

[Report 1909] / Medical Officer of Health, Grimsby R.D.C.

Contributors

Great Grimsby (England). Rural District Council.

Publication/Creation

1909

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

TO THE

GRIMSBY

Rural District Council,

FOR THE YEAR 1909.

BY

G. O. McKANE,

MEDICAL OFFICER OF HEALTH.

GRIMSBY :

GRIMSBY NEWS CO. LTD., PRINTERS, 83 & 85, VICTORIA STREET.

1910.

ANNUAL REPORT

MEDICAL OFFICER OF HEALTH

GRIMSBY

Rural District Council

FOR THE YEAR 1903

G. O. McKANE

Grimsby Rural District Council.

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

GENTLEMEN,

I beg to submit for your consideration my Annual Report for the year ended December 31st, 1909, on the health and vital statistics of my District.

During the year past I have visited the whole of my District regularly and systematically, and where I have found any nuisance injurious to health, the same has been reported, the Sanitary Inspector has issued notices to abate, and these have invariably been complied with.

PHYSICAL FEATURES AND GENERAL CHARACTER OF THE DISTRICT AND GENERAL CONDITIONS OF ITS POPULATION.—The greater part of the District is very flat, a small portion of it being near the Wolds, is hilly; this flatness of the District renders the drainage very difficult, without great expense, it being nearly impossible to get a sufficient fall in many parts. Up to within 3 or 4 years ago the District was essentially agricultural, but in parts of it, *e.g.*, Immingham, a very large Dock is being constructed, and in Little Coates, which is contiguous to the Borough of Grimsby, a large number of the Dock labourers reside. With few exceptions the inhabitants of the District are well housed and fairly prosperous.

OCCUPATION OF INHABITANTS.—With the exception of the two Districts mentioned above, the chief occupation of the inhabitants is farming.

HOUSE ACCOMMODATION.—There have been 188 new houses certified for occupation during the year; 2 at Stallingborough, 53 at Little Coates, 7 at Healing, 7 at Great Coates, 104 at Immingham, 2 at Waltham, 3 at Aylesby, 1 at Brigsley and 9 at Habrough. Compared with 1908, there is an increase of 11. All these new houses have proper drainage, a sufficiency of open space about them, have cleanly surroundings, and have been erected under the supervision of the Sanitary Inspector, who has certified them as fit for habitation.

SEWERAGE.—With the exception of Immingham and part of Little Coates, the cesspool and irrigation methods of disposal obtain.

The part of Little Coates adjoining the Borough of Grimsby, and which is quickly becoming of Urban character, is a totally water carriage district, the sewers being connected to what is known as the Pyewipe culvert, a large culvert used in common with the Grimsby Corporation, the same discharging itself into the Humber.

The scheme of Sewerage and Sewage disposal for a portion of Humberstone Parish (which is becoming quite a residential neighbourhood), reported on in my last annual Report as being in course of preparation by the Sanitary Surveyor, Mr. Hobson, has been accepted, and passed by the Local Government Board, and is now in course of construction. This scheme I consider of vital importance to that part of the district, the disposal works being designed on Bacteriological principles, the sewage being first treated in Septic tanks and then passed through a continuous trickling filter.

The Sewerage scheme for Immingham reported on last year has not, as yet, been accepted by the Local Government Board, but, I have no doubt, with very little alteration, it will be, and, when completed, will supply a much needed sanitary improvement. There are, and will be, extensive building operations in this district, and at present the sewage disposal arrangements are not by any means satisfactory.

WATER SUPPLY.—The Parishes in the immediate vicinity of Great Grimsby are mostly well supplied from the Grimsby Waterworks. In the more remote villages the general supply is by means of Artesian and surface wells. This supply is, on the whole, sufficient, wholesome, and free from risks of pollution. I have, during the year analysed 18 samples of water, and with two exceptions they were perfectly pure; in the case of those found impure the wells were closed and bores put down.

MILK SUPPLY.—This is very good and wholesome. The dairies and cowsheds have been inspected by me four times during the year and I have invariably found them clean and well looked after.

OTHER FOODS.—I have not had reported to me any case of suspected unsound meat for sale, neither have I had brought to my notice a suspicion of any tuberculous carcase.

POLLUTION OF RIVERS.—Nil.

EXCREMENT DISPOSAL.—In Parishes which have no system of sewerage, or water closets, the removal of excreta is carried out by the box system. The boxes are emptied when necessary, the contents mixed with ashes and used as manure either in the fields or in the gardens.

SCAVENGING.—The Council are responsible for the collection and disposal of house refuse in the Little Coates and Immingham parishes, the work being let by contract, and supervised by the Sanitary Inspector. The system works well, particularly in the Little Coates parish, owing to that being a water closetted area, and the portable bin system being in operation.

In all the other parishes the pail system obtains, the emptying and cleaning of the same being undertaken by the respective owners and occupiers.

NUISANCES.—So far as I am aware all nuisances which have come under my notice have been abated.

BYE-LAWS.—These have been carried out without any need for their enforcement.

SCHOOLS.—I have found it necessary to advise, and have asked the Clerk to the Council to issue the usual notices for the closing of Waltham Church of England School, in January, on account of an outbreak of scarlet fever; Habrough School for measles in February; and Irby-on-Humber School, for whooping cough in April. In each case I sent a special report to the Local Government Board, one to the Lindsey County Council, and one to the Grimsby Rural District Council.

The sanitary condition of the schools has had my careful attention. Generally speaking I have found them to be in a good sanitary condition, and well supplied with good water.

Up to July, 1909, I acted as Medical Inspector of School Children. The Lindsey County Council at that time terminated my appointment as well as the appointments of the other District Medical Officers in the district, in favour of a whole time Officer. Since that time the arrangements for Medical Inspection of School Children have not come under my notice. Dr. Glegg, the Chief Medical Inspector of Schools, has made very complete arrangements, so that each Medical Officer of Health in the County is kept informed every week of all infectious diseases which occur in districts contiguous to his own. He has also, in the case of diphtheria, made arrangements whereby all cases occurring in school children are reported to him. He then sends a swab in a given time, which is returned to him for Bacteriological examination, and he then notifies the Medical Officer of Health when the patient is free from infection, and forwards a certificate to be filled in by the Medical Officer of Health, who sends it to the parents of the child giving permission to return to school. Both these arrangements are, in my opinion, of very great importance, and go far, not only to prevent the spread of infection, but to enable the different Medical Officers

of Health to take precautions to prevent, if possible, the conveying of infection from one district to another.

PLACES OVER WHICH THE COUNCIL HAVE SUPERVISION.—These comprise Slaughter-houses, Dairies, Cowsheds, Bake-houses, Factories and Workshops. All these have been systematically inspected, and have been found generally to be in a cleanly and good Sanitary condition. In cases where any defect has been found, it has been pointed out and remedied.

The only Factory in the District is a Paper Factory at Little Coates. This Factory employs 16 women and 144 men. I inspected it twice during the year, and found that the Factory Act has been complied with; that the Sanitary conveniences were kept clean and in good order, and generally it was in a good Sanitary condition.

INFECTIOUS DISEASES.—Whenever an infectious case is reported to me, I at once visit, and carefully inspect the premises, and inquire into all the circumstances of the case, so as to find out, if possible, the cause. I leave a circular giving instructions in detail as to the method of isolation, and notify the Sanitary Inspector to supply disinfectants. Where it has appeared that there were no means of isolation, or nursing, or where the wages earned were not sufficient to enable the patient to have proper support, I have, acting on a resolution of my Council, had the case removed to the Borough Hospital. There is no Isolation Hospital under the direction of the Council in the District, but, on payment of a sum per week, admission to the Borough of Grimsby Isolation Hospital is obtained. When a case is not removed to the Hospital, the Sanitary Inspector is advised, and on its termination he disinfects the premises, bedding, &c.

METHOD OF CONTROL OF TUBERCULOSIS.—There is no system of notification, either compulsory or voluntary in operation, except in the case of paupers. There is no Hospital accommodation for cases of pulmonary tuberculosis.

COMMENTS ON TABLES.

TABLE I. shows fully the number of Deaths from all causes and at all ages. The Deaths for 1909, as well as the Average Death Rate for the last ten years; also the number of Births, and the Birth Rate for 1909. It will be noticed the Death Rate for the year is 12·0, whilst for 1908 it was 15·3, and that the Birth Rate is 32·8, whilst for 1908 it was 31·8. The population for 1909 has increased by 752, this increase being based on the fact of there having been a large number of new houses built and inhabited during the year. With this increased population there

have been the same number of deaths exactly as in last year, but whilst last year there was only one death in Public Institutions beyond the district, this year there have been 13, this reduces the actual Deaths in the District to 93, so that the actual Death Rate in the District is 12·0 as against 15·2 in 1908.

The increased Birth Rate during the last three years, is due, no doubt, to the large increase of population owing to the Immingham Dock being in course of construction. In 1906, the population was 2,321 less than it is this year; the Death Rate was 13·6, and the Birth Rate 22·4, as against Death Rate 12·0, and Birth Rate 32·8 this year.

TABLE II.—Till last year I had no data to enable me to fill up this Table, and the "Localities" I have used are Parishes and Groups of Parishes as nearly contiguous as I could arrange them.

It will be noticed that in columns B that the largest number of Births took place in the single parishes of Immingham (56), and Little Coates (68), these two parishes accounting for more than one-half of the whole number. Again, although in these two parishes there is a large increase of population, there are only three more deaths than in 1908.

TABLE III. shows the number of Infectious Disease notified to me in accordance with the Notification of Diseases Act, to be 53. Of this number there were:—

10	cases of	Diphtheria,
2	„	Erysipelas,
31	„	Scarlet Fever, and
10	„	Enteric Fever.

The large number of Scarlet Fever cases are accounted for by the fact that early in January, a boy who attended Waltham Wesleyan School, had a slight attack, so slight as not to be noticed by his parents, as he was sent to School as usual. When several cases were reported to me, I found after strict inquiry that this boy was "peeling." I traced 20 of the 31 cases, undoubtedly, to this boy having taken the infection to the School, as all the 20 attended the same School. The other 11 cases occurred in Little Coates, of these, I satisfied myself that most, at any rate, were infected in the Borough of Grimsby, to which that part of Little Coates in which they lived is contiguous.

Of the 10 cases of diphtheria, 4 occurred in one house at East Ravendale. I found that the ventilating shaft from the drain was only carried a little above a bedroom window. I saw the Agent and had it and several others in the village carried up well above the roof. Two of the cases occurred at Waltham Station, I could not find any cause for this; the other 4 occurred

at Immingham. Here the drainage is not good, but a scheme of sewerage is being prepared by my Council; an eminent Engineer has been engaged to act with the Council's Sanitary Surveyor; and when this is prepared, and passed by the Local Government Board, the work will be proceeded with, and when it is completed, I have no doubt a better sanitary condition will obtain.

Of the 10 cases of enteric fever, 7 occurred in Little Coates, indeed, in that part of Little Coates which is quite close to the Borough of Grimsby. In 2 cases notified to me, I found that the people had only moved *from* Grimsby, less than a week before the disease asserted itself.

TABLE IV.—This Table shows that out of the 93 deaths *in the District*, 14 were due to heart disease (the same number as last year), 9 to bronchitis, 11 to pneumonia, and 38 to "other causes."

TABLE V.—This shows that the number of deaths under one year of age is 17. Considering the fact that there are 16 more births than last year and 6 less deaths, and that the death rate is 72·3 this year whilst it was 105·0 last, this is very satisfactory. It will be noticed that of the 17 deaths, 3 were due to "wasting diseases," 4 to bronchitis, 2 to premature birth, and 2 to enteritis.

The Notification of Births Act of 1907 has not been adopted in my District; but in Districts where it has, I feel sure that the means taken, such as visiting by Health Visitors, the teaching of mothers how to feed and clothe their children, &c., will have a very beneficial effect in lowering the death-rate of infants. If only mothers could be brought to thoroughly understand and appreciate the evils of giving their babies foods containing starch, at any rate for the first six months, I am certain more children would live. There is no doubt hundreds of the poor little things' constitutions are undermined during the first half-year of their lives, and so, if they *do* live past that time, they are less able to bear the brunt of attacks of Bronchitis, Pneumonia, and of Zymotic Diseases.

Generally speaking, I consider the Sanitary condition of the District is excellent.

I am, Gentlemen,

Yours faithfully,

G. O. McKANE,

Medical Officer of Health,
Grimsby Rural District Council.

APPENDIX.

TABLE I. Vital Statistics of whole District during 1909 and previous years.

TABLE I. GRIMSBY RURAL DISTRICT.

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 Institu- tions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Nett Deaths at all ages belong- ing to District.	
		Number.	Rate.*	Under One Year of Age.		At all Ages.					Number.	Rate.*
				Number.	Rate per 1000 births registered.	Number.	Rate.*					
1	2	3	4	5	6	7	8	9	10	11	12	13
1899	5,449	137	25.1	17	98.2	70	12.8				70	12.8
1900	5,442	123	22.6	21	170.7	87	15.9	7	7		80	14.7
1901	5,434	113	20.7	16	141.5	74	13.6				74	13.6
1902	5,427	114	21.0	15	131.5	84	15.4	2	2		82	15.1
1903	5,419	121	22.3	9	74.3	51	9.4				51	9.4
1904	5,412	125	23.0	12	80.0	81	14.9		3		78	14.4
1905	5,404	119	22.0	16	134.4	91	16.8		9		82	15.1
1906	5,397	120	22.4	15	125.0	74	13.6				74	13.6
1907	6,306	176	27.9	18	102.5	95	15.2				95	15.2
1908	6,966	219	31.8	23	105.0	106	15.2	2		1	107	15.3
Averages for years 1899-1908.	5,665	136	23.8	16.2	116.3	81.3	14.3	1.1	2.1	1	79.3	13.9
1909	7,718	235	32.8	17	72.3	93	12.0	2		13	106	13.7

*Rates in Columns 4 and 8 should be calculated per 1,000 of the estimated gross population. In districts in which large public institutions seriously affect the statistics, the rates in Column 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

NOTE.—The deaths to be included in Column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public institutions" to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in acres (exclusive of area covered by water), 50293 acres. Total population at all ages, 5,434. Number of inhabited houses, 1,265. Average number of persons per house, 4.2. At Census of 1901.

1 Institutions within the District receiving sick and infirm persons from outside the District.	2 Institutions outside the District receiving sick and infirm persons from the District.	3 Other Institutions, the deaths in which have been distributed among the several localities in the District.
Fever Hospital	Lincoln Asylum	
Is the Union Workhouse within the District?— <i>No.</i>		

TABLE II.
VITAL STATISTICS of Separate Localities in 1909 and previous years. **GRIMSBY RURAL DISTRICT.**

Names of Localities.	1.—Whole District.				2.—Group of 8 Parishes.				3.—Group of 7 Parishes.				4.—Group of 3 Parishes.				5.—Immingham.				6.—Little Coates.				7.—Group of 3 Parishes.			
	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.
1899 ...	5449	137	70	17																								
1900 ...	5442	123	87	21																								
1901 ...	5434	113	74	16																								
1902 ...	5427	114	84	15																								
1903 ...	5419	121	51	9																								
1904 ...	5412	125	81	12																								
1905 ...	5404	119	91	16																								
1906 ...	5397	120	74	15																								
1907 ...	6306	176	95	18																								
1908 ...	6966	219	107	23	1411	32	11	2	1803	55	29	6	1168	23	15	1	643	37	17	5	565	53	22	9	1376	19	12	0
Averages of Years 1899 to 1908 ...	5665	136	81'3	16'2																								
1909 ...	7718	235	106	17	1451	25	11	0	1809	40	25	2	1238	23	11	2	1058	56	22	2	776	68	20	9	1386	23	17	2

NOTES.—(a) The separate localities adopted for this table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired, be used for the whole district; and blocks 2, 3, &c., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns c of this Table, and those of non-residents registered in public institutions in the district excluded. (See note on Table 1, as to meaning of terms "resident" and "non-resident.")

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(d) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I. and IV.; thus, the totals of sub-columns a, b and c, should agree with the figures for the year in the columns 2, 3 and 12 respectively of Table 1.; the gross total of the sub-columns c should agree with the total of column 2 in Table IV., and the gross total of sub-columns d with the total of column 3 in Table IV.

TABLE III.
CASES OF INFECTIOUS DISEASE Notified during the Year 1909. GRIMSBY RURAL DISTRICT.

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.					Group 1	Group 2	Group 3	Immingham	Little Coates	Group 6	Group 1	Group 2	Group 3	Immingham	Little Coates	Group 6	8 Total cases removed to Hospital.
		Under 1.	1 to 5	5 to 15	15 to 25	25 to 65														65 and Up-wards.
Small-pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous croup)	10	...	1	5	1	3	...	6	...	4	...	...	...	...	...	...	...	...	...
Erysipelas ...	2	...	1	...	...	1	...	1	...	...	1	...	...	...	...	...	...	...	...
Scarlet fever ...	31	3	11	14	...	3	2	17	...	1	11	...	...	...	...	...	1	...	1
Typhus fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric fever ...	10	...	2	2	2	4	2	1	...	...	7	...	...	...	...	...	1	...	1
Relapsing fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS ...	53	3	15	21	3	11	4	25	...	5	19	...	...	...	...	...	2	...	2

NOTES.—The localities adopted for this table should be the same as those in Tables II. and IV.

State in space below the name of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent, and the accommodation, available for the district, afforded by it. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district. The name of the authority by whom the hospital is provided should also be given. Mark (W) the locality in which a workhouse is situated.

* This space may be used for record of other disease the notification (compulsory or voluntary) of which is in force in the district.

† These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

* * Column 8 should be filled up with the Totals of cases removed to Hospital, whether the District is divided into separate localities or is treated as one undivided area.

Isolation Hospital : Name and situation, only Borough of Grimsby available. Total available beds, no information. Number of diseases that can be concurrently treated, 4, no information.

TABLE IV.
GRIMSBY RURAL DISTRICT.
Causes of, and Ages at, Death during Year 1909.

(SEE NOTES AT BACK.)

Causes of Death. 1	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.							Deaths at all ages of "Residents" belonging to Localities, whether occurring in or beyond the District.							Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District. 16
	All Ages. 2	Under 1 year. 3	1 and under 5. 4	5 and under 15. 5	15 and under 25. 6	25 and under 65. 7	65 and upwards. 8	Group 1. 9	Group 2. 10	Group 3. 11	Ham- ham. 12	Little Coates. 13	Group 6. 14	Outside District. 15	
Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet fever... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping-cough	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...
Diphtheria (including Membranous Croup)	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...
Croup	2	...	...	2	...	...	...	...	...	2	...	...	...	...	...
Fever { Typhus ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric	6	...	1	...	4	1	...	1	...	...	...	3	...	2	...
Other continued ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Epidemic influenza ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa (See notes at back) ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteritis (See notes at back)	3	2	1	...	...	...	...	...	...	...	...	3	...	...	...
Gastritis (See notes at back)	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...
Puerperal fever (See notes at back) ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis (Pulmonary Tuberculosis)	6	...	...	...	...	6	...	3	2	...	1	...	...	...	...
Other tuberculous diseases... ..	2	...	...	...	...	2	...	...	2	...	...	...	...	...	...
Cancer, malignant disease (See notes at back)	3	...	...	...	...	1	2	1	1	...	...	1	...	...	...
Bronchitis	9	4	...	...	...	1	4	1	2	1	3	1	1	...	...
Pneumonia	11	1	1	1	1	6	1	1	1	1	6	1	1	...	...
Pleurisy	1	...	...	...	...	...	1	...	...	...	...	...	1	...	...
Other diseases of Respiratory organs ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Alcoholism ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cirrhosis of liver { ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Venereal diseases	2	2	...	...	...	...	...	...	...	...	...	2	...	...	...
Premature birth ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diseases and accidents of parturition ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart diseases	14	...	1	...	...	9	4	2	3	1	4	1	3	...	...
Accidents	5	...	...	...	...	3	2	...	1	...	2	1	1	...	...
Suicides	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...
All other causes	38	7	1	...	1	9	20	3	9	6	4	6	10	...	...
All causes	106	17	5	4	6	40	34	12	23	11	21	20	17	2	...

NOTES TO TABLES IV. AND V.

- (a) In Table IV., all deaths of "Residents" occurring in public institutions, whether within or without the district, are to be *included* with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be *included* among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-residents" occurring in public institutions in the district are in like manner to be *excluded* from columns 2-8 and 9-15 of Table IV.
- (b) See notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" to be taken into account for the purposes of these Tables. The "Localities" in Table IV. should be the same as those in Tables II. and III.
- (c) All deaths occurring in public institutions situated within the district, whether of "Residents" or of "Non-residents," are, in addition to being dealt with as in note (a), to be entered in the last column of Table IV. The total number in this column should equal the figures for the year in column 9, Table I.
- (d) The total deaths in the several "Localities" in columns 9-15 of Table IV. should equal those for the year in the same localities in Table II., sub-columns c. The total deaths at all ages in column 2 of Table IV. should equal the gross total of columns 9-15, and the figures for the year in column 12 of Table I.
- (e) Under the heading of "Diarrhoea" are to be included deaths registered as due to Epidemic diarrhoea, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhoea, Dysentery and Dysenteric diarrhoea, Choleraic diarrhoea, Cholera (other than Asiatic or epidemic), and Cholera Nostras.
Deaths from diarrhoea secondary to some other well-defined disease should be included under the latter.
Deaths from Enteritis, Muco-Enteritis, Gastro-Enteritis, and Gastritis (see under the heading Diarrhoeal Diseases in Table V.) in Tables IV. and V. should be placed immediately below, but separately from, those enumerated under the heading Diarrhoea as defined by enumeration above. This is particularly important for deaths under one year of age, as many of the deaths in infancy returned as due to Enteritis are really caused by Epidemic Diarrhoea. In the course of years, by the adoption of this recommendation, it will be practicable to ascertain the probable amount of transfer between these different headings.
- (f) Under the headings of "Cancer" and "Puerperal fever" should be included all registered deaths from causes comprised within these general terms. Thus: Under "Cancer" should be included deaths from Cancer, Carcinoma, Malignant disease, Scirrhus, Epithelioma, Sarcoma, Villous tumour, and Papilloma of bladder, Rodent ulcer. Under "Puerperal fever" are to be included deaths from Pyæmia, Septicæmia, Sæptæmia, Pelvic peritonitis, Peri- and Endo-Metritis occurring in the Puerperium.
- (g) Under "Congenital defects" in Table V. are to be included deaths from Atelectasis, Icterus neonatorum, Navel hæmorrhage, Malformations and Congenital hydrocephalus.
- (h) Under "Tuberculous Meningitis" are to be included deaths from Acute hydrocephalus.
- (i) Under "Other Tuberculous diseases" are to be included deaths from Tuberculosis, Tuberculosis of bones, joints and other organs, Lupus and Scrofula.
- (j) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified"; all other deaths are to be regarded as "Uncertified."

In recording the facts under the various headings of Tables I., II., III., IV. and V., attention has been given to the notes on the Tables.

G. O. McKANE, Medical Officer of Health.

February 23rd, 1910.

Table V.—GRIMSBY RURAL DISTRICT.

INFANTILE MORTALITY DURING THE YEAR 1909. Deaths from stated Causes in Weeks and Months under One Year of Age. (See Notes at back of Table IV.)

CAUSE OF DEATH.		Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes.	{ Certified Uncertified	2 ...	1 ...	2 ...	...	5 ...	1 ...	1 ...	1 ...	1 ...	2 ...	...	1 ...	1 ...	2 ...	...	2 ...	17 ...
i. Common Infectious Diseases.	{ Small-pox Chicken-pox Measles Scarlet Fever Diphtheria (including Membranous Croup Whooping Cough Diarrhoea, all forms ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
ii. Diarrhoeal Diseases. (See Notes to Table IV.)	{ Enteritis, Muco-enteritis, Gastro-enteritis Gastritis, Gastro-intestinal Catarrh Premature Birth Congenital Defects. (See Notes to Table IV.) ... ..	...	...	...	...	...	...	...	...	...	1 ...	...	1 ...	...	...	...	...	2 2
iii. Wasting Diseases.	{ Injury at Birth Want of Breast-milk, Starvation Atrophy, Debility, Marasmus ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
iv. Tuberculous Diseases.	{ Tuberculous Meningitis (See Notes to Table IV.) Tuberculous Peritonitis, Tabes Mesenterica Other Tuberculous Diseases (See Notes to Table IV.) ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
v. Other Causes.	{ Erysipelas Syphilis Rickets Meningitis (not tuberculous) Convulsions Bronchitis Laryngitis Pneumonia Suffocation, overlying Other causes ... ..	...	1 ...	1 ...	...	2 ...	...	...	...	...	...	...	...	...	1 ...	...	...	2 1 1 4 1 1 ...
		2	1	2	...	5	1	1	1	1	2	...	1	1	2	...	2	17

Grimsby Rural District—Population, estimated to middle of 1909, 7718.

Births in the year—legitimate, 227 ; illegitimate, 8.

Deaths in the year of—legitimate infants, no data ; illegitimate infants, no data.

Deaths from all causes at all ages, 106.

