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ANNUAL REPORT

OF THE

Sanitary Condition

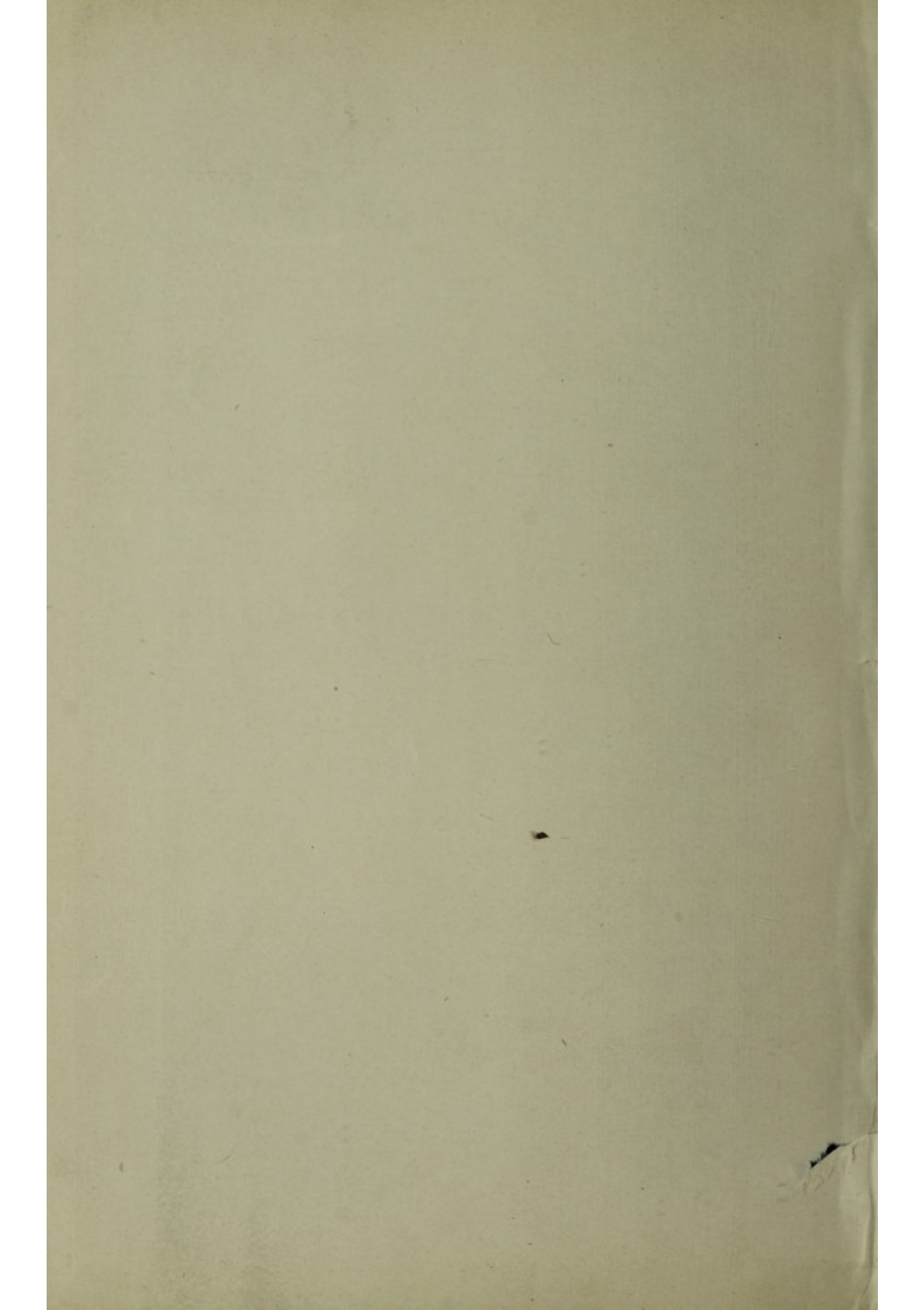
OF THE

Hartismere Rural District

For the Year ending December 31st, 1907.

EYE:

A. G. ROPER, PRINTER, CHURCH STREET.



ANNUAL REPORT
OF THE
SANITARY CONDITION
OF THE
HARTISMERE RURAL DISTRICT

For the Year ending December 31st, 1907.

TO THE RURAL DISTRICT COUNCIL OF HARTISMERE.

GENTLEMEN,

I beg to present my Annual Report of the Sanitary state of your District, prepared in accordance with the instructions issued by the Local Government Board.

LOCALITIES.—The localities adopted for the statistical parts of this Report are the same as in previous reports. These are in reality the Old Registration Districts, and are continued, although the Registration Districts have been altered, in order to allow of just comparison with previous reports. These “localities” are constituted thus :—

Botesdale Division.—Consisting of the parishes of Botesdale, Burgate, Gislingham, Mellis, Palgrave, Red-

grave, Rickinghall Superior, and Wortham, containing in 1901 a population of 4,005.

Eye Division.—Consisting of the parishes of Braise-worth, Brome, Oakley, Occold, Redlingfield, Stoke Ash, Stuston, Thorndon, Thornham Magna and Parva, Thran-deston, and Yaxley, containing in 1901 a population of 3,158. The municipal borough of Eye is excluded, as it forms a separate Sanitary District.

Mendlesham Division.—Consisting of the parishes of Aspall, Bacton, Cotton, Finningham, Mendlesham, Rishangles, Thwaite, Westhorpe, Wetheringsett-cum-Brockford, Wickham Skeith, and Wyverstone, containing in 1901 a population of 4,346.

Statistics relating to Births and Deaths are given *in extenso* in the appended tables. The following principal conclusions may here be noted :—

BIRTHS.—233 Births were registered in your District during the year, being at the rate of 20·8 per 1,000 of the population, the rates in former years being :—

		1906	.....	21·5	
		1905	.....	24·8	
Average of 5 years,		1900-4	.....	23·2	
„	5	„	1895-99	.....	24·8
„	5	„	1890-94	.....	28·2
„	10	„	1880-89	.....	31·9
„	10	„	1870-79	.....	31·3

The Birth-rate for rural districts in England and Wales amounted to 25·6 per 1,000 population, so that in your district the birth-rate is nearly 19 per cent. lower than the average birth-rate of similar districts, and the decline has been a steadily progressive one since the year 1889. This is doubtless due in great part to the fact that

the younger men and women leave the purely agricultural districts for the life and attractions of towns. But it is also a part of the general falling off in the birth-rate of England—towns and country alike—which has declined from 36·4 per 1,000 in 1876 to 26·3 per 1,000 in 1907.

The Registrar General in his last published Annual Report, that for 1906, remarks, "The birth-rate in 1898 was the lowest recorded up to that date; and in each succeeding year a further continuous decline has taken place. The ratio of births to 1,000 of the female population at ages 15-45 years has fallen by nearly 30 per cent. since the quinquennium, 1876-1880, the decline in the rate of legitimate births being 25 per cent., whilst for illegitimate births the rate was nearly 44 per cent. lower. The average annual rate of legitimate births was lower than the rate in every other European country, except France."

MARRIAGES.—The number of Marriages in the district showed a slight increase on the very low figures of 1905. The returns for 1907 are not yet complete. The actual number of Marriages that took place in your district and in the Urban Sanitary District of Eye (which is not separated in the quarterly returns of the Registrar-General) was :—

		1906	.....	84	
		1905	.....	77	
Average of 5 years,		1900-4	.....	96	
"	5	"	1895-99	.....	87
"	5	"	1890-94	.....	90
"	5	"	1885-89	.....	92
"	10	"	1880-89	.....	93
"	10	"	1870-79	.....	107

These rates are lower than the average Marriage-rate for England and Wales; the number of persons married

in the Hartismere Rural and Eye Urban Districts combined during the ten years 1897-1906, being at the rate of 13·6 per 1,000 annually, the corresponding rate for England and Wales being 15·8 per 1,000.

DEATHS.—After correcting the registered number of deaths by the addition of the deaths of residents registered in public institutions beyond the district, the number of deaths was 143, the Death-rate being 12·7 per 1,000. The rates in former years were :—

	1906	.....	14·3
	1905	.....	13·6
Average of 5 years,	1900-4	.....	14·4
„ 5 „	1895-99	.....	15·2
„ 5 „	1890-94	.....	17·2
„ 10 „	1880-89	.....	15·8
„ 10 „	1870-79	.....	18·0

It will be seen that the Death-rate in your district is satisfactorily declining, and it compares favourably with the corresponding rate in country districts in England and Wales, which is reported by the Registrar-General as being 14·7 per 1,000 of population in 1907.

INFANT MORTALITY.—Table V. shows the precise causes of infant mortality during 1907. The rate of mortality was very low; not only below the average, but lower than any year of which I have records, *i.e.*, since 1870. The rate in 1907 was 64 per 1,000 births registered, as compared with 101 the average rate of the 10 years 1897-1906. The corresponding rate in rural districts in England and Wales was 106 in 1907. The number of illegitimate births in 1907 was 10, being 4·3 per cent. of the total births, and the number of deaths amongst illegitimate children was 1. The infant mortality amongst

illegitimate children amounted to a rate of 100 per 1,000 births, as compared with 63 per 1,000 legitimate births.

EPIDEMIC DISEASES.—The seven principal epidemic diseases, viz., small-pox, measles, scarlet fever, diphtheria, whooping cough, fever, and diarrhœa, caused 3 deaths, being at the rate of $\cdot 26$ per 1,000 population. These diseases have shown a very satisfactory decrease in this district during recent years, as is shown by Table VI. appended to this report. The corresponding rate in rural districts in England and Wales in 1907 was $\cdot 91$ per 1,000.

COMPARISON OF LOCALITIES.—The following table shows the comparative mortality statistics of the three Divisions :—

DIVISIONS.	Death-rate per 1,000.		Rate per 1000 Births Regd.
	From all causes.	From seven principal zymotic diseases.	Deaths under one year.
Mendlesham	11·6	·5	58
Eye	13·7	·3	116
Botesdale	13·4	·0	34

SYSTEMATIC INSPECTION.—The work of systematic inspection and nuisance removal has been carried on as in former years, namely, by frequent inspection of all parts of the district by the Inspector of Nuisances, accompanied on some occasions by the Medical Officer of Health, the visits being so arranged that as far as possible no portion of the district has escaped their joint supervision during the year, while separate visits have been made to such parts as seemed from special circumstances to require it.

The sanitary state of the district is well maintained. The following is a summary of the work done during the year, taken from the Sanitary Inspector's report:—459 notices have been given for sanitary improvements; 4 new privies have been built; 86 privies have been cleansed and repaired; 3 privies removed from objectionable situations; 5 new pail closets have been built and 5 privies converted into pail closets; 8 houses have been provided with new drainage, 18 house drains have been repaired and trapped; 18 foul ditches have been cleansed; 23 accumulations of manure have been removed; 3 new cesspools have been made, 15 cesspools have been cleansed, and 5 cesspools or gutters have been filled up; 7 cases of overcrowding have been abated; and 44 houses have been cleansed after infectious diseases; 12 dilapidated houses have been repaired; 5 cases of swine improperly kept have been remedied; 5 houses and premises in a foul state have been cleansed, and 1 house closed as unfit for human habitation. Improvements have been made in connection with the Public Sewers in Palgrave and Mendlesham. The sewage works of the Diss Urban Council in Palgrave have been periodically inspected, and have been working fairly satisfactorily.

In Table VIII. will be found a summary of the work of Nuisance Removal since my appointment as Medical Officer of Health of your whole district in 1878.

WATER SUPPLY.—I have made chemical analyses of 16 specimens of drinking water, of which 6 are of satisfactory quality, 7 may be characterised as of doubtful quality, whilst 3 were “unfit” for drinking or domestic uses. This shows a very considerable improvement in the quality of the water supply of the district, there being a

much smaller proportion classified as "unfit" than was the case several years ago.

During the year 1 new pump has been made to supply water to two houses ; wells have been cleansed and pumps repaired which supply water to 31 houses, and 1 pond has been cleansed which formed the supply of drinking water to 1 house. The public wells in the district have been kept in order, 14 wells and pumps having been cleansed or repaired during the year. A certificate under the Public Health (Water) Act, 1878, has been granted for one new house during the year.

THE DAIRY AND COWSHED AND MILKSHOPS ORDER, 1885.—The action taken under this Order has been confined to the Registration and Inspection of Premises occupied in such a way as to come under its provisions--but no Bye-laws for their management have been made, your Council being of opinion that such Bye-laws were unnecessary in this district.

The premises to which the Order is applicable are 11 in number, the same as last year—one business having been discontinued and one new one registered. These have all been inspected and have been found to be fairly well kept, and the following improvements have been carried out during the year at the instigation of your Inspector. In four instances the drainage has been improved, in another case the cowsheds have been newly paved and drained, and in the case of the newly registered premises the floors of the cowsheds have been rendered with concrete and cement and suitable surface drainage provided ; whilst proper trapped drainage has been provided for the dairy.

INFECTIOUS DISEASES.—The number of cases notified under the Infectious Diseases (Notification) Act, 1889 (Table III.), was 57, and includes :—

- 45 Cases of Scarlet Fever.
- 8 Cases of Erysipelas.
- 4 Cases of Diphtheria.

The results of the investigations made into these cases are shown in Table VII., and from these tables the following points may be deduced :—

Smallpox was entirely absent from the district, as it has been for many years past.

Scarlet Fever.—This disease prevailed in a mild form throughout the year, isolated cases and small outbreaks occurring from time to time almost all over the district. The early cases in January were a continuation of last year's outbreak, but the spread of the disease was not entirely due to these, as fresh importations, not only from adjacent districts but from points as far asunder as Witham and Sunderland, occurred. No really extensive outbreak followed, and the type of the disease was extremely mild, and none of the cases proved fatal. This extreme mildness of type, though a cause for congratulation, added to the difficulties of tracing and isolating the cases as they occurred, as is evident from the fact that the five cases in Wetheringsett, in January, and the first case in the Bacton outbreak were only detected when the disease had reached the stage of desquamation; whilst unsuspected, and therefore unnotified, cases were detected by your officers in Mellis and Gislingham.

These cases are frequently mistaken by parents for measles and other diseases, and no medical man is called

in, and in consequence the disease is spread through not being recognised—*e.g.*, one of the unnotified cases at Gislingham was detected in school whilst in the stage of desquamation. In no case, however, could I trace that the persons in charge of the child knew that the disease was Scarlet Fever and wilfully concealed it, therefore legal proceedings would have been futile.

The difficulties in preventing spread of the disease are shown also by the fact that milk was being sold at three of the houses in which Scarlet Fever was found, and at one in which Diphtheria occurred. This was at once discontinued in each case. Two houses in which Scarlet Fever occurred were general shops. One was a house where laundry work was being done, and the parents of one case were engaged in cleaning the Council School of the parish, whilst in another parish the disease existed in the School House itself.

Diphtheria.—Four isolated cases of this disease occurred. None of them proved fatal and in none of them did any spread of the disease take place. Two were importations from outside the district, one was associated with grave sanitary defects and polluted water supply, and in the remaining case, its origin was not traced, nor were any obvious sanitary defects found.

Enteric (Typhoid) Fever was absent from the district throughout the year.

Erysipelas.—Eight cases were reported during the year, two of which proved fatal. This disease has undergone a decided diminution during recent years, the average

number of cases annually since the Infectious Diseases (Notification) Act, 1889, came into force, being as follows :—

Average of 5 years, 1890-94	.....	19
„ 5 „ 1895-99	.....	23
„ 5 „ 1900-04	.....	12
„ 3 „ 1905-07	.....	10

Of the other infectious diseases which are not notifiable :—

Influenza was not so prevalent nor so severe as in previous years, one death only being referred to this cause.

Whooping Cough was not so prevalent as in 1907, and no death resulted from it.

Measles.—An extensive outbreak of this disease occurred. It was imported into Occold in November, 1906, and spread thence to Rishangles, Thorndon, Stoke Ash, Thornham, Mellis, Yaxley, Wickham Skeith, Gislingham, Bacton, and Cotton, in all of which parishes it prevailed to such an extent that I found it necessary to close the public elementary schools. Prevalent as it was, only two deaths were ascribed to it.

German Measles (Epidemic Roseola).—An extensive outbreak of this disease was investigated by me in the parishes of Thornham Magna and Parva. It was of a very mild type, and I did not think it necessary to advise any special preventive measures in dealing with it.

CLOSING OF PUBLIC ELEMENTARY SCHOOLS.—I have considered it advisable to recommend closing the

following schools during the year, for the reasons given in each case :—

Thorndon	Jan. 7th to 28th, and Feb. 27th to Apl. 2nd	{ Measles prevalent in the parish and in the house in which the Head Teacher resided.
Wetheringsett	Jan. 22nd to Mar. 11th	Measles and Scarlet Fever.
Stoke Ash	Feb. 6th to Mar. 11th ..	Measles.
Thornham	Feb. 8th to Mar. 11th ..	Measles.
Mellis	Feb. 11th to Mar. 25th	Measles.
Yaxley	Feb. 12th to Mar. 11th	Measles.
Aspall	Mar. 12th to Mar. 23rd	Influenza — both Mis- tresses and more than half the Children affected.
Wickham Skeith..	Mar. 16th to Apl. 29th	Measles in Parish and in Head Teacher's House.
Gislingham	Mar. 28th to Apl. 22nd	Measles and Chicken Pox.
Bacton	Apl. 26th to June 10th	Measles.
Cotton	May 27th to June 24th	Measles.
Mellis	Oct. 25th to Nov. 25th	Scarlet Fever.
Gislingham	Nov. 20 to Jan. 6th '08	Scarlet Fever in Parish and in School House.

In all instances the Managers of Sunday Schools acceded to my request to close these schools for the same periods.

In my last year's report I expressed the opinion that as a rule it is not advisable to close schools on account of the prevalence of Whooping Cough and the reason I gave for this opinion was that "experience shows that it is perfectly useless in preventing its spread, owing to the fact that during its early stages it is impossible to recognise the disease although it is then infectious ; that it lasts so long, and is so difficult to say when infection is ended, and therefore requires the school to be closed for an unreasonably long period if one is to be fairly certain it will not recur."

The question of the general advisability of closing schools in the case of Measles has formed the subject of correspondence with the East Suffolk County Education Committee, and I venture to quote from a letter dated November 15th, 1907, in which it is stated, "for following reasons :—(1) That children are almost certain to have Measles once ; (2) That after one attack children are practically immune ; and (3) That the infection cannot be conveyed to a third party ; the Committee do not think it necessary to close schools on account of Measles, and Medical Officers of Health be informed of the Committee's view of this question." I also quote from the reply I sent to this letter as indicating the view which I, as your Medical Officer of Health, take on this matter—" I have, after many years experience, been frequently disappointed at the result of closing schools on account of Measles and other Infectious Diseases, and am of opinion that the system of excluding infected children and members of infected families from school is, as a general rule, more efficacious in arresting infection than closing the entire school. This rule is, however, subject to numerous exceptions. I have hitherto been much handicapped in carrying out this plan by the pressure brought to bear in the direction of closing schools by Managers and Teachers, and I am hopeful that your Committee's view of the question of closing in the case of Measles will tend to obviate this difficulty. I am unable to subscribe to the opinion that the infection of Measles cannot be conveyed to a third party, and I must point out that whilst the duty of advising the closing of schools for Infectious Diseases remains a portion of the duty of the Medical Officer of Health I must, as heretofore, consider each case on its own merits and not act on any general rule that schools should not be closed in the case of Measles, which is a

dangerous disease in many instances, and causes an annual mortality in the country far exceeding that of Scarlet Fever."

LEGAL PROCEEDINGS were taken in one case only during the year for a nuisance under the Public Health Act, 1875. The case was dismissed.

FACTORY AND WORKSHOPS ACT, 1901.—The Register of Factories and Workshops contains this year 123 entries, which may be classified as follows ;—

Factories—21	{	Steam Mills for grinding corn, &c.	...	20
		Sewage Farm	...	1
		Smiths	...	30
		Carpenters	...	7
		Wheelwrights	...	5
		Wheelwrights and Carpenters	...	6
		Builders	...	5
		Builders and Wheelwrights	...	2
		Plumbers and Painters	...	3
Workshops—102	{	Coachbuilders	...	3
		Brickmaker	...	1
		Harness Makers	...	4
		Dressmakers	...	5
		Bootmakers	...	4
		Tailor	...	1
		Basket Makers	...	2
		Brushmaker	...	1
		Retail Bakehouses	...	23

123

There is no underground bakehouse in the district, nor are there any premises registered as workplaces.

These workshops have been regularly inspected, no fewer than 201 visits having been paid during 1907. They are satisfactorily kept, and all the bakehouses have been

regularly cleansed and limewashed, and in one instance repaired. One workshop has been cleansed, and one smith's shop pulled down and rebuilt. There have been no matters notified during the year to H.M. Inspector of Factories except instances of failure to affix the abstract of the Factory Act in 3 cases. Home work does not appear to exist in the district, hence there is no report to be made under this heading.

The duties of the Inspector of Nuisances have, in my opinion, been satisfactorily carried out.

I am, Gentlemen,

Your obedient Servant,

EDGAR G. BARNES, M.D., Lond.,

Medical Officer of Health

Eye, February 14th, 1908.

TABLES

Appended to the Annual Report of the Medical Officer
of Health for the year 1907.

TABLE I.

HARTISMERE RURAL DISTRICT.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1907 AND PREVIOUS YEARS.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTI- TUTIONS IN THE DISTRICT	Deaths of Non- residents in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NET DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number.	Rate.*	Under 1 Year of Age.		At all Ages.					Number.	Rate.*
				Number.	Rate per 1,000 Births registered	Number.	Rate.*					
1	2	3	4	5	6	7	8	9	10	11	12	13
1897.	11955	313	26.1	31	99	164	13.7	—	—	20	184	15.3
1898.	11843	277	23.3	37	133	172	14.5	—	—	5	177	14.9
1899.	11731	304	25.9	24	79	182	15.5	—	—	12	194	16.5
1890.	11620	260	22.3	36	138	154	13.2	—	—	18	171	14.7
1901.	11509	264	22.9	22	83	152	13.2	—	1	6	158	13.7
1902.	11454	258	22.5	31	120	158	13.7	—	—	13	171	14.9
1903.	11399	304	26.6	21	69	164	14.3	—	—	14	178	15.6
1904.	11344	246	21.6	24	97	135	11.9	—	—	12	147	12.9
1905.	11289	280	24.8	22	78	142	12.5	—	—	12	154	13.6
1906.	11234	242	21.5	29	119	146	12.9	—	—	15	161	14.3
Averages for years 1897-1906	11537	274	23.7	27	101	156	13.5	—	0.1	12	169	14.6
1907.	11179	233	20.8	15	64	131	11.7	—	—	12	143	12.7

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

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.

Area of District in acres (exclusive of area covered by water), 49,199.

Total population at all ages, 11,509.
 Number of inhabited houses, 2,739.
 Average number of persons per house, 4.2. } At Census of 1901.

The Public Institutions taken into account in these tables are the Hartismere Union Workhouse, and the East Suffolk Hospital both situated outside the district.

TABLE II.

HARTSMERE RURAL DISTRICT.
VITAL STATISTICS OF SEPARATE LOCALITIES IN 1907 AND PREVIOUS YEARS.

NAMES OF LOCALITIES.	1. HARTSMERE R. D.				2. BOTESDALE DIVISION.				3. EYE DIVISION.				4. MENDLESHAM DIVISION.			
YEAR.	Population estimated to middle of each Year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each Year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.
1897	11955	313	184	31	4111	113	62	9	3258	82	51	8	4586	118	71	14
1898	11843	277	177	37	4084	113	70	20	3233	60	43	5	4526	104	64	12
1899	11731	304	194	24	4057	113	71	13	3203	73	57	2	4466	118	66	9
1900	11620	260	171	36	4031	90	55	10	3183	77	35	8	4406	93	71	18
1901	11509	264	158	22	4005	96	59	11	3158	69	45	5	4346	99	54	6
1902	11454	258	171	31	3985	87	54	8	3143	72	47	7	4326	99	70	16
1903	11399	304	178	21	3965	122	65	10	3128	79	46	2	4306	103	67	9
1904	11344	246	147	24	3945	81	53	12	3113	64	45	5	4286	101	49	7
1905	11289	280	154	22	3925	87	48	6	3098	84	46	8	4266	109	60	8
1906	11234	242	161	29	3905	83	62	7	3083	64	42	11	4246	95	57	11
Averages of Years 1897 to 1906	11537	274	169	27	4001	98	60	10	3160	72	45	6	4376	103	62	11
1907	11179	233	143	15	3885	88	52	3	3068	60	42	7	4226	85	49	5

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 I. 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 I.; 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.

HARTISMERE RURAL DISTRICT.

Cases of Infectious Disease notified during the Year 1907.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							TOTAL CASES NOTIFIED IN EACH LOCALITY.		
	At all Ages.	At Ages—Years.						1	2	3
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.			
Small-pox ..	—	—	—	—	—	—	—	—	—	—
Cholera ..	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Membranous croup) ..	4	—	—	3	1	—	—	—	1	3
Erysipelas ..	8	—	—	1	1	5	1	—	2	6
Scarlet fever ..	45	—	9	30	2	4	—	11	5	29
Typhus fever ..	—	—	—	—	—	—	—	—	—	—
Enteric fever ..	—	—	—	—	—	—	—	—	—	—
Relapsing fever ..	—	—	—	—	—	—	—	—	—	—
Continued fever ..	—	—	—	—	—	—	—	—	—	—
Puerperal fever ..	—	—	—	—	—	—	—	—	—	—
Plague ..	—	—	—	—	—	—	—	—	—	—
Totals ..	57	—	9	34	4	9	1	11	8	38

There is no Isolation Hospital in the District.

TABLE IV. HARTISMERE RURAL DISTRICT.

Causes of, and Ages at, Death during Year 1907.

CAUSES OF DEATH.	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 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.	Botesdale Division.	Eye Division.	Mendlesham Division.	
Small Pox	—	—	—	—	—	—	—	—	—	—	—
Measles	2	1	—	—	1	—	—	—	—	2	—
Scarlet fever	—	—	—	—	—	—	—	—	—	—	—
Whooping-cough	—	—	—	—	—	—	—	—	—	—	—
Diphtheria and membranous croup	—	—	—	—	—	—	—	—	—	—	—
Croup	—	—	—	—	—	—	—	—	—	—	—
Fever { Typhus	—	—	—	—	—	—	—	—	—	—	—
Enteric	—	—	—	—	—	—	—	—	—	—	—
Other continued	—	—	—	—	—	—	—	—	—	—	—
Epidemic influenza	1	—	1	—	—	—	—	—	—	1	—
Cholera	—	—	—	—	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea	1	1	—	—	—	—	—	—	1	—	—
Enteritis	—	—	—	—	—	—	—	—	—	—	—
Puerperal fever	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	2	—	—	—	—	1	1	—	1	1	—
Other septic diseases	—	—	—	—	—	—	—	—	—	—	—
Phthisis	10	—	—	—	—	9	1	5	2	3	—
Other tubercular diseases	3	—	—	1	1	1	—	1	2	—	—
Cancer, malignant disease	14	—	—	—	—	9	5	4	4	6	—
Bronchitis	16	2	3	—	—	3	8	5	7	4	—
Pneumonia	9	—	2	1	1	3	2	6	2	1	—
Pleurisy	—	—	—	—	—	—	—	—	—	—	—
Other diseases of Respiratory organs	1	—	—	—	—	1	—	—	1	—	—
Alcoholism	—	—	—	—	—	—	—	—	—	—	—
Cirrhosis of liver	—	—	—	—	—	—	—	—	—	—	—
Venereal diseases	—	—	—	—	—	—	—	—	—	—	—
Premature birth	4	4	—	—	—	—	—	1	1	2	—
Diseases and accidents of parturition	—	—	—	—	—	—	—	—	—	—	—
Heart diseases	15	—	—	—	—	5	10	5	5	5	—
Accidents	6	—	1	—	1	2	2	3	1	2	—
Suicides	4	—	—	—	—	4	—	3	—	1	—
.....	—	—	—	—	—	—	—	—	—	—	—
.....	—	—	—	—	—	—	—	—	—	—	—
.....	—	—	—	—	—	—	—	—	—	—	—
.....	—	—	—	—	—	—	—	—	—	—	—
.....	—	—	—	—	—	—	—	—	—	—	—
All other causes	55	7	1	1	1	8	37	19	15	21	—
All causes	143	15	8	3	5	46	66	52	42	49	—

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

EDGAR G. BARNES, M.D., Lon., Medical Officer of Health.

TABLE V. HARTISMERE RURAL DISTRICT.
INFANTILE MORTALITY DURING THE YEAR 1907.
Deaths from stated Causes in Weeks and 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	...	6	1	...	...	7	2	...	1	...	1	...	2	...	...	1	...	14
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Common Infectious Diseases.	Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Diphtheria : Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoeal Diseases.	Diarrhoea, all forms	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
	Enteritis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Gastritis, Gastro-intestinal Catarrh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wasting Diseases.	Premature Birth	...	3	1	...	...	4	...	...	...	...	...	...	...	...	...	...	...	4
	Congenital Defects	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
	Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Want of Breast-milk	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Atrophy, Debility, Marasmus	...	2	...	...	...	2	2	...	...	...	...	...	1	...	...	...	...	5
Tuberculous Diseases.	Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Tuberculous Peritonitis : Tabes Mesenterica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Meningitis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Convulsions	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
	Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	2
	Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other causes	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			6	1	...	...	7	2	...	1	...	1	...	2	1	...	1	...	15

Population (estimated to middle of 1907), 11,179. Births in the year : legitimate, 223; illegitimate, 10.
Deaths in the year of legitimate infants, 14; of illegitimate infants, 1.
Deaths from all Causes at all Ages, 143.

TABLE VI.

HARTISMERE RURAL SANITARY DISTRICT.

Table showing the Number of DEATHS from each of the 7 Principal EPIDEMIC DISEASES for the years 1905, 1906 and 1907, compared with the averages of the five years 1900-04 the five years 1895-99, the five years 1890-94, the ten years 1880-89, and the ten years 1870-79.

Disease.	1907	1906	1905	Average of 5 years 1900-04.	Average of 5 years 1895-99.	Average of 5 years 1890-94.	Average of 10 years, 1880-89.	Average of 10 years, 1870-79.
Smallpox ...	—	—	—	—	—	—	—	.4
Measles ...	2	—	—	—	.2	2.2	1.7	2.1
Scarlet Fever ...	—	—	—	—	.6	1.4	2.5	3.5
Diphtheria ...	—	—	1	1.6	1.0	1.8	3.2	1.7
Whooping Cough ...	—	7	2	1.4	2.8	4.4	4.0	5.8
Fever ...	—	—	—	.2	.8	1.4	1.6	4.3
Diarrhoea ...	1	3	1	1.6	2.8	4.6	3.8	5.7
Totals ...	3	10	4	4.8	8.2	15.8	16.8	23.5

TABLE VII.

HARTSMERE RURAL SANITARY DISTRICT.

Table showing particulars of *Outbreaks of Zymotic Diseases* investigated during the year 1907.

Date.	Disease.	Locality.	Origin of Outbreak, Sanitary Defects, &c.	Houses affected.	Persons attacked.	Deaths.
January	Scarlet Fever	Brome and Oakley	Continuation of last year's outbreak	2	3	—
"	"	Wetheringsett-cum-Brockford	Origin traced to infected letter from Sunderland—cases not detected until desquamation occurred	1	5	—
January to July.	"	Bacton and Cotton	The first case had visited a house in adjacent district in which scarlet fever existed. Parents did not send for a doctor until desquamation occurred. The spread of the disease subsequently due to infection through school attendance	8	14	—
February	"	Brayesworth	Doubtful communication with recent case at Brome	1	1	—
March	"	Occold	Origin not traced	1	1	—
April	"	Wetheringsett-cum-Brockford	Origin not traced	1	1	—
July	"	Mendlesham	Scarlet fever was prevalent at this time in adjacent parishes, though source of infection could not be distinctly traced	1	3	—
August to October	"	Mellis	First case imported from Witham—afterwards spread by unsuspected mild cases	6	10	—
September	"	Wetheringsett-cum-Brockford	Probable revival of former outbreak	2	2	—
October	"	Gislingham	Scarlet fever was prevalent in adjacent parishes, and suspicious cases of illness had previously arisen in Gislingham, but were not identified positively with scarlet fever	3	4	—
November	"	Aspall	Origin not traced	1	1	—
November	"	Mendlesham	Origin not traced	2	3	—
"	"	"	"	29	48*	—
April	Diphtheria	Aspall	Probable importation from near Ipswich	1	1	—
July	"	Thrandeston	Sanitary defects—want of drainage, privy vault required cleansing, calves and swine kept, and household refuse thrown near well—well on analysis found to be polluted.	1	1	—
August	"	Cotton	Origin not traced, and not associated with obvious sanitary defects	1	1	—
December	"	Aspall	Disease probably contracted in adjacent district	1	1	—
"	"	"	"	4	4	—

* Of this number only 45 were notified, three being detected by the Medical Officer of Health during his investigations.

TABLE VIII.

HARTISMERE RURAL SANITARY DISTRICT.

Summary of Sanitary Work from 1878 to 1907 inclusive.

	Averages of 5 years, 1878-82.	Averages of 5 years, 1883-87.	Averages of 5 years, 1888-92.	Averages of 5 years, 1893-97.	Averages of 5 years, 1898-1902.	1903.	1904.	1905.	1906.	1907
Notices given for Sanitary Improvements....	255	275	280	328	271	322	355	335	435	459
Privies new (including earth and water closets) ...	39	34	15	22	10	8	7	8	14	9
" repaired, &c. ...	112	106	64	86	52	55	62	57	85	94
Drainage, new ...	25	23	15	17	17	10	15	15	21	8
" repaired, &c. ...	28	34	26	30	21	40	24	13	19	18
Cesspools, new ...	3	3	3	3	3	3	6	4	3	3
" and foul ditches cleansed	17	17	24	19	13	15	16	16	26	33
" filled up	23	12	12	7	8	7	8	10	13	5
Manure nuisances removed ...	23	16	17	22	14	18	8	13	20	23
Animals improperly kept removed ...	11	10	5	8	4	8	8	7	10	5
Houses and premises cleansed and repaired	5	5	4	3	1	7	15	15	21	17
Overcrowding abated ...	5	4	4	4	4	2	3	7	5	7
Houses & Schools cleansed after infectious diseases	44	25	26	52	24	50	27	17	12	44
Analyses of drinking water made ...	20	19	32	20	18	17	14	13	14	16
New water supply provided ...	3	5	3	1	1	2	1	2	0	1
Existing water supply purified, pumps repaired, &c.	9	15	13	22	26	15	20	20	31	19
New houses certified under Public Health (Water) Act	3	8	4	3	3	1	0	0	6	1
Unclassified ...	0.5	0.2	1.2	12	6	4	4	6	3	5
Legal proceedings ...	2.4	0.2	1.2	3	0.8	1	5	0	1	1

TABLE IX. FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES & HOMEWORK, 1907.

1.—INSPECTION.

Including Inspections made by Sanitary Inspector.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries) ..	0	0	0
Workshops (including Workshop Laundries) ..	201	11	0
Workplaces ..	0	0	0
Homeworkers' Premises ..	0	0	0
Total ..	201	11	0

2.—DEFECTS FOUND.

Nuisances under the Public Health Acts :—

Want of Cleanliness ...	...	...	12 found, 12 remedied.
Want of Ventilation ...	...	...	0 " 0 "
Overcrowding ...	...	...	0 " 0 "
		Total	12 " 12 "

3.—OTHER MATTERS.

Matters Notified to H.M. Inspector of Factories :—

Failure to Affix Abstract of the Factory and Workshop Act (s. 133)

Underground Bakehouse ...	...	...	3
Homework ...	...	...	0
Workshops on Register at end of 1906 :—	...	...	0

Factories—Steam Mills

Sewage Farm

Workshops—Smiths ...

Builders, Carpenters, Painters, &c.

Coachbuilders ...

Harness Makers ...

Brick Maker ...

Basket Makers and Brush Makers

Dressmakers, Tailors, Bootmakers

Retail Bakehouses ...

...	...	20	21
...	...	1	1
...	...	30	30
...	...	28	28
...	...	3	3
...	...	4	4
...	...	1	1
...	...	3	3
...	...	10	10
...	...	23	23
Total		123	123



