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Ripley Urban District Council.

DR. EDWARD GAYLOR'S

THIRTY-SECOND

ANNUAL REPORT

As Medical Officer of Health,

FROM JANUARY 1ST TO DECEMBER 31ST, 1905.

RIPLEY, DERBY:

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To the Ripley Urban District Council.

GENTLEMEN,

I now present my Thirty-second Annual Report dealing with the General Sanitary condition of your District, and the vital statistics for the year 1905.

There has been a *decrease* in the total mortality for the year 1905 as compared with 1904.

The total number of deaths from all causes in 1904, was 156.

The total deaths for 1905 is 144.

There has been an *increase* in the notifications of Infectious Disease, and also in the number of admissions to the Isolation Hospital.

Starting with the Census year, 1901, the following Notifications are given for each year:—

1901	...	...	46
1902	...	...	50
1903	...	...	49
1904	...	...	68
1905	...	...	89

Table III. shows that these 89 cases notified were made up as follows:—

Scarlet Fever	...	70
Erysipelas	...	9
Diphtheria	...	6
Enteric, or Typhoid Fever		4
		—
		89

Of these 70 cases of Scarlet Fever, 61 were between the ages of 1 and 15 years.

There were 34 admissions to the Isolation Hospital, 31 being for Scarlet Fever, and 3 for Enteric, or Typhoid Fever.

Of the 144 Deaths during the year 1905, 85 were males, and 59 were females, and the total Death Rate for the whole District was 13.72 per 1,000, and this may be looked upon as being very satisfactory.

The total number of deaths from the principal Infectious Diseases were Scarlet Fever 4, Diphtheria 3, and Typhoid Fever 2.

There were also 3 deaths registered from Measles, and although this Disease is the most Fatal Disease of Childhood, it is a Disease which is not much affected by Sanitary work.

The Mortality of Measles is much greater in Infancy and early Childhood than at a later age.

The susceptibility to this Disease is very much less after 5 years of age, and every year after that age adds to the insusceptibility period.

It is Infectious at a very early age and difficult of detection in its earliest stages.

SCARLET FEVER.

Seventy cases of this Disease were notified in 1905, as against 43 in 1904.

Of these 70 cases of Scarlet Fever, 31 cases were admitted to Hospital.

In 1904, 23 cases were admitted to Hospital.

Table III. will show that the Disease existed in the following parts of the District:—Ripley 46 cases, Waingroves and Pease Hill 13, Marehay and Street Lane 10, Butterley Park 1.

Four deaths were registered from Scarlet Fever during the year, viz., Female, 8 years, died in Moss Lane, Ripley, and a Female, 27 years, in Havelock Street. This was a case of Scarlet Fever and Pneumonia after Confinement.

The other 2 Deaths occurred at the Isolation Hospital—Male, 4 years, from Victoria Street, Greenwich, and a male, 4 years of age, from Derby Road, Marehay.

The greater number of these Scarlet Fever cases were of a very mild type, and if Isolation had been possible at their homes, there would have been no necessity to have removed them to the Isolation Hospital.

The County Medical Officer, in his Annual Report, expresses the opinion that mild cases of Scarlet Fever need not be sent to Hospital.

If certain difficulties could be overcome I should agree with him. I have always said that the removal to Hospital of these very mild cases of Scarlet Fever was a very expensive kind of treatment.

There are not many cottages where any sort of Isolation could be possible, and if the patient remains at home, I am afraid the neighbours would visit the house, and be another means of disseminating the disease.

I know it often happens that when a child begins to complain of illness the neighbours residing in the same block are asked to come in and help to decide what is the matter with the sick child, and eventually it is discovered to be Scarlet Fever, and these neighbours with families have been in and out this infected house three or four times and, of course, mixed up with their own family.

Very few of certain class of cottagers have any idea of nursing a case of Scarlet Fever, and if they did, the parent would not only have to nurse the patient but also to provide the meals for the rest of the family, and would be constantly leaving the infected room, neglecting the fever patient, and taking the disease all over the house.

In many mild cases of Scarlet Fever the patient feels tolerably well after a few days, and yet they are in an infectious condition, and they would leave the bed-room, and mix up with the other members of the family. There would be great difficulty in keeping them isolated for the minimum period of six weeks.

There is also the difficulty with the employers of labour, and very often, with the breadwinner's fellow-workmen.

Both parties object to have workmen from an infected house, so that keeping mild cases of scarlet fever at home would, in many instances, cause great expense, and very possibly would, in a certain degree, manufacture pauperism.

On the other side of the question, Isolation Hospitals are very costly Institutions, and beds occupied by these mild fever cases are often wanted for more serious forms of the disease.

Another consideration is, whether it would cost less money to pay the workman his wages, or provide him with lodgings away from the home, while the disease exists in his house, than the expense of at least six weeks' residence in the Hospital and the cost of conveying the patient there.

Another difficulty about Cottage Isolation is that many houses have no fireplaces in the bedrooms, and this fact would be a strong objection both to the patient's condition and welfare, and also to the comfort of the nursing attendant.

The diet of a scarlet fever patient is very important, and the preparation of the food requires intelligent judgment, beside the utmost cleanliness of the cooking utensils.

Table III. shows that 23 of the scarlet fever patients were BETWEEN THE AGES OF ONE AND FIVE YEARS, and 38 between FIVE AND FIFTEEN YEARS, making a total of 61 cases of scarlet fever at what may be called infancy and school age.

The cases removed to Hospital were 18 from Ripley, 7 from Waingroves and Pease Hill, and 6 from Marehay and Street Lane.

The total number of deaths registered from scarlet fever in England and Wales during the year 1905 was THREE THOUSAND SEVEN HUNDRED AND SEVENTY-EIGHT.

This is a great reduction in the total number of deaths from this Disease, and is evidence of the mild type of the Disease.

The Old Malignant Scarlet Fever is of very rare occurrence.

The first case was that of a girl 7 years of age, removed to Hospital, from Warmwell's Road, a very mild case.

The house had been recently erected and was fairly satisfactory.

There were cases of Scarlet Fever in the locality the last few weeks of 1904.

A boy three years old went to Hospital from a house on Derby Road, Marehay.

His brother had been discharged from Hospital about three weeks previously, and directly afterwards he had a bad discharge from his ear. These cases are very infective and, I think, discharges from the ear, nose, and throat, are much more likely to spread Scarlet Fever than what is called "The Peeling Stage."

A boy 5 years old had the Disease at a house on Norman Road, and Sanitary conditions were fairly satisfactory except that the inmates drank rain water from a tank situate in a garden, the mouth of the tank being on the ground level.

I advised water to be laid on here.

At a public-house in Back Lane a married woman had the disease and remained at home, and was nursed by her adult daughter. The place was very clean and orderly and every precaution was being taken.

It was thought that the disease was brought here by a football club from a neighbouring town, but the disease showed itself directly after that event, and I explained I didn't think it had anything to do with it.

A girl, four years of age, went to Hospital from High Street, where the business of a butcher was carried on.

The slaughter house and yard here had been greatly improved since I reported upon it some time previously.

In other respects the place was fairly satisfactory.

On Cromford Road a young man, 19 years of age, went to Hospital. There was no history of the disease, except that he was a musician, and went to certain places every now and then, as part of his musical duties. The house and premises were quite satisfactory.

A boy, 9 years of age, had the Disease at a fishmongers in High Street. There was room enough to Isolate him at home, where he was nursed by his mother.

The premises were fairly clean and orderly, except that there was an old-fashioned midden with open ashpit. This was ordered to be remedied at once.

A second case occurred at an inn, on Pentrich Road. On this occasion the daughter, 17 years of age, had the Disease. She was nursed at home, and Isolated.

The premises were satisfactory.

At Waingroves 3 cases of the Disease occurred in two different houses. They each attended the Schools. I found nothing very insanitary, except one ashpit was dilapidated, and the other was quite open. Both houses had public water supply, but there are no sewers here.

At Marehay a young woman, 24 years of age, had the Disease in a mild form. The place was cleanly, but the town water wasn't laid on here, and drinking water was fetched from a pump in a yard across the road.

A third case of the Disease occurred at the inn on Pentrich Road. As before said, the premises here were scrupulously clean and orderly.

At Church Street, Waingroves, two children at the same house had the Disease, aged 6 and 3 years respectively.

The house was cleanly and premises satisfactory. A day or two after another child took the Disease, and the two younger children were taken to the Hospital, and the elder child was thought to be going on very well, but after a few days, certain symptoms showed themselves, and she died of what is known as Post Scarlatinal Diphtheria.

A little girl, 6 years of age, went to Hospital with mild Scarlet Fever.

The drinking water here was from a well sunk in the garden—very similar to the other wells at Waingroves,—the water of which I have condemned.

Two children, aged 2 and 4 years respectfully, had the Disease at a house in Wellington Street, Ripley. Both were nursed at home. They were mild cases of the Disease.

The ashpit here was of a very great depth and situate in such a cramped-up corner, that I pronounced it most difficult and unsuitable for its purpose, and for scavenging purposes a movable receptacle ought to be provided.

At Moss Lane, Ripley, a girl, 9 years of age, died at home of Scarlet Fever, on the 2nd of April, 1905.

She attended the National Schools. The premises were fairly satisfactory, and kept clean and in order.

Another child, 2 years of age, was taken to Hospital with same Disease.

At Church Street three cases of Scarlet Fever were removed to Hospital from a tobacconist's shop.

Two children, aged $5\frac{1}{2}$ and 2 years, were first removed, and three or four days after, a young woman, who had come from a distance to assist in the fever cases, succumbed herself to Scarlet Fever.

There was nothing objectionable by way of nuisances about the premises, but the back yard and surroundings are very much cramped up, and there can be no free current of air through the premises.

A young girl, 8 years of age, was taken to Hospital from a row of houses, situate on the road between Pease Hill and Waingroves.

The houses here had very damp walls, caused by the absence of rain water spouting. The paper was hanging loosely off the walls in certain places, both in the upper and lower rooms.

There are no sewers here.

At Church Street and Jessop Street, Waingroves, there are the following Scarlet Fever cases:—A young girl, 17 years; a boy, 3 years; a young man, 18 years; and his brother, 19 years, all of whom either attended the funeral of the little girl who died of Post Scarlatinal Diphtheria, in Church Street, or visited the house, or in one way or another came in close contact with the members of the family. All the above are in some way related.

As before said nothing very flagrantly objectionable exists in these localities, except that some of them drink water from shallow wells in the garden, and there is no proper sewers or drainage in the hamlet.

A boy, 3 years old, was on a visit here, but was removed to his home at Codnor the moment Scarlet Fever symptoms appeared.

At another house are two Fever cases, 13 years and 3 respectively.

The drinking water is fetched from a pump a short distance away. It has the reputation of being good water.

A child, 2 years old, had the Disease in Mosley Street. The drain from the sink-stone in the kitchen was connected with the main drain and the back-yard was very much out of repair and required re-paving.

There had been three cases of Scarlet Fever in this locality, but no direct connection.

At Havelock Street a married woman had what was thought to be influenza but in about ten days she was found to be "dequamating," and Scarlet Fever was notified.

Some few weeks previously she had been confined and hadn't seemed to quite recover. Eventually pneumonia set in and she died. There then came a peculiar difficulty. She was a poor woman and probably hadn't very largely of the requirements of a sick room, and after her decease there was some difficulty about the linen, etc., which was in the bedroom.

The doctor in attendance suggested these things should be destroyed, and though it was unusual to burn articles after cases of Scarlet Fever, and this was the first case which had required it for quite 30 years, it was done by the Sanitary Officer, and the whole place disinfected and cleaned.

The authority have power given them under the Public Health Act, to destroy infected articles, and as Medical Officer of Health, I gave a certificate for that purpose, and the proper party would be compensated.

Two cases of Scarlet Fever were removed to Hospital from Beighton Street.

The house and premises here were of modern construction, and very satisfactory.

Two other cases occurred at a house close to Victoria Street, and were Isolated at home.

The trade premises were satisfactory, but the house drains had the old-fashioned traps, and gullies were required.

A girl, 12 years of age, was isolated at home with Scarlet Fever. The case was a very mild one, and the house was fairly satisfactory, but the drain from the kitchen was defective. The house was in an isolated position at Butterley Park.

At a house in Victoria Street three cases of Scarlet Fever were removed to Hospital within a week.

The ages were 3, 4, and 5 years respectively.

The house and premises were fairly satisfactory. Two of the boys went to the National School. There was no history except that there had been two cases of Scarlet Fever at a house situate at the corner of the street adjoining, but there had been no communication.

In the case of the boy 4½ years old, his case developed while in Hospital, to a malignant form of the Disease, and he died in Hospital, about 8 days after admission.

A boy, 8 years old, was removed to Hospital from a house at Upper Marehay. The boy attended Street Lane School. The Sanitary arrangements in this particular locality had been very much improved, a result of a former report of mine, no satisfactory history could be got at.

In about ten days after this case a girl, 4 years of age, was taken to Hospital from a house in the same locality, and she attended Street Lane School. This was one of two houses situate in a short cul de sac kind of street.

There would be gardens here, and one closet for the use of both houses, at a good distance from the houses. There were pigs kept here, and the drainage was into a rude sort of sump, loosely covered.

There was no objection to the pigs, but the drainage arrangements could, in certain states of the atmosphere, pollute the air for some considerable distance. Of course this didn't cause the Scarlet Fever, but such a condition of things makes a good breeding ground for its continuance.

AT LOWER MAREHAY A BOY, 4 YEARS OF AGE, WENT TO HOSPITAL, AND DIED THERE A FEW DAYS AFTER.

The Disease assumed a malignant form. The premises here were very insanitary. There were three cottages here with open middens, and no water supply on the premises. The tenants fetched their drinking water from a tap some 20 yards away.

About a fortnight after this little boy went to Hospital, two other children, aged 6 and 14 years respectively, took the Disease, and were isolated and nursed at home.

At Upper Marehay a married woman had an attack of Scarlet Fever about a fortnight after her confinement. The neighbourhood is very insanitary, and this cottage had sash windows, which couldn't be opened, for want of the necessary cords. The drain had the useless D trap, and this was broken. The woman was nursed in the living-room downstairs.

At Lower Marehay a boy, 9 years old, had the disease, and was nursed at home, and there was an open midden here, which I ordered to be dealt with, as above. This house was situate only a few doors off in the same row where three other fever cases existed.

Two mild cases of scarlet fever occurred at Warmwell's Lane, aged 12 and 9 years respectively. They were nursed and isolated at home. The house was clean and orderly. The water supply was from a well on the premises. I condemned the water on a former occasion. After heavy rains the water becomes muddy, so that surface washings get into the well in some way.

Another case of fever occurred at the house in Upper Marehay. A girl, 6 years, came out of Hospital on December 2nd, and the following Saturday, December 9th, her sister out of the same house was taken to Hospital with the disease.

Two cases of fever were taken to Hospital from Mosley Street, aged 6 and 3 years respectively. There were sundry insanitary conditions on the premises which required attention.

A boy, aged 15 years, was nursed at home at Alfred Street, with a mild case of fever. The ashpit and closet here require attention. The next house was the same.

A boy, 6 years, went to Hospital from house in Bridle Lane. Traps to drain here were useless, and the scullery roof was out of repair, and spouting was required. The ashpit was deep, below ground level, and most awkward for scavenging.

A child, $2\frac{1}{2}$ years of age, was taken to Hospital from a house at Butterley Hill. The case was a mild one.

A boy, 5 years old, was taken to Hospital from Moss Lane, with a mild form of the disease.

At Wood Street a boy, 8 years old, was taken to Hospital with the disease. There were insanitary conditions on these premises. The disease was mild in form.

At Havelock Street a boy, 5 years old, had scarlet fever, and a good deal here wants attention. The premises are very insanitary.

At Leamington Street a girl, 6 years old, has scarlet fever. The drinking water here is from a small well situate in the garden, with a flat stone cover over it. It is not a very deep well, and is quite unprotected from surface water. Tenants let down their own buckets for water, which is always objectionable. The public water should be laid on to these houses.

A very mild case was at a house in a yard up High Street. The little girl, 5 years of age, was nursed at home. Several insanitary conditions exist on the premises, which require attention.

At a house situate near the Gas Works a little girl, 4 years old, was taken to Hospital. There is no ashpit here, and a heap of ashes and other house refuse is up in a corner of the yard.

The very many objectionable and insanitary conditions which existed in these localities and places infected with scarlet fever were given in detail in my Monthly Reports, and for the most were attended to.

There are many parts of the District which require constant inspection, and where owners of property do carry out sanitary improvements there needs constant supervision, as certain class of tenants do not care for cleanliness, and make very light of some of these infectious diseases, which they tell me Providence sends, and such things always have been, and always will be, and some of them, they say, you can only have once, so it is better to have it and done with.

There certainly requires a great deal doing with the flooring or paving of the backyards, which come up close to the house door. So many are paved with common bricks, which soak up all sorts of moisture, and breed countless microbes of disease. Warm sunny weather also acts upon these sloppy places, and they give off a sickly odour, and the whole surroundings create a susceptibility to many different diseased conditions, especially throat disease and tubercular affections, and are nursery grounds for the ailments of childhood.

DIPHThERIA.

This Disease appears to be involved in a good deal of mystery as to its causation, except that it is due to the presence of a peculiar bacillus, which is generally found to exist in the mucous tissues of the throat, and also at times in the lining membrane of the nose.

The mode of the discovery of the true bacillus is by taking swabs from the throat of the patient, and submitted to microscopical examination, which is the work of the specially trained bacteriologist.

The County Council pay the fee charged by the Birmingham University Research Committee for this purpose, who send their certificate as to whether the bacillus is discovered or not.

It appears there are cases of diphtheria where the bacillus has not been found in the swarbs from the throat.

On the other hand, this bacillus has been found in the throats of persons who have been in contact with the diseased persons, and yet who exhibit no symptoms of diphtheria, and though they themselves are immune, yet they can give the infection to others, so that they may be said to be not suffering from the disease, but are carrying diphtheria about with them.

It seems that the throat or nose must be in a certain condition to enable the poison generated by the bacillus to develop and probably destroy life, unless the antidote now known as anti-toxin, be at once administered for the purpose of neutralising its effects.

In 1893, the year before this disease was treated by anti-toxin, the mortality of persons suffering from diphtheria was at least over 30 per cent.

Since that time the average mortality in really bad typical cases of diphtheria has been reduced to about 7 to 10 per cent. This mortality is governed by the immediate administration of the Anti-toxin. Everyday's delay increases the mortality rate.

This Anti-toxin is expensive, and the poor can't avail themselves of this remedy, so that certain Councils have made arrangements to pay for a supply to the Medical Practitioners in their own neighbourhood.

The Belper Rural District Council passed the following resolution at their meeting on the 9th day of December last:—

“ That the Medical man resident and practising in this Rural
 “ District be informed that this Authority will repay the cost of
 “ administering Anti-toxin to patients, or other persons resident in
 “ the district in all cases where application is made for the same.
 “ It was further ordered that in cases where patients were found
 “ to be in a position to pay costs incurred, the same be recovered
 “ by the Council.”

It is probable that very insanitary conditions may have something to do with the production of the Disease, or in promoting its development, but the great channel of infection is direct contact from person to person, and in this way schools are disseminators of the Disease.

This is one reason why children with sore throats should be sent home from school, as it is quite possible that many of those sore throats are mild cases of Diphtheria.

I think it is not at all improbable that Diphtheria can be caused by dust.

There are certain other Diseases which are closely connected with dust. This may in some way account for the presence of Diphtheria Bacillus in the throats of persons, who have never had Diphtheria.

Dust is of a very nasty and objectionable character, especially in the neighbourhood of towns, where all sorts of organic matter from both man and animals has become dried and pulverised, and each minute particle of dust carries with it Baccili capable producing all sorts of Disease by its inhalation.

I think it is generally admitted that water is not a carrier of Diphtheria.

There have been six cases of Diphtheria notified, as occurring in the Ripley District during the year 1905, details of which are given below.

The three deaths which were registered from Diphtheria are as follows :—

- Male, 4 years of age, at Ripley.
- Female, 11 months of age, at Marehay.
- Female, 5 years of age, at Waingroves.

The case of Diphtheria at Ripley appears to have been very severe, as Tracheotomy was performed.

The Waingroves case was what is known as Post-Scarlatinal Diphtheria.

The total number of deaths from Diphtheria registered in England and Wales during the year 1905 was FIVE THOUSAND THREE HUNDRED AND FIFTY-NINE.

This Disease used to be looked upon as peculiar to large Urban populations, but it is now as much Rural as Urban, and is on the increase.

The first case was that of a little boy, 4 years of age, at Ivy Grove.

There was no history. The case was so severe as to necessitate operative measures, and the little fellow died from collapse.

The premises here were satisfactory, but great complaints were again made about the drain at the bottom of this street. It has been a regular cause of complaint for a long time.

A child, 11 months old, had the Disease, at Upper Marehay, and died.

The condition of this property, consisting of six houses, was very unsatisfactory, and required attention at once.

Another case occurred in Wood Street, at house forming one of a block of houses, situate down a yard.

A little girl, 4 years of age, had a mild form of the Disease. She had never been to school, and no history could be got at all.

The surroundings were very insanitary ; the ash-places were open, and situate a very short distance from the house doors, and the yard itself was badly paved and much out of repair.

At Mount Pleasant a young girl, 18 years of age, had an attack.

The case appeared a mild one, and she was isolated at home. There were insanitary defects about the premises.

A mild form of the Disease occurred at a house in Warmwell's Road.

A boy, 6 years old, was isolated and nursed at home. The house was of modern construction, and the premises were clean and in order.

He attended St. John's School.

I am unable to say in what of the above cases Anti-toxin was used.

The treatment of such cases is not a matter for the Medical Officer of Health to enquire about. If householders volunteer a statement about Anti-toxin I should make a note of it.

In the 1904 Report of the London Infectious Diseases Hospital the mortality from Diphtheria was 10 per cent., and the period of detention in the Hospital was 52 days.

Large numbers of Diphtheria cases are not diagnosed or seen at all in their earliest stages, or the per centage of deaths would be very much less than 10 per cent. where Anti-toxin was used at once—on the very first day of the Disease.

TYPHOID FEVER.

The first case WAS THAT OF A CHILD 2 YEARS OLD, TAKEN TO HOSPITAL, FROM NUTTALL'S-PARK, AND DIED IN HOSPITAL IN ABOUT 4 DAYS.

In about three weeks after the child's mother went to Hospital with the same Disease.

Enteric, or Typhoid Fever, was proved in Hospital, by what is known in the profession as Widal's Blood Test.

The necessary specimen was sent to Mason College, Birmingham, and the test, or re-action, was present.

The patient resided in one of a block of five houses, but this house was at one end of the block, and was a back to back house, and in addition to the absence of a through current of fresh air there was only one bed-room for husband, wife, and three children.

The Sanitary arrangements outside were fairly satisfactory. Each house had a separate closet, but all under one roof, or structure.

I could obtain no direct history pointing to Typhoid Fever.

At Ivy Grove, Ripley, a little boy, 4 years old, had Enteric or Typhoid Fever. He went to St. John's Schools, and there is no other history.

The old complaint about the drain at the bottom of this street was again brought to the front. I believe it is a recognised nuisance and very disagreeable, but attempts to get rid of it hasn't been as yet successful.

At a farm house, situate at Codnor Gate, a young girl, 13 years of age, had Typhoid, and was isolated and nursed at home by her mother. The house was roomy, and very clean and orderly.

The milk from three cows was sold each day at a neighbouring village. I gave strict orders that the milk should not be brought into the house, nor should any person have anything to do with the milk who went to the patient.

The sink stone in the living kitchen emptied the contents outside under the window into the drain with an iron grid over it. This arrangement was incomplete without a gully. The closet adjoined the house, and its inner wall formed the outer wall of the kitchen. This arrangement was very faulty and there was ample room to construct the closet away from the homestead and the present structure would make a very convenient coal house. There was no probable history of the case.

At Waingroves a male, 29 years of age, died of Typhoid Fever.

It appeared he had been ailing for some time and had been looked upon as a very weakly, delicate man.

He was said to be suffering from consumption when Typhoid Fever commenced. He had been an invalid some time.

The house and premises were very satisfactory, and everything very clean and orderly.

The water supply was from the public main. Minute instructions were given and carried out as to disinfection and removal of excrement.

This hamlet is at present without a system of sewers, but plans are being prepared, and surveys have been made frequently, so that the Council are alive to its necessity.

This Disease used to be considered only the result of drinking water containing the Typhoid Baccillus, but it is now pretty well agreed that it is communicable by person to person, and that not only the discharges from the patient contains the Typhoid Bacillus, but the perspiration, and the expectoration from the lungs.

CANCER.

This terrible Disease is being investigated by very eminent scientific workers, known under the title of The Imperial Cancer Research Fund. I gather the following from a Report of their labours up to date.

The nature of Cancer is the same in all vertebrate Animals, as it is in man.

Cancer has been found to occur in savage, as well as civilised man, and in wild, as well as tame animals.

Local irritation, Alcohol, Industrial Influences, and the circumstances of modern human life, may have some influence in setting up Cancerous Irritation, but it must be borne in mind that Cancer occurs when most, if not all, of them are absent.

Cancer is not Infectious Disease, nor is it caused by a parasite.

It is cellular, and grows by the multiplication of its cells.

This Cancer Committee say that there is nothing in the investigations which points to the actual increase of deaths from Cancer.

The Disease is found among all races, and under all climates throughout the British Empire.

The Disease is not transmissible from one species to a strange species. Any attempts to directly ascertain the cause and nature of Cancer are surrounded by so many sources of fallacy that they remain to-day as unprofitable as they have been in the past.

This is the conclusion arrived at up to the present, after the most careful and scientific investigation.

In the year 1904 I reported seven deaths from Cancer in the Ripley District.

The Registrar General's Report for the year 1903 showed that Cancer was a more fatal disease among females than was Tubercular Disease, and through the mortality from Phthisis has very much declined for several years, Cancer has not done so. But there are differences of opinion as to whether Cancerous Disease has increased or not.

Statistics of about Six Thousand Cancer cases show that the Mean Age of the Male Cases was 55 years.

The Mean Age of the Females was 49 years.

The following deaths were registered from Cancer during 1905 :—

Ripley	...	Male, 62 years	...	Cancer of Liver.
„	...	Male, 71 years	...	Cancer of Bladder.
Waingroves	...	Female, 57 years	...	Cancer of Liver.
Marehay	...	Male, 76 years	...	Cancer of The Tongue.
„	...	Female, 61 years	...	Cancer of Breast, removed 11 years ago, and died of Cancer of the Stomach.

PHTHISIS AND OTHER TUBERCULAR DISEASES.

According to the Reports of the Registrar General, the Death Rate from Tubercular Disease is about one half what it was 50 years ago.

Improved sanitation, better drainage, less overcrowding, improved dwellings, more cleanly habits of the people, have all tended to reduce the mortality from this class of Disease.

Residence in damp houses and in dwellings where hardly any sunlight penetrates, poverty, and want of good nourishment, are all conditions which render persons more susceptible to Tubercular Disease, which is now recognised as Infectious and preventible.

The open air treatment of the Sanatorium has done a great deal in promoting prolongation of life, and alleviating the active symptoms of the Disease, even if it hasn't completed the cure.

The proposed Institution for the County of Derby is just now in abeyance.

Philanthropy has its limits, and other county matters have claimed prior attention.

I don't quite see how the poor will go on if they become inmates of these Sanatoria. As a rule, where there is poverty, Tubercular Disease has made considerable progress and havoc before much attention has been given to it, and if the patient be the wage earner of the family his absence for a sufficient time, while undergoing treatment, opens up a very large and serious question, as it also would in any case, even if the Disease was discovered in its very earliest stage, when there might be a possibility of cure.

When the patient has to return to his cottage, and its surroundings, having derived benefit from the treatment received, he will undergo a very great change, and be in great danger of a relapse.

In some villages it would be impossible to procure the quantity of milk they have been accustomed to, even if they could afford to purchase it. It is much more difficult to obtain milk in the villages than it is in the towns.

Then the great change in the atmosphere of their cottages, and the limited cubic space, both in sleeping and living rooms, will not be very likely to promote the continuation of the improved condition effected by the Sanatorium treatment.

I have wondered whether small establishments wouldn't be better than these large Institutions, where the atmosphere would be less infected with a smaller number of Tubercular patients.

The prevention of the Disease is the thing to aim at, and, if necessary, measures could be agreed upon. The cost might not be much, if any, greater.

Up to the present time Professor Behring's supposed cure must not be accepted so as to turn away from other matters of proved importance, although his connection with the discovery of Antitoxin gives great weight to his scientific discoveries.

We must not forget the sensation produced by Professor Kochs' discovery of the Tubercular Bacilli some years ago.

These very minute parasites are found in different parts of the body, and when the lungs are affected we call it Phthisis; when the brain, it is known as Tubercular Meningitis; and when the bowels, Tubercular Peritonitis, or Consumption of the Bowels.

Scrofula, Lupus, &c., are all examples of the ravages made by these Tubercular Bacilli.

The Saliva or Spit of a Tuberculous individual contains a very large number of these Bacilli, and when this Saliva gets dried up and floats about in the form of dust in the atmosphere, it is one mode of infection by inhalation.

This is why a. rooms occupied by a Tuberculous patient should never be dusted with a Dry Cloth; always dust the room, ledges, shelves, etc., with a Damp Duster.

The County Medical Officer of Health has recently issued placards, warning persons of this danger, and asking them not to spit on floors of a room, carriages, or other such like covered places.

I append a list of deaths from Tubercular Disease in Ripley District for 1905.

I might mention here that Tubercular Disease is not infectious in the same sense as Small Pox or Scarlet Fever.

I don't think there could be recovery in the same sense as we speak of recovery in some other diseases.

The Tubercular Bacillus must be present, either from milk from a diseased Tuberculous Udder, or from the dried saliva of a Tubercular patient, mixed up in the dust of the atmosphere, or in the room occupied by the patient, or some other conditions by which the Bacillus gets access.

Everything that adds to the standard of health of the individual is a protection against the inroads of these Tubercular Baccilli.

MEASLES.

This is a disease which, I think, cannot be really prevented, and sanitary measures have very little, if any, effect upon it.

In very young children it is a serious disease, and although very many parents think it of very little importance, the number of deaths registered as from Measles in the year 1905 throughout England and Wales was TEN THOUSAND, SEVEN HUNDRED AND FIFTY-ONE, and this number for the most part were under 5 years of age.

Infant Schools are chiefly responsible for the spread of Measles, though, of course, it does attack children in the other schools, but I have always expressed objection to children going to school under 5 years of age.

I can't see what good can be got by School Children at such an age.

There little brains would be much better at perfect rest, so far as any attempt at instruction is concerned.

They are often sent to school to be out of the way and placed under somebody else's care to relieve home responsibility for the time being.

It is a Disease which is very difficult to tell when the infection actually begins.

Isolated Cases occurred throughout the year 1905, and it was very prevalent in September and October at Waingroves, and the school there had to be closed.

At the time of my visit the actual number of scholars present that day was 80, and the day previous 97.

The average attendance at this school is 130, so that a large number either had Measles or resided in houses where the Disease existed.

I know of no other remedy but School Closing for this troublesome Disease, although even that is not always satisfactory.

The Disease is not notifiable, and School Managers don't like the school interfered with for a few cases of Measles, so teaching goes on till the Disease has assumed an Epidemic form.

The Disease was of a mild type and, as far as could be ascertained, in this case, a boy from Langley Mill came on a visit while convalescent from the Disease, and it was thought to be the cause of the Measles outbreak in the Hamlet.

Three deaths occurred in the Ripley District from Measles, viz., Female, 17 months, at Ripley; and two Children, in the same family, at Butterley Park, aged 2 years and 14 months respectively.

The actual number of deaths from Measles in England and Wales in the year 1905 was TEN THOUSAND, FOUR HUNDRED AND FIFTY-ONE.

RIPLEY URBAN DISTRICT, 1905.

DEATHS FROM PHTHISIS AND OTHER TUBERCULAR DISEASES.

Ripley	Female, 20 years	Phthisis
"	Male, 38 years	"
"	Female, 2 months	Tubercular Enteritis
"	Male, 28 years	Phthisis
"	" 23 years	"
"	" 3 months	Tubercular Peritonitis
"	" 2 months	"
"	" 17 years	Phthisis
"	Female, 23 years	"
Marehay	Male, 21 years	"
"	Female, 42 years	"
"	" 53 years	Tubercular Mastitis
"	Male, 21 years	Phthisis
Waingroves	" 29 years	"

URBAN DISTRICT OF RIPLEY, 1905.

DEATHS FROM INFECTIOUS DISEASES.

Ripley	Female, 2 years	Typhoid Fever	In Hospital
"	Male, 4 years	Diphtheria	
"	Female, 8 years	Scarlet Fever	
"	Female, 27 years	Scarlet Fever	
"	" 17 months	Measles	
"	Male, 4 years	Malignant Scarlet Fever	In Hospital
Marehay	" 4 years	Malignant Scarlet Fever	In Hospital
"	Female, 11 months	Diphtheria	
"	" 5 years	Diphtheria	
Waingroves	Male, 29 years	Typhoid Fever	
Butterley Park	Female, 2 years	Measles	
"	Female, 14 months	Measles	

DEATHS FROM ACCIDENTS AND INQUEST CASES.

Ripley	Female, 3 years	Accidentally Shot
"	Male, 53 years	Suicide by Drowning
"	" 49 years	Natural Causes
"	Female, 5 years	Injuries from fall down steps
"	" 31 years	Suffocation from Chloroform
"	Male, 67 years	Suicide by Cutting Throat
"	" 60 years	Bronchitis and Heart Failure accelarated by self-inflicted wound of throat
"	Male, 21 years	Fall of Bind in Colliery

UNCERTIFIED DEATHS.

Marehay	Male, 45 years	Spinal Injury in 1904
"	Female, 72 years	Heart Disease
Ripley	Male, 14 hours	Convulsions

RIPLEY URBAN DISTRICT.

Births and Deaths for the Year 1905.

Births.

Localities	Boys	Girls	Total
Ripley ...	123	118	241
Marehay and Street Lane ...	26	22	48
Waingroves ...	18	19	37
The Hartshays ...	7	3	10
Butterley Park ...	1	—	1
	<hr/> 175	<hr/> 162	<hr/> 337

The Birth Rate for Ripley District for 1905 is 32.13 per 1,000.

The Birth Rate for England and Wales for 1905 is 27.2 per 1,000.

Deaths.

Localities	Males	Females	Total
Ripley ...	64	42	106
Marehay and Street Lane ...	13	6	19
Waingroves ...	6	6	12
The Hartshays ...	1	3	4
Butterley Park ...	1	2	3
	<hr/> 85	<hr/> 59	<hr/> 144

The Death Rate for Ripley District for 1905 is 13.72 per 1,000.

The Death Rate for England and Wales for 1905 is 27.2 per 1,000.

INFANT MORTALITY.

The total number of Deaths of Infants under 1 year of age, registered in England and Wales in the year 1904, was ONE HUNDRED AND THIRTY-SEVEN THOUSAND, FOUR HUNDRED AND NINETY, and this was equal to about One Quarter of the total number of Deaths at all ages.

This is a proof of the very important subject of Infantile Mortality.

There seems to be an increasing disinclination on the part of mothers to suckle their own offspring, a shrinking from their maternal duties.

Some mothers can't bring up their children from the breast, but very many make all sorts of excuses; they don't like the trouble and restrictions which suckling imposes upon them.

The suckling of their own offspring is one of the duties which Nature has imposed upon mothers, and it is a wholesome and natural discipline, to say nothing about the increased affection which it produces in the child.

It is the mal-nutrition of the Infant which is largely responsible for the death of the child.

If there is degeneration of the rising generation, improper feeding is most likely to be one of the causes.

The general death rate has largely decreased of late years, and yet the Infantile Death Rate seems to have remained stationary, if it is not in most instances largely increased.

Breast fed children are very much stronger and more vigorous than are hand-reared infants.

In a certain borough in England a strict investigation was recently made upon this subject, and statistics proved that of 957 breast-fed children only 20, or about 2 per cent., were found to be delicate. Of the artificially fed infants 31 per cent. were healthy, and 68 per cent. were weakly and delicate.

There are many other causes for this large Infantile Mortality, but the feeding and general care of the child are the most important.

In Ripley District the Infant Mortality Rate for 10 years' average was 130.95 per 1,000.

For this year, 1905, the Infantile Death Rate is 127.59.

The Infant Death Rate for England and Wales is about 144 per 1,000. In some large towns it is 200 per 1,000.

The Local Government Board has this year required a new table, dealing with children's deaths under 1 year old.

It will be found in Table V. of this Report, and gives ages in weeks and months of all children who died in the Ripley District in the first year of their existence, the number being 43 out of the total 144, deaths from all causes, and at all ages.

This Infant Mortality is the number of deaths of children under 1 year of age in proportion to the total number of births in the same year.

In this year, 1905, the total number of births was 337, and the total deaths of children within the first year of existence was 43.

This gives the Infant Mortality Rate for the Ripley District for 1905 of 127.59 per 1,000.

The Registrar General has just issued the Infantile Mortality Rate for England and Wales for 1905 to be 128 per 1,000—only very slightly above the Rate for the Ripley District.

Put in another form this Death Rate of Infants in Ripley District is equal to very nearly 30 per cent. of the whole number of deaths from all causes.

IT HAS BEEN ESTIMATED THAT ONE HUNDRED AND FIFTY THOUSAND CHILDREN DIE IN THIS COUNTRY UNDER ONE YEAR OF AGE, AND ONE HUNDRED AND TWELVE THOUSAND OF THESE CHILDREN HAVE BEEN ARTIFICIALLY FED.

It seems to be a fact that the *farther* the separation from the mother the *nearer* they are to death.

Poverty as well as Improper Feeding aggravates the number of these deaths.

SUMMARY FOR THE YEAR 1905.

DEATHS AT THE VARIOUS AGE PERIODS.

Under 1 year	...	...	43	4.09 per 1000
1 and under 5 years	...	...	21	2.00 "
5 and under 15 years	...	...	5	.47 "
15 and under 25 years	...	...	10	.95 "
25 and under 65 years	...	...	29	2.76 "
65 years and upwards	...	...	36	3.43 "

There were 64 deaths under 5 years of age. This is equal to a Death Rate of 6.10 per 1,000, or about 44½ per cent.

The 36 deaths at 65 years and upwards had mean average age at death of 76 years, or 25 per cent. of the whole number.

DEATH RATES PER 1,000 OF THE VARIOUS
IMPORTANT DISEASES.

Notifiable Diseases and Measles	...	12	1.13 per 1000
Tubercular Diseases	...	14	1.33 "
Cancer ...	...	5	.47 "
Bronchitis	...	25	2.38 "
Pneumonia	...	7	.66 "
Heart Disease	...	12	1.13 "

The Zymotic Death Rate for England and Wales for 1905 is 1.52 per 1,000.

The same Death Rate for Ripley for 1904 is 1.13 per 1,000.

Male Deaths 85, 8.10 per 1,000.

Female Deaths 59, 5.62 per 1,000.

I estimate the population of the Ripley Urban District up to the middle of the year 1905, to be 10,488.

DEATHS IN THE ISOLATION HOSPITAL, 1905.

Male, 4 years ... Malignant Scarlet Fever, from
Victoria Street, Ripley.

Male, 4 years ... Malignant Scarlet Fever, from
Derby Road, Marehay.

Female, 2 years ... Typhoid Fever, from Nuttall's Park.

THE FACTORIES AND WORKSHOPS ACT.

The Factories and Workshops in the Urban District of Ripley are fairly satisfactory.

The Factories are of modern construction, and as a whole, the comfort of the workers is fairly considered and cared for.

As far as design and construction is concerned the Workshops are tolerably satisfactory, the chief work in connection with them is looking after the cleansing and the sanitary condition of the premises.

The Bakehouses have very much improved, and are gradually getting in the way of modern improvements.

Some of them are of modern construction, with good ovens, faced with white glazed bricks, and the rooms are lighted, ventilated, and cleanly.

There are no underground rooms in the district.

83 Visits of Inspection have been made, and 6 Written Notices Served.

The defects were as follows :—

Want of Cleanliness	...	6
Want of Ventilation	...	2
Other Nuisances	... ..	4
Unsuitable or Defective Sanitary Accommodation	...	2

All these were complied with, and no disposition was shown to shirk the requirements of the Act.

When complaints have been made they have been remedied in reasonable time.

The total number of Factories and Workshops is 71.

There are 8 Bakeries and 3 Aerated Water Manufactuurers.

EDWARD GAYLOR,
Medical Officer of Health.

GEORGE W. BIRD.
Inspector.

PUBLIC WORKS.

Plans are in hand for the alterations at the Northern Sewage Farm.

Plans have also been prepared for the sewerage of the Hamlet of Waingroves, Pease Hill, and Street Lane. These small districts have already a public water supply, but require sewerage.

The drainage of Street Lane is particularly objectionable. Some of the inhabitants throw their slop water on the highway, down the surface drains; others empty them anywhere at the back of their houses, or on their small gardens.

The Water Supply for the district is somewhere about 10 gallons per head per day.

There are very many ashpits of great depth, which makes the scavenging very difficult, and is heavy work. These are gradually being filled up to the ground level, and other alterations are made to facilitate the renewal of the contents.

The pail system gradually abolishes the midden, and these are removed twice weekly.

The pan or pail system is far from being perfect, but it is better than the open midden, where the nuisance remained till the ashpit was filled.

I hope the Council will some day be able to introduce Water Closets throughout the district, especially when the Sewage Problem is solved, so that the question of its final disposal is not over burdensome.

Scavenging is done by the employees of the Council, and not by contract, which is a good arrangement.

THE ISOLATION HOSPITAL.

On two or three occasions during this year there have been no vacant beds at the Hospital.

Ripley hasn't suffered so much in this respect as Alfreton Urban District and the Belper Rural.

I have always advocated a Convalescent Home to relieve the pressure at the Hospital and to make the discharged patient more fit to mix among the family on returning home.

I am aware this would be an expensive though necessary adjunct to the Hospital, and I am aware that it is not a time for increased expenditure.

I think it is imperative that a Discharge Ward should be erected in the grounds of the Hospital, where convalescents could be for some few days before final discharge, and thus create vacant beds, and be altogether better for the patients.

It cannot be beneficial or right for new cases of Scarlet Fever to be admitted to Hospital and mixed up in the same Wards where there are several patients who will be fit to be sent home, some the next day, or in two or three days after.

I can't think residence in such an atmosphere, charged with the germs of Scarlet Fever, can be harmless to patients who are convalescent.

Is it possible for these sort of patients to get some diseases of the kidneys or certain forms of rheumatism, which often follows as the result of Scarlet Fever?

I have also often thought that these Wards ought to be closed at some convenient time of the year for purposes of cleansing and purification.

They are, I have no doubt, attended to daily by disinfecting and other means, but a thorough emptying of the Ward and the free admission of air for a week or two would purify the whole atmosphere of the place.

Patients go to these Hospitals for the benefit of the public as well as for themselves, and, when convalescent, ought to be removed out of a polluted fever atmosphere.

I have no personal interest in this matter, and only mention these things as Medical Officer of Health, and in the interest of the inhabitants of my districts.

There is no fault to find with the management, but the system could be altered with many advantages.

No personal blame can be attached to any person, but I feel certain a Discharge Ward would be greeted with satisfaction, and admitted to be very much required.

GENERAL INSPECTION.

This is regular, and systematic. Sometimes your Inspector goes with me, and at others I ask him to go and see certain matters which I complain of.

I have found him, since his appointment, in every way ready to visit or re-visit where it is necessary.

Of his competency I can speak with every confidence, and I willingly bear my testimony to the value of his advice and assistance in sanitary matters generally.

Since his appointment he has served 108 Notices, and there have been 116 nuisances abated.

Dairies and Cowsheds have been inspected at intervals, and are gradually being got in a better condition.

Slaughter Houses and Common Lodging Houses are regularly visited.

About 200 inspections have been made to these various places, and about 83 houses where infections and other diseases existed have been inspected.

Defective drains, pig-styes, overcrowding, offensive accumulations, and any other insanitary conditions have been attended to.

If I add the number of inspections of every kind as well as those under the Workshops and Factories Act, they amount to close on 400.

Certain houses have been connected with the Public Water Supply and others have had connections made to the Public Sewers.

There is no doubt the Sanitary condition of the Town has been much improved by the work of the last twelve months, and its permanency would be secured, only for certain localities, where dirt, etc., will find a home, notwithstanding the efforts of your Officers, who are compelled to re-visit certain haunts at intervals.

DISINFECTION OF HOUSES.

This is done regularly by Inspector Bird, who also distributes disinfectants where required.

When we find patients occupying the same room where the family lives regularly, disinfection is done with spraying the various articles of furniture, cushions, sofa covers, etc., and everything that can't be subjected to boiling with disinfectants and water.

In other cases sometimes the formalin lamp and sulphur is used very freely.

I again hope the Council will insist upon all new dwelling houses having water closets provided.

This, gentlemen, concludes my Report for the year 1905, and, as I have said before, I think it may be considered a satisfactory one. We have a High Birthrate and a Low Death Rate.

I have now been Medical Officer of Health for your District the long period of 32 years.

I have seen many changes since the time of the Old Local Board, but am happy to say I have had scarcely any friction, either with Council, Property Owners, or with the inhabitants generally.

I hope I may be worthy of the continued confidence of the Council, and I acknowledge my indebtedness to them and their Clerk for the ready assistance given me in the performance of my duties as Medical Officer of Health.

I remain, Gentlemen,

Obediently yours,

EDWARD GAYLOR.

Medical Officer of Health.

Belper, February 20th, 1906.

TABLE IV.

RIPLEY URBAN DISTRICT.

Causes of, and Ages at, Death during Year 1905.

Deaths in or belonging to whole District at subjoined Ages.

Causes of Death.	All Ages	Under 1 Year.	1 and under 5 Years.	5 and under 15 Years.	15 and under 25 Years	25 and under 65 Years.	65 and upwards
1	2	3	4	5	6	7	8
Measles	3		3				
Scarlet Fever ...	4		2	1		1	
Diphtheria and Membranous Croup	3	1	1	1			
Enteric Fever...	2		1			1	
Enteritis	3	2			1		
Phthisis	9			1	5	3	
Other tubercular diseases ...	5	3			1	1	
Cancer, Malignant Disease	5					3	2
Bronchitis	25	7	4			2	12
Pneumonia	7	2	4				1
Other Diseases of Respiratory Organs.....	1						1
Alcoholism, Cirrhosis of Liver	4					3	1
Premature birth	8	8					
Heart Diseases	12					4	8
Accidents	3		1	1	1		
Suicides	3					2	1
All other causes	47	20	5	1	2	9	10
All causes...	144	43	21	5	10	29	36

TABLE II.

RIPLEY URBAN DISTRICT.

Cases of Infectious Disease notified during the Year 1905.

Notifiable Disease.	At all Ages.	Under 1 Year.	1 to Years.	5 to 15 Years	15 to 25 Years.	25 to 65 Years.	65 and upwards
Diphtheria	6	1	2	2	1		
Erysipelas	9		1		4	1	1
Scarlet Fever.....	70		23	38	6	3	
Enteric Fever.....	4		2			2	
Totals	89	1	28	40	11	8	1

Total Cases Notified in each Locality.

District.	Erysipelas.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Total.		
The Hartshays ...	1				3		
Butterley Park ...		1			1		
Marehay & Street Lane	2	10	1		13		
Ripley	3	46	4	3	56		
Waingroves and Peas Hill.....	3	13	1	1	18		
	9	70	6	4	89		

TABLE III.

RIPLEY URBAN DISTRICT.

Cases of Infectious Disease admitted to Hospital during the Year 1905.

Notifiable Disease.	At all Ages.	1 to 5 Years.	5 to 15 Years.	15 to 25 Years.	25 to 65 Years.	Total.
Scarlet Fever...	31	12	15	4		62
Enteric Fever	3	1			2	6
Totals	34	13	15	4	2	68

Total Cases Notified in each Locality.

District.	Scarlet Fever.	Enteric Fever.	Total.
Butterley Park ...			
The Hartshays ...		1	1
Marehay & Street Lane	6		6
Ripley	18	1	19
Waingroves and Peas Hill.....	7	1	8
	31	3	34

TABLE I.

RIPLEY URBAN DISTRICT.

Vital Statistics of Whole District during 1905 and previous years.

Year.	Population Estimated to Middle of each year.	Births.		Deaths under One Year of Age.		Deaths at all Ages.	
		No.	Rate.	No.	Rate per 1000 Births Registered.	No.	Rate per 1000
1895	9172	370	40.34	55	148.64	158	17.22
1896	9398	349	37.13	43	123.20	143	15.21
1897	9596	359	37.41	58	161.65	150	15.63
1898	9774	334	34.17	51	152.69	157	16.06
1899	10052	388	38.59	43	110.82	141	14.02
1900	10348	327	31.60	43	131.49	150	14.49
1901	10120	368	36.36	54	146.73	141	13.93
1902	10250	375	36.58	41	109.33	114	11.12
1903	10350	354	34.20	41	117.14	138	13.33
1904	10430	371	35.57	40	107.81	156	14.96
Averages for Years 1895 to 1904	9949	359	36.19	46	130.95	144	14.59
1905	10488	337	32.13	43	127.59	144	13.72

CENSUS 1901.

Area of District in Acres (exclusive of area covered by water), 2815.

Total Population at all Ages, 10,111.

Number of Inhabited Houses, 2135.

Average Number of Persons per House, 4.76.

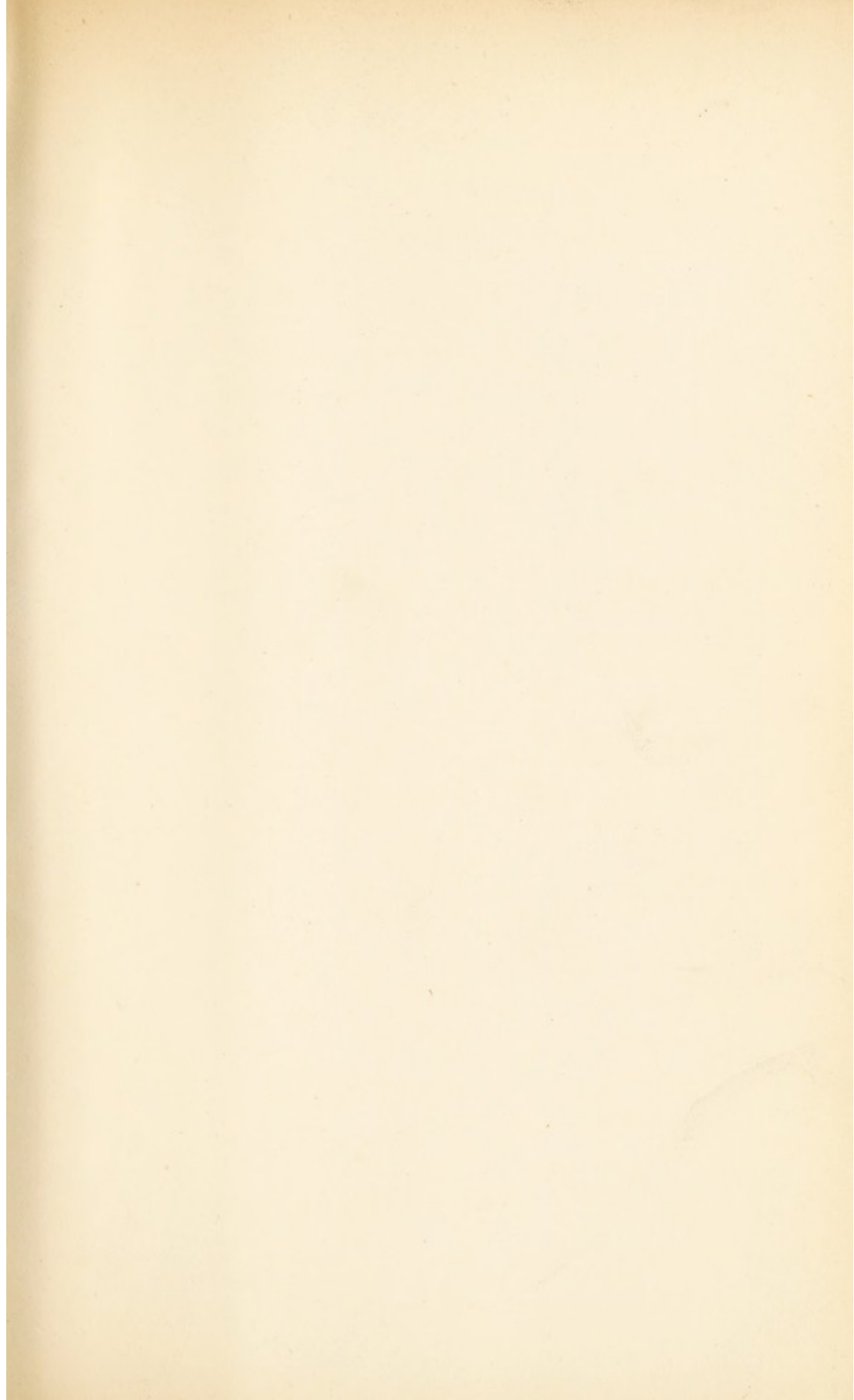
TABLE V.

RIPLEY URBAN DISTRICT.
 INFANTILE MORTALITY DURING THE YEAR 1905.
 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	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
	1 Month	1 Month	1 Month	1 Month	1 Month	1 Month	1 Month	1 Month	1 Month	1 Month	1 Month	1 Month	1 Month	1 Month		
Uncertified	1				1											
Diphtheria : Croup														1		1
Enteritis (not Tuberculous)				1	1				1							
Gastritis, Gastro-intestinal Catarrh																1
Premature Birth	1				6											
Atrophy, Debility Marasmus	1	1	1	2	5	1	1	3	2			1				8
Tuberculous, Peritonitis : Tabes Mesenterica ...									1							1
Other Tuberculous Diseases ...							2	1								3
Meningitis (not Tuberculous) ...												1				1
Convulsions	1				1				1							1
Bronchitis							1			1	1		2	1	1	7
Pneumonia															2	2
Other Causes			2		2	1									1	2
Total	9	3	1	3	16	2	4	5	4	1	2	1	2	1	5	27

Births in the Year—Illegitimate, No record.

Deaths from all causes at all Ages, 144.



1848