

**[Report 1908] / Medical Officer of Health, Okehampton R.D.C.**

**Contributors**

Okehampton (England). Rural District Council.

**Publication/Creation**

1908

**Persistent URL**

<https://wellcomecollection.org/works/ek9h95ee>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

**Annual Report**  
OF THE  
**Medical Officer of Health**

TO THE  
**OKEHAMPTON DISTRICT COUNCIL,**  
ACTING AS THE  
**RURAL SANITARY AUTHORITY.**

---

---

**1908.**

---

---

EXETER :  
PRINTED BY W. CHUDLEY & SON  
11 & 12, SOUTH STREET.



Digitized by the Internet Archive  
in 2018 with funding from  
Wellcome Library

# To the Okehampton District Council.

---

## ANNUAL REPORT

OF

### Medical Officer of Health, 1908.

---

GENTLEMEN,

The lapse of another year again renders it necessary for me to present you with my report for the year just passed, and in so doing I will follow out in order the various points laid down in the Memorandum of the Local Government Board.

The Okehampton Rural District is situated about the centre of the County and has an area of 114,566 acres. It comprises 27 parishes, with a population of 13,211 at the last census. As regards its physical features—taking the high ground of Dartmoor as a centre, the ground gradually slopes in direction as one goes further from the Moor—the District generally is some hundreds of feet above sea level. It is well watered, mainly by streams that arise on Dartmoor and flow towards the North; the Teign, however, runs towards the South.

Geologically, the greater part of the District is on the carboniferous rock (culm measure), a portion is on the granite boss of Dartmoor, while a thin tongue of new red sandstone passes from East to West through about two-thirds of its distance.

POPULATION.—This may be looked upon as mainly agricultural, the chief exception being a copper mine industry in South Tawton parish, employing about 40 men; a quarry worked by the London and South Western Railway in Okehampton parish, which employs 120 men; and a woollen factory at North Tawton, employing 120 males and females.

HOUSE ACCOMMODATION.—In the larger part of the District the house accommodation is ample, as the population in most of the villages is declining. In a few parts, however, there is a lack of cottages, *e.g.*, Chagford and Belstone. As regards the fitness of the cottages, most of them are old; but as a good deal of work has been done by your Authority in recent years, most of them are in very fair condition. There are still a few left, however, which must be classed as very poor, and possibly would merit closing if more decent cottages were available.

At your meeting in January orders were given to the Sanitary Inspector and myself to make a house-to-house inspection of the District and report the results at your monthly meetings. We have completed about two-thirds of the District, and hope to complete the survey in the present year—a rate of progression which I think is quite fast enough.

Detailed notes as regards the structure of the house, its accommodation, number of inhabitants, water supply, and facilities for dealing with waste products, are the main things noticed, and will prove useful for future reference. The main things where action has been necessary are the substitution of cement floors for the old pebble paving, which existed, roughly, in about 20 per cent. of the cottages; and the provision of pail-closets in the place of old privy pits.

So far, only two cases of overcrowding have been found of which we were not previously aware—a fact which speaks well for the Sanitary Inspector.

In the smaller villages there is ample air space around the houses, and even in the larger villages the cases of insufficient air space are not numerous; but some exist in Hatherleigh, North Tawton, and Chagford.

Since the beginning of the year the erection of new houses comes under the bye-laws: plans have to be submitted and the houses inspected by the Sanitary Inspector before a certificate is granted.

Only one house has been condemned under the Housing of the Working Classes Act. I am afraid the result cannot be looked upon as entirely satisfactory, as the family was obliged to emigrate to a neighbouring city.

The whole subject of housing of the working classes has been dealt with in previous reports, and it has been pointed out that the great difficulty exists in reconciling the cost of cottage construction with the small rent that the agricultural or general labourer can afford to pay.

**WATER SUPPLY.**—Most of the larger villages and some of the smaller ones are supplied with water from an outside source; with one exception (Hatherleigh, where an oil engine is used for pumping purposes) the supply is brought in by gravitation. The source of these supplies is generally from springs, no river water being used as a source of supply.

The augmentation of the water supply for North Tawton, after hanging on for a number of years, now shows signs of soon being accomplished.

A scheme for the supply of the village of South Zeal from springs on Dartmoor has been worked out by the Sanitary Inspector, and on application being made to the Local Government Board for a loan, a public inquiry was held by Dr. Brightmore, one of the Board's Inspectors. The scheme, with one or two minor alterations, has been sanctioned.

There are still two or three fair sized villages (Drewsteignton, Exbourne, and Sourton) still dependant on village pumps. In each of these cases the Sanitary Inspector and myself have made examinations of the surroundings to see if an outside supply can be brought in, but as regards Drewsteignton and Exbourne we could find no source which could be utilised except at a prohibitive cost. Sourton could be supplied, but at a parish meeting which the Sanitary Inspector and myself attended it was decided to go on as before and use the present supply, which is of good quality but at a distance.

Attention is given to the village wells and possible sources of pollution rectified.

There were very few complaints of scarcity of water during the past year. North Tawton and Drewsteignton appear to have been the worst off.

**PLUMBO SOLVENT ACTION OF WATERS.**—During the year four wells, yielding waters which acted on lead pipes, have been discovered and rectified—one each at Drewsteignton, Beaworthy, Ashbury, and Germansweek. As is usual, the waters were of a soft character and of good organic purity. I have very little doubt that many of the private well waters do act on lead short of taking up sufficient of the metal to cause definite symptoms in the consumers; but, short of distinct symptoms, lead does act harmfully on the bodily health.

One or two cases of zinc in water (derived from the galvanised pipe along which it flows) have been met with during the year. Although very undesirable, it does not exert such a poisonous effect as lead.

**MILK SUPPLY.**—This is derived from local sources, and as it leaves the cow may be classed as of excellent character. There is, however, room for a considerable amount of improvement in the condition of some of the cowsheds. The milkshops and dairies have received a good deal of attention, with the result that they are far more satisfactory than they were. Very little milk is sent outside the District, three dairies supplying the Borough of Okehampton, and one sends milk to Exeter. These are frequently inspected and are generally satisfactory.

Tuberculosis in cattle is very rare in this neighbourhood, according to the local veterinary surgeons. Certainly it is most rare to find it in animals which have been killed in slaughter-houses.

The slaughter-houses have received much attention, and in all (with one exception, for which a summons has been obtained) structural alterations have been made, chiefly as regards the flooring, walls, and drainage. I think they may be looked upon as far above the average of rural districts.

The meat is inspected on our visits to the slaughter-houses. No case of condemnation has been necessary during the year.

**SEWERAGE AND DRAINAGE.**—Most of the larger villages are provided with satisfactory sewerage, some of very recent construction. The village of Spreyton is, however, badly off in this respect. Improvement is wanted at Broadwoodkelly. South Zeal also is defective, but can await the completion of the water scheme.

The general method of sewage disposal is by irrigation on land. The amount of sewage from the smaller villages is, however, very small indeed, and often practically little but rain water, as domestic slops are utilized on the gardens.

No complaint of the sewage disposal of the larger villages (Chagford, North Tawton, and Hatherleigh) have been made to me during the year. Chagford has been improved, North Tawton is very satisfactory, and Hatherleigh is fairly so, but requires more attention to be given to the proper distribution of the sewage.

**RIVER POLLUTION.**—The Borough of Okehampton has been guilty during the last two or three years of polluting the river Okement, but the Town Council is taking energetic action to remedy by proposing to carry out an extensive scheme by which the sewage will be carried nearly two miles further, on to a sufficient area of land. The sanction of the Local Government Board is to be asked. Apart from this case there is very little river pollution in our district.

**EXCREMENT DISPOSAL.**—In the larger villages a few of the houses are provided with water-closets, but the use of pail-closets is otherwise pretty general. A few of the old-fashioned privies still exist, but, owing to the action of the Sanitary Authority, become fewer every year. As a whole, the pail-closets are well looked after by the householder, and with reasonable attention they give rise to no nuisance.

**HOUSE REFUSE DISPOSAL.**—This is looked upon as the duty of the house occupier; it, however, needs the constant supervision of the Sanitary Inspector, although year by year a marked improvement is noted.

We have no common lodging-houses in the District, and there are no offensive trades.

**ELEMENTARY SCHOOLS.**—These are frequently visited. The school at Highampton is being taken in hand by the County Council, as it is unsatisfactory.

The flushing arrangements at Bridestowe and Exbourne schools require improvement. The school at Bondleigh (as also the Schoolmistress's house) has an unsatisfactory water supply. I know of no school where there is overcrowding. In several cases the playgrounds would be better by using cement or asphalt.

**INFECTIOUS DISEASE.**—On notification of a case of infectious disease the house is visited by the Medical Officer of Health and enquiries made into the origin of the disease, and precautions advised to prevent spread. Where necessary, disinfectants are supplied by the Authority.

We have no Isolation Hospital, but the reduction in our infectious disease rate during several years past will compare very favourably with districts which are provided with such hospitals.

Disinfection is carried out on the termination of infectious cases either by the use of sulphur dioxide or formalia. Stress is laid on the thorough cleansing of the rooms and their contents.

**TUBERCULOSIS.**—In my annual report for 1901 I gave statistics showing the death-rates for each of the parishes in our District from pulmonary tuberculosis for the previous twelve years. The rate varied considerably—from 0 up to 2·3 per 1,000. From the statistics of recent years I believe the rates of the various parishes are altering, no doubt due to the smallness of the figures with which we have to deal. Record is, however, being kept for future report.



Tuberculosis has not been notifiable so far in our District, but from the beginning of the new year it is compulsory on the part of the District Medical Officer to notify cases which may occur under the Poor-law.

For the past few years we have disinfected houses after fatal cases of the disease, and also where we have known houses to have been tenanted by tubercular cases.

The only place in the District for the accommodation of the sick is in the Workhouse Infirmary, but in a few cases the Guardians have sent patients to Didworthy Sanatorium.

In the early part of the year my advice was asked as to the question put by the County Council as to the provision of a County Sanatorium. To this scheme I certainly am opposed, believing as I do that as good, if not better, results can be obtained by less expensive means. In England, Consumption has been diminishing as a cause of death for several decades past, and this diminution has been associated with better social and sanitary surroundings of the people at large; and it is, I believe, in these directions that our hope in the future mainly rests.



## Infectious Disease.

**MEASLES AND WHOOPING COUGH.**—In the early summer these diseases simultaneously affected the Chagford Sub-District, the remaining part of the District remaining practically free. Unfortunately we have very little control over both of them ; but with due care on the part of the parents the mortality ought to be materially diminished.

**SCARLET FEVER.**—Isolated cases of the disease cropped up in North Tawton, South Tawton, and Inwardleigh, but in no case was there any spread. Towards the end of the year, though, the disease broke out in Bridestowe parish, involving, up to the end of the year, three houses, but in one of the houses there were four cases. As is usual in the present time, the disease is of a very mild type—in some cases so mild that there is difficulty in certifying the case.

**DIPHTHERIA.**—Only one case was notified, and that was in an isolated farm in Germansweek parish, right on the borders of our District. We had been free from the disease for two years, and although the child had attended Germansweek school, no case of the disease, nor even of simple sore throat, could be detected in the school. The sanitary surroundings of the house were very good. I heard that there were two or three cases of the disease in the neighbouring parish of Broadwoodwiger (Launceston District), so possibly the disease was carried from there. "Carrier cases," or persons who carry about the infection, though not themselves suffering from the disease, no doubt play a great part in many of these sporadic cases of diphtheria. The child recovered and the house was disinfected.

**ENTERIC FEVER.**—For the second year in succession no case of this disease was notified.

In Dr. Harvey's Summary of the Reports for South Devon in 1907 he gives a table showing the deaths from the six chief zymotic diseases for the previous ten years. By comparing our rate with these figures for the same period we can see where we fall short of our neighbours.

## ZYMOTIC RATE PER 1,000 (1898-1907).

	Measles.	Scarlet Fever.	Diphtheria	Whooping Cough.	Enteric Fever.	Diarrhœa.
S. Devon ..	·21	·03	·09	·19	·24	·09
Okehampton Rural ..	·10	·02	·07	·32	·11	·03

The comparison is favourable to us on the whole. In Enteric Fever and Measles we have only one-half the fatality, and in Infantile Diarrhœa only one-third. Both Scarlet Fever and Diphtheria are slightly less. In Whooping Cough, however, our fatality is more than double that of the figures given by Dr. Harvey.

Much could be done on the part of the mothers to reduce the fatality from whooping cough by avoiding chills. Young children are very susceptible to the influence of temperature, and it is by its complications of pneumonia and bronchitis that whooping cough mainly kills.

FOOD POISONING.—Three cases of food poisoning occurred in a house at Jacobstowe, one proving fatal. The matter was gone into very thoroughly and analyses made by the Public Analyst at Exeter, but with a negative result. So far as could be discovered, the only food partaken of by the three people affected was an egg, which, curiously enough, had a double yolk. Nothing wrong was noticed with the egg when it was consumed. The source of the poison still remains a mystery.

The following table gives the Infectious Diseases notified during the year and the parishes affected:—

Parish.	Scarlet Fever	Diphtheria.	Erysipelas.
Belstone ..	0	0	1
Bratton Clovelly ..	0	0	1
Bridestowe ..	6	0	0
Hatherleigh ..	1	0	0
Inwardleigh ..	1	0	0
Germansweek ..	0	1	0
Jacobstowe ..	0	0	1
North Tawton ..	2	0	0
South Tawton ..	1	0	0
Okehampton ..	3	0	0
Sampford Courtenay.	0	0	2
Totals ..	14	1	5

**MIDWIVES' ACT.**—All of the Midwives in the District have been visited by the Medical Officer of Health, acting under the instructions of the County Council. A report was forwarded to the County Council at Midsummer.

No case of puerperal fever was notified during the year, and the only complaint received was that a midwife had "laid out" the body of a person who had died from a non-infectious disease.

**INFANTILE MORTALITY.**—During the last five years our infantile death-rate has fallen; in none of the years did it reach 100 per 1,000. With a falling birth-rate throughout the country at large, more attention will have to be given to the health of children. The difference between the birth and death rates is becoming seriously narrowed from a national point of view.

**FACTORY AND WORKSHOPS ACT.**—Inspections have been made during the year. No unsatisfactory conditions were met with.

**INSPECTION OF THE DISTRICT.**—In addition to the detailed house-to-house inspection mentioned earlier in the Report the ordinary inspections were made by the Sanitary Inspector and myself, the results being brought forward at the monthly meetings of the District Council.

**WATER ANALYSIS.**—The usual number of samples of water have been examined, some as a matter of routine and others on the request of inhabitants.

No special Report has been called for during the year, but on two or three occasions Special Committees have been met to discuss local sanitary matters.

A Medical Officer of Health for the County has been appointed and ought to prove of great service by promoting a uniformity of action on the part of the various Sanitary Districts, as well as by serving as a centre from which the local Medical Officers of Health can obtain information and help.

REPORT OF MR. HUGH J. WARD, A.I.S.E.,  
SANITARY INSPECTOR.

---

Notices served	...	...	...	180
Nuisances abated	...	...	...	37
Drains laid and repaired	...	...	...	14
Houses repaired and lime-washed	...	...	...	22
Cement floors provided to cottages by notice	...	...	...	14
New closets provided	...	...	...	11
Closets repaired and fitted with pails	...	...	...	11
Dry closets converted to water-closets	...	...	...	5
New public-house urinals provided	...	...	...	2
Houses and schools disinfected	...	...	...	20
Visits to bake-houses	...	...	...	18
Visits to slaughter-houses	...	...	...	111
Slaughter-houses repaired and altered to conform with Bye-laws	...	...	...	14
Visits to dairies and cow-sheds	...	...	...	65
Dairies and cow-sheds repaired to conform to regulations	...	...	...	14
Schools visited	...	...	...	20
New houses certified as to water supply	...	...	...	8
Private water supplies repaired and protected	...	...	...	7
Building plans received and examined	...	...	...	16
Plans returned for amendment	...	...	...	8
Plans passed by Council	...	...	...	12

## Public Work.

**BELSTONE.**—Some alterations have been made to the sewerage system of this village during the year. The principal outfall has been extended 60 feet further away from the much-frequented common; a flushing drain and valve have been put down at the head of the system; and the outfall on Brenamoor also extended 100 yards.

**BROADWOODKELLY.**—The sewerage system of this village has become very defective, and I have reported to the Council on the matter. As a result a Committee has met and inspected and will make certain recommendations to the Council, which it is hoped will be carried out.

**CHAGFORD.**—The sewer outfall in Orchard Meadows has now, we believe, been made permanently satisfactory. Favourable terms have been made with the owner of the land whereby surface irrigation may be uninterruptedly carried out. The filter-beds have been fenced and pine trees are to be planted in order to hide the tanks from view. No complaints have been received during the year.

**DREWSTEIGNTON.**—It having been found by the Medical Officer of Health that the chief well-water of this village took up lead from the pump and suction pipe, a new brass-lined iron pump and suction pipe have been fixed.

**SOUTH ZEAL.**—The scheme which I have proposed to provide this village with a new water supply, at a cost of £1,100, has, with a few small alterations, been approved by the Local Government Board, and it is expected that the work of construction will be commenced early in the spring.

**REPAIRS, &c.**—At Broadwoodkelly the public pump has been fitted with a new oak case and iron work. The pumps at Iddesleigh, Sandy Park, South Zeal, and Monkokehampton have also been repaired. The wells at Throwleigh and Monkokehampton have been cleaned out.

At Hatherleigh a new "vaporiser" has been fixed to the oil-engine which works the water-pump.

Various small repairs to drains and water supplies have been done where necessary throughout the District.

## Vital Statistics.

---

POPULATION AT CENSUS 1901 ...	13,211
ESTIMATED POPULATION 1908 ...	13,000

---

**BIRTHS.**—244 births were registered—127 males and 117 females—giving a rate of 18·7 per 1,000. This rate is far lower than I have previously recorded.

**DEATHS.**—Including deaths of persons in the Workhouse, who entered from our District, the figures are:—Males, 94; females, 102—total 196, giving a death-rate of 15·1 per 1,000. This rate includes visitors who came into the district suffering from fatal disease.

The death-rate is slightly higher than the previous 10-year average.

The following table gives the births and deaths of the various sub-registration districts, the deaths in the Workhouse being allotted to their proper districts:—

SUB-DISTRICTS	Estimated Population, 1908.	BIRTHS.				DEATHS.			
		Males.	Females.	Total.	Rate per 1000.	Males.	Females.	Total.	Rate per 1000.
Bratton Clovelly ..	1580	11	16	27	17·0	9	16	25	15·8
Chagford ..	2420	29	18	47	19·4	19	22	41	16·9
Hatherleigh ..	2800	24	30	54	19·2	23	19	42	15·0
Okehampton ..	1880	25	16	41	21·8	16	11	27	14·3
Tawton ..	4320	38	37	75	17·3	27	34	61	14·1

**INFANTILE DEATH-RATE.**—There were 18 deaths of infants under one year, giving a rate of 73 per 1,000 births. This is below the average.

ZYMOTIC DEATH-RATE.—This equals 0·38 per 1,000, and is satisfactory. It is made up of deaths from following diseases:—Measles 2, Whooping Cough 2, Diarrhœa 1.

CONSUMPTION.—Nineteen deaths were due to this disease. The highest rate was in the Chagford Sub-District. Okehampton was free.

INFLUENZA.—There were 12 deaths—a larger number than in previous years, and mainly at the extremes of life.

BRONCHITIS.—This disease caused 25 deaths. Okehampton and Chagford had the highest rates and Bratton Clovelly the lowest.

HEART DISEASE.—Twenty-six deaths, 18 of which were in persons over 65 years of age. Bratton Clovelly had the largest incidence.

CANCER.—No less than 16 deaths were due to this disease. They were pretty evenly distributed throughout the district.

PUERPERAL.—No death was due to child-birth.

Two deaths were due to accident and 2 were suicidal, both of the latter occurring in the North Tawton Sub-District.

Appended are the various tables supplied by the Local Government Board.

I have to thank Mr. HAWKEN, the Clerk to the Authority, and Mr. WARD, the Sanitary Inspector, for much help during the year.

I remain, Gentlemen,

Your obedient servant,

EDWARD H. YOUNG, M.D., D.P.H.,  
*Medical Officer of Health.*



**TABLE I.**  
**Vital Statistics of Whole District during 1908 and previous Years.**

YEAR.	Population estimated to Middle of each year.		Births.		Total Deaths registered in District.				Total Deaths in Public Institutions in the District.	Deaths of non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Nett Deaths at all Ages belonging to the District.	
	2	3	Number.	Rate.*	Under 1 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	
1898	13,500	319	23.6	34	106.0	211	15.6	0	0	4	215	15.9	
1899	13,406	297	22.1	35	117.0	203	15.2	0	0	17	220	16.4	
1900	13,300	277	20.7	23	83.0	212	15.9	1	1	5	217	16.3	
1901	13,200	285	21.5	27	94.7	172	13.0	1	1	5	176	13.3	
1902	13,200	302	22.8	43	142.0	194	14.6	0	0	8	202	15.3	
1903	13,150	302	22.9	31	102.0	184	13.9	1	1	5	188	14.2	
1904	13,100	276	21.0	26	94.2	177	13.5	1	1	6	182	14.0	
1905	13,100	292	22.2	19	65.0	174	13.2	1	1	7	180	13.7	
1906	13,100	290	22.1	28	96.5	157	11.9	1	1	7	163	12.4	
1907	13,000	282	21.6	21	74.4	182	14.0	0	0	9	191	14.6	
Averages for years 1898-1907	13,205	292	22.0	28	97.4	186	14.0	0.6	0.6	7.3	193	14.6	
1908	13,000	244	18.7	13	73.0	187	14.3	1	1	9	196	15.1	

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

## NOTES TO TABLE I.

Area of District in acres (exclusive of area covered by water), 114.566.

Total Population at all ages ... } 13,211 (at Census of 1901).  
 Number of Inhabited Houses ... }  
 Average Number of Persons per House }

I.	II.
Institutions within the District receiving sick and infirm persons from outside the District.	Institutions outside the District receiving sick and infirm persons from the District.
Halwill Cottage Hospital.	Okehampton Workhouse.

Is the Union Workhouse within the District?—No.

**TABLE II.**  
**Vital Statistics of Separate Localities in 1908 and previous Years.**

Names of Localities.	BRATTON CLOVELLY.				CHAGFORD.				HATHERLEIGH.				OKEHAMPTON.				TAWTON.			
	Population estimated to middle of each year	Births registered	Deaths at all Ages	Deaths under 1 yr.	Population estimated to middle of each year	Births registered	Deaths at all Ages	Deaths under 1 yr.	Population estimated to middle of each year	Births registered	Deaths at all Ages	Deaths under 1 yr.	Population estimated to middle of each year	Births registered	Deaths at all Ages	Deaths under 1 yr.	Population estimated to middle of each year	Births registered	Deaths at all Ages	Deaths under 1 yr.
YEAR.	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
1898	1620	33	24	3	2510	62	36	5	2950	75	54	9	1890	37	26	3	4380	95	58	11
1899	1610	46	25	3	2490	48	45	10	2920	72	46	5	1890	46	38	9	4380	93	61	11
1900	1610	32	32	7	2470	57	39	1	2890	71	45	6	1890	46	32	7	4360	83	68	9
1901	1600	23	21	2	2450	59	27	3	2880	71	40	8	1880	35	27	4	4340	82	65	9
1902	1600	48	17	4	2450	54	32	9	2880	61	46	10	1880	45	30	5	4340	86	54	9
1903	1600	40	24	5	2440	64	25	5	2860	69	35	5	1880	41	22	3	4340	99	59	13
1904	1600	36	18	2	2430	56	27	4	2850	67	45	7	1880	39	26	2	4320	90	67	8
1905	1600	40	21	2	2430	60	32	1	2850	61	37	2	1880	41	22	3	4340	99	59	13
1906	1600	25	25	3	2430	61	32	6	2850	61	25	3	1880	39	26	2	4320	90	67	8
1907	1580	30	17	2	2420	58	37	6	2800	65	44	3	1880	41	22	3	4340	99	59	13
Averages of Years 1898-1907	1602	35	22	3.3	2452	58	33	5	2873	67	41	5.8								
1908	1580	27	25	2	2420	76	41	2	2800	54	42	4	1880	41	27	7	4320	75	61	3

DISTRICTS RE-ARRANGED.

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

Notifiable Disease.	Cases Notified in Whole District.					Total Cases Notified in each Locality.							No. of Cases removed to Hospital from each Locality.																									
	At all ages	At Ages.—Years.				65 and upw'd	1	2	3	4	5	6	7	1	2	3	4	5	6	7	8																	
		Under 1	1 to 5	5 to 15	15 to 25																	25 to 65																
Diphtheria (including Membranous croup)	1	..	..	1	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..					
Erysipelas	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Scarlet Fever	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	20	1	7	8	4	..	2	..	3	9	6	..	2	..	3	9	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

Isolation Hospital—None

**TABLE IV.  
Causes of, and Ages at, Death during Year 1908.**

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 District.							Total Deaths whether of "Residents," or "Non-Residents" in Public Institutions in the District.
	All ages	Under 1 year.	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards.	9	10	11	12	13	14	15	
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Measles	2	..	2	..	..	..	..	..	2	..	..	..	..	..	..
Whooping Cough	2	..	2	..	..	..	..	..	1	1	..	..	..	..	..
Epidemic Influenza	12	1	..	..	..	4	7	4	1	3	2	2	..	..	..
Diarrhoea	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis (Pulmonary Tuberculosis)	19	2	1	1	4	11	..	1	..	3	1	..	..	..	..
Cancer, malignant disease—See Notes	16	..	..	..	..	9	7	2	6	4	2	4	..	..	..
Bronchitis	25	4	2	..	1	4	14	1	8	4	7	5	..	..	..
Pneumonia	2	..	..	..	1	..	1	1	..	1	..	..	..	..	..
Premature Birth	3	3	..	..	..	..	..	1	..	1	..	..	..	..	..
Heart Diseases	26	..	..	..	..	8	18	6	4	5	4	7	1	..	1
Accidents	2	..	..	..	..	1	1	..	..	1	..	1	..	..	..
Suicides	2	..	..	..	..	2	..	..	..	..	..	..	..	..	..
Acute Rheumatism	1	..	..	..	..	1	..	..	1	..	..	..	..	..	..
Diabetes	2	..	..	..	1	..	1	..	..	2	..	..	..	..	..
All other Causes	81	7	6	2	1	15	50	9	14	17	11	30	..	..	..
All Causes	196	18	13	3	8	55	99	25	41	42	27	61	..	..	1

## 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-column 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 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, Sapræmia, Pelvic peritonitis, Peri- and Endo-Metritis occurring in the Puerperium.
- (g) Under "Congenital Defects" in Table V. are to be included deaths from Anteclastasis, Iceterus neonatorum, Naval 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.

EDWARD H. YOUNG, M.D., D.P.H.

*Medical Officer of Health.*

TABLE V.  
INFANTILE MORTALITY DURING THE YEAR 1908.

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 Mhs	2-3 Mhs	3-4 Mhs	4-5 Mhs	5-6 Mhs	6-7 Mhs	7-8 Mhs	8-9 Mhs	9-10 Mhs	10-11 Mhs	11-12 Mhs	Total deaths under One Year.
All Causes { Certified .. Uncertified ..	5 ..	.. ..	.. ..	1 ..	6 ..	2 ..	5 ..	.. ..	.. ..	2 ..	.. ..	2 ..	.. ..	.. ..	1 ..	.. ..	18 ..
Diarrhoea, all form	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Premature Birth	3	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	3
Congenital Defects.—See Notes	1	..	..	..	1	..	1	..	..	..	..	1	..	..	..	..	3
Atrophy, Debility, Marasmus	1	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	2
Other Tuberculous Diseases	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	2
Convulsions	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	2
Bronchitis	..	..	..	1	1	..	2	..	..	..	..	1	..	..	..	..	4
Other Causes	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
	5			1	6	2	5			2		2			1	2	18

Population (estimated to middle of 1907) ... 13,000.  
 Births in the year { legitimate ... 233. Deaths in the year of { legitimate infants ... 17.  
 illegitimate ... 11. illegitimate infants ... 1.  
 Deaths from all Causes at all Ages ... 196.

*FACTORIES, WORKSHOPS, WORKPLACES AND  
HOMEWORK.*

**1.—INSPECTION.**

Including Inspections made by Sanitary Inspectors or Inspectors  
of Nuisances.

Premises. (1).	Number of Inspections. (2).	Number of Notices. (3)
Factories— Including Factory Laundries	3	
Workshops— Including Workshop Laundries	22	
Total ..	25	

**2.—DEFECTS FOUND.**

Particulars. (1)	Number Found. (2)	Number Remedied. (3).
Nuisances under the Public Health Acts :—  Sanitary Accommodation— unsuitable or defective		
Total ..		

**3.—REGISTERED WORKSHOPS.**

Woollen Factory ... ..	...	...	1
Small Shops where Work is done	...	...	18
		—	
Total number of Workshops	...	...	19



