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Contributors

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To the Bootle Rural District Council.

Annual Report for 1908.

RAVENGLASS,

February, 1909.

GENTLEMEN,

I beg to submit to you my Annual Report, relating to the health of your district, with the usual Tables of Statistics.

The area is 90,413 acres ; estimated population, 5,124 ; number of inhabited houses, 1,091.

The Birth-rate is the highest since 1904 : 118 births ; birth-rate, 23·02 per 1,000. The County birth-rate is 26·04.

The Death-rate is about the same as last year : 77 deaths ; death-rate, 15·02 per 1,000. The County death-rate is 14·9 per 1,000. Very nearly half the deaths are 65 years and upwards.

The climate on the whole was more congenial, not such a wet Summer as 1907.

The general health of the district was better than for some years.

There have been 28 infectious cases notified during the year, against 20 last year ; exactly half the number being Scarlet Fever. Eleven infectious cases were above 25 years of age ; ten cases were removed to the Conjoint Isolation Hospital at Millom for treatment.

One death only from Zymotic disease, viz., Scarlet Fever, from Beckfoot, Ulpha, 48 hours after admission to the Hospital.

Of the 28 infectious cases, Bootle, Seascale and Ulpha accounted for 19 cases—9, 6, and 4 respectively.

There were one or two epidemics of Mumps and Measles, necessitating the closing of Schools at Thwaites, Buckman Brow, Muncaster, and High School, Boot.

Infant mortality slightly less than last year, the causes of death being varied ; 9 deaths, 76·2 per 1,000.

INFECTIOUS CASES :

Diphtheria.—Five cases, no deaths. Three cases at Bootle ; two cases in a house where there had been a case four months before, in September, 1907 : origin probably from previous case, although every precaution was taken to prevent further outbreak. The third case occurred at a house where the drainage system was very faulty. One case occurred at Broad Oak, Waberthwaite, the patient had been cleaning out a short house-drain which had been choked up, which was most offensive and disagreeable ; he was never well afterwards, and developed a bad throat three or four days afterwards. One case at Stanley Ghyll Hotel, Eskdale : the drains and sanitary arrangements were most defective, although a comparatively new house, and should never have been allowed to be constructed in such a manner. The inmates had suffered from illhealth for some time previously to this case, and within the six months there had been one severe case of acute rheumatism, two sub-acute attacks in another inmate, one acute attack of gout, one septic ulcer of leg, one case of dermatitis of a septic nature, all different inmates. The premises were inspected by our late Inspector, but I am not aware that any report was given as to the serious defects found, or what means were taken to put the premises in a proper sanitary condition.

Erysipelas.—6 cases, no deaths ; no apparent cause found.

Measles.—Not being notifiable, it is difficult to acquire information regarding the cases. Thwaites and Buckman Brow Schools were closed in consequent of epidemics amongst the children ; and there were several cases at the Ladies' School and Boys' Preparatory School in Seascale.

Mumps was prevalent at the High School, Boot, also Muncaster School, necessitating closing both.

Scarlet Fever.—14 cases. Six cases in the Boys' Preparatory School, Seascale, very slight cases, difficult to detect, and origin unknown : these were isolated, and every care taken to prevent further

spread of the disease. The sanitary arrangements of the School had been thoroughly overhauled before the commencement of the term, and everything put in an efficient sanitary condition. No other cases were notified from the village. Four cases at Beckfoot, Ulpha. These were, undoubtedly, "return" cases. Two members of the family had been in service in Bolton, and had contracted Scarlet Fever. They were sent to the Fever Hospital in Bolton, and after five weeks discharged and sent home to Beckfoot. Two days after their arrival home, a member of the family sickened, and three more became infected. Upon examination of the two patients from Bolton, evidence of nasal catarrh was seen in both, which was, no doubt, the seat of infection. I communicated with the M.O.H. for Bolton about the cases, who informed me that every care had been taken, and there were no signs of nasal catarrh when they left the Hospital. The four cases were sent to the Millom Conjoint Hospital; no more cases occurred. I regret to say that one case succumbed to the disease 48 hours after admission.

These "return" cases of Scarlet Fever are the great "bugbear" of Hospital Isolation, and from the Report of the Metropolitan Asylums Board on Return cases are stated to occur 4.1 p.c. Such cases are vexatiously disappointing and perplexing. I can remember one slight case without complications or any apparent infectious symptom was kept in Hospital 87 days, the sole object being to prevent a "return" case. Within the week after the case was sent home, a second case was notified. We are particularly hampered by our great lack of knowledge of the etiology of Scarlet Fever—it would be of great assistance to know the organism or organisms, if any, which produce the disease, or any other definite knowledge of its causation, until then a great deal of our work is mere groping in the dark. Do what we will, "return" cases will occur as things are at the present time. Mild cases and "recrudescent" cases, and carriers, largely account for the fact that Scarlet Fever persists after every precaution has been taken. A mild case may be so wanting in the cardinal symptoms as to be difficult to diagnose. In "recrudescent" cases, the germ of infection lies dormant until some exciting cause, such as a chill, causes a recrudescent of virulence; a "carrier" may have no symptoms at all, and may have virulent germs, or non-virulent germs which may become virulent when their own health falls below par.

One case, Drigg; removed to Hospital, no cause traced. No other cases.

Three cases, Millom Rural, close to the Urban boundary; all removed to Hospital. These cases were visited conjointly with Dr. Stoney, M.O.H. for Millom Urban District. Two houses were infected, no connection with each other; the origin was very doubtful. We thought it possible that the infection had been received at an entertainment in the Town Central Hall. All houses were thoroughly disinfected; the milk and food supplies investigated. A return of all cases of Infectious Diseases is sent by me to the County Medical Officer of Health once a month, and I get a return of all such cases in the County, which might be of assistance to me in tracing the origin of infection. In all cases of Scarlet Fever, Diphtheria, and some cases of Typhoid, if it is possible, the patients are sent to the Isolation Hospital, and the house thoroughly disinfected with Formaldehyde. All District Medical Officers are to notify any cases of Tuberculosis occurring amongst their patients, which is an excellent arrangement, but should include all cases in the district, not only the poor.

Sanitary Work, I am glad to say, is improving, the complaints at Ravenglass and Seascale, mentioned in my last year's Report, have received attention. I must congratulate the Council upon their appointment of Mr. W. Britton-Jones, C.R.S.I., late Sanitary Inspector of Torpoint, as Sanitary Inspector to our District, and trust you will give him every assistance in carrying out the much-needed sanitary improvements in our District. Since August, when Mr. Britton-Jones commenced work here, there has been a great deal to do, much has been done, but it will take some time before the District can be put into a satisfactory sanitary condition. I trust that the appalling insanitary conditions and amount of work he finds, will not dishearten him. I am pleased that you have supplied Mr. Britton-Jones with an efficient drain-testing apparatus, it has done good service already. Several drainage systems have been tested and overhauled, and found very faulty, and have been, or going to be, put in a sanitary condition—amongst them being :—

Bootle Workhouse.—An entirely new system of sewerage to be constructed.

Irton School.—Ditto.

Seascale.—The nuisance complained of in my last report is having attention, there is prospect of the outlet of sewer on the shore being carried further out. The top water grids require attention, as they are as a rule not trapped from the sewer, and

the inspection holes are flat-bottomed, and filthy from deposit of solids; these require early attention. The taking over of the Seascale sewers from the Furness Railway Company before they were put in order will, I am afraid, prove a dear bargain for the Council.

Millom Vicarage.—Ditto.

Townhead, Bootle.—Several leaks in pipes and soil pipes; servants' closet to be converted into a water closet, and connected on to the sewer.

Eskdale Vicarage.—Several leaks in pipes, overflow from tank, ventilating up the top water drains.

Amethyst, Drigg.—Faulty connection between soil pipe and sewer.

Shoemyer Cottage, Bootle.—Drains faulty.

Parker's Cottages, Churchgate, Bootle.—Back premises insanitary, a water closet put into one cottage and connected with sewer.

The sewer at Bootle Station has been extended; the "Newbiggin nuisance," which has existed for so many years and been reported so often, has at last been remedied. The urinals and closets at Waberthwaite School, which have recently been erected, require attention, as the drain is carried into a stream which is the water supply for several houses below. I brought this serious condition before the notice of the late Sanitary Inspector and the Council before the work was carried out, but nothing was done. I must ask the Council to remedy this as early as possible. One case of overcrowding was found at The Hill, Millom; notice was given, and the evil remedied.

Milk Supply.—The cowhouses and dairies in our district on the whole are in fair condition; there might be improvement in one or two. I think a printed card should be given to all milk farms with directions on as to the precautions to be taken with regard to cleanliness, ventilation, etc., of cowhouses and dairies, and care in milking and handling the milk. More supervision as to the quality and tuberculosis would be of great benefit to the consumers. According to the Report of the Royal Commissioners on Tuberculosis, the presence of tubercular cows in company with healthy cows in the cowshed is distinctly dangerous.

Meat Supply.—No supervision ; it is of great importance that there should be.

The Factories and Workshops Act.—There are 41 workshops on the register, which entail very little work—only inspections, which are carried out during the ordinary routine of work.

Water Supply.—The district is fairly well supplied, and the various schemes answer well. The Drigg and Seascale supply has received more attention last year, and there have been fewer complaints. Water has been laid on to the cottages Mandsyke, Drigg. There is a prospect of the Bootle supply being extended to the sea side of the railway line, where it is much needed. The farms and houses have very poor supplies.

Excremental disposal.—Water closets are advised wherever it is possible, if not, pan-closets are used.

Schools, Public Elementary, are in good sanitary condition and supplied with water.

Thanking you for the aid that has been given to me in the discharge of my duties, and also Mr. Britton-Jones, the Sanitary Inspector, for the assiduous manner in which he has carried out his duties.

I am, Gentlemen,

Your obedient Servant,

E. EDEN CASS,

Medical Officer of Health.

Area of District in acres (exclusive of area covered by water)	..	90,413
No. of Inhabited Houses	..	1,098

TABLE A.—POPULATION.

Census 1881	5,992
„ 1891	5,982
„ 1901	5,469
Estimated to middle of 1908	5,121 nearly

BIRTHS AND DEATHS (with their rates).

	Births	Birth-rate	Deaths	Death-rate
1899	141	23·6	83	13·8
1900	112	18·7	72	12·05
1901	116	21·3	68	12·5
1902	120	22·1	73	14·6
1903	123	22·9	104	19·4
1904	127	25·5	68	13·7
1905	115	21·3	73	13·5
1906	98	16·9	64	12·3
1907	90	17·4	79	15·3
1908	118	23·02	77	15·02

TABLE B.—DEATHS.

	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908
Under 1 year	12	11	4	17	14	9	6	8	7	9
1 and under 5 years ..	4	7	3	3	7	1	6	3	1	3
5 „ 15 „	5	4	3	1	5	1	2	2	6	0
15 „ 25 „	4	0	4	1	6	0	3	2	2	6
25 „ 65 „	26	15	24	19	31	31	27	17	24	21
65 years and upwards ..	32	35	30	38	41	26	29	32	39	38
Totals	83	72	68	79	104	68	73	64	79	77

TABLE C.

	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908
BIRTHS.—Males	80	57	74	72	64	64	62	42	46	63
Females	61	55	42	48	59	63	53	56	44	55
Totals	141	112	116	120	123	127	115	98	90	118
DEATHS.—Males	45	41	35	35	59	44	41	31	48	48
Females	38	31	33	44	45	24	32	33	31	29
Totals	83	72	68	79	104	68	73	64	79	77
Inquests	6	8	6	2	9	5	1	1	5	7
Uncertified Deaths ..	1	1	1	0	2	0	0	0	0	0
Deaths in Workhouse ..	7	3	8	3	8	4	6	2	8	9

TABLE D.—ZYMOTIC DEATH-RATE.

1899=1·1	1900=·6	1901=·3	1902=·8	1903=·7
1904=·2	1905=·5	1906=·3	1907=·0	1909=·01

TABLE E.

Infant Mortality, 1899 ...	...	...	...	...	...	85.1
" 1900 ...	...	...	...	...	...	98.2
" 1901 ...	...	...	...	...	...	34.4
" 1902 ...	...	...	...	...	...	141.6
" 1903 ...	...	...	...	...	...	113.8
" 1904 ...	...	...	...	...	...	70.8
" 1905 ...	...	...	...	...	...	52.1
" 1906 ...	...	...	...	...	...	81.6
" 1907 ...	...	...	...	...	...	77.7
" 1908 ...	...	...	...	...	...	76.2

TABLE F.

	1907						1908					
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Birker and Austhwaite ...	...	2	2	2	...	2	...	...	...	1	1	...
Bootle ...	3	6	9	10	4	14	6	15	21	15	7	22
Corney ..	4	...	4	1	1	2	3	3	6	1	...	1
Drigg ...	3	2	5	4	3	7	2	1	3	...	2	2
Eskdale ...	1	2	3	3	...	3	4	3	7	1	2	3
Wastdale ...	...	...	...	...	...	...	2	...	2	1	...	1
Irton ...	3	4	7	1	3	4	8	4	12	3	2	5
Millom ...	11	11	22	17	3	20	18	10	28	10	7	17
Muncaster ...	3	5	8	1	2	3	5	4	9	4	2	6
Ulpha ...	3	2	5	2	3	5	2	3	5	3	1	4
Waberthwaite ...	2	2	4	2	3	5	3	4	7	2	...	2
Whitbeck ...	2	1	3	1	1	2	...	...	...	2	1	3
Whicham ...	4	4	8	1	3	4	7	3	10	2	1	3
Seascale ...	7	3	10	3	5	8	3	5	8	4	3	7
Totals ...	46	44	90	48	31	79	63	55	118	48	29	77

TABLE G.—The Causes and Number of Deaths in the Localities of the District.—1908.

	Smallpox.	Measles.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Whooping Cough.	Typhus Fever.	Enteric Fever.	Other or Doubtful Fevers.	Diarrhoea & Dysentry.	Cholera.	Rheumatic Fever.	Pyæmia	Ague.	Puerperal Fever.	Erysipelas.	Phtthisis.	Bronchitis.	Pneumonia.	Pleurisy.	Heart Disease.	Injuries.	All Other Diseases.	TOTAL.
Birker and Austhwaite	1
Bootle	2	1	2	3	1	13	22
Corney	1
Drigg	1	...	...	...	...	...	...	1
Eskdale and Wastdale	1	1	...	...	1	1	1	4
Irton	1	...	1	...	...	...	...	5
Millom	1	...	2	...	3	...	11	17
Muncaster...	2	4	6
Ulpha	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	4
Waberthwaite	2	...	...	...	2	2
Whitbeck	1	...	...	...	...	...	...	3
Whicham	1	2	3
Seascale	2	...	...	...	5	7
TOTALS	1	...	...	...	...	...	...	...	...	...	...	...	...	...	4	4	7	2	8	5	46	77

TABLE H.—AGE MORTALITY.

Deaths during 1908	Disease.	1908.								
		Under 5 yrs.			5 yrs. upwds.					
		Males.	Females.	Total.	Males.	Females.	Total.			
...	Smallpox	...	...	...	...	...	...	...	...	...
...	Measles	...	...	...	...	...	...	...	...	...
1	Scarlet Fever	...	...	...	...	1	...	1	...	...
...	Diphtheria	...	...	...	...	...	...	...	...	...
...	Membranous Croup	...	...	...	...	...	...	...	...	...
...	Whooping Cough	...	...	...	...	...	...	...	...	...
...	Enteric Fever	...	...	...	...	...	...	...	...	...
...	Diarrhœa and Dysentery	...	...	...	...	...	...	...	...	...
...	Rheumatic Fever	...	...	...	...	...	...	...	...	...
...	Puerperal Fever	...	...	...	...	...	...	...	...	...
2	Parturition	...	...	...	...	...	2	2	...	...
...	Other or Doubtful Fevers	...	...	...	...	...	...	...	...	...
4	Phthisis	...	...	...	...	2	2	4	...	...
4	Bronchitis	...	...	...	...	3	1	4	...	...
7	Pneumonia	...	...	...	1	1	2	4	1	5
2	Pleurisy	...	...	...	...	2	...	2	...	...
8	Heart Disease	...	...	...	...	8	...	8	...	...
1	Tubercle of Lymph Glands	...	...	...	...	1	1	...	...	...
2	Dentition and Convulsions	...	...	...	1	1	2	...	...	...
2	Diseases of Brain and Nervous System	...	...	...	1	1	2	...	...	...
5	Malignant Disease	...	...	...	...	2	3	5	...	...
5	Injuries	...	...	...	1	...	1	4	...	4
...	Erysipelas	...	...	...	...	...	...	...	...	...
...	Syphilis	...	...	...	...	...	...	...	...	...
34	All Other Diseases	...	...	...	2	2	4	16	14	30
77	Totals	...	...	...	6	6	12	42	23	65

TABLE I.—NOTIFICATION ACT.—List of Cases Notified during 1908.

TOWNSHIP.	Smallpox.	Cholera.	Diphtheria.	Membranous Group.	Erysipelas.	Scarlet Fever.	Typhus.	Enteric Fever.	Continued or Relapsing Fever.	Puerperal.	Total.
Birker and Austhwaite
Bootle	3	...	4	...	...	2	...	...	9
Corney	1	...	...	...	...	...	2
Drigg	1	...	...	...	...	1
Eskdale	1	...	...	...	...	...	...	...	1
Wastdale...
Irton
Millom	3	...	1	...	...	4
Muncaster	1	...	...	...	...	...	1
Ulpha	4	...	...	...	...	4
Waberthwaite	1	...	...	...	...	...	...	...	1
Whitbeck
Whicham
Seascale	6	...	...	...	...	6
Totals	5	...	6	14	...	3	...	...	28

Isolation Hospital (Conjoint with Millom Urban), Crab Marsh, Millom.—Available Beds, 18; Smallpox Hospital, 8 Beds; total, 26 Beds.

TABLE J.—NOTIFICATION ACT.—Age Record of Cases Notified during 1908.

	Under 5 years.	5 years and upwards.	TOTAL.
Smallpox...
Cholera
Diphtheria	5	5
Membranous Croup
Erysipelas	6	6
Scarlet Fever ...	1	13	14
Typhus
Enteric	3	3
Continued or Relapsing Fevers
Puerperal Fever...
TOTALS	1	27	28

TABLE K.—NOTIFICATION ACT.—Monthly Record, 1908.

	Smallpox.	Cholera.	Diphtheria.	Membranous Croup.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Enteric Fever.	Continued or Relapsing Fever.	Puerperal Fever.	Total.
January	2	...	...	...	...	...	...	...	2
February	1	...	...	...	...	...	1
March	1	...	...	...	...	...	...	...	1
April
May	1	...	...	...	...	...	1
June	6	...	...	...	...	6
July...	1	...	...	...	...	1	...	...	2
August	5	...	...	...	...	5
September	1	...	...	...	...	...	1
October	3	...	...	...	...	...	3
November	2	...	...	2
December	1	...	...	3	...	...	...	...	4
TOTAL	5	...	6	14	...	3	...	...	28

TABLE A. L. G. B.—Mortality from all Causes at subjoined Ages.

	At all Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Birker and Austhwaite	1	...	...	...	...	1	...
Bootle	22	2	1	...	...	5	14
Corney	1	...	...	...	...	...	1
Drigg	2	1	...	...	1	...	...
Eskdale and Wastdale	4	...	...	...	2	...	2
Irton	5	2	...	...	...	3	...
Millom	17	2	...	...	2	5	8
Muncaster	6	...	...	...	...	3	3
Ulpha	4	...	...	...	1	1	2
Waberthwaite	2	...	...	...	...	...	2
Whitbeck	3	1	1	...	...	1	...
Whicham	3	...	1	...	...	1	1
Seascale	7	1	...	...	...	1	5
TOTALS	77	9	3	...	6	21	38

Year	Month	Day	Time	Location	Activity	Remarks
1911	Jan	1	8:00 AM	...	...	...
1911	Jan	2	8:00 AM	...	...	...
1911	Jan	3	8:00 AM	...	...	...
1911	Jan	4	8:00 AM	...	...	...
1911	Jan	5	8:00 AM	...	...	...
1911	Jan	6	8:00 AM	...	...	...
1911	Jan	7	8:00 AM	...	...	...
1911	Jan	8	8:00 AM	...	...	...
1911	Jan	9	8:00 AM	...	...	...
1911	Jan	10	8:00 AM	...	...	...
1911	Jan	11	8:00 AM	...	...	...
1911	Jan	12	8:00 AM	...	...	...
1911	Jan	13	8:00 AM	...	...	...
1911	Jan	14	8:00 AM	...	...	...
1911	Jan	15	8:00 AM	...	...	...
1911	Jan	16	8:00 AM	...	...	...
1911	Jan	17	8:00 AM	...	...	...
1911	Jan	18	8:00 AM	...	...	...
1911	Jan	19	8:00 AM	...	...	...
1911	Jan	20	8:00 AM	...	...	...
1911	Jan	21	8:00 AM	...	...	...
1911	Jan	22	8:00 AM	...	...	...
1911	Jan	23	8:00 AM	...	...	...
1911	Jan	24	8:00 AM	...	...	...
1911	Jan	25	8:00 AM	...	...	...
1911	Jan	26	8:00 AM	...	...	...
1911	Jan	27	8:00 AM	...	...	...
1911	Jan	28	8:00 AM	...	...	...
1911	Jan	29	8:00 AM	...	...	...
1911	Jan	30	8:00 AM	...	...	...
1911	Jan	31	8:00 AM	...	...	...

...