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DRIFFIELD
RURAL DISTRICT COUNCIL.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

FOR THE YEAR 1905.

DRIFFIELD :
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1906.



HEALTH REPORT, 1905.

To the Chairman and Members of the Driffield Rural District Council.

Gentlemen,

The time has again come round for me to submit to you my Annual Report on the health of your district during the year that has just passed. I have much pleasure, therefore, in presenting to you that report for the year 1905. In many respects it is better than that of last year, in others it is not so satisfactory, and generally speaking it suggests food for much thought. The general death rate is higher, in fact the highest for at least 10 years; the zymotic death rate is lower, and the birth rate is higher.

POPULATION.

From 1881 to 1901 the average annual exodus from our district to the towns was 282. Presuming that this rate of exodus has been maintained, a presumption there seems no reason to doubt, I estimate the population of the district at 11,344. This shows a steadily decreasing population, and as I have often remarked, it calls for very serious consideration on our part. Does this come within our preview as sanitarians and administrators of local government in the district? I think that it can easily be shown that such is the fact. I believe that the housing of the working classes in rural districts is one of the causes of the rural exodus. It further accounts also for the rapid spread of infectious diseases in some of the villages, isolation being impossible. A wise and judicious application of the powers vested in local authorities by the various Acts of Parliament would do much to remedy the existing state of affairs. What can be done by private effort has been proved by the present Minister of Agriculture, Earl Carrington. His lordship has kindly furnished me with statistics of the result of the working of Small Holdings on his estates in Lincolnshire, Norfolk, and Buckinghamshire. The outcome of the provision of Small Holdings has been to raise the standard of living, to encourage thrift, to give rise to a demand for better housing, and finally to put a stop in one district almost entirely to the rural exodus. Lord Carrington has nearly 3,000 small holders on his estates. Around Spalding, in Lincolnshire, his yearly rental from these Small Holdings is £1,325, and there is only

£6 arrears. From this district in the ten years 1882—1892 the exodus was 2,500, but since the provision of Small Holdings it had fallen in 19 parishes to 150 in 10 years. His lordship says: "These men, most of them agricultural labourers, had so risen in the social scale, that they did not desire to live longer in the cottages, and so they had asked him to build better houses. He was not erecting these on a charitable but a practical basis. The cottages being vacated were being occupied by other labourers, who, he hoped, in time would follow their predecessors into houses of a better type." His lordship thought this experiment showed that if they could give these people holdings, they might keep labour on the land, as well as stop that overcrowding of the towns which was becoming a positive danger to the community. That these holdings do not interfere with the labour of the large farms is shown by the statement of a large farmer in the district, who says, "My experience is that allotments help to keep *good* men on the land; I take care that all my men are provided with them. I farm in three or four parishes, in all of which there are plenty of allotments, and farmers are in those parishes all well off for labourers, and good labourers too." Lord Carrington says that in 37 years, during which he has held his estates, he has only changed eighteen tenants except in cases of death. He tells his tenant farmers that so long as they farmed their land properly, and paid a fair, not a competitive rent, they might pray where they liked, vote as they liked, and shoot where they liked. It seems to me, gentlemen, that on these lines the better housing of the rural population may be solved, and any assistance which local authorities can give to the scheme is an effort in the direction of sanitary reform. Mr. Geo. White, M.P., of the Norfolk Small Holdings Association, says: "There is no question so important to the nation as the land question. How are we going to stand the strain of Empire abroad if we have not a vigorous, able peasantry at home? Such men *cannot* be raised in the slums of our big cities. We must stop the depopulation of the rural districts if by any possibility it can be done. The creation of Small Holdings is one remedy, and the housing of the people under better conditions is another." Lord Carrington's experience seems to prove that the two remedies are inter-dependent. My apology for constantly returning to this subject in my annual report, and for dealing with it at such length, must be my firm opinion that it is entirely vital to the national welfare both at home and abroad. The question affects not the rural districts only but the whole nation. To endeavour to cope with it in every possible way is a national, and not merely a local, duty. Any efforts which local rural authorities make to the solution of this great problem may truly be called patriotic, and will deserve the appreciation and applause of the whole nation. May I again commend the matter to your very earnest consideration.

I estimate the population of the sub-districts into which the Union is divided as follows:—Bainton, 3,261; Langtoft, 3,246; Driffield Rural, 2,751; Foston, 2,076.

BIRTH-RATE.

The number of births registered in the district during 1905 was 281, consisting of 148 males and 133 females, being an increase of eight on last year, when the number was 273. The birth rate in 1905 was 24·7 per thousand as compared with one of 23·6 per 1000 in 1904. This is satisfactory as far as it goes, but it is 2 per 1000 below the average of the last ten years. This diminishing birth-rate, assisted by the rural exodus, is rapidly bringing about a state of national physique which is causing much alarm to statesmen and political economists. It is desirable in the interests of the nation from every point of view, to increase the number of dwellers on the land, and by this means keep up a supply of sturdy, healthy, vigorous men and women to carry on the work of the nation at home and abroad. As will be seen from the appended table the highest birth-rate was in the Langtoft district and the lowest in the Foston district.

| District. | Number. | Males. | Females. | Rates per 1000. |
|---------------------|-----------|-----------|----------|-----------------|
| Whole district ... | 281 | 148 | 133 ... | 24·7 per 1000 |
| Bainton | 79 | 44 | 35 ... | 24·4 per 1000 |
| Langtoft .. | 87 | 49 | 38 ... | 26·8 per 1000 |
| Driffield Rural ... | 69 | 31 | 38 ... | 25 per 1000 |
| Foston..... | 46 | 24 | 22 ... | 22·1 per 1000 |

The birth-rate for the whole of England and Wales during 1905 was 27·2—the lowest on record, and for rural England and Wales it was 26·3, so that the birth-rate in our district is still considerably below that of the rural districts of the country generally.

The number of illegitimate children born in the district during 1905 was 31, being at the rate of 110 per 1000 births. The average for the whole country during the last ten years was 41 per 1000 births, so that illegitimacy is more than two-and-a-half times as frequent in our district as the general average of the country. This is a very ominous fact, and points to serious results. The infantile death-rate amongst illegitimate children is much greater than amongst legitimate ones. Moreover, there is no doubt that it conduces to poverty, and causes a drain on the poor-law relief. All efforts, both moral, social and legal, which you can make to stem this tendency is a great gain from a sanitary and administrative point of view. The statistics of illegitimacy in the various districts is as follows:—

| | | | |
|--------------------------|----------|----------------------|------|
| Whole District | 31 | rate per 1000 births | 110 |
| Bainton District | 6 | „ „ „ | 76 |
| Langtoft District | 13 | „ „ „ | 149 |
| Driffield Rural District | 10 | „ „ „ | 145 |
| Foston District | 2 | „ „ „ | 43·6 |

It will thus be seen that Foston district has the best reputation during 1905 in this respect, and Langtoft district the worst, though

Driffield Rural district runs it very close. May I commend this grave blot on our district to your serious consideration, as men to whom is committed the health and welfare of the community in which you live.

MORTALITY.

During the year that is past we have experienced in our district the highest death-rate that has been recorded for the thirteen years for which I can obtain information from my records. I am inclined to think, however, that it would have been as great in 1898 if it had been estimated on a satisfactory calculation of the population, and a full account of all the deaths in institutions in the Riding. During 1905 the number of deaths registered was 195, yielding an annual death-rate of 17 per 1000. This was four in excess of 1904 and the greatest number since 1898, when the number was 200, and the rate 16·2 per 1000, according to the report for that year. The number is 65 in excess of 1902 and the rate 6 per 1000 higher. Of the 195 deaths registered, 184 occurred within the district and 11 in institutions outside the district, but of residents. These institutions comprise the Hull Infirmary, the East Riding Asylum, the Driffield Union Workhouse, and the Driffield Cottage Hospital. Of the 195 deaths 90 were males and 105 females. The average age at death, including infants, was 46 years, excluding infants, it was 56 years.

This death-rate of 17 per 1000 compares very unfavourably with the rest of the country. In the whole of England and Wales it was only 15·2 per 1000, and in rural England and Wales it was only 14·9 per 1000, whilst in the 141 smaller towns it was only 14·4 per 1000. I cannot point to any particular feature in the incidence of disease in the district during the year to account for this phenomenal death-rate. There have been no large epidemics of any special form of disease to account for it. For purposes of comparison I append the following table :

| | Rates per 1000 living. | | Rate per 1000 births. |
|--------------------------|------------------------|---------|-----------------------|
| | Births | Deaths. | Infant Deaths |
| England and Wales..... | 27·2 | 15·2 | 128 |
| 76 Great Towns | 28·2 | 15·7 | 140 |
| 141 Smaller Towns..... | 26·9 | 14·4 | 132 |
| Rural England and Wales | 26·3 | 14·9 | 113 |
| DRIFFIELD RURAL DISTRICT | 24·7 | 17 | 121 |

In every respect except that of infant mortality we compare very unfavourably with every other part of the country, and in this one respect also we have a worse record than the rural districts generally. This is not pleasant reading, and I trust the state of affairs here displayed may not be maintained in the future. It gives us, however, much food for reflection, and forces us to ask ourselves if we are meeting disease, and fighting it, in the spirit which should animate all sanitary administrators. Such a fit of introspection might possibly be attended with some fruit in the way of more

ardent and strict application of existing powers in coping with disease and death in our district.

The death-rates and birth-rates of the various sub-districts are as follows :—

| District. | Population. | Birth-rate. | Death-rate. |
|-----------------|-------------|---------------------|---------------|
| General..... | 11344 | 24·7 per 1000 | 17 per 1000 |
| Bainton..... | 3261 | 24·4 per 1000 | 18·7 per 1000 |
| Langtoft | 3246 | 26·8 per 1000 | 16·6 per 1000 |
| Driffield Rural | 2751 | 25 per 1000 | 18·9 per 1000 |
| Foston | 2076 | 22·1 per 1000 | 13·9 per 1000 |

It will be seen from this table that the highest death-rate was in the Driffield Rural district and the lowest in the Foston district. The Bainton district also had a high death-rate. The largest number of deaths was in November and the least in August as will be seen from the following table :—

| | | | | | |
|-------------|----|-----------|----|---------------|----|
| January ... | 19 | May..... | 16 | September ... | 12 |
| February... | 24 | June ... | 11 | October | 13 |
| March | 18 | July..... | 16 | November ... | 24 |
| April | 16 | August | 8 | December ... | 18 |

At the end of this report is appended a table shewing detailed statistics of the causes of death and the age distribution. On examining that table it will be found that respiratory diseases, cancer and heart disease have caused more deaths than last year, and tuberculous diseases the same number. The following table shows the comparative death-rates from several more important diseases for the last four years :

| Disease. | No. of Deaths. | Rates per 1000 | | | | Whole Country. 1903. |
|-----------------------------|----------------|---------------------------|-------|-------|-------|----------------------|
| | | Driffield Rural District. | | | | |
| | | 1905. | 1904. | 1903. | 1902. | |
| Phthisis | 9 | ·79 | ·86 | 1 | ·67 | 1·203 |
| All Tuberculous diseases... | 18 | 1·58 | 1·5 | 1·5 | 1·17 | 1·742 |
| Respiratory diseases | 37 | 3·26 | 2·5 | 1·4 | 1·3 | 2·37 |
| Cancer | 14 | 1·23 | ·86 | ·42 | 1·2 | ·867 |
| Heart diseases | 21 | 1·85 | 1·7 | 1·4 | 1·18 | 1·406 |
| Pneumonia | 17 | 1·5 | | | | 1·220 |
| Bronchitis | 14 | 1·23 | | | | 1·112 |

Taking these diseases in the order of the above table the following remarks are worthy of consideration. As regards phthisis or consumption the number of deaths was less than last year and the rate was less also. In fact the rate is the lowest since 1902. This fully bears out my opinions, expressed in previous reports, of the suitability of certain parts of this district for the treatment of diseases of the lungs of a tuberculous nature. The death-rate from phthisis in our district is only a little more than half that of the country generally, where the rate was 1·203 in 1903. The phthisis death-rate in our district was lowest in the Langtoft registration district. The rates for the various districts were : Bainton, 1·53 per

1000 ; Langtoft, .3 per 1000 ; Driffield Rural, .72 per 1000 ; and Foston .43 per 1000. The rate in the Langtoft district was the same as last year—the remarkable low rate of .3 per 1000, or only one-fourth that of the whole country at large. Combined with suitable housing conditions, I am of opinion that the high districts of the Wolds are ideal places for the treatment of consumption in its early stages. This pre-eminence of the Langtoft district in the matter of the phthisis death-rate has been maintained now for several years.

The death-rate from all tuberculous diseases combined is 1.58 per 1000, and has been almost stationary for three years. It is below that of the whole country, which is 1.75 per 1000. Many of these deaths are due to tubercular peritonitis and meningitis, situations where the germ is not so accessible as it is in the lungs.

The death-rate from respiratory diseases, other than phthisis, was 3.26 per 1000, as compared with 2.5 per 1000 last year, and 2.37 for the whole country. This class of diseases comprises pneumonia, bronchitis, pleurisy, and diseases of the larynx. Pneumonia has been much more fatal this year than last, but bronchitis slightly less so. We have had slight epidemics of influenza during the year, which have probably conduced to this high respiratory death-rate. The pneumonia and bronchitis rates are probably higher than that of the whole country, which in 1903 were respectively 1.22 and 1.11 per 1000, whilst in our district in 1905 they were 1.5 and 1.23 per 1000 respectively. I am quite of opinion that these two diseases are rendered much more fatal in our district by the totally unsatisfactory bedroom accommodation of most of our cottages. Many of them are of very limited space and either very deficient or entirely wanting in means of ventilation and warming. In consequence many mothers are tempted to use oil stoves in bedrooms without ventilation or a fire-place. The result is that the patient with an already limited and impaired breathing space in the lungs, is compelled to breathe a very vitiated atmosphere. In fact, the child with broncho-pneumonia, a most fatal disease in childhood, is often placed between the "devil" of insufficient warmth and the "deep sea" of insufficient ventilation, a truly deplorable outlook for the little sufferer. The obvious remedy for this is improved housing accommodation.

Cancer has again been very fatal this year. It has caused 14 deaths, and has yielded a death-rate of 1.23 per 1000, the highest since 1902, and considerably in excess of that of the whole country in 1903, which was .867 per 1000, or about two-thirds of that of our own district. The highest rate, 1.84 per 1000, was in the Langtoft district, Driffield Rural with a rate of 1.45 per 1000 was not far behind ; whilst Bainton was only .92 per 1000, and Foston district the lowest of all with a cancer death-rate per 1000 living of .48. It is seen again that the highest and driest part of the district has the highest death-rate from cancer. Why this should be so I cannot in the least pretend to explain. The whole genesis and growth of cancer is still a "terra incognita" to scientists, and where great specialists decline to commit themselves it ill behoves more modest men to speculate. We can only hope that the Cancer research

laboratory may yet be able to furnish us in the near future with some data on which to found a determined attack on the ravages of this truly terrible disease.

Diseases of the heart caused 21 deaths in 1905, giving a rate of 1·85 per 1000, the highest for some years, and considerably higher than that of the whole country, which is 1·406 per 1000.

The deaths from infectious diseases numbered 14 as compared with 20 in 1904, but these will be subject of remark at a later stage of my report.

The numbers of deaths from diseases specified in the Registrar General's statistical tables other than those dealt with above were as follows:—Influenza 1, enteritis 3, puerperal fever 2, venereal diseases 1, premature birth 5, diseases of parturition 2, accidents 3, and suicides 2.

I append a table showing the average ages at death in the various sub-districts.

| District. | Population. | All deaths. | Infant deaths | Average age of all deaths. | Average age excluding infants. |
|-----------------|-------------|-------------|---------------|----------------------------|--------------------------------|
| General..... | 11344 ... | 195 ... | 35 ... | 46 years | 56 years |
| Bainton..... | 3261 ... | 58 ... | 9 ... | 49 years | 58 years |
| Langtoft | 3246 ... | 48 ... | 15 ... | 44 years | 61 years |
| Driffield Rural | 2751 ... | 52 ... | 6 ... | 48 years | 54 years |
| Foston | 2076 ... | 28 ... | 5 ... | 45 years | 55 years |

In this table Bainton district has the best record and Langtoft the worse one. The general average at death has been much reduced in Langtoft district by the large number of infantile deaths. Out of the 195 deaths in the district during 1905, eighty-four lived to be more than 65 years old, and thirty reached the age of 80 years and upwards.

INFANT MORTALITY.

During 1905, thirty-five children died before they attained the age of one year. This is two more than in 1904, but as the number of births was greater the infantile death-rate comes out exactly the same as in 1904, that is to say 121 per 1000 births. By referring to my first table in the general mortality returns you will see that this is less than the whole of England and Wales, in which the rate was 128 per 1000 births, but more than that of rural England and Wales which was only 113 per 1000 births. This is generally a satisfactory feature of my report and proves that infant life is more protected and cared for in the country than in the large towns, and is not subjected to such dangerous conditions of life. In the large towns the rate was 140 per 1000 births, which, however, is itself much lower than the average of the preceding five years. This all betokens a greater care in the bringing up of children, and is a satisfactory sign of national moral progress. The rate ought yet to be much lower, and would undoubtedly be so if simple knowledge as to the needs of child life were more widely diffused. The question depends

very largely on infant feeding, upon which subject a woeful ignorance exists amongst mothers and nurses of children. The lowest infant death-rate was in the Driffield Rural district, and the highest in the Langtoft district. I insert the following table in illustration of these points :—

| District. | No. of Deaths. | 1905. Rate per 1000 births. | 1904. Rate per 1000 births. |
|-----------------------|----------------|-----------------------------------|-----------------------------------|
| General | 35 | 121 | 121 |
| Bainton | 9 | 114 | 126 |
| Langtoft | 15 | 172 | 62 |
| Driffield Rural | 6 | 87 | 154 |
| Foston | 5 | 109 | 118 |

It will be seen from this table that the positions have been almost reversed in the various districts as compared with 1904.

Amongst these 35 deaths none were due to notifiable disease, though two were caused by diarrhœa, probably food diarrhœa. Two deaths of infants were caused by enteritis. By far the largest number of infantile deaths was caused by respiratory diseases. Pneumonia caused six deaths, bronchitis five deaths, and other respiratory diseases two deaths. One death was caused by venereal disease, five by premature birth, and twelve by the non-tabulated diseases in the returns.

Ten of the 35 deaths of infants were those of illegitimate children. As the number of illegitimate children born in the district during the year was only 31, these ten deaths yield a death-rate of 322 per 1000 such births. Amongst legitimate children the corresponding death-rate was only 100 per 1000 births. This shows the neglect to which illegitimate children are submitted. The death-rate amongst such children was three times as great as amongst legitimate children. The great factor in the causation of this mortality is the fact that such children are almost entirely hand fed, and often by people utterly ignorant of the most elementary principles in the rearing of children. Moreover, they have no personal interest in the children, and are often only made to do their duty by a wholesome fear of the terrors of the law. This feature of high mortality of illegitimate children obtrudes itself continually in these reports and calls for energetic action on the part of your officers and yourselves.

INFECTIOUS DISEASE.

The seven chief infectious diseases grouped by the Registrar-General in estimating his rates are small-pox, measles, scarlet fever, whooping cough, diphtheria, typhoid fever, and diarrhœa. Fourteen people died from these diseases in our district during 1905. This yields a death-rate from the seven chief infectious diseases of 1.23 per 1000. This is slightly below the rate for the whole country but rather more than that for the rural districts of the country. The rates in the country generally were much lower in 1905 than they were in 1904, and the same remarks apply to our own district. In

this respect, therefore, our record is much better than last year, as will be seen from the following table :

| District. | 1905. | | 1904. |
|-------------------------------|-------|--------------|---------------|
| England and Wales | 1·52 | per 1000 ... | 1·94 per 1000 |
| 76 Great Towns | 1·88 | „ ... | 2·49 „ |
| 141 Smaller Towns..... | 1·50 | „ ... | 2·02 „ |
| Rural England and Wales | 1·09 | „ ... | 1·28 „ |
| DRIFFIELD RURAL DISTRICT ... | 1·23 | „ ... | 1·7 „ |

The rate this year is still much higher than the average of the last five years, and there is still much scope for energetic work in this most important branch of sanitary administration. In this connection I have to congratulate you on a step in the direction of progress. During the year you have purchased a small formic aldehyde disinfecting chamber and a formalin spray apparatus. These have done good work on the few occasions on which they have been used for disinfection. A circular drawing attention to these apparatus has been drawn out and is forwarded to every case of infectious disease that is notified to me. The same circular draws the attention of the tenant of the infected house to his liability under penalties to disinfect after infectious disease, and further states that the services of the sanitary inspector and the disinfector may be had on application free of charge. I am hopeful that these steps may show some diminution of the death-rate from infectious disease, and also its rate of incidence during the current year. In any case you are to be congratulated on this wholesome, if tardy, provision for disinfection after zymotic disease. You are now in a much better position to insist stringently on legal requirements as regards disinfection than you were in 1904.

From the notifiable infectious diseases seven deaths occurred, giving a rate for these diseases of ·6 per 1000 in comparison with ·95 per 1000 in 1904. Therefore in those diseases which early come to our knowledge our record is better this year than last. In fact the rate for these diseases has only been once lower than this in the last five years.

There has been no serious epidemic of infectious disease during 1905, and consequently there has been much less interference with educational work in the schools. It has only been necessary to close one school in 1905, whilst in 1904 fourteen schools were closed. I am of opinion with due vigilance and strict insistence on the observance of legal responsibilities on the part of parents this extreme measure will rarely be required in our district.

Coming to the incidence of notifiable disease on the district, I find that altogether 82 cases of such disease were reported, as compared with 122 cases in 1904. I append a table for comparison of the several sub-districts, showing also the death rates in the sub-districts.

| District. | Population. | No. of Deaths. | Rate per 1000. | No. of Cases. | Rate of incidence per 1000. |
|--------------------|-------------|----------------|----------------|---------------|-----------------------------|
| Whole District | 11344 | 7 | ·6 | 82 | 7·2 |
| Bainton | 3261 | 1 | ·3 | 7 | 2·14 |
| Langtoft | 3246 | 2 | ·61 | 21 | 6·47 |
| Driffield Rural... | 2751 | 3 | 1·09 | 39 | 14·17 |
| Foston | 2076 | 1 | ·48 | 15 | 7·22 |

From this table it will be seen that the greatest incidence and highest death rate was again found in the Driffield Rural District, and the lowest in the Bainton district. If we include diarrhœa, measles, and whooping cough, however, and compute the table on the Registrar-General's lines we have a different result. The death-rate has then been greatest in the Foston district and least in the Langtoft district, thus:—

| District. | Seven chief epidemic diseases. Death-rate. | Notifiable diseases. Death-rate. |
|-----------------|---|-------------------------------------|
| Whole District | 1·23 per 1000 | ·6 per 1000 |
| Bainton | ·92 | ·3 |
| Langtoft | ·61 | ·61 |
| Driffield Rural | 1·09 | 1·09 |
| Foston | 2·89 | ·48 |

The diseases which proved fatal were as follows:—In the Bainton district 3 cases of measles and one of diarrhœa; in the Langtoft district one case of typhoid fever; in the Driffield Rural district one case of diphtheria, 2 cases of typhoid fever, and in the Foston district 2 cases of whooping cough, 1 case of typhoid fever and 3 cases of diarrhœa.

Altogether 15 cases of diphtheria were notified, 29 of typhoid fever, 31 of scarlet fever, 4 of erysipelas and 3 of puerperal fever.

Bainton District.

The incidence of infectious disease has been much less in this district than the others. Three cases of scarlet fever occurred and all recovered. Two cases occurred in one house at Watton where the disease had existed some time previously. A case of erysipelas also occurred in this house. No defect in drainage could be discovered. It was quite likely that the disease had been contracted in the first instance outside the district. The house was thoroughly disinfected, and, I trust that the last has been heard of the disease in this locality. The other case was reported from North Dalton and was obscure in its origin. One fatal case of puerperal fever was reported at Garton. Some sanitary defects of a minor character were here discovered and remedied. In this village an extensive and fatal epidemic of measles took place, resulting in three deaths. This was the tail-end of the epidemic which spread over the whole district during last year. A case of typhoid fever was notified from this

village, but I could find no sufficient reason for its origin. The patient often worked in other districts and might possibly have contracted the disease elsewhere. A case of typhoid also broke out at Middleton. This disease had probably been contracted at Nafferton, where the man was working in a typhoid stricken street.

Langtoft District.

Twenty-one cases of infectious disease were notified from this district with two fatalities. Eight were cases of scarlet fever. All these occurred in the village of Kilham. The first case was imported from a neighbouring village and all the rest resulted from it before a check could be put upon the disease. The first case was attending school amongst over 200 children and we are to be congratulated on the fact that only eight cases were reported. No fatality occurred, and the disease has died out.

Twelve cases of enteric fever were reported in this district. The first was at Sledmere. It was difficult to account for. Some minor sanitary defects were noted and remedied. The next four cases were notified from Kilham. They were all in the neighbourhood of a very offensive street ventilator to the least satisfactory portion of the village drainage system. This defect is to be removed, and a ventilating shaft substituted. The water supply to the cases was satisfactory. All these cases were of considerable severity. The other cases of typhoid were at West Luton. The first case was imported from Settingington. Probably four more arose from this. Two more cases arose independently in a house with very serious sanitary defects, which have since been removed. The water in the public well was unsatisfactory.

One case of puerperal fever of a fatal character was notified in this district. Its cause was very obscure.

Driffield Rural District.

In this district the greatest number of cases of infectious disease was notified.

Of the 15 cases of diphtheria in the whole rural district 14 were in this sub-district. The first nine of these, all occurring in the month of January, were the last flickering of the epidemic of November and December 1904. Great negligence was evinced in this epidemic and ample opportunity for the spread of the disease was given. One of these cases proved fatal and the whole epidemic furnished a death rate of 16 per cent of the cases attacked. The whole epidemic proved the necessity of a more stringent application of penalties and a more efficient means of disinfection. The latter has been provided. It is our duty now to be more urgent in the former. In December another outbreak of diphtheria took place. The first case was not easily accounted for. It gave rise to four others. Two more isolated cases were notified but no extension took place. In one case sanitary defects were found on the premises and means taken to remove them.

Thirteen cases of typhoid fever were reported in this district. The first three were at Hutton Cranswick, and all in one house. They occurred at short intervals and the two later cases were undoubtedly to be traced to the first case, which could not be accounted for. Sanitation and water supply were satisfactory. These cases occurred in the beginning of the year. In August typhoid broke out at Nafferton and furnished eight cases. Four cases occurred in one house whose water supply was badly polluted and has subsequently been replaced by a new supply. Four other cases could be traced to a possible origin from these cases, as direct contact could be made out. The public drain also at this end of the village was defective. Three fatal cases arose in this epidemic. The disease was confined to this particular locality and did not spread in the other parts of the village. Considerable improvements were effected in the village drainage scheme.

Eight cases of scarlet fever were notified in this district. They occurred at wide intervals and were sporadic in their nature. No extension of the disease occurred in any of the cases. No connection with any existing disease in the districts round about could be traced and the cases were difficult to account for. No fatality occurred.

One case of puerperal fever and three of erysipelas were notified. Sanitary defects were not present in any case, but there was a distinct nexus amongst the erysipelas cases, sufficient to account for the later cases.

Foston District.

Fifteen cases of infectious disease were notified in this district.

One fatal case of typhoid fever was notified at Kelk. The drainage and water supply were very unsatisfactory and have since been improved. The same remarks apply to the other case of typhoid in this district, which occurred at North Frodingham.

A case of diphtheria occurred in this district but it was obscure in its origin.

Twelve cases of scarlet fever were reported. Seven of these were at Harpham and probably all arose from contact with the first. The first case was contracted at Harpham Feast, when many outsiders were in the village. Three were at Foston and were distinctly associated with each other, though the original cause was difficult to trace. A case at Beeford might possibly have been contracted at Beverley from which place the child had just returned.

Three deaths from diarrhoea were notified in this district, it being the only district furnishing such deaths.

Two deaths occurred in this district during an epidemic of whooping cough.

During the month of August a somewhat severe outbreak of diarrhoea took place but it caused very few fatal results. This absence of any large mortality from diarrhoea has been a marked feature of these reports for many years. I have had a much smaller number of notifications of absence from schoolmasters than I had

last year and educational work has been very slightly interfered with during 1905 by infectious disease.

WATER SUPPLY.

In January the public wells at East and West Luton, and Helperthorpe, were without water, and three out of four wells at Middleton were in the same condition. In the dale villages the same thing occurred in 1904. In February the same conditions occurred in the wells at Langtoft and Wetwang. In March the wells in the dale villages were bored deeper and cleaned out and have had water in ever since. In the middle of the year most of the village ponds were dry and the difficulty of obtaining water for the cattle in many villages was very great indeed. The rainfall came just in time to save a very serious condition of affairs in this respect. During October the public well at Foxholes became dry. The other well is seriously polluted and totally unfit to be used for domestic purposes. During the year several wells at Kilham have been bored deeper and a better supply of water has been obtained. In one case an entirely new tube well has been provided.

On the whole the question of water supply during 1905 has been the cause of much anxiety, especially in the dale villages. To obviate this difficulty of water supply in this district is an easy matter as far as regards the supply itself and the engineering work. There is an abundant and excellent supply at the head of the dale in the springs at Wharram which supply the gypsey race. The only difficulty in the way of supplying an abundant, safe and excellent water to the dale villages is the question of expense, and this is perhaps not insurmountable. The question is one worthy of very serious and weighty consideration.

During the year the water in nine wells has been analysed. Six of these proved to be polluted with sewage. Attempts have been made to mitigate the danger arising from these by means of notices affixed to the pumps, by the remedying of structural defects, and by the provision of new supplies.

Most of the public wells are in need of considerable improvement for the purpose of preventing surface contamination, their situation and construction being such as to admit of such contamination very easily.

Many repairs have been done to the public pumps and an entirely new pump has been placed on the East End well at Middleton.

The frequent occurrence of limited outbreaks of typhoid fever in a district supplied by well water makes this subject one of grave consideration and anxiety. Any effort to mitigate the danger thus arising to the public health is very laudable and necessary.

SEWERAGE AND DRAINAGE.

During the year flushing tanks have been provided at the head of all the main sections of the public sewers at Nafferton.

Ventilating shafts have also been erected at several places. Street ventilators in some instances have been done away with and shafts substituted. It is to be hoped that these improvements may remedy some nuisances and tend to limit those outbreaks of typhoid fever for which Nafferton has in late years been somewhat notorious. The tanks provide a good flush for the drains upon which they are situated.

Improvements have been effected in many private drains during the year without any unpleasant friction with the owners.

An attempt has been made to improve the arrangements for the cleaning out of the sewage outfall works at Middleton. This is a serious matter and the cause of constant complaints. The advent of the warmer weather will prove or disprove the efficacy of the improvements attempted. The flow of sewage in the main street opposite the pond is very slow and the sediment tends to accumulate here. It is to be hoped that the sewage flushing tanks will improve this condition of things gradually and permanently.

In the matter of drainage generally there is ample scope for energetic work before the district can be considered to be in a satisfactory condition.

NUISANCES.

No legal action has been necessary during the year 1905. Nuisances have generally been abated without friction. Public scavenging has been carried out at Nafferton. The consequence of this is that the ashpits in this village are in a better state than in the villages where the matter is left to private hands. Public action ensures regular cleansing of ashpits and privies. Where this is left to the tenants cleanliness can only be effected by vigorous action on the part of your officer, who has a very large district to supervise. The work might, with great advantage, be done by the authority itself in some of the larger villages.

DAIRY AND COWSHEDS ACT.

Under this Act some improvements are being made since the new bye-laws were adopted. No legal action has been needed during 1905.

FACTORY AND WORKSHOPS ACT.

In these places the Act has been complied with during the year. No case of infectious disease has occurred in any of them and no action has needed to be taken in the matter. The number of these coming under our control varies greatly from year to year. In some years many of those engaged in the various trades do not keep any apprentice or journeyman and practically only employ the tradesman or tradeswoman themselves. They are almost all in private houses and generally those of the best type in the villages.

Though no systematic inspection has been undertaken, most of them have been visited during the year and their condition has been found satisfactory and to conform with the requirements of the Act.

In conclusion, gentlemen, may I thank you for the ready consideration you have always given to any matters I have brought under your notice. Whenever you have considered my suggestions reasonable they have always received your speedy and hearty support. It is inevitable, however, that at times a medical officer of health who takes a serious view of his responsibilities, must make suggestions that to the ordinary unscientific mind seem impracticable if not unreasonable. In such cases the officer, fortified by scientific knowledge and experience, looks at the matter from a higher vantage point. There must, therefore, be some divergence of opinion due to different outlook. In these cases one hopes by enlarged knowledge and extended experience of sanitary work on the part of what one may term the lay members of the sanitary service unanimity of opinion may gradually be arrived at. In this connection I feel bound to say that you always have given an attentive hearing to my position, and in so far I offer you my sincere thanks for your courtesy during 1905. By mutual toleration and goodwill our ideal will be strengthened and our attainment increased. As guardians together of the public health it is our bounden duty to take large and conscientious views of sanitary work, and to work together towards a faithful and sincere administration of the various Acts of Parliament passed to improve and safeguard the health of the people under our jurisdiction.

The special points to which I wish to direct your attention during the year are :—

1. The housing of the cottagers under better conditions of structure and sanitation.
2. The improvement of the public water supply.
3. The provision of means of isolation for infectious disease.
4. The improved drainage of many villages.
5. The adoption of public scavenging.
6. The formation of a "sanitary conscience" in the district, both by public action and private effort in our individual spheres of action.

These are all large and important questions and entirely worthy of all the thought you can devote to them. Upon them depends largely the happiness, and also I am convinced, the prosperity of the people in the country districts. Believing, as I do, that upon a contented and prosperous peasantry depends largely a nation's welfare, I commend these subjects to you, not only as Rural District Councillors, but as patriots, and men to whom the destiny of a large and growing Empire

is a matter of vital and sincere moment. The nation at large is looking through the eyes of its statesmen to the rural districts to stem the tide of what is termed "national degeneracy," and consequently a greater burden of responsibility seems to weigh upon those who have the management of such districts in their hands. May we all, therefore, be guided in our public work by a high sense of responsibility to our own district and to the Empire at large.

I am, Gentlemen,

Your obedient servant,

CHAS. ED. HOLLINGS.

Eastgate House, Kilham,
March, 1905.

SANITARY INSPECTOR'S REPORT.

NUISANCES.

During the year 1905, 50 nuisances have been reported and nearly all abated.

DRAINAGE.

Drainage work of a public nature has been done at Foston, Hutton Cranswick, and Nafferton. In the last village flushing tanks have been provided at the head of the public sewers.

WATER SUPPLY.

Repairs have been done to the public pumps and wells at Bainton, Tibthorpe, Wetwang, East and West Luton, Foxholes, Beeford, Brigham, Kilham, and Helperthorpe. In several of these cases the wells have been deepened. Two wells have been bored at Middleton and a pump provided at the East End well in the same village.

DISINFECTION.

The new disinfecter has been used at Foston, Kilham, Watton and Nafferton.

J. W. SUMNER,

Sanitary Inspector.

Table 1.—Vital Statistics of Whole District during 1905 and previous Years.
Name of District—DRIFFIELD RURAL.

| YEAR. | Population estimated to middle of each Year. | BIRTHS. | | TOTAL DEATHS REGISTERED IN THE DISTRICT. | | | | | | | | NET DEATHS AT ALL AGES BELONGING TO THE DISTRICT | |
|-------------------------------|--|---------|---------|--|-----|-------------|------|--|--|--|---------|--|--|
| | | Number. | Rate. † | Under 1 Year of age. | | At all ages | | 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. | Number. | Rate. † | |
| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. | |
| 1895 | 12682 | 377 | 29.7 | | | 199 | 15.7 | | | | | | |
| 1896 | 12558 | 371 | 29.4 | | | 182 | 14.4 | | | | | | |
| 1897 | 12444 | 388 | 31.1 | 31 | 90 | 171 | 13.7 | | | | | | |
| 1898 | 12330 | 338 | 27.4 | 66 | 194 | 200 | 16.2 | | | | | | |
| 1899 | 12216 | 307 | 24.3 | 36 | 114 | 162 | 13.3 | | | | | | |
| 1900 | 12102 | 309 | 25.5 | 35 | 113 | 162 | 13 | | | | | | |
| 1901 | 11988 | 309 | 25.8 | 32 | 103 | 148 | 12.3 | | | 7 | 148 | 12.3 | |
| 1902 | 11871 | 302 | 25.4 | 25 | 82 | 130 | 10.9 | | | 10 | 137 | 11.5 | |
| 1903 | 11738 | 310 | 26.3 | 38 | 122 | 164 | 13.9 | | | 10 | 164 | 13.9 | |
| 1904 | 11540 | 273 | 23.6 | 33 | 121 | 191 | 16.5 | | | 10 | 188 | 16.2 | |
| Averages for years 1895-1904. | 12146 | 328 | 26.8 | 37 | 117 | 170.9 | 13.9 | | | | | | |
| 1905 | 11344 | 281 | 24.7 | 35 | 121 | 195 | 17 | | | 11 | 195 | 17 | |

† Rates in Columns 4, 8 and 13 calculated per 1000 of estimated population.
Area of District in acres (exclusive of } 105282 Total population of all ages, 11988. Number of inhabited houses, 2641.
acres covered by water). Average number of persons per house, 4.5.—At Census of 1901.

Table 2.—Vital Statistics of separate Localities in 1905 and previous Years.
Name of District.—DRIFFIELD RURAL.

| Names of Localities | BAINTON. | | | | LANGTOFT. | | | | DRIFFIELD RURAL. | | | | FOSTON. | | | | |
|------------------------------|----------|--|-------------------|---------------------|---------------------|---|--------------------|---------------------|---------------------|--|--------------------|---------------------|---------------------|--|--------------------|--------------------|----------------------|
| | Year. | Population estimated to middle of each year. | Births registered | Deaths at all ages. | Deaths under 1 year | Population estimated to middle of each year | Births registered. | Deaths at all ages. | Deaths under 1 year | Population estimated to middle of each year. | Births registered. | Deaths at all ages. | Deaths under 1 year | Population estimated to middle of each year. | Births registered. | Deaths at all ages | Deaths under 1 year. |
| 1895 | | | | | | | | | | | | | | | | | |
| 1896 | | | 106 | 48 | | | | | | | | | | | | | |
| 1897 | | | 96 | 42 | | | | | | | | | | | | | |
| 1898 | | | 97 | 46 | | | | | | | | | | | | | |
| 1899 | | | 96 | 36 | | | | | | | | | | | | | |
| 1900 | | | 84 | 42 | 9 | | | | | | | | | | | | |
| 1901 | | 3474 | 87 | 38 | 7 | | | | | | | | | | | | |
| 1902 | | 3425 | 83 | 44 | 9 | 3405 | 94 | 59 | 11 | 2939 | 77 | 42 | 10 | 2170 | 51 | 25 | 4 |
| 1903 | | 3390 | 89 | 43 | 13 | 3383 | 93 | 43 | 11 | 2901 | 69 | 36 | 3 | 2157 | 57 | 22 | 3 |
| 1904 | | 3331 | 77 | 55 | 12 | 3348 | 87 | 48 | 13 | 2864 | 73 | 42 | 8 | 2136 | 61 | 31 | 4 |
| | | | | | | 3300 | 80 | 48 | 5 | 2801 | 65 | 60 | 10 | 2108 | 51 | 28 | 6 |
| Averages of Years 1895--1904 | | 3405 | 90 | 43 | 10 | 3359 | 92 | 50 | 10 | 2875 | 73 | 45 | 7 | 2143 | 66 | 31 | 5 |
| 1905 | | 3261 | 79 | 58 | 9 | 3246 | 87 | 54 | 15 | 2751 | 69 | 52 | 6 | 2076 | 46 | 28 | 5 |

Table 3.—Cases of Infectious Disease notified during the Year 1905.

Name of District.—**DRIFFIELD RURAL.**

| NOTIFIABLE DISEASE | CASES NOTIFIED IN WHOLE DISTRICT. | | | | | | TOTAL CLASSES NOTIFIED IN EACH LOCALITY. | | | |
|----------------------|-----------------------------------|----------------|---------|---------|-----------|-----------|--|----------|------------------|--------|
| | At all Ages. | At Ages—Years. | | | | | Bainton | Langtoft | Driffield Rural. | Foston |
| | | Under 1. | 1 to 5. | 5 to 15 | 15 to 25. | 25 to 65. | | | | |
| Small-pox ... | ... | | | | | | | | | |
| Cholera ... | ... | | | | | | | | | |
| Diphtheria ... | 55 | | 1 | 8 | 2 | 4 | | | | |
| Membranous croup ... | 4 | | | | | | | | | |
| Erysipelas ... | 31 | | 10 | 14 | 1 | 3 | 1 | 3 | 12 | |
| Scarlet fever ... | 29 | | 3 | 7 | 10 | 9 | 2 | 12 | 13 | |
| Enteric fever ... | ... | | | | | | | | | |
| Relapsing fever ... | ... | | | | | | | | | |
| Continued fever ... | ... | | | | | | | | | |
| Puerperal fever ... | 3 | | | | 1 | 2 | 1 | 1 | 1 | |
| Plague ... | ... | | | | | | | | | |
| Totals ... | 82 | | 14 | 29 | 19 | 20 | 7 | 21 | 39 | 15 |

Table 4.

Causes of, and Ages at, Death during Year 1905.

Name of District—**DRIFFIELD RURAL.**

| CAUSES OF DEATH. | Deaths in or belonging to whole District at sub-joined ages. | | | | | | Deaths in or belonging to Localities (at all ages) | | | | |
|--|--|---------------|--------------|---------------|----------------|----------------|--|---------|----------|-----------------|--------|
| | All ages. | Under 1 year. | 1 & under 5. | 5 & under 15. | 15 & under 25. | 25 & under 65. | 65 & upwards | Bainton | Langtoft | Driffield Rural | Foston |
| Small-pox | | | | | | | | | | | |
| Measles | 3 | | 2 | 1 | | | | 3 | | | |
| Scarlet Fever | | | | | | | | | | | |
| Whooping-cough | 2 | | 1 | 1 | | | | | | | 2 |
| Diphtheria and membranous croup | 1 | | | 1 | | | | | | 1 | |
| Croup | | | | | | | | | | | |
| Fever { Typhus | | | | | | | | | | | |
| { Enteric | 4 | | 1 | | 2 | 1 | | 1 | | 2 | 1 |
| { Other | | | | | | | | | | | |
| continued | | | | | | | | | | | |
| Epidemic influenza | 3 | | | | | 1 | 2 | 1 | 1 | | 1 |
| Cholera | | | | | | | | | | | |
| Plague | | | | | | | | | | | |
| Diarrhœa | 4 | 2 | | 1 | | | 1 | 1 | | | 3 |
| Enteritis | 3 | 2 | | | | | 1 | 1 | 1 | 2 | |
| Puerperal fever | 2 | | | | 1 | 1 | | 1 | 1 | | |
| Erysipelas † | | | | | | | | | | | |
| Other septic diseases | | | | | | | | | | | |
| Phthisis | 9 | | | | 2 | 7 | | 5 | 1 | 2 | 1 |
| Other tubercular diseases | 9 | | 2 | 4 | 2 | 1 | | 1 | 4 | 2 | 2 |
| Cancer, malignant disease | 14 | | | 1 | | 6 | 7 | 3 | 6 | 4 | 1 |
| Bronchitis | 14 | 5 | | | | | 9 | 8 | 2 | 3 | 1 |
| Pneumonia | 17 | 6 | | | 2 | 6 | 3 | 4 | 10 | 1 | 2 |
| Pleurisy | 1 | | | | | | 1 | | | 1 | |
| Other diseases of Respiratory organs | 5 | 2 | | 1 | | 2 | | 1 | 2 | 2 | |
| Alcoholism | | | | | | | | | | | |
| Cirrhosis of liver } | | | | | | | | | | | |
| Venereal diseases | 1 | 1 | | | | | | | 1 | | |
| Premature birth | 5 | 5 | | | | | | | 2 | 3 | |
| Diseases and accidents of parturition | 2 | | | | | | 2 | 1 | 1 | | |
| Heart diseases | 21 | | | | 1 | 3 | 17 | 11 | | 4 | 6 |
| Accidents | 3 | | | 1 | | 1 | 1 | 1 | | 2 | |
| Suicides | 2 | | | | | 2 | | 2 | | | |
| All other causes | 70 | 12 | 1 | 3 | 1 | 12 | 41 | 18 | 21 | 23 | 8 |
| All causes | 195 | 35 | 7 | 14 | 11 | 45 | 84 | 61 | 54 | 52 | 28 |

Table V.—**Infantile Mortality during the Year 1905.**

Deaths from stated Causes in Weeks and Months under 1 year of age.

Driffield Rural District.

| 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 | 5 | 3 | 2 | 3 | 13 | 2 | 3 | 3 | 5 | 1 | 2 | 3 | 3 | | | | 35 |
| Uncertified | | | | | | | | | | | | | | | | | |
| Common Infectious Diseases | | | | | | | | | | | | | | | | | |
| Small-pox | | | | | | | | | | | | | | | | | |
| Chicken-pox | | | | | | | | | | | | | | | | | |
| Measles | | | | | | | | | | | | | | | | | |
| Scarlet Fever | | | | | | | | | | | | | | | | | |
| Diphtheria : Croup | | | | | | | | | | | | | | | | | |
| Whooping Cough | | | | | | | | | | | | | | | | | |
| Diarrhœal Diseases | | | | | | | | | | | | | | | | | |
| Diarrhœa, all forms | | | | | | | | | 1 | | | | 1 | | | | 2 |
| Enteritis | | | | | | | | | 1 | | | | | | | | 1 |
| Gastritis, Gastro-intestinal Catarrh | | | | | | | | 1 | | | | | | | | | 1 |
| Wasting Diseases | | | | | | | | | | | | | | | | | |
| Premature Birth | 2 | | 1 | | 3 | | 1 | | | | | | | | | | 4 |
| Congenital Defects | | | | | | | | | | | | | | | | | |
| Injury at Birth | | | | | | | | | | | | | | | | | |
| Want of Breast-milk | | | | | | | | | | | | | | | | | |
| Atrophy, Debility, Marasmus | 2 | 1 | | 1 | 4 | 1 | 1 | 1 | | | | | | | | | 7 |
| Tuberculous Diseases | | | | | | | | | | | | | | | | | |
| Tuberculous Meningitis | | | | | | | | | | | | | | | | | |
| Tuberculous Peritonitis : Tabes Mesenterica | | | | | | | | | | | | | | | | | |
| Other Tuberculous Diseases | | | | | | | | | | | | | | | | | |
| Erysipelas | | | | | | | | | | | | | | | | | |
| Syphilis | | | | | | | | | | | | | 1 | | | | 1 |
| Rickets | | | | | | | | | | | | | | | | | |
| Meningitis | | | | | | | | | | | | | | | | | |
| Convulsions | | 1 | | 1 | 2 | | 1 | 1 | | 1 | | | | | | | 5 |
| Bronchitis | | | | | | | | | 2 | | | 2 | 1 | | | | 5 |
| Laryngitis | | | | | | | | | | | | | | | | | |
| Pneumonia | | | 1 | | 1 | 1 | | | 1 | | 2 | 1 | | | | | 6 |
| Suffocation, overlaying | | | | | | | | | | | | | | | | | |
| Other Causes | 1 | 1 | | 1 | 3 | | | | | | | | | | | | 3 |
| | 5 | 3 | 2 | 3 | 13 | 2 | 3 | 3 | 5 | 1 | 2 | 3 | 3 | | | | 35 |

Population, estimated to middle of 1905, 11344.

Births in the year : legitimate 250, illegitimate 31. Deaths from all causes at all ages 195.

