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WOMBWELL  
URBAN DISTRICT COUNCIL.



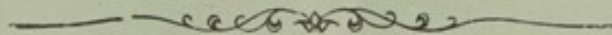
REPORT

OF

MEDICAL OFFICER.

FOR THE

YEAR 1896.



Wombwell :

PRINTED BY ALBERT TAYLOR, STATION ROAD.

—  
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WOMSWELL

GRAY DISTRICT COUNCIL

REPORT

MEDICAL OFFICER

YEAR 1890.

Printed by

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1891

JANUARY 15<sup>TH</sup>, 1897.

TO THE CHAIRMAN AND MEMBERS OF THE WOMBWELL  
URBAN DISTRICT COUNCIL.

GENTLEMEN,

Calculating from census data, the population of the Urban District of Wombwell, in the middle of 1896 was 12,532. At the end of 1895, I estimated the actual population as 13,500. I think it about the same at present. A certain amount of emigration has taken place, and in addition more houses have been built, and the congestion from lodgers has been thus somewhat relieved. In Wombwell proper 68 houses and shops have been built and occupied, whilst 32 are in hand. The improvement in Well lane and High street has thus become very marked. Station lane also, by the sweeping away of unseemly privies, and the erection of cottages instead, presents a better appearance. The most striking alteration is the addition to Wombwell Main. Here 28 houses have been occupied (with 15 in prospect) constituting an area requiring special accommodation for the disposal of sewage. Hemingfield has only had 6 new houses, whilst Jump has had none, altho' 8 are being erected.

The Natural increase (excess of births over deaths) during 1896 is 347. The number of births registered was 543 (males 278, females 265) 18 males and 3 females less than in the previous year. The illegitimates numbered 10. The rate per annum was 43.3 per 1000 persons living. On the other hand our death rate is much smaller than in 1895, being 15.8 per 1000. There were registered 196 deaths from all causes, (males 108, females 88) 3 besides died in Kendray Hospital. The infantile mortality shows a marked decrease, being 149 per 1000 births, as against 189 in 1895. This is undoubtedly due to fewer having succumbed to Diarrhoea.

As you are aware a L. G. B Inquiry was made regarding a loan for the carrying out of your Sewage scheme. The part of the district which has given me most anxiety is New Wombwell (Junction). On one occasion I reported to you as

follows :- "The drains are Dammed back, and have no free outlet into the sump in the gardens opposite. These sumps are an evil smelling nuisance, as are also the open drains running from them. The system of cleaning them is haphazard, and their beds and sides have become clothed with thick sewage matter, emitting foul smelling gases, "and again 24 cases of Typoid Fever have occurred from this defective drainage." I am aware you have endeavoured to mitigate these evils by syphoning on to the proposed Sewage plot, but I quote this report again because of the opposition made at the inquiry by a neighbouring Rural District, and emphatically say this state of affairs is infinitely more injurious to all the neighbourhood, than the proposed area with the sewage properly treated.

During the year, 71 notices have been served for the abatement of nuisances. These chiefly referred to alteration of ash-pits and privies, better provision for bell-cart refuse, the better removal of surface water, and repairs to sink pipes to prevent percolation into the foundations. All have been attended to, except 15. As the night soil men, have I understand, often complained of the depth of the old ash-pits, I strongly recommend that all ash-pits should be in future, much less in size, and be oftener emptied.

It is my duty to point out to you that new conveniences recommended long ago for Tiger Row have not yet been erected.

In the beginning of the year, I recommended for certain districts "paving and channelling, all contaminated soil to be removed, and also whatever is an obstruction to the free passage of air." By the latter I meant pigeon cotes and other anomalous wooden erections, where there was absolutely no room for them. To increase your powers of dealing with such nuisances, I advise you to adopt "The Public Health Amendment Act, 1890." I also think it would be beneficial to revise your Byelaws. It is now 30 years since they were first made, and as you are aware, vast strides have been made

in sanitary science and legislation, which render a revision necessary.

**OVERCROWDING** has been attended to in 3 instances. One of these was in Rabbit Row. These houses (4 in number) are badly fitted for human habitation because of their proximity to the "Coke Ovens &c." I wish the owners could see their way to put them to some other use.

**ENTERIC FEVER.** Of the 17 cases recorded, 5 occurring in 3 houses, in entirely different parts of the district, and at different seasons of the year, are not attributable to any definite cause as careful investigation excluded any local reason. The remaining 12 are intimately associated with filth. A year ago I commented on this. More or less each case was connected with uncleanly personal habits, and general domestic uncleanliness. In some places the sanitary arrangements were bad, but they were rendered much worse, by the carelessness of the tenants in allowing drains to be choked, and back-yards to be bespattered with decaying refuse.

I allude more particularly here to certain properties at Broomhill. These are old, and at the time I reported to you were much needing repair. The rooms are very small, and certainly not fitted for a family of children. Your S. I. used every means to get all defects remedied, but I am informed much is still left undone. It was necessary to send 9 cases to the Fever Hospital where 3 cases proved fatal.

The following is the distribution of the disease :-

Wombwell Proper.	New Wombwell.	Jump.	Hemingfield.	Broomhill.
1.	1.	2.	1.	6.

**SCARLET FEVER** has again given considerable anxiety. It had been absent about 3 months but about the middle of March it was again in evidence in a peculiar manner. Of a simple type, accompanied by very little constitutional disturbance, parents treated it as of no consequence, and children were allowed to freely intermix. When discovered by Medical men, principally through observing desquamation, there was a rush of Notifications. It was



however too late to utilize the Kendray Hospital, as that Institution could not have accomodated the cases, and numerous centres of infection had been established. Parents in addition strongly objected to send off their children for a disease which many persisted in declaring to be measles.

Everything possible was done by disinfectants, handbills, personal visitation, and warnings to parents and School teachers. The incidence of attack was localized, keeping to certain streets in Wombwell proper, and finally receding thro' Hemingfield and Jump. Latterly a few cases appeared at Broomhill. By Medical men 136 cases during 9 months were notified, but I had ample proof that there were many that had never been medically attended. There were only 4 fatal cases.

There is no doubt that **MEASLES** often presented a certain diagnosis of Scarlet Fever. For several months they ran together, and in the pre-eruptive stage of Measles there was often a "Scarlatiniform" rash which was undoubtedly responsible for the diagnosis of many cases of Measles as Scarlatina. You will remember that I on several occasions reported the prevalence of Measles. There was no occasion to close any school with the exception of Broomhill in July near the summer holiday. This was duly notified to you, the C. C., and the L. G. B. From this *x* resulted 9 deaths. *x dista*

To properly cope with a serious epidemic of Infectious disease, Hospital Isolation is necessary, but still more so when Scarlet Fever occurs in such a district as ours where over 2000 children are attending school. To accomplish this also, it is necessary to have prompt notification of the first few cases. Notification becomes null and void if, as has happened more than once this year, it is not made till there is a "batch" or till attendance on the case has ceased.

The following shows the distribution of the Scarlet Fever as far as Notification goes :

Wombwell Proper.	Wombwell Main.	Hemingfield.	Jump.
60.	7.	35.	25.
	Broomhill.	Junction.	
	8.	1.	

**DIARRHŒA.** Prevalent enough during the summer months, and during the long term of dry weather was less fatal than in 1895, The infantile mortality has been consequently much less.

**THE WATER SUPPLY** has continued good and ample.

In October I had occasion to examine 6 samples of Water from the few shallow wells we have. 4 of these were contaminated, and receiving impurities which would render their use unwholesome. The water from the Public source has therefore been substituted.

The following notifications were received during 1896.

	Wombwell Proper.	Wombwell Main.	Hemingfield.	Jump.	Broomhill.	Junction.
Erysipelas ...	7.	0.	1.	0.	1.	0.
Scarlatina ...	60.	7.	35.	25.	8.	1.
Typhoid Fever	7.	0.	1.	2.	6.	1.
Puperal Fever	0.	0.	0.	0.	0.	0.
Diphtheria	2.	1.	0.	0.	1.	0.

Total 166. Previous year 141.

Comparision of Annual Rate per 1000 of estimated Population,  
Years 1895—96.

	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phtisis Death Rate.	Respiration Death Rate.
1895.	45·9	20	4·7	1·31	2·8
1896.	43·3	15·8	2·2	1·35	3·7

I am, Gentlemen,

Yours obediently,

**JOHN N. MILLAR,**

Medical Officer of Health.

## WOMBWELL URBAN SANITARY AUTHORITY.

MORTALITY FROM ALL CAUSES at subjoined ages.					MORTALITY FROM SUBJOINED CAUSES.																						
Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 60	60 and up- wards	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Croup (not Spasmodic.	Whooping Cough.	Thypus.	Continued Fever.	Enteric or Typhoid	Other or Doubtful.	Diarrhœa and Dysentery.	Cholera	Rheumatic Fever	Erysipelas.	Pyœmia.	Puerperal Fever.	Ague.	Phthisis.	Bronchitis Pneumonia, and Pleurisy	Heart Disease	Injuries	Epidemic Diseases Influenza
						0	9	4	0	1	3	0		3	0	8	0	2	0	0	0	0	0	0	17	47	10
81	37	9	6	34	29																						

AREA. (Acres)	Estimated Population middle of 1896.	BIRTHS.			DEATHS.			ANNUAL RATES PER 1,000.					INFANT MORTALITY. Deaths under one year per 1,000 Births.
		Males.	Females	TOTAL.	Males.	Females.	TOTAL.	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Respiratory Death Rate.	
3,851	12,532,	278	265	543	108.	88.	196.	43.3	15.8	2.2	1.35	3.7	149.

