparently distinct. In the Second Quarter, of 27 cases 7 died; there were 3 instances of second cases in a house. In the Third Quarter, of 33 cases 6 died; six cases were evidently due to direct personal infection; two cases were after Measles. In the Fourth Quarter, of 29 cases 8 died. In three instances there were two cases in a house.

West. - In the First Quarter, of 41 cases 10 died. Six cases (four being fatal) occurred within a week in two small houses in a confined court, there having been free visiting. Ten cases were in pairs in 5 houses; in several other instances other members of the households had had sore throats. One case sent here from a distance on account of Diphtheria having occurred at her home, developed it on arrival. Of 45 cases in the Second Quarter, 5 died. Three cases were in one house, and two each in four others. In several instances other inmates of the house were complaining of sore throats. In the Third Quarter, of 42 cases 6 died. Five were cases of known direct infection. One case was after Measles; two were associated with Scarlet Fever. In the Fourth Quarter, 17 of 62 cases died. Fortyfive were apparently separate cases; two others in separate houses were relations and visited; in one instance there had been a case in the house a few weeks previously; in three instances there were 2 cases in a house, in two of these they were cousins and had

been visiting. In one house, where there had been a case two months previously, six fresh cases occurred at brief intervals.

The foregoing shows that in spite of all that is done in the way of cautioning the public, personal negligence is still answerable for a good deal of our Diphtheria.

Typhoid Fever .- The cases and deaths for the last eight years are-

East		Cases	1890 22 6	1891 34 5	$\frac{1892}{22}$	1893 53 7	1894 27 10	1895 78 10	1896 89 24	1897 51 9
West		Cases Deaths	22 3	64 11	53 9	83 16	54 7	56 8	49 13	45 12
Вовоис	н	Cases Deaths	44 9	98 16	75 15	136 23	81 17	* 134 18	138 37	96 21

We are usually remarkably free from Typhoid Fever; this year the returns are rather below the average. We have had no outbreak at all suggestive of any general cause, but there has been (as we have experienced before) a number of cases of apparently direct infection, which, in connection with a disease like Typhoid Fever, shows an extraordinary amount of ignorance or carelessness. Out of the 51 cases reported in the East during the year 9 were three cases occurring consecutively, in each of three houses; and one case was a nurse attending Typhoid Fever patients. Out of 45 cases in the West, 4 were in one house, 6 were 3 in each of two houses, 2 in another house; another case was nursed by relatives from a different house, two of whom got the Fever. We have, probably, a few cases of Typhoid Fever that are never so ill as to need any medical attendance, and such cases are unreported and overlooked; they would serve to keep up a continual supply of infective material.

Whooping Cough.—In a large town Whooping Cough is almost always more or less present; during the present year there has been no epidemic prevalence, but there was some increased fatality during the First and Third Quarters.

Influenza.—A very mild type of Influenza has apparently been present during the first seven and the last month of the year. Except during January and December very few deaths were attributed to it.

Diarrhaa.—The Diarrhae cpidemic has far surpassed any previous record. The Annual deaths returned as from Diarrhaea since 1875 have been—

						1885 50	1886 149
	-			$\frac{1894}{62}$	1896 131	1897 188	

With three exceptions, heavy and light fatalities alternate, probably corresponding to hotter or colder years. The exceptions are 1875-6, 1886-7, and 1895-7, so that not only has this year's return been excessively heavy, but it has followed consecutively on two years, each of most exceptional fatality.

Inasmuch as deaths from the same disease are also registered under several other terms (especially Enteritis, or Gastro-enteric Catarrh) the Diarrhœa returns by themselves do not give an accurate idea of the prevalence of this epidemic. In Table No. 4 all such deaths are classfied together under the heading Diarrhœal Diseases, and this return is the most instructive to consider. It has been fairly well established that the prevalence of Diarrhœal Disease is in proportion to the temperature, and especially to the ground temperature. The following Table gives our weekly deaths from Diarrhœal Diseases during twenty weeks, and the mean weekly temperatures of the air, and of the earth at one and four feet deep:—

We				Temp.		We	eek			Temp.	
End	ing	Deaths.	Air.	1 ft.	4 ft.	End	ing	Deaths.	Air.	1 ft.	4 ft.
			0	0	0				0	0	0
June	12	-	53.6	51	51.5	Aug.	21	50	56 9	61.2	57.3
12	19	-	53.2	60.5	52.2	11	28	33	55.0	60 2	57.2
11	26	1	58.6	60.4	53.0	Sept.	4	31	51.1	58.2	56.7
July	3	-	59.7	63.7	53.9	,,	11	18	50 3	55.2	55.9
11	10	2	53.9	62:6	55.1	"	18	13	51.1	56.5	55.3
,,	17	5	58.8	63.6	55.5	***	25	12	50.4	54.5	54.9
**	24	4	59.8	63.1	56.3	Oct.	2	14	52.9	55.4	54.4
,,	31	23	59.7	63.4	56.5	,,	9	8	44.9	51.7	54.1
Aug.	7	26	63.7	65-9	57.1	,,	16	3	47.4	50 3	53 2
,,	14	37	57.7	62.6	57.7		23	2	49-9	51.9	52.6

Allowing about a fortnight for the average period between contracting the disease and death, this table would show that as soon as the 4 ft. deep temperature exceeded 52°, or the 1 ft. deep exceeded 60°, the epidemic began; reached its maximum with the maxima of these temperatures; and that the 1 ft. deep temperature fell more rapidly, and the 4 ft. more slowly than the epidemic subsided. These are the same conclusions indicated by the epidemics of 1895 and 1896.

The following Table gives the annual Diarrheal deaths since 1890, and the weekly means of the 4 ft. deep earth temperature, the figures in the columns after the second give the number of weeks in each year during which this temperature exceeded the degree at the head of the column:—

123	Deaths.	52°	53°	54°	55°	56°	57°	58°
1890	87	19	18	17	15	11	7	_
1891	120	18	15	12	3	-	_	_
1892	67	17	14	8	3	-	_	_
1893	227	22	19	15	13	10	5	1
1894	99	17	15	13	10	2	_	_
1895	255	20	18	16	14	10	-	-
1896	199	20	18 .	16	14	8	1	
1897	319	20	17	14	11	7	4	

The following gives similar figures for the 1 ft. deep earth temperature:—

	Deaths.	60°	610	62°	63°	64°	65°	66
1890	87	7	4	1	1	-	_	_
1891	120	4	1	_	_	-	_	_
1892	67	1		-	-	-	-	_
1893	227	12	9	8	4	1	1	1
1894	99	6	4	1	1	_	_	_
1895	255	8	3	3	2	_	-	-
1896	199	10	7	4	4	3	_	_
1897	319	11	8	7	5	1	1	_

If we except 1891 these Tables show a marked relationship between the number of Diarrheal deaths and the number of weeks the 4 ft. temperature exceeded 52° and the 1 ft. 60°. There is no exact relation, but we are only dealing with the deaths, and as the fatality in all diseases varies greatly in different epidemics, the deaths are only a very partial indication of the actual prevalence of the disease. This lack of any information as to the actual number and locality of the cases of illness is a serious hindrance to our arriving at any definite conclusions as to the actual cause of summer Diarrhœa. Indeed it is tolerably certain that the deaths registered as Diarrheal are most of them due to an Epidemic Disease the most prominent symptom of which is Diarrhea, and which is largely dependent on temperature for its development; but many of them are due to quite other causes producing the same prominent symptom. This I believe is the explanation of the exception which 1891 is to the relation of temperature to death; that year we had a crop of stone fruit that was really phenomenal in its abundance, damsons especially were practically thrown away; and this would explain the fatality that year as being due to simple Diarrhœa from improper food.

The fatality from Summer Diarrhea is almost solely amongst young children; of our 319 Diarrheal deaths 305 were of children under 5 years.

Summer Diarrhæa fatality is almost limited to the towns, and especially the large towns. During the Third Quarter of the year the death-rate from Diarrhæa amongst the 33 great towns was 4·26, being over 6·6 in Sheffield, Leicester, Birmingham, and Preston, and 8·31 in Hull; it was 7·35 in Wolverhampton. In the 67 other large towns the rate was 3·37. In the rest of England and Wales the rate was only 1·63. Considering that this includes many districts which though called rural are essentially of the same description as crowded town areas (such for instance as Willenhall, where Diarrhæa was very fatal) it is evident that if we could exclude these the Diarhæa death-rate in the truly country districts would be very small compared with the towns.

This is not due to the greater child population of the towns; in the same Quarter the infant mortality was 278 per 1,000 births in the 33 great towns. In the 67 other large towns it was 241; in the remainder of England and Wales it was only 160.

Summer Diarrhœa is undoubtedly due to a bacillus whose vigour and virulence is developed by high temperature acting on some conditions found peculiarly in towns; these conditions almost certainly include the presence of decomposing organic matter in and about the houses, and the lack of an abundance of fresh air and sunlight, both of which are inimical to the development of most bacilli. I will refer again to this in speaking of our sanitary condition. The apparent distribution of the epidemic in the Borough points to the same conclusion. We can only estimate the distribution of the disease by the deaths, and amongst the better-off classes these would probably be less in proportion to the cases owing to greater care and earlier treatment; though I doubt if these would operate much, having found treatment neglected where I expected otherwise. I made a "spot map" of the deaths from Diarrheal Disease during the year, and in many respects the results are interesting, and very instructive. All the main thoroughfares are almost free from deaths, e.g., Darlington Street, Chapel Ash, Tettenhall Road, none; Waterloo Road South and North, and Stafford Road, one death in the lower part of the Stafford Road; Stafford Street, one death; Cannock Road, one death; Lower Stafford Street, none; Victoria Street, Worcester Street, and Penn Road, one death in Worcester Street; Dudley Street, Snow Hill, and Dudley Road, three deaths in Dudley Road. As a rule the deaths are evidently closest in the poorer and more crowded areas. In the rather small area bounded by Bilston Street, Piper's Row, Old Mill Street, and the Birmingham Canal, there were 54 deaths. In the small cluster of close streets lying opposite to the Board Schools at the commencement of the Willenhall Road, there were 16 deaths. In the small triangle of close streets bounded by Bilston Road, Chillington Street, and the L. & N.-W. Railway there were 15 deaths. Deaths were not so dense, but rather thickly scattered over the area of old property lying between Salop Street and Dudley Road; and also on both sides of Stafford Road, The most notable exception to the number of deaths in close property was the Blakenhall district, where there were only 9 deaths; but though many of the streets in Blakenhall are old and close, there are few courts or inhabited yards, and moreover the whole district stands very high and exposed to the wind, and has thus free æration. In the whole area lying between Tettenhall Road, Bath Road, Waterloo Road, Stafford Road and the Borough boundary, there were only 27 deaths. There were two areas where there were an unexpected number of deaths: in the block of quite new and open roads bounded be Fisher Street, Lime Street, Owens Road, and Lea Road, there were 8 deaths. In the block of fairly-well laid out property lying between Gordon Street and All Saints' Road there were 15 deaths; in many respects, however, this property is not ideal, being in parts too crowded at the back, and lying on a very suspicious subsoil.

## BOROUGH HOSPITAL.

The Quarterly numbers dealt with have been as follows:-

0			Admitted for		TotalDischarged		Died.		Average No. of	Average daily No.
Quarters,		in from previous Quarter.	Scarlet Fever.	Small Pox,	Scarlet Fever.	Small Pox.	Scarlet Fever.	Small Pox.	the cases admitted.	of Patients in Hospital.
First		40	69		72		2		52.1	37.5
Second		37	60		63		5		46.4	33 7
Third		34	127a		102		11		42.7	52.3
Fourth		59	1528		150		4		47.5	76.0
Year		40	4 8		387		22		46	50

a.-6 from Bushbury.

b .- 5 from Tettenhall; 1 from Bushbury.

Leaving 61 cases in at the close of the year.

First Quarter. - 69 cases were admitted for Scarlet Fever. Of these one was fatal-5 years old, severe stomatitis, gastro-enteritis, palatal paralysis, exhaustion; 55 days in. 15 cases were very severe, 12 severe. The complications were - Otorrhœa, 9 cases. Rhinitis, 7 cases. Albuminurea, 8 cases. Adenitis, 6 cases. Suppuration, 2 cases. Rheumatism, 4 cases. Pericarditis, 1 case. Chorea, 1 case. Stomatitis, 4 cases. Onychia, 5 cases. Pyæmia, 1 case. Cellulitis, 1 case. Ophthalmia, 1 case. 5 cases had severe acute Catarrh, probably Influenza. Two cases when admitted had Tinea Capitis with Impetigo; one case when admitted had very severe membranous sore throat, Diphtheritic Bacilli were found; the case subsequently peeled freely. One case was admitted with apparent Scarlet Fever on January 26th; on February 6th there was apparently a second attack, peeling lasted until March 23rd.

Second Quarter.—60 cases were admitted for Scarlet Fever. Of these 5 were fatal, the particulars were—A, 2½ years old; severe attack, naso-pharyngeal mischief, toxæmia; 3 days ill. B, 4 years old; double adenitis, with suppuration, severe sloughing, albuminurea; 22 days in. C, 3 years old; very severe attack in a squalid, weakly child, toxæmia; 3 days in. D, 10 months old; measles, otorrhæa, pyæmic rash, convulsions; 53 days in. E, 7 weeks old; severe naso-pharyngeal mischief, with respiratory obstruction; 4 days in. Five other cases were very severe, and 12 severe. Complications—Otorrhæa, 9 cases. Rhinitis, 3 cases. Albuminurea, 5 cases. Adenitis, 5 cases. Suppuration, 3 cases. Rheumatism, 2 cases. Onychia, 1 case. There was one case of Measles, developed 10 days after admission, and probably infected before, it was the fatal case D. One case had severe secondary throat 30 days after admission.

Third Quarter.—127 cases were admitted for Scarlet Fever. Ten of these were fatal, the particulars were -A,  $9\frac{3}{4}$  years old; very severe case, with toxic symptoms; died very suddenly, only 2 days in. B,  $2\frac{1}{2}$  years old, very severe attack, adenitis and suppuration, septicæmia; 19 days in. C, 8 years old; nephritis, stomatitis,

uræmia; 26 days in. D, 7 years old; very severe attack, toxic rash, suppression of urine; 18 days in. E, 2 years old; very severe nasopharyngeal mischief, toxemia; 3 days in. F, 11 years old; very severe attack, toxic rash; 16 days in. G, 2 years old; severe nasopharyngeal mischief, adenitis, toxemia; 13 days in. H, 2 years old; severe naso-pharyngeal mischief, toxic rash; 10 days in. I, 3 years old; very severe attack, toxemia; 7 days in. J, 3 years old; adenitis, suppuration, septicæmia; 14 days in. 18 other cases were very severe, and 14 severe. Complications-Otorrhea, 8 cases. Rhinitis, 7 cases. Adenitis, 12 cases. Suppuration, 8 cases. Albuminurea, 7 cases. Rheumatism, 2 cases. Onychia, 8 cases. Stomatitis, 3 cases. Eczema and Impetigo, 9 cases. Icterus, 3 cases. One case when admitted had severe heart disease, and post Diphtheritic paralysis. One case had severe axillary abscess from a wound of the finger before admission. One case admitted with apparent Scarlet Fever, when peeling freely 11 days afterwards had vivid rash and temperature; later had rhinitis and adenitis, and suppuration, 36 days after the second rash. The type of disease during this Quarter was peculiarly severe.

Fourth Quarter. - 152 cases were admitted for Scarlet Fever. Of these 7 were fatal-A, 8 years old; severe naso-pharyngeal mischief and adenitis, toxæmia; 18 days in. B, 2 years old; very severe attack, toxemia; 2 days in. C, 4 years old; toxic rash, stomatitis; 6 days in. D, 11 years old; 12 days in, and E, 21 years old; 19 days; both the same as A. F, 4 years old; albuminurea. sloughing stomatitis; 27 days in. G, 11 years old; very severe case, toxic rash; 17 days in. 21 other cases were also very severe, and 14 severe. Complications - Otorrhœa, 14 cases. Rhinitis, 20 cases. Adenitis, 9 cases. Suppuration, 8 cases. Albuminurea, 10 cases; two had it on admission. Rheumatism, 3 cases. Onychia, 4 cases. Icterus, 1 case. Spinal Abscess, 1 case. Purpura, 1 case. Herpes, eczema, and impetigo, 9 cases. One case had Chicken-pox when admitted. This Quarter as well as last the type of case was of exceptional severity, although the mortality was fortunately not so high.

The following Table gives the proportion of cases without definite signs of Scarlet Fever when seen on admission, and the results:—

	(missing	Indefinite when admitted.							
Quarters.	Total	9 6 1	Apparently not had Scarlet Fever.						
TODA PLA	Admissions	Total.	Total.	Safely Discharged	Caught Scarlet Fever	Died			
First	 69	9	2	1	1				
Second	 60	10	7	4	3	1 <i>a</i>			
Third	 127	16	4	3	1				
Fourth	 152	14	8	8	3000				
Year	 408	49	16	11	5	1			

a Scarlet Fever seven days after admission, died in three days.

The proportion of erroneous cases is rather small, and so is the proportion of these that caught Scarlet Fever in the Hospital; but it was a deplorable misfortune that one of these was fatal.

In all other respects the year has been a very fortunate one as regards freedom from the mischances that Institutions like the Borough Hospital are liable to.

Return Cases.—These cases of infection, apparently conveyed to their homes by patients discharged from the Hospital, do more than anything else to discredit Hospital isolation; in order that they may be clearly understood, I always give the particulars very fully. It must not be supposed that every case which occurs after a patient has come home is necessarily due to the latter; for instance, on two occasions during the year, we have had fresh cases occur in households one day, and on one occasion two days, before a former case had come home from the Hospital; had such fresh cases been a few days delayed

they would have been wrongly attributed to the cases from the Hospital. The following illustrate the same thing: -A case 48 days in, 51 ill, had had nasal eczema (a common source of infection); a fresh case occurred 62 days after the return home. A case 48 days in, 49 ill, no complications, a fresh case 37 days after return home. A case 82 days in Hospital, delayed by albuminurea and rhinitis, 35 days after return a fresh case occurred, 2 days later another, 11 days later another. A baby 15 months old, 35 days in, 36 ill; no complications; a fresh case 35 days after return home. None of these cases could have been infected from the Hospital cases, and yet, had the interval been shorter, this would have been suspected. Besides the above, fresh cases occurred after the return home of 30 patients, this is a large proportion out of 365, the total number who returned home The large number is, I think, partly due to the during the year. failure of our old dry heat disinfecting stove, partly to the large number of infective complications which we unfortunately had during the year, especially nasal discharges and skin affections. In April the old stove was replaced by a Thresh's Steam Disinfector, and we were very free from return cases until the onset of that bad type of disease which occurred in the latter half of the year. The following are the particulars of the 30 cases after which there were "returns":-(1) Case 53 days in, 57 ill, had had otorrhea; 26 days later mother had Scarlet Fever; this appeared certainly not due to our case, but later it was stated that a baby had something resembling Scarlet Fever 13 days after our case went home; this may have carried on the infection, but the whole matter was very uncertain. (2) Case 60 days in, 64 ill; when admitted had tinea capitis with impetigo, this caused the long detention in hospital, clear when discharged but there was a slight scaliness in one nostril; after going home the nose began discharging; 17 days after return another case occurred. If this, as was probable, was due to our case, it would mean infectiveness lasting 81 days. (3) Case 51 days in, 53 ill; no complications; fresh case 16 days after return, was removed; 3 other children in the house remained free, though in contact with our case. This infection was probably from some other source. (4) Case 49 days in, 50 ill; had otorrhea occasionally for years; fresh case 16 days after return; but-

Scarlet Fever was being treated at home close by, one case for 19 days back (3 days before our case returned) and a second case for 12 days. Here it is at least as likely that infection was from the neighbours as from our case. (5) Case 44 days in, 47 ill; no complications; did not come home for a week after leaving Hospital; a few days after coming home mother noticed some running from nose; 15 days after leaving Hospital, 8 after coming home, a fresh case occurred, probably from the nasal discharge (62 days infectiveness). (6) Case 43 days in, 45 ill; no complications; fresh case 15 days after return, and another 16 days after that; this would suggest some other source of infection. (7) Case 48 days in and ill: no complications in Hospital, but after return home had nasal discharge and severe adenitis, kept apart for 11 days after coming home, then mixed with other children; fresh case in 4 days (15 after return, 63 from commencement of illness; this was probably from our case; yet the following is peculiar: our case died rather suddenly at home 14 days later (29 after return home) and 28 days after the death a fresh case occurred here. (8) Case 43 days in, 48 ill; minute crack at angle of mouth, kept away from home for 12 days, 4 days after returning home a fresh case occurred, 15 days after leaving hospital. Infection is rather improbable here. Another case occurred a week later, this may have been infected from the other. (9) Case 53 days in, 54 ill; had had otorrhea, but nothing since coming out; mixed with a neighbour's large family without ill result; 7 days after return a child came from Birmingham, who had Scarlet Fever 8 days later; infection from our case seems rather improbable. (10) Case 45 days in, 48 ill; no complications; fresh case 13 days after return. (11) Case 46 days in, 48 ill; no complications; fresh case 12 days after return. (12) Case 47 days in, 48 ill; no complications in, said to have a sore on his nose since coming out, did not go home, but went to a house where the home washing is done; a fresh case occurred at home 12 days after he came out. (13) Case 51 days in, 54 ill; delayed by sore at corner of mouth, nothing since coming out; fresh case 11 days later. (14) Case 28 days in, 51 ill (ill at home 23 days before admission); no complications; fresh case 11 days after return. In the last five

cases infection from our cases is possible, but rather doubtful. (15) Case 48 days in, 50 ill; no complications; 2 fresh cases 10 days after return. (16) Case 36 days in, 50 ill; no complications except slight rheumatism; fresh case 9 days after return. In the last two instances I suspected defective disinfection in our old dry hot-air Stove. (17) Case 46 in, 48 ill; peeling over 12 days before going out, no complications; fresh case 9 days after return. (18) Case 47 days in, 50 ill; had eczema over ear, nothing when discharged, nor since; fresh case 9 days after return. In the last two instances infection from our cases seems probable, but there is nothing to explain it. (19) Case 46 days in, 47 ill; no complications, but after he came home had a cold in the head and nasal discharge; fresh case 8 days after return, possibly due to the nasal discharge. (20) Case 49 days in, 51 ill; no complications in, but had nose sore since coming out; fresh case 7 days later, probably due to the nasal sore. (21) Case 44 days in, 45 ill; no complications; mother says rather poorly since coming home; fresh case 7 days later. I suspected the old disinfecting Stove in this case. (22) Case 50 days in, 54 ill; rhinitis in, apparently well when discharged and nothing since; fresh case in 6 days; I suspect the nose. (23) Case 51 days in, 56 ill, delayed by onychia; well since coming out; fresh case 5 days later, but this child had been playing at another house where a case of Scarlet Fever had occurred 4 days before he was taken ill; this was the more likely source of infection. (24) Case 48 days in, 49 ill; no complications; 5 days after return a fresh case occurred, and two more on the day following. This infection was apparently from our case, but there was nothing to explain it. (25) Case 45 days in, 47 ill; no complications in, but nose has been bleeding since return home; a fresh case 4 days later. (26) Case 42 days in, 44 ill; no complications in, but nose discharging since return home; fresh case in 4 days. The last two cases of infection were most probably due to the nasal mischief. (27) Case 79 days in, otorrhea off and on the whole time; had the same before; allowed home after caution to parent, who assured me there were no other susceptible children at home; a child staying at the house on a visit was taken ill in 4 days. (28) Case 39 days in, 41 ill; no complications; on going home was put to

sleep with a child who was taken ill in 4 days. We give a printed card of precautions with every case discharged, warning against close contact with other children for at least a week. The last two infections were most likely from our cases; but we can hardly be blamed for them. (29) Case 43 days in, 47 ill; no complications in, said to have had nasal obstruction and discharge immediately after return home; fresh case in 3 days, and another 6 days after that. Almost certainly due to the nose mischief. 30) Case 53 days in, 55 ill; 8 days before coming out had slight soreness in the nostril, 6 days later there was the least dry scaliness; went out apparently clear 2 days after that. On the following day another child had severe Scarlet Fever, and a week after another was taken ill. The mother told us our case had a "cold in the nose" since coming out. This infection certainly seemed due to our case, but the suddenness seems almost incredible. In connection with the above, page 21 of last year's report might be read.

### METEOROLOGY.

(See Table 3.)

First Quarter. - The average temperature was very moderate; except during the third and fourth weeks there was no extreme cold, and there was practically no continuous frost. The changes both of temperature and air pressure were frequently extreme and sudden; and most of the time the damp was excessive.

During the first five weeks the winds were Easterly, and again at the close of the Quarter; from the sixth to the tenth week the tendency was South-West. There were very high winds on the 24th and 25th of February, the 11th, from the 17th to the 19th, and the 26th and 27th of March were very stormy.

The Rainfall was 7.07, rather above the average. Most of the rain fell in heavy showers, the intervals being as a rule, fairly bright and fine; but the first ten days were foggy and very dull.

The mean Humidity was 86.

The Barometer was exceptionally low during the 5th, 9th, 11th and 13th weeks; during most of the Quarter variations were extreme and rapid.

Second Quarter.—The weather was remarkably fine. There were four nights frost during the first week, which was cold; for the next four weeks the night temperature kept touching frost, but the mean temperature was mild; in the sixth week (ending May 15th) there were three nights rather severe frost; after that the night temperature became steadily milder and the days were very warm; the maximum shade temperature reaching 82°5 and 80°8 in the eleventh and twelfth weeks.

The wind as a rule was low, it was high (W. and S.W.) during the second week, and rather high (N.E.) during the seventh. The prevailing direction of the wind was West tending to North West, but it was very variable. The absence of wind rendered it very close and oppressive at times.

There was a moderate Rainfall, 6.22 inches. Most of the rain was effective, falling in heavy showers, very frequently at night. There was a hailstorm on May 6th, and hail on two nights during the sixth week.

The mean humidity was low, 76.

The Barometer was moderately high and steady.

Third Quarter.—The high temperature of the closing weeks of the Second Quarter was maintained, the mean temperature (except during the week ending July 10th) being very high, the first week in August was excessively hot, the mean temperature for the week being 63°·7. The maximum temperature was on August 4th, 84°·9; the hottest days being the 4th and 5th, mean temperatures 68°·1 and 68°·2. The earth temperature was also excessive. The one foot deep temperature was above 60° from the middle of June to the end of August; and the weekly mean reached 65°·9 on the week ending August 7th. The weekly mean of the 4 ft. deep temperature was over 56° from July 17th to August 28th, the highest being 57°·7 during the second week in August.

The prevailing winds were West and South-West. During the second, third and fifth weeks there was a good deal of East wind. There was on the whole a lack of wind; during the first, fifth, and twelfth weeks there was nearly average wind; the seventh and eighth weeks were rather stormy; during the rest of the Quarter the wind was very low, and this intensified the heat.

The Rainfall was 7.36 inches; about an average amount. There were thunderstorms on the 4th, 5th and 6th of August; very heavy rain on August 8th, and heavy rain on September 29th.

The Humidity was 81, the air was very dry up to the middle of August, then rather damp.

The Barometer was moderately high as a rule, it was low and steady during the seventh, eighth and ninth weeks, high and variable for the rest of the Quarter.

Fourth Quarter. – The temperature was mild; there were a few slight frosts in the seventh and eighth weeks; the first few days in December were very cold, and from December 21st to the 25th was very cold, with rather sharp night frosts (lowest temperature 22·0). The weather was very fine, with occasional showers for the first five weeks, but October 28th and 29th were very foggy; there was considerable fog during the second and fourth weeks in November, and December the 18th and 23rd were very foggy.

From the third to the fourth weeks the prevailing wind was South-East, and also during the twelfth week; during the rest of the Quarter the prevailing direction was Westerly, mostly South-Westerly. There was a severe storm on November 28th, and the tenth week was rather stormy; during the eleventh and thirteenth weeks the wind was very high, December 29th being very stormy.

The total rainfall was very moderate, 6.17 inches. The second week was showery; there were heavy showers during the sixth, seventh, ninth, tenth, and eleventh weeks. There was a very little snow at times during the thirteenth week.

The Humidity was 92, after the first week the damp was very great.

The variations in the Barometer were extreme, as a rule, especially considering the amount of moisture in the air, it was very high.

# Explanatory Remarks on the Tables.

The Returns made by the Registrar for the East Sub-District include all deaths occurring in the General Hospital and Workhouse; many of these are from outside the Borough, a few ar <sup>e</sup> returned as "no home," the others are of persons from the East and West Sub-Districts. Throughout the Tables the few cases returned as "no homes" are included in the East figures; the deaths from outside the Borough are excluded altogether (except in the uncorrected figures in Table 8), and the deaths from the East and West are referred to their own Sub-Districts. Particulars of these deaths in the Hospital and Workhouse are given in Table 7. In Table 8, the comparison between the Sub-Districts in all years before 1884 is misleading, as the East deaths include many really belonging to the West; the second row of figures in each year since 1884 are the corrected returns, the first row (given to compare with former years) are the Returns as sent in by the Registrars.

Table 10 gives our comparison with the other 32 great towns. The third column in this Table does not give the actual death rates, but the rates corrected for the age distribution of the populations. The death-rate varies in the different age decades, for instance, is very high under 5 years and over 60 years; comparatively low between 20 years and 40 years. Thus a district whose population consisted of persons under 5 years and over 60, with a death-rate of 40, might be far healthier (as far as death-rate is an index of health) than a district whose population was between 20 and 40 years, with a death-rate of 10. In the third column in Table 10 the rates are what they would have been had the age distribution in each town been the same as in England and Wales, and are therefore a much more accurate comparison than the actual death-rates.

#### VITAL STATISTICS.

The fatality from Summer Diarrhea is so excessive that it overrides and obscures all other returns; our child population is a high one, and this renders us rather susceptible to Summer Diarrhea. This is shown in the Annual Summary in Table 10. Only seven of the great towns exceed our death rate (corrected 23.07), the average of the towns being only 20.65. Our Diarrhea death rate (2.11) is only exceeded by two of the towns (Preston and Hull), and is more than double the average of the 33 towns, 0.92. Our Diphtheria death rate (0.62) is the highest of the towns, average 0.31. Scarlet Fever is low in almost all the towns, average 0.18, our rate (0.24) is exceeded by six of the towns. Measles and Whooping Cough have caused an average fatality. The result gives us a high Zymotic death rate, 4.22, town average 2.87, only two exceeding us. Our child death rate is (from the above causes) a very high one, 217; town average, 177; we are slightly exceeded by two, and greatly exceeded by Preston, which had an unfortunate combination of severe epidemics of Measles and Diarrhea. One noteworthy fact in connection with the Town Summary is the following: - Small Pox, Measles, and Scarlet Fever are the only Zymotic diseases common in our country which are alike in their generally infective character. Of these, Small Pox (unmodified) is far the most deadly, Scarlet Fever next, Measles is of such slight fatality that it is difficult to persuade people that it is of any importance at all. Of these, Small Pox, controlled by vaccination and isolation, caused only 18 deaths in the 33 towns during the year, a number too low to give a death rate of even 0.005, so that Small Pox is omitted in my Table. Scarlet Fever, controlled by isolation, caused 1,967 deaths, equal to a rate of 0.18. Measles, practically uncontrolled, caused 6,049 deaths, rate 0.55; three times that of Scarlet Fever. These figures need no comment.

Our comparison with past years is not a satisfactory one. The returns from Respiratory Diseases are very low (see Table 9), much the lowest recorded, in spite of our increased population. This modifies our total rate. This low return is, of course, partly due to the absence of severe weather, but we may hope it is in part due to

the better houses (drier and more airy) which are being built in such numbers and as quickly inhabited; and it is probably, too, in part due to better trade, causing better clothing and feeding. Excepting Diarrhæa, there is nothing serious amongst the Zymotic returns, but none are very low, and Measles and Diphtheria are considerably above the average. This all contributes to undo the effect of the low Respiratory deaths, and the addition of the terrible Diarrhæa fatality gives us a high death rate, one a little higher than the average for the previous ten years. Probably had we a orrect estimate of our population, our death rate would be well below the average (see remarks after the Statistical Summary on the second last page).

The contrast between the two Sub-Districts, as shown in some detail in Table 5, is always rather instructive. In the West we find a rather high death-rate, 18.2, one certainly 3 or 4 higher than an ideal one. The First Quarter is slightly high; the causes being Diphtheria and Respiratory Diseases; the weather although mild was very variable, and damp; there was some presence of Influenza which would increase the Respiratory Diseases. The Fourth Quarter is rather worse, Diphtheria worse, some Measles deaths, but no deaths from Influenza; Respiratory deaths rather worse, probably due in part to Measles. The Second Quarter is as low a death-rate (13.8) as we could expect. But the Third Quarter is terribly high, due to Diarrhea deaths, occurring mainly in the poor and crowded area between Salop Street and Dudley Road. The yearly death-rate in the East is terribly high, almost half as much again as the West; this is a very momentous fact. It means that had the West been as bad, about 400 more lives would have been lost during the year; or, as it was about 340 deaths in the East during the year were due to the difference between that Sub-District and the West, although the West was in some respects so bad. The main causes of the East excess are Diarrheal Diseases (Table 4, East 176, West 143; Table 5, giving Diarrhea only, does not show this) and most of all Respiratory Diseases, East 206, West 118. In other Zymotic Diseases the West actually exceeds the East; although hardly more than its greater population would account for. Looking at the Quarterly details in

the East (we see that in the lowest Quarter, the Second, the deathrate is very high, the Respiratory being very high (higher than any in the West except the Fourth, in the First Quarter Respiratory deaths are more than double the West, in the Fourth nearly double. In the Third Quarter the Summer Diarrhoea comes in (Diarrhoeal deaths Table 4, East 146, West 122) giving an appalling death-rate of 34.7 in the East.

It is evident that there are two matters that need consideration, the Respiratory Diseases, which, even this year, the most favourable as regards them that we have ever had, have such a potent effect in raising our death-rate, especially in the East; and the Diarrhea, which is at times so terribly fatal. The 1897 epidemic was so severe that it scarcely needs to emphasize its importance, but I may point out that it caused about one-sixth of our total deaths from all causes in the year, and that nearly all this mortality occurred during only one Quarter of the year; during thirteen weeks in the East (July 17 — October 9) Diarrheal deaths were 149, in the West during twelve weeks (July 31—October 16) they were 125.

# SANITARY CONDITION.

Remarks on our sanitary condition must obviously be in great part a repetition of former Reports; I should like particularly now to refer to and emphasize what I said in the 1896 Report. Many were inclined to believe those remarks were exaggerative; their accuracy is grimly confirmed by the deadly statistics of the present year. The reason why insanitary conditions are not always appreciated by those unacquainted with technicalities is because they do not see the importance of apparently little things; and thus many of our requisitions appear to them needless or at least very extravagant. Why do we regularly have such a high fatality from Respiratory Diseases? Partly because we have so many poor who are ill-clothed and ill-fed; sanitation cannot deal with that; partly because so many of our people live in houses which are thoroughly damp, and which have no proper facility for ventilation, and, even if they had, have no

fresh air about them. It is more and more recognized that the real cause of chest ailments is not mere cold but foul air, and especially air fouled with animal exhalations. Many of our poor live in damp cottages, with small rooms, which for warmth's sake are kept close and stuffy; fancy the condition of such a room after several people have spent the night in it with practically no ventilation. Even when open to the air and empty during the day these rooms have the rank smell characteristic of organic exhalation. When numbers of such rooms are in such close vicinity that their thorough ventilation by the wind becomes defective, and the air stagnates in the yards and courts around them, then the evils are intensified. When there is also absence of sunlight matters are at their worst These are the conditions which cause deaths from consumption and chest affections; and which moreover, cause a state of defective health of which even the sufferers themselves are unaware until they escape from it and feel the difference, a state which renders them ready victims to almost any form of disease, and which, even if actual disease is escaped, renders their lives lacking in due enjoyment and utility.

We have this year done much in the way of closing houses unfit for habitation (see Table D). This Table attempts to define the chief causes of condemnation, but in most instances so many causes exist that it is difficult to draw up a Table. Broadly speaking, we condemn houses on two grounds, deficiencies existing in themselves, generally quite irreparable; or the conditions of their surroundings, still more irreparable; usually, of course, both conditions co-exist. Some houses, where mere dilapidation or defective structure is the main cause of closure, are through their open situation suitable for residing in during fine weather; others, even in fairly good repair, are unfit because they have deficient air space. The latter is really the gravest defect. A gipsy in a ragged tent in the open is more healthily housed even in winter than those in such houses as the above. Yet these are those whose closure is most objected to. It is also objected that these poor people have nowhere else to go to. I am fully alive to this, the following extract is from my 1896 Report:-" Then it will be fully "evident that nothing short of doing away with this class of house "altogether would really satisfy the needs of sanitation. This must

"be ultimately done, but for the present it is, of course, impossible. "We can only proceed gradually, dealing at first with those houses "which are in the worst situations, or whose bad repair gives extra ground for closing them. This we are continually doing.

"The result is not as beneficial as it might be; first, because in most instances the empty houses remain standing, obstructing ventilation, and affording facility for accumulating filth, and next, because it is always doubtful if the condition of the people turned out is bettered. In spite of the vast amount of new property built in the Borough, there is no additional accommodation for the very poor, for it does not pay to provide it. Until this problem is solved, the gravest sanitary defect of our and other large towns will remain."

I think it is pretty clear that the time for facing this problem is drawing near.

The Diarrhœa epidemic points also to the importance of apparently little things. It is a disease of the towns, how do they differ from the villages? Even in our own town this year's deaths plainly show that (as a cause of death) Diarrhœa is practically limited to our older and crowded areas. How do they differ from the newer and more open areas? The answer in general terms is obvious. The main difference in each case is in the supply of fresh air. There must be less æration in the streets of a town, especially the narrower ones, and least of all in the yards and courts, than in any open area; and in order to counterbalance this defect, the greatest care should be taken to lessen all possible causes of air impurity.

From what has been said above under the heading of Diarrhœa, it is equally obvious that to lessen this disease all decaying matter should be got rid of, and cleanliness of walls, yards, and courts strictly observed. Such cleanliness is impossible in many of our older properties; and the endeavours to have such alterations made (such as paving and relaying yards and courts, and passages, repairing rugged walls, doing away with untidy ash-pits) as would expedite general cleanliness, often appear trifling and unimportant. Yet it is only by constant attention to such and similar apparent trifles that

the health of the poor in a town like ours can be even fairly maintained. As the success of all our efforts depends on the amount of support which they receive from the public conscience, it is most important that these matters should be generally known and understood.

## SANITARY INSPECTION REPORT.

It was hoped this year that a full report of the work of the Inspectors would be appended to this Report of the Medical Officer; prolonged illness has rendered this impossible, but the Tables, which follow after those of this Report, will give a very satisfactory account of the work being done.

# STATISTICAL SUMMARY, 1897.

	EAS Sub-Dis	STRICT.	WE: Sub-Dis	ST TRICT.	Borough.
Area—Acres					
Population*	39,30	06	.48,22		87,287
Density—No. of persons per acre	47	·4	17	8	24·7
Inhabited			•••••	abo	out 18,500
Rateable Value Government	e—Total Propert	exclusive y	of }	£338,755	Os. Od.
Marriages				No. 886	Rate 10.2
Births	No. 1,543	Rate 39.3	No. 1,511	Rate 1 31.4 3,	No. Rate. 054 35·1
Deaths	1,022	26.0	. 878	18.2 1,	900 21.8
Zymotic Deaths	188	4.7	214	4.4	102 4.6
Infantile Morta Deaths under 1 per 1000 bi	year )	235		203	219

<sup>\*</sup>Estimated to the middle of 1897, the Borough is not quite the sum of the Sub-Districts being estimated separately. The Estimate is on the supposition that the rate of increase from 1891 to 1901 is the same as from 1881 to 1891; this is certainly not the case; judging by our numerous new streets our increase in population must be far greater than the above estimate, probably some thousands greater. This would lower all our rates.

#### INDEX OF TABLES.

- No. 1.—Cases of Measles, Scarlet Fever, Diphtheria, and Typhoid Fever recorded during the year 1897.
- ,, 2.—Weekly Returns under the Infectious Diseases Notification Act, and prevalence of some other Diseases.
- ,, 3.—Weekly Meteorological Returns and Death-rate.
- ,, 4 .- Weekly Returns of Deaths in the Sub-Districts.
- " 5 .- Quarterly Births and Deaths in the Sub-Districts and Borough.
- ,, 6.—Deaths in the Sub-Districts during the year 1897, classified according to Ages and Diseases.
- ,, 7.—Deaths during the year 1897, classified according to Diseases, Ages, and Localities, and the proportion of Deaths which occurred in Public Institutions.
- ,, 8.—Deaths and Death-rates and Populations of the Sub-Districts and Borough for the past 25 years.
- ,, 9. Eleven years' Annual Returns of Deaths from various Diseases and at various ages, and Death rates and Births and Birth rates in the Borough.
- ,, 9a.—Eleven years' Quarterly ditto.
- ,, 10.—Various Death-rates, &c., in the 33 great Towns during the year 1897. (From the Registrar General's Annual Summary)

(See also Explanatory Remarks on the Tables on page 28.)

Table A .- Summary of routine work.

- " B.—Special inspections.
- ,, C.—Unwholesome food condemned and destroyed.
- ,, D.—Houses closed as unfit for habitation.
- ,, E .- Summary of circulars and notices served.
- " F.—Record of magisterial proceedings taken,

TABLE No. 1.

Cases of Infectious Diseases recorded in 1897.

),000 TON.	Borough.	:	104-2	9.09	35.6	10-9
RATE PER 10,000 OF POPULATION.	WestSub-District		94-8	64.2	39 3	9.3
RATE OF F	- East Sub-District	:	115.7	55.7	30-7	12.9
	Borough.	:	910	529	311	96
TOTALS:	WestSub-District	:	455	310	190	45
T	East Sub-District	:	455	219	121	51
37.	Year.	::	542	148 381	108	91
BOROUGH. POPULATION 87,287	4th Quarter.	::	255 145	56 154	37	:: 19
BOROUGH.	3rd Quarter.	::	144	444	28	40
BODELA	2nd Quarter.	*: :	128	25 51	24 48	14:
P	1st Quarter.	::	15 28	23	19 54	18
25. 29.	Хеаг.	::	280	84 226	66 124	2 43
SUB-DISTRICT	4th Quarter.	::	135	34	25	: ∞
TIOX	3rd Quarter.	::	87	31	112 30	18
West Sun-District Population 48,229	2nd Quarter.	::	56	7 26	15 30	9
W <sub>1</sub>	1st Quarter.	::	9 9	12 28	14 27	11
. D. C. T.	Хеат.	::	262 193	64	42	848
STRICT. 39,306.	4th Quarter.	::	120	22	12 17	::1
UB-D	3rd Quarter.	::	57	13	16	22
EAST SUB-DISTRICT POPULATION 39,306	2nd Quarter-	::	72 56	18	18	: ∞
EA	1st Quarter.	::	13	11 38	27	: -
		Small Pox { Under 5 years	Measles {5 years & upwards	Scarlet Fever { Under 5 years	Diphtheria ( Under 5 years	Typhoid (Under 5 years Fever   5 years & upwards

# TABLE No. 2.

WEEKLY RETURNS under the Infectious Diseases Notification Act, and prevalence of certain other Diseases.

	1	few cases	x	Prevalen	t xx	Very I	Prevalent	xxx		
	1897 Week Ending	Small Pox	Scarlet Fever	Diphtheria	Typhoid Fever	Puerperal Fever	Measles	Whooping Cough	Pneumonia	Influenza
	January 9th ,, 16th. ,, 23rd.		8 3 3	3 6	1 1	"i	 х х	x x x	XX XX XX	x x xx
ı	February 6th.		11 8	15 4	3		X	XX	XX X	XX X
ı	90th		9 7	7 10	1 3		 x	X X	x x	x
ı	" 27th		8	7 4	2		x	x	x	
١	,, 13th		12	6	1		X X	X X	X X	x x
١	,, 20th ,, 27th		8 4	2 2	1		X X	X X	x x	X X
1	April 3rd		5 2	3 7	3 2		x x	x x	x x	X X
1	,, 17th		11	8			x	x	x	x
1	May 1st		7 3	4 5	3	1	X X	x	x	x x
ı	,, 8th		6	4 5	1		X XX	X X	x x	X X
ı	,, 22nd 29th		13	8	1 2		xx	х	x	x
1	June 5th		13	5	2		XX XX	x	X X	X X
١	,, 12th ,, 19th		5 4	9	···		XX	X X	x x	X X
1	July 26th		6 5	2 9	2		xx xx	x x	x x	x x
١	,, 10th		12	8		***	XX	x	x	x
١	,, 17th ,, 24th		5 14	7	1 4		XXX	x x	x x	X X
١	,, 31st August 7th		9 8	8 3	2		XXX	X X	X X	X X
١	,, 14th ,, 21st		14 13	4 7	6 5		xxx	x	x	X
١	,, 28th		15	5	3	1	XX	x x	x x	
١	September 4th		14 11	5 3	6		XX	x x	X X	
١	,, 18th		10 16	7 8	7 2	:	xx xx	x x	x x	
١	October 2nd 9th		12 17	6	6 3		xx	x	x	
١	,, 16th		23	5 9	2		xx	x x	X X	
ı	,, 23rd ,, 30th		23 28	7 9	4		XX	X X	X X	
-	November 6th		28 20	9	4		xx xx	x x	x x	
-	,, 20th		14	8	2		xx	x	x	
-	December 4th		14 9	10 14	1		XX	X X	XX	
-	,, 11th ,, 18th		10 13	6 3	 1		XX XX	x x	XX XX	X X
1	,, 25th		8	6 2			xx	xx	XX	xx
-	January 1st				2		XX	XX	XX	XX
Ī	YEAR		543	312	101	3	1			

Tables 1 and 2 do not tally; 1 including a few cases not reported by Doctors, and 2 including some cases which ultimately proved incorrect.

THE RESERVED THE PROPERTY OF THE PARTY OF TH

TABLE No. 3.

Weekly Meteorological Report, from observations taken at 9 a.m. daily.

		REDU				Гемі	ERAT	TURE			WIND		Death Rate per 1,000 per annum
Week endir	ng	TO 32 SEA L		Humidity				Ea	rth		Prevailing	l in	Death Rate per 1,000 per annum
		Mean	Range	Hum	Max.	Min.	Mean	1ft.	4ft.	Rain	Directions	Total in Week	De
", February	16th 23rd 30th 6th	in. 29·840 29·903 29·968 29·813 29·517	·538 ·598 ·619 ·840 ·518	0-100 93 95 ? ?	39·5 35·6 39·0 43·0	23.6 18.0 14.0 28.5	31·7 28·5 29·6 33·4		43·4 42·8 42·1 41·4	*06 *05 *30 2*19	SE NE NE NW SE, E	mls. 1845 579 1214 1058 987	20·3 23·9 20·3 27·4 20·3
March	20th 27th 6th 13th 20th	30·049 30·246 30·331 29·561 29·846 29·491 29·808	·548 ·508 ·740 ·606 ·829	89 90 82 85 77 84 79	52.8 56.2 48.8 49.3	28·0 30·7 29·3 28·5 31·8	42·7 44·2 37·8 38·0 41·9	38·5 41·6 44·5 41·0 40·9 42·4 46·8	41·9 42·9 43·7 43·5 43·4	·89 ·77 ·31 ·73	SW SW SW N, SW S SW SW, NW	1185 1439 2021 1996 1591 2041 2375	19·7 18·5 20·9 20·9 17·9 24·5 22·1
April ,, ,, May	3rd 10th 17th 24th 1st 8th	29·420 29·860 29·864 29·891 29·870 29·928	·535 ·577 ·609 ·530 ·307 ·367	81 79 79 76 87 70	53·0 52·0 57·2 55·0 65·1 66 3	21·9 23 9 30·6 31·3 33·5 30·7	36·8 36·9 43·3 41·7 46·9 45·3	44·2 42·5 45·4 47·0 48·9 50·1 50·2	45·0 44·9 44·8 45·4 46·0 46·9	·32 ·37 ·75 ·60 ·21 ·11	NW, NE SE, SW, NW SE, W, SW SW, SE, E SE, SW, NW W	1694 1240 2069 1637 1235 1620 1085	20·9 19·1 13·1 17·3 13·7 19·1
June	22nd 29th 5th 12th 19th	30·149 30·132 29·604 29·978 30·106 29·943 30·012	·520 ·615 ·422 ·492 ·911 ·457	65 63 73 80 81 73 82	68.6 67.8 75.4 79.7 82.5 80.8	33-9 33-9 43-0 36-8 38-2 47-5	49·9 49·2 54·8 53·6 53·2 58·6	54·5 55·4 57·2 58·1 60·5 60·4	48·1 49·5 50·4 51·5 52·2 53·0	·74 ·43 ·95 ·85 ·13	NE NW, SW SW,NW NE, SW SW, W, NW SW, NW, E	1793 1032 810 1104 1647 1088	16·1 18·5 19·1 14·3 16·7 17·9
July " " " August	10th 17th 24th 31st 7th	30·002 29·931 30·140 29·867 30·018 29·947 29·822	·510 ·484 ·475 ·528 ·527	80 69 67 75 78 68 80	70·3 81·4 78·4 78·0 84·9	33.6 42.0 48.1 50.0 46.1	53.9 58.8 59.8 59.7 63.7	63·7 62·6 63·6 63·1 63·4 65·9 62·6	55·5 56·5 56·5 57·1	·10 ·40 ·22 ·75	E, N SE, E, W W, NW E, SE	856 1319 933 831 984 1012 960	17·9 23·3 19·1 28·7 34·0
September	21st 28th 4th 11th 18th 25th	29-622 29-675 29-677 30-050 30-184 29-862	·358 ·274 ·478 ·706 ·807 ·421	85 89 90 83 91	70·0 67·7 67·0 63·6 67·0 64·7	46·1 45·5 35·3 29·6 34·2 34·8	56.9 55.0 51.1 50.3 51.1 50.4	61·2 60·2 58·2 55·2 56·5 54·5	57·3 57·2 56·7 55·9 55·3 54·9	·60 ·45 1·45 ·45 ·10 ·23	SW W, SW SW NW, E N, NW N, SW	1361 935 1590 ? ? 1391	52·0 32·2 33·4 31·0 25·7 20·3
,, ,, November	9th 16th 23rd 30th 6th	30-055 30-347 29-808 30-321 30-237 30-326 30-086	·261 ·711 ·794 ·183 ·149	91 84 92 90 96 91 98	56·7 60·8 65·2 61·9 53·2	31·9 32·9 36·6 37·9	44.9 47.4 49.9 45.7 43.7	51.7 50.3 51.9 49.1 47.7	54·1 53·2 52·6 52·3 51·6	·48 ·27 ·04	NW, SW W, S S, E SE SE, E	679 859 1358 1118 1035 1283 1243	24·5 18·5 22·1 25·7 21·5
December	20th 27th 4th 11th 18th 25th	30·192 30·438 29·841 29·651 29·752 30·472	1 090 ·731 ·899 ·827 ·856 ·316	95 98 90 92 94 88	55.0 53.0 50.2 52.6 54.5 44.0	26-2 28-6 24-1 29-8 27-7 22-0	35.5 38.2 43.1 34.1	47·1 45·7 40·6 40·2 42·1 39·7	50·6 50·1 49·1 47·7 46·7 46·5	1·10 ·31 ·89 ·85 1·08	SW SW, NW NW, SW SW SW SE	1131 782 1647 1968 1738 1214	15·5 19·1 20·9 23·3 17·9 14·9
January	1st	29.594	1.151	92	51.8	28.7	41.3	40.6	45.6	-50	SW	2099	23.3

Total Rainfall in the year, 26.82 inches.

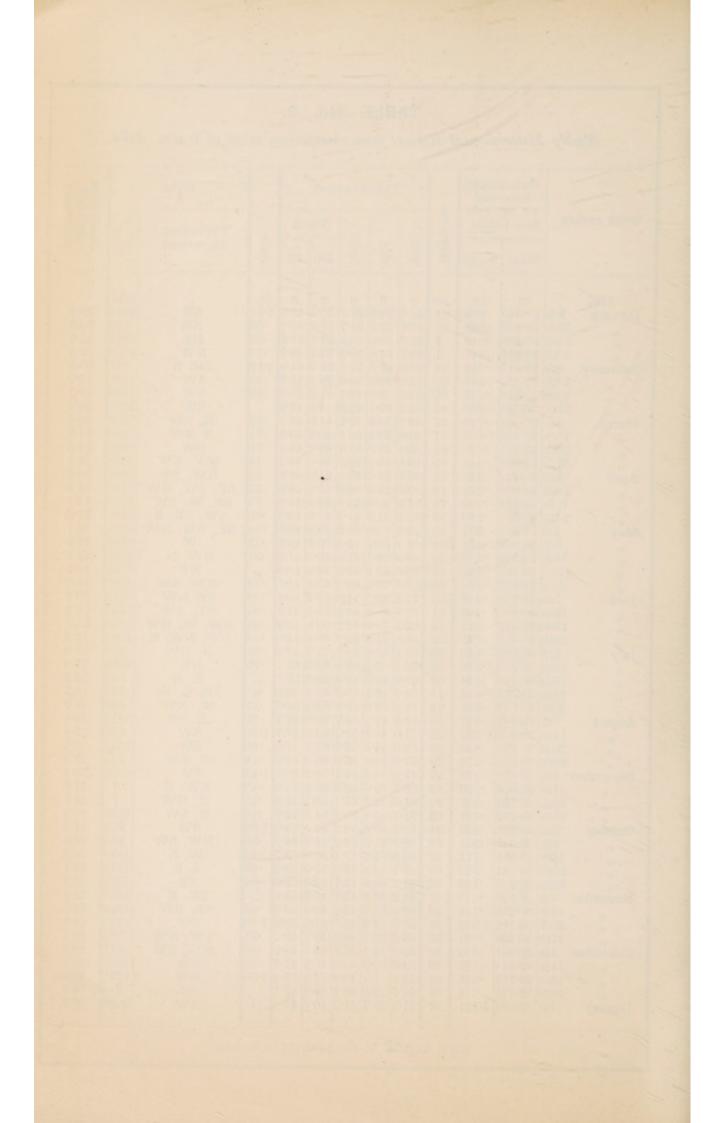


TABLE No. 4.—Weekly Returns of Deaths in the Sub-Districts.

	Week ending		Ja	nua	ry.	F	ebru	ıar	y.	Ma	rch		A	pri	1.		M	lay			Ju	ne.	-	1	July			Ang	ust	. s	ept	emb	er	Oc	tob	er.	N	ove	mbe	er I	Dece	emb	er		1897.
			9	162	3 30	6	13	20 2	7	6 13	20	27	31	0 1	7 24	1	8	15	22 2	9 4	5 12	19	26	3 10	17	243	1 7	14	21	28	11	18	25	2 9	16	23 3	0 6	13	20 2	27	4 11	18	25 1/	1	Totals.
	MEASLES Under	5 yrs. wards	1							. 1																		3	2				1			1							. 1	1	21 1
SIC	SCARLET SUnder Fever 25 & up			1							1		-			 1											1														1				9
ST	WHOOPING {Under Cough {5 & upv	5 yrs. wards			1 4		1	1	1						1							1			1	1	1 1	1																	18
SUB-DISTRICT.	DIPHTHERIA Under	5 yrs wards			:				1 .						1		1			2			1			2			2					2		:			1		2		. 1		13 8
SUI	TYPHOID Under FEVER 5 & upv	5 yrs wards				1																	: .			-							1				1 .						:		1 8
ST	DIARRHŒAL Under DISEASES 5 & up	wards					-			. :	-		-		1 .	. 1	1	2	1					. 2	3		1 5		23 1	8 11	11	8		5		1 .			1 .			1	. 2		165 11
EAST	PHTHISIS {Under 5 & up		-	_	_	-	-	-	_		-	-	_	_	-			2		1 :	-		2	1			1 :	100	ï		13	1		-	3	ï	10	181		7	i :		1		8 44
	RESPIRATORY Under DISBASES 5 & up	5 yrs wards	1 3	3	2 2	3 1	2 2	4 7	3	1 :	1 3	5	3 7	1 2	-	-			-	3 :	-	-	-	-	2	1	2 5	-	2		***	-			3	1 :	3 1	1	-	6 3	1 3	5	5 4 2 3		99 107
	ALL CAUSES Under	pwds.	1 0	0	200	1 1	1 15	0	3 8 18 1	0 1	E 0	7 3 18	of	0	0 6	5 3 2 6 5 15	79	0	0	51	2 0	0	1 1	0 0	2	1	2 1	0	15	0 1	1 4	4	5	4		4 1	5 3	1 3	4	1 5	2 4	7	11 10 4 4 16 19		539 191 022
	MEASLES { Under 5 & up															1			1		1 2		1	2											1000										26 1
ICT.	SCARLET   Under FEVER   5 & up	5 yrs wards	-			: .:		1	: .																								1 1				1			1					8
TR	WHOOPING Under COUGH 5 & up	5 yrs					1				1									1	. 2		1				2		166								-						1 2		21
SUB-DISTRICT	DIPHTHERIA {Under 6 & up	5 yrs		1		2 1	. 2	1	1	1						. 1		_			-	-	_	1			1.			-		2			1		2 .		1				2		26 11
SUB	Typhoid JUnder Fever 15 & up								•••	1														-	-	_	-	_				1.	::				1	ш	1 .	_	1.				12
1000	DIARRHŒAL SUnder DISEASES 5 & up	wards									1			2			800		2				1	1						-	1	1.		3		-	1	-		-			1		138
WEST	PHTHISIS { Under 5 & up		100								1 3			: :	_													-	_		-		1 :		1		2 1		1	3 3	3	1	1 2		51
=	RESPIRATORY Under DISEASES 5 & up	wards	2	2	2	4 8	1 2 3 2	1	2					1 2	1	1	1		3	1	1 .	3	1 .	1 :	2 2					88 1	-	3	100		1	4	3 2	1			2 2	3	2 2		64
	ALL CAUSES { Under 60 & u	pwds				7 7 5 8	7 6 3 2 5 12	4 3 12				9 4 19	1 13	8 3 12	2 3 7 1	6 2 8 8	1 4 9	6 2 13	7 4 17	8 1 161	4 1 3 1 1	3 17	7 5 17 1	3 1	6 6 6 5 19	4 14 1	2 2	30 4 4 5 36	34 42	24 2	7 12 3 1 3 19	11 3 17	91	2 8 1 6 13	5 13	10 1 4 21 2	6 3 5 22	3 2 10	15	2	8 12 4 5 9 21	0	9 20	5	173 878

TABLE No. 5.—Quarterly Births and Deaths during 1897.

OUARTERS.		Males	remales	Total	Kate	Males	Females	Total	Rate	60 years and upwards	Under 1 year	1-5 years	Zymotics		Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Typhoid Fever	Influenza	Diarrhoea	Phthisis	Kespiratory	Uncertified	Inquests		Deaths in Public Institutions	Toot Sul	ng agar
200			:	:	:	:	:	:			:	:	:	:	:	::			:	:	::	:	:: :	Diseases	:		T. T.	one Instituti	In the	0-District.
E	1st	207	205	412	42.0	185	122	257	26.5	65	92	27	22	2.5	:				1		4		19	72		23		lons		
East Sub-District, 39,306	2nd	186	182		37.5	-		_		48					•		20			:	:	01	15	87	::	14	_	-	_	_
-Dist	3rd	194			89.4	1				88	176	29	106	10.8	:	10	4	7	20	C1	:	78	10	25	1	- 22	Hospita	Wor	From	No 1
rict, 3	4th	179	198	877	38.4	120	104	224	8.55	44	09	99	38	8.8	:	9	1	1	6	9	07	=	00	72	:	18	pital	Workhouse	n Out	No Home
9,306	Year	766	777	1548	89.8	1900				191					:	22	13	18	21	6	9	95	55	206	တ	77	:		From Outside the Borough	No Home
Wes	1st	201				104	104	808	17.8	54	51	21	24	1.9	:::	1	1	20	10	8	4	-	16	_	_	10	:	:,	ne Bor	T-qng
t Sub	2nd	192			30.5	84	85	991	13.8	41	48	25	27	2.5	:	7	-	20	4	1	0.18		_		67	10		•	ongh	nstric.
West Sub-District, 48,229	3rd	203			30.5 8	163		286 2		88	-		-	-	-		7		100	5	:		18 1	1000	1	7 1	:	:		: د
ict, 4	4th		184		85.0	22	96	218	18.1	88	69	88	45	8.7	:	13	67	20	17	9	:	4	15	8	-	8	:	:	:	: :
8,229	Year	797	714	1511	81.4	1000	88.60	878		173					:	27	11	21	87	12	7	96	51	118 1	_	45	-:-	:	:	: :
	1st	1			87.1			465			127	48	46	2.1	::	8	4	18	111	4	8	-	35		5				24	
Borough,	2nd	1		781				367				59 1				111	9	1	10	П	00		22		07	-	-			5
	3rd	1		758		1		626			_	-	-	10.8	:	16	11	18	-	1	:	.65		_	01	-	-			15
87,287	4th	880	885	762	95.0	949	200	142	20.8	88	53	68	83	8.8	:	19	00	9	26	6	67	15	28	15	Н	98	1 91	54	15	9
1	Year	1563	1491	8054	35.1	1048	857	1900	21.8	364	671	808	402	4.6	:	49	24	88	58	21	13	188	103	324	10	122	164	185	127	85

.

# TABLE No. 6.

DEATHS in the Sub-Districts during the year 1897, classified according to Ages and Diseases.

	_	_	_	_	_			_		_				_
CONTRACTOR OF THE	Е	AST	st	B-1	DIST	CRIC	CT.	W	EST	SU	B-I	ISI	TRIC	OT.
2004			AG	ES.						AG	ES.			
Finelul de 2 l	0 to 1	to 5	5 to 25	25 to 60	60 to 75	75 and upwards	TOTALS	0 to 1	to 5	5 to 25	25 to 60	60 to 75	75 and upwards	TOTALS
I.—Zymotic Diseases III.—Dietic Diseases IV.—Constitutional Diseases V.—Developmental Diseases VI.—Local Diseases VII.—Violence	82 28 30 170 2	8  84	11 27	4 58 2	7 13 15	1 2 28 23	188 4 120 75 536	31 26 99	ï1	19	64 1 110	5  13 9 82 1	 1 25	214 139 61 380 28
VIII.—ILL-DEFINED CAUSES	51	4		7	2		64	51		1	5	3	1	61
Totals	363	176	64	228	134	57	1022	308	132	67	198	113	60	878
I—Zymotic Diseases.														
Measles		19 9 9 12 1 1	7	  3 2	i	1	13	1 10 4	16 7 11 22  2	3 111 . 8				-
2—Diarrheal.  Diarrhea	67	22			3		00	75	19	1		1		96
5—Venereal.	01	22	***		,		32	10	10		777	1		50
Syphilis Stricture of Urethra	1						1	1000000			1			]
6—Ѕертіс.				7										
Erysipelas Puerperal Fever	2				1						1		1	1
III.—Dietic Diseases.														
Chronic Alcoholism Delirium Tremens				3			3							
IV-Constitutional Diseases.														
Rheumatic Fever Rheumatism	8 5 1 1 14	1	6 1	37		2	25 8 25 52 4  3 4	1	1 5 1 3	1 2 1 13 1 1			``i	3 2 1 27 7 8 51 6 1 2 4 27

	E	AST	SU	B-I	oisi	TRIC	T.	WI	EST	SU	B-D	ISI	RIC	T.
			AG	ES.		-		_		AG	ES.		-	
	0 to 1	1 to 5	5 to 25	25 to 60	60 to 75	75 and upwards	TOTALS	0 to	1 to 5	5 to 25	25 to 60	60 to 75	75 and upwards	TOTALS
V-Developmental Diseases.														
Premature Birth	26 3 1 		••	2	15	28	26 3 1 45	3				9	25	23  8 35
VI-Local Diseases.														
1 Nervous System.														
Meningitis	13 1  30 	9 1 7	3	3 11 2  2 2	 15 1  1		28 34 3 37 2 4	11			2 1 1	1 13  1 10		23 32 2 16 2 22
3-CIRCULATORY SYSTEM.														
Diseases of Heart Others			5	35	18	5	68 1			4	26 1	18	7	55 1
4—Respiratory System.														
Laryngitis Asthma Bronchitis Pneumonia Pleurisy Others 5—Digestive System.	22 27 	3 11 36 	1 1 1 7 	 1 23 19 2 1	1 32 12	 5 1 	4 3 94 102 2 1	13 22	1 3 18 	2 2 1	1 18 9 	 2 17 2  1	 1 6 1	4 4 57 49 1 3
Dontition	7	2	1				10	0						
Diseases of Stomach Enteritis Obstructive Diseases of Intestine Peritonitis Cirrhosis of Liver Other Diseases of Liver Others	5 60  2  1	12	1 2 1	 4 2 1 5 1 2	2 2 	3	8 80 5 4 5 8 8 5	 1	4 7	1	1 1 4 4 4 4	2 2 3	 1	6 2 45 3 5 6 9 2
8—URINARY SYSTEM.														
Nephritis Bladder or Prostate Others	2	1		14	1		21 1 1				9 1 1	7 1 1	1	17 3 2

# TABLE No. 6-Continued.

0	1	AG	ES.			-							
0	1				-				AG	ES.			
	to 5	5 to 25	25 to 60	60 to 75	75 and upwards	TOTALS	0 to 1	1 to 5	5 to 25	25 to 60	60 to 75	75 and upwards	TOTALS
			2  1 3			 1 6			 1	1 1 1			1 1 2
			1			1 1			1 2				1 2
												1	1
	1		1	1	1	4					1		1
	1  4  2	3 1 1 1	4 1 2  2	2	1  2 	10 1 11 1 4 2		3	1 2 1 1	1 2	1	1	6 2 3 1
		1 2	1 1	··· 1		1 1 1 1 2				1 4			 1  4
0													
2	2		1 2 4	2		43 1 4 2 14	1 4		i i	1 2	1	ïi	48 3 1 3 6
	2												

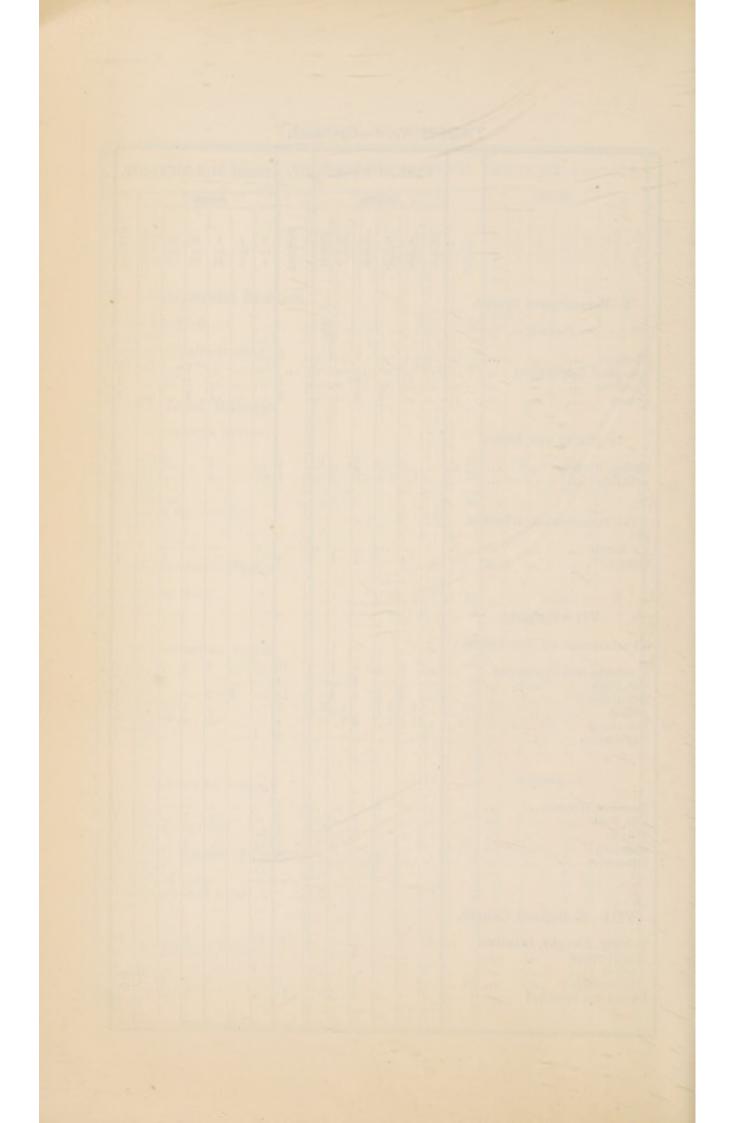


TABLE No. 7.

TABLE OF DEATHS during the Year 1897 in the Urban Sanitary District of WOLVERHAMPTON; classified according to Diseases, Ages, and Localities, and the proportion of Deaths which occurred in Public Institutions.

-				-	-			THE OWNER WHEN	
	64	Total	539	440	979	85 129	19	14	19
AGE.	21	All other Diseases	273	210	483	10	14 82	7 57	30
SS OF	50	səiminī	96	19	18	10 24	: 01	12	00 10
S, YEARS	18	Heart Disease		55					:6
FROM SUBJOINED CAUSES OF CHILDREN UNDER FIVE	17	Bronchitis, Pneumonia, & Pleurisy	96	51	147 158	111	45	222	1 7
ED C	16	Phthisis	8 44		8	1 2		- 8	: 9
SJOIN EN U	15	Rheumatic	: 10	: 69	: ∞	: 01	: 00	: 67	: 01
4 SUE	14	Distribes and Dysentery	89	94	183	::	1 22	: :	::
FROM	13	Whooping Cough	18 :	21	39	- :	::	::	::
THE	12	Measles	12 1	26	47	- :	- :	- :	⊣ :
MORTALITY DISTINGUISHING DEATHS	11	Erysipelas	01 01	: -	CO FO	::	: -	::	:
SHING	0	Puerperal	1::	:	: -	::	::	::	::
NGUIS	9	Enteric Typhoid	- ∞	12	20	: ∞	::	20	: 01
DISTI	00	Diphtheria	138	26	39 19	10	: -	1	10
	09	Scarlatina	9	00 00	17	::	::	::	::
		9	191 Under 5 yrs 5 & upwards	173 Under 5 yrs	364 Under 5 yrs	15 Under 5 yrs	104 Under 5 yrs	40 Under 5 yrs	22 Under 5 yrs 5 & upwards
S.	09	up- wards (h)	161	173	364	155	104	40	22
MORTALITY FROM ALL CAUSES AT SUBJOINED AGES.	35	L	228	198	426	74	09	49	32
ALL O	15	L	27	999	09	21	63	15	10
ROM	10	and under 15	37	34	71	19	:	6	7
SUBJ		and under 5	176	132	808	28	89	6	13
RTAL	Trader		868	808	671	7	16	70	9
MO		Ages.	1022	878	1900	164	185	127	55
		(a)	East Sub-District 1022	West Sub-District	Тотак и Вокочен 1900	General Hospital	Workhouse	From outside the Borough	From West Sub-District
			East	West	Tora		itutions istrid-o	dug tea	Deaths H odt



TABLE No. 8.

Deaths and Death Rates for the past Twenty-five years.

						-						nvy-j	· yours		
	EAST	Sub-D		CT.	WES	r Sub-		ICT.		Borot		_	Estim	ated Popula	
Year.	Total.	Rate.	Zymotie.	Rate.	Total.	Rate.	Zymotic.	Rate.	Total.	Rate.	Zymotic.	Rate.	East.	West.	Borough.
1873	1,125	29.7			631	19.8			1,756	25.1			38,010	31,841	69,906
1874	1,048	27.6			627	19.3			1,675	23.6			38,087	32,487	70,636
1875	1,155	30.3	***		640	19.3			1,795	25.2			38,163	33,140	71,373
*1876	1,099	28.2			655	19-0			1,754	25.9			38,241	33,806	72,118
1877	1,157	30.2			611	17.7			1,768	24.3			38,318	34,485	72,871
1878	1,081	28.2			644	18-3			1,725	23:5			38,396	35,178	73,632
1879	1,093	28.5			608	17:0			1,701	22.9			38,474	35,884	74,402
1880	960	24.9			629	17.2			1,589	21.2		***	38,552	36,606	75,178
*1881	998	25.4			650	17.1			1,648	21.3			38,620	37,305	75,932
1882	1,056	27.4			657	17.3			1,713	22.4			38,663	37,909	76,596
1883	1,042	27:0			601	15.6			1,643	21.3			38,706	38,552	77,266
1884	1,158 981	29·9 25·4	222	5.7		17:9		2.9	1,857 1,734	23·9 22·3	337	4.3	38,748	39,146	77,942
*1885	1,012 844	25·6 21·4	102	2.5		16·2 17·8		1.8	1,670 1,564	20·9 19·5	176	2.2	38,791	39,779	78,624
1886	1,125 95 <b>5</b>	29·0 24·6		4.7		17·3 18·5		3.8	$1,822 \\ 1,701$	23·0 21·5	338	4.2	38,834	40,423	79,311
1887	1,133 944	29·2 24·3		3.1	659 720	16:1	102	2.4	1,792 1,664	22·4 20·8	224	2.8	38,876	41,077	80,005
1888	1,005 827	25·8 21·3		2.4		17·0 18·5		2.9	1,712 1,595	21·2 19·8		2.6	38,919	41,741	80,705
1889	1,065 883	27·4 22·7		2.6		15·9 17·4		2.4	1,739 1,620	21·4 19·9	206	2.5	38,962	42,417	81,411
*1890	1,183 977	29·8 24·6		2.4		16·5 18·1		1.8	1,908 1,772	22·8 21.2		2.1	39,005	43,103	82,124
1891	1,214 1,026	31·1 26·3		3.0		18·8 20·3		2.7	2,036 1,914	24·6 23·1		2.9	39,048	43,800	82,842
1892	1,117 935	28·6 24·0		3.2		16·3 17·6		2.1	1,841 1,716	22·1 20·6	220	2.6	39,091	44,509	83,567
1893	1,260 1,040	32·3 26·6		3.9		16·1 18·0		2.8	1,990 1,853	23·6 22·0		3-3	39,134	45,229	84,298
1894	1,175 975	30·0 24·9		4.9		14·5 16·2		2.6	1,843 1,719	21·7 20·2	314	3.7	39,177	45,961	85,036
1895	1,335 1,106	34·1 28·2		5.1		18·7 20·6		5.0	2,207 2,069	25·8 24·2		5.1	39,220	46,706	85,781
*1896	1,088 899	27·2 22·5		4.1		16·0 17·4		3.0	1,861 1,740	21·1 19·7	312	3.5	39,263	47,462	86,530
1897	1,234 1,022	31·5 26·0		4.7		16·4 18·2		4.4	2,027 1,900	23.3		4.6	39,306	48,229	87,287
	-	-		-	-	TITLE	-			FO	- a a lea				

\* These years contain 53 weeks.

For explanation, see remarks at the end of the text.

TABLE No. 9.-Eleven Years' Annual Deaths, &c.

					_	-	_	_	_		_		
A	9.0	35.0	20.4	38.1				556.8	27.		17	35	1766-2 21-15 263-1 8-11 2821-6 33-82
1897	1	49	24	88	58	21	188	427	364	671	808	219	1900 21.8 402 4.6 3054 35.1
1896	I	00	21	28	55	87	181	450	402	561	220	185	1740 19·7 312 3·5 3023 34·8
1895	-	40	84	53	84	18	185	558	468	629	353	217	2069 24·2 487 5·1 8027 85·4
1894	55	78	55	28	93	17	62	520	888	484	810	167	1719 20·2 314 3·7 2889 34·0
\$90189118921898189418951	-		C.1		5	28		560					1853 22·0 282 3·3 3·3 34·5
1892	1	41	00	80	4			582					1716 20·6 220 2·6 2805 33·6
1891	i	25	14	26	50	15	105	899	491	581	287	188	1914 23-1 242 2-9 2-9 2820 34-1
1890		32	13	27	-Tr	6	689	678	452	477	250	171	21.2 21.2 178 2.1 2.1 2735 32.8
1889	1		9							479	299	179	1620 19.9 206 2.5 2666 32.8
1888		39	17	58	10	11	9	560	406	445	237	166	1595 19·8 216 2·6 2·6 2674 33·2
1887		31	16	29	1	14	105	512	419	469	272	175	1664 20.8 224 2.8 2.8 2675 33.5
		:	:	:	:	:	:	:	:	:	:	:	
		:		::		:	:	y	:	::	::	births	
		:		уh		:		espirator	wards	:	***	er 1,000	1:::::
	mall Pox	leasles	carlet Fever	Thooping Coup	hphtheria	yphoid Fever	jarrhœa	hthisis and Re	O years and up	nder one year	-5 years	Under 1 year, per 1,000 bi	Total Deaths Rate per 1,000 Zymotics Rate per 1,000 Births Rate per 1,000
	000	Z	O	F	A	H	A	P	9	0	-	0	HENDER

A-Annual averages for the ten years preceding 1897. \* These years contain 53 weeks.

#### TABLE No. 9a.-Eleven Years' Quarterly Deaths.

		18	87			18	388			18	89			18	90			18	91			18	92			18	98	Ì		18	94			18	95			18	96			18	97	
Quarters ending	2/4	2/7	20/9	31/12	31/3	30/6	29/9	29/12	30/3	29/6	28/9	28/12	29/3	28/6	27/9 3	* /1/91	4/4	4/7	3/10	2/1	2/4	2/7	1/10	31/1:	1/4	1/7	80/9	30/15	31/3	30/6	29/9	29/12	30/3	29/6	28/9	28/12	28/3	27/6	26/9	2/1	3/4	3/7	2/10	1/1
Small Pox	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	1	_	3	2	_	_	_	_	_	_	_	_	_		_	_	_
Measles	19	4	7	1	9	6	5	19	10	11	11	8	8	10	5	14	5	-	_	20	21	16	8	1	6	_	5	10	46	27	_	_	-	-	7	88	6	_	1	1	8	11	16	19
Scarlet Fever	2	1	5	8	8	4	4	1	2	-	1	8	4	2	3	4	2	2	2	8	1	_	-	2	1	1	6	17	7	19	19	10	17	2	8	7	6	1	7	7	4	6	11	3
Whooping Cgh.	6	1	7	15	20	14	11	4	4	14	6	24	17	8	-	2	-	-	5	21	47	27	8	8	1	-	1	2	5	10	11	2	8	12	14	19	2	13	8	5	13	7	18	6
Diphtheria	-	8	1	3	4	4	1	1	-	2	2	8	3	-	-	1	1	2	1	1	-	3	1	-	-	1	1	3	5	8	10	10	19	24	14	27	19	15	9	12	11	10	11	26
Typhoid Fever.	1	2	5	6	2	5	2	2	1	2	4	2	2	8	1	8	5	2	5	8	1	7	5	8	8	4	9	7	-	2	6	9	8	-	5	10	12	9	11	5	4	1	7	9
Diarrhoea	6	4	90	5	- 4	7	80	19	8	8	56	17	7	8	42	16	5	7	66	27	7	4	81	18	3	11	140	7	4	1	44	18	2	1	118	19	10	7	101	18	1	7	165	15
Phthisis and Respiratory	170	120	75	147	184	187	95	144	165	116	76	128	248	139	109	177	177	204	84	208	241	129	84	128	156	136	98	170	154	143	91	132	211	138	89	115	128	108	68	151	141	80	68	188
60 yrs. & upwd.	184	130	66	89	127	98	80	101	130	84	87	105	144	91	80	187	187	168	79	107	143	98	69	95	100	118	91	186	102	114	82	91	194	111	83	80	101	94	76	181	119	84	78	88
Under 1 year	98	95	172	104	118	103	113	111	103	109	138	129	116	79	147	185	98	120	159	159	148	107	120	112	127	99	232	142	115	115	129	125	138	113	260	148	107	102	188	164	127	99	316	129
1—5 years	84	40	68	85	78	64	37	64	67	. 71	74	87	88	57	48	67	47	54	49	136	123	81	40	81	24	84	71	88	96	91	68	55	79	65	89	120	62	46	52	60	48	59	112	89
Total Deaths	447	894	417	406	478	895	335	387	433	871	386	428	545	865	892	470	417	586	400	561	587	415	340	874	403	889	585	526	460	478	894	392	599	489	556	475	418	874	451	497	465	867	626	442
Rate per 1,000	22-4	19-7	20-9	20.8	23-7	19.6	16-6	19-2	21.8	18-6	19-0	20-8	26-6	17.8	19-1 2	21-8	20-2	25-9	19-8	27.1	28.1	19-9	16.3	17-9	19-1	18.5	25.4	25.0	21.7	22.3	18-5	18-5	28-0	20-5	26-0	22-2	19-3	17-8	20-9	21-4	21.3	16-8	28-7	20-3
Zymotics	39	20	122	48	61	45	56	54	22	42	82	60	44	80	58	46	24	41	88	89	92	59	45	24	19	22	169	72	81	86	98	49	79	69	174	115	60	58	141	58	46	49	224	83
Rate per 1,000	1.9	1.0	6.1	2.1	8.0	2.2	2.7	2-6	1-0	2.0	4-0	2-9	2-1	1.4	2.8	2-0	1.1	1.9	4.2	4.8	4.4	2.8	2.1	1.1	0-9	1.0	8.0	3.4	3.8	4-0	4.6	2.8	3.6	3.2	8.1	5.8	2.7	2.4	6.5	2.4	2.1	2.2	10-8	8.8
Estimated Population		80,0	005			80,	705			81,4	11			82,1	24			82,8	42			88,5	67			84,2	198			85,0	86			85,7	81			86,5	80			87,2	87	

\* These Quarters contain 14 weeks.

DEATH-RATES, ETC., IN THE 33 GREAT TOWNS IN 1897.

nnder to a	adt	Den I								_	_		217						_				-		_	_	_	_	_	_	_	-			_
	-TIL		-	_	-	_	-	_	-	-	_	-	 	_	_	-	_	_	_	_	-	-	-	-	-	-	-	-	-	-	-	_		-	_
	.19.	E64	0.18	0.13	0.18	0.07	0.18	0.54	80.0	0.50	0.15	0.02	0.58	0.90	0.19	0.91	0.55	0.54	0.27	0.21	0.19	0.31	0.14	0.18	0.58	0.30	0.15	0.17	0.13	0.50	0.31	0.52	0.57	0.50	0.16
-RATES.	gp.	uı	0.41	0.41	0.36	0.56	0.51	0.35	0.54	0.20	0.50	0.45	0.44	0.49	0.40	0.40	0.51	0.50	0.56	0.34	0.26	0.53	0.53	09-0	. 0-63	0.36	0.51	60-0	0.19	0.54	0.40	0.52	0.24	0.31	0.58
RECORDED DEATH-RATES	-de	Dil thei	0.81	0.51	0.37	0.07	0.10	0.15	0-13	0.15	0.53	0-11	0.62	62.0	0.00	0.00	0-00	0-53	0.50	0.02	60-0	0.15	80-0	0.57	90-0	0.03	0.50	60-0	0.07	0-16	0-13	0.14	0.03	80-0	0.15
Весокы		Sear	0.18	0.18	0-11	0.10	0.10	90-0	0.02	80.0	0.10	0.10	0.54	0.18	01.0	0.15	0.10	0-91	0.33	0.19	0.53	0.59	0.14	0.05	0.05	0.04	0.32	0.55	0.04	0.23	0.56	0.27	80.0	0.17	0.10
	səli	Meas	0.55	0.43	0.51	0.14	0.14	0.19	0.50	0.25	0.44	0.45	0.23	62.0	0.03	0.0	0.17	0.50	0.54	1.78	1.18	2.55	19-0	1.33	1:11	2.77	0.27	0.50	0.35	0.40	0.56	0-11	0.44	0.50	0.43
	otte	Princ Zym Disea	0.00	20.00	2.00	10.7	1.64	9.53	9-17	1.83	9.19	1.36	4.22	3.88	2.51	3.13	2.81	1.02	2.83	4.09	20.00	5.50	2.61	3-98	3-45	5.63	1.50	1.39	2.55	2.80	3-49	3.25	2.56	2.33	2.09
Cor- rected Death-	Rate.	17-43	16-26	20.00	10.00	10.00	15.00	16.57	18.51	17-97	16.67	17.98	23.07	23.86	17-98	19-17	20-19	17.00	20.07	94.80	26-17	88.98	21-97	22-41	21.90	26-78	19-07	18.35	19-97	22.03	93.57	19-50	20.67	19-63	20-79
Population estimated to middle of 1897				10,992,524				189 585					87,287	505,772			232,934							106.122			,,,,,						142,107	100	217,555
		:	Towns	:	:	:	:	:	:	:		:	: :	:		:		:	:	:	:			:	:					:	:				
		:	Wales, less 33 Towns	:	:		: ::	:	:	:	:		TON	:	: ::	:		:			:	:	:	:	:		:	:		:			:		
		WALES	WALES					:		:		:	AMP	:	:	:			:			:								:			:		:
		ENGLAND AND WALES	ENGLAND AND	33 Towns	LONDON	WEST HAM	CROYDON	BRIGHTON	PORTSMOUTH	PLYMOUTH	DEISTOR	CARDIFF	WOLVERHAMPTON	Втамгионам	Norwich	LEICESTER	Nottingham	DERBY	BIRKENHEAD	LIVERPOOL.	BOLTON	MANCHESTER	CALFORD	DEDRAM	DUKNIEN	DEACKBURN	RESTON	CODERSTELL	HALIFAX	BRADFORD	LEEDS	There	HULL	OUNDERGAND	GATESHEAD

# TABLE A.

### SUMMARY OF ROUTINE WORK.

Nuisances reported by Sanitary Inspectors			4,403
Nuisances reported at the Office by residents			157
Preliminary Notices served for the Abatement of	Nuisan	ices	3,561
Legal Notices ditto ditto			1,429
Inspections of Premises after service of Notices			10,780
Number of Infectious Cases of Sickness enquired	linto		1,840
Houses disinfected			515
Articles disinfected in Steam Disinfector			12,508
Reports made to the Borough Surveyor of I	Dangero	ous	
Buildings, &c			326
Reports made to the Waterworks Engineer of	f Waste	e of	
Water			351

### TABLE B.

### SPECIAL INSPECTIONS.

Number of	visits paid	to Slaughterhou	ses	 	1,250
Ditto	ditto	Bakehouses		 	803
Ditto	ditto	Workshops		 	1,080
Ditto	ditto	Dairies		 	85
Ditto	ditto	Cowsheds		 	89
Ditto	ditto	Milkshops		 	1,107
			Total	 	4,864

#### TABLE C.

#### UNWHOLESOME FOOD CONDEMNED AND DESTROYED.

-	7	4 TO 4
2.5	Carcases o	T BOOT
U	Carcases o	I DOCK

1 Fore, 1 Hind Quarter, and 2 pieces of Beef

8 Carcases of Calves

10 Carcases of Pigs and 2 Hind Parts of Pigs

6 Carcases of Lambs, and 1 Hind Part of a Lamb

4 Carcases of Sheep

28 lbs. of Bloaters.

8 Stones of Haddock.

18 Bags of Mussels.

2 boxes of dried Haddock.

12 Baskets of Cherries.

6 Barrels and 2 Baskets of Pears.

3 Crates of Bananas

### weighing

4,445 lbs.

#### TABLE D.

#### HOUSES CLOSED AS UNFIT FOR HABITATION.

Deficient air space		 	 	 26
Damp and dilapidated		 	 	 6
Dilapidated		 	 	 5
Dilapidated and close		 	 	 6
Damp, dilapidated, and	close	 	 	 4
Damp		 	 	 1
Damp and close		 	 	 2
				_
			Total	 50

# TABLE E.

SUMMARY OF CIRC	ULARS	AND	NOTI	CES	SERVI	ED.
To pave or repair paving o	f yards, &	c.				280
To repair and cleanse soft	water cist	erns				47
To pave Courts						7
To cleanse and limewash b	ouses, pr	emises,	&c.			898
To provide or repair spout	ing					351
To repair closets, &c						334
To provide or repair flushing	ng cistern	s to W.	.C.'s			9
To open and cleanse W.C.	and yard	drains				496
To remove Poultry						182
,, ,, Refuse						66
,, ,, Manure	***					89
,, ,, Pigs						49
,, ,, Hogwash						85
,, ,, Offensive water	from cel	lars				24
To trap drains						92
To discontinue overcrowding	ng					70
To repair houses						133
To provide ashtubs or repa	ir ashpits	3				221
To provide a proper supp		olesome	water	in li	ieu of	
contaminated well wa						15
To take up and re-lay defe						47
To drain stables, cellars, p		&c., int	o the M	Iain S	Sewer	77
To do away with catchpits		•••		•••		25
To drain sinks						251
To convert privies into wa		ge syste	em			64
" ,, pan closets						26
To repair waste water clos			***			19
To remove Bell and D trap			Access to the same	llies		24
To reconstruct urinals			•••			26
To provide a proper supply	y of whole	esome v	vater			10
To fix wash-down closets i		insanita	ary clos	sets		22
To abate nuisance from sn	noke					6
To provide manure midder	ns					18
Miscellaneous						940

TABLE F.

The following is a record of the Magisterial proceedings taken:—

No.	Nature of Offence.	Cas	ses hear	rd.	Result.
1 2 3 4 5 6 7 8	House in a foul state  Foul privies and ashpits  Refusing to close houses condemned as unfit for habitation  Tenants refusing to quit abovementioned houses  Refusing to quit house condemned as unfit for habitation  Defective drainage and spouting and premises foul  Defective drainage and offensive dumbwell  Houses without a proper supply of water	,, Feb.	13th,	" " "	Case withdrawn on payment of costs, as house was cleansed Adjourned for 14 days for work to be done and to pay costs. Adjourned for 14 days for houses to be closed and to pay costs. Adjourned for 14 days.  Fined 40s. and costs, or one month's imprisonment.  Ordered to abate and pay costs.  Ordered to abate and pay costs.  Adjourned for 7 days for water to be put on and pay costs.
9	Defective drainage and roofs Insufficient closet accommo-	"	,, 14th	,,	Ordered to abate and pay costs.  Adjourned for 14 days for work
11 12	dation & defective paving Defective sink drainage and sewage water in cellars Foul water tank, no ash ac- commodation, and foul	"	"	"	to be done and pay costs.  Ordered to abate and pay costs.  Ordered to abate and pay costs.
13	premises Non-compliance with Magistrates' order in cases Nos. 14 and 15	Sep.	25th,	"	Fined 30s. and costs in each case.
14	Defective spouting and paving, and dilapidated closet		4th	"	Ordered to abate and pay costs.
15	Defective sink drainage and soft-water cisterns foul	**	"	11	" " "
16	Foul privy and catchpits	,,	11th,	23	Adjourned for 3 weeks for work to be done and pay costs.
17	Defective spouting	"	"	٠,	Adjourned for 7 days and pay costs.
18	Pigs being kept	,,	,,	,,	Withdrawn on payment of costs
19	Premises without drainage, brewhouses and closets dilapidated, and yard pa- ving and spouting defec- tive		"	,,	Adjourned for 3 weeks for work to be done and pay costs.
20	Paving and spouting defective, brewhouses dilapidated, and premises foul	,,	"	,,	" " " "