

[Report 1905] / Medical Officer of Health, East Kerrier R.D.C.

Contributors

East Kerrier (England). Rural District Council.

Publication/Creation

1905

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Rural District Council

OF

East Kerrier.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH.

1905.

PENRYN:

Printed by F. CHEGWIDDEN, MARKET STREET.

Annual Report for 1905



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Annual Report for 1905.

TO THE RURAL DISTRICT COUNCIL
OF
EAST KERRIER.

GENTLEMEN,

During the past year 130 births, 65 of which were males and 65 females, were registered, giving an annual birth-rate of 15·86 per thousand inhabitants.

During the same period 140 deaths were registered, 69 of which were males and 71 females, giving an annual death-rate of 17·08 per thousand inhabitants.

For all the 25 years that I have been Medical Officer of Health, and I expect for many years before, the number of births has each year been in excess of the number of deaths, but for 1905, instead of being able to record a natural increase, I regret that I have to record a natural decrease of 10.

I append, as usual, a list of birth and death-rates for the past ten years, worked out for each year on the census population for that year. This population from 1896 to 1900 was 8510, whilst that from 1901 onwards was 8192.

| Birth-rates for past ten years. | Death-rates for past ten years. |
|---------------------------------|---------------------------------|
| 1896—25·7 | 1896—14·3 |
| 1897—23·9 | 1897—15·2 |
| 1898—23·5 | 1898—21·03 |
| 1899—25·4 | 1899—14·5 |
| 1900—23·2 | 1900—16·5 |
| 1901—21·4 | 1901—16·6 |
| 1902—22·8 | 1902—18·6 |
| 1903—21·6 | 1903—16·6 |
| 1904—23·9 | 1904—15·1 |
| 1905—15·8 | 1905—17·08 |

The above rates are, as I have said, worked out for each year upon the census population relating to that year. But at the end of this report there are several Tables, in one of which, among other statistics, will be found birth and death-rates for the past ten years, which differ somewhat from the rates in the above list, because they are worked out upon the “estimated” population of each particular year; and as the “estimated” population for each year is, for a district such as ours, in which the population has decreased from the 1891 to the 1901 census, necessarily lower than the census population, all rates therefore, which

are worked out upon the "estimated" population must come out higher than those worked out on the census population. I think it necessary to enter into this explanation so that it may be understood why the rates in the above list differ from those in the Official Statistical Tables at the end of this Report.

With regard to these Tables I wish, as usual, to point out their main features:—Table I furnishes Statistics which cover the past ten years. These include the population estimated to the middle of each year of the past ten years, the actual number of births, deaths, &c., for each year: and the birth and death-rates, as well as the infantile death-rate per thousand births, all of which, as I have already said, are calculated upon "estimated" populations. This Table also shows that the area of the district is 24,319 acres, that the number of inhabited houses at the 1901 census was 1907, and that the average number of persons per house was 4·3. Table II gives practically the same information as Table I, but for each parish separately instead of for the whole district, minus the rates. Table III gives the total number of Infectious Diseases notified in the district throughout the year, as well as the number notified in each particular parish. Table IV gives the causes of death and ages at death, both for the district as a whole, as well as for each parish separately. Up to this time these were all the Tables required to be

filled in : but a Table V has been issued for this year, which will also be found at the end of this Report. This table shows the mortality among infants under one year of age during 1905, the causes of death and the ages in weeks and months at death. The number of legitimate and illegitimate births is also shown. A survey of these Tables is of great interest : they give a good idea of the sanitary history of the district during the year on which they bear, and in some particulars comparisons with other years can be made.

Almost the most striking feature in the list of rates which I have given, and in a similar list in Table I, is the serious drop in the birth-rate of 1905 from that of all preceding years, a drop so great that for the first time that I remember we have to record a natural decrease rather than a natural increase. Although I commented in my report for 1904 on the tendency that was shown in recent years to a gradual decline in the birth-rate, I must confess I was not prepared for the tremendous decline which 1905 shows. In my 1904 report I attributed the diminishing birth-rate partly to a population diminished in numbers by the steady migration from rural to urban districts and to depression in the granite trade, which is the staple industry of a considerable and important part of this district : "which depression," I then said "will, I fear, if all that one hears as likely to happen actually comes

to pass, make itself felt more than ever in the near future." I regret to say that what one feared would happen has happened, for the granite industry has reached a point at which, unless an improvement soon takes place, it is threatened with practically total extinction. This state of the trade has compelled many men to leave this district to seek work elsewhere, either in other parts of England or in foreign countries. Many of these are married men, whilst others are young men who, had they remained at home and had trade conditions been more favourable, would doubtless have married and become fathers. It is therefore evident that the birth-rate cannot but have been adversely influenced in consequence, and of course chiefly in those parishes to which the granite industry is almost solely confined. In Table II, however, it will be seen that practically every parish in the district shows a fall in the number of births, when compared with previous years. As this decline is so general and occurs in several parishes, which have nothing to do with granite, and is so great in them that it cannot be adequately accounted for by the decrease in the number of the adult population, this decrease having been too gradual to account for such a striking diminution in the number of births, we must look for other explanations, in addition to those already given.

It is well known that recent years show a steady decline in the national birth-rate, a

decline which has given rise to such anxiety that a Commission was appointed to enquire into the matter. The birth-rate for Rural England and Wales in 1901 was 27·2; in 1902, 27·4; in 1903, 27·3; in 1904, 26·8; in 1905, 26·3. The reasons which the Commissioners give for this decline apply to the nation as a whole, and our district being an integral part of the nation these reasons must apply to this district to some extent or other, though not, I think, to the same extent as to more central, populous and urban districts. The Commissioners think that the main factor in this decline was to be "found in some condition quite independent of natural causes and over which individuals have some control, and that it is due to the prevention of the results which nature has ordained to follow marriage: or, in other words, to the deliberate curtailing of reproduction by the prevention of pregnancy." They further concluded that men and women who marry are avoiding as much as possible parental duties and responsibilities: and although they still their consciences with the sophistry that it is for the good of the children themselves, and that their means will not allow them to rear more than one or two children, yet the real reasons are a growing love of luxury and self-indulgence.

If what I have quoted applied only to the undesirable and physically and mentally unfit section there would be cause for congratulation;

but as this is the very class to which such remarks do not apply their importance cannot be over-estimated.

I have thought it right in the face of such an astonishing birth-rate as that of last year to advance whatever reasons I could to explain it as far as possible, some of which are self-evident, whilst others are problematical : and yet I do not think that they explain all. Possibly 1905 was a unique year, in which case the birth-rate for that year should not be taken as a standard for years to come, and we must hope that the birth-rate of the present year will rise and approximate that of former years.

With regard to the death-rate of 1905, Table I shows that with the great decline in the birth-rate we have a considerable rise in the death-rate : and that this rate is above the average of the past ten years. The death-rate for Rural England and Wales in 1905 is 14·9, whilst ours is 17·08. Such a difference calls for some remarks.

In Table IV it will be seen that practically one-half of the total number of deaths, that is 66 out of 140, were of people who had attained to the age of 65 years and upwards ; of these twenty were over 80 years of age and two well over 90 years. It cannot therefore be said that our high death-rate is due to the proportion which the number of deaths of those who have reached the age of man, and beyond it,

bears to the total number of deaths, being at fault. Nor throughout the year can we blame any epidemic disease for any great increase in the number of deaths; for, as I shall show later on, 1905 was singularly free from such complaints as scarlet fever, measles, &c., which in some years account for several deaths among children. Certainly Influenza was epidemic for some time in the early part of this year and no doubt directly or indirectly did cause some deaths. But on looking at column 3 in Table IV we see that twenty-five infants under the age of one year died, and column 6 in Table I also shows that the death-rate of infants under one year of age per thousand births was for 1905 the enormous one of 192·3, the highest of all the past ten years, and far above that of Rural England and Wales, which for the past year was 113. I think, therefore, that to the excessive number of infantile deaths, in proportion to the number of births, which occurred during 1905 the chief blame for the rise in the death-rate is to be attached.

This experience of 1905 only bears out what I have over and over again said, that if we can diminish the number of deaths among infants the general death-rate is more likely to follow suit consistently than by any such diminution which can be effected in any other period of later life. But how this can be done it is difficult to say. There is no doubt that the solution of this

difficulty is to a great extent in the hands of the mothers, and that within certain limits the question as to whether we are to have a high or a low infantile mortality rests with them to decide: for though infants will die despite every care that is taken of them, and especially so when epidemic diseases peculiar to child life prevail, yet a considerable number of infantile deaths occur which might be prevented, if proper care is exercised from the very first in the feeding and rearing of the children and proper attention is paid to their clothing and protection from exposure. Instructions on these points, or most of them, have been issued for years past, and when one year the infantile death-rate has fallen one has begun to hope that the seed sown is beginning to bear fruit: but such hopes are all dashed to the ground perhaps the very next year. It is, however, a consolation to us as a Sanitary Authority to feel that in this particular we have done our duty. If mothers neglect theirs the blame is with them.

On reference to Table III, it will be seen that there were in all twelve cases of Zymotic diseases notified during the year:—Three of Erysipelas and nine of Diphtheria. It is remarkable that in 1905 there was not a single case of any other Zymotic disease, such as Typhoid Fever, Scarlet Fever, &c., notified, and that practically the only cases of any moment were cases of Diphtheria: for, as I have said in a previous report, I do not look upon such

cases of Erysipelas as are notified, chiefly slight facial attacks, as of any importance and certainly not worth the expense that they entail in notification fees: they endanger no one and the money spent over them could be put to much better use in notifying such a disease as Phthisis, and especially if we could deal with it as we do with the notifiable zymotic diseases. Of the twelve cases notified one was in Budock, six in Mylor, one in Perran-ar-worthal, two in Constantine, one in Mabe, and one in Mawnan. St. Gluvias for two consecutive years comes out with a clean slate. We are again able to congratulate ourselves on the few cases of zymotic diseases notified in 1905, one less than in 1904 and 1903, and one more than in 1902, but many less than in the years immediately preceding, for in 1901 there were thirty cases: in 1900, twenty-eight; in 1899, forty-nine; in 1898, thirty-two; and in 1897, forty-one. Of the cases of Erysipelas two were in Mylor and one in Perran-ar-worthal. Of the cases of Diphtheria one was in Budock, four in Mylor, two in Constantine, one in Mabe and one in Mawnan. These cases were distributed as much all over the year as they were spread over the district. The first case was in Gweek in February, and was in the same house in which there were four cases in November, 1904. These four cases were contracted at a school beyond the limits of our district, an epidemic of this disease having broken out among the school-children. At the proper time the house in Gweek

was thoroughly disinfected and fumigated and all went well until some fresh cases again occurred at the same school. There is little doubt that the 1905 Gweek case was one of the second school batch, for there was absolutely nothing about the house and premises in Gweek which could have caused the disease. The next case was also in Constantine at Little Trengove, in May. I could find nothing on the place to definitely account for the case. The next cases were in September, four in Mylor and one in Mabe. The Mylor cases were all in one house in which there was decided overcrowding, and the general surroundings of which were insanitary and calculated to generate disease. The drinking water was obtained from a deep well, but the neighbourhood of the well was so suspicious that an analysis of the water was made, with the result that the water was declared to be unfit for drinking purposes. The well was closed, then cleaned out and the mouth protected from any chance of pollution from the surroundings. After this the water was again analysed and was declared fit for drinking purposes. In addition to the well-pollution there was a killing-house immediately adjoining the living house, the drainage from which collected in a ditch in the garden, giving rise to very offensive smells. I think that all this was quite enough to account for the first case in the family, whilst the overcrowding and the utter impossibility of isolation accounted for the remaining three. The first case

ended fatally. The Mabe case undoubtedly arose from cess-pits and drains in the garden behind the house, from which offensive smells were often experienced by the tenants; the child was in the habit of playing close to these drains. The next case was in Budock in November, and was entirely due to the most faulty of house drainage, sewer gases having a free entrance into the house at many points. The last case was in Mawnan, also in November: for this I could find no definite cause. Owing however to the surroundings and situation of the well the water was analysed but was declared fit for drinking purposes. But the yard in which the well was was ill-paved, undrained, and allowed pools of dirty and often offensive water to collect on its surface and immediately in front of the house. I can see no other cause than the state of the yard to account for this case. I may say that in all the above cases all the sanitary defects discovered were attended to and put in proper order, and the premises disinfected and thoroughly fumigated.

On reference to Table IV, it will be seen that of the total number of deaths which occurred during the year, thirty-three died from diseases of the Respiratory System, a rate of 4.02 per thousand inhabitants. In 1904, this rate was 2.8; in 1903, 2.68; in 1902, 4.15; in 1901, 2.19. It will therefore be seen that the death-rate from diseases of the Respiratory System for 1905 was about the highest for the past four years. The rise was due

to the increased number of deaths from Pneumonia and Bronchitis, the reason for which was the epidemic of Influenza which prevailed throughout the district for the first four or five months of the year. There were twelve deaths from Bronchitis and ten from Pneumonia. The remainder, namely eleven, all died from Phthisis: and this is somewhere about the average number of deaths which occur annually in this district from this disease. It has been shown to be a communicable disease and if taken early enough to be a curable one; and yet, although this is not the first time that I have written about this matter, we can point to nothing which has been done to deal with it. If from any other germ disease, such as Typhoid Fever and Diphtheria, the same number of deaths year after year occurred we should do our best to put an end to such a state of things: but for Phthisis practically nothing is done. Many of the cases are not even heard of until death occurs and the returns come in from the Registrar, and even then your officials have no power to take action to destroy the disease-germs left behind. In some cases, certainly, the people themselves take the proper steps, but in most cases but little that can be effectual is done. In fact here is a disease, communicable from the infected to the non-infected and annually claiming a large number of victims, which is yet allowed to do what it likes without any interference on our part. And again as to the curability of cases of Phthisis, I am

certain that some of the deaths which annually occur need not, if the cases were only taken in their earliest stages and were treated properly. It is possible in some houses to carry out the treatment thoroughly and with success, but in most instances it is not possible ; and when one sees the wonderful results which often follow the modern treatment of this disease, when carried out in its entirety, one feels that every sanitary body should have it in its power to place each suitable case, as it comes to its knowledge, within reach of such treatment. I do not know whether this suggestion is practicable, but I feel it my duty to once more make it, and I trust it will be fully considered.

The same Table (Table IV) shows that there were 12 deaths from Heart Disease, which is a much smaller number than in the year before, when there were twenty-three deaths. Also that there were five deaths from Cancer. Three of these were in the parish of Constantine, one in Budock, and one in Perran-ar-worthal. In 1904 Cancer caused eleven deaths, and the same number in 1903 ; in 1902, seven ; in 1901, ten ; in 1900, nine ; in 1899, ten ; in 1898, fourteen, and in 1897, sixteen. From these numbers it will be seen that in 1905 there was a great drop and that year by year there is by no means any tendency for the number of deaths from this terrible disease to increase, but rather the reverse if anything.

Table IV also shows that from diseases which are compulsorily notifiable, under the Infectious Diseases (Notification) Act, there was only one death, and that was from Diphtheria, giving a Zymotic death-rate of $\cdot 12$: the same rate for Rural England and Wales was 1.09. We are therefore, in this respect, considerably better than Rural England and Wales. The same table shows that from diseases which we have not made notifiable, and which yet come under the heading of "Zymotics," there were two deaths, one from Whooping Cough, and one from Diarrhœa. There were therefore, altogether, three deaths from notifiable and non-notifiable zymotics during 1905. In 1904 there were three such deaths; in 1903, five, and in 1902, thirteen.

Of non-notifiable diseases, we were quite free during 1905 from Measles and Scarlet Fever, but in the early half of the year there was a considerable number of cases of Whooping Cough, whilst from January to the commencement of May, Influenza was epidemic throughout the whole district. This epidemic was of a severe type, and if not directly, it no doubt indirectly was at the bottom of several deaths registered under Bronchitis and Pneumonia which occurred in persons whose constitutions had, a little previously, been affected with, and lowered by an attack of Influenza.

Drainage.

During the year no special drainage work has been carried out. Of course a considerable amount of general sanitary work crops up throughout the year, and is attended to: this is of a very varied nature. Mr. Chubb tells me that he has received sixty-one sanitary complaints, all of which have been remedied. Nor is there anything of special importance under this heading to draw attention to for future consideration, beyond the question of providing better drainage for Flushing, and improving the system of sewage disposal now in existence. This matter has now been before this Council for many years, and yet has not advanced a step, in spite of all the enquiries, and meetings held, and all the expenses incurred in obtaining expert opinions. No one denies that it is absolutely necessary that something should be done, for no one could conscientiously do so, after visiting and seeing the condition of things which exists in many places in that important village. But now that the Water-Supply has been taken in hand and completed we ought really to see if something cannot be done for the drainage &c; not in any patch-work fashion, but in a way that will place this village, at any rate, on a par with other places, and which will for ever remove the stigma which for so long has been attached to it. It may be impossible to carry out such schemes as have from time to time been suggested by experts—

that is not for me to say—whilst on the score of expense the village, with its other burdens, may not be able to bear an additional one of any magnitude. But I feel sure that if this question is looked at fairly and squarely, and the importance of health on the one hand, and the financial *side* on the other be duly considered, it will be quite possible to evolve a scheme which, whilst bettering the sanitary surroundings of the inhabitants, and thereby preventing sickness and disease, will, at the same time, not be of such an elaborate nature as to be beyond their power to bear.

There is one other matter in connection with this village to which I wish to call the attention of the Council, and that is the necessity of providing a public urinal. I have reported on this matter more than once before and have stated that I have received numerous complaints from all sorts and conditions of people that there is no such convenience there; for, during the summer season especially, large numbers of visitors and others land on and depart from the quays of the village, and the want of such a thing is often severely felt. This Council has recognised the necessity of having a urinal there, and a committee met and fixed upon a site, subject to the approval of Lord Clinton. But Lord Clinton, through his agent, has refused to grant that site, or any other, I believe, which is a most regrettable thing. Considering the urgency of this matter, and the unanimous opinion of this Council with regard to it, I do hope this Council will not allow it to drop.

Water-Supply.

The great event under this heading during the past year is the carrying out to completion of the Flushing Water-Supply at a large, but very necessary, expense. I have no doubt that in a short time one and all will acknowledge it to be a great boon, and especially so, should a prolonged drought ever set in. If a comparison could be made between their impressions then, and those on a like occasion in the days of old, I feel sure that it would be much in favour of the present state of things. It is unnecessary for me to give details of the work, because they have been laid before you already, and the Local Government has also been acquainted with them.

Another item of Water-Supply during 1905 is the well which has been sunk at the site which has been obtained for an Isolation Hospital at Treliever, which site, I may add, has been enclosed. The well is 34 feet deep, and in September last, when the springs were at their very lowest, there was a supply of the purest water of 1,000 gallons per diem. Whilst on this matter I may say that the site for the hospital is a splendid one, being situated on high ground with barely a dwelling house in view.

Although this district as a whole is now practically perfectly supplied with water, there is one spot, namely Carlidnack, Mawnan, which needs a better supply. I have already reported to you that the

people living there complain very much of the great distance which they have to go for drinking water. A meeting of the Sanitary Committee was held on the spot, which committee considered the complaints to be reasonable. No steps, however, have yet been taken to obtain a new and more convenient supply, but I hope the present year will see this matter settled.

All the Dairies and Cowsheds in the district have been regularly inspected and their condition generally is satisfactory. Improvements in several have been carried out. All Slaughter Houses, too, have been regularly inspected and are generally satisfactory. The same remarks also apply to all workshops and work-places.

I have the honour, Gentlemen, to remain,

Your obedient Servant,

JAMES BLAMEY,

Medical Officer of Health.

February 12th, 1906.

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TABLE I.

| Year. | Population estimated to Middle of each Year. | Births. | | Total Deaths Registered in the District. | | | | | | Total Deaths in Public Institutions in the District. | Deaths of Non-residents registered in Public Institutions in the District. | Deaths of Residents regis- tered in Public Institutions beyond the District. | Nett Deaths at all Ages belonging to the District. | |
|---------------------------------|---|---------|-------|---|---|--------------|-------|---------|-------|---|--|--|---|--|
| | | Number. | Rate. | Under 1 Year of Age. | | At all Ages. | | Number. | Rate. | | | | | |
| | | | | Number. | Rate per 1,000 Births Registered. | Number | Rate. | | | | | | | |
| | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | | |
| 1895 | ... | 8327 | 229 | 27.5 | 25 | 109.1 | 155 | 18.61 | 10 | | | 155 | 18.61 | |
| 1896 | ... | 8283 | 219 | 26.43 | 20 | 91.32 | 122 | 14.72 | 17 | | | 122 | 14.72 | |
| 1897 | ... | 8230 | 204 | 24.78 | 30 | 147.05 | 130 | 15.79 | 13 | 6 | | 130 | 15.79 | |
| 1898 | ... | 8185 | 200 | 24.43 | 32 | 160 | 179 | 21.86 | 14 | 11 | | 179 | 21.86 | |
| 1899 | ... | 8154 | 217 | 26.61 | 20 | 92.16 | 124 | 15.2 | 16 | 1 | | 124 | 15.2 | |
| 1900 | ... | 8110 | 198 | 24.41 | 24 | 121.21 | 141 | 17.38 | 16 | 2 | | 141 | 17.38 | |
| 1901 | ... | 8184 | 176 | 21.5 | 23 | 130.68 | 136 | 16.6 | 20 | | | 136 | 16.6 | |
| 1902 | ... | 8152 | 187 | 22.93 | 23 | 122.9 | 153 | 18.76 | 18 | | | 153 | 18.76 | |
| 1903 | ... | 8120 | 177 | 21.79 | 16 | 90.39 | 136 | 16.74 | 14 | | | 136 | 16.74 | |
| 1904 | ... | 8089 | 199 | 24.6 | 13 | 65.32 | 124 | 15.32 | 11 | | | 124 | 15.32 | |
| Averages for Years 1895-1904 | 8183 | 200.6 | 24.49 | 22.6 | 113.01 | 140 | 17.08 | 14.9 | 2 | | | 140 | 17.08 | |
| 1905 | 8057 | 130 | 16.13 | 25 | 192.3 | 140 | 17.37 | 21 | | | | 140 | 17.37 | |

Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.
Area of District in acres (exclusive of area covered by water) 24319.

Total population at all ages 8192.
Number of inhabited houses 1907.
Average number of persons per house 4.3. } At Census of 1901.

TABLE II.

| NAMES OF LOCALITIES. | 1. BUDOCK. | | | | 2. MYLOR. | | | | 3. PERRAN-AR-WORTHAL. | | | | 4. CONSTANTINE | | | | 5. MABE. | | | | 6. MAWNAN. | | | | 7. ST. GLUVIAS. | | | |
|--------------------------------------|--|-----------------------|------------------------|-------------------------|--|-----------------------|------------------------|-------------------------|--|-----------------------|------------------------|-------------------------|--|-----------------------|------------------------|-------------------------|--|-----------------------|------------------------|-------------------------|--|-----------------------|------------------------|-------------------------|--|-----------------------|------------------------|-------------------------|
| | Population esti- mated to middle of each year. | Births Registered. | Deaths at all Ages. | Deaths under 1 year. | Population esti- mated to middle of each year. | Births Registered. | Deaths at all Ages. | Deaths under 1 year. | Population esti- mated to middle of each year. | Births Registered. | Deaths at all Ages. | Deaths under 1 year. | Population esti- mated to middle of each year. | Births Registered. | Deaths at all Ages. | Deaths under 1 year. | Population esti- mated to middle of each year. | Births Registered. | Deaths at all Ages. | Deaths under 1 year. | Population esti- mated to middle of each year. | Births Registered. | Deaths at all Ages. | Deaths under 1 year. | Population esti- mated to middle of each year. | Births Registered. | Deaths at all Ages. | Deaths under 1 year. |
| YEAR. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1895 ... | 1366 | 47 | 29 | 5 | 2251 | 62 | 32 | 5 | 946 | 25 | 23 | 5 | 1698 | 54 | 43 | 10 | 633 | 10 | 8 | 0 | 460 | 13 | 5 | 0 | 971 | 18 | 15 | 0 |
| 1896 ... | 1358 | 46 | 33 | 6 | 2254 | 49 | 38 | 5 | 934 | 18 | 14 | 3 | 1682 | 52 | 17 | 4 | 632 | 13 | 5 | 1 | 456 | 12 | 4 | 0 | 967 | 29 | 11 | 1 |
| 1897 ... | 1349 | 47 | 26 | 7 | 2257 | 51 | 30 | 4 | 923 | 23 | 21 | 7 | 1666 | 43 | 26 | 7 | 629 | 14 | 10 | 1 | 451 | 10 | 9 | 2 | 962 | 19 | 8 | 2 |
| 1898 ... | 1343 | 46 | 30 | 10 | 2260 | 41 | 40 | 1 | 912 | 20 | 20 | 3 | 1650 | 50 | 43 | 13 | 625 | 13 | 11 | 0 | 448 | 13 | 11 | 2 | 957 | 17 | 24 | 3 |
| 1899 ... | 1336 | 42 | 30 | 3 | 2264 | 56 | 29 | 5 | 902 | 17 | 12 | 0 | 1634 | 57 | 26 | 5 | 622 | 16 | 10 | 1 | 443 | 8 | 4 | 1 | 953 | 21 | 13 | 5 |
| 1900 ... | 1329 | 33 | 30 | 3 | 2267 | 54 | 31 | 10 | 891 | 16 | 19 | 2 | 1618 | 46 | 36 | 6 | 619 | 10 | 6 | 1 | 439 | 18 | 3 | 0 | 948 | 21 | 16 | 3 |
| 1901 ... | 1288 | 39 | 40 | 5 | 2147 | 44 | 32 | 4 | 914 | 21 | 14 | 6 | 1748 | 45 | 25 | 6 | 590 | 9 | 2 | 1 | 510 | 7 | 8 | 0 | 995 | 21 | 15 | 1 |
| 1902 ... | 1275 | 47 | 41 | 8 | 2135 | 46 | 43 | 5 | 904 | 20 | 18 | 4 | 1746 | 30 | 29 | 4 | 583 | 11 | 8 | 0 | 514 | 14 | 3 | 1 | 996 | 19 | 11 | 1 |
| 1903 ... | 1264 | 41 | 33 | 7 | 2126 | 46 | 24 | 1 | 897 | 15 | 16 | 2 | 1745 | 40 | 34 | 3 | 577 | 10 | 7 | 1 | 517 | 7 | 9 | 1 | 996 | 18 | 13 | 1 |
| 1904 ... | 1253 | 49 | 33 | 2 | 2117 | 50 | 28 | 3 | 889 | 20 | 14 | 2 | 1744 | 45 | 24 | 5 | 572 | 12 | 6 | 1 | 520 | 7 | 5 | 0 | 997 | 16 | 14 | 0 |
| Averages of Years 1895 to 1904 | 1316 | 43.7 | 32.5 | 5.6 | 2208 | 49.9 | 32.7 | 4.3 | 911 | 19.5 | 17.1 | 3.4 | 1693 | 46.2 | 30.3 | 6.3 | 608.2 | 11.8 | 7.3 | .7 | 475.8 | 10.9 | 6.3 | .7 | 974.2 | 19.9 | 14 | 1.7 |
| 1905 ... | 1242 | 23 | 33 | 4 | 2108 | 38 | 33 | 6 | 882 | 16 | 16 | 3 | 1743 | 27 | 29 | 4 | 567 | 12 | 7 | 1 | 523 | 5 | 10 | 3 | 968 | 9 | 12 | 3 |

TABLE III.
Cases of Infectious Disease notified during the Year 1905.

| NOTIFIABLE DISEASE. | CASES NOTIFIED IN WHOLE DISTRICT. | | | | | TOTAL CASES NOTIFIED IN EACH LOCALITY. | | | | | | | NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY. | | | | | | |
|-------------------------|-----------------------------------|----------------|---------|----------|-----------|--|---|---|---|---|---|---|--|---|---|---|---|---|---|
| | At all Ages. | At Ages—Years. | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | Under 1. | 1 to 5. | 5 to 15. | 15 to 25. | 25 to 65. | | | | | | | | | | | | | |
| Small-pox | | | | | | | | | | | | | | | | | | | |
| Cholera | | | | | | | | | | | | | | | | | | | |
| Diphtheria | 9 | 1 | 2 | 4 | 1 | 1 | 1 | 4 | 2 | 1 | 1 | | | | | | | | |
| Membranous Croup | | | | | | | | | | | | | | | | | | | |
| Erysipelas | 3 | | | | | 3 | | 2 | 1 | | | | | | | | | | |
| Scarlet Fever | | | | | | | | | | | | | | | | | | | |
| Typhus Fever | | | | | | | | | | | | | | | | | | | |
| Enteric Fever | | | | | | | | | | | | | | | | | | | |
| Relapsing Fever | | | | | | | | | | | | | | | | | | | |
| Continued Fever | | | | | | | | | | | | | | | | | | | |
| Puerperal Fever | | | | | | | | | | | | | | | | | | | |
| Plague | | | | | | | | | | | | | | | | | | | |
| Totals | 12 | 1 | 2 | 4 | 1 | 4 | | 6 | 1 | 2 | 1 | 1 | | | | | | | |

TABLE IV.

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

| CAUSES OF DEATH. | DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES. | | | | | | | DEATHS IN OR BELONGING TO LOCALITIES (AT ALL AGES). | | | | | | | Total Deaths in Public Institutions in the District. |
|--|---|----------|----------------|-----------------|------------------|------------------|-----------------|---|----|----|----|---|----|----|--|
| | All Ages. | Under 1. | 1 and under 5. | 5 and under 15. | 15 and under 25. | 25 and under 65. | 65 and upwards. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| Small-pox | | | | | | | | | | | | | | | |
| Measles | | | | | | | | | | | | | | | |
| Scarlet Fever | | | | | | | | | | | | | | | |
| Whooping-cough | 1 | 1 | | | | | | | | 1 | | | | | |
| Diphtheria and Mem- branous croup | 1 | | | 1 | | | | | 1 | | | | | | |
| Croup | | | | | | | | | | | | | | | |
| Fever } Typhus | | | | | | | | | | | | | | | |
| } Enteric | | | | | | | | | | | | | | | |
| } Other continued... | | | | | | | | | | | | | | | |
| Epidemic Influenza | | | | | | | | | | | | | | | |
| Cholera | | | | | | | | | | | | | | | |
| Plague | | | | | | | | | | | | | | | |
| Diarrhœa | 1 | 1 | | | | | | | | | | | 1 | | |
| Enteritis | 3 | 2 | | | | 1 | | | | | 3 | | | | |
| Puerperal Fever | | | | | | | | | | | | | | | |
| Erysipelas | | | | | | | | | | | | | | | |
| Other septic diseases | | | | | | | | | | | | | | | |
| Phthisis | 11 | | | | 3 | 8 | | 1 | 2 | 1 | 3 | 1 | 1 | 2 | |
| Other Tubercular Diseases | 2 | 1 | | 1 | | | | | 1 | | | | 1 | | |
| Cancer, Malignant Disease | 5 | | | | | 1 | 4 | 1 | | 1 | 3 | | | | |
| Bronchitis | 12 | 3 | | | | 2 | 7 | 1 | 5 | | 3 | 1 | 1 | 1 | |
| Pneumonia | 10 | 3 | 1 | | 1 | 2 | 3 | 2 | 2 | 2 | 3 | | 1 | | |
| Pleurisy | | | | | | | | | | | | | | | |
| Other Diseases of Res- piratory Organs | 2 | | | | | 2 | | 1 | 1 | | | | | | |
| Alcoholism | | | | | | 1 | 1 | | 1 | | | 1 | | | |
| Cirrhosis of Liver | 2 | | | | | | | | | | | | | | |
| Venereal Diseases | | | | | | | | | | | | | | | |
| Premature Birth | 4 | 4 | | | | | | | 2 | 1 | | 1 | | | |
| Diseases & Accidents of Parturition | 1 | 1 | | | | | | | | | 1 | | | | |
| Heart Diseases | 12 | | | | | 2 | 10 | 7 | | | 3 | | 2 | | 5 |
| Accidents | 3 | | 1 | | | 1 | 1 | 1 | | | 1 | 1 | | | |
| Suicides | | | | | | | | | | | | | | | |
| All other causes | 70 | 9 | | 3 | 3 | 15 | 40 | 19 | 18 | 10 | 9 | 2 | 3 | 9 | 16 |
| All causes | 140 | 25 | 2 | 5 | 7 | 35 | 66 | 33 | 33 | 16 | 29 | 7 | 10 | 12 | 21 |

TABLE V.

Infantile Mortality during the Year 1905.

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

| 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 1 Year |
|-----------------------------|--|--------------|-----------|-----------|-----------|---------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|--------------|--------------|---------------------------|
| ALL CAUSES. | { Certified. Uncertified. | 4 | 1 | | | 5 | 3 | 1 | 5 | 2 | | 1 | 2 | 4 | 2 | | | 25 |
| Common infectious Diseases. | Small-pox | | | | | | | | | | | | | | | | | |
| | Chicken-pox | | | | | | | | | | | | | | | | | |
| | Measles... .. | | | | | | | | | | | | | | | | | |
| | Scarlet Fever | | | | | | | | | | | | | | | | | |
| | Diphtheria: Croup... .. | | | | | | | | | | | | | | | | | |
| | Whooping Cough | | | | | | | | | | | | | | 1 | | | |
| Diarrhoeal Diseases. | Diarrhoea, all forms | | | | | | | | 1 | | | | | | | | | |
| | Enteritis (not Tuberculous) | | | | | 2 | | | | | | | | | | | | |
| | Gastritis, Gastro-intestinal Catarrh | | | | | | | | | | | | | | | | | |
| Wasting Diseases. | Premature Birth | 2 | | | | | | | | 1 | | | | | | | | |
| | Congenital Defects... .. | | | | | | | | | | | | | | | | | |
| | Injury at birth | 1 | | | | | | | | | | | | | | | | |
| | Want of Breast-milk | | | | | | | 1 | | | | | | | | | | |
| Tuberculous Diseases. | Atrophy, Debility, Marasmus | 1 | | | | | 1 | 1 | | | | | | | | | | |
| | Tuberculous Meningitis | | | | | | | | | | | | | 1 | | | | |
| | Tuberculous Peritonitis: Tabes Mesenterica | | | | | | | | | | | | | | | | | |
| | Other Tuberculous Diseases | | | | | | | | | | | | | | | | | |
| | Erysipelas | | | | | | | | | | | | | | | | | |
| | Syphilis | | | | | | | | | | | | | | | | | |
| | Rickets | | | | | | | | | | | | | | | | | |
| | Meningitis (not Tuberculous) | | | | | | | | | | | | | | | | | |
| | Convulsions | | | | | | 1 | 1 | | | | | 1 | 1 | | | | |
| | Bronchitis | | | | | | | 1 | | | | | | 1 | | | | |
| | Laryngitis | | | | | | | | 1 | | | 1 | | | 1 | | | |
| | Pneumonia... .. | | | | | | | | | | | | | | | | | |
| | Suffocation, overlaying | | | | | | | | | | | | | | | | | |
| | Other Causes | 1 | | | | | | | | | | | 1 | 1 | | | | |
| | | 4 | 1 | | | 5 | 3 | 1 | 5 | 2 | | 1 | 2 | 4 | 2 | | | 25 |

District (or sub-division) of EAST KERRIER.

Births in the year.—legitimate, 120; illegitimate, 10.

Deaths from all Causes at all Ages, 140.

POPULATION
Estimated to
middle of 1905.
8857.