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ANNUAL REPORT

UPON THE

Public Health and Sanitary Condition

OF THE

SELBY RURAL DISTRICT

FOR

The Year 1906.

BY

BERNARD STEDMAN,

M.D. (Lond.), D.P.H. (Camb.),

MEDICAL OFFICER OF HEALTH.

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SELBY

RURAL DISTRICT COUNCIL.

ANNUAL REPORT

UPON THE

Public Health and Sanitary Condition

FOR THE YEAR

1906.

GENTLEMEN,

I beg to submit my Annual Report upon the Public Health and Sanitary Condition of the Selby Rural District for the year 1906.

BIRTHS AND BIRTH RATE.

137 births were registered, the birth rate being 23.8 per thousand. This is the lowest for the last ten years, being 3 per thousand below the average.

The birth rate for the rural districts of England and Wales in 1906 was 26.3.

In the Selby Rural Sub-District the rate was 24, and in the Carlton Division 23.4.

DEATHS.

77 deaths were registered in the district, and 8 occurred in public institutions outside. The death rate is 14.8 per thousand, which is 1 below the average and slightly lower than that of the rural districts generally.

The rate in the Selby Rural Sub-District (16.5) is 4.5 higher than that in the Carlton District. A similar difference in the two divisions has occurred for several years in succession. The infantile mortality is again low, and largely due to absence of deaths from measles or whooping cough. Two deaths in children under 1 year of age occurred from diarrhea.

INFECTIOUS DISEASES.

No infectious disease was notified in the district until May, when a case of typhoid occurred at Hambleton. In July another was reported at a house next door. The infection possibly arose from the first case through the privy ashpit, the infected material being carried by flies.

In September two children were notified at Chapel Haddlesey, and in October one at Cawood and another at Burn, the last being imported.

Of these six cases four were children under fourteen. Five were removed to hospital.

In June two children were reported to be suffering from scarlet fever at a house in Drax, and in July four occurred in one house at Carlton and one in Camblesforth. They were all slight cases. Two from Carlton were removed to hospital, the others being sufficiently isolated at home.

DIPHTHERIA.

Six cases were notified. The first, in May, was a pupil at Drax School. He was at once removed to hospital. Two days later a servant at the school was taken ill and removed. Swabs were then taken from the throats of all the servants and submitted to the County Council for examination. One of these was found to contain diphtheria bacilli, so the girl, although apparently quite well, was taken to the Isolation Hospital and kept apart from the other patients. Swabs from her throat were frequently examined, but she

was in hospital a month before the bacilli disappeared. She had not complained of sore throat or illness of any kind.

It is possible that she was the source of infection in the first case, though I could not discover how she became infected.

After her removal no further cases occurred in the school. This illustrates the fact that a person apparently well may yet have diphtheria bacilli in the throat and be a source of danger to others. It explains the difficulty often encountered in tracing the source of an outbreak. It also shews the great value of bacteriological diagnosis. The County Council bacteriologist kindly tested the virulence of the germs from the above case, and found the result was the same as from an ordinary case of diphtheria.

One case was reported at West Haddlesey in September, and two from a house at Temple Hirst in November, which were removed to hospital.

Thirty-two bacteriological examinations were made during the year from cases of diphtheria and contacts.

The District Council provides antitoxin, and advantage has been taken of this by medical practitioners.

MEASLES.

An epidemic of measles occurred at Brayton in January and February, for which I recommended closure of the school. At Barlow, in February and March, the school was closed for five weeks for the same cause.

PHTHISIS OR CONSUMPTION.

Five deaths have been recorded during the year. In April medical practitioners were asked to notify cases coming under their observation, but so far none have been received.

Patients suffering from the disease in an early stage are now admitted into the Isolation Hospital for a period not exceeding 8 weeks without the consent of the Committee.

By this means they not only gain the advantage of hospital treatment, but will be taught to live in such a manner as to reduce to a minimum the danger of infection to those around them. All spitting, except into spitoons or handkerchiefs, is strictly forbidden.

The treatment in hospital consists simply of (1) abundance of fresh air, (2) plenty of good plain food, and (3) rest. All this could be carried out in an ordinary dwellinghouse if a person had the necessary means.

Unfortunately many patients are apt to fall back after a time at home. It is, however, hoped, as stated above, that other inmates of the house will have greater security from infection, and thus justify the hospital expenditure.

I should add that no charge is made for admission of these cases.

ISOLATION HOSPITAL.

The Selby and Rural Joint Isolation Hospital has done good service in preventing the spread of infectious disease. Early in the year arrangements were made for admission of cases from the Riccall Rural District. The total number of patients in hospital has been 40, 14 from Selby Urban and 13 each from the Selby and Riccall Rural Districts.

In March the Committee decided to make provision for the admission of phthisical cases.

Two railway coaches were purchased and fixed end to end near the administrative block. The partitions were removed, ventilators fixed in the roof, and the whole converted into a sitting and two bedrooms, for the reception of four patients. Unfortunately, they were not ready for use until the middle of July.

Fences have been fixed to prevent the phthisical patients coming in contact with those suffering from other infectious disease.

Six cases have, up to the present, been admitted, five being from Selby and one from Riccall.

The total cost of these sheds, including furnishing, has been about sixty pounds, and the estimated cost per week for each patient is about twelve shillings.

WATER SUPPLY AND DRAINAGE.

The whole district is supplied by private wells, many of which are shallow and often polluted. In the Carlton district a number of bore-holes are being made every year, and yielding good water from the sandstone. Public bored wells and pumps might with advantage be placed in several villages.

In Cawood and Wistow (the most populous parishes in the Rural District) much greater difficulty is met with, as good water has not even been obtained by boring. The sandstone water in this locality appears to be similar to that found in the East Riding. The only manner of obtaining a suitable supply for these villages seems to be from Selby. This could be done by a main either from the town itself or from the new reservoir, now almost completed, at Brayton. The Rural Council possesses the power to take water in bulk from the Urban Council's mains.

In Brayton at present there are many houses supplied from polluted wells. As the new main to Selby runs through the village I hope shortly to see a supply from this source.

I have analysed 12 samples during the year. 7 new bored wells have been made.

With the exception of the parishes of Cawood, Long Drax, and Barlow, which drain directly into the Ouse, and the villages of Newland, Carlton, Temple Hirst, Hirst Courtney, and the two Haddleseys discharging into the Aire, the various village sewers empty into ditches. These, after a greater or less distance, themselves discharge into one of the above mentioned tidal rivers. The annual cleansing of these ditches (some of which are several miles in length) by the Council is a matter of some magnitude. As will be seen from the Inspector's reports for several years the average length cleansed is about thirty miles. The annual cost of this work is approximately £146. The discharge of crude sewage from whole villages into ditches and small streams can hardly be defended on sanitary grounds.

I suggest for your consideration some simple method of partially purifying this sewage before its discharge into open streams.

Owing to the flat nature of the country filtration is impossible except at considerable expense. Much could be done by the provision of a grit chamber and septic tank. The greater portion of suspended solids would be removed, and the expense incurred in cleansing the ditches far less than at present, to say nothing of the sanitary improvement thereby effected.

There are ten cow-keepers at present on the register, five of whom sell their milk outside the district, the others retailing it in small quantities to their neighbours. The sheds generally are in fair condition. I find that many persons in this district have considerable difficulty in obtaining cow's milk, and that whole families rely entirely on the condensed article.

The ten slaughter-houses are in good structural condition, and kept clean and wholesome.

There are no workshops or workplaces on the register, and no known out-workers.

The Public Health Amendment Act has been adopted in this district.

I am, Gentleman,

Your obedient servant,

BERNARD STEDMAN, M.D., D.P.H.,

Medical Officer of Health.

SANITARY WORK CARRIED OUT DURING YEAR ENDED DECEMBER, 1906.

Inspections made						2431
Notices served, Nuisances						90
Notices served, Water Supply						5
New Brick Wells						3
New Bored Wells						7
Old Wells Closed						1
Old Wells Cleansed						5
Old Pipe Sewers Cleansed by D	istrict	Council	l		yards	300
Old Drains Cleansed and Relaye	ed by (Owners			yards	180
New Drains Laid by Owners					yards	285
Open Sewers and Drains Cleans	sed by	Distric	t Counc	il	yards 5	0,452
Pipe Sewers Cleansed by Distric	et Cou	ncil			yards	700
Old Privies demolished						5
Privies removed from Houses						2
Old Privies repaired						33
New Privies and Covered Ashpi	ts buil	t				15
Sinks disconnected from drain						13
New Cesspools put down						7
Cesspools cleansed by District C	Council	, each	4 times	a yea	r	141
New Gullies fixed						10
Rooms disinfected after infectio	us dise	ease				23
Canal Boats inspected						49
Inspection of Workshops						12
Inspections of New Buildings at	nd old	under	repairs			111
17 1 4 CH 11 TT						10
Inspections of Slaughter House	s					30
Dairies and Cowsheds registered						10
Inspections to Dairies and Cows	sheds r	egistere	ed and u	nregi	stered	240
Smoke observations made						34
Samples of Water sent to Medic	cal Offi	cer of	Health			12
Pumps repaired						31
Plans for New Buildings						4
New Urinals to Licensed House						1

Yours obediently,

THOMAS BRAITHWAITE,

Assoc. Royal San. Inst.,

Sanitary Inspector.

TABLE I.

Name of District, SELBY RURAL. Vital Statistics of Whole District during 1906 and Previous Years.

_														
Net Deaths at all	strict.	Rates *	14.2	18-1	14.0	14.1	20.3	15.6	17.0	17.9	17-2	15.3	15.8	14.8
Net Dea	the District.	Number.	85	78	88	85	122	91	66	104	100	68	93	85
Deaths of	Residents	in Public Institu- tions be- yond the District.	1	67	5	5	5	5	C1	9	7	7	4	8
Deaths of	Non- residents	registered in Public Institu- tions in District.	:	67	C7	61	:	:	:	:	:	1	1	:
Total	Deaths	In rubic Institu- tions in the District.	1	01	5	5	2	:	:	:	:	1	C1	:
District.	At all Ages.	Rate *	14.1	18-1	18.4	18.6	19-5	14.7	16-7	16-9	16.0	14.8	15.8	13.4
Total Deaths registered in the District.	Atall	Number.	84	78	80	83	117	98	97	86	98	88	06	77
aths regist	Under I year of age.	Rate per 1000 Births registered	7.4	120	152	186	184	118	106	119	112	97	121	102
Total De	Under 1 y	Number.	12	19	24	30	20	17	16	19	18	15	19	14
0.00	ths.	Rate *	27.0	26-7	26.5	8-96	24.6	24.7	26.0	27.4	27.6	27.6	26.5	23.8
Bros	DIRITIES	Number.	161	159	158	161	149	144	151	159	160	155	156	137
	Popula- tion	estimated to Middle of each year.	5950	5950	5950	0009	0009	5823	5810	5800	5800	5800	5888	5750
		Year.	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	Averages for years 1896-1905	1906

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

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

Total population at all ages......5822 Number of inhabited houses1342 Average number of persons per house ... 4.3

TABLE II.

Vital Statistics of separate Localities in 1906 and previous years.

Name of District, SELBY RURAL.

Names of Localities.	S	ELBY F	RURAL.		CARL	ron.		
Population estimated to middle of each year. Births registered. Daths at all ages. Deaths under I year.		Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.		
1896	3689	95	45	7	2261	66	39	5
1897	3689	101	48	11	2261	58	30	8
1898	3689	94	52	17	2261	64	28	7
1899	3776	107	59	22	2224	54	23	8
1900	3776	89	78	13	2224	60	53	7
1901	3617	91	66	14	2205	53	25	3
1902	3610	92	59	9	2200	59	40	7
1903	3600	95	59	11	2200	64	45	8
1904	3600	101	67	12	2200	59	33	6
1905	3600	99	63	12	2200	56	26	3
Averages of years 1896 to 1905	3665	97	59	13	2223	59	34	6
1906	3570	86	59	9	2180	51	26	5

TABLE III.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1906.

SELBY RURAL DISTRICT.

		C	ASES N	To: Cas Noti IN E Loca	FIED	No. of Cases Removed To H'PTAL FROM EACH LOCALITY						
NOTIFIABLE DISEA	SE.			A		URAL	ON.	URAL	ON.			
		At all Ages.	Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and up- wards	SELBYRURAL	CARLTON.	SELBYRURAL	CARLTON.
Small-pox												
Cholera												
Diphtheria		6		2	2	2			1	5		5
Membranous Crou	ар	- 3										
Erysipelas		1	/				1		1			
Scarlet Fever		7		4	2		1			7		2
Typhus Fever												
Enteric Fever		6			4		2		4	2	3	2
Relapsing Fever												
Continued Fever												
Puerperal Fever				-								
Plague												
Total		20		6	8	2	4		6	14	8	9

Isolation Hospital at Selby (Joint Isolation Hospital for Selby Urban and Rural Districts).

TABLE IV.

Cause of, and Ages at, Death during Year 1906. Name of District, SELBY RURAL.

All Ages. 1 1 and 2	Causes of Death.		DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING IN OR BEYOND THE DISTRICT.										
Measles Scarlet Fever Whooping-cough Diphtheria and Memberanous Croup Croup Croup Croup Croup Clyphus Fever Enteric Same and Memberanous Croup Coup C			1	under	under	under	under	up-	Selby Rural	Carlton			
Measles Scarlet Fever Whooping-cough Diphtheria and Memberanous Croup Croup Croup Croup Croup Clyphus Fever Enteric Same and Memberanous Croup Coup C	Small-pox												
Whooping-cough Diphtheria and Membranous Croup C													
Diphtheria and Membranous Croup Cr	Scarlet Fever												
Diphtheria and Membranous Croup Cr	Whooping-cough												
Croup Crou			900										
Croup													
Fever													
Fever Enteric													
Other continued Epidemic Influenza Cholera Chole					2		1		3				
Cholera													
Cholera	Epidemic Influenza												
Diarrhea													
Diarrhea													
Puerperal Fever Color Co	Diambers	4	2	2					3	1			
Erysipelas	Enteritis												
Erysipelas													
Other Septic Diseases 5 2 1 1 1 1 4 4 1 Phthisis (Pulmonary) 5 1 4 4 1 Tuberculosis) 3 1 2 2 1 Diseases Cancer, Malignant Diseases 6 3 3 5 1 Disease <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>1</td> <td></td>		1						1	1				
Phthisis (Pulmonary Tuberculosis)	Other Septic Diseases	5	2			1	1	1	1	4			
Tuberculosis Other Tubercular Diseases Cancer, Malignant Current Construction Cancer, Malignant Cancer, Malignant Cancer, Malignant Construction Cancer, Malignant			1000						4	1			
Other Tubercular Diseases 3 1 2 2 1 Cancer, Malignant Disease 6 3 3 5 1 Disease 3 1 2 2 1 Bronchitis 3 1 2 2 1 Pneumonia 6 1 1 1 2 1 6		9	• •		1			4	4	1			
Diseases Cancer, Malignant Cancer, Malig	Other Tubercular)	0			,		0		0	,			
Cancer, Malignant Disease 6 3 3 5 1 Bronchitis <td< td=""><td></td><td>3</td><td></td><td></td><td>1</td><td></td><td>2</td><td></td><td>2</td><td>1</td></td<>		3			1		2		2	1			
Disease Stronchitis Stro						1000	0	0	-	,			
Bronchitis		6					8	8	9	1			
Pneumonia 6		3					1	2	2	1			
Pleurisy		6					2	1	6				
Other Diseases of Respiratory Organs 1 1 1 1 1 1 1 1 1 1 1 1 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>													
Piratory Organs Alcoholism Cirrhosis of Liver			330		100		1000		-				
Alcoholism Cirrhosis of Liver Cirrhosis of Li		1					. 1		1				
Cirrhosis of Liver f													
Venereal Diseases <td></td>													
Premature Birth 3 3													
Diseases and Accidents							1000						
of Parturition 1 1 1 7 5 9 5 Accidents 1 1 1 1 7 5 9 5 Suicides 1		100	- 100	18.05	10000	3550		22.3	1000				
Heart Diseases 14 1 1 7 5 9 5 Accidents 1 1 1													
Accidents 1 1	/	- 14			1	1	7	5	9	5			
Suicides			0.00						100000				
All other causes 30 6 3 21 19 11			200										
An outsi successive and a second as a seco		7818.00											
All causes 85 14 4 6 2 21 38 59 26													
	All causes	85	14	4	6	2	21	38	59	26			

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.

BERNARD STEDMAN, Medical Officer of Health.

TABLE V. SELBY RURAL DISTRICT.

INFANTILE MORTALITY DURING THE YEAR 1906.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAU	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1.2 Months.	2-8 Months.	8-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under 1 Year.	
	Certified Uncertified	4				4	2	2	2		1				1	1		13
i. Common Infectious Diseases. ii. Diarrhœal Diseases.	Small-pox						 1									1		i 1
iii. Wasting Diseases.	Premature Birth Congenital Defects Injury at Birth	1					1											3 2 3
iv. Tuberculous Diseases.	Tuberculous Meningitis Tuberculous Peritonitis :) Tabes Mesenterica Other Tuberculous Diseases																	
v. Other Causes.	Erysipelas							1										 2 1
		4				4	3	2	2		1				1	1		14

District of Selby Rural. Population (estimated to middle of 1906), 5,750.

Births in the year { legitimate, 128. Deaths in the year of { legitimate infants, 13. legitimate infants, 1. Deaths from all Causes at all Ages, 85.



