### [Report 1893] / Medical Officer of Health, Hartismere R.D.C.

### **Contributors**

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# ANNUAL REPORT

OF THE

# SANITARY CONDITION

OF THE

# HARTISMERE RURAL DISTRICT

For the year ending December 31st, 1893.

EYE:

W. ROPER, PRINTER, BOOKSELLER AND STATIONER, CHURCH STREET.







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# ANNUAL REPORT

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## Sanitary Condition of the Hartismere Rural District,

FOR THE YEAR ENDING DECEMBER 31st, 1893.

To the Sanitary Authority of the Rural District of Hartismere.

GENTLEMEN,

I beg to present my Annual Report of the Sanitary state of your district, prepared in accordance with the instructions issued by the Local Government Board.

Localities.—The Localities adopted for the statistical parts of this report are the same as in previous reports, and are constituted thus—

Botesdale Division.—Consisting of the parishes of Botesdale, Burgate, Gislingham, Mellis, Palgrave, Redgrave, Rickinghall Superior and Wortham, containing in 1891 a population of 4,209, exclusive of the children in the Wortham Workhouse Schools.

Eye Division.—Consisting of the parishes of Brayesworth, Brome, Oakley, Occold, Redlingfield, Stoke Ash, Stuston, Thorndon, Thornham Magna and Parva, Thrandeston and Yaxley, containing in 1891 a population of 3,413. The municipal borough of Eye is excluded, as it forms a separate Sanitary District.

Mendlesham Division.—Consisting of the parishes of Aspall, Bacton, Cotton, Finningham, Mendlesham, Rishangles, Thwaite, Westhorpe, Wetheringsett-cum-Brockford, Wickham Skeith and Wyverstone, containing in 1891, a population of 4,950.

Statistics relating to Births and Deaths are given in extenso in the appended tables, but the following principal conclusions may be here noted—

Births.—336 births were registered in your district during the year, being at the rate of 26.6 per 1,000 of population, the rates in former years being—

1892	30.5
1891	27.7
1890	28.4
Average of 5 years 1885-89	29.8
" 5 years 1880-84	32.2
" 10 years 1870-79	31.3

It will be noticed that with the exception of the year 1892, the Birth-rate shows a steady decline during the last 14 years. The Birth-rate throughout England and Wales shows the same tendency to decline, that for 1893 being 30.8, and the average of the previous 10 years being 31.9. These rates, it will be noticed, are considerably higher than the corresponding rates in the Hartismere Rural District.

Marriages.—The number of Marriages in the District, which had shown a decided decrease in recent years, showed an increase in 1890, to be again followed by a decrease in 1891 and 1892. The returns for 1893 are not yet complete. The actual number of Marriages that took place in your district and in the Urban Sanitary District of Eye (which is not separated in the quarterly returns of the Registrar-General) was

1892	96
1891	94
1890	109
Average of 5 years, 1885-89	92
" 5 years, 1880-84	94
" 10 years, 1870-79	107

Deaths.—After correcting the registered number of deaths by the addition of the deaths in public institutions of persons belonging to the District, and the omission of

deaths of persons not belonging to the District, but brought into the District with their fatal disease on them, the number of deaths was 194 the Death-rate being 15.4 per 1000. The rates in former years were—

1892	19:3
1891	17:3
1890	18.7
Average of 5 years, 1885-89	15.7
" 5 years, 1880-84	16.0
., 10 years, 1870-79	18.0

The death-rate in country districts in England and Wales is recorded by the Registrar-General as 17.4 per 1000 in 1893, and as averaging 17.6 per 1000 in the 10 years, 1883-92. The increase in the death-rate during the years 1890, 1891, and 1892 is, in my opinion, entirely due to the outbreak of influenza in those years, and the low death-rate of 1893 would have been still more favourable had influenza been absent.

The death-rates in the Divisions show considerable variations, and are:-

Eye Division	 	12.6 per	1000
Botesdale Division	 	14.0	"
Mendlesham Division	 	18.5	,,

The mortality of children under one year of age was 18.0 per cent. of the total deaths, and 10.4 per cent. of the registered births. The mortality amongst children under 5 years of age was 26.5 per cent. of the total deaths.

These rates, though not so favourable as those of the years 1890 and 1891, shew a satisfactory decrease in infantile mortality compared with the period 1870-79 when the sanitary laws were not fully brought into operation.

Zymotic Diseases.—The seven principal zymotic diseases, viz.—small-pox, measles, scarlet fever, diphtheria, whooping cough, fever, and diarrhea, caused 17 deaths. In the Mendlesham Division these diseases caused  $10\frac{1}{2}$  per cent. of the total deaths; in the Botesdale Division,  $8\frac{1}{2}$  per cent.; and in the Eye Division  $8\frac{1}{4}$  per cent. These, although more numerous than last year, are still well below the earlier years shewn in Table E, and bearing in mind the exceptional dryness of the summer which would tend

to the spread of some diseases of this class, notably fever and diarrhoa, this result cannot be regarded except as evidence of satisfactory sanitary progress.

Table B. (which shows the new cases of infectious sickness coming to the knowledge of the Medical Officer of Health—the principal diseases being classified), shows that small-pox was entirely absent from the district throughout the year; that scarlet fever prevailed to a considerable extent throughout the district (but principally in the Mendlesham and Eye Divisions) that a few cases of diphtheria occurred—principally in the Botesdale Division; that 2 cases of typhoid fever occurred in each of the Botesdale and Mendlesham Divisions and one in the Eye Division; that 2 cases of puerperal fever occurred in the Botesdale Division and none elsewhere. Twenty-three cases of erysipelas were reported. No infectious disease occurred in the Workhouse at Eye, but one case of diphtheria occurred in the Industrial School at Wortham.

Comparison of Localities.—The following table shews the mortality statistics of the Eye Division, compared with those of the Botesdale and Mendlesham Divisions:—

	Death rat	te per 1000.	Percentage t	o total death
Divisions.	From all causes.	From seven principal zymotic diseases.	Deaths under one year.	Deaths under five years.
Eye	12.6	-8	13:9	25.6
Botesdale	14.0	1.1	18.6	28.8
Mendlesham	18.5	1.8	18.9	25.0

Systematic Inspection.—The work of systematic inspection and nuisance removal has been carried on as in former years, namely, by frequent inspection of all parts of the district by the Inspector of Nuisances, accompanied on some occasions by the Medical Officer of Health, the visits being so arranged that no portion of the district has escaped their joint supervision during the year, while separate visits have been made to such parts as seemed from special circumstances to require it. The

sanitary state of the district is well maintained. following is a summary of the work done during the year, taken from the Sanitary Inspector's report:—317 notices have been given for sanitary improvements, 14 new privies have been built, 94 old ones cleansed and repaired, 12 removed from objectional situations, 14 vaults filled up and converted to the pail system, 13 houses provided with new drainage, 14 house drains repaired and trapped, 11 foul ditches cleansed, 30 accumulations of manure removed, 1 new cesspool made, 7 cesspools cleansed, 8 cesspools or gutters filled up, 7 cases of swine improperly kept removed, 3 cases of overcrowding abated, 3 houses repaired, 2 premises cleansed, 63 houses cleansed after infectious diseases, and I house closed as being unfit for human habitation. In addition, the tanks and ditches in connection with the Public Drainage at Mendlesham have been cleansed.

In Table G will be found a summary of the work of nuisance removal since my appointment as Medical Officer of Health in 1878, from which it appears that in your district during 16 years the number of notices given for sanitary improvements has averaged 273, and the number of nuisances removed has averaged 300 each year.

Water Supply.—In consequence of the severe and prolonged drought, the water supply of the district occupied a still greater share of the attention of your Officers; but so far as the supply of water for drinking purposes is concerned, there can be no doubt that the scarcity, prolonged though it was, was not so severely felt nor so detrimental to the public health as would have been the case a few since. Owners and occupiers generally took advantage of the drought to cleanse the ponds which usually yield supplies of drinking water, so that very many ponds throughout the district have been cleansed without any intervention from the Sanitary Authority, and do not appear in the summary here given. I have made chemical analyses of 27 specimens of drinking water, of which I have reported 13 "unfit" for drinking or domestic uses. In consequence of my reports, the following results have been obtained:—One new well has been made supplying water to 2 houses, 16 wells have been repaired and cleansed supplying water to 42 houses, 1 new pump has been fixed for the use of 3 houses, 5 pumps have been repaired supplying water to 20 houses, 13 ponds have been cleansed supplying water to 37 houses. Thus 104 houses have during the year received an improved supply of water, and in addition, the public wells throughout the district have been kept in order, 9 wells and pumps having been repaired during the year as well as two large public ponds. In addition a contract has been accepted for providing a new public well in the parish of Cotton. One certificate has been granted that a proper supply of water has been provided to a new house under the Public Health (Water) Act, and there is one case still standing over in Mellis in which houses have been built and occupied but no certificate has been granted in consequence of the supply of water not being deemed satisfactory to the Sanitary Authority.

Notification of Infectious Diseases.—The number of cases notified under the Infectious Diseases (Notification) Act, 1889, during the year was 160, and included—

113 cases of Scarlet Fever 23 ,, Erysipelas

17 "Diphtheria (including 2 Membranous Croup)

5 " Typhoid (Enteric) Fever

2 ", Puerperal Fever

In addition to these seven cases of Scarlet Fever were detected in which Notification had been neglected. All these cases were investigated, and the results are shown in Table F appended to this report. These results may be thus summarised—

Scarlet Fever occurred in 18 parishes, 51 houses were affected, and 120 cases and no deaths occurred. The epidemic was a continuation of that reported last year, and was of an extremely mild character, as is shown by the fact that there was no fatal case recorded. In 25 of the 51 houses affected, the disease did not spread, only one case occurring in each of these houses. The disease spread by direct infection from house to house, frequently through want of care in allowing healthy children to come into contact with those who were suffering, or had recently suffered from the disease. In several cases the disease was not notified, and amongst them was an instance at Thwaite from which I was able to trace the probable infection, directly or indirectly of 9 other cases in Thwaite, 15 in Cotton, and 3 in Mendlesham; such carelessness cannot be too strongly condemned.

Diphtheria occurred in 5 parishes, 8 houses being affected, and 17 cases occurred, 3 of them proving fatal. Of these outbreaks, 2 originated outside the district, in 3 the water used for drinking purposes was contaminated, 5 were associated with obvious sanitary defects, and in 2 cases the disease was probably conveyed through the medium of school-attendance; in each instance the sanitary defects were remedied.

Typhoid (Enteric) Fever occurred in 4 parishes, 5 houses being affected and 5 cases and 1 death occurred. One case was contracted outside the district, and in one no obvious sanitary defect was found. In the remaining 3 cases obvious sanitary defects and impurity of water supply were found to exist; steps to remedy these matters have been taken in each case.

Puerperal Fever.—Two fatal cases occurred within 3 weeks of each other, both in Palgrave, and attended by the same midwife; there were at about the same time other cases in adjacent districts.

Erysipelas.—Twenty-three cases were reported, eleven being in the Botesdale Division.

Measles was not so prevalent as last year; one fatal case occurred in the Eye Division.

The Infectious Diseases (Notification) Act 1889 continues to work beneficially. Great difficulty has been experienced in inducing the heads of households to notify the existence of the disease in their houses, and this neglect is fostered by the very prevalent opinion that in cases in which a medical man is in attendance, the notification by the head of the household is unnecessary. This matter has been under discussion at your meetings, and the conclusion arrived at has been that the Act should be administered as it stands, and that the dual notification should be insisted on; several prosecutions have consequently taken place.

The notification by the medical attendants has been usually well carried out—but I would again draw attention to the fact that *early* notification is essential for successfully dealing with outbreaks, and that delay in notifying is

not compliance with the Act which requires that notification shall be made "forthwith" on the practititioner becoming aware of the existence of an infectious disease as defined by the Act.

Influenza.—For the fourth year in succession, influenza again became prevalent; though not to so great an extent as in 1890 and 1892 and though the death-rate from all causes has been low, yet it would have been more satisfactory still had influenza not again prevailed, for 4 deaths were directly attributed to that disease.

Closure of Elementary Schools.—During the year 1893 the Schools at Thornham Magna and Parva and at Brayesworth have been closed on account of measles, the Redgrave and Botesdale schools on account of diphtheria, and the Thornham Magna and Parva school on account of scarlet fever.

Offensive Trades.—The offensive trades of the district have as far as possible been kept under supervision, and an attempt to establish the business of slaughtering horses at Palgrave in an entirely unsuitable situation called for the interference of the Sanitary Authority.

Legal Proceedings have been necessary in 5 instances—in all of which convictions were obtained—3 were cases in which heads of households were fined for not having notified the existence of scarlet fever, the cases having been notified by the medical man in attendance. One was a case in which no medical man was called in, and the case not notified until detected by your Sanitary Officers whilst investigating other cases which originated from it. The other case, in which legal proceedings were taken, was summoned for not complying with a notice of the Sanitary Authority to provide proper drainage for houses.

Palgrave Drainage.—This drainage is not yet fully completed—but in my opinion this should be done without further delay—as until completed there is considerable danger of nuisances arising from the unfinished state of the work.

Necessity for Infectious Hospital.—The results of the investigation of outbreaks of infectious disease afford

instances from time to time of outbreaks caused by importation into the district, e.g., by servants and others sent home on account of illness, and also of disease spreading in families through want of efficient isolation. All this points to the advantage to be derived from the possession of a Hospital for the reception and isolation of infectious cases. As the law at present stands, this accommodation can be provided by the Sanitary Authority, but it would probably be more economical and more efficient if the County Council had the power to provide such accommodation at suitable centres in the county.

Inspection of Bakehouses.—Under the Factory and Workshops Act, 1883, which imposes on me the duty of inspecting every place in which the making of bread for sale by retail is carried on in the District, the principal bakehouses in the District have been visited by your Inspector or by myself. We found them generally well kept, but in one instance it was necessary to issue notices to secure the proper cleanliness and ventilation of the Bake Office.

The duties of the Inspector of Nuisances have in my opinion been satisfactorily carried out.

I am, Gentleman,

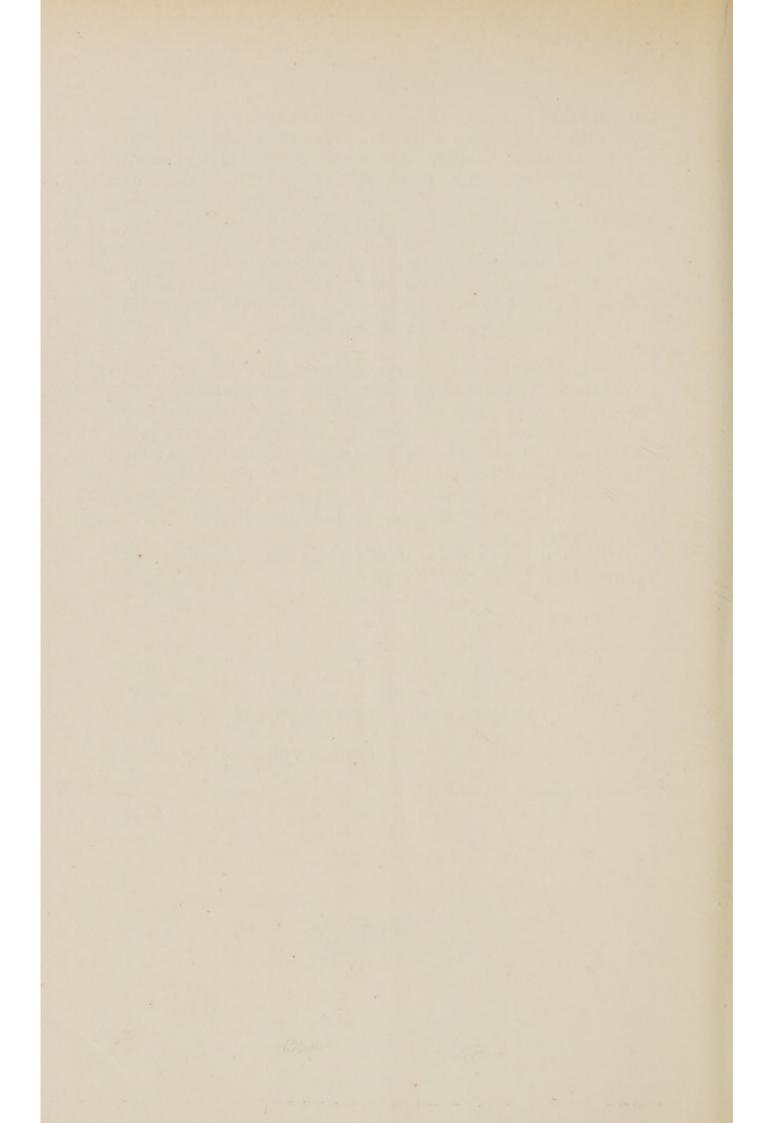
Your Obedient Servant,

EDGAR G. BARNES, M.D., Lond.,

Medical Officer of Health.

EYE, Feb. 12, 1894.





## TABLES

Appended to the Annual Report of the Medical Officer of Health for the year 1893.

TABLE A.

Table of **DEATHS** during the year 1893, in the Rural Sanitary District of Hartismere, classified according to Diseases, Ages, and Localities.

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TABLE B.

of the Medical Officer of Health, during the year 1893, in the Rural Sanitary District of HARTISMERE; classified according to TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge DISEASES, AGES and LOCALITIES.

	11	*8	Erysipelas	. 1	9	1	11	1	9	1	1	1	23
WLEDGE	10		Cholera.	1	1	1	1	1	1	1	1	1	1
THE KNOWLEDGE	6		Puerperal	1	1	1	67	1	1	1	ı	1	2
	00		Relapsing.	1	1	1	1	1		1	1	1	1
	-1	FRVERS.	Continued	:	1	1	1	1	1	1	1	1	I
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	00	.,	Diphtheria	1	1	1	11	1	ଦ୍ୟ	1	-	1	14
NEW CASES OF	01	1	Scarlatina	10	32	4	+	18	52	1	1	32	88
	1		ходЦвшЗ	1	1	1	1	1	1	1	1	1	1
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	pa	ne:	Regist Frid S		147		110		6 2		1		336
ATION	AGES.		Estimated to middle of 1893.		4950.		4509		3413		33		12605
POPULATION	AT ALL AGES.		Census, 1891.		4950		4209		3413		100		12627
THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRESS	NAMES OF LOCALITIES adop-	ted for the purpose of these	Statistics; Fublic Institutions being shown as separate localities.		Mendlesham Division		Botesdale Division		Eye Division		Wortham House		Totals

"Notification of Infectious Disease" is compulsory in the District since January 1st, 1890. There is no infectious hospital in the district.

LABLE C.

# HARTISMERE RURAL SANITARY DISTRICT.

Table showing the Population, Births, Deaths and Marriages for the year 1893, compared with the years 1890, 1891 and 1892, and the averages of the five years 1885-89, the five years 1880-84, and the 10 years 1870-79.

	Hartisme	ere Rura	J Sanita	Hartismere Rural Sanitary District.	Botesd	Botesdale Division.	sion.	Eye	Eye Division.	0.	Mendlesham Division.	ham Di	rision.
	Estimtd. Births Deaths	Births	Deaths	Marriages including Boro' of Eye	Estimtd. Popultn.	Births.	Deaths	Births. Deaths Popultn.	Births.	Deaths	Births. Deaths Popultn.	Births, Deaths	Deaths
1893.	12605	336	194		4209	110	59	3413	62.	43	4950	147	92
1892.	12612	350	242	9. 6.	4209	111	2.52	3413	101	69	4950	142	25
1890.	12713	362	238	109	4248	116	75	3433	86	63	4974	147	66
Average of 5 years / 1885-89.	12973	387	204	92	4365	127	70	3493	103	53	5046	157	75
Average of 5 years (	13408	432	215	16	4559	143	88	3597	113	100	5170	177	81
Average of 10 years,   1870-79.	14032	440	253	107	108f	145	95	3825	117	62	5390	179	102
The children in Wortham	ortham					Hartismere R.S.D.		Botesdale Divn.	Divn.	Eye I	Eye Division.	Mendlesh Division	Mendlesham Division.
Schools are included in the	in the	No. of	Inhabi	No. of Inhabited Houses 1891	1881	2857	-	980		(-	992	1111	-
District, but not in that of	that of	Popul	ation at	Population at Census, 1891	169	12627	-	4209		85	3413	4950	09
the Botesdale Division.	n.	Average House		No. of Persons in each	in each		<b>7.</b> †	4	4.3		F-7		4.4
		Area i	n Acres	Area in Acres		49199	6	14602		14	14716	19881	11

<sup>\*</sup> Corrected by the addition of deaths in Workhouse, and the exclusion of persons coming into the District with their fatal illness on them.

# TABLE D.

# HARTISMERE RURAL SANITARY DISTRICT.

Table showing Annual Birth-rate, Rate of Mortality and Percentage of Deaths amongst children during the year 1893, compared with the years 1890, 1891 and 1892, and with the averages of the five years 1885-89, the five years 1880-84, and the ten years 1870-79.

er	0	ıd.	0	63	6	9	çq	t-		
pun t	age t	Men	25.0	24.2	31.9	26.3	29-2	31		
hildrer	Percentage to Deaths.	Eye. Mend.	25.6	25.4	19-1	19-2	23.9	31.1		
Deaths of Children under	rrs. Percenta Total Deaths.	Har. Botes.	28.8	35.9	19-2	20.0	25.7	32.5		
Death	5 years. Tota	2.	26.3	58.9	8.4.8	22.7	9.97	31.4	28-4	
	tered	Mend.	12.2	12.4	11.3	10.9	9.2	8.7		
ar.	Regis	Eye.	9.2	6-11	4.1	9-5	9.5	9.6		
one ye	Percentage to Registered Births.	Botes.	0.01	15.8	8.1	9.2	10-3	11:4		
under	Percei	Har.	10.4	13.5	8.3	10.5	2.6	2.6	12.1	
Deaths of Children under one year.	Ę	Eye. Mend. Har. Botes. Eye. Mend.	18.9	19.7	2.91	16.2	19.8	20.5		
hs of C	Percentage to Total Deaths.	Eye.	13.9	20.3	8.0	14.4	18.3	20-0		
Deat	centage to Deaths.	Botes.	9.81	53-9	12.3	14.7	17.2	20.8		
	Perc	Har. Botes.	18.0	21.5	13.3	15.6	18.4	20-2	20-9	
	on.	Mend.	18.5	18.4	19-6	19-9	14.8	15.6	18.8	_
7, 7	opulati	Eye.	12.6	17.3	13.8	18-3	15.1	15.2	16-2	
4	per 1,000 population.		14.0	21.9	17.3	9.71	17.1	18-2	19-1	
	per	Har. Botes.	1.9.1	19-2	17.3	18.7	15.7	16-0	18.0	
	her.	Mend.	29-7	29-3	28.7	29-5	31-1	34-2	33.1	
P. Doto	nation	Eye.	23.1	29.6	28.4	28.2	59.4	31.4	30.2	
Annual Died, Date see	1,000 population.	Har. Botes. Eye. Mend.	26.1	33.0	26.4	27.3	29.0	31.3	30-2	
4	1,	Har.	26.6	30.2	27.7	28.4	29.8	32.2	31.3	
		Division or District.	1893	1892	1891	1890	Average of 5 years (	Average of 5 years	Average of 10 years ( 1870-79 )	

TABLE E.

# HARTISMERE RURAL SANITARY DISTRICT.

year 1893, compared with the years 1890, 1891 and 1892, and the averages of the five Table showing the Number of DEATHS from each of the 7 Principal ZYMOTIC DISEASES for the years 1885-89; the five years 1880-84; and the ten years 1870-79.

Disease.	1893	1892	1891	1890	Average of 5 years, 1885-89.	Average of 5 years, 1880-84.	Average of 10 years, 1870-79.
Smallpox	1	1	1	1	1	1	<del>,</del>
Measles	1	+	1G	1	1.0	2.4	2.1
Scarlet Fever	1	-	64	1	ç;	8.4	3.0
Diphtheria	es	1	1	60	2.0	4.4	1.7
Whooping Cough	7	-	12	¢3	8.4	3.5	5.8
Fever	80	1	1	67	9.	2.6	4.3
Diarrhœa	9	kQ.	10	က	3.5	7.7	2.9
Totals	17	12	25	111	11-8	21.8	23.5

HARTISMERE RURAL SANITARY DISTRICT. Table shewing particulars of OUTBREAKS OF ZYMOTIC DISEASES investigated during the year 1898. TABLE F.

ABLE T.	ALL	HARVEST TAKEN IN THE PARTY OF T	The state of the s	0 0		-
Date.	Disease.	Locality.	Origin of Outbreak, Sanitary Defects, etc.	affected.	attacked.	Deaths.
January March	Scarlet Fever	Cotton Redgrave Thorndon Occold	Probable infection from last year's outbreak at Rickinghall.  Infection from adjacent district.  Origin not traced.  Ditto. Adjacent parish to Thorndon.			1111
April to August May June	2 8:	Informan Magna and Parva Wickham Skeith Wetheringsett	Ditto Infection from Thornham.	12	9 67	11
July & August September Oct. & Nov. Oct. to Dec.		c. Brockford Occold Oakley Gislingham Thwaite Cotton	Imported from Ipswich. Removed from Thornham suffering from the disease. Origin not traced. Adjacent parish to Thornham. Infection from previous cases not notified. Infection from Thwaite.	-01-01-00	101001	111-11
November "	2 2 2	Thornham Magna and Parva Stoke Redlingfield	Infection from London. Origin not traced. Adjacent parish to Thornham. Infection from adjacent district.	10 00 H	57 4 11	111
December "" "" "" "" "" ""		Wethermgsett c. Brockford Rishangles Mendlesham Mellis Bacton Westhorpe Yaxley	Probable infection from adjacent district.  Ditto. Infection from Thwaite, Origin not traced. Adjacent parish to Thornham. Ditto. Adjacent parish to Mendlesham. Infection from Great Yarmouth. Origin not traced. Adjacent parish to Thornham and Mellis.	01	H 4 50 01 4 H 01	1111111
				19	120	
Jan., Feb., March & May February March	Diphtheria ".	Redgrave Wortham Redgrave	n Ipswich suffering from the disease. Water impur anure accumulation five yards from door. Site very house.		4 44	- 1-
April June September December		Botesdale Redgrave Wortham Yaxley Stuston	Probable infection through school attendance from Redgrave cases. Drinking water impure.  Probable infection through school attendance.  Imported from adjacent district.  Privy offensive and dilapidated. Diphtheria in same house some years ago.  Gutter near door.		H 01 H 00 H	1111-
April	Typhoid Fever	Brome	Probably contracted outside district.	0	17	00
Aûgust October "		Finningham Wortham Gislingham	Drainage blocked. Well previously (July 6th) reported as unfit for drinking purposes.  No obvious sanitary defect.  Privy joins house. No vault. Six yards from pond, which has not been used for some months since drought set in.	101H H	01-1-	-1
November	Puerperal Fever	Palgrave	79	2	9	1
			midwife. Privy near door, and drainage blocked in second case.	67	67	03

TABLE G.

HARTISMERE RURAL SANITARY DISTRICT.

Summary of Sanitary Work from 1878 to 1893 inclusive.

Notices given for Sanitary Improvements		1000-01.		
	255	275	280	317
Privies new (including earth and water closets)	39	34	15	14
" repaired, &c	112	106	64	120
Drainage, new	25	23	15	13
" repaired, &c	28	34	26	41
Cesspools, new	60	00	00	-
" and foul ditches cleansed	17	17	24	18
" tilled up " "	23	12	12	00
Manure nuisances removed	23	16	1.7	30
Animals improperly kept removed	11	10	žū	t-
Houses and premises cleansed	10	XC.	+	XO.
Overcrowding abated	5	+	+	co
Houses cleansed after infectious diseases	44	25	26	63
Analyses of drinking water made	20	19	32	27
New water supply provided	00	20	60	
Existing water supply purified	6	15	13	34
New houses certified under Public Health (Water) Act	00	00	4	1
Unclassified	9.0	0.5	1.5	_
Legal proceedings	2.4	0.5	1.2	10

## HARTISMERE UNION, SUFFOLK.

**R**URAL SANITARY **H**UTHORITY.

EDGAR G. BARNES, M.D.,
Medical Officer of Health,

Address—EYE.

Feby 2 4" 1894

herar Sir. I am requested by bo. Barnes

te forward you copies of his

Annual Report for 1893

Genes faithfully S. a. Onyon.

The hibrarian

Brilish herdical association





