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THE EIGHTH
ANNUAL REPORT

TO THE
BEDLINGTONSHIRE
URBAN

District Council,

FOR THE YEAR 1908,

BY

ROBERT S. TROTTER,


Medical Officer of Health.

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TO THE CHAIRMAN AND MEMBERS
OF THE
Bedlingtonshire Urban District Council.

MR. CHAIRMAN AND GENTLEMEN,

I beg to submit my Eighth Annual Report on the Health and Sanitary condition of your district for the year 1908.

ESTIMATED POPULATION.

The estimated population to mid-year is 24,500. Under Table II will be found the population of the separate localities into which the district is sub-divided.

BIRTH RATE.

784 births were registered during the year, 383 of which were of boys and 401 of girls—the girls predominating as was the case last year. On the estimated population the birth rate for the year works out at 32 per 1000, which is slightly in excess of that of last year.

Illegitimate Births.—12 male and 14 female were recorded.

The highest number of births were recorded in May, viz. 80, and the smallest number in September and October, in each of which months 56 births were registered.

The total number of births for the year is 45 more than last year, which is a more satisfactory state of affairs than in 1907. For the first six months of the year the figures were : boys 211, girls 201—total 412, while for the second 6 months there were 172 boys, 200 girls—total 372.

DEATH RATE.

385 deaths were registered during the year, or 84 more than last year. During the first 6 months of the year 97 males and 88 females died, making a total of 185, while for the second half of the year 114 male and 86 female deaths were recorded—a total of 200.

The annual death rate is 15·71 per 1000—a rate considerably higher than last year, but not unduly high. 6 deaths of illegitimate children occurred. There were 27 deaths due to Prematurity of Birth, 9 deaths from Accidents, and 2 Suicides : by excluding these deaths the ordinary disease death rate is 14·16 per 1000.

The number of deaths in the different localities were :—

	Barrington.	Bedlington.	Cambois.	Choppington.	Netherton.	Sleekburn.	E. & W. Sleekburn.
First 6 months	12	49	18	51	18	30	7
Second 6 „	17	57	14	50	13	36	13
	—	—	—	—	—	—	—
	29	106	32	101	31	66	20

The highest number of deaths occurred in January and November—40 in each month ; the lowest number in May—22.

INFANTILE MORTALITY.—During the year 137 Infants under 1 year of age died—40 more than last year, making the Infant Mortality rate 174 per 1000 births registered as against 132 last year. As will be seen from table V 37 of these deaths occurred in Infants whose age was under 1 week, many of them only living a few minutes, while 55 deaths were recorded as occurring before the child reached the age of one month. This is a very bad state of affairs and swells our death rate inordinately. Wasting diseases were responsible for 28 deaths and Diarrhoeal Diseases for 36. These matters will be dealt with under their respective headings in the general disease table, suffice it to say now that there is room for marked improvement in this direction, as so long as there is such an appalling wastage of infant life there is little chance of the annual death rate being a low one.

If to these deaths were added those of Infants under 5 years of age—many of which this year have been under 2 years of age—nearly 50 % of our annual death rate is accounted for. There is much food for thought in these figures.

The number of Births and Deaths in the different localities were :—

	Barrington.	Bedlington.	Cambois.	Choppington.	Netherton.	Sleekburn.	E. & W. Sleekburn.
Births ...	35	205	77	226	62	146	33
Deaths under 1 year	7	42	9	35	12	27	5
Total Deaths ...	29	106	32	101	31	66	20
Ratio	1.20	1.93	2.40	2.23	2	2.21	1.65

From these figures it is seen that the highest proportion of deaths to births is in Barrington and the lowest in Cambois.

HOUSING.

Certificates of occupation have been granted for 116 new houses during the year, while a considerable number of houses have been altered so that where previously there was one tenant there are perhaps two and in some cases three. I have not the exact figures for these conversions. The total number of inhabited houses on my list is 4867, which at 5 persons a house would give a population of 24,335. I have reason to believe that the average would work out at a higher figure than 5 as there is still great difficulty in finding housing accommodation for the people. Numerous cases of overcrowding have been found and dealt with which in a district such as this is proof enough that there is a scarcity of houses. In fact so great is the demand for houses that many people are paying rent for houses before they are built so that they may have the first chance of them, and we have considerable difficulty at times in preventing people going to live in houses before they are ready for occupation.

The class of house which is now being erected is I think of a better type than in former years, and there are relatively more 4 and 5 roomed houses being built than there used to be. This in course of time will greatly tend to lessen the evil of overcrowding. In regard to the question of sufficiency of open air about houses the present system of building prevalent in the district leaves ample air space. In some of the older parts of the district however there are houses which are too much crowded together, the most notable parts being the Walker Terrace part of the East End of Bedlington, the back of Scotland Gate, and part of Guide Post.

Back to back houses exist in several parts of the district, notably at Clayton Street, Sleekburn, and Strong's Buildings, Scotland Gate, a large part of the front of Scotland Gate, and Blacksmith Row, Barrington.

There is an older class of house, of which many still remain in several parts of the district, where there is no through ventilation in the proper sense of the term; some examples are Brick Row, Bank Top, Cross and Phoenix Rows, Sleekburn, and Chapel Row, Scotland Gate.

Odd houses of a similar character exist in several parts of the district. Although these classes of houses are objectionable from a sanitary standpoint, many of the tenants on being questioned prefer them to other and better ventilated houses. Perhaps custom has a good deal to do with this state of feeling. Action under Part III of the Housing of the Working Classes Act has not been considered necessary, as the adoption of this part seems to have stimulated building in the district and a much better class of house is being erected.

In regard to the cleanliness of surroundings many of the back yards and back streets are in bad condition. Many of the roads need paving and many of the back streets in bad weather are very muddy.

During the year a considerable portion of the older classes of houses in the district have been visited—a house to house inspection having been made—and many defects have been remedied, but much still remains to be done.

In dealing with this matter there are two chief factors to be considered. 1st, the fitness of the house for the occupant. 2nd, the suitability of the tenant for the house.

In regard to the first factor one, generally speaking, has reason to expect that provided one is paying a reasonable rent one ought to have the chance of occupying a house that meets at least ordinary Sanitary requirements; in this district one may justly say that the average landlord does as little as he possibly can to make his tenant comfortable and expects his tenant to do all in his power to keep the house in a habitable condition.

Concerning the suitability of the tenant for the house, in the rented houses the landlord has to take his chances, as once a tenant is in occupancy he is not easily dislodged should he prove to be an unsuitable one, and much damage is often done to the house when a tenant unwilling to move and often anxious to avoid paying his rent is compelled to quit; in such cases the landlord runs a fair chance of losing a few weeks rent and having left on his hands a house upon which he has to expend a considerable sum of money before it is fit to receive a decent tenant. One sees frequently in the newer and better class of colliery house especially (practically a non-rented house as the term is understood in the district) tenants being drafted into them who have the house in the course of a few weeks in a condition which must be aggravating to the owners. On the other hand it is astonishing to see what a tenant with taste and one who thinks both of the interest of the owner of the house and of his own comfort can do to make what to most people would appear to be a delapidated bit of property into a really comfortable dwelling place.

However one may look at this housing question one is beset with difficulties, as however anxious one may be to provide a comfortable class of house with all modern Sanitary requirements one must always remember that there are a certain number of people in the district who are not educated up to a standard of either respect for themselves or of a sense of duty in maintaining good property in the state in which they entered it. On such people good houses are wasted, and if they do by chance gravitate to the slums who is there who can say that the slums are not the proper places for them. The theory of environment is all very well in its broader application, but when it comes in many cases to particular instances it is a question whether the man makes the environment or the environment makes the man. One sees here in many parts of the district decent cleanly people sandwiched in between very dirty ones (take the district all round there are few districts in England where the majority of the people are so cleanly in their habits and who take such pride in keeping a clean and tidy house) and one does not find in many instances that the cleanly people demoralise and become slovenly like their careless and dirty neighbours. To their credit be it said that in the majority of cases the slut of a neighbour stimulates the tidy and orderly person next door to greater efforts to keep her house clean and send her children out respectable.

Another point that has to be considered in this district is this, and one sees unfortunately many examples of it, *e.g.* many a good orderly and tidy-natured woman in this district has a larger family than she can reasonably be expected to handle properly and is often in a weak state as well. What is to be done with a person of this kind if through force of circumstances—physical and monetary—she is unable to keep her house clean and tidy and to send her children to school trig and neat as she would like to do, and if through her inability to give her children due attention at home they get as often happens dirty heads and other troubles incidental to school life, more particularly to early school life. What can be done unless places are established where such children can be fed, clothed, and kept isolated from other children till such time as they may be safely allowed to mix with their fellows; and what district such as this scattered as it is and with so many varying interests in it can hope to tackle such a question at a reasonable rate of expenditure. Can we take such a woman to a hospital, send her children somewhere else, look after her house till she is well again, and keep her husband fed and cared for so that he may be in a fit condition to work for her and the family. I cannot see where the money will come from.

Another feature in the housing question in this district is a troublesome one: it has so far as I am aware not been customary in the district to provide subsoil drainage for the houses, and further it is customary to allow the water discharged down the spouts from the roofs of houses to soak into the foundations, accumulate where it falls, or be directed on to the footpath or pavement and find its level as best it can. A considerable proportion of the water which comes from the roofs of houses is collected in rain-barrels and used for washing and other purposes, but a large amount runs to waste and soaks in and about the foundations of the houses, and as many houses in the district have tiled or flagged floors laid directly on the soil and not rendered impervious to wet by any cement or

other binding there is always a considerable amount of evaporation and indrawing of subsoil moisture in the houses with the result that anything in the nature of a covering for the floor is apt to rot and so aggravate the evil effects of the exhalation of moisture in the interior and a tendency to the favouring of miasmatic diseases is always present.

The worst problem however that faces us here is this:—there are in the district many houses which satisfied the Sanitary standard and requirements of the time at which they were built: they do not satisfy present standards: houses are scarce notwithstanding the amount of building which is going on: if closing orders are obtained for these houses where are we going to put the people we displace? And while it remains a very questionable problem seeing that the prosperity of the district largely hinges on the vitality of the coal trade, and who can tell how long that may last. Is the Council justified in trying the experiment of building houses for the people which may—should there arise a slackness in our principal industry—at any time be thrown on their hands as unremunerative. I leave this question for members of the Council many of whom are more experienced in these matters than myself.

WATER SUPPLY OF THE DISTRICT.

The water supply so far as quantity goes has been well maintained throughout the year. At times we have not been quite satisfied with the quality although analyses taken have shewn that the standard is a fairly good one. Several former sources of pollution, notably that from Stannington village, have been considerably improved this year, but we always have a feeling of uncertainty as to what may happen when such places as Ponteland—which is becoming more populous each year—depend to a great extent on the purification of their sewage effluent, which enters the stream which supplies us with water, on the spasmodic efforts of more or less irresponsible people who seem to take little interest in their work. It is only fair to say that the officials there do the best they can, but until the District Council takes the management of the Sewage Farm into their own hands their sewage works will always remain a source of danger to us—and maybe even then.

It is a moot point whether the Bedlingtonshire Urban District Council may not have to consider in the near future whether another source of water supply may become necessary. With commendable foresight the Council have an arrangement with Tynemouth Corporation whereby they may when necessary supplement or supplant their present supply by taking water from the main which passes through the district and belongs to the Tynemouth Corporation. So long as the pollutions of the river beyond the district boundary are satisfactorily dealt with we are safe, but if at any time the efficient handling of these pollutions is neglected what may happen in Bedlingtonshire no one can tell.

During the year many new private and public services have been laid on and there is little doubt but that as regards water supply the Council is doing all that is possible to meet the requirements of the district.

The extension of the filter-beds mentioned in last year's report has been begun and ere long there will be no reason to grumble about too rapid filtration.

MILK SUPPLY.

On the whole this has been satisfactory throughout the year. The framing of regulations under the Dairies, Cowsheds, and Milkshops order has been decided upon, and these should be put in force early next year. The effect of this will help us in securing and maintaining a pure milk supply—a most necessary adjunct in the rearing of healthy infants. When one realises that a pure supply of milk is absolutely essential in infant life and for the sustenance of invalids, one cannot but insist that the conditions under which milk is obtained and supplied should be such as to render contamination improbable. Much remains to be done practically all over the country to secure this wholesome state of affairs, as many milk purveyors are notoriously careless in matters of cleanliness in the byres, dairies, and vessels used for distributing purposes.

UNSOOUND FOODS.

It is rare to find any unsound food in this district and still more rare to find any exposed for sale, as the people who buy the food are exacting in seeing that they get the best possible and those who sell know the people with whom they are dealing.

No carcases or parts of carcases have been condemned for tuberculosis as none such have been found.

The carcasses of a few pigs which died under suspicious circumstances were destroyed, and those who owned them notified the fact as soon as they became aware that the pig was seriously ill or as soon after death as possible in cases where the pig was found dead.

Improvements are required in some of the slaughter-houses in the district: the new bye-laws deal with this matter.

SEWERAGE AND DRAINAGE.

A considerable amount of new sewerage has been laid down during the year and where defective old sewers and drains have been found such have been taken up and re-laid with Sanitary pipes. The system of Sewerage for the whole district is being gradually extended, and when the scheme mentioned in last year's report has been fully dealt with the system will be practically complete.

EXCREMANT DISPOSAL.

The system is the same as formerly, *i.e.* removal and disposal by contractors, and each year the difficulties of the Council in dealing with this matter are likely to increase as by and by the question of tips may become an awkward one.

The evolution of this problem has been somewhat interesting. For a time there was a certain amount of competition among farmers and gardeners to obtain the privy-midden refuse and each paid a trifle for the privilege of obtaining it. As years went on and the state of affairs changed, instead of the Council receiving payment they had to pay for the removal, and each year the disposal of excrement and refuse is costing more and this item of expenditure is likely to still further increase in the future. So far as this district goes the question of Destructors would be a very awkward one as the district is a scattered one in which the townships are considerable distances apart, which if Destructors were resolved upon would almost certainly necessitate the provision of several. This would as a matter of course multiply expenses.

The chief defect in the present method of excrement disposal is that drum them as we may great difficulty is experienced with some of the contractors in getting them to perform their duties in a satisfactory manner. The time may come when the Council will have to take this matter into their own hands and then the question of tips may become more awkward still.

NUISANCES.

Proceedings for the abatement of nuisances are generally taken by the Surveyor; if not abated at once on his instructions the case is reported to the Sanitation Committee and action there recommended comes before the Council for ratification—ratification is usual—it seldom happens however that any drastic action has to be taken.

BYE-LAWS.

These are before the Local Government Board for confirmation. It is to be hoped that the Board will not refuse to confirm the clause dealing with the distance of the privy-middens from the houses, as no distance nearer than that proposed by the District Council would suit the general requirements of the District. The distance sanctioned in the Board's Model Bye-Laws would not do here.

SCHOOLS.

Several of the schools in the district are overcrowded in certain departments. Three new schools have been built but more provision for the accommodation of scholars is necessary as the population of the district is increasing rapidly. The provision of schools however is in the hands of the County Authority and they are finding considerable difficulty in obtaining suitable sites at a reasonable cost. In this connection I would like to see Infant Schools abolished altogether as they do more harm than good to Infant life, and we see in this district many children permanently injured for life as the result of diseases contracted in Infant Schools. It is next to impossible to prevent the spread of Infectious Diseases in the district if Infants of the most susceptible age are permitted to attend these schools. They have by no means the same liability to attack at home.

The only special actions found necessary to be taken during the year in relation to the health of the scholars was the closure of a School at Cambois and the persuading of the County Education Authority to alter a most abominable type of privy which they had erected at one of the Schools at Nedderton Village.

METHODS OF CONTROL OF TUBERCULOSIS.

There is no system of notification of cases of pulmonary tuberculosis, compulsory or voluntary, in operation in the district, and there is no provision made in the two Hospitals for Infectious diseases for the reception of cases of pulmonary tuberculosis in either its earlier or advanced stages.

It is a question whether it might be possible for the Council to subsidise 3 or 4 beds at Barrasford Sanatorium—a properly equipped Sanatorium in the County for the treatment of Tuberculosis.

NOTIFIABLE DISEASES.

During the year 95 cases of Infectious Diseases were notified, an increase of 34 as compared with last year. There was one death from Scarlet Fever, 3 deaths from Diphtheria, and 8 deaths from Enteric Fever, *i.e.* 12 deaths from Infectious Diseases as against 5 last year. The severity of the cases of Enteric Fever was chiefly responsible for this increase.

Total number of cases of Infectious Disease notified in each locality :—

	Total.	Barrington.	Bedlington.	Cambois.	Choppington.	Netherton.	Sleekburn.	E. & W. Sleekburn.
Scarlet Fever	21	3	1	0	4	3	10	0
Enteric Fever	38	13	10	0	4	5	0	6
Erysipelas	12	0	4	1	3	0	4	0
Diphtheria	23	2	5	1	5	1	5	4
Continued Fever	1	0	1	0	0	0	0	0
Total	95	18	21	2	16	9	19	10

From this table it will be seen that cases of Diphtheria occurred in every locality in the district. The disease never acquired an epidemic character and it was extremely difficult to ascertain whence the disease originated and how it spread.

How far Diphtheria Antitoxin may be useful in the prevention of the spread of Diphtheria is engaging the attention of many Sanitary Authorities. That is is a curative, *i.e.* in the prevention of further damage, if injected early enough is generally admitted. This question of its preventative qualities is the point which to my mind is one of the stumbling blocks in the way of Sanitary Authorities providing free supplies of Antitoxin for the use of Medical Practitioners in their districts. If it is only curative *i.e.* in the sense indicated, then the law as it stands in my opinion does not permit the spending of public money in providing Antitoxin to private practitioners; so far as I am aware the protection gained by its injection into a healthy person who has been in contact with a case of Diphtheria only lasts about 3 or 4 weeks, and this protection only holds good as regards himself, for although he may be rendered immune he can still act as a "carrier" and so convey the infection to others. It would appear therefore that regarded as a preventative pure and simple a Council would not be justified in sanctioning expenditure on Antitoxin.

However the fact cannot be got over that since the introduction of Antitoxin the case mortality from Diphtheria has diminished considerably, and this raises the point whether a Sanitary Authority cannot take upon itself to provide what it may consider necessary to lessen the mortality in its area from any given disease. If it is conclusively proven—and I consider it has been so—that the use of the Antitoxic Serum can and does save life then an Authority naturally ought to be able to provide for a supply of that substance. If this interpretation of the law be correct then the law needs altering, and the Council might unite with other Sanitary Authorities to bring pressure to bear on the Central Authority to induce them to issue a special order on the matter. The cost would not be excessive nor comparable with the good achieved.

SCARLET FEVER.—Most of the cases which occurred were of a mild type and there was nothing in the nature of an epidemic.

ENTERIC FEVER.—In November a special report on the outbreak of Enteric Fever was made and sent to the Local Government Board. It is scarcely necessary therefore to make any further special mention of it here—members of the Council already having knowledge of the contents, as have the Local Government Board and the County Council.

ERYSIPELAS.—It is borne in upon most Medical Officers of Health each year that the cases of Erysipelas notified are not as a rule of the nature of an Infectious Fever.

CONTINUED FEVER.—One case—in a child—was notified.

PUERPERAL FEVER.—No cases were notified and there has been no trouble in regard to the Midwives' Act in this respect.

MIDWIVES' ACT.—In regard to this Act it passes the average comprehension why there is a tendency in legislative circles to let loose on the general public a lot of imperfectly trained women to pose as midwives. Surely when there is a crying need in the country for its reduction this is not a method by which the Infantile Mortality rate will be reduced. Further the suffering that may be borne by the unfortunate patient whom the midwife attends should not be lost sight of. It is little short of a scandal that responsible public bodies such as the County Education Committees and Councils are subsidising women to have them taught Midwifery in a matter of 3 or 4 months. Surely the lives of the poorer women in the country should not be in the hands of such imperfectly trained persons. Such persons are a danger to the community and a yearly increasing menace to the nursing profession whereby the standard and status of the professional nurse is being gradually lowered—an undesirable state of affairs.

PORT SANITARY HOSPITAL.

The question remains much in the same position as in former years, *i.e.* the Blyth Council continues to exploit the Port Hospital to its own advantage. Cases of Infectious Disease from the Urban District of Blyth, which seems to be unwilling, if able, to provide an Hospital for the reception of cases from its own district, are received into and treated in the Port Sanitary Authority's Hospital. The risks taken in the pursuit of this policy are not for the benefit of the Port.

The old cottages in the immediate vicinity of the P.S.A. Hospital acquired for some obscure reason in spite of the protestations of the representatives of Bedlingtonshire, are gradually falling to ruin.

NEW ISOLATION HOSPITAL.

During the year 18 cases of Enteric Fever were treated in the Hospital, of which 2 proved fatal.

NON-NOTIFIABLE EPIDEMIC DISEASES.

Measles, Whooping Cough, Mumps, and Ophthalmia occurred in many parts of the district; the last named disease however was not so much spread nor the cases nearly so numerous as last year. It appears to be gradually disappearing. The cases of these diseases which occurred were mostly among the younger school children.

DEATHS FROM ZYMOTIC DISEASES.

<i>Notifiable.</i>			<i>Non-Notifiable.</i>		
Diphtheria	...	3	Whooping Cough	...	9
Enteric Fever	...	8	Zymotic Enteritis	...	20
Scarlet Fever	...	1	Epidemic Influenza	...	2
		<hr/>			<hr/>
		12			31

GENERAL CONSIDERATION OF DISEASE TABLE.

DIARRHŒA AND ENTERITIS.—There is a considerable increase over last year in the deaths due to these causes, viz. 48 deaths as against 26. As these deaths are largely due to preventable causes it is lamentable to have to record such figures. So much has been said about this subject in former reports that it may be as well to make no remarks upon it this year.

PREMATURE BIRTH AND INFANTILE ATROPHY together were responsible for 57 deaths. This is truly appalling.

HEART DISEASES.—33 deaths are recorded as due to one or other of the various forms of heart disease. This I do not consider a very large number in a district where there is so much liability to heart trouble from the nature of the work of both sexes. A miner's work is hard and, where there is a big family especially, the work of the miner's wife is often more trying than that of the husband. Under the conditions of life in a mining community it is not to be wondered at that heart diseases are common and often fatal at a comparatively early age.

TUBERCULOUS DISEASES.—30 deaths were caused by Tubercle, 20 being deaths due to Pulmonary Tuberculosis (Phthisis) and 10 to other Tuberculous Diseases. This is 10 less than last year, being one less from Phthisis and 9 from other forms of Tubercle.

As Tuberculosis is to a large extent preventible what can be done to prevent it? The first essential is to provide a supply of pure milk. This can only be done by insisting on regulations which will empower compulsory slaughtering of milch cows suffering from Tuberculosis and adequate compensation to the owner. There must be a healthy stock and the cattle must live under conditions which ensure a plentiful supply of pure air and suitable food. Then particular attention must be paid to the handling of the milk: the milker must not be tuberculous, and if one is found to be so he must be prevented from milking, excluded from the dairy and not allowed to participate in the handling of the milk. The regulations under the Dairies, Cowsheds and Milkshops order should be strictly enforced. Suspicious milk should be boiled. As regards the spread of tubercle in the home people must be educated up to the recognition of the dangers of infection from Tuberculosis. This largely depends upon themselves. Infection in such cases comes mostly from the spit of patients suffering from the pulmonary form of the disease. In this form of Consumption large numbers of Tubercle Bacilli are from time to time coughed up with the spit; to prevent the spread of infection by this means it is necessary to destroy the spittle or render it innocuous. Burning destroys the bacilli in the sputum and they may be rendered comparatively harmless if the expectoration is received into a moderately strong solution containing ordinary disinfectant such as is used in the district. Habits of personal cleanliness must be cultivated and people must have the chance of living under satisfactory sanitary conditions so that the liability to have the natural resisting powers of the system lowered by the evils of bad housing and overcrowding is not a factor in reducing the vitality so as to render the people more susceptible. The old fashioned flagged and tiled floor set directly on the soil where such soil is not subdrained must be done away with and so far as is possible, considering the scarcity of houses in the district, overcrowding must be lessened. Farther it must be drilled into the people that it is not the abundance of air but the want of pure air that puts them into such a physical condition that they are not in a position physically to resist the onslaught of the Tubercle Bacillus. When the people of a district are convinced that Tuberculosis can be eradicated by proper attention to the question of a pure food supply, to the provision of houses built under modern sanitary conditions, and to the necessity for rearing children under the most healthy conditions possible, it will not be long until they have the matter in their own hands.

The economic aspect of the question alone would warrant the adoption of stringent measures for stamping out the disease, and it is much to the credit of some of our Colonies that they are setting an example to the mother country in adopting modern methods to stamp out the disease and keep their territories as far as possible free from the entrance of further centres from which infection may be disseminated.

DISEASES OF THE RESPIRATORY SYSTEM.—Exclusive of Pulmonary Phthisis there were registered 73 deaths due directly to diseases connected with the Respiratory System, nearly one-fifth of our total deaths.

Considering the climatic conditions prevailing during the year this is not to be wondered at, but all the same the rate is appalling. The deplorable condition of many of the roads in the colliery villages and in the back streets in bad weather is largely responsible for the colds caught which leads to the swelling of our death returns from this heading in our mortality statistics. It is not to the credit of the district that this state of affairs is tolerated from year to year. What we are accustomed to we perhaps think little of, but it is time that our standard of

requirement should be heightened in this respect as there is nothing to be gained by grumbling on and doing nothing. There will be no progress if there is no grumbling, but we must see to it that the grumbling results in some tangible improvement in the making and maintaining of decent roads and pathways. I say it without hesitation that the existing condition of many of the roads and pathways in our colliery villages is no credit to our vaunted civilisation, and how the authorities can prosecute parents for not sending their children to school in bad weather over such roads and paths (sic) passes the average comprehension. That the people themselves are partly responsible for this state of affairs goes without saying, for one of the chief factors from this point of view in the production of these abominable roads is the attempts of the people to make passible pathways over and through them by laying tracks composed of coal duff and ashes. Even the best roads in the district are ruined thus and the condition of the worst ones although temporarily improved is gradually rendered more and more impassible.

This question hinges largely on the colliery house question, on the kind of grates in the houses, and on the quality of the coals supplied to the miners, and is a very much more difficult question to deal with than appears on the surface. It is also one that considerably complicates the scavenging question. How to adequately deal with it under existing arrangements between the mine owners and the miners is no easy problem. It is quite within the range of possibility that this question will never be properly settled until there are no colliery houses so-called, and until every member of the community is more or less directly responsible for the payment of his own rent, rates and taxes. This is a bigger question than can be settled at a local Council meeting.

NERVOUS DISEASES.—These bulk largely in our death returns, 31 deaths being attributable to these disorders. Convulsions in Infants are largely responsible for the numbers and why this should be so is not easy to understand. In-breeding is partly to blame, indiscreet methods of feeding too, also hereditary influences, but the factors in the production of these disorders are too many and varied to be dealt with in an annual report without unduly lengthening it.

CANCER AND MALIGNANT DISEASE.—To these causes 16 deaths were attributable. This problem still remains in an unsatisfactory state notwithstanding recent researches. I am unable to say much that would enlighten the members on the subject.

GENERAL REMARKS.

During the year an exceptionable amount of work has been done by the members of the Council both in Committee work and in the ordinary work of the Council. Each year the responsibilities of the members are becoming greater, and no one who is not intimately acquainted with the onerous duties these gentlemen have to perform has any adequate idea of what it means to be a Councillor. That their office is no sinecure the record of work done for the year shows, and if the district is not progressing from a sanitary standpoint as fast as the public would wish the public must remember that their representatives can only get through so much work in a given time. As the larger problems affecting the Sanitary welfare of the district are overcome there will be more time to devote to the lesser ones, but at present it can be reasonably said that the members of the Council have set themselves upon solving the wider problems of public health administration, and the minor details that appeal more to the public who have not the handling of the administrative work will gradually evolve or be dissolved as the major questions are dealt with.

I beg to thank the members of the Council for the spontaneous and hearty manner in which they have assisted me in administrative work. The labours of their officials have been greatly lightened by the active collaboration of members of the Council and it is a pleasure to them to put out their best efforts for the improvement of the Sanitary conditions of the district when these efforts have been appreciated.

R. S. TROTTER,

Medical Officer of Health.

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES AND HOMEWORK.

1.—INSPECTION.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES	50	None.	None.
WORKSHOPS	42	"	"
WORKPLACES	20	"	"
Total	112	None.	None.

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			
	Found.	Remedied.	Referred to H.M. Inspector.	Number of Prosecutions.
<i>Nuisances under the Public Health Acts:—</i>				
Want of cleanliness	Several.	Yes.	No.	None.
Want of Ventilation	None.			
Overcrowding	"			
Want of drainage of floors	"			
Other nuisances	Several.	Yes.	No.	None.
Sanitary accommodations { insufficient unsuitable or defective not separate for sexes }	Public Health Acts	Amendment Acts, 1890,	not adopted.	
<i>Offences under the Factory and Workshop Act:—</i>				
Illegal occupation of underground bakehouse (S. 101)	None.			
Breach of special sanitary requirements for bakehouses (S.S. 97 to 100)	"			
Other offences (Excluding offences relating to outwork which are included in Part 3 of this Report.)	"			

3.—HOME WORK, not applicable to this district.

4.—REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of 1906.

Cycle Factory, Brick Works, Aerated Water Works, Tailoring, Bakeries, Quarry, Joinery, Sawmill, Candle Works, Saddlers, Blacksmiths, Dressmaking, Tinsmith, Fish and Chip and Ice Cream Shops, Cycle Repairing Shops, Boot Factory.

Total number of Workshops on Register 86

5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories:—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133)	None.
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5)	"
Other	"
Underground Bakehouses (S. 101):—	
Certificates granted during the year	"
In use at the end of the year	"

R. S. TROTTER,

Medical Officer of Health.

TABLE I.

Vital Statistics of Whole District during 1908 and previous Years.

Name of District, BEDLINGTONSHIRE.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.			
		Number.	Rate.	Under 1 Year of age.		At all Ages.					Number.	Rate.	Number.	Rate.
				Number.	Rate per 1000 Births registered	Number.	Rate.							
1	2	3	4	5	6	7	8	9	10	11	12	13		
1898	18000	725	40	140	193	341	18							
1899	18000	741	41	170	229	401	22							
1900	18000	713	39	125	175	368	20.5							
1901	18500	789	42.6	144	182	362	19.5							
1902	19500	693	35.5	93	134	289	14.8							
1903	20000	735	36.75	127	172	374	18.7	5			374	18.7		
1904	20000	729	36	132	181	367	18	4			367	18		
1905	20500	678	33.7	105	155	327	15.95				327	15.95		
1906	22500	752	33.4	119	158	355	15.7				355	15.7		
1907	23500	739	31.4	98	132.6	301	12.8				301	12.8		
Averages for years 1898-1907.	19850	729	36.9	125	171	348	17.5							
1908	24500	784	32	137	174	385	15.71	2			385	15.71		

Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

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

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

The "Public institutions" to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in acres
(exclusive of area
covered by water.) } 8435.5.

Total population at all ages, 18,766 ... }
Number of inhabited houses, 3763 .. } At Census of
Average number of persons per house, 5... } 1901.

I.	II.	III.
Institutions within the District receiving sick and infirm persons from outside the District.	Institutions outside the District receiving sick and infirm persons from the District.	Other Institutions, the deaths in which have been distributed among the several localities in the District.
	<p>Union Workhouse, Morpeth.</p> <p>County Asylum, Morpeth.</p> <p>Royal Victoria Infirmary, Newcastle-upon-Tyne.</p> <p>Prudhoe Memorial Home, Whitley Bay.</p>	

Is the Union Workhouse within the District? No.

TABLE II.
Vital Statistics of Separate Localities in 1908 and previous years.

Name of District, BEDLINGTONSHIRE.

NAMES OF LOCALITIES	BARRINGTON.				CAMBOIS.				CHOPPINGTON.				NETHERTON.				SLEEKBURN.				E. & W. SLEEKBURN.			
	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.
YEAR.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.
1898	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1899	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1900	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1901	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1902	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1903	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1904	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1905	1018	27	11	2	5525	185	79	32	2444	82	39	10	5314	186	96	33	1000	40	14	3	3815	125	67	21
Rate per 1000	26.52	26.52	10.80		33.48	33.48	14.3		18.06	35	15.95		18.06	35	18.06		1000	40	14		32.76	32.76	17.56	
1906	1088	41	19	5	5962	196	96	28	2626	86	35	11	5819	204	100	35	1294	52	20	8	4232	136	65	26
Rate per 1000	37.68	37.68	17.46		32.87	32.87	16.09		17.18	35.05	17.18		17.18	35.05	17.18		1294	52	20	8	42.32	42.32	15.35	
1907	1111	34	16	4	6119	183	77	28	2700	105	31	9	6059	184	84	25	1734	64	16	6	4513	135	59	20
Rate per 1000	30.6	30.6	14.3		29.7	29.7	12.5		13.9	38.8	11.5		13.9	38.8	13.9		1734	64	16	6	29.9	29.9	13	
1908	1117	35	29	7	6313	205	106	42	2745	77	32	9	6214	226	101	35	1830	62	31	12	4848	146	66	27
Rate per 1000	31.33	31.33	25.9		32.47	32.47	16.79		16.12	28	11.62		16.12	36.37	16.12		1830	33.88	16.94		30.11	30.11	13.6	

NOTES.—(a) The separate localities adopted for this table should be the areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired, be used for the whole district; and blocks 2, 3, &c., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns c of this table, and those of non-residents registered in public institutions in the district excluded. (See note on Table I, as to meaning of terms "resident" or "non-resident.")

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(d) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I. and IV.; thus, the totals of sub-columns a, b, and c should agree with the figures for the year in the columns 2, 3, and 12, respectively, of Table I.; the gross total of the sub-columns c should agree with the total of columns 2 in table IV., and the gross total of sub-columns d with the total of column 3 in Table IV.

TABLE III.

Cases of Infectious Disease notified during the Year 1908.

Name of District, *BEDLINGTONSHIRE.*

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						TOTAL CASES NOTIFIED IN EACH LOCALITY.						NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.					8 Total cases removed to Hospital.			
	At all Ages.	At Ages†—Years.					Barrington.	Bedlington.	Cambiois.	Choppington.	Nether-ton.	Sleekburn.	East & West Sleekburn.	1	2	3	4		5	6	7
		Under 1.	1 to 5	5 to 15	15 to 25	25 to 65															
						upwds															
Smallpox ...						2	5	1	5	1	5	4									
Cholera ...																					
Diphtheria ...	23	10	11		2																
Membranous croup ...																					
Erysipelas ...	12	1		2	7	2	4	1	3		4										
Scarlet fever ...	21	11	10			3	1		4	3	10										
Typhus fever ...																					
Enteric fever ...	38	1	12	13	12	13	10		4	5											
Relapsing fever ...																					
Continued fever ...	1		1				1														
Puerperal fever ...																					
Plague ...																					
*																					
Total ...	95	23	34	15	21	2	18	21	2	16	9	10									
													8	3	3	2	2				18

NOTES.—The localities adopted for this table should be the same as those in Tables II. and IV.

State in space below the name of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent. Mark (H) the locality in which it is situated, or if not within the district, state where it situated, and in what district. The name of the authority by whom the hospital is provided should also be given. Mark (W) the locality in which a workhouse is situated.

*This space may be used for record of other disease the notification (compulsory or voluntary) of which is in force in the district.

† These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

Column 8 should be filled up with the Totals of cases removed to Hospital, whether the District is divided into separate localities or consists of only one undivided area.

Isolation Hospitals at Stakeford and Staithe Quay, Bank Top.

TABLE IV.
Causes of, and Ages at, Death during Year 1908.

Name of District, *BEDLINGTONSHIRE.*

(See Notes at back.)

CAUSES OF DEATH. 1	DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING IN OR BEYOND THE DISTRICT.							DEATHS AT ALL AGES OF "RESIDENTS" BELONGING TO LOCALITIES, WHETHER OCCURRING IN OR BEYOND THE DIST.							TOTAL DEATHS WHETHER OF RESIDENTS IN PUBLIC INSTITUTIONS IN THE DISTRICT. 16
	All Ages. 2	Under 1 year 3	1 and under 5. 4	5 and under 15. 5	15 and under 25. 6	25 and under 65. 7	65 and upwards. 8	Barrington. 9	Bedlington. 10	Cambois. 11	Choppington. 12	Netherton. 13	Sleekburn. 14	East & West Sleekburn. 15	
Small-pox															
Measles															
Scarlet fever	1		1												
Whooping-cough	9	6	3					1	4	1	2	1			
Diphtheria (including Membranous croup)	3		2	1				1	1				1		
Croup															
Fever { Typhus	8				6	2		1	4	2				1	2
Enteric															
Other continued															
Epidemic influenza	2				1		1		1				1		
Cholera															
Plague															
Diarrhœa. (See notes at back)	20	12	6			1	1	2	2		6	4	5	1	
Enteritis. (See notes at back)	28	24	3						10		6	5	6	1	
Puerperal fever. (See notes at back)															
Erysipelas															
Other septic diseases	5		2	1		2		1				1	3		
Phthisis, (Pulmonary Tuberculosis)	20		1		3	16		1	4	3	6	2	4		
Other tuberculous diseases	10	2	5	1	2				2	2	3	1	1	1	
Cancer, malignant disease (See notes at back)	16				1	10	5	1	4	1	4	1	4	1	
Bronchitis	18	6	1			3	8		5	2	7		2	2	
Pneumonia	40	15	13	1		9	2	1	8	2	16	9	4		
Pleurisy															
Other diseases of Respiratory organs	6		4			2		1	1		2		2		
Alcoholism	5					2	3		2		1	1	1		
Cirrhosis of liver }															
Venereal diseases															
Premature birth	27	27						1	10		5		9	2	
Diseases and accidents of parturition	4					4					2	1		1	
Heart diseases	33				2	20	11		11	6	6	1	6	3	
Accidents	9		1	2	1	5		1	4	3			1		
Suicides	2					2		1							
Infantile Atrophy	30	28	2					4	10	4	9		2	1	
Cerebral Hæmorrhage	5					4	1		1		1	2	1		
Old Age	26						26	3	6	1	7		4	5	
Nervous diseases	31	12	8	2	1	5	3	4	10	4	5		7	1	
Kidney diseases	6		3			2	1		1	1	4				
All other causes	21	5		2		10	4	5	5	2	6	1	2		
All causes ..	385	137	55	10	17	100	66	29	106	32	101	31	66	20	2

NOTES TO TABLES IV & V.

- (a) In Table IV., all deaths of "Residents" occurring in public institutions, whether within or without the district, are to be *included* with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be *included* among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-residents" occurring in public institutions in the district are in like manner to be *excluded* from columns 2-8 and 9-15 of Table IV.
- (b) See notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" to be taken into account for the purposes of these Tables. The "Localities" in Table IV should be the same as those in Tables II. and III.
- (c) All deaths occurring in public institutions situated within the district, whether of "Residents" or of "Non-residents," are, in addition to being dealt with as in note (a), to be entered in the last column of Table IV. The total number in this column should equal the figures for the year in column 9, Table I.
- (d) The total deaths in the several "Localities" in columns 9-15 of Table IV should equal those for the year in the same localities in Table II., sub-columns c. The total deaths at all ages in column 2 of Table IV should equal the gross total of columns 9-15, and the figures for the year in column 12 of Table I.
- (e) Under the heading of "Diarrhœa" are to be included deaths registered as due to Epidemic diarrhœa, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhœa, Dysentery and Dysenteric diarrhœa, Choleraic diarrhœa, Cholera and Cholera Nostras.
- Deaths from diarrhœa secondary to some other well defined disease should be included under the latter.
- Deaths from Enteritis, Muco-enteritis, Gastro-enteritis, and Gastritis (see under the heading Diarrhœal Diseases in Table V.) in Tables IV. and V. should be placed immediately below, but separately, from those enumerated under the heading Diarrhœa as defined by enumeration above. This is particularly important for deaths under one year of age, as many of the deaths in infancy returned as due to Enteritis are really caused by Epidemic Diarrhœa. In the course of years, by the adoption of this recommendation, it will be practicable to ascertain the probable amount of transfer between these different headings.
- (f) Under the headings of "Cancer" and "Puerperal fever" should be included all registered deaths from causes comprised within these general terms. Thus: Under "Cancer" should be included deaths from Cancer, Carcinoma, Malignant disease, Scirrhus, Epithelioma, Sarcoma, Villous tumour, and Papilloma of bladder, Rodent ulcer. Under "Puerperal Fever" are to be included deaths from Pyæmia, Septicæmia, Sapræmia, Pelvic peritonitis, Peri- and Endo-Metritis, occurring in the Puerperium.
- (g) Under "Congenital Defects" in Table V are to be included deaths from Atelectasis, Icterus neonatorum, Navel Hæmorrhage, Malformations and Congenital hydrocephalus.
- (h) Under "Tuberculous Meningitis" are to be included deaths from Acute hydrocephalus.
- (i) Under "Other Tuberculous Diseases" are to be included deaths from Tuberculosis, Tuberculosis of bones, joints and other organs, Lupus and Scrofula.
- (j) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified"; all other deaths are to be regarded as "Uncertified."

In recording the facts under the various headings of Tables I., II., III., IV. and V., attention has been given to the notes on the Tables.

R. S. TROTTER,

Medical Officer of Health.

11th February, 1909.

TABLE V.

Bedlingtonshire Urban District.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

(See Notes at back of Table IV.)

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.	
All Causes	Certified ...	37	8	6	5	56	13	10	7	11	6	7	7	2	6	4	9	138	
	Uncertified ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
COMMON INFECTIOUS DISEASES.																			
Small-pox ...																			
Chicken-pox ...																			
Measles ...																			
Scarlet Fever ...																			
Diphtheria (including Membranous Croup)																			
Whooping Cough ...					1	1					1		2				2	6	
DIARRHOEAL DISEASES.																			
Diarrhoea, all forms ...			1	1	1	3	4	6	2	3	3	3	1	1	3	1	6	36	
Enteritis, Muco-enteritis, Gastro-enteritis, Gastritis-Gastro-intestinal Catarrh			1	1	1	3	3	6	1	3	3	3	1	1	1	1	5	31	
Gastritis-Gastro-intestinal Catarrh							1		1						2		1	5	
WASTING DISEASES.																			
Premature Birth ...		22	2	1		25	1			1								27	
Congenital Defects ...		1	1			2												2	
Injury at Birth ...																			
Want of Breast-milk, Starvation, Atrophy, Debility, Marasmus		8	3	2	1	14	6	3	3	1						1		28	
TUBERCULOUS DISEASES.																			
Tuberculous Meningitis ...										1								1	
Tuberculous Peritonitis																			
Tabes Mesenterica										1								1	
Other Tuberculous Diseases																			
OTHER CAUSES.																			
Erysipels ...																			
Syphilis ...																			
Rickets ...																			
Meningitis (not Tuberculous)																	1	1	
Convulsions ...		3		1	2	6		1	1			1	1					10	
Bronchitis ...				1		1			1	4								6	
Laryngitis ...																			
Pneumonia ...							2				1	3	3	1	3	2		15	
Suffocation, overlying ...																			
Other Causes ...		3				3					1							4	
		37	7	6	5	55	13	10	7	11	6	7	7	2	6	4	9	137	

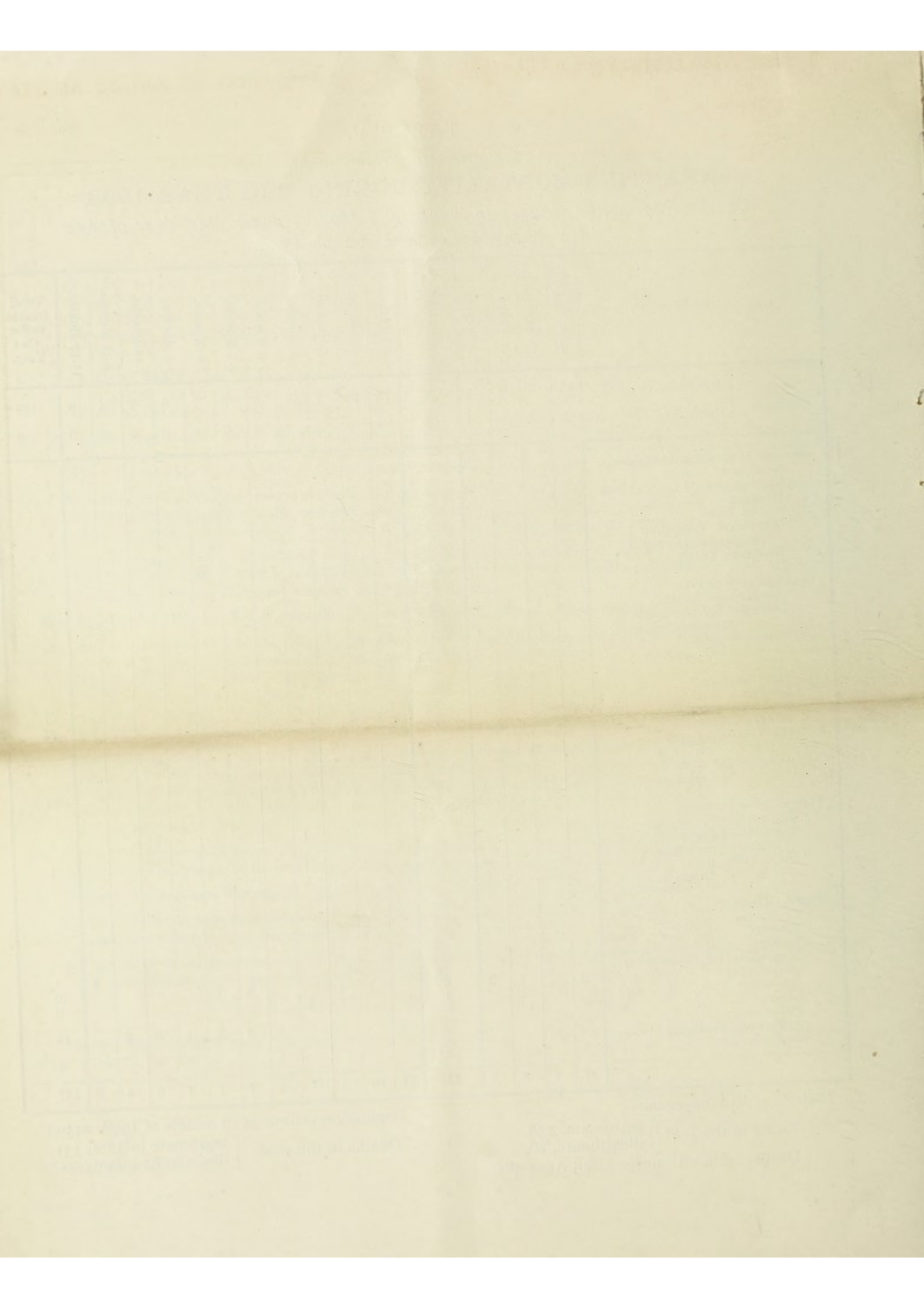
District of Bedlingtonshire.

Population estimated to middle of 1908, 24500.

Births in the year } legitimate, 758.
 } illegitimate, 26.

Deaths in the year } legitimate infants, 131.
 } illegitimate infants, 6.

Deaths from all Causes at all Ages 385.



CAUSES OF, AND AGES AT, DEATH during the 6 Months ending at 31st December, 1908.

Month ending 31st July. Month ending 31st August. Month ending 30th September. Month ending 31st October. Month ending 30th November. Month ending 31st December. TOTALS for 6 Months.

CAUSES OF DEATH. (TABLE IV.) [See Notes (a) and (b).]	Deaths in whole District at subjoined Ages.				Deaths in Localities (at all Ages).				Deaths in whole District at subjoined Ages.				Deaths in Localities (at all Ages).				Deaths in whole District at subjoined Ages.				Deaths in Localities (at all Ages).				Deaths in whole District at subjoined Ages.				Deaths in Localities (at all Ages).																																			
	All Ages.				All Ages.				All Ages.				All Ages.				All Ages.				All Ages.				All Ages.				All Ages.				All Ages.																															
	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.																						
Small-pox																																																																
Measles																																																																
Scarlet fever																																																																
Whooping-cough	1	1																																																														
Diphtheria and Membranous Croup	1																																																															
Kidney diseases																																																																
Typhus																																																																
Enteric																																																																
Other continued																																																																
Epidemic Influenza	1																																																															
Cholera																																																																
Plague																																																																
Diarrhoea	5	5					10	5	3				16	5	3				16	5	3				16	5	3																																					
Enteritis																																																																
Paratyphoid																																																																
Erysipelas																																																																
Other Septic Diseases																																																																
Phthisis																																																																
Other Tuberculous Diseases																																																																
Cancer, Malignant disease	2						2						2						2							2																																						
Bronchitis																																																																
Pneumonia	1						1						1						1							1																																						
Paratyphoid																																																																
Other diseases of Respiratory Organs																																																																
Alcoholism																																																																
Cirrhosis of liver																																																																
Veneral diseases																																																																
Premature Birth																																																																
Diseases and Accidents of Parturition																																																																
Suicides																																																																
Infantile Atrophy																																																																
Cerebral Haemorrhage																																																																
Old Age																																																																
Nervous Diseases																																																																
All other causes																																																																
All causes	33	9	3	0	7	15	37	7	0	7	20	44	9	2	10	3	8	55	16	3	0	9	22	61	15	8	1	11	2	9	1	4	3	10	15	8	1	1	7	8	2	1	9	3	5	2	6	1	4	3	200	76	37	4	9	50	34	17	57	14	50	13	36	13
Deaths	15 M 18 F				21 M 16 F				22 M 13 F				19 M 12 F				22 M 18 F				15 M 9 F				2007637				4 95034				17571450				133613																											
Births	22 M 43 F 1 M 2 F Illeg.				28 M 38 F 1 M Illeg.				32 M 24 F 1 F Illeg.				34 M 22 F 2 M Illeg.				34 M 31 F.				22 M 42 F 1 M 4 F Illeg.				65				64																																			

