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Rural District Council

OF

East Kerrier.

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Annual Report

OF THE

MEDICAL OFFICER OF HEALTH.


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✧ 1908. ✧

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# **Annual Report for 1908.**

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TO THE RURAL DISTRICT COUNCIL  
OF  
EAST KERRIER.

GENTLEMEN,

During the past year 164 births, 84 of which were males and 80 females, were registered, giving an annual birth-rate of 20·01 per thousand inhabitants.

During the same period 109 deaths, 54 of which were males and 55 females, were registered, giving an annual death-rate of 13·3 per thousand inhabitants.

The natural increase for the year was 55.

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 in 1899 and 1900 was 8,510, whilst from 1901 onwards it was 8,192.



Birth-rates for past ten years.	Death-rates for past ten years.
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
1906—20·01	1906—14·5
1907—16·6	1907—13·54
1908—20·01	1908—13·3

The above birth and death-rates differ from those in Table I of the group of Statistical Tables which I enclose, and copies of which will also be found at the end of this Report. The former are worked out on the “census” populations, whilst the latter are worked out on the “estimated” populations for their respective years. This “estimated” population always differs from the “census” population, and therefore of course all rates worked out on one must differ from similar rates worked out on the other. The “estimated” population is higher or lower than the “census” population, according as to whether the population rose or fell from the 1891 census to the 1901 census. In this district the population fell from 8,510 in 1891, to 8,192 in 1901, and therefore the population of the district, estimated to the middle of 1908 (as it is in the Tables), would be less than the census population as taken in 1901: in fact it



works out to 7,961. The birth and death-rates for 1908 in Table I, being worked out on a population of 7,961, are therefore both higher than the same rates in the list I have given above, because these are worked out on a population of 8,912. I hope by this explanation I have cleared up the apparent discrepancy between these rates, as given firstly in my report and secondly in the tables.

With regard to these tables, they are of considerable interest and furnish valuable information on the sanitary history of this district during the past year. At the same time interesting comparisons with former years in several particulars can be made. 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 the "estimated" population. 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 cases of Infectious Diseases notified in the district through-



out 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. Table V shows the mortality among infants under one year of age, the causes of death, and the ages in weeks and months at death. The number of legitimate and illegitimate births and deaths is also shown. This last table is of comparatively recent origin.

With regard to the birth-rate for 1908 it will be seen, on referring to the list given at the commencement of this report, that this rate shows a distinct rise upon that for 1907, but the rate for that year, with the exception of that for 1905, was the lowest recorded during the past ten years. The general birth-rate for England and Wales in 1908 was 26·5, which is considerably higher than our birth-rate in 1908, in spite of its rise upon that of the year previous.

I have in former reports referred to causes which in my opinion tend to affect the birth-rate. It is very evident that it is possible for one or more of such causes to vary from time to time and for such variations to influence the birth-rate. Take for instance the trade of a district, and especially if in that district there is one particular trade, such as the granite industry in ours, which affects a considerable portion of the district, giving employ-



ment to a large number of men. Continued depression in such a trade by driving men out of our district must lower the birth-rate and *vice versa*. I believe the granite industry during the last year or two has been more active than for some time previously ; it may be merely a coincidence that the birth-rate has risen at the same time, but that it should do so it is only reasonable to expect. It has however been observed that however much we may deplore a low birth-rate it is obviously the outcome of economic forces and social habits over which a sanitary authority can little hope to exercise any controlling influence, at least any direct controlling influence. A sanitary authority can best meet this low birth-rate, and neutralize to a great extent its untoward effect upon the population, by adopting every measure in its power to diminish the infantile death-rate, and to secure an improved physique amongst the children that survive. Whether a high birth-rate is in itself advantageous to the community is open to some doubt, for it is almost invariably associated with a heavy mortality in infancy and during the first few years of life, and it seems fairly clear that a moderate birth-rate, with a low child mortality, may do as much towards the upkeep of the population as a high birth-rate associated with a high child mortality—in other words as a sanitary authority we cannot do much towards controlling influences which are at work and which are known to be adverse to a high birth-rate, but all our efforts



should be directed towards adopting all measures which are calculated to lower the mortality among those who are born, and which will at the same time give them such a sound start in life that they will grow eventually into healthy men and women.

An analysis of Table IV will show that whilst one-half of the total number of deaths were of people over 65, some of these being very aged, which is about the usual proportion of such deaths year by year, there were fifteen deaths of infants under one year of age. This is an increase upon 1907, and is to some extent accounted for by more deaths among infants from zymotic diseases in 1908 than in 1907. The infantile death-rate in 1908 per thousand births was 91·46, that of 1907 was 73·52: but the infantile death-rate for England and Wales in 1908 was 121. It is very satisfactory that in this item we are so much below the national infantile death-rate. When the numbers of infantile deaths of the past few years are compared with previous years one sees a marked improvement. As I have before said, nothing influences the general death-rate more than the infantile death-rate. Personally I think a change is slowly coming over people's ideas concerning the rearing of infants. This has been fostered in this District by the efforts which this Council has made in years past to teach mothers the proper way to rear their infants by the dissemination of literature on this point. It is



difficult and slow work to upset old established ideas on any point and to inculcate fresh ones: but when once the process has begun it is likely to continue and to grow. In Table V it will be seen that in 1908 there were 7 illegitimate births, whilst in 1907 there were 5, in 1906, 7, and in 1905, when Table V was first introduced, there were 10.

With a rise in the birth-rate for 1908 I am glad to be able to record a most satisfactory death-rate for that year, viz. 13·3. This is the lowest death-rate for the past ten years and for probably many years before that. The death-rate for England and Wales for 1908 was 14·7, and we can again, as in 1907, congratulate ourselves that our death-rate is considerably below the national death-rate. Death-rates, like birth-rates, are also affected by and subject to variations year by year according to circumstance. In one year we may be practically free from zymotic diseases, or they may come but with no deaths: the next year several deaths from such complaints may occur. For instance in 1908 there were nine deaths from zymotic diseases, but in 1907 there was only one. Of course the death-rate is not wholly controlled by the infectious disease-rate, but absence of zymotic disease necessarily means no zymotic deaths, and therefore the less of them the better for the death-rate. To a great extent, as a sanitary authority, our duties lie in the prevention



of zymotic diseases and in doing everything that is possible, should they come, to prevent them from becoming epidemic. Most of the more serious zymotic diseases, such as Enteric Fever, Diphtheria, &c., are preventable diseases: their appearance shows a flaw somewhere, though that flaw may not always be discernible, and is, at the same time, a criterion of our sanitary condition and of our activity in sanitary work. Other zymotic diseases, such as Measles, Whooping Cough, Scarlet Fever, Influenza, &c., seem to come periodically, in spite of all that can be done: they attack well-regulated districts as well as ill-regulated ones. But there is no doubt that the community which is most active against preventable zymotics is the one which suffers least when the non-preventable zymotics appear: its house is in order: no inducement is held out for such unwelcome visitors to stay: and the general health of that community is so much raised, by all that has been done for it, that it not only shows a better record with regard to zymotic diseases, but also with regard to all other diseases. It is therefore our chief duty to do everything and adopt everything which is likely the better to prepare us to meet disease in whatever form it comes.

On referring to Table III it will be seen that there were in all ninety-three cases of zymotic diseases notified during 1908:—one of Diphtheria, one of Erysipelas, one of Puerperal Fever, three of



Enteric Fever, and eighty-seven of Scarlet Fever. Of the ninety-three cases, twenty were in Budock, four in Mylor, one in Perran-ar-worthal, twenty-nine in Constantine, thirty-two in Mabe, two in Mawnan, and five in St. Gluvias. Not one parish escaped having a case of some kind or other, but in 1907 Perran-ar-worthal had not a single case, and this parish has practically repeated the performance again in 1908, for there was only one case of notifiable disease reported, and that merely a case of facial erysipelas. I said in my report for 1907 that that year as regards the number of "notifications" ran, with its seventy cases, the year of 1906 very close, which year was the record year of the past ten years: but I am sorry to say that 1908 leaves 1906 far behind in the unenviable race. I sincerely hope that as a set-off 1909 will beat the record in the opposite direction.

The case of Diphtheria was in Mawnan and for it there was no definite cause. The case of Erysipelas was in Perran-ar-worthal, and the Puerperal Fever case, which ended fatally, was in Mabe.

Of the three cases of Enteric Fever only one was that of a resident of our district, the remaining two being sailors who were landed from ships on arrival in Falmouth Harbour, and then transferred to the Falmouth Isolation Hospital, situated at



Kergilliack, in the parish of Budock. One of these two cases died. With regard to the case which actually belongs to this District, every effort was made to ascertain the cause, but no definite cause could be discovered. With regard to the Isolation Hospital cases I must confess that it seems to me a little hard that cases of zymotic diseases, with the deaths therefrom, should be included in my annual report, in my disease and death-rate and in official tables relating to this district, as if they belonged to us, when they have really originated outside our District and have nothing whatever to do with us.

It will be seen that only two of the zymotic cases so far mentioned belonged to the preventable class, namely the cases of Diphtheria and Enteric Fever, and that for these no sanitary defect could be discovered. I consider it speaks well for our District that year after year cases of this class of disease are so few and so far between.

I now come to the remaining notifiable zymotic, viz., Scarlet Fever, and I regret that I have a different tale to tell, for of this complaint 87 cases were notified. This large number was spread over the whole year, although the greater proportion of the cases were in the latter half, and were a continuation into 1908 from 1907, in which year there were 64 cases. There were five deaths from this disease. Only two parishes escaped,



Perran-ar-worthal and Mawnan, whilst Constantine, Mabe, and Budock suffered most severely.

In my 1907 report I went fully into detail on the epidemic of that year, showing how impossible it is from the outset in most cases to obtain anything worthy of the name of isolation and how, when once the disease has got a hold, one has merely to hope that each case will be the last. My remarks on these points for that year apply to 1908. But from what I have said it must not be thought that nothing whatever is done to fight the complaint, for every case is visited as soon as possible after notification and what can be done is done: and after peeling is over every house is thoroughly fumigated, including bedding, &c. No one could be more energetic and prompt than Mr. Chubb in these matters, and I am very glad to be able to testify to his most able assistance. Such outbreaks must quite double his work.

In 1908 I gave up advising the closing of schools to check the spread of this complaint, for it was in my opinion no good to do one thing to have it undone by others. A school is closed to prevent children from infected houses carrying infection to those coming from non-infected houses, and especially to children coming from distant points to one central school who might then spread the complaint to parts which might have otherwise have escaped. But when one sees the intercom-



munication which goes on in any locality, apart from children and schools, and which must go on where people have to work and live, one realises how impossible it is to hope to check the spread of such a disease merely by closing the school in that locality, when in a hundred other ways it has full licence. If schools are closed then all places of worship should be, all public meetings, public teas, &c., forbidden, for it is a known thing that people from infected houses go to such places if they can. When I say infected houses I mean not only those which are known to be infected, but also those which are supposed to be free from infection and yet are not. Such houses contain one or more cases, concealed and not notified : sometimes this is done through ignorance, but often because of the inconvenience the family would be put to were it known the complaint was in the house. The illness is put down to "a chill of the blood" ; or the mother says the child has only a slight sore throat and so on. Some of these cases only come to light when peeling is well established and the mischief done : for all this time these cases have gone about and mixed up with others, carrying the complaint far and wide.

When one knows all this by actual experience one hesitates to close a school, possibly for three or four months. Such a step is a great interference with education, and to my mind it is questionable if its effect upon the complaint, and its tendency to



spread, is sufficiently marked to warrant one in advising it. An attack of Diphtheria among scholars attending a certain school, or the appearance of a complaint among children, such as occurred in the Ponsanooth Schools and for which the schools were closed, would entirely alter my action. It may be thought that, because there were so many cases in the very year when the schools were not closed, there would have been fewer cases had they been closed; but I very much question if this would have been so, and I am sure not to an extent so great as to warrant such a serious step.

From what I have said it must be apparent that we are to a great extent powerless against disease of a very infectious character. Cases cannot be isolated in most of the houses one comes across and there is nothing to prevent their spreading. The sanitary condition of our district is good, which is certainly in our favour when disease in any form comes; but even places in the best of sanitary condition are open, as I have said before to visitations of infectious diseases and in an epidemic form. My views on Isolation Hospitals are well-known to this Council. I certainly advocate our having one. For years I urged combining with Falmouth and Penryn; I regret that my advice was not taken, for I feel sure that this question will be forced upon us sooner or later. It is too late however now to join with



Falmouth, but Penryn might yet be approached on this matter. I do not say that by our having such a place we can absolutely prevent an epidemic, but it is just possible that if the first few cases were isolated an epidemic might be prevented. If an epidemic in the end does occur I know the hospital could not take all the cases in, but it would be exceedingly useful to some people, such as professional people and people in business, &c., to whom it is of the greatest importance to have a place to which they could immediately remove a case of infectious disease. Supposing a case of Small Pox appeared, and in these days of exemption I think it quite likely we shall soon hear of this complaint, what should we do? or an occasional case of Diphtheria or Enteric Fever is not unusual, and I know that a good many people would be only too glad to send such a case to an Isolation Hospital if we had one. Such a place is a real necessity: it might not be used for years, but there it is if wanted. But if we have not one it may not be long before, in more ways than one, we shall live to regret it.

On reference to Table IV it will be seen that of the total number of deaths which occurred in 1908, thirteen died from diseases of the Respiratory System, a rate of 1.57 per thousand inhabitants. From 1900 to 1906 the average death-rate from these diseases was 3.06, and in 1907 it was 2.44. Of these thirteen deaths five were from Bronchitis,



four from Pneumonia, one from Pleurisy, and three from Phthisis. I rarely ever remember so few dying in one year from Phthisis as in 1908. It will be known to you that all cases of Phthisis among people receiving relief have now to be notified to the Medical Officer of Health, and I think that if notifications of all cases of this disease, whether Poor Law cases or not, was made compulsory it would be a good thing. I have more than once in past reports given my reason for advising such a step.

Table IV also shows that there were eleven deaths from Heart Disease, one less than in the three years previous when, in each year, twelve died from Heart Disease. There were nine deaths from Cancer in 1908, two in Mylor, two in Perran-ar-worthal, and five in Constantine. Although the number of deaths from this disease was less than in 1906, when there were twelve deaths, it is greater than in 1907 when there were seven deaths.

The same Table also shows that from diseases which are compulsorily notifiable under the Infectious Diseases (Notification) Act there were six deaths, five from Scarlet Fever and one from Puerperal Fever : whilst from diseases which have not been made notifiable, and which yet come under the heading of "Zymotics," there were three deaths, all from Whooping Cough. In all there-



fore there were nine deaths from notifiable and non-notifiable zymotics in 1908, which is the greatest number for any one year since 1902, when there were thirteen. It will be seen that Scarlet Fever caused five out of the nine deaths. In nearly all these cases the intensity of the attack was so fierce that the patients succumbed in practically a few hours.

The chief non-notifiable disease which appeared in 1908 was Whooping Cough. This complaint was epidemic in the first three or four months of the year and caused, as I have already said, three deaths. About the same time there were also a good many cases of Influenza : but for the rest of the year we were practically free from any others of this class. In the autumn there was almost a total absence of epidemic diarrhœa.

Throughout the year vaccination went on fairly well, and it is very satisfactory to see how many people there are who raise no objection to having their children vaccinated, in spite of the ease with which "exemption" can be obtained, and of the ignorant ideas on this question to which they are exposed. Of course there is a falling off in the numbers vaccinated, but I sincerely hope the numbers exempted will not increase to any great extent, for in that case it is practically certain that in the course of time Small Pox will make its appearance, when those who have neglected to



avail themselves of the protection which vaccination affords will receive a sharp lesson.

Useful sanitary work has gone on throughout the year, without anything of outstanding importance. In Mawnan Smith a great improvement has been carried out, by which an objectionable and dangerous nuisance in the centre of the village has been abated, whilst at the same time several properties, which badly needed it, have been drained. A 6-inch earthenware pipe has been laid from the point at which the nuisance existed and extended for about 70 feet along the ditch in Mr. Skewes' field, there to discharge: several cesspits in the village, which were always wet and offensive, have been connected with this drain. Other drainage work of a very useful nature has been carried out in Constantine Church town, where the main at the back of Mr. Medlyn's property has been extended to a more distant point to discharge further away from the houses than it formerly did. To this main connections from one or two new houses have been made. Work of the same nature has been carried out at Bosveal, in Mawnan, at Perranwharf and at College, in Budock.

The water-supply of our district, as a whole, is extremely good. I must however once more call the attention of this Council to the needs of Carlidnack, in Mawnan. The people here have too far to go for



water, and I have had more than one complaint about this. Whether it is the duty of this Council to provide a public supply, or whether of the several owners of houses to provide supplies for their respective tenants, it is not for me to say, but I think a supply of some kind is urgently needed.

At Bridge, Constantine, a great improvement in the supply has been made. Formerly the water came through an open shute from a spring some distance away. 170 feet of galvanised steel pipes have now been laid from this spring and brought down to a standpipe near the original shute. At any time an extension of this excellent and abundant supply can be made should it be necessary. At Gweek a new pump has been provided: at College, Budock, several houses have been connected with the Falmouth Waterworks Company's mains: at Ponsanooth the mains to Oak Terrace have been opened and cleaned: at Mawnan Smith the mains have been cleaned out and relaid, a stop-tap to the syphon in the well provided, and a separate connection in the main made between the Church tap and the carpenter's shop in the village. This work has greatly improved the pressure. The Flushing Water scheme is still uncompleted, and at present it is "beating time": I expect during this year some way out of our difficulties will be found and this much-discussed matter finally settled. Meanwhile I am glad to say this village has not suffered from want of water, the supply having been all along ample.



I should like here to draw attention to the great improvements which have of late been made in Flushing. Many old properties, which have for long been unfit for habitation, have been demolished and on their sites good houses, meeting all the requirements of this Council, have been erected. Particular attention has been paid to the closet-pits, to see that they are small, well-built and well above the level of the highest tides. All these alterations are confined to that central low-lying part of the village which in past reports I have over and over spoken strongly about: and it is a great satisfaction to see that Flushing is gradually working out its own salvation. I believe other old properties in this locality will soon be replaced by modern buildings. If the remainder of the cesspits in this area were taken in hand, made smaller, raised above high-water mark and systematically emptied a very great improvement would be effected. A still further improvement would take place if a public convenience was provided, the necessity for which is constantly being brought to my notice and has been brought to the notice of this Council more than once by me.

The Dairies and Cowsheds have been regularly inspected: their condition generally is satisfactory, but particularly can this be said of the large and most important ones, whose chief business lies in the supply of milk to neighbouring towns, such as Penryn and Falmouth.



All Slaughter Houses, Workshops and Work-places have been inspected, and defects, when noticed, attended to.

I have the honour, Gentlemen, to remain,

Your obedient Servant,

JAMES BLAMEY,

Medical Officer of Health.

February 25th, 1909.

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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
1898	...	8185	200	24.43	32	160	179	21.86	14	I presume there have been none as I have no returns of such deaths.	179	21.86
1899	...	8154	217	26.61	20	92.16	124	15.2	16		124	15.2
1900	...	8110	198	24.41	24	121.21	141	17.38	16		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
1905	...	8057	130	16.13	25	192.3	140	17.37	21		140	17.37
1906	...	8025	164	20.43	13	79.26	119	14.82	14		119	14.82
1907	...	7993	136	16.6	10	73.52	111	13.54	9		111	13.54
Averages for Years 1898-1907	8106	178.4	21.95	19.9	112.79	136.3	16.76	15.3			136.3	16.76
1908	7961	164	20.6	15	91.46	109	13.69	18	15	0	94	11.8

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.
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	935	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	936	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	936	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
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	998	9	12	3
1906	1231	46	28	5	2099	41	37	2	875	19	9	1	1742	25	24	3	562	17	10	2	526	4	6	0	999	12	5	0
1907	1220	33	18	3	2090	34	30	2	868	14	10	0	1741	31	22	2	557	8	9	1	529	5	7	0	1000	11	15	2
Averages of Years 1898 to 1907	1278	39.9	31.6	5	2161	45	32.7	3.9	893	17.8	14.8	2.3	1710	39.6	29.2	5.1	587	11.8	7.6	.9	496	8.8	6.6	.8	983	16.5	13.8	1.9
1908	1209	35	17	3	2081	27	17	3	861	15	5	1	1740	42	21	2	552	17	17	4	532	13	7	1	1001	15	10	1



TABLE III.  
Cases of Infectious Disease notified during the Year 1908.

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 (including (Membranous Croup))	1					1					1		H						
Erysipelas	1					1		1					W						
Scarlet Fever	87	1	25	52	3	6	18	4	29	31		5							
Typhus Fever	—																		
Enteric Fever	3					3	2				1								
Relapsing Fever	—																		
Continued Fever	—																		
Puerperal Fever	1					1				1									
Plague	—																		
Totals	93	1	25	52	3	12	20	4	1	29	32	5							



TABLE IV.

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

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	5	—	3	2	—	—	—	—	—	—	2	2	—	1	1
Whooping-cough	3	2	1	—	—	—	—	1	1	—	—	1	—	—	—
Diphtheria and Membranous croup	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Croup	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fever } Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
} Enteric	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
} Other continued	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Epidemic Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhœa	1	1	—	—	—	—	—	—	—	—	1	—	—	—	—
Enteritis	2	1	—	—	—	1	—	—	1	—	—	1	—	—	—
Puerperal Fever	1	—	—	—	—	1	—	—	—	—	—	1	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other septic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Phthisis	3	—	—	—	1	1	1	1	—	—	1	—	—	1	—
Other Tubercular Diseases	2	—	—	1	—	1	—	—	—	—	—	1	1	—	—
Cancer, Malignant Disease	9	—	—	—	—	3	6	—	2	2	5	—	—	—	1
Bronchitis	5	—	1	—	—	1	3	1	1	—	3	—	—	—	1
Pneumonia	4	—	1	—	1	—	2	—	—	1	1	1	—	1	—
Pleurisy	1	—	—	—	1	—	—	—	—	—	—	1	—	—	—
Other Diseases of Respiratory Organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Cirrhosis of Liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Venereal Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Premature Birth	4	4	—	—	—	—	—	—	—	1	1	—	1	1	—
Diseases & Accidents of Parturition	1	—	—	—	—	1	—	—	—	—	1	—	—	—	—
Heart Diseases	11	—	—	—	2	2	7	2	2	1	2	1	2	1	2
Accidents	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—
Suicides	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other causes	41	7	1	—	1	8	24	11	10	—	4	8	3	5	11
All causes	94	15	7	3	6	19	44	17	17	5	21	17	7	10	18



TABLE V.

## Infantile Mortality during the Year 1908.

Deaths from stated Causes in Weeks &amp; 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.	4				4	2		2	1	1	1	1		1	2		15
	Uncertified.																	
Common infectious Diseases.	Small-pox																	
	Chicken-pox																	
	Measles																	
	Scarlet Fever																	
	Diphtheria: Croup...																	
	Whooping Cough								1	1								2
Diarrhoeal Diseases.	Diarrhoea, all forms															1		1
	Enteritis (not Tuberculous)														1			1
	Gastritis, Gastro-intestinal Catarrh																	
Wasting Diseases.	Premature Birth	4				4												4
	Congenital Defects...																	
	Injury at birth																	
	Want of Breast-milk																	
	Atrophy, Debility, Marasmus						2				1							3
Tuberculous Diseases.	Tuberculous Meningitis																	
	Tuberculous Peritonitis: Tabes Mesenterica																	
	Other Tuberculous Diseases																	
	Erysipelas																	
	Syphilis																	
	Rickets																	
	Meningitis (not Tuberculous)								1									1
	Convulsions												1			1		2
	Bronchitis																	
	Laryngitis																	
	Pneumonia																	
	Suffocation, overlaying																	
	Other Causes											1						1
		4				4	2		2	1	1	1	1		1	2		15

District (or sub-division) of EAST KERRIER.

POPULATION

Births in the year.—legitimate, 157; illegitimate, 7.

Estimated to

Deaths in the year,—legitimate infants, 14; illegitimate infants, 1. middle of 1908.

Deaths from all Causes at all Ages, 109.

7961.



# TABLE IV Relative Mortality during the Year 1904 in the various Causes of Death

Cause of Death	Mortality											
	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893
1. Tuberculosis	100	100	100	100	100	100	100	100	100	100	100	100
2. Pneumonia	100	100	100	100	100	100	100	100	100	100	100	100
3. Consumption	100	100	100	100	100	100	100	100	100	100	100	100
4. Typhoid	100	100	100	100	100	100	100	100	100	100	100	100
5. Cholera	100	100	100	100	100	100	100	100	100	100	100	100
6. Diphtheria	100	100	100	100	100	100	100	100	100	100	100	100
7. Scarlet fever	100	100	100	100	100	100	100	100	100	100	100	100
8. Measles	100	100	100	100	100	100	100	100	100	100	100	100
9. Whooping cough	100	100	100	100	100	100	100	100	100	100	100	100
10. Smallpox	100	100	100	100	100	100	100	100	100	100	100	100
11. Typhus	100	100	100	100	100	100	100	100	100	100	100	100
12. Malaria	100	100	100	100	100	100	100	100	100	100	100	100
13. Syphilis	100	100	100	100	100	100	100	100	100	100	100	100
14. Cancer	100	100	100	100	100	100	100	100	100	100	100	100
15. Heart disease	100	100	100	100	100	100	100	100	100	100	100	100
16. Stroke	100	100	100	100	100	100	100	100	100	100	100	100
17. Kidney disease	100	100	100	100	100	100	100	100	100	100	100	100
18. Liver disease	100	100	100	100	100	100	100	100	100	100	100	100
19. Diabetes	100	100	100	100	100	100	100	100	100	100	100	100
20. Rheumatism	100	100	100	100	100	100	100	100	100	100	100	100
21. Gout	100	100	100	100	100	100	100	100	100	100	100	100
22. Nervous diseases	100	100	100	100	100	100	100	100	100	100	100	100
23. Mental diseases	100	100	100	100	100	100	100	100	100	100	100	100
24. Old age	100	100	100	100	100	100	100	100	100	100	100	100
25. Accidents	100	100	100	100	100	100	100	100	100	100	100	100
26. Suicide	100	100	100	100	100	100	100	100	100	100	100	100
27. Homicide	100	100	100	100	100	100	100	100	100	100	100	100
28. Unknown	100	100	100	100	100	100	100	100	100	100	100	100
29. Total	100	100	100	100	100	100	100	100	100	100	100	100

NOTE: The figures in this table are relative, and are not to be taken as absolute. They are based on the assumption that the mortality from tuberculosis in 1904 was 100. The figures for the other causes of death are given in relation to this figure.