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## Bedale Rural District Council.

# Annual Report of Medical Officer of Health.

*To the Chairman & Members of the Bedale Rural District Council*

BEDALE,  
January 31st, 1899.

GENTLEMEN,

I have the honour to present to you my first Annual Report on the health and sanitary condition of the district under your control. I congratulate the Council upon the comparative absence of diseases classed as Zymotic, upon the complete absence of mortality from such diseases, and upon the low general death-rate.

I propose to deal with the several subjects of my report in the following order—(1) A short history of the various outbreaks of infectious disease. (2) Vital statistics. (3) An account of the sanitary work done during the year.

Zymotic Diseases.

I received nine notifications of cases of infectious disease. In the following table I have given the date of the receipt of the notification, the date of my official visit, the locality and the nature of the case.

Date of Certificate.	Visit	Locality.	No. of Cases	Nature.	Remarks.
Feb. 10 ..	Feb. 10 ..	Blow Houses	1 ..	Small Pox	Contracted at Middlesbrough
May 28 ..	May 28 ..	Aiskew	1 ..	Scarlet Fever	Not traced
Aug. 25 ..	Aug. 25 ..	Fawdon Houses	1 ..	" "	Imported
Sept. 4 ..	Sept. 4 ..	Well	1 ..	" "	"
Oct. 7 ..	Oct. 7 ..	Bedale	1 ..	Typhoid Fever	"
Nov. 8 ..	Nov. 8 ..	Carthorpe	2 ..	Scarlet Fever	Most probably contracted at home, previous cases having occurred in the same house
" 19 ..	" 19 ..	Holtby	1 ..	Scarlet Fever	Not traced
" 26 ..	" 26 ..	Bedale	1 ..	Scarlet Fever	" "

Small Pox.

A case of Small Pox occurred at Blow Houses in the early part of February. The sufferer—a young girl—had visited friends in Middlesbrough, and presented symptoms of the disease shortly after her return to her home. Her illness was of a severe type, but the circumstances of her surroundings were in every sense favourable. All precautions were taken, she made a good recovery, and there was no further outbreak.

During the progress of the epidemic at Middlesbrough, every vagrant passing through the wards of the Work-house was medically examined, a procedure that resulted in the detention of a tramp who had some suspicious scabs on his body. I did not feel justified in assuming that these were actually the result of Small Pox, but I kept him in the isolation ward under observation, until I could allow him to leave with safety. Many persons in the district availed themselves of the order issued by the Council that free vaccination and re-vaccination would be granted to all who applied to the public vaccinators.

Scarlet Fever.

I received seven notifications of outbreaks of Scarlet Fever. In every instance the disease was confined to a single house in the following villages and hamlets:—Aiskew; Fawdon Houses; Well; Holtby; Bedale and Carthorpe. I visited all the infected houses, and gave printed and verbal instructions for the proper steps to be taken to prevent the spread of the disease, both during its progress and afterwards. I would here point out a great difficulty that is experienced in disinfecting the houses of the poorer class. The ceilings of the living rooms are in many instances not underdrawn, and it is impossible to use disinfectants with the freedom that is necessary to ensure the destruction of infectious material. I attribute to this cause, and also to the ineffectual manner in which disinfection is carried out under more favourable circumstances, the constantly recurring outbreaks of the disease in certain houses and localities. I am strongly of opinion, and particularly in the absence of an isolation hospital, that it should be a part of the duty of the Inspector of Nuisances to superintend the disinfection of infected premises, and that the Council should provide the materials necessary for the purpose to those who can ill afford to pay for them. I am sure that if this were done, Scarlet Fever would soon cease to figure so prominently in our health reports.

Typhoid Fever.

Typhoid Fever occurred in one instance only. The sufferer was my groom, and I have every reason to believe that the disease was imported into the district from a neighbouring town.

The above comprise all the cases of Zymotic disease that were notified, and I am pleased to be able to state that all ended in recovery.



Influenza prevailed in an epidemic form during the months of February and March, and gave rise to five deaths from pulmonary complications.

Measles prevailed in Hackforth and Langthorne in August, but the disease was of a mild type, and was not attended by any fatal result.

A widely spread outbreak of Autumnal Diarrhoea occurred in September and October. There were several severe cases but none proved fatal.

#### Vital Statistics.

The district has an area of 49,997 acres, and a population of 7,180 according to the census of 1891. It is subdivided into the districts of Masham and Bedale for the purposes of registration. I have every reason to believe that the population remains fairly stationary.

I subjoin the number of Births and Deaths, together with the returns for 1897, to facilitate comparison:

#### Births.

	1898.			1897.	
Masham	Males 39	54	204	16	37
	Females 15			21	
Bedale	Males 71	150	163	69	126
	Females 79			57	
Birth-rate per 1000—1898—28.40.			1897—22.70.		

The Birth-rate is more proportionate than that of last year, which was somewhat below the average:

#### Deaths.

	1898.			1897.	
Masham	Males 15	21	81	11	26
	Females 6			15	
Bedale	Males 27	60	100	36	74
	Females 33			38	
Death-rate per 1000—1898—11.14.			1897—13.90.		

#### Inquests.

Ten inquests were held, the verdicts being—

Natural Causes 8. Accidental Injuries 1. Alcoholism 1.

The deaths will be further considered in relation to:—1—Age. 2—Cause. 3—Monthly Death-rate. 4—Locality.

#### Analysis of Deaths I. Age.

Under 1 year	1 and under 5	5 and under 15	15 & under 25	25 & under 65	65 & upwards	Total.
13	6	5	1	18	38	81

#### Infantile Death-rate.

Seven deaths under one year occurred at periods varying from half-an-hour to nine days after birth, and of these six were due to congenital debility from premature birth. The infantile death-rate, i.e. the death-rate at ages "under one year," compared with the same rate for the previous year is as follows:—

1898. 13 Deaths.	1897. 21 Deaths.
Rate 63.70 per 1000 Births.	128.83 per 1000 Births.

Thirty-two deaths occurred at ages of 70 years and upwards. Twelve of these had entered upon the eighth decade, of which number five had almost reached ninety years.

#### II. Cause.

Phthisis.	Other diseases of Lungs.	Heart Disease.	Injuries.	Other Diseases	Influenza.	Total.
4	5	7	1	59	5	81

It is satisfactory to see the comparatively small number of deaths returned under Phthisis. Three deaths were returned as due to Tubercular Disease, which in the table are included in "Other Diseases." The five deaths recorded under Influenza should properly appear under "Other diseases of the Lungs," since, with the exception of one case, death in each instance was due to some Pulmonary Complication. Seven deaths were due to "Cancer."

#### III. Monthly Death-rate.

January 8	May 12	September 4
February 5	June 4	October 9
March 9	July 5	November 2
April 12	August 7	December 4
Total 81		

#### IV. Locality.

Aiskew .. 9	Exelby, Leeming, &c. 7	Scruton .. 3
Bedale .. 18	Gatenby .. 1	Snape .. 6
" Workhouse 2	Hackforth .. 1	Sutton Howgrave .. 3
Binsoe .. 1	Kirkby Fleetham .. 3	Theakston .. 1
Burneston .. 5	Langthorne .. 1	Thornton Watlass 3
Carthorpe .. 4	Nosterfield .. 2	Well .. 5
Crakehall .. 5	Rookwith .. 1	Total 81

The number of deaths accredited to each township, or group of townships, is fairly proportionate to the population of each. Two deaths occurred in the Workhouse, both persons having resided in the district prior to their admission into that institution.

#### Tables A and B.

Table A and B required by the Local Government Board are attached to this report: the former deals with the mortality returns, the latter with cases of infectious disease that have been notified during the year.



Inspection.	In conjunction with your Inspector, I made a house to house inspection of the townships that were recently added to your district. I also visited the greater portion of the district with the view of examining the sanitary condition, on occasions that I set apart specially for the purpose, and also when engaged in my private professional work, and when visiting cases of infectious illness in response to notifications.
	The principal insanitary conditions were found in the newly added townships, and consisted chiefly of defects in drainage and in the construction of privies and ashpits. These are embodied in a summary attached as an appendix to this report, together with the various insanitary conditions taken from the Inspector's report book. Many minor nuisances, such as accumulations of rubbish, choked privies and ashpits, are not included in the summary. These were pointed out to the tenants of the premises on which they were found, and have been removed or abated without the necessity for further action.
Water Supply.	The water supply throughout the district is derived from public and private wells. The villages of Well and Burrill are the only exceptions to this rule. Burrill derives its supply from a spring at Cowling. The excessive drought experienced in the autumn months taxed the resources of the wells, but did not cause any widely spread failure of supply.  The scheme for supplying the town of Bedale with water has not yet taken practical form.  No samples of water were submitted to the public analyst for examination.
Excrement Disposal.	The old type of privy is in vogue throughout the district. I trust that improvements in the construction of closets will be gradually made. The pail system has been introduced into one village, but, in the absence of regular scavenging, this cannot be said to be altogether satisfactory. Some householders may give the matter proper attention, but some will always be found who quite fail in their duty. There are a few water-closets in Bedale and in the country houses. The water supply is derived either from storage of rain-water or from cisterns filled by means of force pumps.
Scavenging.	There is no regular system of scavenging in any part of the district. It is left to the householders, who either utilise their refuse in the cultivation of their gardens and land, or arrange with farmers to remove it.
Disinfection.	Disinfection is always difficult, and frequently well nigh impossible in the houses of the poor in rural districts. Lack of accommodation and structural defects, such as I have already mentioned under Scarlet Fever, offer insuperable barriers to the thoroughly effective use of disinfectants after outbreaks of infectious disease. Ignorance and prejudice on the part of the people also play their part in making this most necessary procedure a practically useless measure.  I have found latterly that fair attention is paid to my instructions when issued in a printed form.
Isolation.	Hospital isolation provides the only reliable means of dealing successfully with cases of infectious disease that occur in houses in which the conditions obtain that I have mentioned above.
Cow Sheds.	The cow-sheds and dairies were visited, and were found to be satisfactory. In view of the fact that tuberculosis is so frequently present in animals kept for the purpose of supplying milk for sale, it is important that more attention should be paid to this source of public ill-health than has hitherto been the case, and I would even go so far as to suggest that every Sanitary Authority should appoint a veterinary inspector who should examine all cows used for public dairy purposes at certain periods.  I quite believe that veterinary inspection and the application of the tuberculin test, will be required by all sanitary authorities in the near future.
Slaughter-houses.	The butchers of the district have private slaughter houses. The houses were found to be satisfactory. Suggestions were made in one or two instances for the more liberal and frequent use of lime wash, and other means for cleansing the premises.
Food and Drugs.	No article of food, or drugs, were submitted for analysis.
Lodging Houses.	The lodging houses were visited and were found to be clean and satisfactorily conducted.
Offensive Trades.	No offensive trades are carried on in the district.
Vaccinations.	The vaccinations were well maintained, both in number and efficiency. I hope that the recently introduced measure may, so far as this district is concerned, be attended by the same success that has characterised the working of the preceding Act.
Inspector's Report Book.	I have examined the Inspector's report book, which contains reference to 101 instances of insanitary conditions. They are included in the summary attached as an appendix to this report.  No sanitary measures of more than ordinary importance were undertaken during the year. The efforts of the officers were directed to the amelioration of defects where such existed, and the maintenance of sanitary order generally.

I am, Gentlemen,

Yours faithfully,

T. HORSFALL, M.O.H.

## APPENDIX

### Defects in connection with Dwellings.

Spouting wanted .. .. .	2
Domestic animals kept too near dwellings ..	5
Privies and urinals too near dwellings ..	2
Sink pipe wants disconnecting .. .. .	1
Other insanitary conditions .. .. .	7

### Defects in connection with Privies and Ashpits.

Insufficient privy accommodation .. .. .	3
Privies in ruinous or dilapidated condition ..	5
Ashpits wanted .. .. .	25
Ashpits want covering in .. .. .	35
Improper situation of privies and ashpits ..	6
Other defects in privies and ashpits .. .. .	2

### Defects in connection with Water Supply.

Pumps out of repair .. .. .	5
Wells and watercourses fouled .. .. .	4
Improper situation of pumps .. .. .	2

### Defects in connection with Drains.

Sink and other drains wanted .. .. .	6
Trapped gulleys wanted .. .. .	9
Drains blocked .. .. .	11
.. want ventilating .. .. .	1
Other drain defects .. .. .	16

Total 147