[Report 1900] / Medical Officer of Health, Yeadon U.D.C.

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THE

YEADON URBAN DISTRICT COUNCIL.

ANNUAL REPORT

OF THE

MEDICAL OFFICER

CHAS. J. R. McLEAN, M.D., Edin., M.Ch., D.P.H.,

1900.

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YEADON URBAN DISTRICT COUNCIL.

ANNUAL REPORT OF THE MEDICAL OFFICER.

To the Chairman and Members of the Yeadon Urban District Council.

Gentlemen:

I beg to present you with my Report on the Health and Sanitary Condition of the District for the year 1900.

Yeadon comprises an area of 1723 acres.

Inhabited Houses	number	1633	1773
Empty	,, (1897—99. 1898—211. 1899—156).	139	
New	,, ...	1	
Population (census 1891)....	... ...	7396	
Do.	(allowing average of 4·75 persons per house)	7310	
Do.	(estimated to 1st July, 1900)	8190	
Do.	(allowing average of 4·75 persons per house)	7761	

Persons per acre 1891—4·2.
Do. do. 1900—4·6.

Rateable Value for General District purposes was... £19471 10s. 6½d.
Do. do. Poor Rate (Buildings & Land) was £22,158 1s. 3d.
Gross Rental for 1900, was ... ... £26,663 7s. 9d.
The District Rate was 4/4 £.
The Poor Rate was 3/- £.
——7/4
Total Rate

Altitude (Height above Sea level), Ordnance Mark top of Town Street 585·7 ft.

Latitude (Town Hall) 53° 51' 55" North.

Longitude ,, ,, 1° 41' 4" West.

INDUSTRIES. These I am sorry to say are in even a more unsatisfactory condition than when I reported a year ago, as you are too well aware the chief industry of the district viz: woollen manufacturing is in a very depressed state. There is again a decrease in the number of mills working. Fifteen years ago there were sixteen mills in full work,—many of them night and day—of these, seven are now idle, one of the largest in the district having closed this year. The stoppage of so large amount of machinery has of necessity thrown many hands out of work and unfortunately the present condition of affairs both at home and abroad gives little hope of any immediate improvement. The condition of the Bradford trade also has had the effect of making our dyeworks much slacker than was the case in the year previous, although to Yeadon this is of less importance, as fewer hands are employed than in the textile industry. The other minor trades of the town appear to be fairly busy and help to find employment for a few families, but naturally the starting of new trades bring fresh workers into the town, and only very slightly help the older residents.

Building operations, as the result of the above conditions have only been of a very limited character as, seeing there are about 139 houses and 16 shops in the town empty, there can be no demand for new buildings. Fortunately the open weather of the last two months of the year has permitted out of door workers to remain in employment longer than is usually the case, and not-without-standing the poorness of trade generally there has been nothing like the destitution experienced a few winters ago. Another advantage of the—so far—mild winter is the fact that it has somewhat compensated the poorer classes in their difficulties of obtaining fuel which has been at most exorbitant prices during the year.

THE METEOROLOGICAL conditions of the year have been somewhat remarkable. 1899 was one of the driest of the century, 1900 one of the wettest.

First Quarter. January was an unseasonable month with rain nearly every day, February was much harder with heavy snowstorms. There fell on the 10th about twelve inches of snow in 20 hours, equal to about one inch of rainfall; the temperature was low. On the 9th the thermometer fell as low as 15 degrees Fahr., equal to 17 degrees of frost. March also was very cold. On the 28th there was a snowfall of about one inch.

Second Quarter. With the exception of the third week April was a mild month. In the second week the sun was very powerful, the thermometer on one occasion rising as high as 98 degrees Fahr. in the sun. May as is often the case was very cold, there being North or North-East winds during the whole month. June was fine and warm, the wind changing to South on the 3rd of the month. Towards the end of the month there was heavy rainfall.

Third Quarter. July was a very hot month. On the 16th and 19th the thermometer rose as high as 84 degrees Fahr. in the shade (92 degrees in London), and 110 degrees in the sun. August was an average month, September was colder than usual with rains towards the end of the month.

Fourth Quarter. This period was an exceptional one as regards rainfall which was much above the average, there being only 19 days out of the 92 (3 months) when rain did not fall. There were a few slight touches of frost in October and very little fog. November was also a remarkable month on account of the absence of frost but December was the most unseasonable of all in that respect, the temperature during the whole month being much above the average. There was nearly a total absence of snow or frost and very little fog. On the 28th and 29th there was an exceptionally severe gale of wind and rain, the barometer on the morning of the 28th showing only 28·15 inches of pressure, with the thermometer as high as 38 degrees.

VITAL STATISTICS.

POPULATION. Estimated as usual on the average yearly increase between the years 1881 and 1891, the population of the township on the 1st July 1900 should be about 8190, but as that estimation was at the rate of 86·2 per year, I fear that the present figure will be somewhat over estimated. The population of the world is said to increase at the rate of 10 per cent in ten years which would make that of Yeadon about 8070 and which is probably near the correct figure. The census which is at present being arranged to take on the 31st March, 1901, will however set us right again for our statistics, and it is to be hoped that it—which is the fifth of its kind—will be the last ten yearly census that the government will permit of, and that they will for the future see the advantage of causing, at all events an enumeration of the people every five years, seeing that

as at present constituted the census figures are only of value for statistical purposes for the succeeding four or five years. In France and Denmark a census is taken every five years. In Germany and Belgium, every three years and in Austria actually every year. It seems therefore that this country is in this as in many other matters behind its neighbours.

The following are the figures for the previous three decades :

In	1871	the population was	5246.
	1881	,, ,,	6534.
	1891	,, ,,	7396.

If we estimate the population according to the inhabited houses which has in the past gives fairly approximate figures we get, allowing an average of 4·75 persons to each house a population of 7761

The "Natural" increase in the population, that is the excess of births over deaths, which this year numbers 77, would raise the estimated population of last year to 8177, but against this increase we have to allow for a probable increased emigration of whole families.

Birth-Rate. There were 189 births during the year, 102 males and 87 females, yielding a Birth-Rate of only *23 per thousand persons living*. this being as much as 5·1 below the previous ten year average. Last year there were 180 births, equal to 22·2, which was the lowest rate back to 1889. The birth-rate is unsatisfactory, being upwards of 6 per thousand below the rate for the United Kingdom, which rate by the way is as much as 5·1 per thousand lower than it was 25 years ago—a serious question as regards our premier position among the nations. The birth-rate of Yeadon for the last two years is a fraction lower. than that of France which has the lowest birth-rate of any European nation. That our present low rate is not an accidental occurrence but the result of a steady decrease is shown by the average figures of the last 15 years.

Average yearly births per thousand of population living.

During the five years		1886 to 1890	the rate averaged		33·1.
,,	,,	1891 to 1895	,,	,,	29·4.
,,	,,	1896 to 1900	,,	,,	25·1.

Of the births 12 were illegitimate, 7 males and 5 females, equal to 1·4 per thousand or 6·3 per cent of the total births and ·6 above the ten year average.

Death-Rate. During the year there were 112 deaths registered, 48 males and 64 females, equal to a death-rate of *13·6 per thousand persons living*. This is very satisfactory being 2·5 below the previous ten year average. The death-rate for the four quarters were as follows, 20·5, 13·6, 7.7 and 12·5, respectively, that of the third quarter constituting the lowest quarterly death-rate of which I have any figures, the next lowest being that of the third quarter in 1898 when the rate equalled 7·9.

Corrected Death-Rate. 5 deaths, 2 males and 3 females, of persons belonging to Yeadon occurred in various institutions outside the district, (Excluding Leeds Infirmary which did not reply to my enquiry) and 6 deaths, 2 male and 4 females were registered in our district of persons not belonging thereto, thereby altering our general death-rate to the *correct one of 13·5 per thousand*.

Infantile Death-Rate. During the year there were 27 deaths registered of children under one year old, and which, calculated on the number of births during that period (189) give us an *infantile mortality of 142·8 per thousand Births*, this being 14·1 higher than the previous ten year average. The rates for the

four quarters were respectively, 111·1, 215·6, 95·2, and 142·7. In the third quarter of 1899 there were 17 deaths in children under one year old, 13 of which were due to epidemic Diarrhœa which gave an infantile death-rate for that period, equal to 293·1. The third quarter of the present year on the contrary was one of exceptional freedom from deaths due to this dangerous infantile affection, there being only one fatal case, and the result was the low infantile death-rate of 95·2. The latter figure should be never much exceeded in Yeadon. Anything above ten per cent of the births is far too high a death-rate in children under one year old, and I again repeat that the main causes for the high infantile mortality in the past are to a great extent the preventible ones of injudicious feeding and improper clothing of infants. Feeding infants during the early months or weeks of life on starchy matter, such as bread sops, rusks, and other artificial foods, or even on "whatever we happen to have ourselves" is most improper, and a poor substitute for their natural food. Again—Exposure to the constant changes of our climate when unsuitably or scantily clad, likewise tends to increase the risks of infants, especially if there is any tendency to chest affections. Let me again therefore urge mothers to feed their infants for the first eight or nine months of life more after nature's method, either on the breast, or failing that, on cows milk, and also to clothe them more rationally than one so often sees, by covering their necks, arms and legs, especially in the winter months. I believe that if these two points were attended to that our infantile mortality would be reduced; otherwise, preventive legislation on the subject of mothers going to work in the mills to the detriment of their infants, will inevitably be required, and I should not be surprised if an enlightened Chancellor of the Exchequer was at some early period to put a heavy tax on feeding bottles. In the great Lancashire cotton famine the infantile mortality of that district fell 40 per cent, simply because mothers were obliged to give their infants nature's food.

Seasonal Mortality. *The First Quarter* of 1899 yielded the very low death-rate of 10·3. For the same period of this year the rate was nearly doubled, viz: 20·5, the cause being the large number of deaths from measles which disease was epidemic in February and caused eight deaths. This and also the fact that there were four deaths directly attributable to Influenza, which was more prevalent than in any year since 1890, giving us a very excessive Zymotic death-rate. In March there was an epidemic of "Sore throat," and more than the usual number of cases of acute Rheumatism.

In the *Second Quarter* the rate of mortality fell below the average. There were however three more deaths from measles making a total of eleven deaths due to the epidemic, and again proving how fatal a disease this is. The infantile death-rate for this quarter was excessive, there being eleven deaths out of the total of 28 for this period in children under one year old, these being chiefly due to Bronchitis and Bronchopneumonia.

The Third Quarter was the most remarkable of the year, the general mortality falling as low as 7·7 and constituting a record. The infantile mortality was also low for this quarter, viz: 95 2, this being due to the unusual absence of deaths from diarrhœa.

In the *Fourth Quarter* the death-rate naturally rose somewhat but still remained below the average for this period, the mildness of the season accounting for this.

Mean Age at Death. The average age at death in males, viz: 28 shows a fall of 5·2 years below the average, that of females 35 5, on the other hand being 1·2 above it. Taken together the figure of 31·8 shows a decrease of 1·6 years of age at death compared with the last *eight* year average.

I ORDINARY DISEASES (94 deaths=11·4 per 1000). The number of deaths from all the ordinary diseases during the previous five years were as follows:

In	1895	there were	96	deaths.
In	1896	,,	97	,,
In	1897	,,	112	,,
In	1898	,,	98	,,
In	1899	,,	100	,,

The figure for this year is therefore two lower than that of the year 1895, which up to now was the lowest for over ten years. This is very satisfactory and gives a death-rate from ordinary diseases of only 11·4 per 1000 persons living.

Respiratory Diseases (19 = 2·3). Of the deaths ten were due to Pneumonia and nine to Bronchitis. As would be expected, owing to the mildness of the weather in the last few months of the year, the number of deaths from chest affections was less than usual, the rate being ·9 beiow the ten year average and the same as that for the year 1898, but actually half the rate of that for 1890.

The second quarter yielded the most deaths from these diseases, viz: ten, which was one more than those of the other three quarters together. The rate for the year is considerably under the average for the country generally and if ever we get our streets with their wet surroundings into better repair I expect that this death-rate will be even further reduced.

Circulatory and Urinary Diseases (15 = 1·83), of these ten were due to affections of the heart and five to those of the kidneys. The rate yielded, although somewhat higher than those of the two preceding years is satisfactory being ·22 below the previous ten year average.

Diseases of the Nervous System (11=1·34). This rate also shows a satisfactory decline. In 1898 it was 1·74 and last year 1·97. This year's figures include two cases of deaths in children due to "convulsions."

Diseases of Parturition (2 = ·24). This year I have to report two deaths from child birth, the same number as in 1896. The cases this year however were due to ordinary complications and not caused by preventible Puerperal Fever. The absence of this latter very fatal affection for many years is a most satisfactory point.

Phthisis Pulmonalis (Consumption of the Lungs, 8 = ·97). The death-rate from this tubercular disease shows a reduction of ·23 below the previous ten year average. In 1898 there appeared to be commencing a reduction in the deaths from this affection, the rate for that year being only ·74, but last year it again increased to 1·11. It is satisfactory therefore to again find this years rate somewhat lower. I have for many years pointed out that our death-rate from tubercular affections (especially those of the lungs) was higher than it should be, and that there must be some general *infective* cause at work. I have also drawn your attention to the fact that the generally damp subsoil around dwellings, together with the exposed position of parts of the township might have some *inducing* tendency. Five out of the eight cases this year occured in what may be termed the higher and more exposed parts of the town, and three in the lower and more sheltered districts.

This disease has always been believed to be inherited, but the experience of the last few years has shown this to be a mistake. Consumption of the lungs does not necessarily run in families by heredity, but that it does appear in different members of a household is also a fact, this being due however not to

heredity but to infection just as we see a disease such as scarlet fever conveyed from certain members of a household to an other, but every person exposed to the infection does not acquire the disease. The causes of Phthisis are two. First a *predisposition*, and second exposure to *infection*. We know that there are certain members of some families with what is called a catarrhal tendency of the respiratory organs or with a delicate constitution from other causes, either inherited or induced by unhealthy influences such as living and sleeping in unventilated rooms, living in houses on damp subsoil or with improper drainage, insufficient or wrong dieting, etc. Suppose such persons to be exposed for some time to the infection or germ of consumption which can enter the system either by breathing into the lungs, or may be by inoculation from the bowels or other manner. then this individual probably acquires tuberculosis of the lungs, or abdomen as the case may be, but in the case of a perfectly healthy person with no catarrhal or other predisposition the germs would probably be destroyed as soon as they entered the system. It is therefore the *susceptibility which may be inherited, and the disease acquired*, and it is most likely that every one of the 60,000 fatal cases of this disease in England. arises directly or indirectly from a pre-existing case either in man or beast. The great danger where there has been a case of consumption is, that the germs of the disease remaining in the house at the end of the illness are not immediately destroyed, but allowed to lie dormant amongst clothing, bedding, and especially in dust ready to be inhaled and set up the disease in another person who is susceptible. The remedies therefore for stamping out this disease are *First*, by as far as possible preventing infection of the house and all articles in it during the illness, and especially by providing suitable receptacles for the patient to spit into (as the sputum is the chief means of conveying the infection), and regular and frequent destruction by burning of the contents thereof. By this means and by thorough ventilation of the apartment together with the free admission of sunlight (virtually the new open air treatment) much may be done in preventing the infection from being retained on the premises, and *Second*, by thoroughly disinfecting the house at the end of the illness and everything in it which had any connection with the patient, taking especial care to remove dust from every corner as this may contain infected material from the dried expectoration of the patient. These two remedies coupled with compulsory notification of the disease would in my opinion very soon show good results. Poor law officers are required to give information of such cases amongst their pauper patients to the Medical Officer of Health, but I think that universal notification is necessary and I feel certain that such will become law before long.

Besides the spread of the disease from one *person* to another we have however another cause to consider, viz : the use of flesh or milk from *animals* suffering from Tuberculosis. As you are aware a great agitation on this point was raised two years ago, and rightly so, as their can be no doubt that initial cases in many families have so arisen. There is abundant proof that many Tuberculous animals exist, for example in the early Aberdeen experiments it was shown that 24 out of 100 bullocks, 10 out of 60 heifers, 39 out of 65 cows, and one out of two bulls were so affected ; the fact that 60 per cent of the cows were found diseased, the majority of which were young animals, is to my mind the most important point seeing that there is first the danger from using their milk when alive, and second their flesh when slaughtered. Of the animals killed in Yeadon the majority are cows Again in the experiments conducted on behalf of the British Dairy Farmers Association, 189 out of 461 animals showed tubercular disease, and of these 51 cases of diseased udders were shown to exist. Experiments at Her Majesty Home Farm were found to show equally

bad results and in still later investigations in Liverpool and Manchester, a large number of milk samples were actually found to contain the tiny Tubercle germ. This latter fact is a most difficult one to demonstrate and is therefore all the more conclusive.

Tubercular Disease is therefore a preventible one and further means to prevent it must and will before long be made compulsory, but even now with the extra methods used the disease is on the decrease as the Medical Officer to the West Riding last year pointed out that "as against the years 1890–2, we are saving 30 lives per 100,000 from pulmonary consumption." In the London Districts however during the last two years there has again been an increase in the death-rate and attributed in many districts to "overcrowding and infected "milk supplies from country districts outside their authority, 17 out of 77 "samples of milk in a certain district containing germs of the disease."

I trust I may be pardoned for treating this subject at so great a length but it is to me one of the most important questions of the day, and demands every attention.

Other Tubercular Diseases (5=·61). These figures are somewhat lower than those of the two previous years. All were cases of general Tuberculosis. The remarks I have made under the last heading are all applicable here, but especially those in connection with the supply of flesh and milk. The latter is undoubtedly the cause of most of the cases of Tuberculosis in children. I have in former reports recommended that all milk be sterilized by heat before being used, but a great disadvantage of this process is, that most children object to milk when so treated, and however good a safeguard it may be, the main point must never be forgotton, viz: to use every endeavour to get pure milk to begin with by eradicating this disease from the herds, It is spread in cattle by infection just as in man and it can be shown to exist in them in very early stages by the use of "Tuberculin," or at all events in a very large percentage of cases and the process is a harmless one to the animal. Then by isolation, by compulsory slaughter and destroying of the animal affected, accompanied by compensation in certain cases, the herds should become healthy and the disease eradicated generally or reduced to very small limits. Some legislative action on the matter will undoubtedly come ere long as may be judged from the following: 1st—The National Association for the Prevention of Consumption and other forms of Tuberculosis is issuing to Corporations, Councils, Boards of Guardians, etc., suggestions in respect of *Voluntary* Notification, and of provisions for open-air treatment for the pauper consumptive, and other recommendation. 2nd—The West Riding County Council in a conference of the Sanitary authorities on this subject, considered the question of effective administration to ensure purity of milk supply, and the proposal to build at the public expense a Sanitorium for the treatment of consumptives; and to seek powers to accomplish these objects a deputation was formed to confer with the Local Government Board, and 3rd—a British Conference of Representatives from all parts of the Kingdom is to be held on the subject, in London in July, under the Presidency of the Prince of Wales.

Cancer (9=1·09). The figures for this year show a large increase over those of former years. Cancer is said to be increasing in the county generally, but no specific reason for this can be shown.

Coroner's Certificate (3=·36). This rate is the same as that for last year.

Uncertified Cases (4=·48). Strange to say this rate is also the same as that of the previous year and much under the av rage of past years. I have several times drawn the Council's attention to the excessive nature of this rate so that it is satisfactory to find it declining.

II. ZYMOTIC or PREVENTIBLE DISEASES (18 deaths = 2·19 per 1000). This is the third highest Zymotic death-rate of which I have any figures. The highest I have ever recorded was 3 6 per thousand, chiefly due to 22 deaths from measles in the epidemic of 1890, the next to that being 3·0 per thousand in 1897, mainly caused by eight deaths from diarrhœa and 13 from whooping cough, and now again we have an excessive rate due as will be seen from the tables to the large mortality from measles there being 11 deaths due to that disease alone. It appears then that the large zymotic death-rates of past years have not been due to any excessive mortality from the more alarming and highly feared diseases such as Small-pox, Scarlet Fever, or Diphtheria, but to the often lightly spoken of affections such as Measles, Whooping-Cough or Diarrhœa. The strange thing about these facts is, that subsequent outbreaks seem to have no dangers for some people who treat the disease as carelessly as ever, regardless both for their own children's lives, and of preventing the spread of the disease to others. In this last outbreak of measles, children have actually been seen in the street in the acute stage of the illness with the rash upon them.

I am perfectly well aware of the difficulties which attend the isolation and treatment of such cases occuring in large families in small cottage houses, but surely some extra care might be used in many instances and more common sense employed by some people as regards the visiting of infected houses, and by others in permitting of it.

Influenza (4=·48). This ever returning affection appeared in December of the previous year and became epidemic in January, reaching its maximum in the second week, whole households being prostrated in many cases. The weather at this time was unseasonable, especially with regard to excessive rainfall. The outbreak was the most extensive we have experienced since that of the spring of 1890. It was the direct cause this year of four deaths, three of these being of the Pulmonary type and one due to affection of the Nervous System. My experience of the later outbreaks of Influenza is that there are fewer sufferers from the after effects than there were in the epidemics prior to 1890.

Measles (11 deaths = 1·34). A few cases of this infantile affection occurred in the beginning of February, probably spreading from a neighbouring township where the disease was very prevalent in the previous month. On the 27th it was considered advisable to close the schools and this was done for a month. It is a popular idea that closing a school does no good in preventing the spread of a disease like measles. My opinion however is to the contrary, provided the schools are closed early enough—earlier even than was done in the present instance—as it is certain that many children from districts free from the disease will then escape. Those in infected areas are fairly certain to become infected whether the schools are closed or not, but if the children of some outside or widely separated districts escape surely the plan of closure is beneficial. The rest remains with the parents of the children themselves.

Whooping-Cough (2 = ·24). Several cases of this disease occurred in the last quarter of the year, causing two deaths. At the time of writing there are still a few cases and it is to be hoped that every endeavour will be made by the parents of those children to prevent a general spread of the disease by keeping them in their own homes and forbidding visitors until they are better. A general outbreak of whooping-cough in winter or early spring, is always of a very fatal

character owing to the danger of the sufferers acquiring bronchitis or other chest complication.

Diarrhœa (1 = ·12). As already mentioned only one death occurred in the third quarter from this affection. In the year previous there were no fewer than 13, in 1898 only one, and in 1897 eight deaths were reported. Considering the great heat we experienced in July, and seeing how prevalent the disease was, the rate for this year is very satisfactory.

In 1897 I pointed out what were to my mind the two great inducing causes of this affection, viz: injudicious dieting, especially in children, and the disagreeable privy-midden system. As long as this abominable and obsolete system survives in Yeadon, so long will be experienced outbreaks of diarrhœa and kindred affections, and this, even although there has been great improvement during the last few years in the attention these conveniences have received.

It is impossible with the close proximity of foul and decomposing accumulations to prevent milk and other articles of food from becoming tainted, especially in hot summer weather, and besides this there is a depressing or unhealthy action set up in the system of many people by the inhalations of such effluvia, which tends to induce such diseases as Diarrhœa, Diphtheria or Enteric Fever should any of the specific germs of these diseases be about.

Apart from these diseases which caused 18 deaths, there occurred at various times during the year cases of Enteric and Scarlet Fevers, Diphtheria and Erysipelas, without any mortality however.

Enteric or Typhoid Fever (8 cases, no deaths). Of the eight cases two occurred in one house in High Street, three in separate houses in Well Hill, a district where we have had cases every year since 1894. The other cases were in remote and widely separated districts. The number of cases is the same as in 1899, with no deaths in either year. In 1898 there were nine cases with one death, and in 1897, 14 cases without mortality.

The constant presence of this fever in a town so small as Yeadon leads one to suspect that there must be some grave sanitary defect, and seeing our sewer and drainage systems are in fairly good order, I am again obliged to blame the privy-midden system of excretal disposal, because as I have already mentioned, even if they are well attended to, there is still a great danger owing to their proximity to dwellings of disease germs lurking in them, or by polluting the surrounding soil and so infecting persons residing near them, and especially so, as cleanliness in the habits of many people is not a strong point. In Sunderland where there were until recently upwards of 10,000 open middens, the fever rate was over three times as high as in the other large towns of the country. In Nottingham during a series of recent years there was one case of Typhoid Fever in 37 privy-midden houses, against one case in 558 water closet houses, i.e., fifteen times as many in the former as in the latter.

Again in the methods in use for cleaning these receptacles it is necessary in most cases that the contents be piled up in the streets previous to putting into the carts and that then much refuse must be left behind, the result being, as soon as the moisture in it has dried up that much poisonous dust is blown about the town. The remedy therefore for all this is to adopt in place of the present system of disposal, the more rational one of water carriage whereby all excretal matter is at once removed from the dwelling If this were done, and all private streets and back yards properly paved or flagged, good results would undoubtedly result in the health of the inhabitants (especially if a Compulsory Personal Cleansing Bill were passed by Parliament)

During the first six months of 1900 there were 514 cases of Enteric Fever in the West Riding administrative County, and in the second six months, 1088 cases, showing again that this disease is more prevalent in the autumn than in the spring.

Scarlet Fever (10 cases, no deaths). This dangerous affection first appeared in August of last year, and twelve cases occurred during the remaining months of that year, but without any mortality. This year we have had ten cases and again without a death. During the last year there has been 7743 cases in the West Riding, with the maximum in October, showing that the disease has been more prevalent than usual.

The only certain means of preventing the spread of this fever, especially when it occurs in small cottage houses where there are no separate rooms for proper isolation, is by means of early notification of the outbreak and immediate removal of the patient to hospital, but as we are still unfortunately without the privilege of such an institution, the only alternative is to adopt as strict isolation of the case as possible at home, to forbid visitors (generally a useless endeavour) to use disinfectants freely during the illness, and thoroughly disinfect the house at the end of the case. This in theory sounds very easy, in practice it is well nigh impossible, at any rate in many cases such as those where there are a large family of children and only a small house. The children who so far show no signs of the disease cannot be kept by themselves, but invariably get out and mix with others, though in the open air this is probably not so dangerous as is the practice of mothers of healthy families visiting the infected house or even the patient, and then conveying the disease to their own homes. The infection of Scarlet Fever is one of the strongest, being easily carried from place to place. The fact however that during the last two years we have had 22 separate outbreaks of the disease without becoming epidemic shows that our attempts at preventing a general spread have been fairly successful, but there is the constant danger in so treating cases at home that by neglect of, or overlooking some point a general outbreak will sooner or later ensue, but I would draw the Councils attention to the fact that although during the last fifteen years we have had outbreaks of Smallpox, Scarlet Fever and Diphtheria, and had only the above mentioned methods to rely on, that I cannot recall a single instance where any of these diseases has again broken out in the same district. The old fashioned method of disinfecting by means of burning sulphur has been used, and although this is a much despised method at the present day, the results in Yeadon have certainly been satisfactory, but even granting this I think we should adopt one of the more recent methods of spray disinfection as certainly more scientific and trustworthy, as I have always felt that the principle of sulphur fumigation was insecure and incorrect in theory, but at the same time I consider the above results as worth recording.

Diphtheria (five cases, no deaths). Of these cases one occurred in April, one in July, one in November, and two in one house in December. There appeared to be no connection between any of the outbreaks. In 1898 I suggested that the Council should supply the remedy knewn as Diphtheria "Antitoxin" free to all poor people in the district. This I find is now done in many places. It is a means of cure and reduces the dangers of infection and therefore for the common good. In 1899 I also suggested when writing on Diphtheria that the County Council should examine specimens bacteriologically for the Public Health officials of the West Riding, and I am glad to say that a specialist is now being appointed to the Riding for this purpose.

During the year there were 1716 cases in the West Riding the maximum of cases occurring in December.

ERYSIPELAS (four cases). A few cases of this disease have as usual been notified during the year, but with no deaths.

SMALLPOX. There have been fewer cases in the country than usual of this disease, only five having been reported in the West Riding during the year, but at the time of writing there are indications of this disease becoming more prevalent throughout the country.

THE INFECTIOUS DISEASES (NOTIFICATION) ACT. Reference to Table 9, will show that there were 27 cases of Infectious Disease reported during the year, two only in the first quarter, five in the third, and ten in each of the second and fourth. Enteric (Typhoid) Fever was responsible for eight cases, Scarlet Fever for ten, Diphtheria for five, and Erysipelas for four. During the months of January, February, March, August and September, there was a total of only three cases. The cause of each outbreak was investigated as far as possible, and means used to prevent any further spread of the illness. The Sanitary arrangements of the dwellings were also examined and in several cases defects were found and remedied.

This act is now in force over the whole of England, having become compulsory in the 1549 Sanitary Authorities, on the first of January, 1900, the estimated cost of the measure being about one-fifth of a penny per head. Strange to say, England has again been behind many of her Continental neighbours in the matter of Compulsory Notification of Disease. In Brussels the principle has been in force since 1824, and Norway and Sweden adopted such an act in 1874, the information given in the notification card being very comprehensive in the latter instance.

The advantages of this Act to Sanitary Authorities are indisputable, seeing that they get early knowledge of outbreaks of infectious disease and its whole prevalence, and thereby have power to control the rest of the household, school attendance, etc., and to use authority over every case during its whole course, a matter of great importance regarding outbreaks of such diseases as Typhoid or Scarlet Fever, or of Diphtheria, when they occur in schools, dairy-farms or the houses of milk sellers. Opportunity of offering Hospital accommodation is also an important advantage as is that of vaccination in the case of Smallpox. Attention is also drawn to the Sanitary condition of dwellings, the condition of milk and water supplies, and many other points of importance. That there are several weak clauses in the Act is true, but after nine years trial I have found it on the whole to be very comprehensive and to work satisfactorially.

ISOLATION HOSPITAL.

It is now over five years since the erection of a Fever Hospital for the district was first considered. I understand that the site has been arranged for, but can give no information as to when the erection of the buildings are to be commenced. I hope before another year that we may find matters more advanced as without a Hospital for infectious cases, the notification of diseases Act cannot be worked with the same benefits that would otherwise result.

WATER SUPPLY.

The water supply during the year has been satisfactory as regards quantity, and that its high standard of purity has been maintained, the following analysis which I recently made will show:

ANALYSIS OF WATER.

Colour in 6 in. Tube -	None.
Turbidity - - -	None.
Odour - - - -	None.
Reaction - - - -	Slightly acid.
Residue left on Evaporation	Very little ; no charring.
Hardness - - -	3·5 degrees
Chlorides - - -	1·4grs. per gallon ; equivalent to 2·3 grs. per gallon of common salt.
Nitrites - - - -	None.
Nitrates - - - -	None.
Free Ammonia - - -	·002 parts per million.
Albumenoid Ammonia -	·066 do. do
Oxygen absorved in 15 minutes at 212 degrees Fah. -	·15 grs. per gallon.
Metals—Lead - - -	·30 grs. do.
Bacteria in gelatine plate culture - – -	42 per cubic centimetre.

Unfortunately the action of the water on the lead service pipes continues. I have examined 75 samples during the year In one case I found the quantity of lead as low as 1/50 part of a grain per gallon. In the other samples the amounts varied from 1/20 to a maximum of 3/5 of a grain, this latter excessive amount being present in a sample of water which had stood twelve hours in the pipe. The majority of the samples showed about ¼ grain per gallon. On the 22nd of January, Dr. Kaye made an inspection of the Waterworks gathering ground and suggested to the Council and the Waterworks Co. means which might be tried to remedy the action of the water on lead. I understand that on the 3rd of December the Waterworks Co. stated to the West Riding Authorities that they had decided to carry out some experiments with a view to treating the water whereby the lead solvent action might be reduced.

In my report of 1898, I suggested an inexpensive chemical method that they might try and also advised stocking the reservoir with fish. I understand this latter point has recently been carried out and I trust they may now be successful in their further endeavours, but meanwhile I would still advise the public to use great care in running off the water from the lead service pipes before using any for drinking purposes, especially before filling their tea kettles in the morning and evening. Many people have the idea that if the water is boiled it is quite safe, whereas the very opposite is the case, as the original amount of lead in the water remains in what is left in the kettle, no matter to how small a quantity the water is boiled down. In the case of lead poisoning, above all other diseases prevention is the plan to work on. Thirteen cases of Plumbism have come under my notice during the year, two cases occuring in one house and three is another.

DRAINAGE & SEWERAGE.

Improvement has been noticed in the condition of the surface drains, as the result of many of the old and badly laid drains being remedied during the two previous years. The slop dish nuisance still continues but not to the same extent as formerly, the public gradually being educated to the fact that these dishes are made to pour slop water *into*, rather than throwing it across them or on to the pavement or street.

There remains one point however which I have before drawn attention to, viz : that the cleaning out of the slop dish traps is a duty that requires to be done by the tenants. Certainly there has been some improvement in this matter, but there are still many people who neglect to pay attention to these traps under the wrong impression that it is not their duty. I hope for the future that they will remember that it is their business to attend to these, and so add both to their own comfort, and that of the public generally. The traps should be cleaned out every three or four months.

The sewers of the district are in fairly good order but owing to very culpable errors in the original levels in High St., there has been blockage trouble on one or two occasions during the year. The addition of the Victoria Terrace sewer and that at New Scarbro, have been the only extensions of the system during the year. In the former there was some difficulty in getting a sufficient fall, but so far it has acted very well. The Harrogate Road scheme has had to be given up in the meantime. In May it was arranged that the New Scarbro' and district sewage be treated by the Guiseley Council, the cost being arranged on a rateable basis.

The difficulty of getting rid of sewage at Little London has been overcome by means of a cesspool. It would have been better could an arrangement have been come to with the Rawdon Council in this case, but until a central authority rules these matters so long will there be difficulties in arrangement.

Slop-Water Closets. The few of these which have up to now been put in continue to act satisfactorily. They are a great advance on the old midden system and I should like to see them more universally adopted. They are the cheapest form of water carriage, cause no waste of clean water, and therefore give no extra amount of liquid to be dealt with at the sewage works. They are not injured by frost, nor easily in any other way if they have ordinary care used, and the cost both at first and for up-keep is small No new ones have been erected during the year.

Sewage Disposal. The sewage at the outfall is treated in the same manner as formerly, viz : by Precipitation with Lime, subsequent settling in tanks, and filtration. The latter part of the process has been improved on during the year by means of the new filters, the effluent being more satisfactory. The Rivers Board Authorities have made complaints during the year as to the condition of the effluent, but still give no assistance in proposing a better method of treatment either to our Council or to others who have even less satisfactory results, but as I entered so fully into this matter in my last annual report, and as the Council has several points under consideration I need not say more on the subject at present.

SANITATION.

Lodging-Houses (3). These have been well occupied during the year chiefly by the employees on the new railway works. They have been kept in fair condition, but in one or two cases a little extra cleanliness would be beneficial.

Slaughter-Houses (13). I am glad to report that during the year events have happened which will lead to an improvement in the condition of these buildings for the future. The extensive bye-laws which exist regarding them, and which in the past have been a dead letter, are now being put into force in a manner which can only be for the benefit both of the public and of the butchers themselves. In the future slaughter-houses will only be licensed which conform to certain structural standards and regulations as contained in the bye-laws.

So far the butchers have shown great willingness in adapting their premises to the requirements and I trust that they will continue to work with, and assist the Sanitary Authorities in carrying out reforms which will be of mutual benefit.

Cowsheds (15). I should like to see equally or more stringent action put in force with regard to the condition of these buildings, as many of them are structurally unfit for use owing to want of sufficient air space, light and ventilation, and therefore given to overcrowding; also from want of proper floor arrangement whereby cleanliness cannot be attained and many other points. When more stringent legislation regarding milk supplies come into force all of these defects will have to be remedied.

Unsound Food. No seizure of unsound food has been made during the year but that some shady traffic in the meat trade was carried on is certain, owing to discoveries by the inspector, too late however for any action to be taken. It seems scarcely worth the risk of carrying on such a practice as selling bad meat, fish or other article of food, in a small place like Yeadon, as its discovery is certain to damage or ruin the person's trade. No samples have been taken under the new Food and Drugs Act of 1899. Several complaints were made to me as to the quality of some of the milk supplied during the year, and although in several samples I examined there was a suspicious variation in the amount of cream present I found nothing else to indicate that they had been tampered with.

Nuisances. Thirty nuisances were left to deal with at the end of 1899 Besides these 67 others were reported or discovered during the year, making a total of 97. Of these 88 have been remedied leaving 9 to be attended to in the new year.

The nuisances referred to comprised four cases of blocked drains, seven. defective sink pipes, flooded cellars, etc.

During the year I made 81 special inspections of dwellings or districts and in many cases found defects in the sanitary arrangements which the Inspector has attended to.

There has been further improvement in the spouting of the town, but there are still several properties deficient in the matter. The addition of 20 channels across the causeway from the fall pipes in High St. is a special improvement.

I must again refer the Council to the neglected condition of much of the older property in the town, as, apart from the eyesore, or the dangers to passers by, it would be greatly to the advantage of the owners themselves if they were compelled to remedy the condition, and either pull down the buildings altogether or make them habitable. Perhaps this matter will be taken up when the "Housing of the Working Classes Act" is considered.

Private Roads. I should have been glad to report that actual commencement had been made in remedying some of these roads before the winter had set in, but as there has been some difficulties in arranging matters we will have to be content to plunge about for another season. I trust however that there may be many improvements made ere another year, in the condition of what are at present the worst and filthiest roads in England, as I understand the contracts for some of the work are now let.

I as usual append a number of tables of statistics with reference to the different rates for the year and also the Report of the Inspector of Nuisances.

I am, Gentlemen,

Your obedient servant,

CHAS. J. R. McLEAN, M.D., D.P.H.,

MEDICAL OFFICER OF HEALTH.

TWEED HOUSE, YEADON,
14th Jan., 1901.

REPORT OF INSPECTOR OF NUISANCES.

To the Medical Officer of Health.

Dear Sir:

The following are the particulars of work done in the Sanitary Department during the year 1900.

Particulars of Work done.	*Number.*
Drains Opened and Cleaned	*4*
Sink Pipes Trapped and otherwise Repaired ...	*7*
Fallpipes Erected or Repaired	*8*
Fallpipes connected to Channels to prevent the water running over the Footway	*20*
Removal of Nuisances arising from the keeping of Swine	*2*
Manure Pits Repaired	*2*
Nuisances arising from various causes removed ...	*7*
Privies Condemned and Rebuilt	*8*
The Street Gullies are attended to when necessary	
Total of Nuisances Removed	*58*

Three ordinary Privies and two Water-Closets have been erected during the year.

In two cases of Reported Nuisances, permission to summons was applied for by the Sanitary Committee, but the owners commencing to carry out the suggested alterations legal proceedings proved unnecessary.

INFECTIOUS DISEASES. I have personally superintended the Disinfecting of the Houses wherein such Diseases have occurred during the year.

SEWERAGE. A fair amount of work in connection with our Sewerage System has been done during the past 12 months. The following Sewers have been laid:

250 Lind. yds. of 12 in. Sewer to Victoria Terrace, &c.
240 ,, 9 ,, } to connect the New Scarbro' Portion of our
40 ,, 12 ,, } District with the Guiseley Council's Sewer.
60 ,, 9 ,, has been Relaid at Henshaw Lodge.

A large portion of the Sewers at the higher end of the District have been examined and cleaned, and in one case a very serious obstruction removed.

PRIVATE STREETS. The contracts for the making up of Windmill Lane, Football and King Street have been let, and the work will be proceeded with forthwith. The Council have also laid an Asphalted Footpath, with Kerb and Channel, from Town Hall Square to Board Schools, thereby bringing about a much needed improvement.

Dibb Lane, New Scarbro', another very bad public footpath, has been paved, and is now in a better condition than ever previously known.

Yours respectfully,

N. HOULDEN.

Table 1.

ANNUAL RATES.

	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	10 Years Average.	1900	Increase.	Decrease.
Death-rate	20·6	18·5	16·3	18·4	15·8	14·2	14·1	17·1	12·8	13·9	16·1	13·6		2·5
Corrected Death-rate				18·4	16·7	14·0	14·6	17·0	12·8	14·1	15·3 7 years	13·5		1·8
Infantile Death-rate Per 1000 Births	95·0	112·0	162·7	143·4	154·9	100·0	112·7	102·1	94·0	211·1	128·7	142·8	14.1	
Birth-rate	31·4	28·9	27·7	31·6	28·2	30·7	25·9	29·6	25·1	22·1	28·1	23·0		5·1
Illegitimate Birth-rate (Per cent. of Total Births)			5·2	4·21	5·6	2·9	8·8	6·8	6·9	5·5	5·7 8 years	6·3	·6	

Table 2.

QUARTERLY RATES.

	No. of Deaths	Rate per 1000 Population	No. of Births	Rate per 1000 of Population.	No of Infantile Deaths.	Rate per 1000 Births.
1st Quarter, 1900	42	20·5	54	26·4	6	111·1
2nd ,, ,,	28	13·6	51	24·8	11	215·6
3rd ,, ,,	16	7·7	42	20·3	4	95·2
4th ,, ,,	26	12·5	42	20·3	6	142·7
Total	112	13·6 average	189	23·0 av.	27	142·8 av.

Table 3

MEAN AGE AT DEATH.

	1892	1893	1894	1895	1896	1897	1898	1899	Average 8 years.	1900	Increase	Decrease
										Years		
Male	31·7 yrs.	33·3 yrs.	29·8 yrs.	37·9 yrs.	32·0 yrs.	31·0 yrs.	40·9 yrs.	29·0	33·2	28		5·2 yrs.
Female	33·7 „	40·0 „	34·7 „	35·6 „	31·4 „	30·3 „	28·05 „	37·0	33·6	35·5	1·9 yrs.	
Average	32·7 „	36·6 „	32·2 „	36·7 „	31·7 „	30·6 „	34·4 „	33·0	33.4	31·8		1·6 „

Table 4.

OF THE AGES AT DEATH THERE WERE :—

	1st Qr.	2nd Qr.	3rd Qr.	4th Qr.	Total	Rate
Under One Year Old	6	11	4	6	27	3·29 per 1000
Over 1 year and under 5 years ...	6	6	1	2	15	1·83 „
„ 5 „ „ 15 „ ...	3	0	0	0	3	·36 „
„ 15 „ „ 25 „ ...	0	1	0	3	4	·48 „
„ 25 „ „ 65 „ ...	12	7	7	10	36	4·39 „
Of 65 years and upwards	15	3	4	5	27	3·29 „
(Of whom 5 were over 80 years old). Total	42	28	16	26	112	13·6 „
Estimated Population {Death-rate	20·5	13·6	7·7	12·5	13·6	
Estimated Population {Birth-rate	26·4	24·8	20·3	20·3	23·0	
Infantile Death-rate per 1000 births	111·1	215·6	95·2	142·8	142·8	

Table 5.

THE CAUSES OF DEATH WERE AS FOLLOWS:

	1st Qr.	2nd Qr.	3rd Qr.	4th Qr.	Total	Rate per 1000
I. ORDINARY DISEASES (94=11·4 per 1000)—						
Diseases of the Respiratory System	5	10	1	3	19	2·3
„ „ Circulatory & Urinary System ...	3	2	5	5	15	1·83
„ „ Nervous System	5	2	1	3	11	1·34
„ „ Alimentary System	0	1	0	2	3	·36
Diseases of Parturition (child birth)	1	0	1	0	2	·24
Phthisis Pulmonalis (Consumption of Lungs) ...	2	2	2	2	8	·97
Other Tubercular Diceases	2	0	2	1	5	·61
Cancer...	3	3	0	3	9	1·09
Diabetes	0	0	0	1	1	·12
Premature Birth	0	1	0	1	2	·24
Old Age	4	0	1	1	6	·73
Other Diseases	2	2	2	0	6	·73
Coroner's Certificate	1	1	0	1	3	·36
Uncertified	2	1	0	1	4	·48
II. ZYMOTIC OR PREVENTIBLE DISEASES (18=2·19)—						
Diarrhoea	0	0	1	0	1	·12
Whooping Cough	0	0	0	2	2	·24
Diphtheria ... ... }	0	0	0	0	0	
Enteric (Typhoid) Fever ... ... }						
Measles, ...	8	3	0	0	11	1·34
Influenza—	4	0	0	0	4	·48
Total	42	28	16	26	112	13·6
Rate per 1000 of population	20·5	13·6	7·7	12·5	13·6	

Table 6.

RESPIRATORY & CIRCULATORY & URINARY DISEASES.														
	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	10 Years Average.	1900	Increase	Decrease
No. of Deaths from Respiratory Diseases	38	34	20	36	25	15	17	22	19	23	25	19		6
Rate per 1000	4·9	4·6	2·6	4·8	3·3	1·92	2·15	2·77	2·36	2·83	3·20	2.3		·9
No. of Deaths from Circulatory & Urinary Diseases	24	33	14	14	14	9	10	18	11	13	16	15		1
Rate per 1000	3·1	4·4	1·85	1·8	1·8	1·13	1.27	2·26	1·37	1·60	2·05	1·83		·22

Table 7.

PHTHISIS PULMONALIS.														
	1890	1891	1892	1893	1894	1985	1986	1897	1898	1899	10 Years Average	1900	Increase	Decrease
No. of Deaths	13	11	5	5	12	14	11	12	6	9	9	**8**		1
Rate per 1000	1·6	1·4	·67	·66	1·58	1·79	1·39	1·51	·74	1·11	1·24	**0·97**		0·27

Table 8.

ZYMOTIC DEATH-RATE.

	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	10 Years Average	1900	Increase	Decrease
No. of Deaths from Infectious Diseases ...	28 Measles	9	8	6	11	15	14 Measles	24 Whoop Cough	5	13	13	18	5	
Rate per 1000... ...	3·6	1·2	1·06	·79	1·45	1·92	1·77	3·02	·62	1.60	1·87	2·19	·32	

NOTIFICATION OF DISEASES (*Monthly Returns*)

	Jan.	Feb.	Mar.	Apr.	May	Jun.	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Enteric Fever (Typhoid)					1	1	2	1			2	1	8
Diphtheria				1			1				1	2	5
Erysipelas	1		1	2									4
Scarlet Fever				1	2	2	1			2	1	1	10
Total	1	0	1	4	3	3	4	1	0	2	4	4	27

Table 10.

NUMBER OF CASES OF INFECTIOUS DISEASES NOTIFIED 1892—1900.

1892	1893	1894	1895	1896	1897	1898	1899	1900
36	17	24	24	7	21	18	32	27

Table 11.

FOR WHOLE DISTRICT.

Year	Population estimated to middle of each Year	Births		Deaths under One Year of Age		Deaths at all Ages. Total.		Deaths in Public Iustitutions	Deaths of Non-Residents registered in District	Deaths of Residents, registered beyoed District	Dedths at all Ages. Nett.	
		Number	Rate*	Number	Rate per 1000 Births registered	Number	Rate*				Number	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890	7725	242	31·45	23	95·0	159	20·6					
1891	7396	214	28·9	24	112·1	137	18·5					
1892	7503	209	27·7	34	162·7	123	16·3					
1893	7589	237	31·6	34	143·4	138	18·4	...	2	2	138	18·4
1894	7675	213	28·2	33	154·9	120	15·8	...	1	8	127	16.7
1895	7761	240	30·7	24	100·0	111	14·2	...	5	4	110	14·0
1896	7848	204	25·9	23	112·7	111	14·1	...	2	6	115	14·6
1897	7934	235	29·6	24	102·1	136	17·1	...	5	4	135	17·0
1898	8020	202	25·1	19	94·0	103	12·8	...	7	7	103	12·8
1899	8106	180	22·2	38	211·1	113	13·9	...	6	8	115	14·1
Averages for years 1890–1899.	7755·7	217·6	28·1	27·6	128·8	125·1	16·1	Averages for years 1893–1899	4·0	5.5	120·4	15·3
1900	8193	189	23·0	27	142·8	112	13·6		6	5	111	13·5

* Rates calculated per 1,000 of estimated population.

Area of District in acres (exclusive of area covered by water. 1723.

Total population at all ages—At Census of 1891. 7396.

Table 12.

	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	Averages of Years 1890 to 1899.	1900
Population estimated to middle of each year. *(a)*..	7725	7396	7503	7589	7675	7761	7848	7934	8020	8106	7755·7	8193
Births registered *(b)*	242	214	209	237	213	240	204	235	202	180	217·6	189
Deaths at all ages *(c)*	159	137	123	140	128	115	117	140	110	121	125·1	112
Deaths under one year *(d)*	23	24	34	34	33	24	23	24	19	38	27·6	27

Table 13.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1900.

Notifiable Diseases.	Cases notified in Whole District.						
	At all Ages	At Ages—Years.					
		Under 1.	1 to 5.	5 to 15	15 to 25	25 to 65	65 and up.
Small-pox	0	...	...	...	...	...	...
Cholera...	0	...	...	...	...	...	...
Diphtheria	5	...	...	2	1	2	...
Membranous Croup ...	0	...	...	...	...	...	...
Erysipelas	4	...	...	...	1	3	...
Scarlet Fever	10	...	2	4	2	2	...
Typhus Fever	0	...	...	...	...	...	...
Enteric Fever	8	...	...	3	2	3	...
Relapsing Fever ...	0	...	...	...	...	...	...
Continued Fever ...	0	...	...	...	...	...	...
Puerperal Fever ...	0	...	...	...	...	...	...
Plague	0	..	...	...	...	...	...
Totals	27		2	9	6	10	

No Hospital.

Table 14.

Causes of Death.	Deaths iu whole District at subjoined Ages.						
	All Ages	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards
Measles	11	2	8	1	...	...	...
Whooping-Cough	2	1	1	...	...	...	...
Epidemic Influenza	4	...	...	...	...	2	2
Diarrhœa	1	1	...	...	...	...	...
Phthisis	8	...	...	...	2	5	1
Other Tubercular Diseases	5	3	1	...	...	1	...
Cancer, Malignant Diseases	9	...	...	...	...	4	5
Bronchitis	10	4	1	...	...	2	3
Pneumonia	9	4	2	...	...	2	1
Premature Birth	2	2	...	...	...	...	...
Diseases and Accidents of Parturition ...	2	...	...	...	...	2	...
Heart Diseases	10	...	...	...	...	4	6
Accidents	1	...	...	...	..	1	...
All other causes	38	10	2	2	2	13	9
All causes	112	27	15	3	4	36	27

TABLE C. 1900.

YEADON URBAN SANITARY DISTRICT.

MEDICAL OFFICER OF HEALTH - CHAS. J. R. McLEAN, M.D., D.P.H., SALARY, £40.

Is the Medical Officer of Health also appointed as Medical Officer to the School Board? **No.**

SANITARY INSPECTOR - - N. HOULDEN. SALARY, £80.

What other positions does the Sanitary Inspector fill? **Surveyor.**

Water Supply—Quality, **Excellent.** Action on Lead, **1/20th to 3/5ths grs. per Gallon in 75 Examinations in 1900.** Any extensions or change during 1900? **No.** Any inadequacy in any part? **No; except that no treatment is pursued to lesson the Plumbo-solvency.**

Sewerage—Is the district systematically sewered? **Yes.** Is rainfall excluded? **Mostly so.** Extensions or Improvements during 1900: **New Scarbro' portion of District taken into Guiseley by agreement; Victoria Terrace, Sewer provided; Henshaw Lodge, Sewer relaid.** Any inadequacy in any part? **Apperley Lane, Cemetery Road. Moor Grange, require extensions.** Any Special Means of Ventilation? **No.** Any Rubble Drains and where? **One in Back Club Row.**

Sewage Disposal—System adopted, **Precipitation by Lime, Settling and Filtration.**

Scavenging—Are the privy-middens, ash places, etc., cleansed by Sanitary Staff, by Contractors, or by Owners and Tenants? **Contract.**

Adoptive Acts—Public Health Acts (Amendment) Act, 1890: **3rd Part, Oct. 1st, 1896.** Infectious Disease (Prevention) Act, 1890: **Whole, Sept. 1st, 1896.** Private Streets Works Act, 1892: **Whole, Sept. 1st, 1896.**

Bye-Laws—Any adopted or sanctioned during 1900? (*a*) Under the Public Health Act, 1875. **No.** (*b*) Under the Public Health Acts Amendment Act, 1890, **No.**

REGULATED BUILDINGS, TRADES, &C.	NUMBER Registered	NUMBER Inspected	GENERAL CONDITION?	LEGAL PROCEEDINGS [if any].
Common Lodging Houses ...	3	3	Fair	
Canal Boats				
Slaughter Houses	0	13	Registration Bylaws in process	
Bakehouses				
Dairies				
Cowsheds	0	15		
Milkshops				
Offensive Trades [Please specify nature.]				

D.C.M. Order—Have any Regulations been framed under article 13 of this Order? **Under consideration.** Number of Cowkeepers registered, **None.** Number of Purveyors of Milk registered, **None.** Cowsheds inspected. **All of them several times a year.** Any special action———

Isolation Hospital—Has the Sanitary Authority in emergency during an outbreak of disease provided Nurses for home isolation? **No.** Compensation paid for infected articles destroyed during 1900, **None.** What method of house disinfection is employed? **Sulphur Fumigation without recurrence of a case in 15 Years.**

Dwellings—No. of Houses built during 1900, **1.** General Character, **Cottage** Any houses unfit for habitation? **Yes; but not inhabited.** Any action taken under the Housing of the Working Classes Act, 1890? **No.** Any "unhealthy areas? **No.** Back yards—are they paved or rendered impervious in any part? **Not at all.** Back streets—do? **Not at all.** Is house-to-house inspection sytsematically made? **No.**

Nuisances—Total No. of Nuisances in hand at close of 1899, **30**; at close of 1900, **9.** Reported during 1900, **67**; abated during 1900, **88.** No. of Sink wastes disconnected during 1900, **7**; No. of Sink wastes trapped during 1900, **7**; No. of Closets newly constructed during 1900, **5**; kinds, **3 Privies, 2 W.C.s**; No. of Closets reconstructed during 1900, **8**; kinds, **Privies.**

Meteorology—Mean Temperature for year 1900, Rainfall,

Geology—Nature of Soil, **Loam**; Subsoil, **Clay**; Rock, **Sandstone.**

Miscellaneous—Any diseases peculiarly endemic in the district? **No.** Any information as to No. of deaths from Cancer of all kinds during 1900? **9 Deaths.** Any Cancer-houses or lacalities noted? **No.** Any information as to number of deaths from Tabes Mesenterica? **No; 5 Infantile deaths from General Tuberculosis.** Does the Sanitary Authority provide Antitoxin (gratis) for diphtheria cases? **No.** Is a public Mortuary provided? **No.** Any necessity for a public Abattoir? **Always.**

What action has been taken in regard to the following matters? Seizure of Unsound Food, **0.** Prosecutions, **0.** Samples under Sale of Food and Drugs Acts, **0.** Prosecutions, **0.** Are Food preservatives much in use in summer time, especially in milk? **0.** Has there been any poisoning attributable to arsenical beer? **No.** River Pollution, **0.** Smoke Abatement, **0.** No. of Observations taken, **0.** No. of Factories and Workships Inspected, **8.** Schools—No. in District, **4.** No. closed on account of outbreaks of disease, **Board Schools.** Total duration of closure from this cause, **4 weeks for Measles.** Burial Grounds—No. in District, **4.** Any need for extension? **No.** Any work done by the M.O.H under the Customs and Inland Revenue Act, 1890, Section 26 (2)? **None**

***Births**—Males, **102.** Females, **87.** Total, **189.** Number Illegitimate, included in the above, ? **12**; **Males 7, Females, 5.** Any information as to No. of Still Births, **No.**

***Deaths**—Males **48.** Females **64.** Total, **112.** Number uncertified, included in the above, **4.** Any information as to the proportion of bottle-fed children included in the deaths under one year? **A good many, but no actual numbers.**

* The figures entered here should be the numbers *actually registered* in the district, without any correction whatever.

Sanitary Requirements of District, and Suggestions of Medical Officer of Health:—

Further legislation as to Cowsheds with central authority.

Central control over all Sewerage, especially with regard to outlying districts being compulsorilly included in the nearest system relative to natural fall of district with cost on ratable basis.

West Riding Sanitary Forms, No. 9,
Supplementary Tables for Annual Reports.
1-1- 01.