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6th February, 1897.

ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH FOR 1896.

MR. CHAIRMAN AND GENTLEMEN,

For the twenty-third time I have the honour of submitting an Annual Report on the health and mortality of your district, together with the official tables A and B of the Local Government Board, and C of the County Council.

*Notifiable Zymotic Diseases.*—Although we had some 17 notifications of Fever (Typhoid and its allied form), Scarletina was the most prevalent, but in a mild form, all through the year. Of those *not* included in the schedule for notification we had Measles—as you know—in severe epidemic form, and to this may really be attributed the increased zymotic death rate. Considering that the fatal number of cases of Whooping Cough continues up to the average 8, it may be assumed the percentage of sickness therefrom would also be much about the same as in previous years. Diarrhoea on the other hand, from which we have had an average mortality for the past 6 years of 17, dropped down to 8.

*General Death Rate.*—This, as calculated upon a population of 15,204, as estimated to the middle of the year is 19.9, against 21.9 in 1895, 17.5 for 1894, and 22.3 for 1893. The mean for the decade (1886–1895) being 20.0 per 1,000. A fall in the death rate from Fever, and also Respiratory diseases has materially counteracted the high death rate from Measles.

*Zymotic Death Rate.*—The latter mortality having run the Zymotic death rate up to 4.2 per 1,000, against 3.0 in 1895, 2.2 in 1894, and 4.1 in 1893. The mean for the previous decade being 2.5.

*Birth Rate.*—The Births registered were 612, equal to a rate per 1,000 of 40.2, against 47.0 in 1895, 39.7 in 1894, and 45.8 in 1893. The decade shewing a mean of 43.3.

<i>Registered Births</i> —	Males 306—	Females 306—	Total 612
,,	<i>Deaths</i> —	,,	,,
	163	140	303
	<u>143</u>	<u>166</u>	<u>309</u>

Eight persons died within the area, not belonging Ashton, while three belonging this area died outside of it, so that the net increment is 314, bringing the population, as so estimated year by year, to 15,299 on 1st January, 1897.

With respect to the several rates I would like to remark that the population as here recorded may be much under the true number. It has been customary to reckon 6 per house—now in

1871,	number of houses were	$1,250 \times 6 =$	7,500	against actual census,	7,463,	nearly	6
1881	,,	$1,730 \times 6 =$	10,380	,,	9,824,	5.6	per house
1891	,,	$2,230 \times 6 =$	13,380	,,	13,379,	6	,,
1896	,,	$3,003 \times 6 =$	18,018	as against	15,299	above,	

from this it will be observed that during the decade 1871–1881, with an increment of 480 houses, the actual census only shewed a rise of 2,361 in population; that of 1881–1891, 500 houses, with 3,555 more people; and, during the quinquennium 1891–1896, 770 more houses have been erected.

Again, in the houses concerned in the aggregate of notifications received during the year, I find 130 houses habiting 510 adults and 357 children, or 6·66 per house, and in this connection such average has not been raised by influence of any number of extreme cases (only 2 flagrant cases), and coming from all parts of the township, may be considered a fair representation of density per house. Allowing for a small number of houses empty, and possibly slight errors in some of the returns; we can take population at  $5\frac{1}{2}$  per head instead of 6·6 and find that the rates would be materially reduced: the General Death Rate to 18·3; Zymotic Death Rate to 3·3; Birth Rate to 37·0.

*Mortality at subjoined ages.*—Deaths under one year, 90; one and under five, 82; total under five, 172: five and under fifteen, 13; fifteen to twenty-five, 18; twenty-five to sixty, 59; sixty and upwards, 41; total over five, 131: gross total 303.

*Infantile Death Rate.*—This is 147 against 201 in 1895; 162 in 1894; and 200 in 1893. As explained last year this rate is very fluctuant in character, rising and falling greatly, as the case may be, by the presence or absence of Infantile Eruptive Fevers: and also other causes more or less preventible, viz., Diarrhœa, and Gastro-Intestinal ailments, largely contributed to and induced by indiscreet and ignorant ideas of feeding young children when not reared at the mother's breast. I have referred to this point in previous reports, and from particular observations taken in my own practice during the past year, am well convinced of it. One would hope with the yearly experience gained by advice from medical attendants that artificial feeding would be better understood. One thing is certainly becoming less noticeable, the old dirty india-rubber tubed style of feeding-bottle. It is satisfactory to be able to report a fall of 54 per 1,000 though on 1895, and a lower rate than mean for decade (1885-1896) by 7.

Table of Mortality.	1895.			1896.		
	Age to 1 month.	1 month to 1 year.	Total.	Up to 1 month.	1 month to 1 year.	Total.
Zymotics.—Scarlatina . . . . .	—	—	—	—	1	1
Measles . . . . .	—	1	1	—	8	8
Whooping Cough . . . . .	1	3	4	—	6	6
Diarrhœa . . . . .	4	14	18	—	8	8
Erysipelas . . . . .	—	—	—	1	—	1
	5	18	23	1	23	14
Wasting Diseases of Infancy . . . . .	25	18	43	32	6	38
Convulsive „ . . . . .	3	5	8	4	2	6
Tubercular „ . . . . .	4	7	11	—	3	3
Respiratory „ . . . . .	6	26	32	1	10	11
Gastro-Intestinal „ . . . . .	3	21	24	2	6	8
	46	95	141	40	50	90

thus demonstrating the effect of sicknesses mentioned above. With regard to the question of influence effected by boarding out infants while the mother is at work, I do not think this affects us much, if at all.

*Advanced Life.*—Twenty-two males and nineteen females died upwards of 60 years, their united ages amounting to 2,903, or an average of  $70\frac{5}{8}$ .

*Uncertified Deaths* numbered 8, against 12 in previous year. 5 being notified by Coroner without inquest.

*Inquests.*—Fourteen enquiries were held concerning 17 deaths. Three from drowning—four found drowned (one suicidal); two from falls; six from accidents in coal mines; and two due to natural causes.

*Analysis of Cause of Death.*—Scarlet Fever 6 (5 under, 1 over 5 years), Membr. Croup 1 (under 5), Puerperal Fever 3 (over 5), Erysipelas 2 (1 under and 1 over 5), Measles 43 (41 under and 2 over 5), Whooping Cough 8 (under 5), Diarrhœa 8 (under 5), Influenza 1 (under 5), Phthisis 18 (1 under 5, 17 over), Respiratory Diseases 51 (29 under and 22 over 5), Heart Disease 14 (over 5), Rheumatic Fever 2 (over 5), Injuries 15 (1 under, 14 over 5), all others 131 (76 under and 55 over 5). Total, under 5, 172; over, 131: Gross total, 303.

NOTIFICATION OF INFECTIOUS DISEASE AND ITS MORTALITY SINCE  
ADOPTION OF ACT.

Schedule of Act.		1890	1891	1892	1893	1894	1895	1896	1890	1891	1892	1893	1894	1895	1896
Smallpox	.....	—	...	—	...	12	...	—	...	—	...	1	...	—	...
Cholera	.....	—	...	—	...	—	...	—	...	—	...	—	...	—	...
Diphtheria	.....	1	...	1	...	3	...	3	...	4	...	5	...	—	...
Membr. Croup...		1	...	1	...	—	...	9	...	8	...	1	...	3	...
Erysipelas	.....	10	...	11	...	32	...	36	...	22	...	14	...	32	...
Scarlet Fever	..	53	...	79	...	113	...	174	...	41	...	10	...	89	...
Continued Fevers	{ Typhus	...	—	...	—	...	—	...	1	...	—	...	—	...	—
	{ Typhoid.....	15	...	11	...	44	...	29	...	25	...	32	...	11	...
	{ Relapsing...	—	...	—	...	5	...	—	...	—	...	—	...	1	...
	{ Continued..	28	...	2	...	13	...	9	...	7	...	6	...	5	...
	{ Puerperal...	—	...	4	...	5	...	16	...	2	...	7	...	13	...
		108	...	109	...	213	...	288	...	104	...	74	...	160	...
Not in Schedule	{ Measles	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	{ Diarrhoea	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	{ Pertussis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
			21	...	8	...	22	...	32	...	14	...	11	...	12
		10	...	7	...	13	...	3	...	2	...	5	...	43	...
		10	...	6	...	11	...	34	...	13	...	27	...	8	...
		1	...	10	...	10	...	7	...	7	...	8	...	8	...
		42	...	31	...	56	...	76	...	36	...	51	...	71	...

*Isolation in Hospital.*—Twenty-six patients were received in your Sanatorium during the course of the year. Of the Typhoids notified, 2 were received; the first in February, from a dirty filthy house at Brynn Gates. The case was carefully watched for 10 or 11 days and then discharged, as the man seemed perfectly well and no symptoms of Typhoid observed. The second was in March, at Pump Row, Heath Road; the lad (aged 14) having had a temperature ranging from 103 to 105, with delirium. The case proved of a mild type, and he was cleared on June 20th. A case of "Urticaria," somewhat chronic and of gyrated form (notified Smallpox), in a constable, was sent in from the Police station, but after thorough examination I sent him back without unnecessary delay.

In March a case of Scarlet Fever occurred in Bryn Street—no doubt conveyed to him through the medium of clothing, by nature of his business. Stringent isolation, of most complete and ample character, was carried out, but could not, owing to business matters, be prolonged any further, so he was sent in at end of first week, and fifth day of rash. The eruptive character was most typical, ending in the most extensive desquamation I have seen for years. Form—*Membranosa*. Jumping from March to December, another case occurred in Bryn Street, in a family where, from the character of the business, it might very easily prove a serious centre of infection and dissemination,—I had removed. From August to December 20 other Scarlets were removed and treated in Hospital. With three exceptions, all being of a mild type. In six instances the removals were multiple—two and even three from one house. Of the three malignants, one was that of an infant—the first occurring case in a family of seven children, and in an isolated row of six cottages (Railway Terrace) in Long Lane. After its removal, stoving of house was resorted to. This infant, however, succumbed in a few hours after arrival, although it was hoped that skilled nursing might prove useful, as in a previous case—by continued and frequent swabbing of the sloughy tissues in the throat with Branalcane. It was the only fatal case. The third one arose shortly after in the same house and was promptly removed—first day I saw it—its malignancy being well marked. A second but longer period of stoving was carried out and, luckily, no other case has arisen in that area. 1 infant, 2 of 3 years, 2 of 4 years, 1 of 5 years, 3 of 6 years, 2 of 7 years, 1 of 8 years, 4 of 9 years, 1 of 10 years, 1 of 11 years, 1 of 13 years, 1 of 14 years, 1 of 17 years, and 1 of 23 years, shew the age periods of cases in Hospital. Mortality—4·5 per cent. Average stay—5 weeks. In December I deemed it most expedient to send in a case of measles (aged 21) imported from a distance into a defined area and circle of population. On December 29th, second day of attendance and first of rash, immediately following removal, I had bedroom and contents as they stood well stoved, followed by free ventilation. The case was a typical one, with some pulmonary complication, but did well, and was discharged at three weeks' end. I am happy to say that up to this date no other case is noted.

*Sickness during the year.*—You will have gathered from the foregoing portion of this report that *Scarlet Fever* was practically with us throughout the year. Its only conspicuous absence was in April, during which month no notification was received. Its incidence as to times and localities may be briefly summarised as follows :—

- Wigan Road, from Brynn Station to Landgate, inclusive of Rose Hill and Far Cross—February, 3 ;  
June, 3 ; September, 2 ; October, 3 ; November, 2.
- Village, inclusive of Heath Road—March, 1 ; June, 2 ; August, 2 ; September, 3 ; October, 2 ;  
November, 1 ; December, 2.
- Bolton Road, including Stubshaw Cross, Golborne Road, and North Street to boundary at Brynn  
Gates—May, 1 ; July, 6 ; August, 1 ; September, 7 ; October, 4 ; November, 5.
- Nicol Lane and Long Lane—September, 2 ; October, 1.
- Downall Green—September, 1 ; November, 1.
- Garswood—January, 1 ; October, 3.
- Lower Lane—December, 1.

These are exclusive of multiple cases. Mortality—Equal 6·7 per cent. From enquiry and observation your Inspector and I are fully satisfied that some mild cases occur not medically attended and consequently not notified; that from such centres other cases arise; that especially when the disease runs a mild form less importance is attached and the customary visiting between neighbours continues and so spreads sickness; and that in the more severe forms sympathizing neighbours and friends have inter-communication between the healthy and sick. It might be well to mention that in one particular instance of multiple notification one of the children was running about the lane at time of Inspector's visit, and both he and I endeavoured by chance visits after to obtain evidence of exposure, but failed. There is marked proof of isolation in the early stage, promptly effected, being of inestimable value in reducing centres of infection and further spread, but I am convinced that stoving cottages, even after such an acquisition, is not in itself sufficiently satisfactory. Experience tends to shew that the *materies morbi* hangs about not only clothing but other soft goods (carpets, curtains, blinds, &c., &c.), which in a cottage cannot always escape exposure and infection. On the other hand in cottages, which form the large bulk of our habitations, where are we to shelter the remainder of the family while the whole of the tenement is disinfected and cleansed? We have power to make temporary provision by Public Health Acts, but I am afraid it would not prove practicable. But we can get a step, and a great step, nearer, by going in for thorough disinfection of exposed articles if you will purchase apparatus.

*Continued Fevers.*—Of the group Typhoid, continued and relapsing, 17 in all. I shall refer only to the ages and localities :—

Typhoid Fevers, &c.	1-5.	5-15.	15-25.	25-60.	Total.	Mortality.
1892	3	15	12	13	43	10
1893	1	5	10	11	27	5
1894	1	11	11	7	30	7
1895	4	9	9	16	32	6
1896	1	9	4	3	17	0

Village—February, 1 ; May, 1. Heath Road—May, 3.....5 }  
 Brynn Gates—January, 1 ; February, 1 ; June, 2. Bolton Road—1.....5 } ...17  
 Far Cross—April, 2 ; June, 1 ; July, 1 ; October, 1.....5 }  
 Downall Green—September, 1. Garswood—December, 1.....2 }

So that, in the main, old haunts are conspicuous. It is satisfactory to note a decline of 16 on the average number notified during the previous four years, and a death rate of *nil* against an average of those years of 0·4 per 1000. As regarded insanitary surroundings, your Inspector only refers to a "dirty" house in one case and quoting open ashpits in two others.

*Diphtheria* was reported five times—Lower Lane (June—open ashpits), Garswood (August), Wigan Road (November, two cases—good new property), and Wigan Road (in December—no connection between latter cases). There was no mortality, but the amount of sickness therefrom year by year maintains a steady level, as does also that from Membranous Croup, to which it is closely allied. The latter caused notifications in three instances with one death. These cases, like the diphtheritic ones, varied widely as to time and place.

*Erysipelas*, of both idiopathic and traumatic origin, shewed a much greater preponderance over past years than one can explain, in the absence of insanitary conditions at each *locus in quo*. They seem to have been scattered over the district, about a dozen of the cases, occurring in Village and Heath Road. Reference is made in three instances---overcrowding, one; bad surroundings, two. There were two deaths. I noted that two cases occurred in densely habited courts.

*Puerperal Fever*.—I regret the continued heavy notification and mortality under this head. We have no certified or properly trained mid-wife in the district, and its occurrence is very difficult to check in consequence. A mid-wife, stopped from practice last year, was in April again ordered to cease her calling for a period, and even a second time in August for three months; while in November another mid-wife was similarly treated. In each instance there was an abatement of notification.

*Measles*.—Its epidemic character from June to the end of the year must still be quite fresh in your memories from the fact of my making two special reports thereon, your having a special Council meeting in regard to it, and the expediency of closing three public elementary schools. In addition, posters of "Instructions and Suggestions" were placarded throughout the township, and a house-to-house distribution made of handbills, copies of the same and the reports being of course forwarded to the Local Government Board and to the County Health Officer. A few further remarks, supplemental to those reports, may perhaps at this time be made with advantage in helping to guide our actions in the future when threatened with an outbreak.

Quite recently a very admirable, lucid and instructive report has been furnished by Dr. Thompson, the result of his investigations on Measles in 22 Urban and 11 Rural Districts where more definite data could be gathered of the amount of sickness therefrom, and has been issued, with a preface by Dr. Thorne, to Medical Officers of Health. From this, most valuable information is to be obtained. It is evident, from the Registrar General's statistical returns, that the mortality ranks third of the seven zymotic diseases---Diarrhoea coming first and Whooping Cough second, although there is very little difference between that and Measles. And while (with the greater attention paid to) Small Pox, Scarlet Fever, or "Fever," shew a declining rate, Measles has maintained its level, if not increased, during the past four years. Dr. Thompson says:

- "(1) that Measles has in recent years been causing more deaths than Small Pox, or Scarlet Fever, or Diphtheria, or "Fever";
- (2) that Measles has, during the past four years, proved as deadly as Whooping Cough, and that it even exceeded that disease in mortality during the five years 1886-90;
- (3) that Measles has shewn increasing mortality since the decade 1871-80, whereas the mortality of all the other principal diseases of the zymotic class, with the exception of Diphtheria, has decreased---in some instances very markedly---since that period; and
- (4) that Measles is a zymotic disease highly dangerous to very young children, especially to those attacked by it in the second year of life.

There is, therefore, good reason why Sanitary Authorities should bestir themselves to deal with a disease which causes a mortality so serious."

Measles is frequently biannual in its visitations in many localities, but the inter-epidemic periods vary, and the longer control can be had over measles during the age period, 1-3, the greater chance of its proving less fatal in those attacked above that limit, so that if occurring every other year the greater the chances of infants succumbing, age 1-3, and running up the rate.

The mortality statistics of his report are fully borne out in our district during past year.

Table of MEASLES mortality, showing for ENGLAND and WALES the ANNUAL RATES of MORTALITY per 1000 Persons living at all Ages, in Groups of Years from 1851 to 1894, from seven Zymotic Diseases:—

	1851-60.	1861-70.	1871-80.	1881-90.	1891-94.
Smallpox ... ..	0·22	0·16	0·23	0·04	0·02
Measles ... ..	0·41	0·44	0·38	0·44	0·41
Scarlet Fever ... ..	0·88	0·97	0·72	0·33	0·19
Diphtheria ... ..	0·11	0·18	0·12	0·16	0·25
Whooping Cough ... ..	0·50	0·53	0·51	0·45	0·41
"Fever" ... ..	0·91	0·88	0·48	0·23	0·18
Diarrhoea ... ..	1·08	1·08	0·93	0·67	0·57
Ashton-in-Makerfield—	...	...	74·80	81·90	91·95
	...	...	0·39	0·51	0·42

Tabulating in two different ways by groups of years.

1st from time of these returns being locally analysed:—

Period	74	75	76	77	78	Total	Mortality, per 1000
1st quinquennium 1874—1878 ... }	3	0	21*	1	3	28	0·68
2nd quinquennium 1879—1883 ... }	3	8	1	12*	0	24	0·49
3rd quinquennium 1884—1888 ... }	2	9	0	1	21*	33	0·60
4th quinquennium 1889—1893 ... }	0	10*	7	13*	3	33	0·50
last 3 years 1894—1896 ... }	2	5	41*			48	1·06

2nd table to conform with customary decades (under 5 years of age):—

Quinquennium 1876—1880 ... }	76	77	78	79	80	36	0·39					
Decade 1881—1890 }	81	82	83	84	85	86	87	88	89	90	56	0·51
Quinquennium 1891—1895 ... }	91	92	93	94	95	30	0·42					

The age period of mortality seems to be greatest at from 1 to 2 years. Last year I find age mortality of cases to be as under:—

Under 1 yr.	1 to 2 yr.	2 to 3 yr.	3 to 4 yr.	4 to 5 yr.	5 to 6 yr.	6 to 7 yr.	7 to 8 yr.
8	21	5	3	4	0	1	1
						5 to 10	
						2	

\* Epidemics.

As to locality—this is of course only arrived at partially (*a*) by the death returns, and (*b*) from our enquiries, and information obtained from School Attendance Officer and Teachers—there being lots of cases occurring of which no knowledge came to us. During latter end of June to end of August it practically spent itself from Edge Green Street (Golborne Road), North Street, all about Stubshaw Cross, and down to Bryn Gate; then travelling down Bolton Road to streets on Town Green, and spreading into village; also up to Nichol Lane, Long Lane, and Far Cross. A good deal may be accounted for in the various places affected, by the fact of children from so widely varied parts attending the same school. From the figures in the table it is seen that we had had a fairly wide inter-epidemic period, viz., during the years 1893, 1894, and 1895. Now taking the decade, 1881 to 1890, we had 4477 births, and 1108 deaths in children under 5 years of age, equal to about 25 per cent. of deaths. Again, in the quinquennium, 1891 to 1895, we had nearly the same percentage, 3182 births and 831 deaths. The difference therefore, 75 per cent., roughly shews us the amount of “*subjective material*” at from 1 to 3 years of age, *open to attack* when the disease is once introduced. Beset with the usual difficulties all Authorities have to contend—infecitivity before the rash—apathy of parents, measles being looked upon with indifference (as a disease of infancy bound to take place, and probably also from the fact of a large number getting over it easily, and shall I say perhaps thought even less of since other eruptive fevers are notifiable and the premises visited officially?) and lastly, no information of the early occurring cases coming to our immediate knowledge. These conditions therefore, to my mind, account for the rapid and sudden accumulation of cases.

As to the future, I would suggest a *trial limit period of notification*, and since it is an illness fairly well recognised by *parents*, and also by the teaching staff of schools, would couple acceptance from them as well as by the medical attendant; but withal, modifying the cost to your Council—a shilling fee for first case—no second fee payable after first in same house, say until three or perhaps four weeks had elapsed. Your officials would have the primary information and act accordingly, applying the machinery for keeping it within bounds, and as much as possible on the lines indicated in Dr. Thompson’s report.

I think this form of notification might well replace that of membranous croup, but you would have to get the sanction of the Local Government Board.



If we take mortality into consideration regarding this question, I find that during the past six years while we had 17 deaths from membranous croup and 3 from diphtheria, we had 83 from measles—and the notifications also in the two former will explain the relative value in the import of checking the zymotic death rate.

I have attended 11 of 12 Sanitary Committee meetings during the course of year (and one special meeting in regard to Measles, epidemic), reporting results of my inspections, and visits to localities and properties, referring you to:—open ashpits at Slagg Lane and Lower Lane; to house previously reported as in bad condition; to opportune time to again advert to the desirability of Inspector getting a detailed account of the sanitary condition of each house on his visits after receipt of notification on the form shewn; continued existence of large old open ashpit at Stone Croft; to want of water supply in south-west portion of district, viz., Copper House Row and Stanley Mill; back-to-back houses in East Street; walls of six houses at Pewfall being again fractured through colliery workings; want of water supply to Step Houses, High Brooks; to necessity for an Ambulance; to puerperal fever, its cause and how to check it; water supply to Flora Street. Measles (cases of), and that I had warned schoolmasters of its presence. Accumulation of sewage at Drummers Lane; to water supply (want of) at Wallace's Nook, and also again to Copper House Row; to nuisance *re* nightsoil box cart, and requesting your Council to get the 2 new ones into use with all practicable speed; to 4 bad cases of overcrowding; pollution of stream in Drummers Lane by sewage (July). To Measles and closing of Stubshaw Cross schools. Necessity for preventing occupation of new cottages until certified by Surveyor; to erection of new property with upper sashes of window immoveable; supply of water to Moor Lane farm; to necessity for rejecting plan of intended alteration to property in Barrow Street; to property—generally in detail, specially inspected at Edge Green Lane, three houses being then unfit for habitation, and two would be best dealt with under Housing of Working Classes Act, and demolished. Further, giving details of the internal condition of a large number of dirty houses where measles had occurred; to uncovered insanitary ashpits; to advisability of having an Insanitary Property Committee. Closing of British Schools in September (measles); three bad cases of overcrowding; water supply to Soughers Lane. Special meeting *re* Measles in connection with St. Oswald's Schools (which on my report were closed); to supply of water to Hurst's farm in Lilly Lane (November); overcrowding in three cases; two filthy houses off Flora Street, and asking for I.P.C. to visit same as unfit for habitation; to puerperal fever; overcrowding in Albert Street.

The *above are the chief items* brought before your notice.

During the course of the past twelve months a considerable amount of valuable work has been attended to and accomplished.

In regard to several places mentioned *re* water supply, with the exception of Copper House Row, and Stanley Mill and Highbrooks, they have been attended to and supplied. The public supply is good, ample, and on *constant service* system; yet occasionally little grumblings are heard, or made to me, of insufficient pressure, or even cessation, but on enquiry I find that the same is unavoidable from repairs through subsidences, leakages, and the like. Concerning the much larger question of supplying Copper House Row locality, it is as far as I gather purely a question of expense, being so far isolated from your mains. There is a large population here, fortunately, on the whole, having pretty good luck in the way of infectious sickness, considering it *en masse*. This may be explained perhaps on the broad principle of a plentiful supply of fresh air blowing round on all sides. I do wish, however, that some provision could be made for the people. At Highbrooks they are practically without even good or bad.

Very considerable attention has been bestowed by your Council on insanitary property, and in return much paid by owners in the way of carrying out repairs and improvements, notably at Brynn Gate, older property of Messrs. Crippin, back-to-back houses at North Street, and also at property in Edge Green Lane. A number houses in Gas Street have been purchased by your Council which were previously reported bad. In regard to removal of pails, the two new vans are actively employed, and I have heard no further complaints.

On the main roads, too, considerable outlay has been made in macadamising work and steam rolling the same, curbing, flagging, and channelling, &c., which must conduce to the comfort and health of the people.

With *overcrowding* you have a difficulty, since in almost every case the occupiers are members of one family, and it would be difficult probably to get an order for abatement if summary proceedings were taken; and further, if an order for abatement were obtained, it would be difficult to say how or when it could or would be carried out.

*I am of opinion that this form of density (crowding) in population influences the public health, and especially so in spread of infectious sickness.*

*Unpaved Yards, Passages, Courts, and Back Streets.*—To these I have frequently drawn your attention over a long period of time, and strongly animadverted on *their recognised danger* in my annual reports. In June last the Local Government Board wrote you in reference to this matter, and your Public Health Committee, before coming to any decision on the question, directed the Surveyor “to report on the condition of some of the worst cases in the district, both as regards the yards, and also the back streets, which the M.O.H. considered equally important.” *This I should like to see done.*

There has been no occasion to take any steps in regard to Offensive Processes of Trade, Bakehouses, and Workshops Acts, or Food and Drugs Act, nor in regard either to bad fruit or meat under the Public Health Act.

On carefully looking over the information afforded me by the Notification Register, I am struck by the fewness of houses limewashed where infectious disease was in question, viz., 5, covering 23 rooms in the total. Reverting to my observations under disinfection in Scarlet Fever, it will be seen that in most instances only one room can be done where the patient has been. I refer to limewashing because I have been particularly observant that since the strike of 1893, whether from poverty or other causes I cannot say, but there has certainly *not* been to my mind that ambition and pride exhibited which did obtain generally throughout our district previous to that period.

I may briefly conclude by asking that the suggestion made at a previous date, and repeated to you in my last annual report, should be adopted and carried out; that is, the acquiring of a full account of the sanitary conditions of each house on being visited through notification. I am fully confident it will take up some additional time of the Sanitary Inspector, but it will ultimately prove of valuable service and usefulness.

Your Council has been good enough to provide me with an ambulance for removal of cases at last; and the township is further blessed with such useful possession for conveyance of accidents to home or hospital. I want you, for the reasons previously explained, to entertain the provision of a disinfecting apparatus, say that of Dr. Thresh, which I referred to in my report, an outcome of my attending the Congress at Newcastle.

I hope at an early date this year we shall get possession of one, and that your Inspector will thus be able to fill up the blank spaces of “*non*” disinfected “*articles*.”

I would advise that in every case of notification, whatever its nature, that the house concerned be not only disinfected, but where shewing the least signs of its desirability, it be also limewashed.

Movements are already apace for commemorating the sixtieth year of Her Majesty’s reign. Let me finally suggest that a better thing in this township could not be done than providing a “disinfecter” and “fencing off the hospital area,” an institution which is proving itself a blessing.

Reading over this report, I would like to add the concluding paragraph of that for last year:—

During the past 22 years it has been my endeavour (however feeble it may have proved) through the medium of my annual reports, to diffuse some knowledge on the lines and conditions essential to the happiness and comfort of our population—since these are absolutely and without doubt dependent upon the amount of health which can be maintained. With the education now of our times it is to be sincerely hoped that the inhabitants of each and every locality will see that it is due from them on the one part to promote and encourage cleanliness in every sphere of domestic life—that they, even, can make their own surroundings bad, and that in return, bad surroundings are prejudicial to themselves, as well as to others; and on the other part, it is due from the Authorities to control and manage things prejudicial, which they and they only can do. It is for an interest in the national welfare of the whole community that renders State medicine necessary. For example—pure air is a necessity of health, but an individual may not have control over the air which he is bound to breathe into his lungs. He may be powerless to prevent other persons from contaminating this air, and thereby striking at the very foundation of his health and happiness. Here, as in so many cases which demand regulation of the conduct of individuals, the state steps in for the protection of the citizen, and enacts rules which shall be binding upon all.

Self-interest really indicates that the best course is that we should do for our neighbours as for ourselves.

I beg to remain, Mr. Chairman and Gentlemen,

Your obedient Servant,

NATHAN HANNAH, M.O.H.,

Fellow of Inc. Soc. of M.O.H.’s.







