[Report 1904] / Medical Officer of Health, East Riding of Yorkshire County Council.

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EAST RIDING OF YORKSHIRE.

Extract from Minutes of Education Committee.

MEMORANDUM ON OUTBREAKS OF MEASLES.

The number of deaths from Measles in 1904 was equal to the whole number registered during the three previous years.

In 1904 the disease prevailed in 7 of the 11 Urban Districts, and in 12 of the 13 Rural Districts.

The death-rate in the whole of the districts was about equal to the average rate over the whole population, but it was three times the average rate of the previous 10 years in the Rural Districts.

As there are no means of ascertaining the number of persons who suffered from the disease, so there is no opportunity of testing what proportion of the persons who were attacked, died.

There were 32 fatal cases, 11 in Urban and 21 in Rural parishes.

Deaths from Measles more frequently occur among children under 5 years of age.

The average over a series of years in the East Riding shows that 88 per cent. of the deaths were of children under that age; in 1904 the proportion was less, viz:—72 per cent., owing to the unusual circumstance that 3 persons over 15 years died from Measles.

The effect of the wide-spread epidemic of Measles is shown by the year's returns of Schools closed in 1904.

53 Schools were closed on account of outbreaks of Measles; each School was closed on an average of 15·7 School days.

7,124 children were on the books of these Schools; 258,072 attendances were lost during the period that the Schools were closed.

There are no means of ascertaining what was the age of the children who were ill, but judging from the proportion of deaths under 5 from this disease and the facts usually noted in outbreaks, the largest proportion would be of children in the Infants' department of the Schools.

There is little doubt but that many scholars in the upper standards who had previously suffered from Measles, and were therefore little likely to be ill or to convey infection to others, were in attendance at the Schools which were closed.

If the previous history of each school child, and what illness of an infectious nature it had suffered from, was collected and tabulated at each School, it would be possible to deal with these epidemics of Measles, Chicken-pox, Whooping Cough, and probably Scarlet Fever, in a more satisfactory way.

Definite information would then be available as to the number who are either susceptible or insusceptible of catching the disease.

When that is done it is found that closure is more frequently confined to the Infants' department rather than closing the whole School, and the closure to be most effective takes place at the earliest appearance of the disease.

It is already known that Infants suffer in the greatest number from Measles; that the disease is most fatal among children under 5 years of age, and their education suffers least by their exclusion at the beginning of their School life.

The disease can often be traced from one to another neighbouring parish, and help might be given to the teachers in detecting the earliest cases if the facts of the occurrence of epidemic diseases could be passed on by weekly returns to each Schoolmaster, say in a School Attendance Officer's district.

The memorandum of the Local Government Board *re* Infectious Disease, suggests such action on the part of the Schoolmaster in the following words :—

"Schoolmasters can properly be asked to take note, especially when an epidemic threatens or is present, of symptoms occurring in any of their scholars that may indicate commencement of disease, febrile in nature."

J. MITCHELL WILSON.

May 13th, 1905.

The Sub-Committee recommend that the suggestions of the Medical Officer be adopted, and that cards be provided at each school for the purpose of obtaining and tabulating information as to the illness of an infectious nature from which each child has suffered, and that the Attendance Officers be instructed to keep themselves acquainted with the occurrence of infectious disease in their Districts, and to furnish the Teachers of each school with information as to such occurrence in their own school districts or any adjoining school districts.

EAST RIDING OF YORKSHIRE

COUNTY COUNCIL.

ANNUAL REPORT

OF THE

Medical Officer of Health,

For the Year 1904.

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RURAL SANITARY DISTRICTS.

To the Chairman and Members of the Sanitary Committee.

My Lords and Gentlemen,

I beg to submit my Annual Report for 1904.

Of the 24 reports received from the Medical Officers of Health to the Urban and Rural districts in the Administrative County,

16 were printed: in 1901 only 11 were printed;

5 were typewritten,; and

3 were in manuscript.

The value of those typed or written is lessened for everyone interested in the sanitary welfare of the district, as the contents become known to a very few ratepayers; further, as the Medical Officer of Health is responsible for providing four copies of his report, namely, one for the District Council, one to be sent to the Local Government Board, another to the County Council, and one for his own future reference, thus to re-write a complete statement of the sanitary requirements of the district and of the work carried out during the year, involves much unnecessary labour to that official.

The Local Government Board in their memorandum on the preparation of the Annual Reports urge that each report should be printed.

The several reports were received between the 7th of January and the 20th of May.

In order to obtain definite information regarding the sanitary state of all Factories and Workshops, the Home Office sent out last year for the first time a printed table of questions referring to such places in order that the replies might be more easily tabulated.

This work is of comparatively small amount in the rural districts, but the details of the main work carried on in Sanitary

Districts in providing better sanitary conditions, such as better water supplies, efficient drains, sufficient closets, &c., or in the inspection of places over which the District Councils have control, do not always receive sufficient notice, but are sometimes condensed into a single paragraph in the report.

By comparison other Reports give a detailed list of the amount of the sanitary work carried out during the year, and some particulars of the condition, and the action taken in regard to the Dairies and Cowsheds, the Common Lodging-houses, the Slaughter-houses, and the Bake-houses throughout the District.

These latter reports carry out the suggestions contained in the Local Government Board's memorandum, and their action would more likely become the general rule if that Department would issue a table on the lines of that recently sent out by the Home Office.

I again thank those Medical Officers who regularly send me a monthly return of the cases of infectious disease notified in their district. I regret that the list does not yet embrace all the Sanitary Authorities in the Riding.

The arrangement made by the County Council with the University of Leeds for the bacteriological examination of specimens from cases of diphtheria, enteric fever, phthisis, and of samples of water has been entered into by all the District Councils in the Administrative County with the exception of those of the

Borough of Hedon,
Urban District of Cottingham,
,, ,, of Filey, and the
Rural District of Patrington.

This means of aiding the Medical Practitioner in his diagnosis, and the Medical Officer of Health in determining the period of freedom from infection in certain cases, has been largely used.

During the 10 months to the end of 1904 that the

arrangement has been in force, 127 specimens have been examined and also 23 samples of water.

These specimens have been sent by many Medical Practitioners, and as the cost to each District Council is only a small fee for each specimen, the opportunity of having these bacteriological examinations should now be made available for those practising in every part of the County. In addition to these I have during the year analysed 36 samples of well waters from 13 Urban and Rural Districts in the County.

In the early part of 1904 a course of 6 lectures was given to the Sanitary Inspectors of the East Riding, the subjects being :—

I. Some results of Slip-shod Sanitation.
II. The Housing of the Working Classes Acts.
III. The Site and Construction of New Houses.
IV. The Air Space and Ventilation of New Houses.
V. The Drainage and Closet Accommodation ,,
VI. The Water Supply ,,

POPULATION.

The following is the estimated population in the several combinations of districts :—

	Estimated 1904.	Estimated 1903.	Year's Increase or Decrease.
Administrative County ..	147,033	146,000	† 1,033
Urban Districts	56,400	55,095	† 1,305
Rural Districts	90,633	90,905	— 272

The estimated population for 1904 is 147,033, which is an increase of 1,033 during the year.

In 1904 there were 1,278 more births in the Administrative County than there were deaths.

422 in the Urban Districts and

856 in the Rural Districts.

The returns of the last Census show, however, that the whole increase cannot be calculated as a permanent addition to the population.

The Urban Districts increase beyond their excess of births over the deaths, while the Rural Districts lose more than the excess of births provide for.

The above estimate of the population for the year upon which all the calculations of births and deaths are based is estimated as that existing at the middle of the year.

In populations where there is little change going on, the calculation is made on an estimate of the increase or decrease corresponding to that which was found to have taken place at the last Census.

With only one exception that change was a lessened population in the Rural Districts in the East Riding, and some proportional reduction falls to be made year by year.

The population in the Urban Districts is, on the other hand, usually an increasing one, and the average yearly increase during the previous 10 years is the guide for the future yearly additions; when the estimated increase greatly exceeds the average, there is usually some special local cause given.

BIRTHS AND BIRTH-RATES.

Districts.	1896	1897	1898	1899	1900	1901	1902	1903	Average rate for the eight years 1896—1903	1904
Ad.County	27·86	26·99	26·90	25·85	25·90	24·9	24·8	25·4	26·75	24·1
Urban Districts	30·94	29·02	28·14	27·34	26·71	25·4	24·7	25·9	27·26	23·6
Rural Districts	26·08	25·57	26·29	24·96	25·65	24·8	24·8	25·0	25·14	24·4

The births registered in 1904 were 3,532; the average annual number for the 3 previous years was 3,641; there were 158 fewer births in 1904 than in 1903.

That lessened number divided by the increased estimated population for the year gives a birth-rate of only 24·1 per 1,000, that is 1·2 per 1,000 less than in 1903.

The Registrar General reports that the birth-rate in 1904 in the Rural Districts of England and Wales was 26·8, while for the whole Country it was 27·9—"it was lower than the rate in any other year on record."

The birth-rate in the Urban Districts was 23·6, in 1903 it was 26, the average over a series of years was 27.

It is probable that the estimate of the population made in some of the Urban Districts is too high, which will partly account for the exceptionally low birth-rates.

The highest birth-rates in the Urban Districts were:—Norton, 29, (it has returned the highest birth-rate for the last three years), Filey, 26·3, Beverley Borough, 24·8.

In Hessle and Withernsea the births were only 19 per 1,000.

The birth-rate in the Rural Districts was 24·4, higher than that in the Urban, which is very exceptional.

In the Riccall Rural District the rate was 29·4, in the Howden and Skirlaugh it was 28·5; the only District in which it was less than 20 per 1,000 was Sculcoates.

DEATHS AMONGST CHILDREN UNDER ONE YEAR, COMPARED WITH THE REGISTERED BIRTHS.

Deaths among Infants under 1 year per 1000 births registered.

Districts.	1896	1897	1898	1899	1900	1901	1902	1903	Average rate for the eight years 1896–1903	1904
Ad.County	114	150	157	106	117	137	128	118	128	132
Urban Districts	135	192	151	113	165	153	126	125	145	129
Rural Districts	101	123	161	112	103	128	133	114	121	134

The death-rate among children under one year was equal to 132 of every 1,000 births registered; that rate is higher than the average for the previous 8 years.

In the Rural Districts of England and Wales, the proportion was 125 per 1,000 births.

In the Urban Districts the deaths among infants equalled 129 per 1,000 births; at Cottingham it was 214—60 per cent of these were returned as due to Diarrhœa or Tubercular Diseases.

In Pocklington the proportion was 197, in Withernsea 161, (some of these did not belong to the district), in Beverley Borough, 141, while in Driffield it was only 61.

Associated with the higher birth-rate in the Rural Districts there has also been a higher proportion of deaths amongst infants in these Districts as compared with the Urban.

Throughout the Rural Districts the proportion was 134 deaths per 1,000 births.

In Sherburn the rate was 236 Dr. Moriarty reports "The very high infantile death-rate I attribute to the presence of epidemics of mumps, and measles, and to improper feeding."

In Howden the rate was 154. Dr. Brown reports "The great mortality of infants is due to injudicious feeding, and

until mothers can be taught the proper sort of food to give, and the absolute necessity of cleanliness in its preparation, the infantile death-rate will remain high."

In the Market Weighton District the rate was 156.

In the Skirlaugh District, ,, 142.

In the following reports special attention is drawn to the high death-rate among illegitimate children :—

In Bridlington Borough it was 36·9 per cent of illegitimate children born ; in Patrington Rural it was 42·8 per cent ; in Driffield Rural 13 out of 33 infantile deaths were of illegitimate children.

The following is a summary of the chief causes of the deaths in 1904 among Infants under 1 year :—

	Urban Districts.	Rural Districts.
Premature Birth	12·2 per cent	21·8 per cent
Diseases of the Lungs	19·0 ,,	16·4 ,,
Measles and Whooping Cough	1·0 ,,	5·4 ,,
Diarrhœal Diseases	18·6 ,,	9·4 ,,
Tuberculous Diseases	8·1 ,,	1·7 ,,
Other Classified Diseases	9·0 ,,	4·0 ,,
Unclassified Diseases	30·2 ,,	41·0 ,,

DEATHS.

DEATH-RATES FROM ALL CAUSES.

Districts.	1896	1897	1898	1899	1900	1901	1902	1903	Average rate for the eight years 1896-1903	1904
Ad County	15·51	15·44	17·20	14·23	16·22	14·8	14·4	13·89	15·21	15·4
Urban Districts	17·61	17·55	18·96	15·39	17·86	16·1	15·6	15·26	16·78	16·0
Rural Districts	14·26	14·19	16·34	13·54	15·29	14·0	13·7	13·05	14·29	15·0

DEATHS FROM ALL CAUSES.

This rate is based upon the deaths of all persons belonging to the District after corrections have been made for those deaths which occurred at a Public Institution either within or without the Administrative County.

The deaths of strangers in an Asylum, Hospital, or Workhouse within the District are deducted, while deaths of persons belonging to the District which occurred in similar Institutions outside are added.

The corrected number of deaths for 1904 was 2,274, and the death-rate was 15·4 per 1,000; that rate was slightly higher than that of the average for the previous 8 years, and it was 1·5 per 1,000 above the rate of 1903.

In the Rural Districts of England and Wales the death-rate last year was 15·3, but for the whole of the Country it was 16·2.

The Registrar General notes that the death-rate in 1904 was 0·8 per 1,000 higher in England and Wales than it was in 1903.

The death-rate of the Urban Districts in the East Riding was 16 per 1,000; in the following Districts the general average was exceeded:—Beverley Borough, 17·7, Norton, 17·4, Cottingham, 16·3.

In the Rural Districts the death-rate was 15 per 1,000; it was exceeded in the following Districts:—Sherburn, 18·5, Howden, 17·4, Pocklington, 16·7, and Driffield, 16·2.

In the Beverley, Escrick, Norton, and Sculcoates Rural Districts the death-rate was in each about 13 per 1,000.

All such general death-rates the Registrar General terms "Crude," because there is no correction made for the varying ages of the population.

Several of the Medical Officers in their Annual Report draw attention to the fact that a considerable proportion of the deaths are among aged people. In the Driffield Urban

District one-half of the deaths were amongst those aged 65 years and over, there were 45 per cent in Hornsea, and 40 per cent in Howden.

To arrive at the full value of these figures, one ought to know what is the proportion of aged persons who are living in the District, also the age of every one who died in the year, and from that information a standard death-rate of each District can be prepared.

The importance of this point can be gathered by the following figures :—

In every thousand of what is termed by the Registrar General "a standard population," there are found to be 46·6 persons living at the age of 65 and over that age. In the Urban Districts of the East Riding there are 65·2 persons in every 1,000, and in the Rural Districts there are 72·1 persons aged 65 years or over.

The normal average death-rate among these aged persons of both sexes is 88 7 per 1,000 ; it is 94·0 among males at these ages, so that in every population in which they exist much above the average number, the death-rate must be largely increased from causes non-preventable. Before a fair comparison is made between the death-rates in any such district with another, a correction is required for the age distribution of the population.

The Registrar General publishes a corrected rate for the Counties of England and Wales : In the East Riding during 1902 the crude rate of 16·1 was reduced to the corrected rate of 15·7, that is a very small difference.

In the County of Norfolk it was reduced from 15·3 to 12·8.
,, Suffolk ,, 15·1 to 12·7.
,, Huntingdon ,, 14·6 to 11·3.

The cause of the slight difference in the East Riding is that for registration purposes the East Riding includes the County Borough of Hull, where the proportion of persons living over 65 i only 38·5 per 1,000.

This association with Hull has caused the East Riding to be chosen by the Registrar General as one of the 11 standard Counties of England and Wales in which the population is *chiefly Urban in character*; in these the death-rates are compared with those in 16 counties that are *still essentially Rural*.

This description of the East Riding as being chiefly Urban refers to the County for Registration purposes, and is wholly inapplicable to the Administrative County.

This distinction should be remembered when reference is made in extracts from the Registrar General's reports as to the special fatality of some disease, or to high death-rates occurring in the East Riding.

The death-rate of any one year is usually judged by comparison with some other standard, such as the average rate for a series of years in the same District, or with that prevailing in similar districts.

It is interesting occasionally to note the returns from other districts. For example, the Registrar General's report tells us that out of the 29 Municipal Boroughs which constitute the County of London, 9 of these, after corrections had been made for deaths in Public Institutions, had a death-rate in 1904 which varied from 10 per 1,000 in Hampstead to 14·9 per 1,000 in Hackney, and that in the Boroughs of Fulham and Islington the death-rate agreed with that in the East Riding, namely, 15·4 per 1,000.

If these rates were corrected for age distribution, that of the Boroughs would be considerably increased, and that for the East Riding considerably reduced.

An endeavour will shortly be made to work out a standard of correction due to age distribution for the districts wholly within the Administrative County.

ZYMOTIC DISEASES.

ZYMOTIC DEATH-RATES.

Districts.	1896	1897	1898	1899	1900	1901	1902	1903	Average rate for the eight years 1896—1903	1904
Ad.County	1·31	1·31	1·39	1·10	1·01	1·3	1·0	0·78	1·11	1·08
Urban Districts	1·95	1·79	1·79	1·40	1·32	1·4	0·9	0·87	1 28	1·22
Rural Districts	0·93	1·03	1·20	0·93	1·59	1·2	1·2	0·73	1·05	1·0

DEATH-RATES FROM ZYMOTIC DISEASES.

The total number of deaths registered during 1904 was 161; from Small-pox there were 2, Scarlet Fever, 5, Diphtheria and Membranous Croup, 26, Whooping Cough, 19, Measles, 32, Enteric Fever, 21, Puerperal Fever, 3, and Diarrhœa, 54.

The average number of deaths from these diseases during the three previous years was 144.

In 1904 there was an increased number from Measles, Diphtheria, Enteric Fever, and Diarrhœa, but a lessened number from Scarlet Fever and Whooping Cough.

No death from Small-pox was registered during the three previous years.

The death-rate for 1904 was 1·08 per 1,000 of the population; it was rather less than the average rate for a number of years, but higher than that of 1903.

In the Rural Districts of England and Wales the Zymotic death-rate was 1·28 per 1,000.

On working out the rate in 1904 for each disease in the group separately, it is satisfactory to note that all are less in the East Riding than the standard rate, with the single exception of Enteric Fever.

Above the prevailing rates for the whole County from zymotic diseases were those at Hessle, where it was 2·8, Cottingham 2·3 in the Urban Districts, and in the Driffield and Riccall Rural Districts it was also 2·3.

TABLE I.

Cases of Infectious Disease notified during the Year 1904.

Notifiable Diseases.	Administrative County.	Urban Districts.	Rural Districts.	Cases removed to Hospital.
Small-Pox	12	3	9	7
Chicken-pox	3	..	3	..
Diphtheria	188	49	139	8
Membranous Croup	3	2	1	..
Erysipelas	176	93	83	..
Scarlet Fever	275	115	160	50
Enteric Fever	127	69	58	5
Continued Fever	3	3	..	..
Puerperal Fever	7	3	4	..
Measles	199	57	142	..
Totals	993	394	599	70

SMALL-POX.

There were 12 cases notified, 2 of them died.

The cases were reported from 5 Rural and from 1 Urban district.

Seven of these cases were removed for treatment to some hospital, 6 to one provided by some other Council, a temporary building was provided for the other; the remaining 5 were treated at their homes.

That the infection was conveyed by tramps was clearly traced in 4 cases, 4 additional cases followed from these; the remaining 4 persons contracted the disease from some previous case.

The transmission of infection by vagrants has been forced upon the notice of District Councils in cities, towns, and in Rural Districts especially during the recent epidemic of Small-pox.

This subject was discussed at the meeting of the Sanitary Institute held in Glasgow in 1904 and at a Conference of representatives of County Councils, County Boroughs, and of the London Boroughs called by the London County Council.

The following Resolution was passed at that meeting:—
"That this Conference is of opinion that much more effective measures than are at present adopted should be taken to prevent the spread of infectious disease by vagrants, and for effectually dealing with this great and growing danger."

A suggestion of the Sanitary Committee of the East Riding County Council was adopted by the Conference to the following effect:—

"That the transmission of Small-pox can only be satisfactorily prevented by the co-operation of Boards of Guardians, who are the vaccination authorities, and all the Sanitary Authorities throughout the country."

The occurrence of cases of Small-pox causes additional anxiety to the Medical Officer of Health, as it is a disease which

is feared more than others by the community, and usually a liberal spending is sanctioned by the Sanitary Authority in order to prevent the spread of infection. This is again referred to under "Hospitals."

Vaccination of children and re-vaccination of young adults is the best protection against Small-pox, and the experience of every epidemic confirms this old-established truth.

Medical Officers might draw more constant attention to this important matter if they would quote the returns of the Vaccination Officer for their Union.

Dr. Wetwan does so for the whole Bridlington Union, and Dr. Coates for the Patrington Union.

Details are there given of the proportion of children who have been successfully vaccinated.

SCARLET FEVER.

The number of cases of Scarlet Fever notified was 275, of these 5 died; the death-rate was therefore low, viz:—2 per cent. of the persons attacked.

Compared with the returns for previous years the number of cases of Scarlet Fever and the proportion of the fatal cases are both considerably below the average.

115 cases occurred in the Urban districts and it was among these that the 5 deaths occurred.

A large proportion of these cases occurred in Hessle; in the Beverley Borough there were 8 cases, and Dr. Park notes that there has been no death from this disease in Beverley for 5 years; in Driffield Urban there were 10 cases, among whom there were 3 deaths.

There were 160 cases in the Rural Districts who all recovered. The general report of the cases in the Rural Districts was that the disease had been prevalent, a few scattered cases being notified in several parishes.

50 cases of Scarlet Fever were removed to an Isolation

Hospital; Bridlington Borough, 18 to their own Hospital recently provided; 30 from Hessle, 2 from the Sculcoates Rural District.

MEASLES.

In 1904 Measles was prevalent in an epidemic form in 19 out of the 25 Urban and Rural Districts in the East Riding.

There were 32 fatal cases—11 in Urban and 21 in Rural Districts.

These deaths occurred mainly among children under 5 years of age. The figures over a series of years in the East Riding show that 88 per cent. of the deaths from Measles were amongst such children; in 1904 the proportion was 72 per cent., owing to the unusual circumstance that several deaths occurred among persons over 15 years of age.

One result of the epidemic of Measles was shown in the large number of Elementary Schools which were closed for varying periods. There is little doubt that while the majority of those attacked with Measles were children under 5 years of age, many of whom attended the Infant Department or Class in the Schools, many of the older scholars who had previously passed through an attack of Measles, and were therefore probably insusceptible of "catching" the same disease, were thus prevented from attending School.

If a Register of previous illness of each child—especially of an infectious nature—was kept at each School, it would show what ailments each child had to fear, and which it had survived. It might then be possible to deal with epidemics of Measles by closing the Infants' Department or Class in a School only.

This partial closing was successfully tried by Dr. Ashwin. "With regard to the closure of schools for this epidemic, I recommend the closure of the Infant School only at Market Weighton, in view of the greater prevalence and greater severity of the disease among infants than among older children. The results obtained quite justified the course adopted, the Boys' and Girls' Schools being carried on all through the epidemic, with a good percentage of children."

It is a doubtful question if the infection of Measles is ever conveyed by the clothing of other children living in the family with a case of Measles but who themselves have passed through the disease. It is believed by many that there is little or no fear of infection from such members of the household attending School.

Dr. Hollings in his report to the Driffield Rural District Council refers to this question of School closing owing to outbreaks of Measles.

"14 Schools have been closed for an aggregate period of 70 weeks. In only two cases has this been caused by a notifiable disease. 9 were closed on account of Measles. In these cases I cannot congratulate myself on having served any useful purpose by closing the Schools. The disease gradually spread through the whole of the villages until the susceptible material was exhausted. The villages are all compact, the children all play together in the village street and in their own houses, there is no sanitary conscience amongst the parents, and such diseases as measles and whooping cough are treated so lightly and with such contempt by parents that they do not cease till all the susceptible material has been used up."

Dr. Warburton in his report to the Skirlaugh Rural District Council, says:—"During the greater part of the year there has been an epidemic of either chicken-pox or measles affecting the school children over the whole of the District. As neither of these are on the notifiable list, very little could be done to check the spread of the disease. 4 of the cases of Measles ended fatally. Nine of the Schools had to be closed. In my opinion closing the Schools is not of the slightest use in checking either disease, as the children simply play about the streets, and in spite of being cautioned mix with others even when the rash is fully upon them."

But the fact that the deaths from measles in 1904 exceeded the deaths from scarlet fever and from diphtheria, enforces the need for some preventive action being taken.

Measles is a notifiable disease in the Withernsea Urban and the Bridlington Rural Districts.

As there is considerable difference of opinion as to the value of this notification as a means of preventing the disease, Dr. Sproulle's views on the point will be of special interest:—

"With regard to the notification of Measles, when I advised the Withernsea Urban District Council to adopt it I had mainly in view the control of attendance of infected children at School. This has been attained, but it appears to be largely counterbalanced by there being little or no fear of the disease, (as compared with Scarlet Fever, for instance) children from infected houses being allowed to mix with others, and it being impossible to enforce strict isolation.

"I believe that the people are, however, beginning to take a more serious view of the disease than formerly; and that this is entirely due to the notification and consequent action taken, and that were notification more general Measles would soon be regarded as something worth while taking the trouble to avoid."

DIPHTHERIA AND MEMBRANOUS CROUP.

191 cases of Diphtheria or of Membranous Croup were notified. 26 of these died.

The number of cases is more than the average of the three previous years—191 is compared with 166—the proportion of the fatal cases was 13 per cent. of the persons attacked.

In the Urban Districts the proportion of fatal cases was 17 per cent., and in the Rural 12 per cent.

The larger number of the Urban cases occurred at Hessle, and continued throughout the latter half of the year.

Dr. Molineux, in reporting 14 cases in July, says:—"I was led to the opinion that the cases of Diphtheria were entirely due to atmospheric pollution, mainly caused by the sewage being pent up for 9 out of every 12 hours."

In the Rural Districts a great majority of the cases occurred in the Driffield, Norton, Skirlaugh, and Escrick districts.

Driffield Rural.—Dr. Hollings reports upon the exceptional prevalence of the disease in one village :—

"The earliest case there was a medical man who had been in attendance upon cases of sore throat, not suspected as being diphtheritic.

During the earlier prevalence of these cases of Sore Throat, swabs from several were examined by a bacteriologist, who reported them all as negative of Diphtheria. The first positive report was received on October the 27th.

"On the 29th three more cases were notified All these cases attended the National Schools and were in the same standard. On October 30th two more cases were notified, these attended the same School. The National Schools were then closed. On November 2nd four more cases were notified from a fresh house. These again were scholars from the National Schools, and none of the cases was seen by a medical man until the day on which the first case died. The others had been attending school during the illness of the first child. On November 7th another case was reported in a fresh centre. This again was a National School child. On November 8th another house was invaded. This case sat next in the School to the first fatal case, and it also proved fatal. The inference from these cases is inevitable that the National Schools were the focus of extension of the disease. Unfortunately the closing of the Schools did not terminate the epidemic. It continued to spread from house to house until 52 cases occurred, and 23 houses were invaded. The houses were all cottages containing no facilities for isolation."

Dr. Hollings also reports that in another village "7 cases of Diphtheria occurred in one house ; the infection was probably contracted whilst at play with a child who had recently been discharged from a Hospital."

Dr. Colby, on reporting about 23 cases of Diphtheria in the villages of North Grimston, Rillington, Thorpe Bassett, and Leavening in the Norton Rural District, says :—

"There were probably more than these, many mild and causing few symptoms, so that they were quite unrecognised, and others only exciting the attention of the parents when secondary trouble appeared; in fact in one village the disease was not known to exist till the remote effects of the disease caused alarm. I do not know how it was introduced in any of the outbreaks, but have no doubt that it was spread by school attendance. Can any one of these villages, however, be said to be in a satisfactory condition—to have any effective drainage or good water? Not one; in fact they are all in an unenviable state. In North Grimston there is very good water to be had for the fetching, but that always means insufficiency, and the water could be distributed without much difficulty. Such drains as there are run into the stream, which is in places stagnant and filthy."

"In Leavening much the same conditions prevail, and excellent water could be laid on at a very small cost. The other two villages you are familiar with, and you know that they well fulfil those conditions which, given the introduction of any disease, favour its spread and give it every encouragement. I should like to repeat this, viz., *that the state of affairs I complain of does not of itself cause these specific diseases, but that it enables them to spread and lowers the resistance of those attacked.* Therefore our function is to alter the conditions, so that, even if anything is introduced, it can gain no foothold, in the same way that plague cannot live amidst modern sanitation."

Skirlaugh Rural.—Dr. Warburton reports, "There has unfortunately been an outbreak of Diphtheria at Aldborough, spreading into the Humbleton District. The outbreak was first blamed to a child having got a bad smell from the Lamwath Stream when it was being cleaned out, but I think myself it was more likely due to a visitor who had been staying in the house

where the first case occurred, and who had been ill previous to coming there. The continual spread of the disease was undoubtedly due to the careless way in which people expose themselves while in an infectious stage."

Howden Rural.—Dr. Brown reports a fatal case of membranous croup in a child, whose father was afterwards attacked with Diphtheria.

Escrick Rural.--Dr. Raimes reports 12 cases of Diphtheria, 9 in one village. "The houses were visited and any unsanitary condition remedied. Many of the privies are now supplied with suitable pans in place of the ashpit, which was so often neglected, consequently becoming an active breeding ground for the germs of disease."

ENTERIC FEVER.

127 cases of Enteric Fever were notified, among whom there were 21 deaths; 16 of the latter were among persons over 15 years of age.

Owing to an outbreak in the Beverley Borough the number of cases during 1904 exceeded the average of the 3 previous years—127 cases compared with 102.

The fatal cases were equal to 16 per cent. of all the cases attacked.

In the Urban Districts the proportion of fatal cases was 13 per cent.; in the Rural Districts it was 20 per cent.

The number of cases which occurred in 1904 in rural parishes was 58; in 1903 there were 66 cases, and the average number for the three previous years was 63 cases.

In the Urban Districts the only serious outbreak was in Beverley Borough. Dr. Park reports, "Fifty-one cases of Typhoid Fever were notified during the year, 5 of which proved fatal, giving a mortality of 9·8 per cent. These cases occurred in 45 households, in 5 of which were multiple cases. In 3 households the cases were imported, and 3 persons in 2 of these houses contracted the disease from the primary cases, owing, no-

doubt, to want of care and proper disinfection. Diarrhœa was a prominent feature of the disease, and in such cases the bed clothes, &c., get soiled, and in consequence the food and drink may get contaminated, and easily convey the disease to others."

The whole circumstance of that outbreak was inquired into by Dr. Farrar, of the Local Government Board department; his conclusion is :—"I am of opinion that the facts of both the Diarrhœa and Enteric epidemics justify the suspicions which attach to the Beverley Waterworks water as the source of the infection."

In Norton Urban Dr. Bostock reports 4 cases, 2 of which were fatal.

At Cottingham Dr. Watson also reports 4 cases. In neither District could the cause of the infection be traced.

In the Beverley Rural District Dr. Stephenson reports 11 cases, 10 of which occurred at the East Riding Asylum or at the Barracks.

"All the cases at the Asylum lived in two blocks served by the same sewage system, which at the time was found to be faulty. It has since been rectified.

"Five of the 6 cases at the Barracks were recruits with less than three months' service; none of the women or children had the disease."

Driffield Rural.—Dr. Hollings reports 13 cases, "several attributable to the outbreak dealt with in my last year's report."

In another portion of the same district "Two cases of Enteric Fever were notified, one of them was probably contracted outside the district. This gave rise to three others in the same house probably due to defective nursing."

Howden Rural.—Dr. Brown says of the 11 cases notified "On visiting each house many faults could be found: bad water, imperfect drainage, and in many instances a total disregard of sanitation, such as slops thrown into leaking pump troughs."

Market Weighton.—Dr. Ashwin reports:—"Two of the cases occurred in Shipton, and no doubt arose from the same cause as a year ago in Shipton, that is, polluted surface well water. The water from wells used at both houses was analysed, and in each case it was found to be seriously polluted and unfit for drinking or domestic purposes."

Norton Rural.—Dr. Colby writes:—"One case of Enteric Fever was in Rillington and one in Settrington, precisely where one would have expected them. The man in Settrington died, and I must again call your attention to the state of the village, and to the constant recurrence of Enteric Fever there, a recurrence which can be absolutely and certainly prevented if water is supplied from neighbouring springs in the chalk and the existing wells and dip wells are closed."

DIARRHŒA AND ENTERITIS.

Deaths from Diarrhœa are included in the Zymotic group of diseases; their number in some years influences the general death-rate, more particularly that among Infants.

In 1904 there was no exceptional fatality; 84 deaths were registered from Diarrhœa or Enteritis and 70 per cent. of these were of Infants under a year.

In the better feeding of children by mothers lies the chief hope of improvement, if they will be guided by the lessons from Miss Knott's Lectures and assist the efforts of the Medical Officers of Health to secure greater cleanliness in and near the children's homes.

In the early part of the Summer of 1904 cases of Diarrhœa were very prevalent in Beverley, rather of a severe type.

Cases also occurred at the East Riding Asylum and at the East Yorkshire Regimental Barracks.

From inquiries made throughout other parts of the Riding it was found that outside the Beverley Districts there was no prevalence of Diarrhœa.

This outbreak was closely followed by one of Enteric Fever.

PUERPERAL FEVER.

Seven cases of this Fever were notified, four in Rural Districts; of the latter 3 proved fatal.

The chief purpose of the Midwives Act, is that the prevalence of this disease will be lessened.

The number of cases is not large but the rate of mortality is often very high, and each death has a specially sad association.

ERYSIPELAS.

176 cases of Erysipelas were notified in 1904, and from this cause 6 deaths were registered.

The cases were notified from every District in the Riding, but only in Cottingham was there any great prevalence; these cases all recovered.

Many Medical Officers of Health desire to see cases of Erysipelas left off the list of notifiable diseases, for very little special action can be taken to prevent its spread compared with what could be done if cases of Phthisis or Measles were added to the list of diseases which are notified.

WHOOPING COUGH.

19 deaths were caused by Whooping Cough, 18 of these in Rural Districts; 17 of the deaths were among children under 5 years of age. The disease was most fatal in the Rural Districts of Beverley, Driffield, Escrick, and Riccall.

Any action taken to control the spread of Whooping Cough is mainly through preventing the attendance of sufferers at school.

This action is rendered difficult by the fact that medical attendance is rarely asked for, and that the actual presence of Whooping cough is not easily recognised in its early stages by the parents.

ISOLATION HOSPITALS.

The following cases were treated in some hospital in 1904 :—

	Enteric Fever.	Small-pox.	Diphtheria.	Scarlet Fever.	Total.
Bridlington B.....	—	—	—	18	18
Cottingham U. ...	—	2	—	—	2
Hessle U.....	1	—	5	30	36
Beverley R.	—	1	—	—	1
Escrick R.	—	1	—	—	1
Howden R.	3	—	1	—	4
Mkt. Weighton, R.	—	1	—	—	1
Pocklington R. ...	1	—	—	—	1
Sculcoates R.	—	—	2	2	4
Skirlaugh, R.	—	2	—	—	2
Totals	5	7	8	50	70

The 12 cases of Small-pox notified in 1904 occurred in I Urban and in 5 Rural Districts. 7 cases were treated in a hospital, 6 of these in buildings belonging to some other Sanitary Authority.

The Escrick and Howden Rural District Councils have now provided temporary hospitals for cases of Small-pox. The Howden Authority were able last year to isolate 3 cases of Enteric Fever and 1 of Diphtheria in another temporary building previously provided.

The Town Council of Bridlington having provided a well equipped permanent hospital were able to isolate 60 per cent. of all the cases of Scarlet Fever which occurred there last year.

From the Pocklington Rural District a case of Enteric Fever was sent to the hospital at York.

The hospitals belonging to the County Borough of Hull received last year 2 cases of Small-pox from Cottingham and 2 from the Skirlaugh Rural District, also 30 cases of Scarlet Fever and 5 cases of Diphtheria from Hessle, and 2 cases of Scarlet Fever and 2 of Diphtheria from the Sculcoates Rural District.

The need for some hospital provision for infectious cases is urged upon the District Councils in the following report :—

Beverley Borough.—"The question of the establishment of a Hospital in connection with the Borough for the isolation and treatment of Infectious Diseases has been several times considered by your Committee ; plans for such a Hospital were approved by the Local Government Board in 1900. Since then no further steps have been taken in the matter, although the possession of such an institution would be a great boon to the town, more especially in the isolation and treatment of Enteric Fever cases. During the year at least four cases of Enteric Fever were due to infection through want of proper care in nursing, and in the past twenty years there have been several cases in which two and three persons in a household have contracted the disease in a similar manner, and died in consequence."

The Medical Officers of Health for the Driffield and Filey Urban Districts express their regret that no steps have yet been taken to provide a hospital for Infectious cases.

Driffield Rural.—Dr. Hollings thus sums up his remarks on the outbreak of Diptheria at Nafferton :—"The most obvious lessons to be derived from the epidemic are firstly, the absolute necessity for an isolation hospital to deal with early cases and to provide a public disinfecting apparatus ; and secondly, the necessity for conveying to parents and guardians the fact of their responsibility for the notification of infectious disease in the absence of medical advice."

Market Weighton Rueal.—Dr. Ashwin during the progress of the cases of Small-pox succeeded in getting a temporary galvanised iron structure erected. Regarding it he adds :—"This building is of course only intended as a temporary make-shift, and it is most important that its presence should not be allowed to prevent active steps being taken to provide a permanent Small-pox hospital for the District."

Patrington Rural.—Dr. Coates reminds the District Council that no means of isolation exists in the District for cases of Scarlet Fever or Small-pox in a special building.

In April, 1904, I was instructed by the Sanitary Committee of the County Council to report upon the accommodation at present available in the Riding by means of Hospitals for the isolation of cases of Small-pox, and to suggest a scheme for the formation of Joint Hospitals Districts.

That report gave the most recent information as to the existing accommodation either in the District or available by arrangement with the Authority of some neighbouring District who had provided a hospital.

Small-pox is a disease that occurs at intervals in an epidemic form among large centres of population; the infection is then frequently carried to smaller towns and to rural Districts.

Patients are nearly always readily removed if a suitable hospital is available, and as they can be carried on a suitable ambulance a long distance without any injury to themselves or to others, hospitals can therefore be made to serve a population spread over a large area.

The report suggested that the East Riding could be adequately served if 4 hospitals were provided:

One for the North Eastern District,
,, South Eastern ,,
,, Western ,,
,, North Western ,,

A memorandum was also afterwards prepared showing the probable cost of temporary hospital accommodation for cases of Small-pox.

The County Council then agreed to the resolution of the Sanitary Committee: "That a hospital for the isolation of cases of Small-pox should be provided in the Western Districts mentioned in the report, and that the representatives of all the

District Councils within the proposed Western area be invited to a Conference to discuss the question with this Committee." That Conference will meet in July.

DISINFECTION.

Bridlington Borough is now provided with a modern steam disinfector at the new hospital.

The Medical Officer of Health of Hessle and the Sculcoates Rural Districts report that when cases of infectious disease are removed to the hospitals at Hull, the bedding and clothing are also removed for disinfection at Hull.

To effectually destroy the germs of the infectious disease in ordinary clothing, unless in some special apparatus, is most difficult; such a disinfector forms an essential part of every hospital equipment, not for hospital cases alone but to provide the necessary purifying of clothing and bedding from all infectious cases in the District

Under the Midwives Act of 1902, every Midwife after attendance upon a case of Puerperal Fever or other illness supposed to be infectious must disinfect herself and all her appliances to the satisfaction of the Local Sanitary Authority.

All other clothing which cannot be boiled "should be sent to be stoved by the Local Sanitary Authority."

At present this requirement can be carried out in only a very few Districts in the East Riding.

BACTERIOLOGICAL EXAMINATION OF SPECIMENS.

On the 1st March, 1904, an arrangement was made between the County Council and the Leeds Medical School, now with the Leeds University, for the bacteriological examination of specimens from cases of Enteric Fever, Diphtheria, Phthisis, of samples of Water and of Milk. This arrangement had the approval of a large majority of the District Councils.

The terms under which this work is carried on from the 1st March, 1905, are that the County Council guarantees to the

University the sum of 5s. for each specimen examined, 15s. for each sample of water, and 21s. for each sample of milk.

The charge made to the District Councils who have entered into the agreement is 1s. for each examination of Diphtheria, 2s. 6d. for each case of Enteric Fever or of Phthisis, and the University fee for samples of water and of Milk.

During the 10 months of 1904, that is, to the 31st December, 127 examinations were made :—

Number of Cases examined.		Results of Examination. Positive.	Negative.
Diphtheria,	86 cases	28	58
Enteric Fever,	12 ,,	5	7
Phthisis,	29 ,,	14	15

Twenty-three samples of Water were also examined, the results were :—

2 were reported as being very pure.

12 were reported as being pure.

4 were reported as being moderately pure, and

5 were reported as being impure.

These examinations were made on behalf of the District Councils or for doctors practising throughout the East Riding in 6 of the Urban and in 11 of the Rural Districts.

Reference is made in several of the Medical Officers of Health's reports to the service these bacteriological examinations have been in confirming the earliest suspicion of the disease, —especially in cases of Diphtheria—and in determining the period of a safe return of the patients to School, or of discharge from medical treatment either in hospital or private practice.

The bacteriological examination serves to detect the germs of Diphtheria in cases where the individual is apparently in ordinary good health ; for example, Dr. Fairweather reporting upon the cases of Diphtheria to the Pocklington Rural District Council says " an examination was made of the throats of other members of the family, which proved that the disease was present in them in a latent form."

Howden Rural.—Dr. Brown reports: "Hearing from a Head Teacher in a School that children were ill with sore throats, I took swabs, and on these being examined, two in one house were found to contain true Diphtheria bacilli. Isolation was insisted upon, and no other case was notified from that district. Two cases notified from other parts of the district on examination were shown not to be Diphtheria."

The largest number of bacteriological examinations were made from cases in the Driffield Rural Districts; there was a serious and long continued outbreak of Diphtheria at Nafferton.

Dr. Hollings records the fact that "many of the cases remained infectious from 10 to 13 weeks after all appearance of trouble had disappeared from the throat. Failing this source of information, viz., the bacteriological examination, these cases would have been mixing freely with others, and so spreading the disease broadcast."

Dr. Warburton, on reporting to the Skirlaugh Rural District Council 20 cases of Diphtheria, adds, "I do not know of a single case in which swabs of the throat were taken, either to verify the diagnosis or as a proof that the case was not longer infectious."

This experience is happily very different from that of other Districts.

PHTHISIS AND OTHER TUBERCLE-CAUSED DISEASE.

DEATH RATES.

Districts.	1896	1897	1898	18 9	1900	1901	1902	1903	Average rate for the eight years 1896—1903	1904
Ad.County	1·16	1·13	1·25	1·14	1·38	1·06	1·28	1·22	1·20	1·28
Urban Districts	1·47	1·11	1·51	1·67	1·80	1·25	1·53	1·41	1·46	1·61
Rural Districts	0·93	1·00	1·14	0·82	1·13	0·97	1·15	1·10	1·03	1·09

PHTHISIS.

132 deaths were caused by phthisis, or tubercle of the lungs, and 59 from other diseases associated with tubercle.

The number of deaths from Phthisis just equalled the average number of the 3 previous years. The death-rate was 0·89 per 1,000 for the County; the proportion of deaths in the Urban Districts was 108, to 78 in the Rural; 87 per cent. of all these deaths were among persons between the ages of 15 and 65.

In the Urban Districts of Driffield and Norton this death-rate exceeded the general Urban rate; the great majority of these fatal cases were of persons between 25 and 65.

The largest death-rate recorded was in the Patrington Rural District.

From other tubercle-caused diseases there were 59 deaths; the 3 years' average number was 44. One-half of these deaths occurred among children under 5 years of age.

Dr. Colby reports to the Norton Rural Council that the voluntary notification of cases of Phthisis has not been successful, and hopes that it may soon be made compulsory.

Dr. Johns recommends to the Hornsea Council that Pulmonary Tuberculosis should be included in the list of notifiable diseases.

Dr. Moriarty reports to the Sherburn Rural Council the measures he has had carried out after death from tubercular diseases:—"I had the walls stripped of paper and the rooms washed out and lime applied to walls before the rooms were occupied again. This course I am endeavouring to follow out in such cases in order to prevent, if possible, the further spread of this complaint to other members of the family. Voluntary notifications of this disease is not in existence in this District as it is in some others. Were it so, printed instructions could be given as to the best means of disinfection and prevention of the spreading of this complaint."

Such work is all that can be done at present through the District Councils on behalf of individual cases.

The Town Clerk of Hull recently invited the County Council to send representatives to a Conference of bodies interested in the notification and treatment of Consumption.

Representatives were appointed from the Sanitary and Allotments Committee to attend the Conference, and a suggestion was offered that representatives from each of the Urban and Rural Districts in the Riding should also be invited to attend the Conference.

That suggestion has been adopted, and it is expected that the Conference will meet shortly.

"RESPIRATORY DISEASES." DEATH-RATES.

Districts.	1896	1897	1898	1899	1900	1901	1902	1903	Average rate for the eight years 1896-1903	1904
Ad.County	1·85	1·84	2·07	1·99	2·05	1·9	1·8	1·6	1·62	2·06
Urban Districts	..	..	..	2·53	2·47	2·0	2·2	1·7	2·01 for 5 years	2·15
Rural Districts	1·89	1·86	2·22	1·66	1·56	1·8	1·6	1·5	1·54	1·93

RESPIRATORY DISEASES.

The total number of deaths registered from diseases of the lungs other than Phthisis was 305, the average number for the 3 previous years was 275.

The increased number was caused by deaths from Bronchitis, for those from Pneumonia were the same as in the 3 previous years.

The table above shows that the death rate from these diseases was nearly alike in both the Urban and Rural Districts.

Diseases of the lungs are mainly influenced by the weather conditions during the year; in those Districts where the death rate exceeds the average, the influence is seen to have been most severe either upon infants or aged people.

In the Urban Districts a larger proportion of children die from diseases of the lungs than in the Rural, whereas among persons aged 65 years and over, the proportion of fatal cases is larger in the Rural Districts than in the Urban.

HEART DISEASES DEATH-RATES.

Districts.	1896	1897	1898	1899	1900	1901	1902	1903	Average rate for the eight years 1896-1903	1904
Ad. County	1·41	1·45	1·3	1·64	1·72	1·66	1·5	1·4	1·37	1·7
Urban Districts	..	..	..	1·65	1·45	1·5	1·8	1·5	1·25 for 5 years	1·6
Rural Districts	1·58	1·45	1·50	1·64	1·89	1 7	1·3	1·3	1·39	1·7

HEART DISEASE.

249 deaths were due to some form of heart disease, the average number for the last 3 years was 221.

As in previous years 60 per cent. of these deaths were amongst aged people.

CANCER DEATH-RATES.

Districts.	1900	1901	1902	1903	Average rate for the four years 1900-1903	1904
Administrative County ..	0·74	0·84	0·88	0·80	0·81	1·04
Urban Districts	0·88	0 96	0·92	1·0	0·94	1·30
Rural Districts.....	0 67	0·77	0·86	0·67	0·74	0 89

CANCER.

The number of deaths from Cancer was 154, the average number for the 3 previous years was 124.

From this disease the deaths which occurred between the age of 25 and 65 last year equalled in number those which occurred among persons over 65 years.

Dr. Burgess in reporting to the Driffield Urban District Council that the deaths from this disease were 20, as compared with 10 registered in 1903, adds "10 of these deaths were among persons over 65, 3 being 85 years and upwards, and one was 90."

ACCIDENTS.

83 deaths were registered as due to some form of accident; 65 of these occurred in the Rural Districts. This is a large proportion as it amounts to 5 per cent. of all the deaths in the Rural Districts during the year.

In the Howden District 11 per cent. of the deaths were due to accidents.

In all the Urban Districts there were only 2 per cent. of accidental deaths.

MIDWIVES ACT, 1902.

The County Council, who are the Local Supervising Authority under the Act, decided to delegate all their powers and duties to the Sanitary and Allotments Committee.

In November, 1903, hand-bills were issued throughout the Riding which explained the provisions of the Act.

The Sanitary and Allotments Committee appointed the County Medical Officer of Health to be the Medical Adviser and to act as the Executive Officer under the Act, and to report any action taken to that Committee.

Circular letters were addressed to all those women who have practised as Midwives in the East Riding whose names had been ascertained.

The applications received have been from Midwives resident in five Urban and six Rural Districts, having a population of 87,831 at the last census; from the remaining six Urban and seven Rural districts, with a population of 56,817, no one has applied to be registered as a Midwife.

If the wants of these latter districts are to be provided for in the same proportion as the former there ought to have been 19 additional applications received.

For all registered Midwives the Central Board has framed rules and regulations, which are intended to protect lying-in-women against the risks of infection. and to secure adequate assistance being obtained by the Midwife under certain exceptional conditions.

The duty of the Local Supervising Authority is to bring these requirements to the knowledge of the Midwife, and by visits to ascertain how far the rules and regulations are being observed.

During the last three years 15 deaths have been registered from Puerperal Fever in the Administrative County of the East Riding; 12 of these occurred in Rural districts. The purpose of the Midwives Act is to prevent such cases.

In the future women will be required to undergo some months' training and to have passed the examination of some Board before being registered as Midwives.

SPECIAL REPORTS.

The general order of the Local Government Board relating to the duties of Medical Officers of Health states in Articles 15 and 16:—

(15). "He shall give immediate information to us of any outbreak of dangerous epidemic disease within the district, and shall transmit to us a copy of each Annual Report and of any special report. He shall make a special report to us of the grounds of any advice which he may give to the Sanitary Authority with a view to their requiring the closure of any school or schools, in pursuance of the Code of Regulations approved by the Education Department, and for the time being in force."

(16) At the same time that he gives information to us of an outbreak of infectious disease or transmits to us a copy of his Annual Report or of any special report, he shall give the like information or transmit a copy of such report to the County Council or County Councils of the County or Counties within which his district may be situated."

43 Special Reports were received in 1904 from the Medical Officers of 13 Districts.

The great majority of these related to an outbreak of some infectious disease usually requiring the closure of a school, while others referred to some sanitary matter of special importance.

WATER SUPPLIES.

The rainfall in 1904 was everywhere less than in the previous year, varying from 26 to 46 per cent. at different stations.

When compared with the average rainfall for the previous 10 years which is the better test, the rain in 1904 was from 9 to 25 per cent. less in amount.

As it affects our water supplies, the fact that the rainfall in 1904 was uniformly only one-tenth of that in October of 1903, and that of January, 1905, was only one-fourth of that in January 1904, largely accounts for the continuous fall of the water line in the chalk up to the present time.

That means scarcity from all wells at their present depth, and endeavours have to be made to secure water by deeper sinking.

The general belief that even after a wet season—such as 1903—the water level now more quickly falls than it used to do is confirmed by the observations made in 1904.

The effect of the rain during 1903 and of the first three months of 1904 was to raise the water level to its highest point in the middle of March, from that time there was a continuous lowering to the end of the year. At three wells measured weekly to the North of Cottingham the lowering of the water level amounted to 29 feet. At Cottingham it was 23 feet, and at Swanland and Ferriby, 10 feet.

The returns of the amount of the water discharged from overflow pipes gave similar results; if a tap was fixed on each of these pipes no one in the neighbourhood would be prevented from using all the water required for every purpose, but by preventing the water flowing when no one uses it the stock in the chalk would necessarily be increased to some extent.

The following references to the scarcity of water in 1904 are given below in the Annual Report by some Medical Officers of Health :--

Beverley Rural District.—Dr. Stephenson says: "The deficiency in the Rainfall has caused much inconvenienience, especially in the case of the Wold villages and farms."

Driffield Rural.—Dr. Hollings :—"During the later months of the year there was a great scarcity of water in the public wells in the Wold villages. This scarcity continues. Pumping operations to the South may be having an appreciable effect in lowering the level of the water in the chalk. If this is so, it will be absolutely necessary to deepen most of the public wells in the upper parts of the district. There has been scarcity now for three years in these villages, with much consequent discomfort and danger to health. This has been more prolonged and severe this year than last."

Sherburn Rural.—Dr. Moriarty:—"The water supply of the whole district has been on the whole good, but owing to the absence of rain during the last quarter of the year, I have noticed a distinct lowering of the streams in some places. For the same reason I believe the wells would also be found at a much lower level than usual."

The following extracts from Urban Reports speak of ample supplies of good water:—

Beverley Borough.—"Two-thirds of the houses in Beverley derive their water supply from boreholes sunk in the underlying chalk, to a depth of 70 or 80 feet, and lined with a two-inch iron tubing. The remaining third are supplied by the Beverley Waterworks Company, whose wells are situated about a mile and a quarter on the south-west side of the town. Eleven samples of tap and pump water were sent for analysis during the year. Some of these were examined chemically, and some bacteriologically, and some both chemically and bacteriologically, but in no instance was there evidence of sewage contamination, nor were any of the specific bacilli found."

Bridlington Borough.—"Throughout the year a copious supply of excellent water has been maintained in the town's reservoirs. From the minutes of the Waterworks Committee I find that over 166,000,000 gallons were pumped and distributed, equalling a daily allowance of 31 gallons per head of the estimated population.

The Medical Officers of Cottingham, Driffield, Norton, and Pocklington all report that:—"The water supply is sufficient, and the quality of the water excellent."

Hornsea Urban.—"One analysis of the water has been made, and a very satisfactory report received. Our water is wholesome in quality and sufficient in quantity for our present needs."

Hedon Borough.—Dr. Robinson advises that the Council should obtain a supply from Hull.

The conditions of the water in some of the Rural Districts reported upon are evidently far from being satisfactory.

Escrick Rural.—Dr. Raimes :—" The Council know the wants of the District and soon I trust we shall have a satisfactory water supply."

Howden Rural.—Dr. Brown :—" Surface pollution in wells I have no doubt is our great trouble, but owing to the crude method of building them the result cannot be wondered at. I would suggest a better system of rain water storage, with supervision in the sinking of wells, until you can get a better supply. Seven well waters were analysed ; six were polluted."

Patrington.—Dr. Coates :—" In nearly every case of water contaminated with sewage matter examined during the last 10 years, there has been gross carelessness in allowing the manure to be in near relationship to the water."

Riccall Rural.—Dr. Stedman :—" The water supply in most of the villages is unsatisfactory, and like many East Riding districts, presents difficulties, owing to the fact that good water cannot be obtained by boring even to considerable depths."

Sculcoates Rural.—Dr. Johnson :—Four samples of water were analysed (one twice), one was reported as good, three as polluted.

DAIRIES AND COWSHEDS.

Reference is made by a larger number of Medical Officers in their Reports as to the inspection of the Dairies and Cowsheds in the district.

There is now generally more satisfactory conditions found, especially where Regulations have been adopted, still in a few districts no mention is made of any work being carried out in inspecting such places.

Beverley Borough.—The premises of 53 cowkeepers or milksellers " were inspected monthly, they are kept in good order and in the majority of cases exceptionally clean."

Bridlington Borough.—168 inspections were made to Dairies, Cowsheds, and Milkshops, "which with one or two exceptions were generally found in a satisfactory condition. Attention has also been paid to the cleanliness of milk vessels."

Hessle.—"21 Cowsheds received over 100 visits. The general condition of all has been found good, only in three cases has it been necessary to make any complaint."

Cottingham.—"The condition of the 72 registered Cowsheds in the district is decidedly better than it was a few years ago."

Hornsea.—"Our milk supply is uniformly good, which is in part due to the enforcement of the Council's Bye-laws and in part to the healthy condition of the animals used for dairy purposes."

In several of the Rural Districts the inspection of the Dairies and Cowsheds has been very systematically carried out.

Bridlington.—"Particular attention has been given to the duties imposed by this Order in view of the Regulations adopted by the Council in May last. All sheds or buildings in the district in which cows are kept for the purpose of the supply of milk to the public, have been enquired for and sought out, and their condition as regards cleanliness, sanitation, and ventilation noted down, and in almost every instance the actual dimensions were measured and recorded."

Riccall.—Dr. Stedman gives a detailed account of the condition of the premises which he had inspected. "During the Summer, with the Inspector, I visited all the dairies and cowsheds in the district—in all 151. The dairies I found clean and well ventilated. With two exceptions they are in the houses, and in many cases serve also as larders. In two instances there was not sufficient protection for the milk against contamination, and in two others there was a drain inlet inside the dairy. These defects have now been remedied,

"The cowsheds generally are substantial structures of brick with tiled roofs and brick floors. Most of the cowkeepers in this district understand the beneficial effect of fresh air upon the cattle, for almost all have some means of ventilation in addition to the door. Many of the sheds require to be kept cleaner and to be limewashed more frequently. There were three or four dilapidated wooden erections with insufficient floor and defective both in light and ventilation.

"Notices were served to remedy the various defects, and I am glad to say the results have been satisfactory. I believe the cowsheds generally in this district compare favourably with those in other Rural districts."

SHERBURN RURAL.—I have inspected the dairies, etc., "They all require lime washing more frequently than is being done at present, also better ventilation in some cases. I think a register of such places should be kept."

SLAUGHTER HOUSES.

Such premises require inspection both as regards the prevention of nuisances, and to examine the food which is there being prepared for human consumption; it is in the larger towns that most of this work is being carried out, but even in the villages there is need for some supervision.

The fullest inspection was carried out in the Borough of Beverley, who have the services of a special Veterinary Inspector. His report upon the 5,839 carcases examined was:—"The quality of food is invariably of the highest; three cases of tuberculosis in the early stages were detected and the diseased parts destroyed; the carcases of two diseased pigs were cremated."

Some particulars are given of the inspections made of Slaughter-houses in the reports from the Urban Districts of Bridlington, Cottingham, Driffield, Filey, Norton, and Pocklington, and from those in the Rural Districts of Howden, Market Weighton, Riccall, Sculcoates, and Sherburn.

INSPECTIONS OF WORKSHOPS, BAKEHOUSES, &c.

To assist Medical Officers of Health in making their reports upon the condition of the Factories and Workshops, a special form of table was issued from the Home Office, along with those sent every year by the Local Government Board.

The majority of the Medical Officers have adopted the new form for their reports upon this work, a few others merely record the fact that such Workshops as exist in their district have been inspected and are usually found in a satisfactory condition, while in three Rural Districts the report states that no Workshops are known of.

In Beverley Borough "137 Inspections were made under the above Act during 1904, and the principal defects found were those of want of cleanliness, overcrowding, and two cases of defective privies.

No Notifiable Infectious Disease occurred in connection with any Workplaces or Homework, but one case of Enteric Fever was notified in connection with a Laundry. On the whole I consider the sanitary condition of the Workshops, Laundries, and Workplaces to be so far satisfactory."

In Bridlington Borough "The Factories and Workshops Act of 1901 has been efficiently carried out; 160 inspections have been made during the year to the various Factories, Workshops, and Bakehouses, which have been found in a very satisfactory condition as relates to cleanliness, air-space, and ventilation, also a sufficiency of suitable and efficient closets."

In Hessle there are a large number of Factories and Workshops, to which 530 inspections were made and the defects remedied which were found.

In the Howden Rural District 107 premises were under regular inspection, and of the 18 sanitary defects found 16 were afterwards remedied.

In the Market Weighton District the premises inspected included Bakehouses, Stocking Factories, Dressmakers' premises, Agricultural Implement, and Aerated Waterworks.

SEWERS AND DRAINS.

An increased number of references are made in the Annual Reports on this subject.

Beverley Borough.—During an outbreak of Enteric Fever 41 houses were submitted to the smoke or chemical test, in some cases to both; by this means defects can be detected; where necessary, house drains are flushed daily and disinfected.

Notice is also made of the insufficiency of some of the ventilators of private house drains.

Bridlington Borough.—Similar methods of drain testing are systematically carried out.

Hessle Urban.—Dr. Molineaux expresses anxiety as to the effluvia which escapes from the sewers during the time they are tide locked.

Cottingham Urban.—Dr. Watson reports that some improvement has been made of the drains at Dunswell.

In several of the Rural reports, also, details are given of improvements carried out in providing new sewers or extensions, with details of improved means of draining private houses.

Driffield Rural.—Dr. Hollings reports a new sewer at North Frodingham, 2 extensions of sewers at Middleton where also 2 flushing tanks have been provided, and similar improvements in the drainage of other parishes.

Howden Rural.—New public sewers have been laid or extensions made amounting to 340 yards.

Riccall Rural.—In several villages short lengths of new sewers have been laid, removing the sewage from ponds out of which cattle drank.

It was considered necessary to prevent the connection to the new sewer at Barlby of an objectionable effluent from the tar works, its condition it was feared would prevent the satisfactory working of the means of purification at the outfall.

Sculcoates Rural.—Dr. Johnson reports that during the past year two important places have been thoroughly re-drained. "North Ferriby has now practically a new sewage system. Tranby Croft has been entirely re-drained, and connected to the public cesspool. This has been the means of doing away with four cesspools."

Sherburn Rural.—Dr. Moriarty suggests that plans should be made to show the position of the sewers in the several villages. At present there is a great doubt where these are laid or how the sewer flows.

Patrington Rural.—Dr. Coates again complains that nothing has yet been attempted in the matter of flushing the sewers of Patrington. "At present the system is inefficient."

HOUSES.

Beyond reference to the number of new houses for which plans were passed or those which were newly occupied during the year, there are few reports in which the condition of the houses are named.

Under the Housing of the Working Classes Act in Beverley Borough, "6 houses were inspected, but no action has yet been taken."

Howden Rural.—3 houses were closed without notice, as being unfit for human habitation.

Norton Rural.—Dr. Colby, reporting upon the conditions under which the working classes live in many of our villages, adds "Many of the dwellings, especially small freeholds, are hopelessly inadequate; if the dwellings are condemned and destroyed, who will build new ones?"

In the Escrick Rural District 36 houses are reported and in the Riccall 16 as having been built during the year.

NUISANCES.

Table VIII. is an endeavour to tabulate some of the results of the sanitary work carried out during the year.

It is not possible to make the list complete, for occasionally the only guide given in the report is that "A number of defective drains were remedied and gullies supplied," or that "a certain number of Nuisances were inspected."

Of specific cases such as arise from defective scavenging closets or ashpits, there are the following :—

Hessle.—Dr. Molineux complains of the number of houses where the refuse can only be removed by being carried through the house.

Dr. Colby complains of night soil from towns being so delivered in some parts of the District as to cause a nuisance. He suggests that regulations should be framed to deal with the cause of complaint.

The Medical Officers of the Rural Districts of Bridlington, Escrick, Driffield, and of Market Weighton report upon the desirability of the scavenging work being done in large villages by public contract.

Dr. Wetwan reports "that the lack of public scavenging at Hunmanby is the source of a great nuisance, and tends to the accumulation of night soil near the dwellings which causes pollution of the air, the earth, and the well waters."

SYSTEMATIC INSPECTIONS.

Special reference is made in very many of the reports to a systematic inspection of the District which has been carried out.

These include definite monthly or quarterly visits, with particulars of the conditions found and the sanitary alterations which were required to be carried out.

Such visits are in addition to those which outbreaks of disease require, and the former inspections are considered to be carrying out the real sanitary work of any District, as they aim at detecting and remedying such unwholesome conditions as exist, before they can cause disease.

I remain, Gentlemen,

Your obedient Servant,

J. MITCHELL WILSON.

County Hall,

Beverley, July, 1905.

BOROUGH OF BEVERLEY.

J. P. Park, M.D., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 2,411

Population in 1901 13,183

Estimated do. 1904 13,409

Number of Occupied Houses 1901 ..... 3,046 *Persons per house*, 4·3

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
24·8	17·7	1·7	1·2	2·6

Death-rate among infants under one year of age, 141 *per* 1,000 *births.*

The birth-rate is considerably less than the average for the previous 10 years, which was 30, for the last 3 years it was 28·5.

The death-rate, 17·7, is less than the 10 years' average, 18·3, but it is more than the rate for the 3 previous years; which was 16·4. The difference with the latter period is made up by slight increases in the death-rate in the following groups:—

	1904.	Average rate of 3 previous years.
Zymotic Diseases ..	1·7	1·1
Phthisis	1·2	1·1
Respiratory	2·6	2·0
Cancer	1·7	0·98
Heart Diseases.....	1·7	1·08

The mortality amongst infants under 1 year was 141 per 1,000 registered births, as compared with 157, the average rate for the past 9 years.

The cases of infectious disease notified were 73, as compared with an average of 61 during the previous 10 years. The notifications were—Enteric Fever, 51; Scarlet Fever, 8; Puerperal Fever, 1; Diphtheria, 3; and Erysipelas, 10.

BOROUGH OF BRIDLINGTON.

W. A. Wetwan, M.R.C.S., &c., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 2,947

Population in 1901..... 12,482

Estimated do. 1904..... 14,000

Number of Occupied Houses, 1901..... 2,922 *Persons per house*, 4·2

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
22·4	15·8	0·4	1·1	1.7

Death-rate among infants under one year of age, 131 *per* 1,000 *births.*

The births registered were 312, as compared with 322, the average number of the 3 previous years.

19 of these were illegitimate children, equal to 6 per cent. of the total number.

The deaths were 221, while the average number for the three previous years was 212.

The death-rate among infants under 1 year was 131 per 1,000 registered births; the average for the 3 previous years was 151.

Amongst the illegitimate children born during the year, the deaths under 1 year were in the proportion of 369 per 1,000.

The death-rate from zymotic diseases was 0·4 per 1,000. No death was registered from Scarlet Fever.

From Phthisis and other tubercle-caused diseases, there were 26 deaths; the rate is 1·7 per 1,000.

The death-rate from diseases of the lungs was equal to the previous 10 years' average rate.

The deaths from Heart Disease were 26, as compared with an average of 20.

From Cancer there were 7 deaths; the average yearly number for 10 years was 12; for the previous 5 years it was 14.

50 cases of infectious disease were notified, including 30 cases of Scarlet Fever, 4 of Enteric Fever, 12 of Erysipelas, 3 of Diphtheria, and 1 of Puerperal Fever.

BOROUGH OF HEDON.

H. Robinson, M.B., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 320

Population in 1901 1,010

Estimated do. 1904 1,020

Number of Occupied Houses, 1901 ..... 247 *Persons per house*, 4·0

Birth and Death-rates per 1,000 *of the population.*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
21·5	15·7	0·9	0·9	1·9

Death-rate among infants under one year of age, 90 *per* 1,000 *births.*

The birth-rate, 28·5, agrees with the average rate.

The death-rate, 15·7, is above the average rate, which was 13 for the previous 3 years.

The mortality among infants under a year was 90 per 1,000 births.

Only one case of infectious disease was notified during 1904.

COTTINGHAM URBAN DISTRICT.

G. H Watson, L.S.A., Medical Officer of Health.

Areas in acres (exclusive of land covered by water) .. 8,690

Population in 1901 3,751

Estimated do. 1904 3,900

Number of Occupied Houses, 1901 ..... 825 *Persons per House*, 4·5

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
21·7	16·3	2·3	1·0	0·2

Death-rate among infants under one year of age, 214 *per* 1,000 *births.*

The births registered were 84, as compared with an average of 91 for the previous three years.

The death-rate corrected for persons dying in Public Institutions was 16·3 ; the average for the 3 previous years was 13.

The deaths amongst the zymotic group of diseases included 6 from diarrhœa, and were very much above the average number.

The deaths from phthisis, and from other tubercle-caused diseases, especially in young children, were considerably above the average.

The deaths among infants were 214 per 1000 births, as compared with 129, the average rate for the 3 previous years.

The deaths from Diseases of the Lungs, from Heart Disease, and from Cancer were all above the average number.

The cases of infectious disease notified were 71 : Scarlet Fever 8, Erysipelas 52, Enteric Fever 4, Small-Pox 3, Diphtheria 1, Continued Fevers 3.

DRIFFIELD URBAN DISTRICT.

G. Burgess, M.B., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 4,980

Population in 1901 5,766

Estimated do. 1904 5,786

Number of Occupied Houses, 1901 .... . 1,343 *Persons per House*, 4·3

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
25·7	16·1	0·7	1·7	1·5

Death-rate among infants under one year of age, 67 *per* 1,000 *births.*

The birth-rate was 2 per 1,000 above the average of the 3 previous years.

The death-rate, 16·1, compares with the average rate of 17·3 during the 3 previous years.

From Cancer there were 20 deaths. From 1891 to 1900 the average number was about 5 per annum.

In 1901 there were 10 deaths.
In 1902 ,, 4 ,,
In 1903 ,, 10 ,,

One half the number in 1904 were among persons over 65 years of age.

The death-rate from zymotic diseases was below the average.

From Phthisis there were 10 deaths.

From other diseases of the lungs there were 9 deaths ; the average number is eight, and from Heart Disease there were eight.

16 cases of infectious disease were notified ; 10 were cases of Scarlet Fever, 2 of Erysipelas, 3 of Enteric Fever, and 1 of Diphtheria.

3 of the 10 cases of Scarlet Fever proved fatal.

FILEY URBAN DISTRICT.

J. T. Haworth, L.R.C.P., L.R.C.S., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 832

Population in 1901 3,003

Estimated do. 1904 3,195

Number of Occupied Houses, 1901 ..... 703 *Persons per house*, 4·2

Birth and Death-rates per 1,000 *of the population —*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
26·3	13·7	0·3	0·3	1·2

Death-rate among infants under one year of age, 119 *per* 1,000 *births.*

The number of births registered was 84, while the average number for a series of years was 77.

The deaths were 44 as compared with an average of 45.

The deaths of infants under 1 year was less than the average rate.

The only death in the Zymotic group was 1 from Diarrhœa.

The death-rate from Phthisis and the deaths from other diseases of the lungs were less than the average.

There were two deaths from Cancer.

Eight cases of infectious disease were notified. 5 of these were cases of Scarlet Fever, 1 of Enteric Fever, and 2 of Erysipelas. These cases all recovered.

HESSLE URBAN DISTRICT.

J. Molineux, M.D., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 2,111

Population in 1901 3,754

Estimated do. 1904 4,500

Number of Occupied Houses, 1901 ..... 803 *Persons per house*, 4·6

Birth and Death rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
19·3	14·2	2·8	2·0	2·0

Death-rate among infants under one year age, 115 *per* 1,000 *births.*

The births were 87, while the average number for the 5 previous years was 94.

The birth-rate was unusually low in Hessle, being less than 20 per 1,000 in 1904; the average of the 5 previous years was 94 births, and a birth-rate of 24·8.

The deaths were 64 as compared with the average of 45.

The proportion of deaths among infants under a year was 115 per 1,000. The average for the previous 4 years was 88.

The death-rate from Zymotic diseases was much higher than the average owing to several deaths from diphtheria.

The deaths from Phthisis and from other diseases of the lungs were both very much above the average There were only 2 deaths from Cancer. There were fewer deaths than in other years from Heart Disease.

89 cases of infectious disease were notified, 47 of Scarlet Fever, 5 of Erysipelas, 1 of Enteric Fever, 35 of Diphtheria, and 1 of Membranous Croup.

HORNSEA URBAN DISTRICT.

H. D. Johns, M.D., Medical Officer of Health.

Area of District (exclusive of land covered by water) .. 2,992

Population in 1901 2,381

Estimated do. 1904 2,514

Number of Occupied Houses, 1901 ..... 520 *Persons per house*, 4·5

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
20·3	15·9	—	1·19	0·8

Death-rate among infants under one year of age, 98 *per* 1,000 *births.*

The birth-rate agrees with the prevailing rate for a series of years.

The death-rate, 15·9 is above the average for the previous 6 years.

There was no death among the Zymotic group of diseases, but 3 from Enteritis.

The death-rates from Phthisis and from other forms of disease of the lungs were high.

The deaths from Heart Disease and Cancer exceeded the general average, especially the former.

4 cases of infectious disease were notified, including 1 of Diphtheria, 2 of Scarlet Fever, and 1 from Erysipelas.

NORTON URBAN DISTRICT.

R. H. F. Bostock, L.R.C.P., L.R.C.S., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 2,809

Population in 1901 3,842

Estimated do. 1904 3,900

Number of Occupied Houses, 1901 ..... 861 *Persons per house*, 4·4

Birth and Death-rate per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
29·0	17·4	1·28	1·5	3·3

Death-rate among infants under one year of age, 106 *per* 1,000 *births.*

The birth-rate for the previous 3 years was 31·5.

The death-rate of 17·4 compares with 17·0, the last three years' average.

The death-rate amongst children under a year, 106, was less than the average.

The death-rate from Zymotic diseases agrees with the average.

The deaths from Phthisis and from other diseases of the lungs were both in excess of the general average.

Deaths from Heart Disease were rather above the average, while those from Cancer were just equal to the average number.

12 cases of infectious disease were notified; 2 were due to Scarlet Fever, 3 to Erysipelas, 3 to Diphtheria, and 4 to Enteric Fever.

POCKLINGTON URBAN DISTRICT.

A. F. A. Fairweather, M.D., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 2,564

Population in 1901 2,463

Estimated do. 1904 2,526

Number of Occupied Houses, 1901 ..... 554 *Persons per house*, 4·4

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
26·1	14·6	1·9	·3	2·3

Death-rate among infants under one year of age, 197 *per* 1,000 *births.*

The births registered were 66, while the average number for the previous 10 years was 73.

The corrected number of deaths was 37, while the average number for the two previous years was 38.

The death-rate was less than the average of the previous 3 years.

The deaths amongst infants were very much above the high average rate of the previous 10 years.

Deaths of infants were mainly from diarrhœal diseases, bronchitis, and from premature birth.

There was only 1 death from Phthisis or other tubercular disease.

The death-rates from diseases of the lungs and from heart disease were not so high as in the previous year.

There were only 2 deaths from Cancer.

3 cases of infectious disease were notified, 2 of Erysipelas and 1 of Membranous Croup.

WITHERNSEA URBAN DISTRICT.

A. E. Sproulle, L.R.C.P., etc., Medical Officer of Health.

Area of acres (exclusive of land covered by water) .. 245

Population in 1901 1,426

Estimated do. 1904 1,650

Number of Occupied Houses, 1901 ..... 321 *Persons per house*, 4·4

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
19·0	15·4	0·6	0·6	0·6

or 14·2 *among the actual residents.*

Death-rate among infants under one year of age, 161 *per* 1,000 *births.*

The births registered were 31 ; that is about the average number during the 3 previous years.

The deaths registered in the district were 23, and the death-rate 14·2; the corrected rate is 15·4. Dr. Sproulle reports:—"3 deaths were of persons who had gone to Withernsea on account of the illness of which they died."

The deaths from zymotic diseases, from phthisis, from diseases of the lungs and of the heart, were all less than the average.

67 cases of infectious disease were notified, including 57 of Measles, 3 of Scarlet Fever, 2 of Diphtheria, 4 of Erysipelas, and 1 of Enteric Fever.

This is the only Urban District in the Riding where Measles is a notifiable disease.

BEVERLEY RURAL DISTRICT.

W. Stephenson, M.R.C.S., &c., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 72,830

Population in 1901 11,271

Estimated do. 1904 11,211

Number of Occupied Houses, 1901 ..... 2,298 *Persons per house*, 4·9

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
21·4	13·2	0·6	0·4	2·0

Death-rate among infants under one year of age, 125 *per* 1,000 *births.*

The births were 240, and the birth-rate was above the average of the 3 previous years.

The average number of births for the 3 previous years was 233.

The corrected number of deaths was 148, owing to the inclusion of deaths at the Workhouse, Beverley, of persons belonging to rural parishes

The deaths amongst children under a year was 125, as compared with 136, the average of the 3 previous years.

From Zymotic Diseases there were 7 deaths; from Phthisis there were 5 deaths, and 7 from other diseases caused by tubercle.

Deaths from diseases of the lungs other than Phthisis, and from diseases of the heart were both above the average of the 3 previous years.

The deaths from Cancer, 6, were less than the average.

41 cases of infectious disease were notified; the average for the 3 previous years was 30. The 41 included 11 of Enteric Fever, 21 of Scarlet Fever, 7 of Erysipelas, and 2 of Small-pox.

BRIDLINGTON RURAL DISTRICT.

W. A. Wetwan, M.R.C.S., etc., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 63,432

Population in 1901 7,747

Estimated do. 1904 7,680

Number of Occupied Houses, 1901 ..... 1,579 *Persons per house*, 4·4

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
26·0	13·4	0·7	0·39	1·5

Death-rate among infants under one year of age, 129 *per* 1,000 *births.*

The number of births registered was 201. The average number of the 3 previous years was 196.

3·7 per cent. of the births last year were illegitimate children.

The deaths were 103, compared with an average of 106 for the 3 previous years.

The death-rate amongst children under a year was 129, while the average of the 3 previous years was 117.

6 deaths were registered in the zymotic group of diseases, including 4 from diarrhœa.

The deaths from Phthisis were 3, other tubercular diseases 1, compared with an average of 7; the number of deaths caused by other forms of diseases of the lungs, by diseases of the heart, were above the average, while deaths from Cancer were less than the average number of the 3 previous years.

156 cases of infectious disease were notified: 142 were cases of Measles, 1 of Diphtheria, 6 of Scarlet Fever, and 6 of Erysipelas.

This is the only Rural district where cases of Measles are notified.

DRIFFIELD RURAL DISTRICT.

C. E. Hollings, L.R.C.S., L.R.C.P., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 105,282

Population in 1901 11,988

Estimated do. 1904 11,635

Number of Occupied Houses, 1901 ..... 2,641 *Persons per House*, 4·5

Birth and Death-rate per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
23·6	16.2	2·3	0·86	2·5

Death-rate among infants under one year of age, 121 *per* 1,000 *births.*

The number of births registered was 273, as compared with an average of 307 for the three previous years.

The deaths were 188, compared with the average of 149 for the three previous years.

There were 23 deaths from zymotic diseases, including deaths from Measles, Whooping Cough, and Diphtheria.

The death-rate amongst children under a year was 121 per 1,000 births, as compared with an average for three years of 103.

The deaths from Phthisis were 10; from all forms of Tubercular Diseases there were 18 deaths, the same number as occurred in 1903.

From diseases of the lungs and also diseases of the heart the deaths were above the average.

From Cancer there were 10 deaths, which is the average number during the three previous years.

122 cases of infectious disease were notified. 55 were cases of Diphtheria, 40 of Scarlet Fever, 13 of Enteric Fever, 2 of Puerperal Fever, and 12 of Erysipelas.

ESCRICK RURAL DISTRICT.

Alwyn Raimes, M.D., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 33,167

Population in 1901 5,214

Estimated do. 1904 5,180

Number of Occupied Houses, 1901 ..... 1,086 *Persons per house*, 4·8

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
25·2	12·9	1·3	0·57	1·1

Death-rate among infants under one year of age, 130 *per* 1,000 *births.*

The births registered were 131; three of these were illegitimate. The average number of births for the three previous years was 127.

The corrected number of deaths was 67, as compared with an average of 72.

The deaths amongst infants was 130 per 1,000 births; the average was 94.

The larger number of deaths from Zymotic Diseases was caused by Whooping Cough.

Only four deaths were registered from any form of Tubercular Disease, while the average is six.

The deaths from other diseases of the lungs and from Heart Diseases were both less than the average of the three previous years.

Five deaths were registered from Cancer.

The number of infectious cases notified was 36, one-third of the number in 1903. The 36 included 12 cases of Scarlet Fever, 1 case of Small-pox, 12 of Diphtheria, 3 of Chicken Pox, 1 of Enteric Fever, and 7 of Erysipelas.

HOWDEN RURAL DISTRICT.

R. B. Brown, L.R.C.P., L.R.C.S., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 74,667

Population in 1901 12,274

Estimated do. 1904 12,115

Number of Occupied Houses, 1901 .... 2,778 *Persons per house*, 4·4

Birth and Death rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
28·4	17·4	0·4	0·5	2·4

Death-rate among infants under one year of age, 154 *per* 1,000 *births.*

The births registered were 344; the average for the previous two years was 335.

The net deaths were 217, as compared with an average of 212.

The death-rate amongst children under a year was 154, while the previous average was 146.

From Zymotic Diseases there were 6 deaths; the average is 16.

From Phthisis there were 7 deaths; the previous average number is 13.

From other diseases of the lungs there were 29 deaths, as compared with an average of 24.

From Heart Diseases there were 14 deaths, as compared with an average of 24.

From Cancer there were 16 deaths. The average number is about 9.

45 cases of infectious disease were notified. The average for the 3 previous years was 120. 5 were cases of Diphtheria and 1 of Membranous Croup, 19 were cases of Scarlet Fever, 11 of Enteric Fever, 6 of Erysipelas, 2 of Small-pox, and 1 of Puerperal Fever.

MARKET WEIGHTON RURAL SUB-DISTRICT.

R. H. Ashwin, M.D., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 4,980

Estimated Population in 1904 3,660

Number of Occupied Houses, 1901 ..... 848 *Persons per house*, 4·4

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
22·7	15·0	1·9	·27	3·2

Death-rate among infants under one year of age, 156 *per* 1,000 *births.*

The births registered were 83, as compared with an average of 98.

The deaths registered were 55. The average was 56.

Among infants under a year, the rate was 156 per 1,000 births registered. The average for four years was 132.

The deaths from Zymotic Diseases were 7. Four were caused by Measles.

Only 3 deaths were caused by Phthisis and other Tubercular Diseases.

12 deaths were caused by Respiratory Diseases; one-half were of aged people over 65 years.

7 deaths were caused by Heart Diseases; 4 were of persons over 65 years.

4 deaths were due to Cancer; the average number is rather above last year's figures.

16 cases of Infectious Disease were notified. 5 were cases of Enteric Fever, 9 Erysipelas, 1 Puerperal Fever, and 1 Small-pox.

NORTON RURAL DISTRICT.

J. G. E. Colby, M.B., F.R.C.S., etc., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 60,048

Population in 1901 5,738

Estimated do. 1904 5,624

Number of Occupied Houses, 1901 ..... 1,178 *Persons per house*, 4·8

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
24·1	13·5	1·2	0·5	2·4

Death-rate among infants under one year of age, 111 *per* 1,000 *births.*

The births registered were 136.

The corrected number of deaths was 76, as compared with an average of 72.

Among infants under a year the death-rate was 111, that is considerably below the average of previous years.

The deaths from Zymotic Diseases were 7, and the rate corresponds with that of previous years.

From Phthisis there were only 3 deaths.

There were 14 deaths from other forms of diseases of the lungs, compared with 9, the average number during the 3 previous years.

There were fewer deaths from Heart Disease.

There were 2 deaths from Cancer as compared with an average of 4.

37 cases of infectious disease were notified: 23 of Diphtheria, 10 of Scarlet Fever, 2 of Enteric Fever, 1 of Erysipelas, and 1 of Phthisis

This is the only district in the Riding where Phthisis is made a Voluntary Notifiable Disease, but Dr. Colby considers that the voluntary plan is a failure, as only 1 of the 3 fatal cases was notified before death.

PATRINGTON RURAL DISTRICT.

W. H. Coates, M.A., M.B., L. San. Sci., &c., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 62,179

Population in 1901 7,167

Estimated do. 1904 6,998

Number of Occupied Houses, 1901 ..... 1,620 *Persons per House*, 4·4

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
23·3	15·1	0·28	1·8	2·28

Death-rate among infants under one year of age 116 *per* 1,000 *births.*

The births registered were 163. The average of the 10 previous years was 185.

The deaths were 106, while the average was 112.

Amongst children under a year the death-rate was 116 per 1,000 births registered. The average was 123.

Only 2 deaths were registered from Zymotic Diseases.

13 deaths occurred from Phthisis; the average was 7.

From other diseases of the lungs there were 16 deaths as compared with an average of 12.

From Heart Disease there were 22; the average number was 19.

There were 7 deaths from Cancer; the average of the 3 previous years was 9, of the previous 8 years 8.

21 cases of infectious disease were notified. The average number was 55. 5 were cases of Scarlet Fever, 2 of Enteric Fever, 5 of Diphtheria, and 9 of Erysipelas.

Dr. Coates gives an interesting table, which shows the deaths in each parish in the district, also giving the average number in each for 10 years. By the latter the death-rates in any one year may be shown to be widely different from the average. The death-rate in the following parishes was in :—

	1904.	Average rate, 1895-1904.
Holmpton	41·1 per 1000	11·0
Thorngumbald.....	29·4 ,,	15·0
Ryehill	27·2 ,,	11·6
Patrington	21·6 ,,	15·6
Roos	25·3 ,,	13·5
Welwick	17·8 ,,	16·0

POCKLINGTON RURAL SUB-DISTRICT.

A. F. A. Fairweather, M.D., Medical Officer of Health.

Estimated Population in 1904 7,270

Number of Occupied Houses, 1901 ..... 1,601 *Persons per house*, 4·6

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
24·3	16·7	0·6	0 6	3·1

Death-rate among infants under one year of age, 135 *per* 1,000 *births.*

The number of births registered was 177 ; the average for the last 3 years was 188.

The deaths among infants under a year equalled 135 per 1,000 births, while the average rate was 142.

The corrected total number of deaths was 122, as compared with an average of 107.

5 deaths were registered from Zymotic Diseases.

The deaths from Phthisis were less than the average. Deaths from other diseases of the lungs numbered 23, as compared with an average of 16. The death-rate from these was the highest of any in the Rural Districts.

Again this year it is noticeable that in both the Pocklington Urban and Rural Districts a very large proportion of deaths from diseases of the lungs occurred among infants under a year.

The deaths from Heart Disease were 28, the great majority being of persons over 65 years of age ; while deaths from Cancer were 5, as compared with 4.

There were 6 deaths from Cancer, rather above the average.

The cases of infectious disease notified were 31; the average for 3 years has been 54. Among these were 11 cases of Scarlet Fever, 8 of Diphtheria, 4 of Enteric Fever, and 8 of Erysipelas.

RICCALL RURAL DISTRICT.

B. Stedman, M.D., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 18,041

Population in 1901 3,100

Estimated do. 1904 3,100

Number of Occupied Houses, 1901 ..... 734 *Persons per house*, 4·2

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
29·4	15·3	2·3	0·97	1·3

Death-rate among infants under one year of age, 122 *per* 1,000 *births.*

The number of births registered was 90, which is above the average number of the two previous years.

The deaths were 47; the average is 46.

Among infants under a year the proportion of deaths was 122 per 1,000 births; this is rather above the average.

From Zymotic diseases there were seven deaths, Whooping Cough 5, Diphtheria 1, Enteric Fever 1.

From Phthisis the rate in the Riccall district continues to be above the general average.

The deaths from other diseases of the lungs agrees with the previous average, while deaths from Heart Disease and from Cancer were above the average.

The number of cases of infectious disease notified were 13. There were 3 cases of Diphtheria, 3 of Scarlet Fever, 2 of Enteric Fever, and 3 of Erysipelas.

SCULCOATES RURAL DISTRICT.

S. H. Johnson, M.R.C.S., L.R.C.P., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 20,879

Population in 1901 6,778

Estimated do. 1903 6,998

Number of Occupied Houses, 1901 ..... 1,367 *Persons per house*, 4·9

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
18·8	13·5	0·8	0·5	1·2

Death-rate among infants under one year of age, 127 *per* 1,000 *births.*

The number of births registered, 134, was less than the average.

The corrected number of deaths was 95, as compared with an average of 70.

Among infants under a year the proportion of deaths was 127 per 1,000 births.

4 deaths were caused by Phthisis, that is the average number for the previous three years.

6 deaths were registered from Zymotic Diseases.

From other diseases of the lungs there were 9 deaths, and from Heart Disease there were 12. The deaths registered from Cancer were rather above the average.

26 cases of Infectious disease were notified. There were 9 cases Scarlet Fever, 4 of Enteric Fever, 5 of Diphtheria, and 8 of Erysipelas.

SHERBURN RURAL DISTRICT.

R. E. Moriarty, L.R.C.P., L.R.C.S., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 21,078

Population in 1901 2,186

Estimated do. 1903 2,160

Number of Occupied Houses, 1901 ..... 451 *Persons per house*, 4·8

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
23·6	18·5	0·	0·9	2·7

Death-rate among infants under one year of age, 235 *per* 1,000 *births.*

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51 births were registered as compared with an average of 62.

The deaths were 40, while the average is 22.

The deaths of infants under a year was 235 per 1,000 births, while the average for the three previous years was 88.

4 deaths were caused by some Tubercular Disease, including 2 from Phthisis.

6 deaths were registered from some form of disease of the lungs other than Phthisis. That number is considerably above the average.

There were 3 deaths from Heart Disease, 9 from Cancer.

Only 4 cases of infectious disease were notified, 3 of Scarlet Fever and 1 of Erysipelas.

SKIRLAUGH RURAL DISTRICT.

W. P. Warburton, L. F. P. S., Medical Officer of Health.

Area in acres (exclusive of land covered by water) .. 64,080

Population in 1901 6,978

Estimated do. 1904 6,900

Number of Occupied Houses, 1901 ..... 1,544 *Persons per house*, 4·5

Birth and Death-rates per 1,000 *of the population—*

Births	*Deaths*	*Zymotic diseases*	*Phthisis*	*Respiratory diseases*
28·6	14	1·2	0·29	1·7

Death-rate among infants under one year of age, 142 *per* 1,000 *births.*

The births registered were 197, while the average was 178.

The deaths were 97, compared with an average of 91.

The death-rate among infants was 142 per 1,000 births, as compared with 101.

There were 11 deaths from Zymotic diseases, as compared with an annual average of 7.

There were 2 from Tubercular Diseases, as compared with 5.

There were 12 deaths from other forms of disease of the lungs, that is the average number for the previous 3 years.

The deaths from Heart Disease were 6, while there were only 2 deaths from Cancer, which is half the previous average.

52 cases of infectious disease were notified. There were 20 cases of Diphtheria, 6 of Erysiyelas, 21 of Scarlet Fever, 2 of Enteric Fever, and 3 from Small-pox.

TABLE II.

Birth and Death Rates for the Administrative County and for the several Urban and Rural Districts in the Riding during ~~during~~ the year 1904.

DISTRICT.	Population.		Birth and Death Rates per 1000 of the Population.					Death Rate among Infants under 1 year of age, per 1000 births
	Census, 1901.	Estimated 1904.	Births.	Deaths.	Zymotic Diseases.	Phthisis.	Respirat'ry Diseases.	
Administrative County	144748	147033	24·1	15·4	1·08	0·88	2·06	132
Municip'l Boroughs & Urban Districts	53061	56400	23·6	16·0	1·2	1·06	1·9	129
Boro. of Beverley ..	13183	13409	24·8	17·7	1·7	1·2	2.6	141
,, Bridlington	12482	14000	22·4	15·8	0·4	1·1	1·7	131
,, Hedon	1010	1020	21·5	15·7	0·9	0·98	1·9	90
Urban Districts—								
Cottingham	3751	3900	21·7	16·3	2·3	1·0	0·2	214
Driffield	5766	5786	25·7	16·1	0·7	1·7	1·5	67
Filey	3003	3195	26·3	13·7	0·3	0·3	1·2	119
Hessle.....	3754	4500	19·3	14·2	2·0	2·0	2·0	115
Hornsea	2381	2514	20·3	15·9	·0	1·2	0·8	98
Norton	3842	3900	29·0	17·4	1·28	1·5	3·3	106
Pocklington	2463	2526	26·1	14·6	1·9	0·3	2·3	197
Withernsea ..	1426	1650	19·0	15·4	0·6	0·6	0·6	161
Rural Districts	91687	90633	24·4	15·0	1·0	0·77	2·1	130
Beverley	11271	11211	21·4	13·2	0·6	0·44	2·0	125
Bridlington	7747	7680	26·0	13·4	0·7	0·39	1·5	129
Driffield	11988	11635	23·6	16·2	2·3	0·86	2·5	121
Escrick	5214	5180	25·2	12·9	1·3	0·57	1·1	130
Howden	12274	12115	28·4	17·4	0·4	0·5	2·4	154
Norton	5738	5624	24·1	13·5	1·2	0·53	2·4	111
Patrington.....	7167	6998	23·3	15·1	0·28	1·8	2·28	116
Pocklington	7418	7270	24·3	16·7	0·6	0·6	3·1	135
M'k't Weight'n..	3739	3660	22·7	15·0	1·9	0·27	3·2	156
Riccall	3100	3100	29·4	15·3	2·3	0·97	1·3	122
Sculcoates	6778	7100	18·8	13·5	0·8	0·5	1·2	127
Sherburn	2186	2160	23·6	18·5	0	0·9	2·7	235
Skirlaugh	6978	6900	28·6	14·0	1·2	0·29	1·7	142

TABLE III.

1904.

Birth-Rates; Death-Rates from all Causes; among Infants under 1 year; from Zymotic Diseases, Phthisis, Respiratory Diseases, Heart Disease, and Cancer.

	Administrative County.	Municipal Boroughs and Urban Districts.	Rural Districts.	England and Wales (Rural Districts).
Birth-Rate	24·1	23·6	21·4	26·8
Death-Rate	15·4	16·0	15·0	15·3
Death-Rate among Infants (under 1 year (per 1000 births)	132	129	134	125
Death-Rate from Zymotic Diseases	1·08	1·22	1·0	1·28
,, ,, ,, Phthisis	0·88	1·06	0·77	
,, ,, ,, other Tuberculous Diseases	0·40	0·55	0·32	
,, ,, ,, Respiratory Diseases	2·06	1·93	2·15	
,, ,, ,, Heart Disease ..	1·7	1·7	1·6	
,, ,, ,, Cancer	1·04	1·3	0·89	

TABLE IV.

Causes of, and Ages at Death, during Year 1904, in the URBAN Districts of the East Riding of Yorkshire.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO DISTRICTS AT SUBJOINED AGES.							DEATHS IN OR BELONGING TO EACH DISTRICT. (AT ALL AGES).										
	All ages.	Under 1 year	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards	Beverley.	Bridlington.	Cottingham.	Driffield.	Filey.	Hedon.	Hessle.	Hornsea.	Norton.	Pocklington.	Withernsea.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Small-pox	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..
Measles	11	1	8	2	..	..	..	5	5	..	..	..	..	..	..	..	1	..
Scarlet fever	5	..	5	..	..	..	..	..	..	..	3	..	..	2	..	..	..	..
Whooping-cough	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Diphtheria & Membranous croup	9	..	6	2	1	..	..	..	1	..	..	..	..	7	..	..	1	..
Croup	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fever — Typhus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fever — Enteric	9	..	..	3	1	5	..	5	1	1	..	..	..	..	..	2	..	..
Fever — Other continued	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Epidemic Influenza	15	..	..	..	..	6	9	4	8	1	..	1	..	..	..	..	1	..
Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhœa	34	25	7	..	..	..	2	13	..	6	1	1	1	4	1	3	3	1
Enteritis	9	7	1	..	..	..	1	..	2	..	..	1	..	..	2	..	4	..
Puerperal fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	3	1	..	..	..	1	1	2	..	..	..	..	..	..	1	..	..	..
Other septic diseases	1	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..
Phthisis	71	3	1	5	16	45	1	17	17	4	10	1	1	9	3	6	1	2
Other tubercular diseases	30	11	7	..	5	6	1	8	9	8	2	..	..	..	2	1	..	..
Cancer, malignant disease	73	..	..	..	2	36	35	23	7	5	20	2	2	2	3	5	2	2
Bronchitis	66	23	7	..	..	8	28	25	11	..	6	2	2	5	2	9	4	..
Pneumonia	38	10	5	2	2	14	5	9	13	1	3	2	..	3	1	4	2	..
Pleurisy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other diseases of Respiratory organs	6	..	1	..	..	2	3	2	2	..	..	..	..	1	..	..	..	1
Alcoholism / Cirrhosis of liver	8	..	..	..	..	8	..	1	4	..	..	2	..	..	..	..	..	1
Venereal diseases	1	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
Premature birth	31	31	..	..	..	..	..	8	7	1	4	5	..	1	1	1	3	..
Diseases and accidents of parturition	7	3	..	..	..	4	..	2	1	..	..	..	..	1	..	3	..	..
Heart diseases	100	1	..	1	1	36	61	23	26	11	8	6	..	5	7	7	4	3
Accidents	18	2	1	2	2	8	3	7	3	..	2	..	..	5	1	..	..	..
Suicides	5	..	..	..	..	2	3	2	1	..	..	..	..	2	..	..	..	..
All other causes	358	52	19	11	9	74	193	82	102	23	34	21	10	17	15	27	11	16
All causes	910	172	68	28	39	257	346	238	221	63	93	44	16	64	40	68	37	26

TABLE V.

Causes of, and Ages at, Death during Year 1904, in the RURAL Districts of the East Riding of Yorkshire.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO THE DISTRICTS AT SUBJOINED AGES.							DEATHS IN OR BELONGING TO EACH DISTRICT (AT ALL AGES)												
	All ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards	Beverley	Bridl'gt'n	Driffield	Escrick	Howden	Norton	Patringt'n	Pockl'gt'n	Market Weighton	Riccall	Sculcoates	Sherburn	Skirlaugh
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Small-pox	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Measles	21	5	9	4	2	1	..	1	1	5	1	2	..	1	2	4	..	..	..	4
Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping-cough	18	11	5	2	..	..	..	3	..	4	4	..	..	..	1	1	5	..	..	..
Diphtheria & Membranous croup	17	1	6	10	..	..	..	..	1	6	1	1	2	..	..	..	1	3	..	2
Croup	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fever (Typhus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fever (Enteric	12	..	..	2	3	7	..	2	..	2	1	2	1	..	1	1	1	1	..	..
Fever (Other continued	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Epidemic Influenza	14	2	1	..	..	5	6	..	2	1	..	..	1	1	3	..	1	3	..	2
Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	.	..	..	..	..	..	..
Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhœa	21	13	5	1	..	1	1	..	4	3	..	..	4	1	1	1	1	2	..	5
Enteritis	21	16	1	..	1	1	2	3	3	1	1	7	..	..	1	1	1	2	..	1
Puerperal fever	3	1	..	..	..	3	..	..	..	1	..	1	..	..	..	..	..	1	..	..
Erysipelas	3	..	..	..	..	1	2	..	..	2	..	1	..	..	..	..	..	..	..	..
Other septic diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis	61	1	1	3	14	40	2	5	3	10	3	7	3	13	5	1	3	4	2	2
Other tubercular diseases	29	4	9	4	5	7	..	7	1	8	1	..	1	4	1	2	1	1	2	..
Cancer, maligant disease	81	..	..	..	1	41	39	6	5	10	5	16	2	7	6	5	4	7	1	7
Bronchitis	124	35	9	1	2	17	60	17	6	17	2	16	8	12	17	10	3	4	5	7
Pneumonia	60	12	10	3	1	17	17	6	3	10	4	12	5	4	5	2	..	4	1	4
Pleurisy	4	..	1	1	..	2	..	..	..	..	..	1	..	..	1	..	1	1	..	..
Other diseases of the Respiratory organs	7	2	1	1	..	1	2	..	3	2	..	..	1	..	..	..	..	..	..	1
Alcoholism / Cirrhosis of liver	12	..	..	...	..	9	3	2	2	..	..	3	..	..	..	1	1	2	..	1
Venereal diseases	1	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Premature birth	65	65	..	..	..	..	..	6	3	10	3	11	3	7	4	2	..	3	1	12
Diseases & accidents of parturition	6	..	..	..	..	6	..	..	1	3	..	..	..	..	1	..	..	..	..	1
Heart diseases	150	1	1	2	8	43	95	16	8	20	6	14	6	22	28	7	6	12	3	2
Accidents	65	6	4	7	14	20	14	4	6	9	4	24	2	3	1	3	1	2	1	4
Suicides	11	..	..	..	2	8	1	..	2	1	1	..	..	1	3	..	..	1	..	2
All other causes	557	123	27	10	15	104	278	69	48	66	30	99	37	30	40	14	18	42	24	40
All causes	1364	298	90	51	68	335	522	148	103	191	67	217	76	106	122	55	47	95	40	97

TABLE VI.

Cases of Infectious Disease Notified during the Year 1904, in the URBAN Districts of the East Riding of Yorkshire.

NOTIFIABLE DISEASE	CASES NOTIFIED AT DIFFERENT AGES.—YEARS							TOTAL CASES NOTIFIED IN EACH DISTRICT.											
	At all ages	Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards	Beverley 1	Bridlington †2	Cottingham 3	Driffield 4	Filey 5	Hedon 6	Hessle 7	Hornsea 8	Norton 9	Pock'gton 10	With'nsea 11	Total
Small Pox	3	..	..	..	..	3	..	..	..	3	..	..	..	..	..	..	..	..	3
Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	49	..	10	26	6	4	..	3	3	1	1	..	..	35	1	3	..	2	49
Membranous croup	2	..	2	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	2
Erysipelas	93	..	1	2	4	68	6	10	12	52	2	2	1	5	1	2	2	4	93
Scarlet Fever	115	..	20	45	15	5	..	8	30	8	10	5	..	47	2	2	..	3	115
Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	69	..	3	18	16	27	1	51	4	4	3	1	..	1	..	4	..	1	69
Relapsing Fever	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	1
Continued Fever	2	..	..	..	..	2	..	..	..	2	..	..	..	..	..	..	..	..	2
Puerperal Fever	3	..	..	..	..	2	..	1	1	..	..	..	..	..	..	1	..	..	3
Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
*Measles	57	3	30	23	1	..	..	..	..	..	..	..	..	..	..	..	..	57	57
Totals	394	3	66	114	42	112	7	73	50	71	16	8	1	89	4	12	3	67	394

* Notifiable in the Withernsea Urban District.

† No ages given.

TABLE VII.

Cases of Infectious Disease notified during the Year 1904, in the RURAL Districts of the East Riding of Yorkshire.

NOTIFIABLE DISEASE.	CASES NOTIFIED AT DIFFERENT AGES.—YEARS							TOTAL CASES NOTIFIED IN EACH DISTRICT.												
	At all ages	Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards	1 †Beverley	2 †Bridlington	3 Driffield	4 Escrick	5 Howden	6 Norton	7 Patrington	8 Pocklington	9 Market Weighton	10 Riccall	11 Sculcoates	12 Sherburn	13 Skirlaugh	Total
Small-pox	9	..	1	..	2	4	..	2	..	..	1	2	..	..	..	1	..	..	..	3	9
Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	139	..	28	79	14	16	1	..	1	55	12	5	23	5	8	..	5	5	..	20	139
Membranous Croup	1	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Erysipelas	83	..	..	4	7	48	11	7	6	12	7	6	1	9	8	9	3	8	1	6	83
Scarlet Fever	160	..	28	78	17	10	..	21	6	40	12	19	10	5	11	..	3	9	3	21	160
Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	58	..	2	9	16	17	2	11	1	13	1	11	2	2	4	5	2	4	..	2	58
Relapsing Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever	4	..	..	..	2	2	..	..	..	2	..	1	..	..	..	1	..	..	..	..	4
Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
*Measles	142	..	..	..	..	..	..	..	142	..		..	..	..	..	..	..	..	..	..	142
Totals	596	..	60	170	58	97	14	41	156	122	33	45	36	21	31	16	13	26	4	52	596

* Notifiable in the Bridlington Rural District.

† No ages given.

TABLE VIII.

	URBAN DISTRICTS.											RURAL DISTRICTS.												
	Beverley	Bridlington	Cottingham	Driffield	Filey	Hedon	Hessle	Hornsea	Norton	Pocklington	Withernsea	Beverley	Bridlington	Driffield	Escrick	Howden	Norton	Patrington	Pocklington	M. Weight'n	Riccall	Sculcoates	Sherburn	Skirlaugh
Number of inspections made	550	225	..	..	..	..	..	..	..	..	..	..	623	..	..	..	..	..	..	..	206	..	..	..
Houses disinfected or cleansed		38	..	..	..	..	..	..	..	..	..	..		..	..	5	..	..	..	..	6	..	..	..
do. Condemned, unfit for habitation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..
do. Yards paved	16	27	..	..	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dwellinghouses inspected	36		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	24	..	..	..
do. overcrowded	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Sewers provided or re-laid	..	..	..	..	..	..	..	..	..	..	..	..	..	In sev'rl parishes	..	345 yards	..	..	..	..	385 yards	In sev'rl parishes	..	..
Drains—																								
do. Newly-provided or re-laid	18	35	..	..	..	..	12	..	1	..	..	..	..	3	48	161	..	..	..	..	625 yards	..	..	..
do. Trapped, ventilated, or disconnected	15	27	..	12	..	..	33	..	2	..	..	..	..	..	4	76	..	..	..	..	..	..	..	..
New Cesspools built		..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	17	8	..	..
do. Gullies built	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	18	..	..	..
Spouting provided for houses	9	21	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Privies and Ashpits, defective rebuilt	..	28	..	..	..	..	5	..	..	..	..	12	..	..	5	..	..	..	..	..	..	..	..	..
New Privies and Ashpits	..	..	..	..	..	..	..		..	..	..	..	..	..	25	..	..	..	..	..	9	..	..	..
Privies & Ashpits repaired, covered, &c.	..	..	..	9	..	..	..	..	2	..	..	..	..	..	4	34	..	..	..	..	8	..	..	..
do. made into W.C.'s	2	..	..	4	..	..	30		..	2	..	..	..	..	..	..	..	..	1	..	4	..	..	..
do. do. Pan Closets	18	..	..	..	..	..	..	..	2	..	..	..	..	..	16	..	..	..	..	..	..	..	..	..
Water Supply—																								
New supplies provided	23	..	..	..	..		..	..	..	1	..	..	..	..	38	2	..	..	1	..	4	..	..	..
Wells & Pumps cleaned or repaired	..	..	..	2	..	..	..	..	..	..	..	3	..	7	1	..	..	..	..	..	12	..	..	..
do. closed, water unfit	..	..	...	..	..	..	1	..	..	1	..	..	..	1	..	3	..	..	..	..	..	3	..	..
Animals, nuisance from, abated	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	6	..	..	..	..	2	..	..	..
Other Nuisances dealt with	165	18	..	..	..	..	..	..	..	..	..	..	..	54	..	16	..	58	..	..	87	..	..	..
Dairies, Cowsheds, and Milkshops—	Monthly			Monthly	*	..	*	*	..	..	..	..	93	*	..	22	..	*	..	*	171	395	*	..
Visits to		168	..																					
No. on Register	53	..	72	..	..	..	21	..	..	..		..	63	..	..	..	..	34	..	..	151	..	..	..
No. of Cows	300	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Factories and Workshops—																								
Visits to	137	160	..	78	*	..	540	*	*	*	4	*	57	..	..	..	19	*	..	8	..	180	..	..
No. on Register	141	..	39	..	12	..	60	..	..	16	4	..	..	..	..	105	..	..	..	..	none	38	..	none
No. of Outworkers	22	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Defects found & remedied	30	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Slaughter Houses—																								
Visits to	four times w'kly	20	*	Monthly	*	..	..	..	*	*	..	..	..	..	..	21	..	..	..	*	..	175	*	..
No. on Register	..	..	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Common Lodging Houses—																								
Visits to	*	*	..	Monthly	..	..	..	..	..	*	..	..	..	..	..	1	..	..	..	..	..	..	..	..
No. on Register	..	..	..	87	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

(*) In cases so marked, the Medical Officer of Health's Report states that the premises have been systematically inspected.

TABLE IX.

Rainfall Returns, 1904.

Station.	Height of Rain Gauge above Sea Level.	Observer.	Total Rain-fall.	Number of days on which one-tenth of an inch or more of rain fell.	Average rainfall in previous years.
Hull	6 feet	Mr. H. B. Witty.....	17·86	187	..
Skipwith	25 ,,	Rev. C. D. Ash.....	20·14	179	21·48 for 5 yrs.
Spurn Head.....	27 ,,	The Meteorological Soc.	17·40	134	19·21 ,, 10 ,,
Lowthorpe	63 ,,	Mr. H. O. Piercy	21·69	195	..
Driffield	76 ,,	Mr. W. E. Lovel.....	21·67	155	26·37 ,, 10 ,,
North Newbald ..	130 ,,	Mr W. Hunter	19·05	191	..
Dalton Holme	150 ,,	Mr. C. H. Ingham	19·95	179	26·83 ,, 10 ,,
Beverley (E.R. Asylum)	175 ,,	Dr. Macleod.....	21·80	194	24·93 ,, 10 ,,
Warter	230 ,,	Mr. J. Coxon	22·51	158	28·54 ,, 10 ,,
Wetwang	235 ,,	Rev. E. M. Cole	18·47	158	25·54 ,, 10 ,,
Thixendale	425 ,,	Rev. W. H. Fox	24·73	178	30·39 ,, 10 ,,

I take this opportunity of thanking the gentlemen named above for their kindness in forwarding to me month by month their observations of the rainfall.