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**REPORT**  
ON THE  
**SANITARY CONDITION**  
OF THE  
**MALTON URBAN SANITARY DISTRICT**  
AND THE ADMINISTRATION THEREIN OF THE  
**Factory & Workshop Act, 1901,**  
**FOR THE YEAR 1905,**  
BY  
**HENRY MAINWARING HOLT,**  
M.R.C.S., L.S.A., D.P.H., &c..  
MEDICAL OFFICER OF HEALTH.

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THE SANITARY CONDITION  
OF THE  
**Malton Urban Sanitary District,**  
DURING 1905.

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REPORT OF THE MEDICAL OFFICER OF HEALTH  
TO THE SANITARY COMMITTEE.

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**Area of the District.**

The area of the District is 4,130 acres.

**Population.**

For the purposes of this Report, an estimate is required of the number of persons living in the district at Mid-summer 1905. The estimate for 1905 is 4,758 persons, being the number found by the last census.

**Vital Statistics and Tables.**

Since the population of your district may be regarded as stationary, I have taken the number recorded at census of 1901, namely 4,758, as the basis of my calculations. The tables which follow are in accordance with the requirements of the Local Government Board, and should afford valuable information both to the Board, the County Council, and the District Council.

**Birth-rates.**

The number of births during the year 1905 was 132, the rate therefore being 27·74 per 1,000. There were 10 deaths under 1 year of age, the rate of mortality therefore being 75·00 per 1,000 births registered. The illegitimate births number 13·6 per cent of the total births.

**Death-rates.**

The total number of deaths registered in the district was 84 giving a gross rate of 17·65 per 1,000. Of the total deaths 20 occurred in the Workhouse, and of these 12 did not belong to the district; the nett deaths are therefore 72 and the rate 15·13 per 1,000.

TABLE I. BIRTHS AND DEATHS (Whole District.)

Malton Urban District.	Population estimated to Middle of each Year.		Births.		Deaths under One Year of Age.		Deaths at all Ages. Total.		Deaths of Non-residents registered in District.		Deaths of residents registered beyond District		Deaths at all Ages. Nett.		
	1	2	3	4	5	6	7	8	9	10	11	12	13	Number.	Rate*
1895	4775	116	24	24.29	24	206.89	94	19.68	6	10	94	94	19.68		
1896	4720	125	19	26.48	19	152.00	83	17.58	10	6	83	83	17.58		
1897	4684	119	12	25.40	12	100.84	75	16.01	6	2	75	75	16.01		
1898	4684	129	21	27.54	21	169.35	74	15.79	7	1	74	74	15.79		
1899	4684	128	21	27.32	21	164.06	87	18.57	8	1	87	87	18.57		
1900	4684	124	18	26.47	18	161.29	92	19.64	20	12	84	84	17.07		
1901	4758	130	11	27.32	11	87.69	73	15.34	16	11	62	62	13.03		
1902	4758	104	10	21.85	10	96.15	78	16.39	14	7	71	71	14.92		
1903	4758	140	15	29.42	15	107.14	79	16.60	11	5	74	74	15.55		
1904	4758	108	12	22.70	12	111.11	90	18.91	17	12	78	78	16.39		
Averages for years 1895-1904.	4726.3	122.3	16.3	25.87	16.3	135.65	82.5	17.45	11.5	6.7	No returns.	78.2	16.45		
1905	4758	132	10	27.74	10	75.00	84	17.65	20	12	72	72	15.13		

\* 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.

BIRTHS AND DEATHS (Localities.)

NAMES OF LOCALITIES.	Whole District.				St. Mary's Ward.				St. Michael's				St. Leonard's				Workhouse.			
	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.
1895	4775	116	94	24	890	26	16	6	1773	34	29	7	2112	56	43	10	70	16	16	1
1896	4720	125	83	19	880	24	10	2	1759	39	26	3	2081	62	37	13	70	16	16	1
1897	4684	119	75	12	874	21	10	1	1746	33	28	5	2064	65	31	5	70	8	8	1
1898	4684	129	74	21	874	23	6	1	1746	41	22	5	2064	65	43	15	70	8	8	0
1899	4684	128	87	21	874	28	16	2	1746	29	23	3	2064	65	45	15	70	9	9	1
1900	4684	124	92	18	874	20	16	4	1746	39	21	2	2064	56	35	12	70	20	20	0
1901	4758	130	73	11	867	29	7	1	1659	35	9	1	2162	58	41	8	70	16	16	1
1902	4758	104	78	10	867	22	21	3	1659	26	18	1	2162	52	24	6	70	4	15	0
1903	4758	140	74	15	867	27	13	4	1659	44	18	2	2162	58	37	9	70	11	6	0
1904	4758	108	78	12	867	22	19	2	1659	24	17	1	2162	58	37	8	70	4	5	1
Averages of Years 1895 to 1904	4726.3	122.3	80.8	16.3	873.4	24.2	13.4	2.6	1715.2	34.4	21.1	3.0	2109.7	59.5	37.3	10.1	70	7.0	11.9	.6
1905	4758	132	72	10	867	29	13	2	1659	36	18	0	2162	62	35	7	70	5	18	1

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

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.					TOTAL CASES NOTIFIED IN EACH LOCALITY.			
	At all Ages.	At Ages—Years.				St. Mary's	St. Michael's	St. Leonard's	Workhouse.
		1 to 5	5 to 15	15 to 25	25 to 65				
Diphtheria ..	4	3	..	..	..	1	2	1	..
Erysipelas ...	4	1	..	3	..	2	2	..	..
Scarlet fever .	38	6	28	2	1	1	9	28	..
Totals .....	46	7	32	2	4	1	13	29	..

The Classification of Death Causes.—The causes of death, as they appear in the following, are systematically arranged.

TABLE IV. Causes of, and Ages at, Death during year 1905.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							DEATHS IN LOCALITIES (AT ALL AGES).				DEATHS IN PUBLIC INSTITUTIONS.	
	All Ages.	Under 1.	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards.	St. Mary's	St. Michaels	St. Leonards	Work-house		
Measles .....	1	1		1			1		1				
Scarlet Fever .....	2					1		1					
Diarhoea .....	2	1											
Other septic diseases .....	1		1						2		1		1
Phthisis .....	7		1	4						4			
Other tubercular diseases	1		1						1				
Cancer, malignant disease	5		3			2		2		2			2
Bronchitis .....	8	1				1		2		6			
Pneumonia .....	3					3		1		1			1
Alcoholism	1					1				1			
Cirrhosis of liver	1							1					
Premature birth.....	1												
Diseases and Accidents of parturition .....	1					1				1			1
Heart diseases .....	10			1		2		1	3	6			2
Accidents .....	1					1				1			2
All other causes.....	28	6				5		7	8	7	6		13
All causes .....	72	10	5	2	6	19	30	12	18	34	8		20

Infantile Mortality During the Year 1905.—Deaths from stated Causes in Weeks and Months under One Year of Age.

TABLE V.

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.
Measles .....							1								1		1
Diarrhoe, all forms .....					1										1		1
Premature birth .....	1																1
Atrophy, debility, marasmus			1	1	2	1		1									4
Meningitis (not tuberculous)						1											1
Bronchitis .....													1				1
Other causes .....						1											1
	1		1	1	3	3	1	1					1		1		10

Births in the year—legitimate 114, illegitimate 18.

Deaths from all Causes at all Ages 84.

In Table I. is stated for the whole district the number and rates of births and of deaths under 1 year, and at all ages, and the data on which the nett death rate is based. In this connection I would point out that two places might be on a perfect equality with each other as regards their climate, their sanitary arrangements, their closeness of aggregation, as also the habits and occupations of their inhabitants, and yet might have very different general death rates owing to differences in the age and sex distribution of their respective populations. Your district is chiefly residential while a large proportion of the workers live outside the district. It will be noted on reference to the Tables that of 72 deaths, 30 occurred at ages of 65 and upwards, 10 deaths occurred under 1 year of age, and thus four sevenths of the deaths are at ages when the mortality is greatest. The percentage of illegitimate births is very high and consequently the infantile mortality is far greater than it should be, and as I pointed out in my last year's report an illegitimate child has less than one half the prospect of reaching the end of the first year of life which is enjoyed by a child born in wedlock. The question is one for the social reformer rather than the sanitary administrator.

Table II. deals with the vital statistics for the various Parishes.

Table III. gives the cases of infectious diseases notified during the year, and it will be noted on reference to the same that only 9 cases of scarlet fever were notified from St. Michael's Parish whilst 28 cases of the disease were notified from St. Leonard's. I draw your attention to these figures and to the table generally, because they may be found useful for future reference.

Table IV. tabulates the causes of death. Tubercular diseases still claim undue prominence in these returns, and I find that during the years 1891 to 1905 inclusive, 70 deaths have been recorded from Pulmonary Phthisis, that is 4.6 per annum, other tubercular diseases result in 32 deaths that is 2.13 deaths per annum. The total deaths from the various forms of tubercular disease being therefore 102 or 6.73 per annum which gives a death rate of 1.4 per 1,000 of the population. The total deaths from notifiable diseases during the same period is 26 that is 1.73 deaths per annum being .363 per 1,000 of the population. Thus the deaths from the various forms of tubercular disease number 3.92 times as many as those from all forms of notifiable infectious disease.

That such mortality is due for the most part to the wretched housing and feeding of the poorer classes, I have no doubt, hence special attention should be paid to overcrowding and to houses unfit for human habitation.

Malignant disease (cancer) stills claims a large number of victims, and in the present state of our knowledge it is impossible to indicate the means for its prevention. It is my duty to note the prevalence of such diseases, and where possible, to indicate those measures which should be taken for their prevention.

### **Closure of Schools.**

At the beginning of the year there was a rapid spread of measles which necessitated the closure of the following schools:—the National Infants' School, Wentworth Street, from the 10th January to the 6th February; St. Mary's Roman Catholic School, from the 26th January to the 23rd February. Before the re-opening of the above schools, the inside walls as also the floors and furniture were thoroughly cleansed, and free ventilation was maintained during the period of closure. After the re-opening of the schools no further cases came under my notice. St. Michaels' National School was closed from the 17th to the 24th June in order that it should be thoroughly cleansed and disinfected, it having come to my knowledge that the head master had been teaching in the school to within a week of his death from scarlet fever. The head master was not a resident within the district.

### **Housing of the Working Classes.**

The want of suitable houses for the working classes is one that continues to be felt in this district, and the problem of meeting the requirements of an ordinary labourer's cottage letting at a rental of from £7 to £10 per annum is one that has to be solved. Deputations from the Council have from time to time waited upon and conferred with Gervase Markham, Esq., Estate Agent to the Right Honourable Earl Fitzwilliam with a view to steps being taken to generally improve the house accommodation for the working classes in this district, and the said Agent has expressed his willingness to bring the subject under the special notice of the said Earl, and also that he would be prepared to give applications by private individuals for sites for erecting suitable cottage accommodation favourable consideration; nevertheless the want of cottages still remains. The probable cause for this is that the land is leasehold from Earl Fitzwilliam, and that

it does not pay private individuals to erect cottage property to meet the sanitary requirements of the present day and those imposed by the Estate. Inadequate house accommodation is closely associated with tubercular disease, so close indeed as to be almost regarded as cause and effect; and the crusade against the various forms of consumption must be associated with the building of better houses for the working classes.

### **Isolation Hospital.**

The question of providing an Isolation Hospital has been frequently under discussion by this Council, as will be noted on reference to my annual report for the year 1902. I propose to deal with this question by the statement of facts which may be of some use in guiding the Council to a decision upon this most important subject.

The subjoined tabular statement is an abstract of cases reported during the past 14 years under the Infectious Diseases Notification Act of 1889, together with the respective deaths due to such diseases during the same period, and the percentage of deaths to cases reported. A comparison is also made between the total number of deaths from all forms of notifiable infectious disease, and those occurring from one disease only—phthisis pulmonalis.

It will be noted that small-pox appeared in 1892, 1893 and 1894, that the total number of cases notified was 8, and the total deaths 3. I may add that in each year the disease was introduced by tramps. The total number of scarlet fever cases for the same period is 209, and the total deaths 7, being 3·34 per cent of the cases reported; in like manner typhoid fever yields 68 cases with 3 deaths, being 4·41 per cent; erysipelas 55 cases, 3 deaths, 5·45 per cent; diphtheria 30 cases, 5 deaths, 16·66 per cent; small-pox, 8 cases, 3 deaths, 37·50 per cent; puerperal fever 2 cases, 2 deaths, 100·00 per cent; continued fever 7 cases, no deaths. These figures, I consider highly satisfactory, and they have an important bearing on the question under consideration. From the above table it will be seen that the chief diseases we have to deal with are scarlet fever, diphtheria and enteric fever, of these I consider scarlet fever and enteric fever the most important, and it is to be understood that my further remarks refer mainly to these diseases.

Cases notified and deaths recorded from the undermentioned diseases during the years 1892 to 1905 inclusive :—

DISEASE	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	Totals.	Per cent- age of deaths to cases notified.
	Cases Deaths.	Cases Deaths.	Cases Deaths.	Cases Deaths.	Cases Deaths.	Cases Deaths.	Cases Deaths.	Cases Deaths.	Cases Deaths.	Cases Deaths.	Cases Deaths.	Cases Deaths.	Cases Deaths.	Cases Deaths.		
Scarlet fever ..	35 1	12 0	11 0	12 2	5 0	5 0	5 0	0 0	13 0	15 0	21 0	32 1	5 1	38 2	29 7	3.34
Typhoid fever	12 0	4 0	4 0	6 0	2 0	2 0	16 0	6 0	1 0	2 0	6 2	6 1	1 0	0 0	68 3	4.41
Erysipelas ..	2 0	4 0	14 1	6 1	10 1	5 0	3 0	2 0	1 0	1 0	2 0	4 0	3 0	3 0	55 3	5.45
Diphtheria ..	1 0	0 0	8 1	3 1	1 1	1 0	0 0	0 0	1 0	0 0	4 1	7 1	0 0	4 0	30 5	16.66
Small-pox ..	2 0	5 3	1 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	8 3	37.50
Puerperal fever	0 0	1 1	1 1	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	2 2	100.00
Continued fever	0 0	0 0	0 0	0 0	0 0	0 0	5 0	0 0	0 0	0 0	0 0	2 0	0 0	0 0	7 0	
Totals .....	52 1	26 4	39 3	27 4	18 2	13 0	29 0	8 0	16 0	18 0	33 3	51 3	9 1	45 2	384 23	
Phthisis .....	3	6	4	5	11	2	0	1	6	9	2	7	5	7	68	

The prevention of the spread of such diseases is of first-rate importance to the community, and the duty of providing suitable accommodation has been placed by the Legislature on the various urban and rural sanitary authorities in order that there should be no delay in the isolation of cases, in case of an epidemic arising within their jurisdiction. It is true that in some cases isolation can be carried out at home, but it is equally true that in the majority of cases adequate isolation cannot be said to exist. At present there is no provision for cases that cannot be isolated at their own homes or that may desire isolation. Undoubtedly in small communities the provision of an isolation hospital is a matter for serious consideration, but it is not insuperable. The simplest type of isolation hospital must comprise 3 separate buildings; 1, the administration block; 2, a block for patients; and 3, the wash-house, mortuary, and disinfection house block. These 3 buildings may be regarded as the nucleus or irreducible minimum of an isolation hospital. The accommodation to be effectual must be in readiness before the advent of an epidemic, too often the provision of it is left until such a time as a disease has obtained an extensive hold upon a place, and then money is lavishly expended in erecting some temporary accommodation, under the influence of panic; but any accommodation so provided will seldom be well fitted for the future requirements of the district. Infectious diseases should not be left to be dealt with by such temporising measures; they cause needless expense and entail much extra labour and anxiety upon those concerned with their administration. They ought not to take the place of more permanent provision, but may often form a very useful adjunct. The amount and character of the accommodation required will depend upon the locality, the character of the population, and other local circumstances, so that each case must be decided upon its own merits.

The provision of a suitable site has been one of the main difficulties, and it is one that still requires solution. There ought not to be any difficulty in this matter, and I can only think it arises from a fear of infection attacking persons living in the immediate neighbourhood of such a hospital. Experience has shewn that in well-administered hospitals having an open space of some 40 feet between the hospital wards and any neighbouring thoroughfares or dwellings, no risk of the spread of infection from scarlet fever, typhus and enteric fever need be apprehended.

### **Compulsory Removal of Infectious Cases.**

As doubts have been expressed as to the powers of the Council, might I point out that the section which governs

"compulsory" removal of infectious cases is Section 124 of Public Health Act, 1875. It states that where a suitable hospital exists, any person suffering from any dangerous infectious disorder and who is without proper lodging or accommodation, that is, cannot be properly isolated at home, may be removed by order of a Justice to such hospital at the cost of the local authority. A medical certificate is necessary and the formal consent of the superintending body of the hospital. If a person is in a common lodging house he may be removed with similar certificates by order of the local authority.

### **Ordinary Sanitary Operations.**

Under this head I may briefly refer to certain sanitary improvements that have been made during the year. A new flushing tank was constructed for Milton Alley and the central section of Castlegate. A new urinal has been constructed with white enamel glazed brick and floor in concrete in Chapel Lane. The public urinals throughout the district have had attention. The sewers throughout the district have been regularly flushed, and the accumulations about the sewer mouths removed, and the mouth of the Hawkswells Lane sewer has been further extended. The sewer from Broughton Rise in the Upper Newbiggin section having become blocked was found on inspection to be broken in for several yards, the 8 inch sanitary pipes having been crushed by a steam-roller or traction engine. Such portion of damaged sewer has been renewed and placed in cement concrete.

### **Drainage.**

Several improvements to house and yard drainage have been carried out. There should be careful inspection and flushing of the house drainage especially during the warmer months of the year, such measures systematically undertaken often lead to the detection of faulty or blocked drains, and at the same time tend to prevent disease.

### **Nuisance Abatement.**

The Schedule of Nuisances investigated and dealt with during the year 1905 as required by the Local Government Board will be found in the Appendix.

### **Disinfection.**

The portable disinfector (Thresh) has been in use 20 times during the year for cases of Scarlet Fever, Diphtheria and Tuberculosis. I am glad to note that the use of thorough disinfection is beginning to be recognised in tuberculous diseases.

### **Water Supply.**

The water supply to the district continues to be satisfactory.

## APPENDIX.

Schedule of Nuisances for Year ended Dec. 31st, 1905.

Description of Nuisance.	Number reported.	Number abated.	No. promised abatement.	Number in Abeyance	Total.
Asphalte (defective) .....	3	1	2	..	3
Buildings (dangerous) .....	6	..	2	4	6
Do. (insanitary) .....	1	..	..	1	1
Gullies do .....	1	..	1	..	1
House Drains (defective) .....	4	3	1	..	4
Overcrowding .....	1	1	..	..	1
Piggeries (insanitary) .....	1	1	..	..	1
Privies (insanitary) .....	3	..	2	1	3
Sinks (defectively trapped) .....	4	3	..	1	4
W.C. do. ....	2	2	..	..	2
Totals .....	26	11	8	7	26

ROBT. RICHARDSON,

*Sanitary Inspector.*

.....

## THE FACTORY & WORKSHOP ACT, 1901.

During the year the various factories and workshops throughout the district have received attention, and have been found generally to be kept in conformity with the Act above quoted, the few exceptions being attended to after having been pointed out to their respective owners. The total number of inspections made is 124, written notices none, prosecutions none. The sanitary defects include one case of want of ventilation, and one case of defective sanitary accommodation. There are no factories or workshops employing forty persons, and there are no underground bakehouses. The total number of workshops on the register is 42. The register and other books relating to the Act are kept by the Sanitary Inspector.

