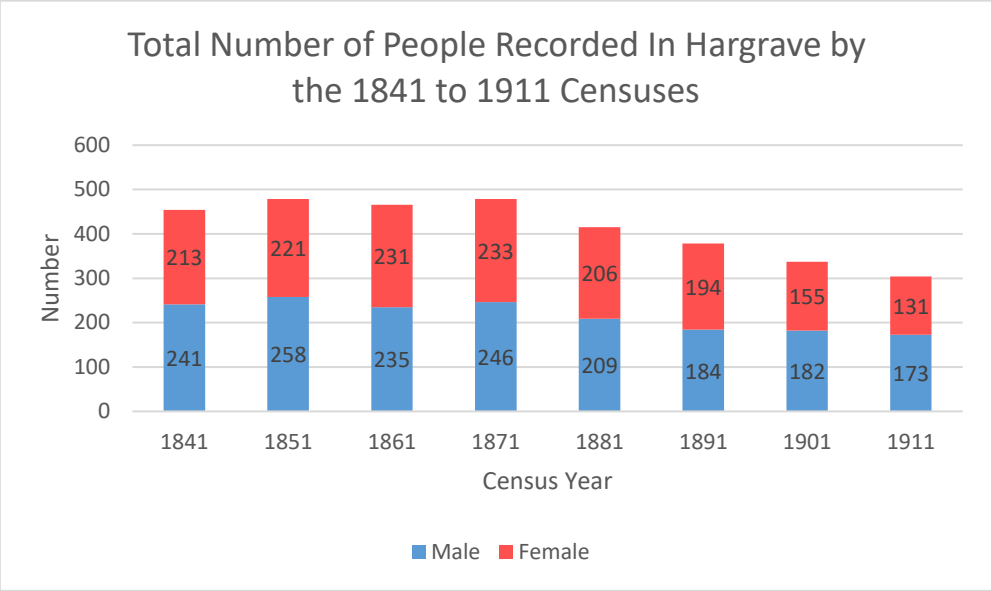
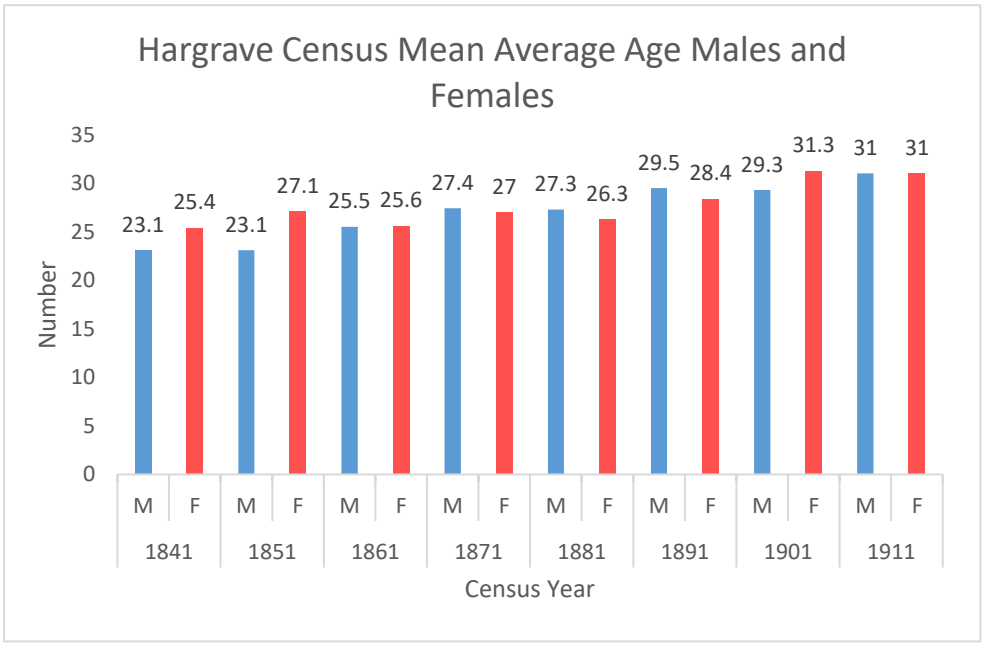
Hargrave Population Data Derived from National Censuses 1841-1911

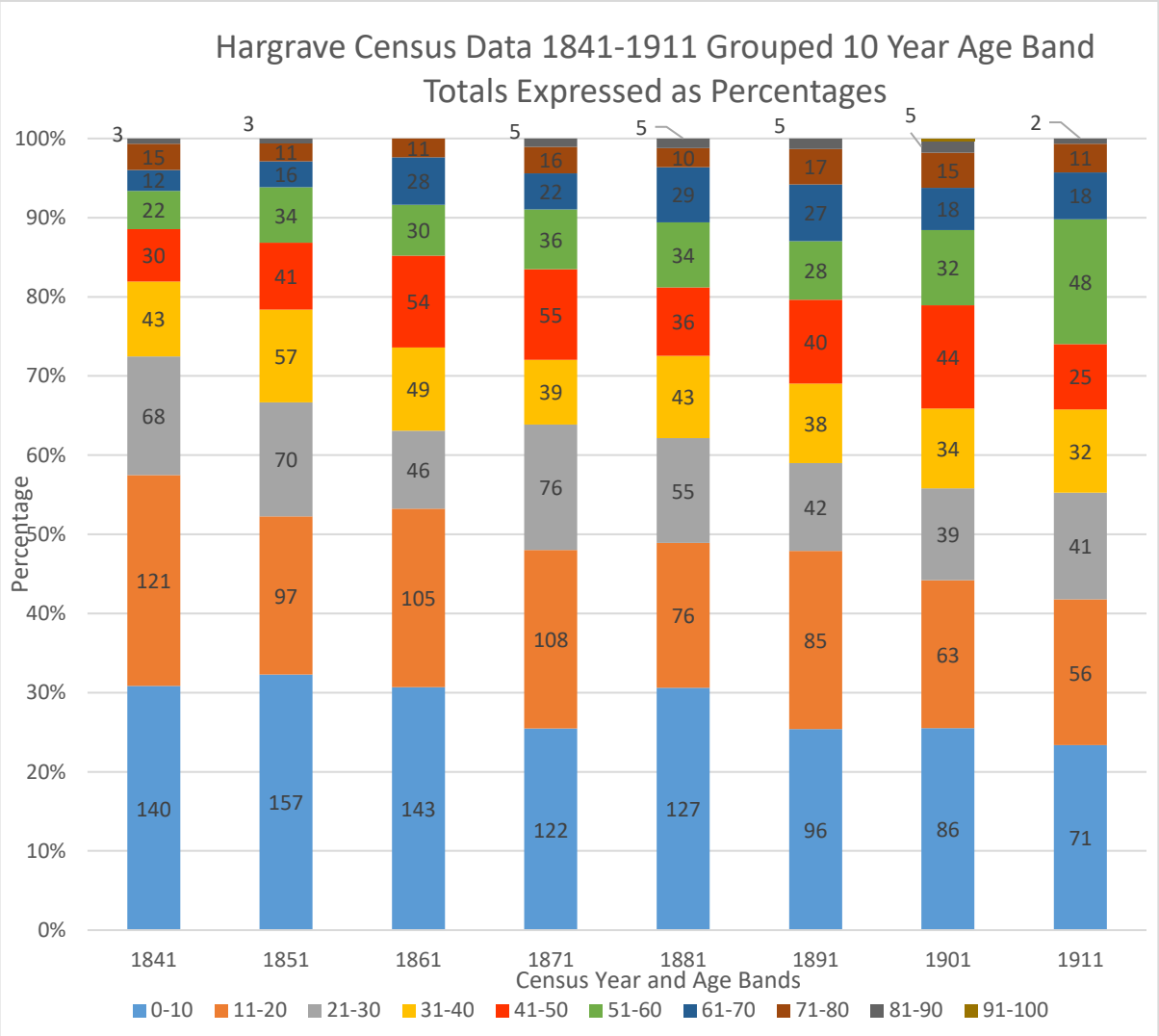
The Census provides individual information on residents of a defined area which when compared over time can indicate trends in overall growth or decline of populations as well as mix by age and gender.



The total Hargrave population remains steady until a peak in 1871, but then declines to a low in 1911. Apart from 1891 the number of males always outnumbers the number of females.



Despite minor fluctuations the mean average age of males and females in Hargrave over this period increased by roughly six years.



The age profile of the village changes significantly over the 70 years. In 1841 children and young adults (0-20 yrs.) account for approaching six in every ten residents, whilst in 1911 this has dropped to just over four in every ten. The age band to show most growth are the middle aged (41-60 yrs.) rising from one in ten to over one in five. Throughout there are always a few senior residents over 70 years old with the oldest a 92 year old recorded in 1901.

Today life expectancy is in the region of 80 years for men and 83 years for women. However the recent abnormal peaks in death rates due to the Covid 19 pandemic will no doubt have a significant impact on these estimates once the new data feeds through.

Thingoe Registration District, Sub Region Fornham 1851-1911, Infant Mortality and Fertility Rates

Infant Mortality Rates Thingoe Registration District, Sub Region Fornham and England and Wales Current Data

Rate per 1000 live births	1851	1861	1871	1881	1891	1901	1911	E+W 2019	E+W 2021 (current)
Infant Death less than 1 year	113.57	113.57	110.05	87.53	111.41	85.5	75.05	3.70	3.51
Infant Death 1 to 5 years	53.03	59.72	Not Available	57.32	49.85	42.24	29.93	0.90	Not Available

The Fornham Sub Region covered Hargrave to the south, Fornham to the East, West Stow to the north and Barrow and Cavenham to the west.

Taking 1861 Infant Deaths less than one years old as a comparative example where full data is available, apart from Bury St Edmunds at 167.55/1000, the Fornham Sub Region had the highest local death rate at 113.57/1000. Risbridge Sub Region to the south recorded 80.79/1000, Gazeley Sub Region to the west recorded 83.62/1000, and Rougham Sub Region to the east recorded 98.19/1000.

Infant mortality rates improved significantly in the Victorian era. This was due to a variety of factors including better diet, improved sanitation, safer working conditions and easier access to health care.

Children in rural areas had better access to fresh vegetables than their counterparts in urban areas, so were less likely to suffer from Rickets and Scurvy which are caused by mineral and vitamin deficiencies in the diet. Though not usually resulting in death in themselves they would compromise the immune system making the body more vulnerable to more serious infections such as Tuberculosis.

Where poor diet did have a marked effect was in the health of pregnant women. Along with the direct transfer of disease from mother to unborn child and complications at birth, these factors could lead to a rate of one in twenty pregnancies ending in stillbrirths in some poorer areas.

Modern medical practices, the advent of antibiotics and vaccines and the birth of the NHS have forced death rates down to a fraction of those in the 19th century.

Number of Doctors Thingoe Registration District, Sub Region Fornham 1851-1911 and England and Wales Current Data

	1851	1861	1871	1881	1891	1901	1911	E+W 2021 (current)
Number of doctors per 10,000 people	1.67	1.73	Not Available	3.67	3.75	3.96	5.99	28.2

Doctors does not include nurses, clinical staff or similar.

With a decrease in the rates of infant mortality more children survived in to adulthood, and this coupled with greater access to medical care influenced the number of pregnancies per family. It is also thought that with children becoming less of an income generating asset and more a burden couples made a conscious decision to have less children.

Total Fertility Rates Thingoe Registration District, Sub Region Fornham 1851-1911 and England and Wales Current Data

	1851	1861	1871	1881	1891	1901	1911	E+W 2021 (current)
TFR	4.76	4.79	5.08	4.88	4.44	4.02	3.26	1.75

The Total Fertility Rate (TFR) is an interpretation of the average number of children a woman will give birth to over her life-time (20-50yrs old).

Thingoe Registration District Data derived from University of Cambridge, Populations Past – Atlas of Victorian and Edwardian Population.

England and Wales Disease and Infection Throughout The Last 200 years

The Births and Deaths Registration Act (1836) made it a legal requirement for all deaths to be registered from 1st July 1837.

Victorian Suffolk like the remainder of England and Wales would have been confronted by a range of diseases and infections which through medical advances made throughout the 19th and 20th centuries have now become far less common.

Cholera and Typhoid which were spread through faeces contaminated food or drinking water, were brought under control by improved sanitation and hygienic practices. Smallpox, Scarlet Fever, Measles, Mumps and Rubella all spread by human contact or by transfer on contaminated articles, were eventually tackled through a combination of vaccination and treatment with antibiotics.

However the most serious causes of death in the 1800's were the combined effects of Tuberculosis (Consumption) and Pneumonia infections which were nearly always fatal before the introduction of effective drug treatments. There are several example of Hargrave parishioners who died from these severe lung diseases.

During the 1850-1910 period over four million people died from TB in England and Wales, and even today it is latent in a quarter of the population with medically diagnosed cases running at about 7,000 annually. It is still a major killer in underdeveloped countries where delayed treatment or antibiotic resistance can result in fatality rates of up to one in three cases.

The most common causes of death at the beginning of the 20th century were very different to those that we see today, although this may partially be explained by a greater understanding of causes of death that have led to a more comprehensive classification system.

For most of the 19th century leading up to the 1940's the majority of deaths in all age groups for both males and females was infections such as Tuberculosis and Bronchopneumonia, with the remainder termed Senile Decay. In the middle of the 20th century heart disease became a more important factor in both men and women. Whilst it was noted that women were increasingly dying from breast and lung cancer. Deaths associated with motor vehicles were particularly prevalent in the under 30 year olds.

Moving in to the 21st century external causes of death such as drug misuse, suicides, self-harm are becoming increasingly significant factors for men from 15 to 45 years old and to a slightly lesser degree for women teenagers and those in their 20's. With an aging population Dementia is major issue in the over 80's.

The most recent government data on the main causes of death by gender and age is provided in the tables below.

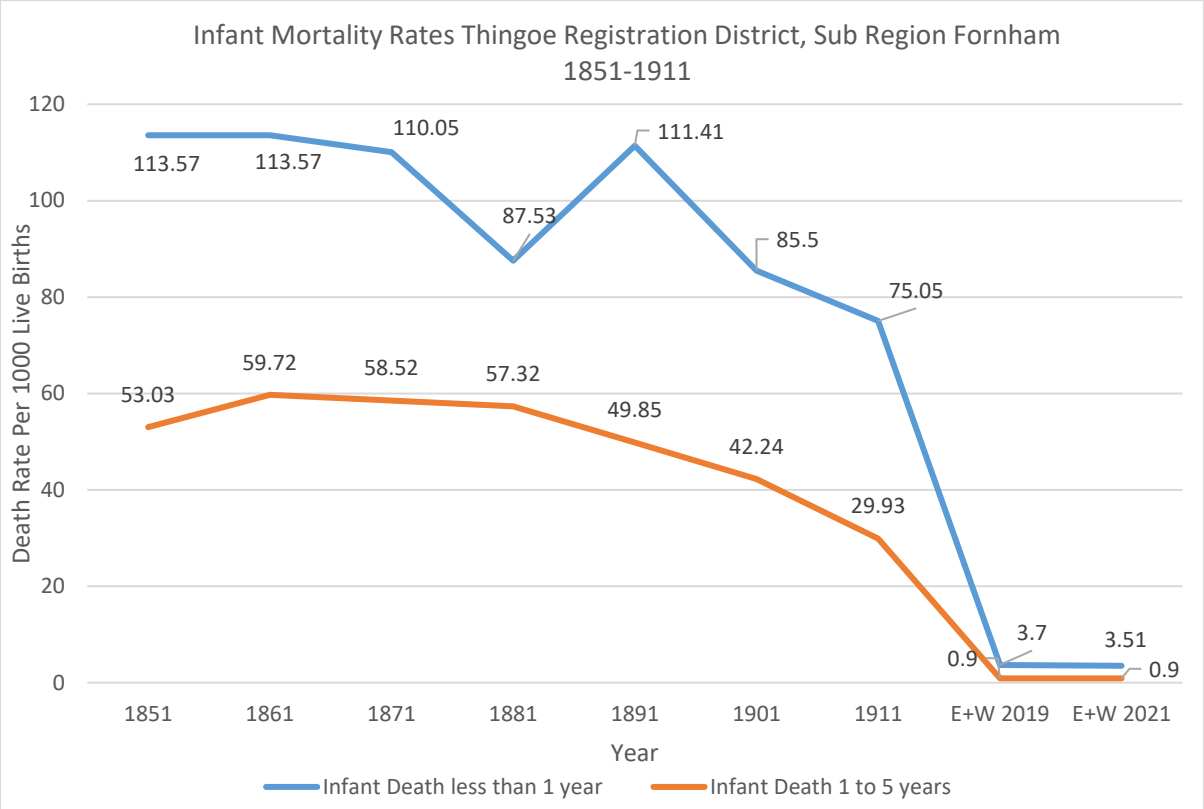
Leading Causes of Death by Age Group and Sex, England and Wales, 2019

Males		
Ages	Condition	Percentage of Male Deaths
All ages	Ischaemic heart diseases	13.1
1 to 4	Congenital malformations, deformations and chromosomal abnormalities	13.3
5 to 19	Suicide and injury or poisoning of undetermined intent	17.1
20 to 34	Suicide and injury or poisoning of undetermined intent	28.2
35 to 49	Suicide and injury or poisoning of undetermined intent	12.8
50 to 64	Ischaemic heart diseases	17.1
65 to 79	Ischaemic heart diseases	14.8
80 years and over	Dementia and Alzheimer disease	15.2

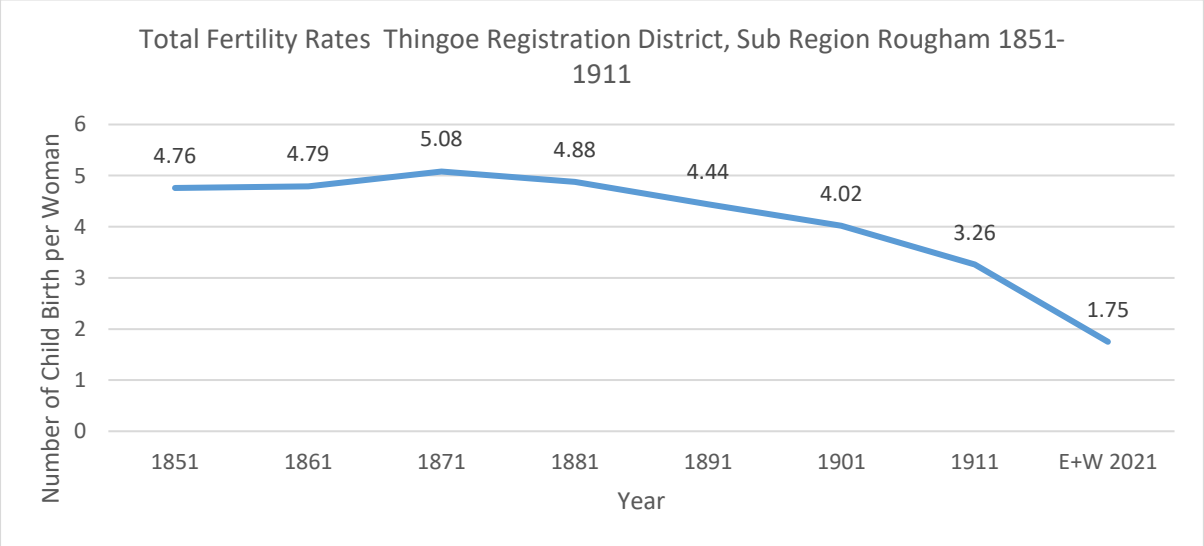
Females		
Ages	Condition	Percentage of Male Deaths
All ages	Ischaemic heart diseases	16.1
1 to 4	Congenital malformations, deformations and chromosomal abnormalities	22.1
5 to 19	Suicide and injury or poisoning of undetermined intent	13.8
20 to 34	Suicide and injury or poisoning of undetermined intent	17.9
35 to 49	Malignant neoplasm of breast	12.9
50 to 64	Malignant neoplasm of breast	10.1
65 to 79	Malignant neoplasm of trachea, bronchus and lung	10.0
80 years and over	Dementia and Alzheimer disease	22.9

Source: Office for National Statistics – Deaths Registered in England and Wales

Thingoe Registration District, Sub Region Fornham 1851-1911, Infant Mortality, Fertility Rates and Disease Summary



Moving averages used where data not available.



Thingoe Registration District Data derived from University of Cambridge, Populations Past – Atlas of Victorian and Edwardian Population.

Poor diet, disease and limited access to rudimentary medical care led to high levels of infant mortality in the first half of the 19th century, with Infections and Tuberculosis accounting for the majority of deaths. Children were then seen as part of the workforce and couples would have large numbers by today's standards, to both maximise income and ensure sufficient of their number survived the difficult first five years of life.

Improvements in hygiene and health care over the century reduced infant mortality rates and the requirement for children to be removed from the workplace and to be educated resulted in generally reduced fertility rates and smaller families.

Today many of these historically significant diseases are under control through vaccination, the use of antibiotics and the overall support of the NHS. On average we live much longer than our ancestors, but our modern lifestyle has brought with it the growing threat of heart disease, cancer and for some Dementia and Alzheimer disease.

Nicholas Newman - May 2021