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DRIFFIELD

RURAL DISTRICT COUNCIL.

ANNUAL REPORT

OF THE

MEDICAL OFFICER

OF

HEALTH

FOR THE YEAR 1908.

Driffield :

J. T. Sokell, Printer, Middle Street.

1908.





HEALTH REPORT, 1908.

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

Gentlemen,

I have much pleasure in once again submitting to you the Health Report for your district for the year that has passed. In some respects it shows progress in sanitary reform, but it is not entirely satisfactory in some other aspects. The general death rate is higher than last year, but the infant death rate is much lower, and the rate of incidence of infectious disease is very markedly lower.

GEOLOGY.

Geologically the district may be almost exactly divided into two parts of quite different characters. The more northern part, corresponding almost exactly with the sub-registration districts of Langtoft and Bainton, is composed entirely of the chalk formation. It rises from almost sea-level to a height of 600 feet. The chalk formation is covered at many places by a layer of loam not more than a few inches thick, and in no part of this district is the layer of any considerable thickness. There are scarcely any constant streams of water in this portion of the district. At certain seasons of the year a few streams exist—locally named gypseys—formed by springs out of the chalk, but they never persist throughout the year. In this district the wells are mostly deep wells, and if carefully constructed, would provide an abundant and safe supply of excellent water.

The lower or southern part of the district, corresponding to the sub-registration districts of Driffield Rural and Foston is formed by the drift or boulder clay—a much more recent geological formation than the chalk. In most parts of this district the height above the sea level is very slight—frequently only a few feet and rarely reaching forty feet. Many of the wells in this portion of the district are surface wells, and so more liable to pollution. In almost all parts of this district an artesian well can easily be made by piercing the drift and tapping the water in the chalk below, and when this is done the result is almost invariably satisfactory. This district

abounds in deep ditches with a constant supply of running water. The soil is much heavier than in the upper chalk district and holds much more moisture; thus constituting a danger on account of the ease and small cost at which a well may be sunk and yield a plentiful supply of water from the drift.

The only occupations carried on in the district are the agricultural industry and the allied trades.

POPULATION.

For the purpose of estimating the population I have taken it for granted that the average annual rural exodus is that of the last 20 years, though I am of opinion that this is probably an excessive computation during recent years. If I am correct in this surmise all the rates for the last few years will be slightly higher than they ought to be. I have no means, however, of verifying this statement until the next census returns. The population in the middle of 1907 was estimated at 11,000 persons. The natural increase—that is the excess of births over deaths—in 1908 was 127. By adding this to the population of 1907 we should have a population in 1908 of 11,127 people, but as the average annual exodus is probably 273, the actual population in 1908 would stand at 10,854 persons. There is little doubt that the depopulation of the rural districts still continues, and our own district is no exception to the rule. It is to be hoped that recent legislation may make the lot of the country labourer and small farmer more hopeful, and thus stem the tendency to migrate into the towns, though if such should be the trend of legislation it will take many years to make itself appreciably felt. The unfortunate aspect of this migration is the fact that it is often the best blood of the country side that emigrates, to be gradually but certainly deteriorated by the residence in urban districts. Anything we can do, either by legislation, local administration or by social efforts, to reinstate prosperity in the rural districts is worthy of all praise from the national aspect, as well as the local one. Not the least potent factor in this regeneration of the country side will probably ultimately be found to be the provision of better cottages, and this again may be more intimately bound up with the question of allotments and small holdings than at present appears to be the case.

I estimate the population of the various sub-districts as follows:—Bainton 3124, Langtoft 3138, Driffield Rural 2618, and Foston 1972. Langtoft still heads the list owing to the largest natural increase and the smallest death rate during the year 1908.

BIRTH RATE.

The number of births registered during 1908 was 289, made up of 150 males and 139 females, being 9 more than in 1907. This gives an annual birth rate of 26.6 per 1000 living. This is the highest birth rate recorded for ten years. It is higher than that of

the country at large and only slightly below that of the 76 great towns. It is higher than the average of the last ten years by 1 per 1000. It may be due possibly to a higher state of social well-being amongst the country population and to a diminution in the rural exodus. Domestic servants are undoubtedly able to command a much higher rate of wages in the country districts than they formerly did—in fact almost as high as the same service in towns. Moreover farm servants command a much higher wage than they did some years ago, and both classes can look forward to marriage with less anxiety than they did in former years. The proportion of married persons per 1000 living in the East Riding was higher in 1907 than it has been since 1890, and this doubtless applies to our district as much as any other in the Riding. It is most probably due to the general improvement in the agricultural industry which has certainly taken place in recent years. It is a hopeful sign for the future prosperity of the rural districts. The years 1907 and 1908 have both shown a substantial increase in the birth rates in our district, a state of affairs which I trust will be maintained for many years to come. The large number of rejections of applicants for admission into the territorial forces in consequence of physical disability can best be remedied by an increase of the rural birth rate, as it is this class of the population that produces the soundest, strongest and longest-lived element in the national physical life. In the large number of young countrymen I annually examine for admission into friendly societies it is rare for me to come across one who would not satisfy the requirements of the recruiting-serjeant, and therefore this increase in the birth rate in the district is distinctly welcome. I append a table for comparative purposes:—

District.	No. of Births.	Males.	Females.	Rate per 1000.
England and Wales				26·5
RURAL England and Wales				26·2
Driffield Rural District ...	289	150	139	26·6
Bainton	83	45	38	26·5
Langtoft	78	36	42	24·8
Driffield Rural	76	42	34	29
Foston	52	27	25	26·4

From this table it will be observed that the highest birth rate—29 per 1000 was in the Driffield Rural Sub-District, and the lowest in the Langtoft district—a reversal of last year's figures. In all the districts except Langtoft the rate was equal or greater than that of the whole country.

ILLEGITIMACY.

The number of illegitimate children born in the whole district was 28—being 2 less than last year. The proportion of illegitimate to legitimate births was 107 per 1000, the same as last year, and it is still $2\frac{1}{2}$ times that of the country at large. In 1907 throughout the

whole of England and Wales the proportion of illegitimate to legitimate births was 41 to 1000; in the East Riding as a whole it was 52 to 1000; in the Driffield Registration district it was 142 to 1000, and in the Driffield Rural Sanitary Authority's district was 120 to 1000. It was thus $3\frac{1}{2}$ times as large in the whole Driffield registration district as in the country at large and 3 times as large in the Driffield Rural Sanitary Authority's district. In our own neighbourhood it was higher in the Driffield Urban district than in the Rural district, and in both it was sadly too high. In the whole Driffield district the illegitimate births in 1907 were 1 in 7, whilst the nearest approach in the rest of the East Riding to this high figure was 1 in 10 in the Pocklington district. The following tables gives the comparative distribution of illegitimate births in the various sub-districts.

District.	Illeg. Births.	Proportion to legitimate
Whole District.....	28	107 to 1000
Langtoft District.....	6	83 ..
Bainton District	7	92 ..
Driffield Rural.....	10	151 ..
Foston District	5	106 ..

Driffield Rural sub-district has again much the highest rate of illegitimacy, with Foston next and Langtoft the lowest.

It is a remarkable fact and one difficult to account for that this rate is very high in all the counties in the Eastern Seaboard, and our own district has the unenviable pre-eminence of heading the list.

MORTALITY.

The total number of deaths of persons belonging to the district registered during 1908 was 162, of which number 149 were registered in the district and 13 in public institutions outside the district. It is only in recent years that the statistics of deaths outside the district have been supplied to the Medical Officer, so that the later years compare unfavourably with the earlier ones as regards the death rate. All the death rates before 1902 are probably much too low, as no account was taken of residents dying in public institutions in computing those rates, but they were accredited to the districts in which they died. The present is a much more satisfactory method of estimating the relative healthiness of the district. Calculated in this way the death rate of our district in 1908 was 14.9 per 1000. As I remarked this is slightly in excess of last year, but almost identical with the average of the last seven years, computed on the same basis. The absolute number of deaths is the lowest since 1903, except in 1907. The rate is slightly above that of the whole country, which was 14.7 per 1000, as was also that of rural England and Wales. It is identical with that of the 76 large towns, but in excess of that of the 142 smaller towns, which was only 14 per 1000. For many years now these rates have gradually been approximating to each other, probably due to the increased activity in sanitary

matters in the large towns. This comparison is not favourable to the rural districts and ought to give rise to serious searchings of heart in rural sanitary authorities. The natural conditions in the country are much more favourable to health, and the conditions in the country which militate against a low death rate are of man's creation: such as bad water supplies, insanitary houses, ineffective drainage and inadequate surveillance of sanitary surroundings. In all these matters there is ample room for active work in our own district, which is a very large one, and in the latter respect—that of surveillance—it is difficult to keep pace with the requirements, which steadily become more onerous.

Below is a table for comparison of rates.

District.	Rates per 1000 living.		Rates per 1000 births	
	Births.	Deaths.	Infantile death rate	
England and Wales	26·5	14·7	121	
76 Large Towns	27	14·9	128	
142 Smaller Towns	26	14	124	
Rural England and Wales	26·2	14·7	110	
Driffield Rural District	26·6	14·9	93	

The most satisfactory features in the table are the high birth-rate of our district and the very low infant death-rate, which goes to prove that the country is far the healthiest for infant life.

The average age at death of persons of all ages was 47, excluding infants, 59 years, both very slightly below the numbers of last year. There were 81 deaths of males and 81 of females.

Throughout the country more Males are born than Females, but the death rate amongst males is greater, so that in the later periods of life the females out-number the males.

The birth rates and death rates of the various sub-districts may be seen from the following tables.

District.	Population.	Rates per 1000 living.	
		Birth-rate.	Death-rate.
Whole District	10854	26·6	14·9
Bainton	3124	26·5	16·3
Langtoft	3138	24·8	12
Driffield Rural	2618	29	16·4
Foston	1972	26·4	15·2

The average age at death in the sub-districts was as follows:—

District.	All ages.	Excluding infants.
Whole District.	47 years.	59 years.
Bainton	44 do	52 do
Langtoft	41 do	64 do
Driffield Rural	54 do	60 do
Foston	49 do	59 do

On examination of this table it will be seen that the Langtoft district has again the best record. The death-rate is much the lowest in this part of the district. In the Langtoft district only two deaths were registered in the last three months of the year. It will be noticed also that the Driffield Rural sub-district has again the highest death rate, though the Bainton district runs it very close. The parallel between last year and the previous year is again striking in that the highest average age at death was in the Driffield Rural and Foston districts, thus shewing there was a larger percentage of deaths of old people in these districts. In the Driffield Rural sub-district 64 per cent of the deaths were over 60 years of age, and in the Foston district, 53 per cent were 60 years of age and upwards. A table of deaths showing analysis of causes and age distribution will be found at the end of my report.

The subjoined table gives the rates of deaths attributable to the more common causes of mortality.

Disease.	No. of deaths. 1908	Driffield Rural District. Rates per 1000 living.			Whole Country. Rate per 1000 living.
		1908	1907	1906	1907
Influenza	11	1.01	.45	.09	
Typhoid Fever	2	.18	.36	.27	.067
Diarrhœa	3	.27	.09	.44	.3
Phthisis	13	1.1	.46	1.07	1.14
All tuberculous diseases	15	1.38	.82	1.43	1.65
Cancer	24	2.2	1.09	1.16	.9
Heart disease	13	1.19	1.27	1.8	1.4
Bronchitis	11	1.01	.82	.53	
Pneumonia	5	.46	.82	.8	
All respiratory diseases	16	1.47	1.63	1.34	

The most striking feature in the above table, is the excessively high death rate from Cancer. We always have a death rate from this disease in excess of that of the country at large, but during the year under review, the excess was almost alarming. It was nearly two and a half times as large as the general rate of the country. In our district it was 2.2 per 1000, as compared with a rate of .9 per 1000 for the whole country. This is the highest cancer death-rate I have ever recorded for my district though I have annually to call attention to our unenviable position in regard to this cause of death. I have nothing to add to my remarks in last year's report on this increased prevalence of cancer in the district. Our district is characterized by longevity and this may account for some part of the increase but certainly not for all of it. The disease gradually exacts a greater toll of life throughout the country every year. Its cause is still extremely obscure and until more is known of its genesis we shall not be in any very satisfactory position to account for its excessive

prevalence in our district, in which 67 per cent of the victims were 60 years of age and upwards. Far the highest death rate from this disease was in the Bainton district, 42 per cent of deaths being in it. The lowest rate was in the Foston district, though the rate was not much higher in the Langtoft district. Last year the Driffeld Rural district had the highest death rate from this disease: this year it holds second place.

The Influenza death rate is much higher this year, but as this varies largely from year to year throughout the country at large, and as the statistics for 1908 are not in my hand, I refrain from any comparison. Every case of death from Influenza in our district during 1908 was attributed to some complication affecting the respiratory organs.

The death rate from Typhoid Fever is again more than double that of the country generally. I am happy to say however that it is much less than the average of the last 3 years. As this disease is frequently, if not always, due to insanitary conditions it is much to be desired for our reputation as Sanatarians, that this decrease may continue. A very strict investigation into the various sources of water supply in the district and a rigorous system of improvement in them would most probably have a powerful influence in this direction. The efforts which you have taken during the year to obtain a supply of wholesome water for the village of Nafferton, which village has such a bad reputation in respect of this disease, are greatly to be commended, and I hope and trust that your aspirations in this matter are now near fruition.

The Phthisis death rate in 1908 was higher than our accustomed one, though still somewhat below the average of the country, and the death rate from all tuberculous diseases inclusive was considerably lower than that of the country generally.

The Diarrhœa death rate is again a low one and that of heart disease is still more markedly diminished.

Respiratory diseases have in the aggregate exacted a less toll of life than last year, and much less than the average of the last four years. If, however, the deaths which were attributed to influenza with respiratory complications had been included this state of things would have been reversed. In every case, however, where influenza has been stated as the primary cause of death, I have estimated the rate under that designation and not as a respiratory disease. I have not the statistics of the whole country for respiratory diseases in 1908 and so cannot make comparisons on this basis.

The deaths from the other diseases specified in the Registrar-General's tables were as follows, and will be found in Table 4 at the end of my Report, viz :—Measles 1, scarlet fever 1, diphtheria 1, enteritis 1, alcoholicism 1, premature birth 9, diseases of parturition 3, accidents 6, suicides 1. All other causes accounted for 56 deaths,

Eleven deaths were registered by the Coroner for the district after inquests, and six of these were due to fatal accidents. Five inquests were held in the Bainton district and two in each of the other districts. Infectious diseases are dealt with more fully in a later portion of my Report.

INFANT MORTALITY.

I am pleased to be able to record a much lower death rate amongst infants, probably showing a greater care in the nurture and up-bringing of infant life. In the whole district 27 infant deaths were registered, as compared with 30 in 1907, giving a rate of 93 per 1000 births, whereas in 1907 it was 107 per 1000 births. This is the lowest infantile death rate since 1902 and with the exception of that year it is the lowest for 10 years, during which time the average is 118.5 per 1000 births. This great improvement in such an important part of sanitary administration is a very gratifying fact. The rate is much lower in our district than in the rest of Rural England and Wales, where it was 110 per 1000 births and much lower than that of the urban parts of the country. It augurs well for the care of children in our district and proves the healthiness of rural conditions for infant life. It is quite possible that the extension of the provisions of the Infant Life Protection Act to cases of single nurse children may have contributed to this result, but this cannot explain the whole case. A potent factor is probably increasing intelligence on the part of mothers in general in respect of matters pertaining to infant nurture generally. I append a table for the country generally and for our own district to enable comparisons to be made at a glance.

District.	No. of Deaths.	Rates per 1000 births.			Illeg. rate per 1000 Illeg. births.		
		1908	1908	1907	1906	1908	1907
England & Wales...			121	118	133	220	281
76 Great Towns ...			128	127	146		
142 Smaller Towns..			124	122	138		
Rural England and Wales ...			110	106	115	165	185
<i>Driffield Rural Dist.</i>	27		93	107	107	250	200
Bainton Sub-district	8		96	111	132	285	111
Langtoft do.	10		128	93	108	333	250
Driffield R. do.	4		52	119	79	200	250
Foston ...	5		96	108	111	200	200

From this table it will be observed that the lowest rate of infant mortality was in the Driffield Rural sub-district in spite of the fact that it had the highest rate of illegitimacy. The highest rate was in the Langtoft district, but in this district 6 of the 10 deaths were due to premature birth, and the rate of illegitimacy was lowest in this district. The illegitimate infantile death rate was 250 per 1000 births, or 1 in 4 as compared with a rate for the whole district of less than 1 in 10 of infantile deaths of both characters. If we compare the infantile mortality amongst legitimate and illegitimate children

we find that it was 64 per 1000 births amongst the legitimate children and 250 per 1000 amongst the illegitimate children or four times as great amongst the former class. This is a declension on last year when it was only 2·5 to 1. In 1907 in the whole of England and Wales it was 2 to 1 and in the rural districts it was 1·5 to 1, so that we have a very unenviable record in this respect. This rate was highest in the Langtoft district and lowest in the Driffield rural and Foston districts where it was exactly the same.

In table 5 at the end of this report is an analysis of the infant deaths. As has been the case for the last three years no infantile death was caused by the compulsorily notifiable diseases. Three however were caused by seven chief epidemic diseases of the Registrar-General's classification, one by measles, one by whooping cough and one by diarrhoea. Nine deaths were caused by premature birth and 6 of these were in the Langtoft district, two were caused by congenital defects, 6 by wasting diseases, 1 by convulsions, 4 by bronchitis, 1 by pneumonia and one by non-specified disease. Fourteen of the deaths occurred before the infant reached the age of one month.

On the whole this feature of my report is very satisfactory, especially in view of the fact that illegitimacy is rife in the district. It would nevertheless seem that these unfortunate infants are yet well cared for in the majority of cases. Were this factor eliminated from our district or even substantially diminished the result would be an extremely low rate of infant mortality.

INFECTIOUS DISEASE.

I now come to deal with the pleasant part of my report, I refer to infectious diseases. In this matter our record is a greatly improved one. The death rate from zymotic diseases was only ·73 per 1000 as compared with a rate of 1·29 for the whole country and ·99 per 1000 for the rest of rural England and Wales. The rate from compulsorily notifiable diseases was ·27 per 1000 only. This was only about half the rate of last year, and one third of that for 1906. No death from any infectious disease occurred in the Langtoft and Driffield Rural districts. The highest rate occurred in the Foston district where it was 2·03 per 1000. In the Bainton district it was 1·28 per 1000. Eight deaths were attributed to the seven chief epidemic diseases but only three were caused by notifiable diseases. Below is a table showing comparisons in rates—

	Rates per 1000 living.					
	Seven chief epidemic diseases.			Notifiable diseases.		
	1908	1907	1906	1908	1907	1906
England and Wales	1·29	1·26	1·73			
76 Great towns	1·59	1·54	2·24			
142 Smaller towns	1·26	1·29	1·7			
Rural England & Wales	·99	·91	1·18			
Driffield Rural district	·73	·72	1·4	·27	·45	·62

It will be noticed from this table that deaths from all forms of infectious disease are diminishing and especially from all notifiable diseases. Moreover I feel convinced that if we had means of isolating first cases in a special hospital, this decrease would be much more rapid. This is still the greatest defect in our sanitary armour. The huge bulk of our infectious cases are contracted for want of means of isolation. It is no unusual thing for 5 or 6 cases to occur at intervals in the same house shortly after the first case has arisen. An isolation hospital with an up-to-date disinfecting apparatus is still a great desideratum with us. Yet even with our present equipment I believe that we are doing useful preventative work in this department of our administration, and the annual statistics seem to bear out this opinion.

I now append a further table for comparison of the various sub-districts in the matter of infectious disease, computed on the Registrar-General's classification.

District.	Population.	1908		1907		1906	
		Deaths.	Rate	Deaths.	Rate	Deaths.	Rate
Whole District ...	10854	8	.73	8	.72	16	1.4
Bainton	3124	4	1.28	1	.31	4	1.2
Langtoft	3138	0	0	3	.94	3	.9
Driffield Rural ...	2618	0	0	4	1.5	6	2.2
Foston	1972	4	2.03	0	0	3	1.4

It will be seen from this table that Foston, which had the best record last year, has the worst this year, whereas the Langtoft and Driffield Rural districts have taken the place previously held by the Foston district.

The total incidence of infectious disease on the district during 1908 was much less than it has been for many years. Only 41 cases were notified during the whole year, and the number of notices of absence from Schoolmasters has only been about one-fifth of those of last year. There has been little necessity for the closing of schools during the year. I append a table showing the rate of incidence on the district of notifiable disease.

District.	1908		1907		1906	
	No. of cases.	Rate per 1000.	No. of cases.	Rate.	No. of cases.	Rate.
Whole District..	41	3.77	76	6.9	58	5.2
Bainton	11	3.5	31	10	10	3.1
Langtoft.....	3	.95	6	1.8	32	10
Driffield Rural..	19	7.3	36	13.6	10	3.3
Foston.....	8	4	3	1.5	6	2.9

The Langtoft district has a very low rate of incidence, there having been less than one case per 1000 recorded during the year. The Driffield Rural district has by far the highest rate. This was due to a small epidemic of scarlet fever in which several cases occurred in the same houses. The Foston figure was high from a similar occurrence in the case of an outbreak of diphtheria at Harpham. The fatal cases of infectious disease occurred in the following districts;—In the Bainton district 1 of measles, 1 whooping cough, 1 typhoid fever, 1 diarrhœa and four of influenza; in the Langtoft district none were from the seven chief epidemic diseases, but 2 from influenza; in the Driffield Rural district 3 from influenza; and in the Foston district 1 from diphtheria, 1 from typhoid fever, two from diarrhœa and 2 from influenza. An outbreak of impetigo contagiosa occurred at Langtoft, and whooping cough broke out in the Bainton district.

I now proceed to make a further analysis of the incidence of infectious disease as it affected the various districts.

Bainton District.

In this district no case of notifiable disease occurred until the month of May, when a case of diphtheria was notified from Middleton. Certain sanitary defects were noted in the property and were remedied. No extension took place. No further case of notifiable disease was reported from this district till September, when a fatal case of typhoid fever occurred at North Dalton. There was no sanitary defect found on the premises, the house being new and modern and the origin of the case was very difficult to account for. No second case occurred. In November a case of scarlet fever broke out in an isolated farmhouse at Middleton. Three other cases occurred in the same house traceable to the first and another case in a distant house was probably traceable to the same source. The origin of the original case was difficult to account for. A visit to the school children gave no clue though the first case was attending school. Three isolated cases of erysipelas occurred at intervals during the year in this district. The number of cases of infectious disease notified in the Bainton district during the year was eleven, four of which were in one house. An epidemic of whooping cough broke out at Wetwang in October, necessitating the closure of the Schools. A fatal case of measles appeared at Middleton in January, though no epidemic took place.

Langtoft District.

No case of serious infectious disease was met with in this district till July, when two cases of typhoid fever were notified at Sledmere. One was in the public-house where very serious sanitary defects were found. To remedy these the owner, Sir Tatton Sykes, provided a

small installation for the bacteriological treatment of the sewage from this and a few other houses in the same district with much benefit to the neighbourhood. He also provided a new water supply for the public-house, so that in this case a very decided good arose from what appeared to be an unmitigated evil. The other case of typhoid at Sledmere was in an isolated farm house, with good sanitary arrangements, and the only possible cause was the fact that the patient had drunk water from another doubtful source.

A case of diphtheria occurred at Kilham, but no satisfactory reason for its appearance could be advanced. No extension of the disease took place.

On the whole this district has been very remarkably free from serious infectious disease during 1908, only these three cases being notified.

Driffield Rural District.

This district furnished 19 cases of notifiable disease during the year, 10 of Scarlet fever, 7 of Typhoid fever and 2 of Erysipelas. All the cases of Scarlet fever were at Nafferton, only four houses were affected and seven of the cases occurred in two houses. These cases were all associated with one another and were incident upon the first case. Two of the other cases occurred in a house in which isolated cases have occurred at intervals spread over many years. The origin of the first case could not be accounted for in spite of a careful visit to the school which the children were attending.

A fatal case of Typhoid fever took place at Wansford in June, and no sufficient cause for the case could be found on the premises.

Five cases of Typhoid fever occurred at Nafferton in August. Three of these were in houses where the disease existed the previous year and in each case the water supply was not satisfactory. The same remark applies to the water supply of case four. In the fifth case no sanitary defect could be found on the premises, though the water supply on the farm supplying the milk to this and the next case was not satisfactory. The well was badly constructed and has been greatly improved. All these cases were of a mild character.

A few cases of Measles occurred at Wansford in January but no epidemic ensued. A few cases of Chicken pox occurred at Nafferton in October and a few cases of Measles at Little Driffield in January but no epidemic occurred.

Foston District.

Eight cases of Diphtheria occurred at Harpham in August and September. Five of these occurred in one house in which the disease first appeared and probably gave rise to all the subsequent cases, as a distinct nexus could be traced between this and all the other cases. In this house certain sanitary defects were noticed and have since been remedied by the owner. In the other three affected houses the sanitary conditions were quite satisfactory and no extension of the disease to other inmates occurred. I could not account in any way for the first case, there being no record of contact with any preceding case. One of the single cases proved fatal.

Two fatal cases of Diarrhœa were reported in this district during the year though no epidemic prevailed.

On the whole the entire district has been unusually free from serious infectious disease, the number of notifications being the lowest for many years. During the first six months of the year, only two cases of serious infectious disease were reported to me, a record which has never been equalled during my tenure of office.

WATER SUPPLY.

No large extension of public water supply has taken place during the year though considerable progress has been made with the scheme for providing Nafferton with a public supply and distribution. The scheme and details are now before the Local Government Board and we are awaiting an enquiry for sanction to borrow money to construct the works.

Several new private wells, Artesian and Abyssinian tube wells have been constructed during the year. Many private wells have also been improved and protected.

The public wells in the various villages have been kept under observation and the works kept in repair.

There has been no scarcity of water during the year either in ponds or wells.

Five well waters were analysed during the year. All were from the village of Nafferton. Only one was free from sewage pollution and two were extremely unsatisfactory. This again emphasizes the necessity for proceeding with the Nafferton water supply scheme with as much celerity as possible. In my opinion most of these wells are contaminated by surface pollution and the cause of this pollution is imperfect construction. In the past little or no attention has been paid to scientific principles in the construction of local wells, and as a consequence most of them even though deep wells, are open to surface contamination. This is a question that requires constant surveillance.

SEWERAGE AND DRAINAGE.

No large extensions of public sewers have been undertaken by the Authority during the year. Many private drains and public sewers have received attention during the year and improvements carried out where necessary.

The various treatment works have acted satisfactorily during the year and no complaints of nuisances from them have been received.

A small bacterial sewage tank has been constructed by Sir Tatton Sykes at Sledmere to deal with the sewage from a portion of the village.

All requests by the Authority for owners to improve private drains have been complied with without any necessity for legal proceedings.

SCAVENGING AND NUISANCES.

Attention has been again called by public notices during the year to the duties of tenants with respect to ashpits and privy middens. These receptacles are much better kept than they formerly were, but I am still of opinion that a further improvement would be brought about by the adoption of public scavenging in the larger villages. There has been some difficulty in Nafferton with the disposal of the refuse from the public scavenging, but I trust that this is now settled. Most of the nuisances observed during the year have been remedied.

DAIRY AND COWSHEDS ACT.

The supervision of these buildings has been carried out during the year. A gradual improvement is being effected in their state, but many of them are far behind modern requirements in such buildings. No case of infectious disease has occurred on a dairyman's premises during the year.

A report of an examination into the sources and nature of the pollution of the milk supply was published by the County Authorities during the year. In view of the importance of the subject I drew out a leaflet at your request for circulation amongst milk purveyors in our district. After drawing attention to the sources of contamination and the responsibility of dairymen to take all reasonable precaution against this, under penalties, the following recommendations were advised to be adopted:—

1. The washing of the udders and flanks of the cows with hot water and soap before milking.
2. The washing of the hands of the milker in a similar manner.
3. The cleansing of all vessels by boiling water.
4. The rejection of the first milk from each teat.
5. The avoidance of work which raises dust before milking.
6. The quick removal of the milk from the shed to the receiver outside, protected from dust and having a strainer.
7. The cooling of the receiving vessel to as low a temperature as feasible under the circumstances of the case.

The leaflet then asserted the intention of the Council to administer the Order of 1885 more rigorously.

FACTORY AND WORKSHOPS ACT.

The places on the register have been kept under observation during the year. No legal action has had to be taken. A case of typhoid fever again occurred in one of them but all precautions were taken to avoid extension. As I have often remarked most of these places are private houses and those moreover of the best kind. They are generally well and cleanly kept and require little interference from us, complying in all respects with the requirements of the Act.

GENERAL REMARKS.

In summing up my report I may say that it is on the whole satisfactory and marks progress. In the matter of preventable diseases our record has been very good, and I and your inspector have had much less work and anxiety under this department. The matter of scavenging is in a greatly improved condition though not yet satisfactory. On the whole the sanitary condition of the district shows a great improvement upon that of some few years ago. There has been a stringing up all round, though there is yet ample room for all our efforts to still further improve our sanitary environment. To effect this the following considerations may be suggested as being most important :

1. The provision of an isolation hospital for infectious diseases.
2. The adoption of public scavenging in the larger villages.
3. Strict attention to the dangers arising from the defective construction of wells.
4. A stricter attention to the state of the smaller and older cottages and the consequent danger of overcrowding.

That you are alive to these and other requirements of the district is shown by your request for the adoption of the Public Health Amendment Act of 1907, showing your desire to keep abreast of the times.

In conclusion may I once more express the pleasure it has afforded me to work with you during the year in the interests of sanitary reform. Our relations have been of the most cordial kind and I have to thank you for always having given due consideration to my suggestions. It is in this amicable and reasonable spirit of mutual consideration that the best interests of the district can be most efficiently advanced.

I am, Gentlemen,

Your obedient Servant,

CHAS. ED. HOLLINGS.

*Eastgate House,
Kilham.*

February, 1909.

Table 1. Vital Statistics of Whole District during 1908 and previous Years.

DRIFFIELD RURAL DISTRICT.

YEAR.	Population estimated to middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond 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.	Number.	Rate †
				Number.	Rate per 1000 Births registered	Number.	Rate †					
1	2	3	4	5	6	7	8	9	10	11	12	13
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	11983	309	25.8	32	103	148	12.3					
1902	11871	302	25.4	25	82	130	10.9			7	137	11.5
1903	11738	310	26.3	38	122	154	13.1			10	164	13.9
1904	11540	273	23.6	33	121	181	15.7			10	191	16.5
1905	11344	281	24.7	35	121	184	16.2			11	195	17
1906	11148	259	23.2	28	108	156	14			17	173	15.5
1907	11000	280	25.5	30	107	121	11			17	138	14
Averages for years 1898-1807	11727	296	25.1	35.8	118	159	13.5			12	166	14.7
1908	10854	289	26.6	27	93	149	13.7			13	162	14.9

† Rates in Columns 4, 8, and 13 calculated per 1000 of estimated population.

Area of District in acres (exclusive of } 105282
area covered by water. }

Total population at all ages, 11988.

Number of inhabited houses, 2641.

Average number of persons per house, 4.5.

} At Census of 1901.

Table 2. Vital Statistics of Separate Localities in 1908 and previous Years.
 DRIFFIELD RURAL DISTRICT.

Names of Localities	BAINTON.				LANGTOFT.				DRIFFIELD RURAL.				FOSTON.			
	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.
1898		97	46			95	55			73	59			73	40	
1899		96	36			87	44			67	42			57	40	
1900		84	42			83	49			81	38	10		61	24	
1901	3474	87	38	7	3405	94	59	11	2939	77	42	6	2170	51	25	4
1902	3425	83	44	9	3383	93	43	11	2901	69	36	3	2157	57	22	8
1903	3390	89	43	13	3348	87	48	13	2864	73	42	8	2136	61	31	3
1904	3331	77	55	12	3300	80	48	5	2801	65	60	10	2108	51	28	4
1905	3261	79	59	9	3246	87	54	15	2751	69	52	6	2076	46	28	6
1906	3204	68	51	9	3190	83	46	9	2704	63	53	5	2040	45	23	5
1907	3170	81	37	9	3178	86	31	8	2652	67	52	8	2000	46	35	5
Average of Years 1898-1907	3322	84	45.1	9.7	3293	87.5	47.7	10	2801	70.4	47.6	7	2098	54.8	29.6	5
1908	3124	83	51	8	3138	78	39	10	2618	76	44	4	1972	52	30	5

Table 4.

Causes of, and ages at, Death during Year 1908.

DRIFFIELD RURAL DISTRICT.

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	1	1						1			
Scarlet Fever											
Whooping-cough	1	1						1			
Diphtheria and membranous croup	1			1							1
Croup											
Fever { Typhus											
{ Enteric	2					1	1	1			1
{ Other											
{ continued											
Epidemic Influenza	11	1			1	3	6	4	2	3	2
Cholera											
Plague											
Diarrhæa	3	1	2					1			2
Enteritis	1						1			1	
Puerperal fever											
Erysipelas											
Phthisis	13			1	3	7	2	5	3	4	1
Other tuberculous diseases	2		1					1			1
Cancer, malignant disease	24					12	12	11	4	7	2
Bronchitis	11	4	1			2	4	3	1	5	2
Pneumonia	5	1	1		1	1	1	1	2	2	
Pleurisy											
Other diseases of Respiratory organs											
Alcoholism	1					1				1	
Cirrhosis of liver											
Venereal diseases											
Premature birth	9	9						1	6		2
Diseases & accidents of parturition	3				1	2		1	1	1	
Heart diseases	13					4	9	4	1	5	2
Accidents	6		2	1		3		3	2	1	
Suicides	1					1		1			
All other causes	56	9	2	1	2	10	33	12	17	14	14
All causes	164	27	9	4	8	47	70	51	39	44	30

Births in the year, legitimate 281, illegitimate 28.
 Population estimated to middle of year, 1908.
 of legitimate infants 27, illegitimate infants 7.

Table 5. **Infantile Mortality during the Year 1908.**
Deaths from stated causes in Weeks and Months under One Year of age.
DRIFFIELD RURAL DISTRICT.

CAUSE OF DEATH,	Under 1 week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under one 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 1 year
All Causes.																	
Certified	13	1			14	1	3	1		2	4	1				1	27
Uncertified																	
Common Infectious Diseases																	
Small-pox																	
Chicken-pox																	
Measles												1					1
Scarlet Fever																	
Diphtheria : Croup																	
Whooping Cough								1									1
Diarrhœal Diseases.																	
Diarrhœa, all forms											1						1
Enteritis, Muco-enteritis, Gastro-enteritis																	
Gastritis, Gastro intestinal Catarrh																	
Wasting Diseases.																	
Premature Birth... ..	7	1			8	1											9
Congenital Defects	2				2												2
Injury at Birth																	
Want of Breast-Milk, Starvation Atrophy, Debility, Marasmus	3				3	1	1		1								6
Tuberculous Diseases.																	
Tuberculous Meningitis... ..																	
Tuberculous Peritonitis : Tabes Mesenterica																	
Other Tuberculous Diseases																	
Other Causes.																	
Erysipelas																	
Syphillis																	
Meningitis (<i>not Tuberculous</i>)																	
Convulsions	1				1												1
Bronchitis						1					3						4
Laryngitis																	
Pneumonia															1		1
Suffocation, overlying																	
Other Causes										1							1
	13	1			14	1	2	2		2	4	1				1	27

Population, estimated to middle of 1908, 10,854.
Births in the year : legitimate 261, illegitimate 28. Deaths in the year
of legitimate infants 21, illegitimate infants 7.
Deaths from all causes at all ages 164.

Infantile Mortality during the Year 1902

Report of the Registrar-General of Births, Deaths, and Marriages for England and Wales

Age	Sex	Number of Deaths	Rate per 1,000 Living	Rate per 1,000 Born
Under 1 year	Male	10,000	100	100
Under 1 year	Female	10,000	100	100
1 to 4 years	Male	5,000	50	50
1 to 4 years	Female	5,000	50	50
5 to 9 years	Male	2,000	20	20
5 to 9 years	Female	2,000	20	20
10 to 14 years	Male	1,000	10	10
10 to 14 years	Female	1,000	10	10
15 to 19 years	Male	500	5	5
15 to 19 years	Female	500	5	5
20 to 24 years	Male	200	2	2
20 to 24 years	Female	200	2	2
25 to 29 years	Male	100	1	1
25 to 29 years	Female	100	1	1
30 to 34 years	Male	50	0.5	0.5
30 to 34 years	Female	50	0.5	0.5
35 to 39 years	Male	20	0.2	0.2
35 to 39 years	Female	20	0.2	0.2
40 to 44 years	Male	10	0.1	0.1
40 to 44 years	Female	10	0.1	0.1
45 to 49 years	Male	5	0.05	0.05
45 to 49 years	Female	5	0.05	0.05
50 to 54 years	Male	2	0.02	0.02
50 to 54 years	Female	2	0.02	0.02
55 to 59 years	Male	1	0.01	0.01
55 to 59 years	Female	1	0.01	0.01
60 to 64 years	Male	0.5	0.005	0.005
60 to 64 years	Female	0.5	0.005	0.005
65 to 69 years	Male	0.2	0.002	0.002
65 to 69 years	Female	0.2	0.002	0.002
70 to 74 years	Male	0.1	0.001	0.001
70 to 74 years	Female	0.1	0.001	0.001
75 to 79 years	Male	0.05	0.0005	0.0005
75 to 79 years	Female	0.05	0.0005	0.0005
80 to 84 years	Male	0.02	0.0002	0.0002
80 to 84 years	Female	0.02	0.0002	0.0002
85 to 89 years	Male	0.01	0.0001	0.0001
85 to 89 years	Female	0.01	0.0001	0.0001
90 to 94 years	Male	0.005	0.00005	0.00005
90 to 94 years	Female	0.005	0.00005	0.00005
95 to 99 years	Male	0.002	0.00002	0.00002
95 to 99 years	Female	0.002	0.00002	0.00002
100 years and over	Male	0.001	0.00001	0.00001
100 years and over	Female	0.001	0.00001	0.00001