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GENERAL REPORT

BY

ALEXANDER CAMERON, M.P.,

ETC.,

Medical Officer of Health

FOR THE

CAISTOR UNION

RURAL DISTRICT COUNCIL.

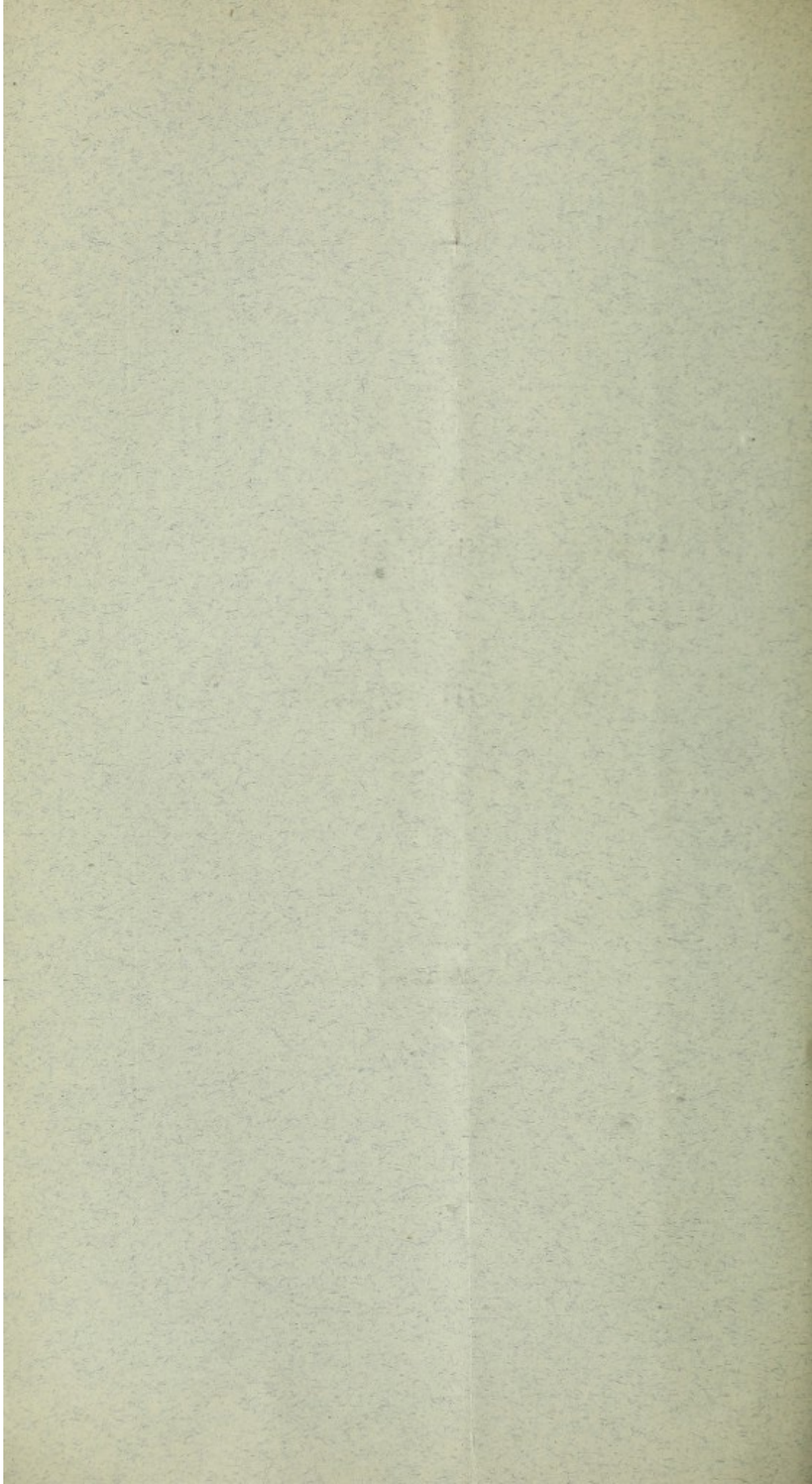


31st DECEMBER, 1896.



CAISTOR:

CHARLES PARKER, MACHINE PRINTER, &c., MARKET-PLACE.



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TO THE

Caistor Union Rural District Council.

GENTLEMEN,

In compliance with the General Order of the Local Government Board, I have the honour of presenting you with my Eighteenth Annual Report. I have attended all the Sanitary Meetings which you held during the year, and, as in previous years, have visited and made enquiry as to the cause of each case of Zymotic Disease in your District of which I became aware; and advised each family that I visited of the cause of the outbreak, as far as I could ascertain it, and of the best means I could consider necessary for preventing its spread and continuance, and duly reported to you my proceedings. I also left or sent to each family a printed copy of suggestions for preventing the spread of Infectious Disease, a copy of which is appended to this Report.

In the following tabulated statements of Birth-rates and Death-rates of your Sanitary Districts during 1896, I have included the deaths which occurred in the Workhouse, placing to each Sub-division those deaths belonging thereto, and also placing those deaths occurring within your Districts among persons not belonging thereto, in the columns allotted for that purpose.

The Caistor Sub-division.

Number of Births.....	212
Birth-rate	25·2 per 1000
Number of Deaths	125
Death-rate	14·8 per 1000
From Zymotic Disease.....	1·3 per 1000

The Market Rasen Sub-division.

Number of Births.....	154
Birth-rate	24·7 per 1000
Number of Deaths	106
Death-rate	17·04 per 1000
From Zymotic Disease.....	·8 per 1000

Proportion of deaths under one year to Registered Births,
Caistor, 99·05 ; Market Rasen, 175·3.

Birth-rate of combined District..	25·03 per 1000
Death-rate of combined District..	15·8 per 1000

England and Wales—1896.

Birth-rate	29·7 per 1000
Death-rate	17·1 „
Death-rate from Zymotic Disease.	2·18 „
Death-rate in large towns from all causes	18·0 „
Death-rate in small towns and rural districts from all causes	15·3 „

Proportion of deaths under one year to Registered Births,
148 per 1000.

I have visited the common lodging-houses and slaughter-houses and found them in proper condition.

The Vaccination arrangements have been carried out efficiently, and without any appreciable opposition by Anti-vaccinators.

Tabulated statement of cases reported to me during 1896 in compliance with the Infectious Disease (Notification) Act.

Scarlatina	30 cases reported to me.
Diphtheria	20 cases reported to me.
Membranous Croup . .	4 cases reported to me.
Typhoid Fever	10 cases reported to me.
Erysipelas	5 cases reported to me.

SCARLET FEVER.

Thirty cases of scarlet fever were reported to me during 1896 as against 28 cases in 1895. I have noticed that scarlet fever in this Union has been for the last few years of a much milder character. There was only one death from it in the Caistor Sub-division, and none in the Market Rasen Sub-division. Seven cases of scarlet fever occurred in the village of Nettleton, 2 at Somerby, 5 at Bigby, 1 at Owmbly, and 1 at Limber.

In the Market Rasen Sub-division 1 case occurred at Walesby, 3 at West Rasen, 1 at Kingeryby, 2 at Linwood, 2 at North Owersby, 4 at South Owersby, and 1 at Wadingham.

In every case I left with them, or posted to them, a copy of my suggestions for preventing the spread of Infectious Diseases.

DIPHThERIA.

At the Meeting of the Sanitary Board on June 13th, I reported to you the case of a child at North Kelsey, of the name of Robert Lingard, son of the Postmaster there, as suffering from Diphtheria. I visited the house, and found not only a badly-constructed privy, but also no satisfactory means of disposing of the refuse water from the house. The name of the owner of the house was obtained with a view of having these unsanitary conditions removed, but owing to the house being situated beyond the reach and below the level of the main sewer, it cannot be drained, but everything is conveyed well away and the premises kept very clean.

I reported seven cases of Diphtheria on the same date in the house of Mr C. Wilson, of Audleby Villa. The drains were found to be plugged and the water-closet was very offensive. The drains have been opened and cleansed so that refuse may flow freely through them, and the water-closet put into satisfactory working order.

On September 5th, I reported to you that Mrs. Blackey, of Linwood, was suffering from Diphtheria. It was a mild case. I examined the house and its surroundings, but was unable to discover any unsanitary condition likely to have caused the disease; and the drinking water, which I analysed, was pure and good.

On October 3rd, I reported to you that three children of the name of Chandler, residing in a cottage at Limber, were suffering from Diphtheria. Their drainage, which is connected with the village drainage, was in good going order, and their privy, which is at the extreme end of their garden, was in an

average sanitary condition ; but the cottage itself struck me as being untidy and the reverse of clean. There is no water supply and the family is obliged to obtain the water they require from a pump near the Post Office, which is at some distance from their cottage. I analysed the water from this pump and found it to be fairly good water.

On the same day I reported to you a case of Diphtheria at West Rasen. The patient's name was Thomas Chambers. I visited his cottage and examined it and its surroundings, but was unable to detect anything likely to give rise to the disease. The drainage was well constructed and in good order ; the privy clean and distantly removed from the cottage ; and the drinking water was obtained from a well belonging to the Rev. W. W. Cooper—a sample of which I analysed and found good and pure. Chambers tells me that he periodically cleans out several cesspools connected with his master's house, and it is possible that he contracted the disease while so doing.

At your meeting on October 31st, I reported to you two cases of Diphtheria which were notified to me as occurring at Keelby. Arthur Crampton, the first case, was living with his parents, and had several brothers, none of whom were affected. I failed to detect any unsanitary condition to account for this case of Diphtheria. Their drinking water was fairly good and plentiful. On visiting the other case, that of Annie E. Lewis, I found that she lived with relations who had adopted her. There were other children living in the same yard who were well and healthy, and I failed to detect any unsanitary condition in the surroundings with one exception, and of this the family complained. Their liquid refuse was conveyed from their door, and across the road, and underneath an outhouse,

by an underground drain, which emptied itself into a hollow in a grass field immediately beyond, the refuse accumulating and constituting a liquid mass of a putrid and offensive nature. When the wind blew from the direction of this pond and towards their house, a most offensive smell pervaded the cottage. Negotiations are now in progress between the owner and Captain Pretyman (owner of an adjoining field) with a view of constructing a satisfactory drainage.

On November 27th, I reported to you that Sydney Chambers, West Rasen, was suffering from Diphtheria. He probably contracted the disease from his father, whose case I have mentioned above. I also reported to you five cases of Diphtheria at Keelby (one of which proved fatal—that of a girl named Skinner), and another case at Limber Grange. I visited the houses of all those persons, examined their surroundings, and analysed their drinking water, but failed to detect any apparent cause for the outbreak. In the case of the girl named Skinner, the privy had been previously disinfected and I found it clean and in good order, but for a privy, under ordinary conditions, it is much too near the back door of the cottage. About this time I observed that, not only about Limber and Keelby, but all round the neighbourhood of Caistor, sore throats were very prevalent, and I attribute it to the long continuance of wet and damp weather.

On December 26th, I reported to you that a child of the name of Lucy Brady, residing at Wadingham, was suffering from Diphtheria. They had to fetch their drinking water from a long distance, as their own pump was out of order. They dispose of their refuse water by means of a natural stream which flows past their cottage. I analysed the water they were

using and found it good, but as they have to go so great a distance to procure it, I fear it may be used too sparingly.

MEMBRANOUS CROUP.

On April 18th, I reported to you that Henry Hallett, at Limber, was suffering from Membranous Croup. The cottage in which he lived was one of two under the same roof, and the unsanitary condition of both was the same. The gullies belonging to the two drains were much too deep—nearly two feet in depth—and when I examined them, they were full of highly decomposed semi-liquid matter, and when disturbed gave off a very offensive effluvia. The overflow was received into a cesspool much too near the cottage. On account of the situation of these gullies it renders them, when in a poisonous condition, specially dangerous to health.

In June I reported to you that the son of James Bowness, of North Kelsey, was suffering from Membranous Croup. On visiting the house where he lived I found it in most respects in a very unsanitary condition. The privy was constructed of an old-fashioned vault and was very foul, and there was no way of removing the refuse water from the house, it was allowed to accumulate in a ditch close by their back door, which was in fact simply a long open cesspool. There was no water supply except what could be obtained from a pump in the foulest of farmyards, and the family had to obtain their drinking water from a well at a considerable distance. The privy has been removed and a new one constructed, with small covered ashbin adjoining, further away. The drainage has also been amended.

In July I reported to you that the son of Charles Parkinson, of North Kelsey, was suffering from Membranous Croup. I

visited the cottage, which is a very old and dilapidated one. There is only one bedroom, which is used by the father and his four children. They carry their refuse water and all other refuse and put it on the land. Their privy is at a long distance from the cottage, and is a vault and not a removable box. The vault has a hole at the bottom to permit of the escape of its contents into a cup-shaped hollow, evidently made to receive it. This, owing to the heavy and continuous rain, was about full of liquid of an offensive and dangerous character. The privy has been repaired and a small covered ashbin made. The drainage has been amended, though it is not yet quite satisfactory.

On September 5th I reported to you that a child of Police Officer Stamp, of North Kelsey, was suffering from Membranous Croup. I visited the house and found all the surroundings in a good sanitary condition, with the exception of the privy. This was a deep vault with no ventilation except by the door, which was much too narrow. The privy was also in an improper place adjoining the public road. There was no water supply to the house, so the occupants had to go down a neighbour's garden and obtain water from their well. This well was in a very bad situation, being closely surrounded with privies and ashpits. I took a sample of this water for analysis, and considered it dangerous to use for culinary purposes.

TYPHOID FEVER.

On January 25th I reported to you that Emma Goodhand, a child living with her parents at Water Mill Farm, Moortown, was suffering from Typhoid Fever. This cottage, as well as the adjoining one, has been reported to you on account of deficient sanitary arrangements. The inmates of both cottages

obtain their drinking water from the beck which runs through Nettleton village, and which cannot, I should say, be fit for drinking purposes. Nothing has yet been done to amend these unsatisfactory arrangements. I also reported to you that a child of the name of Edward Alcock, living at Caistor, was ill from Typhoid Fever. The drainage was in a bad condition, and this, I have no doubt, gave rise to the illness, but it has since been attended to.

In April I reported to you that Annie Green, living with her parents in a travelling van at Keelby, was suffering from Typhoid Fever. The family came to Keelby from their home in Gloucestershire, and it is impossible to say how the fever originated.

On the same day I reported to you that Mrs. Sparrow's child was ill from Typhoid Fever at Owmbly Top. Mrs. Sparrow had herself had the fever some months ago. I then examined the house and surroundings, and analysed the drinking water, and could not account for the origin of the illness. On receiving notice of the child's illness I again visited the cottage and found all as I had done at my former visit. I again analysed the drinking water, and though it appeared to me to have somewhat deteriorated since my last analysis, I should not have condemned it as the cause of the disease, could I have found a more probable cause in the surroundings of the cottage.

On June 13th I reported to you that a boy named William Rawlinson, living at a farm at West Rasen, was suffering from Typhoid Fever. I visited the house and found that a drain used for the disposal of refuse water from the house was being

opened with a view of ascertaining if it were plugged in any part or not. I analysed some of their well water and found it much charged with decomposed organic matter and unfit for drinking purposes. There were two privies outside the house, which were new and well-built, but both are without any ventilation. There should be some ventilation at the top of each.

On August 8th I reported to you the case of Elizabeth Thompson, of Keelby, as suffering from Typhoid Fever. I visited and examined the cottage and its surroundings, and analysed a sample of their drinking water, but without discovering any condition likely to originate the disease.

On September 5th I reported to you the case of Mr. Broughton, a carpenter, at Bigby. I visited his house and carefully examined the premises, and I noticed that their refuse water was conveyed by a covered drain to a land drain at some distance. There was no trap at the mouth of the drain so that the impure gases generated in the covered drain had no escape save by the mouth of the drain near the cottage door. I also found that the water from Mr. Broughton's well was not pure upon analysis. The drainage has been amended and trapped all over the village of Bigby.

I also reported that Mrs. Brumpton, of South Owersby, was suffering from Typhoid Fever. The occupants of the cottage in which she lived had no water supply for drinking purposes, but had to cross several fields to obtain it, it was however a good supply that they so obtained.

I also reported at the same time the case of Annie Whelpton, of Middle Rasen, but I found on visiting her that

she had come home from Newark (where she had been in service) ill of the fever.

On December 26th I reported to you that William and Lizzie Vessey, father and daughter, were ill from Typhoid Fever at Keelby. I visited their home and found it and its surroundings in a good sanitary condition, with the exception that their pigstye was too near their front door, and its liquid contents flowed out of the stye on to the pavement in front of their door, and saturated the soil between and underneath the stones, a fruitful source, I should consider, for originating and cultivating disease germs. Pigstyes are now being constructed further away.

ERYSIPELAS.

Five cases of Erysipelas were reported during 1896. I visited each case, but only in one case did it appear necessary to report to your Board.

On November 27th I reported that Mrs. Aaron Neave, of South Owersby, was suffering from Erysipelas, and on visiting the house I found that the privy was situated too near the back door of the house. As a rule they obtain their drinking water from a well that is far too distant from the cottage—occasionally they obtain water from a foul stream which flows past the cottage, and this would be very likely to give rise to disease.

I am, Gentlemen,

Your obedient Servant,

ALEXANDER CAMERON.

RAINFALL IN 1896.

Rain Gauge { Diameter of Funnel, 5 in.
 Height of Top { Above Ground, 9 in.
 Above Sea Level, 283 ft.

Month.	Total Depth.	Greatest Fall in 24 Hours.		Number of Days on which .01 or more fell.
		Inches.	Depth.		Date.
January .. ..	.99	.38	27	3
February .. ..	.60	.35	19	2
March	1.85	.70	15	7
April	1.03	.44	16	3
May .. ..	.74	.28	21	4
June	2.44	1.04	4	11
July	2.11	1.22	7	4
August	2.17	.70	26	7
September	4.97	1.36	4	13
October	8.14	1.71	16	13
November	1.35	.67	18	3
December	3.69	.71	25	8
TOTAL ..	30.11			



SUGGESTIONS

For preventing the spread of Infectious or Contagious Diseases, such as Scarlet Fever, Small Pox, Fever, &c.

Immediately upon ascertaining the infectious nature of the illness, place the sick person in a separate bedroom if the house be sufficiently large, and when possible at the top of the house, as the infectious germs are prone to float upward not downward, removing without delay from the bedroom every unnecessary article, pictures, books, carpets, curtains, furniture, to prevent them becoming infected.

The upper part of the window should be kept open, and a fire be lighted, if the weather permit. The more fresh air passes through the whole house the better.

Procure a sheet large enough to cover the door of the sick room. Soak it in a solution of a quarter of a pint of Carbolic Acid (No. 4) and a gallon of water, and hang it outside the door, and keep it continuously wet with the solution. The floor of the room should be frequently sprinkled, and cloths wet with the solution be suspended in the room. Evacuations which pass from the sick person should be received in a utensil containing half a pint of a solution of green copperas, made by dissolving one pound of the copperas in a gallon of water. A little quantity of the solution should be added to the evacuation immediately upon being removed from the sick person. The contents of the utensil should be buried immediately in the ground when possible, the greatest care being taken to prevent any portion of it percolating into a well or contaminating any drinking water.

The sick person should use the same cup, spoons, and glasses during his illness, which should never be removed from his bedroom until the bedroom and its contents be disinfected.

Neither solids nor fluids which have been in the sick room should be given to any one else.

All bed and body linen should, before being taken from the room, be put into a carbolic acid solution of the strength stated above, and left for an hour, and then boiled in water.

Pieces of old linen or cotton rag should be used instead of handkerchiefs, and when soiled be burned in the sick room if possible.

The nurse should neither go to Church nor Chapel, nor frequent any public place, nor leave the sick room and go about the house, nor should she wear woollen clothing, but cotton dresses or similar washable material.

The sick room should not be visited by other than those who are in attendance on the sick, for fear of carrying away infection.

In Scarlet Fever, Dr. Edmund Parkes, in his standard work of Practical Hygiene, says, "The skin should be rubbed from the very commencement of the rash, until desquamation is completed, with camphorated oil" On what day this fever begins to be communicable it is impossible to say with certainty, but it is universally acknowledged that the desquamating stage is the most communicable and the time most necessary for the application of oil to the skin.

The object in view in this application of oil is not the cure of the patient, but by saturating the cuticle we increase its weight, and so prevent it from being diffused through the air, and also to prevent, as far as possible, the contagious poison from permeating or breaking through the layer of oil. In an ordinary mild case of Scarlet Fever, I should think that the application of oils to the skin from the very beginning of the disease should not be appreciably injurious to the patient, but I should dread such application in a bad case of Scarlet Fever for the following reasons:—

Granting that the disease is communicable from the first day of indisposition, our chief duty is to save the patient's life, and as it is by the skin and throat nature eliminates the poison from the body, by applying oils to the skin one would be hindering the elimination of the poison by that function. Inflammation of the throat is frequently so severe as to be the evident cause of death; by plugging the pores of the skin by the application of oil, we would be driving more of the poison to the throat, increasing the inflammation there, and bringing about the patient's death.

In all cases of Scarlet Fever the temperature of the blood is high. All other things being equal, the degree of danger is in proportion to the height of the temperature. This high temperature in normal cases continues only for a few days, and when past the danger of death is practically over if it leave no complication. During the first stages the temperature may run so high as to kill a child in twelve hours' time. The application of oils in a bad case during this sharp stage, by blocking the pores of the skin, prevents the heat escaping from the body, and the poison from being eliminated, thereby increasing the temperature and the patient's danger. Such being my own individual opinion, I could not in a bad case advise the application of oils to the body during the first stage, but immediately upon the temperature becoming reduced, and the skin is beginning to peel, apply camphorated oil until the skin has become quite smooth, and the peeling has entirely ceased; then use warm baths and carbolic acid soap, after which the patient may mix with the rest of the family in clothes which had not been exposed to the infection, or having been so exposed, have been properly disinfected in the following manner:—

When the Fever has terminated, the room or rooms occupied by the sick during the fever should have their fire-places and all openings well closed to prevent the escape of smoke; do not remove anything from the rooms; let the blankets and other clothing be well exposed across chairs or suspended from lines; then take a quarter to a pound of Sulphur (powdered), according to the size of the room; put the Sulphur in an iron or tin vessel, place this vessel on a stone flag or a bucket of water, and set fire to the Sulphur by putting a few red-hot cinders on it; go out of the room and close the door to prevent the escape of the fumes by putting something in any place where it escapes. Leave it so for 24 hours. After that the room should be well ventilated by opening the door, windows, and fire-places. The ceiling should be whitewashed; the paper taken off the walls and burnt; the furniture and all wood and painted work washed with soap and water in which there is some chloride of lime; the blankets, clothing, and all washable materials should be in addition washed in hot water. Until an infected room is thus disinfected it cannot be safely occupied.

No child should be allowed to attend school from a house in which there is a dangerous infectious disease; neither should a child be allowed to resume his attendance at school without presenting to the Schoolmaster a certificate from the family Medical Attendant, giving it as his opinion that he can do so without danger of infecting other children.

In case of death the body should not be removed from the room except for burial. The body should be put into a coffin as soon as possible with a pound of carbolic powder, then the coffin should be fastened down and the body buried with as little delay as possible.

No needlework of any description, no books except such as are to be destroyed after being read, should be allowed to beguile the tedium of the sick room. Dogs, cats, kittens, and birds, should be forbidden the companionship of desquamating children, and so prevent a most efficient means of sowing the living seeds of disease elsewhere.

The following quotations from the Public Health Act, 1875, may be useful:—

Penalty on Exposure of Infected Persons and Things.

126. Any person who—

- (1) While suffering from any dangerous infectious disorder wilfully exposes himself without proper precautions against spreading the said disorder in any street, public place, shop, inn, or public conveyance, or enters any public conveyance without previously notifying to the owner, conductor, or driver thereof that he is so suffering; or

- (2) Being in charge of any person so suffering, so exposes such sufferer ; or
- (3) Gives, lends, sells, transmits, or exposes, without previous disinfection, any bedding, clothing, rags, or other things which have been exposed to infection from any such disorder,

shall be liable to a penalty not exceeding five pounds ; and a person who, while suffering from any such disorder, enters any public conveyance without previously notifying to the owner or driver that he is so suffering, shall in addition be ordered by the court to pay such owner and driver the amount of any loss and expense they may incur in carrying into effect the provisions of this Act with respect to disinfection of the conveyance.

Provided that no proceedings under this section shall be taken against persons transmitting with proper precautions any bedding, clothing, rags, or other things for the purpose of having the same disinfected.

Penalty on failing to provide for Disinfection of Public Conveyance.

127. Every owner or driver of a public conveyance shall immediately provide for the disinfection of such conveyance after it has to his knowledge conveyed any person suffering from a dangerous infectious disorder ; and if he fails to do so he shall be liable to a penalty not exceeding five pounds ; but no such owner or driver shall be required to convey any person so suffering until he has been paid a sum sufficient to cover any loss or expense incurred by him in carrying into effect the provisions of this section.

Penalty on Letting Houses in which Infected Persons have been Lodging.

128. Any person who knowingly lets for hire any house, room, or part of a house in which any person has been suffering from any dangerous infectious disorder, without having such house, room, or part of a house, and all articles therein liable to retain infection, disinfected to the satisfaction of a legally qualified medical practitioner, as testified by a certificate signed by him, shall be liable to a penalty not exceeding twenty pounds.

For the purposes of this section, the keeper of an inn shall be deemed to let for hire part of a house to any person admitted as a guest into such inn.

ALEXANDER CAMERON, M.D.,

Medical Officer of Health, Caistor Union Rural District Council.

K² 3.

TABLE OF DEATHS during the Year 1896, in the Rural Sanitary District of the Caistor Union Rural District Council; classified according to Diseases, Ages, and Localities.

(A)

Names of Localities adopted for the purpose of these Statistics; public institutions being shown as separate localities. (See note 4 on back of sheet). <i>(Columns for Population and Births are in Table B).</i> <i>(a)</i>	MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES.							(i)	MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.																								
	At all ages.	Under 1 year.	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards.		1	2	3	4	FEVERS.								10	11	12	13	14	15	16	17	18	19	20	21	22
													Smallpox	Scarlatina	Diphtheria.	Membranous Croup.	Typhus.	Ereptic or Typhoid.	Continued.	Relapsing.													
CAISTOR	123	21	10	8	7	28	49	Under 5 { 5 upwds.	..	1 0	0 3	2 1	..	0 3	..	..	..	..	..	..	..	..	..	0 1	2 3	..	0 10	7 9	0 23	..	1 3	18 36	31 92
MARKET RASEN	99	27	10	3	..	14	45	Under 5 { 5 upwds.	..	..	..	..	..	1 0	..	..	0 1	..	..	..	..	..	..	3 0	..	..	0 3	10 9	0 9	..	1 3	22 37	37 62
WORKHOUSE	13	1	..	..	2	2	8	Under 5 { 5 upwds.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0 3	0 3	0 3	..	..	1 4	1 12
Totals	235	49	20	11	9	44	102	Under 5 { 5 upwds.	..	1 0	0 3	2 1	..	1 3	..	..	0 1	..	..	..	..	..	..	3 1	2 3	..	0 15	17 21	0 35	..	2 6	41 77	69 166

The subjoined numbers have also to be taken into account in judging of the above records of mortality. See Note 5 on back.

Deaths occurring outside the district among persons belonging thereto.	..	..	..	..	..	..	..	Under 5 { 5 upwds.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Deaths occurring within the district among persons not belonging thereto.	..	..	..	..	1	1	2	Under 5 { 5 upwds.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0 1	0 2	0 1	..	..	..	0 4

* The heading of column 19 is left blank for the insertion of Influenza, or any other disease which it may be thought desirable to record.

NOTES ON TABLES A AND B.

NOTE 1. Medical Officers of Health of "Combined Districts" must make a separate Return for the District of each District Council.

2. Medical Officers of Health acting for a portion only of the District of a District Council should write, in the heading of the Table, the designation of the Division for which they act.

3. The words "Urban," "Rural," or "Metropolitan," must be inserted in the appropriate space in the heading, according as the District is Urban or Rural, or is within the Metropolitan Area.

4. The "Localities" adopted for the purpose of these statistics should be areas of known population; such as parishes, groups of parishes, townships or wards.

As stated at the head of the first column in each Table, *Public Institutions* should be regarded as separate localities, and the deaths in them should be separately recorded. Workhouses, Hospitals, Infirmarys, Asylums, and other establishments into which numbers of people, and especially of sick people, are received, are Public Institutions for the purpose of these statistics.

5. The deaths which have to be classified in this Table (A), and summed up in the horizontal line of "Totals," are the whole of those registered as having actually occurred in the several localities comprised within the Division or District. But the registered number of deaths frequently requires correction before it can give an exact view of the mortality of a Division or District, and the two lowest horizontal lines are provided for the purpose of enabling Medical Officers of Health to indicate, to the best of their ability, what the extent of such correction should be. Details concerning the corrective figures, e.g., the institutions that have been considered, or the particular localities to which corrections apply, may appear in the text of the report or in supplementary tables.

Area and Population of the District or Division to which this Return relates.											
Area in Acres 117,150.											
Population (1891) 14,618.											
Death Rates.	<table style="display: inline-table; border: none;"> <tr> <td style="font-size: 2em; vertical-align: middle;">{</td> <td style="padding: 0 5px;">General</td> <td style="padding: 0 5px;">15·8</td> <td style="font-size: 2em; vertical-align: middle;">{</td> <td style="padding: 0 5px;">per 1,000 Population, estimated to middle of 1896.</td> </tr> <tr> <td style="font-size: 2em; vertical-align: middle;">{</td> <td style="padding: 0 5px;">Infant (under one year of age)</td> <td style="padding: 0 5px;">131·14</td> <td style="font-size: 2em; vertical-align: middle;">{</td> <td style="padding: 0 5px;">per 1,000 Births Registered.</td> </tr> </table>	{	General	15·8	{	per 1,000 Population, estimated to middle of 1896.	{	Infant (under one year of age)	131·14	{	per 1,000 Births Registered.
{	General	15·8	{	per 1,000 Population, estimated to middle of 1896.							
{	Infant (under one year of age)	131·14	{	per 1,000 Births Registered.							

In recording the facts under the various headings of Tables A and B, attention has been given to the notes endorsed on the Tables.

ALEXANDER CAMERON, *Medical Officer of Health,*

(Date) *March 30th, 1897.*

K² 11.

TABLE OF POPULATION, BIRTHS, and of NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the Year 1896, in the Rural Sanitary District of the Caistor Union Rural District Council; classified according to Diseases, Ages, and Localities.

(B)

Names of Localities adopted for the purpose of these Statistics; public institutions being shown as separate localities. (See note 2 on back of sheet). (a)	POPULATION AT ALL AGES.		Aged under 5 or over 5. (e)	NEW CASES OF SICKNESS IN EACH LOCALITY, COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.													NUMBER OF SUCH CASES REMOVED FROM THEIR HOMES IN THE SEVERAL LOCALITIES FOR TREATMENT IN ISOLATION HOSPITAL.														
	Census 1891. (b)	Estimated to middle of 1896. (c)		Registered Births. (d)	1	2	3	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	6	7	8	9	10	11	12	13	
					Smallpox.	Scarlatina.	Diphtheria.	Membranous Group.	Typhus.	Enteric or Typhoid.	FEVERS.	Relapsing.	Puerperal.	Cholera.	Erysipelas.																
														FEVERS.																	
CAISTOR	8400	8400	212	{ Under 5 5 upwds.	..	0	0	0	..	0	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
MARKET RASEN	6218	6218	154	{ Under 5 5 upwds.	..	0	0	0	..	0	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	14618	14618	366	{ Under 5 5 upwds.	..	0	0	0	..	0	..	..	..	..	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

State here whether "Notification of Infectious Disease" is compulsory in the District.—Yes. Since when?—December 31st, 1889. Besides the above-mentioned Diseases, insert in the columns with blank headings the names of any that are notifiable in the District, and fill the columns accordingly. State here the name of the Isolation Hospital used by the sick of the District. Mark (H) the Locality in which such Hospital is situated; and if not within the District, state where it is situated. There is no Isolation Hospital in the District.

NOTES ON TABLE B.

(See also Notes on back of Table A.)

- NOTE 1. The present *Table B.* is concerned with population, births, and sickness (not with mortality) in the District or Division to which the Table relates.
2. As stated in the heading of Column (a), *Public Institutions* should be regarded as separate localities, and the new cases of sickness in them should be separately recorded. Workhouses, Hospitals, Infirmarys, Asylums, and other establishments into which numbers of people, and especially of sick people, are received, are *Public Institutions* for the purpose of these statistics.
3. *Comments on any unequal incidents of notifiable disease upon the several localities, and considerations as to the local incidence of consumption and other prevalent diseases, should be made in the text of the Report.*