

**[Report 1923] / Medical Officer of Health, Cumberland County Council.**

**Contributors**

Cumberland (England). County Council.

**Publication/Creation**

1923

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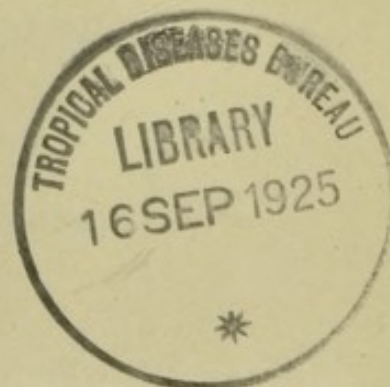
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CUMBERLAND COUNTY COUNCIL.

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# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

F. H. MORISON, M.D., D.P.H.

*FOR THE YEAR 1923.*

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CARLISLE:  
STEEL BROS. (CARLISLE), LIMITED, PRINTERS,

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1924.

ANNUAL REPORT  
OF THE  
COMMISSIONER OF THE  
LAND OFFICE  
FOR THE YEAR 1894

W. H. JACKSON, JR.,  
COMMISSIONER

FOR THE YEAR 1894  
PUBLISHED BY THE  
GOVERNMENT PRINTING OFFICE  
WASHINGTON, D. C.  
1895

## CUMBERLAND COUNTY COUNCIL.

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TO THE CUMBERLAND COUNTY COUNCIL.

\* MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting this, my Sixteenth Annual Report, viz., that for the year 1923, on the Health of the Administrative County.

Although the Birth-rate for the year is slightly lower than previously the vital statistics must be regarded as satisfactory.

	1923.	1922.
Birth-rate ... ..	21.1	22.3
Death-rate ... ..	12.7	14.7
Infant Mortality ... ..	74	99

I am,

Your obedient servant,

F. H. MORISON.

The Courts,  
Carlisle,  
1924.

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### Area.

The Area of the Administrative County as given in the Census Returns for 1921, is 968,598 acres—Municipal and Urban Districts, 62,133 acres; Rural Districts, 906,465 acres.

### Population.

The population as given by the Registrar General for the year 1923:—

Urban Districts ... ..	122,600
Rural Districts ... ..	97,120
Administrative County ... ..	219,720



## Births.

The births registered in the County during the year 1923 numbered 4,647 (2,385 males and 2,262 females), giving a birth-rate of 21.1 per 1,000 of population, compared with 4,863 (2,526 males and 2,337 females), and a rate of 22.3 the previous year.

In the Urban Districts there were 2,745 births (1,400 males, and 1,345 females), giving a birth-rate of 22.3; and in Rural Districts 1,902 (985 males, and 917 females), giving a rate of 19.5 per 1,000 of population.

The corresponding figures for the previous year were:—Urban Districts, 2,848, and a rate of 23.3; Rural Districts, 2,015, and a rate of 20.8.

The birth-rate in England and Wales for the year was 19.7.

Arranged in the order of their birth-rates the Urban and Rural Districts stand thus:—

<i>Urban.</i>	<i>Rural.</i>
Whitehaven . 28.1 (28.2)	Wigton... .. 22.6 (22.4)
Penrith... .. 23.7 (19.7)	Whitehaven . 22.0 (21.4)
Harrington .. 23.6 (25.4)	Cockermouth. 21.6 (23.5)
Egremont ... 23.2 (26.3)	Longtown ... 19.3 (23.0)
Wigton... .. 23.2 (20.0)	Alston ... .. 17.5 (23.8)
Workington . 22.5 (23.3)	Penrith... .. 17.4 (18.7)
Aspatria . ... 22.4 (17.6)	Carlisle... .. 17.2 (17.7)
Arlecdon and	Brampton ... 16.0 (18.8)
Frizington. 21.3 (26.6)	Bootle ... .. 14.8 (18.4)
Maryport ... 20.7 (26.6)	
Cleator Moor. 19.7 (20.4)	
<b>Holme</b>	
Cultram .. 18.8 (18.7)	
Millom... .. 18.8 (19.8)	
Cockermouth. 17.0 (19.8)	
Keswick . ... 15.9 (17.8)	

NOTE.—In all these tables the figures in brackets are those of the previous year.

## Illegitimate Births.

The number of illegitimate births was 247. So that 53 per 1,000 of the total births were illegitimate, compared with 256 and 52 the previous year.

The rates of illegitimate births per thousand of the total births in the various Sanitary Districts are as follows:—

<i>Urban.</i>	<i>Rural.</i>
Arlecdon and	
Frizington . . . . . 44 (64)	Alston . . . . . 104 (106)
Aspatria . . . . . 36 (93)	Bootle . . . . . 33 (72)
Cleator Moor . . . . . 47 (17)	Brampton . . . . . 54 (85)
Cockermouth . . . . . 72 (103)	Carlisle . . . . . 68 (61)
Egremont . . . . . 36 (27)	Cockermouth . . . . . 80 (50)
Harrington . . . . . 46 (69)	Longtown . . . . . 40 (75)
Holme Cultram. 44 (78)	Penrith . . . . . 61 (53)
Keswick . . . . . 88 (53)	Whitehaven .. 42 (31)
Maryport . . . . . 34 (56)	Wigton . . . . . 46 (74)
Millom . . . . . 60 (28)	
Penrith . . . . . 77 (81)	
Whitehaven .. 44 (49)	
Wigton . . . . . 70 (40)	
Workington .. 45 (30)	

In the Urban Districts 48, and in the Rural Districts 59, per 1,000 births were illegitimate.

## Deaths.

The number of deaths registered was 2,793 (1,444 males and 1,349 females), this gives a death-rate of 12.7 per 1,000, compared with 3,218 (1,649 males, and 1,569 females), and a rate of 14.7 per 1,000 the previous year.

The death-rate in England and Wales was 11.6. In the Urban Districts there were 1,654 deaths (839 males, and 815 females), giving a rate of 13.5; in the Rural Districts 1,139 (605 males, and 534 females), giving a rate of 11.9. The corresponding figures for the previous year were:—Urban Districts, 1,892, and a rate of 15.6; Rural Districts, 1,326, and a rate of 13.7.



Arranged in the order of their death-rates the Urban and Rural Districts stand thus:—

<i>Urban.</i>	<i>Rural.</i>
Cockermouth. 17.2 (14.7)	Wigton... 14.4 (15.2)
Wigton... 16.2 (17.0)	Alston ... 12.7 (20.8)
Whitehaven . 15.1 (21.6)	Cockermouth. 12.6 (13.5)
Arlecdon and	Brampton ... 11.2 (17.1)
Frizington . 14.5 (16.3)	Carlisle... 11.0 (12.2)
Penrith... 14.4 (16.6)	Penrith... 10.9 (13.0)
Keswick . 13.8 (15.9)	Whitehaven . 10.9 (11.9)
Millom ... 13.5 (13.4)	Bootle ... 10.6 (11.5)
Cleator Moor . 12.8 (14.5)	Longtown ... 9.5 (15.0)
Maryport. ... 12.8 (14.5)	
Egremont ... 12.7 (11.4)	
Workington . 12.5 (14.3)	
Harrington . 12.3 (11.4)	
Holme	
Cultram ... 11.1 (14.7)	
Aspatria . ... 9.3 (11.9)	

The conditions which have caused more deaths this year than last are Measles (30), Diphtheria (19), Tuberculosis (5), and Diarrhœa (9).

These are more than counteracted, however, by the conditions which have caused fewer deaths:—Whooping Cough (123), Influenza (137), Cancer (6), Heart Disease (46), Bronchitis (47), Pneumonia (68), and Congenital Debility, Premature Birth, etc. (43).

### Infant Mortality.

4,647 births were registered, and 344 infants died before they reached the age of one year; the Infant Mortality, therefore, was at the rate of 74 per 1,000 births, 25 per 1,000 lower than last year. Infant Mortality of England and Wales, 69.

In the Urban Districts there were 2,745 births, and 215 deaths of infants. The Infant Mortality was, therefore, 78 per 1,000 births, 38 per thousand lower than the previous year.

In the Rural Districts there were 1,902 births, and 129 infant deaths, giving an Infant Mortality rate of 68 per 1,000 births, 8 per thousand lower than last year.

The Infant Mortality rate of legitimate infants was 71, that of illegitimate infants 125.

Arranged in order of their Infant Mortality rates the Urban and Rural Districts stand thus:—

<i>Urban.</i>	<i>Rural.</i>
Cockermouth . 132 (51)	Cockermouth .. 96 (90)
Egremont . ... 116 (121)	Bootle . ... 78 (45)
Wigton ... 116 (94)	Longtown . ... 73 (75)
Arlecdon and Frizington . 97 (86)	Wigton ... 73 (90)
Millom ... 85 (92)	Alston . .. 62 (30)
Whitehaven .. 84 (160)	Brampton . ... 54 (39)
Aspatria ... 83 (109)	Carlisle ... 54 (47)
Maryport... 81 (87)	Whitehaven .. 53 (99)
Workington .. 78 (127)	Penrith ... 33 (80)
Harrington ... 56 (78)	
Holme Cultram. 56 (56)	
Cleator Moor . 54 (166)	
Penrith ... 36 (86)	
Keswick ... 15 (92)	

Of the total infant deaths 26% died before they were one week old; 36% over one week but under three months old; thus it will be seen that 62% of the infant deaths occurred under three months of age, 14% between three and six months, 13% between six and nine months, and 11% between nine and twelve months.

Although the Infant Mortality this year is 25 per 1,000 births lower than that of last year, I still consider it is unsatisfactory, because a large number of these deaths of infants arise from causes which are preventable.

3.2% were due to Measles, 2.6% to Whooping Cough, Bronchitis 9%, Pneumonia 9.3%, Diarrhœa 9.5%, Congenital Debility, Premature Birth, etc., 43.3%.



## Cancer.

276 deaths were registered as due to Cancer, a rate of 1.2 per thousand, as compared with 282 deaths, and a rate of 1.2 in 1922.

Arranged in order of their death-rates from Cancer the Urban and Rural Districts stand thus:—

<i>Urban.</i>	<i>Rural.</i>
Harrington ... 2.4 (1.1)	Alston... .. 1.5 (2.1)
Wigton ... .. 2.1 (1.6)	Cockermouth .. 1.3 (1.0)
Penrith ... .. 1.9 (2.0)	Penrith ... .. 1.3 (1.9)
Millom ... .. 1.8 (1.2)	Carlisle ... .. 1.2 (1.5)
Keswick ... .. 1.6 (1.4)	Bootle... .. 1.1 (1.9)
Workington ... 1.6 (1.2)	Brampton . ... 1.1 (1.9)
Holme Cultram. 1.5 (1.0)	Wigton ... .. 1.0 (1.1)
Maryport ... .. 1.3 (0.5)	Whitehaven ... 0.7 (1.1)
Aspatia ... .. 1.1 (0.5)	Longtown... .. 0.6 (2.0)
Arlecdon and Frizington .. 0.9 (1.1)	
Cockermouth .. 0.8 (0.8)	
Egremont... .. 0.8 (0.7)	
Whitehaven ... 0.8 (1.3)	
Cleator Moor .. 0.7 (0.5)	

## Zymotic Diseases.

The diseases usually included in this category are:—Enteric Fever, Measles, Smallpox, Scarlet Fever, Whooping Cough, Diphtheria and Diarrhœa.

107 deaths were registered from these diseases, compared with 216 the previous year. This gives a rate of 0.5 compared with 0.9 in 1922. Of these 107 deaths, Diphtheria was responsible for 34, Whooping Cough for 13, Diarrhœa 69, Scarlet Fever 9, Enteric Fever 1, and Measles 50.

Arranged in the order of their death-rates from Zymotic Diseases the Urban and Rural Districts stand thus:—

<i>Urban.</i>			<i>Rural.</i>		
Cockermouth ..	1.6	(0.4)	Cockermouth ..	0.6	(0.4)
Maryport... ..	1.3	(0.5)	Longtown... ..	0.6	(0.4)
Wigton ... ..	1.1	(0.2)	Bootle . ... ..	0.5	(Nil)
Workington ...	0.8	(1.5)	Carlisle ... ..	0.5	(0.2)
Egremont... ..	0.5	(1.1)	Wigton ... ..	0.4	(0.2)
Cleator Moor ...	0.4	(1.2)	Penrith ... ..	0.2	(0.1)
Arlecdon and			Brampton... ..	0.1	(0.3)
Frizington ..	0.2	(3.2)	Whitehaven ...	0.1	(0.5)
Aspatria ... ..	0.2	(0.2)	Alston . ... ..	Nil	(1.0)
Harrington. ...	0.2	(0.5)			
Keswick ... ..	0.2	(0.4)			
Millom ... ..	0.2	(0.4)			
Penrith ... ..	0.2	(0.4)			
Whitehaven ...	0.2	(3.8)			
Holme Cultram	Nil	(0.2)			

### Smallpox.

No case of Smallpox was notified during the year 1922.

That the many warnings of the danger of an outbreak was no "bogey" is borne out by the fact that at the time of writing this report we are in the midst of an epidemic which, at the moment, appears to be abating; but past experience of epidemics makes one fear that although for a time only a few odd cases may occur when the colder weather commences again, the outbreak may again assume epidemic proportions.

That the majority of the cases have so far been mild ones is no guarantee that cases in future will continue to be of a mild type.

My advice, therefore, to everyone who has not recently been successfully vaccinated is to do so at once; this is the one and only safe method of personal protection, and the surest and quickest way of stopping an epidemic.

Every member of the community has the right to claim free vaccination.

Insured persons can be vaccinated free of cost to themselves, either by their panel doctor or by the Public Vaccinator of their district.



Non-insured persons can be vaccinated free by the Public Vaccinators, a list of whose names and addresses is given below:—

### Public Vaccinators.

#### LIST OF PUBLIC VACCINATORS IN THE COUNTY OF CUMBERLAND.

District & Name.	Postal.	Address.	Tele-graphic.	Telephone.
<b>Alston.</b>				
Dr. S. Carson	...	Salvin Lodge, Alston	... Carson,...	— Alston
<b>Bootle Union.</b>				
Dr. Todd	...	82 Lapstone Rd., Millom	...	—
Dr. R. S. Brown	...	Lane House, Bootle...	...	—
Dr. Johnston	...	Ravenglass	...	—
<b>Brampton Union.</b>				
Dr. J. Arnott	...	Rose Villa, Bramp- ton	...	— Brampton 21
Dr. R. Hunter (Deputy)	...	Do.	...	—
<b>Carlisle.</b>				
Dr. W. T. Burns	...	Alfred St. North, Carlisle	...	—
<b>Burgh.</b>				
Dr. A. P. Walters	...	Burgh-by-Sands	...	—
<b>Dalston.</b>				
Dr. Doughty	...	Dalston	...	—
<b>Wetheral.</b>				
Dr. Barclay	...	Wetheral	...	—
<b>Cockermouth Work- house.</b>				
Dr. G. Young	...	Kirkby House, Cockermouth	...	— C'mouth 48
<b>Cockermouth.</b>				
Dr. G. Govan	...	Castlegate, Cocker- mouth	...	— C'mouth 40
<b>Maryport and Flimby Lodge.</b>				
Dr. R. L. Clark	...	Fleming Square, Maryport	...	—
<b>Workington.</b>				
Dr. Fletcher	...	Beechwood, Work- ington	...	—
<b>Keswick.</b>				
Dr. Burnett	...	Riverholme, Keswick	...	— Keswick 13
<b>Longtown.</b>				
Dr. Rankine	...	Eskbank, Longtown...	...	— Longtown 2
Dr. Robertson	...	Cobbinshaw House, Longtown	...	— Longtown 25

District & Name.	Postal.	Address.	Tele- graphic.	Telephone.
<b>Penrith.</b>				
Dr. Haswell ...	The Friarage, Penrith	...	—	... Penrith 85
Dr. Ward ...	Langwathby	...	—	...
<b>Kirkoswald.</b>				
Dr. Robinson ...	Kirkoswald	...	—	—
Dr. MacGillivray ...	Southwaite	...	—	—
<b>Greystoke.</b>				
Dr. Jackson ...	Greystoke	...	—	—
Dr. Quinn ...	Hesket-new-Market...	...	—	—
<b>Whitehaven &amp; Preston Quarter.</b>				
Dr. Dickson ...	Whitehaven	...	—	... W'haven 173
<b>Cleator.</b>				
Dr. Eaton ...	Montreal House, Cleator Moor	...	—	... C. Moor 44
<b>Egremont.</b>				
Dr. Mitchell ...	Main St., Egremont...	...	—	... Egremont 3
<b>Gosforth.</b>				
Dr. Richmond ...	Seascale	...	—	—
<b>Harrington.</b>				
Dr. Cullin ...	Church Road, Harrington	...	—	... W'haven 36
<b>Lamplugh.</b>				
Dr. Quine ...	Thirlmere House, Frizington	...	—	...
<b>Wigton.</b>				
Dr. Dolan ...	The Limes, Wigton...	...	—	... Wigton 8
<b>Allonby.</b>				
Dr. Briggs ...	St. Mungo's Croft, Aspatria	...	—	...
<b>Aspatria.</b>				
Dr. Briggs ...	Do.	...	—	...
<b>Bowness.</b>				
Dr. Messenger ...	Hilcote, Kirkbride	...	—	... Kirkbride 7
<b>Caldbeck.</b>				
Dr. Quinn ...	Hesket-new-Market...	...	—	...
<b>Abbey Holme.</b>				
Dr. Crerar ...	Monimail, Silloth	...	—	...
<b>Ireby.</b>				
Dr. Macquarrie ...	Brandraw Mount, Aspatria	...	—	...

### Scarlet Fever.

445 cases were notified (260 in Urban, and 185 in Rural Districts), with 9 deaths (4 in Urban, and 5 in Rural Districts).



There were 391 cases and 2 deaths in 1922. Scarlet Fever was more or less prevalent in every Sanitary District in the County, with the one exception of Arlecdon and Frizington Urban District where no case was notified.

### **Diphtheria.**

214 cases (151 in Urban and 63 in Rural Districts) were notified. There were 27 deaths, a case mortality of 15.9%.

No arrangements have been made in the Alston and Brampton Rural Districts whereby Medical Practitioners can get Anti-toxin.

In all the other Sanitary Districts in the County arrangements have been made, and in necessitous cases it can be obtained free in one of three ways.

1. By application to the Medical Officer of Health.
2. From Chemists with whom an arrangement has been made by the Council.
3. Medical Practitioners can use their own and charge the cost to the Council.

The disease was widespread, the only areas in which there were no cases notified being the Aspatria and Holme Cultram Urban, and the Bootle Rural Districts.

### **Enteric Fever.**

Two cases were notified, one in Cleator Moor and one in the Brampton Rural District. There was one death.

### **Puerperal Fever.**

Nine cases were notified, 5 in Urban and 4 in Rural Districts. There were 3 deaths, 2 in Urban and one in Rural Districts.

### **Measles.**

There were 50 deaths from Measles, 32 in Urban and 18 in Rural Districts.

- 11 deaths occurred under 1 year of age.
- 20 between 1-2.
- 10 „ 2-5.
- 9 over 5.

From all the notifiable infectious diseases there were 44 deaths, whilst from Measles alone there were 50.

Of the 50 deaths from Measles, 62% occurred in children under the age of two, whilst 82% occurred under the age of five years.

These two facts ought to be kept well in the minds of all parents; they are not exceptional occurrences, but are the usual happenings in any district in which Measles is prevalent in any given year.

In most epidemics Measles is ten times as fatal among children under three years of age as it is among children beyond that age. The highest mortality is in children under two, being rather more than one in nine.

In spite of this the fatalistic idea is still very prevalent that Measles is in the same category as "teething"—something through which every child must pass—and that the sooner they all "get it over" the better.

For many reasons it is exceedingly difficult to prevent the spread of Measles once it has started, but bearing in mind the above facts all efforts ought to be made to ward off an attack as long as possible.

As a rule we have an epidemic every two or three years, and I believe if printed notices were distributed through the schools to all the homes in an infected area immediately a case became known, much might be done possibly to prevent the outbreak spreading, but certainly to warn parents of the danger of Measles to the life and health of their children.

### **Whooping Cough.**

13 deaths were registered as due to Whooping Cough, against 136 the previous year.

### **Diarrhœa.**

46 deaths occurred under two years of age, against 41 the previous year; 33 of these deaths were of children under one year of age.

### **Erysipelas.**

42 cases were notified compared with 53 the previous year.



## Influenza.

41 deaths were registered, against 178 the previous year.

## Respiratory Diseases.

From these diseases there were 379 deaths, compared with 501 the previous year.

In the Urban Districts the death-rate from these diseases was 1.9, against 2.6 the previous year; and in the Rural Districts 1.5, against 1.7 the previous year.

The death-rate in the Administrative County from these diseases was 1.7, against 2.2 the previous year.

Arranged in the order of their death-rates from Respiratory Diseases the Urban and Rural Districts stand thus:—

<i>Urban.</i>		<i>Rural.</i>	
Cockermouth ... ..	2.9	Cockermouth ... ..	2.1
Egremont... ..	2.9	Wigton ... ..	1.6
Whitehaven ... ..	2.6	Bootle . ... ..	1.5
Arlecdon and		Whitehaven ... ..	1.5
Frizington ... ..	2.4	Carlisle ... ..	1.2
Wigton ... ..	2.4	Longtown... ..	1.1
Cleator Moor ... ..	2.1	Penrith ... ..	1.1
Maryport ... ..	1.7	Brampton .. ...	0.8
Workington ... ..	1.7	Alston . ... ..	0.7
Harrington. ... ..	1.5		
Keswick ... ..	1.4		
Millom ... ..	1.3		
Penrith ... ..	1.1		
Holme Cultram . ...	0.6		
Aspatria ... ..	0.3		

## Water Supply.

The districts referred to in my last report are still in the same unsatisfactory condition, no change having taken place.

The Carlisle Rural District have still under consideration a gravitation scheme to supply their area.

## Rivers and Streams.

No complaints have been received of pollution of any of the rivers, but there is still a considerable amount from minor sources.

## Drainage and Sewerage.

The new sewage scheme at Cleator Moor is working satisfactorily, and the schemes of the Cockermouth and Wigton Urban Authorities are now nearing completion.

## Sale of Food and Drugs Acts.

The following is a copy of the Annual Report of the County Analyst:—

County Analyst's Laboratory,  
40, Lowther Street,  
Whitehaven,  
2nd January, 1924.

*The County Council of Cumberland,*

GENTLEMEN,

### SALE OF FOOD AND DRUGS ACTS.

During the year ended on 31st ult. I analysed under these Acts 317 samples, all of which were taken by Police Officers acting as Food Inspectors.

The number of samples found to be adulterated was 17, which is equal to 5.4 per cent. and is practically the same as that (5.3 per cent.) of 1922. In 1922 the average proportion of adulteration in all England was 6.2 per cent.

The only article in which adulteration was found was milk, and as the number of samples of milk analysed, exclusive of those taken as "appeals to the cow," was 185, the proportion of adulteration in milk is 9.2 per cent., which compares somewhat unfavourably with the 8.8 per cent. of 1922. In 1922 the proportion of adulteration in milk in all England was 7.7 per cent. The purity of the milk sold in Cumberland is therefore distinctly below the average of that sold in other parts of the country.

Nine samples of milk were taken as "appeals to the cow," and of these five were found to be below the limits fixed by the Sale of Milk Regulations. The vendors of the milk of doubtful quality which had occasioned the taking of these five "appeals" were accordingly not prosecuted.

The average composition of all the samples of milk (194) analysed during the year 1923 is as follows:—

Milk-fat	...	...	...	3.51
Non-fatty Solids	...	...	...	8.88
Water	...	...	...	87.61
				<hr/>
				100.00
				<hr/>



The following are the quarterly averages:—

	Jan. to Mar. 47 samples.	Apr. to June. 52 samples.	July to Sep. 48 samples.	Oct. to Dec. 47 samples.
Milk-fat ... ..	3.56	3.32	3.43	3.77
Non-fatty Solids ...	8.85	8.89	8.81	8.97
Water ... ..	87.59	87.79	87.76	87.26
	<hr/> 100.00 <hr/>	<hr/> 100.00 <hr/>	<hr/> 100.00 <hr/>	<hr/> 100.00 <hr/>

#### BUTTER AND MARGARINE ACT, 1907.

Eight samples of Butter were submitted for analysis under this Act and were found to be genuine.

#### BORIC ACID IN CAKE.

In compliance with instructions in Circular 381 of the Ministry of Health 14 samples of Sponge Fingers, Sponge Biscuits and small Sponge Cakes were taken in various parts of the County and submitted to me to be specially tested for Boric Acid. The Ministry had been informed that these varieties of Sponge Cake, which are those commonly used for the food of infants and invalids, sometimes contain harmful proportions of boric acid owing to the use of "liquid whole egg" in their manufacture. Liquid whole egg is a material prepared from imported egg yolks, preserved by means of boric acid, and dried egg albumen.

Of the 14 samples of Sponge Cake submitted to me only two contained boric acid, and these in such minute proportions as probably not to be harmful, namely, 0.08 and 0.15 per cent.

I append a list of all the articles analysed during the year 1923 under the Sale of Food and Drugs Acts,

I am, Gentlemen,

Your obedient servant,

ROBERT HELLON, Ph.D., F.I.C.,

County Analyst.

#### ARTICLES

examined under the Sale of Food and Drugs Acts during the year 1923.

Milk	...	...	...	...	185 samples
Cocoa	...	...	...	...	19 "
Confectionery and Jam	...	...	...	...	17 "
Coffee	...	...	...	...	11 "
Cream, preserved	...	...	...	...	11 "
Cream, unpreserved	...	...	...	...	6 "
Condensed Milk	...	...	...	...	9 "
Infants' Food	...	...	...	...	9 "
Butter	...	...	...	...	9 "
Baking Powder	...	...	...	...	5 "
Cream of Tartar	...	...	...	...	5 "
Pepper	...	...	...	...	4 "
Dried Milk	...	...	...	...	3 "
Oatmeal	...	...	...	...	3 "
Sugar	...	...	...	...	3 "
Cornflour	...	...	...	...	2 "

Semolina	...	...	...	...	...	2 samples
Cinnamon	...	...	...	...	...	2 "
Rice	...	...	...	...	...	2 "
Tinned Apricots	...	...	...	...	...	1 sample
Tinned Pineapple	...	...	...	...	...	1 "
Cheese	...	...	...	...	...	1 "
Egg Substitute	...	...	...	...	...	1 "
Mustard	...	...	...	...	...	1 "
Lard	...	...	...	...	...	1 "
Margarine	...	...	...	...	...	1 "
Ground Almonds	...	...	...	...	...	1 "
Shredded Suet	...	...	...	...	...	1 "
Custard Powder	...	...	...	...	...	1 "

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317

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### Tuberculosis.

The following are the Dispensaries now open, showing the Medical Officer in charge and the day and time of session :—

<i>Dispensary.</i>	<i>Medical Officer.</i>	<i>Session.</i>
Penrith	...Dr. Mc.Murtrie...	<i>Tuesday</i> , 2nd & 4th in each month, 1-45 to 3-30 p.m.
Maryport	...Dr. Haydock	... <i>Friday</i> , 2nd & 4th, 1-30 to 3-30 p.m.
Wigton	...Dr. Haydock	... <i>Monday</i> , 2nd & 4th, 1 to 3 p.m.
Cleator Moor*	...Dr. Towers	... <i>Tuesday</i> , 2nd & 4th, 1-30 to 3-30 p.m.
Millom	...Dr. Towers	... <i>Tuesday</i> , 1st & 3rd, 1-30 to 3-30 p.m.
Cockermouth	...Dr. Mason	... <i>Monday</i> , 2nd & 4th, 2 to 4-30 p.m.
Whitehaven	...Dr. Manson	... <i>Monday (Weekly)</i> , 2 to 4 p.m.
Workington	...Dr. Macpherson	... <i>Monday (Weekly)</i> , 2 p.m. <i>Friday (Weekly)</i> , 3-30 p.m.

During the year 244 notifications of Pulmonary Tuberculosis were received, 164 from Urban and 80 from Rural Districts, as against 194 (134 in Urban and 60 in Rural Districts) the previous year; whilst 74 non-pulmonary cases were notified (55 from Urban and 19 from Rural Districts), compared with 65 the previous year.



145 deaths occurred from Pulmonary Tuberculosis (97 in Urban and 48 in Rural Districts), compared with 159 (97 in Urban and 62 in Rural Districts) the previous year.

There were 67 deaths from other forms of Tuberculosis, against 48 the previous year.

147 new cases applied for treatment during the year; 314 cases were still in receipt of treatment at the end of the year (193 males and 121 females).

Of the applications for Sanatorium benefit, 9 were not suitable cases for treatment, two persons withdrew their applications for benefit, and one left the district before admission to the Sanatorium.

19 Open-air Shelters were in use during the year.

There were 1,601 attendances at the Dispensaries, and 1,259 examinations were made.

87 patients ceased to attend from one cause or another.

Visits were paid to 1,121 patients' houses by the Tuberculosis Officers and Nurses (818 by Nurses and 303 by Tuberculosis Officers).

Arranged in their orders of death-rates from Pulmonary Tuberculosis the Urban and Rural Districts stand thus:—

<i>Urban.</i>		<i>Rural.</i>	
Arlecdon &		Alston	... 0.7 (0.3)
Frizington ...	1.9 (1.1)	Carlisle	... 0.7 (0.7)
Whitehaven ...	1.2 (1.3)	Whitehaven	... 0.6 (0.7)
Wigton ...	1.1 (1.0)	Wigton	... 0.6 (0.5)
Cleator Moor ...	1.0 (0.9)	Brampton	... 0.5 (0.6)
Cockermouth ...	1.0 (1.0)	Cockermouth	... 0.5 (0.7)
Holme Cultram	0.8 (0.4)	Penrith	... 0.3 (0.6)
Millom ...	0.6 (0.9)	Bootle	... 0.1 (Nil)
Workington ...	0.6 (0.3)	Longtown	... 0.1 (0.8)
Egremont ...	0.5 (0.4)		
Harrington ...	0.4 (0.6)		
Maryport ...	0.4 (0.7)		
Penrith ...	0.4 (0.8)		
Aspatria ...	Nil (0.5)		
Keswick ...	Nil (0.9)		

Arranged in the order of their death-rates from all forms of Tuberculosis the Urban and Rural Districts stand thus:—

<i>Urban.</i>			<i>Rural.</i>		
Arlecdon &			Whitehaven	... 1.0	(1.0)
Frizington	... 2.2	(1.7)	Carlisle	... 0.9	(0.9)
Cleator Moor	... 2.0	(1.1)	Alston	... 0.7	(1.0)
Whitehaven	... 1.7	(1.6)	Cockermouth	... 0.7	(0.9)
Cockermouth	... 1.5	(1.0)	Wigton	... 0.7	(0.7)
Harrington	... 1.3	(0.6)	Brampton	... 0.5	(0.8)
Wigton	... 1.3	(1.3)	Longtown	... 0.5	(1.0)
Egremont	... 1.2	(0.5)	Penrith	... 0.4	(0.7)
Workington	... 0.9	(0.6)	Bootle	... 0.1	(0.1)
Holme Cultram	0.8	(0.6)			
Millom	... 0.8	(0.9)			
Penrith	... 0.8	(1.0)			
Maryport	... 0.6	(0.9)			
Aspatria	... 0.2	(0.8)			
Keswick	... 0.2	(0.9)			

The following table shows the results of Institutional Treatment, as well as the numbers and classification of patients who entered and were discharged during the year, or still remained under treatment at the end of the year:—

#### INSTITUTIONAL TREATMENT.

Class of Applicant		No.	Improved.	Stationary.	Not im- proved.	Dead.	Still in San.
Insured Persons	<i>M....</i>	56	... 18	... 5	... 4	... 1	... 28
	<i>F....</i>	7	... 2	... —	... —	... —	... 5
Dependants over 16	<i>M....</i>	1	... —	... —	... —	... —	... 1
	<i>F....</i>	18	... 5	... 3	... 1	... 1	... 8
Dependants under 16	<i>M....</i>	6	... 3	... —	... —	... —	... 3
	<i>F....</i>	9	... 6	... —	... —	... —	... 3
Non-Insured	<i>M....</i>	2	... —	... —	... —	... —	... 2
<i>Totals</i>	...	99	... 34	... 8	... 5	... 2	... 50

Unless cases of Tuberculosis are notified it is obvious that neither the Tuberculosis Officers nor the M.O.H. can take any steps, either to ameliorate the condition or to take any precautionary measures.



During the year under review, of the 212 deaths recorded as being due to Tuberculosis, 57, or over 26%, were never notified, the only intimation the Tuberculosis Officer received of the case being the death certificate.

Of those that were notified, 14% were notified one month or less prior to death, and 28% were notified from one to twelve months prior to death.

The non-notification of a case of Tuberculosis is evidently not peculiar to this area, as in August a circular was sent from the Ministry of Health to all medical practitioners in the country drawing their attention to the importance of early notification.

That circular appears to have had a good effect, as notifications were received much more freely in the second half of the year.

The subject of Tuberculosis has been dealt with fully in many previous reports, the facilities for treatment have been pointed out, and every encouragement has been given to patients to accept early treatment.

Any and every excuse is made for not accepting treatment at the time when treatment would be most effective, but when the time arrives at which Sanatorium or any other form of treatment is hopeless to cure or even arrest the disease, then demands for treatment become insistent and have to be refused.

In every case in which Sanatorium treatment is granted the home is visited and enquiry made as to sufficiency or otherwise of clothing, the patient and relatives being warned that as a vacancy in the Sanatorium may arise at any moment it would be wise to make all preparations to go at short notice.

In a large number of cases, when told that a bed is vacant and the day and time fixed on which to go, a letter is received stating either that there is no money available for railway fare or that there is not a sufficiency of clothing. The result is delay, and very often a bed is standing empty for several days.



Again, it is not unusual to receive point blank refusal without any reason at the last moment, although early admission to a Sanatorium may have been demanded a week or two previously.

Everything or anything is considered by some as more important than health.

Early in the year a youth of 19 was admitted to the Sanatorium; his was an early and favourable case. After two months' treatment he suddenly announced that he was leaving.

A letter was sent to his father asking the reason, and pointing out the folly of having his son home after so short a period of treatment.

The following is a copy of the reply received:—

“Your letter to hand. I am pleased to hear that ——— is making good progress. In his letters he said he was **gaining** weight, and he likes the place very well, but he would like to come home for the pigeon flying, which commences on Saturday first. He is a great pigeon fancier, so if you could manage to let him come home for racing season he will come back again for another three months later on in summer.”

He had, however, left the Sanatorium before the above was received.

### Maternity and Child Welfare.

111 Midwives were on the roll during the year (trained 100, untrained 11), who attended 2,832 cases (1,613 in Urban and 1,219 in Rural districts; thus 60% of the total births were attended by Midwives.

Miss March, the Superintendent of the Cumberland Nursing Association, is also the Inspector of Midwives.

357 visits of inspection were paid by her, and she reported favourably on the work of the Midwives.

As there appeared to be considerable difficulty in obtaining skilled help at confinements in some parts of West Cumberland, more especially in Cleator Moor and the Arlecdon and Frizington districts, one Midwife paid by the County Council was placed in each district.



It is too early yet to say much about the work done, but indications go to show that both midwives are filling gaps, more especially as there has always been a considerable amount of work done in these districts by unqualified women.

Section 14 of the Midwives Act, 1918, makes it the duty of a Midwife in case of any emergency to call in to her assistance a registered medical practitioner. With certain reservations the County Council will pay his fee, but has power to recover the fee or part of it from the patient, or from the husband or other person liable to maintain the patient, unless it be shown to their satisfaction that the patient or her husband or such other person is unable by reason of poverty to pay such fee.

On the 1st January, 1923, an amended scale of fees, which can be paid by the County Council, was prescribed by the Ministry of Health, a copy of which was sent to every practitioner in the County.

In order to decide what fee, if any, is to be recovered, the following income scale has been adopted:—

After deducting from the total weekly income 5s. in respect of each parent and each dependant member of the household, if the income does:—

Not exceed £1 weekly .....  
Exceed £1 but not £2 .....  
  
Exceed £2 but not £3 .....  
Exceed £3 .....

Fee to be recovered.

Nil.  
10/6, or the actual fee if less than this amount.  
£1 1s., or actual fee if less than this amount.  
Actual fee.

127 notices were sent from Midwives asking help from medical practitioners. The amount paid to practitioners was £119 19s. 0d.

The amount recovered was Nil.

Although the requirements of the Notification of Births Acts have been carried out better than in former years, there is still room for considerable improvement in some districts, e.g., in Egremont 58%, in Bootle Rural and Holme Cultram 30%, in Cockermouth Urban 27%, in Cleator Moor 23%, and in Aspatria 25% of the births were not notified.



The following is a summary of work done by Health Visitors and Nurses during the year:—

			<i>By Health Visitors.</i>	<i>By District Nurses.</i>
Visits to Infants (New Cases) ...	...	1094	...	2095
(Old Cases) ...	...	4000	...	24737
Ante-Natal Visits ...	...	119	...	3946
Visits to Children, 1—5 years ...	...	509	...	3569

The supply of milk to expectant and nursing mothers and to young children had to be continued on a fairly large scale owing to unemployment in the West of the County.

The importance of a well-organised and efficiently carried out scheme of Maternity and Child Welfare cannot be over-estimated.

At the present time neither the medical nor the nursing staff is adequate to carry out anything like a complete scheme, although, as the above figures show, a considerable amount of good work is done.

Under the Maternity and Child Welfare Act, 1918, wide powers are given to the Local Authority responsible for carrying out the Act. The County Council is the Authority responsible for the whole County, with the exception of the Boroughs of Whitehaven and Workington and the Urban district of Penrith.

I anxiously await the time when it will be possible to exercise to the fullest extent the powers given by this Act, for I am convinced that no single Act could do more in the cause of preventive medicine, and no expenditure incurred would give a better return than money spent on looking after the health of expectant and nursing mothers and young children.

Whilst the rate of infant mortality has within recent years been materially and steadily reduced, maternal mortality has during the past 20 years shown little, if any, alteration.



Hitherto the efforts of most Local Authorities have been mainly in the direction of lessening infant mortality; it is only within recent years that it has been realised what an enormous amount of good can be done by attending to the health of expectant mothers, not only in the direction of lessening their own suffering, but also by attending to their health and so lessening the number of still and premature births.

An analysis of the infant deaths in this County discloses the fact that 62% of the deaths occurred before they were three months old.

The main causes being Diarrhœa, Bronchitis and Pneumonia, Premature Birth, Congenital Debility, Marasmus, and Convulsions.

A large proportion of these infant deaths are, therefore, preventable.

The one direction in which I would like to see your medical service extended is the putting into operation of an efficient and comprehensive Maternity and Child Welfare Scheme.

At the present time all that is being done is the visiting by Health Visitors of the notified births.

These visits, at which instruction in the rearing and management of infants is given, have been productive of much good, are highly appreciated by most, especially young and inexperienced mothers, but much more than this ought to, and must be done, if we are still further to lower infant mortality and lessen the amount of sickness and consequent suffering and ill-health which present methods, or rather lack of method, imposes on expectant and nursing mothers and infants alike.

But I think we can with confidence look further into the future and foresee by the efficient working of a comprehensive scheme of Maternity and Child Welfare:—

(1) A great diminution in the amount of sickness and the number of deaths in the population between 1 and 5 years of age.



(2) A marked improvement in the number of children who at the age of 5 come into our elementary schools maimed and handicapped by some defect which was preventable.

(3) As Tuberculosis is always acquired in early childhood and it is simply a question whether the child or the germ becomes the stronger, we can, given a strong, healthy childhood, look forward to a marked decrease in the incidence of Tuberculosis.

(4) And generally we can, in years to come, look forward with confidence to a more healthy, vigorous, and consequently more happy and contented adult population.

Looked at from the most sordid point of view, it is hardly necessary to point out what would be the effect on the expenditure on health services if such results could be brought about.

It is obvious that the saving effected in the present necessary treatment of school children and Tuberculosis would more than compensate for the money spent on Maternity and Child Welfare work.

Schemes have been put before you at various times during past years, but for one reason or another a complete scheme has never been adopted and put into operation.

We have in the County at the present time five Welfare Centres, the main feature at, at any rate, four of them being the distribution of milk to expectant and nursing mothers and young children, made necessary by the amount of unemployment and distress in the industrial areas in the West of the County.

Advice on health matters is, of course, given at all these Centres, but the time available is not nearly sufficient to allow the medical staff to do justice to themselves or those who come to consult them.

I have dealt with this subject from time to time, and have reported fully on more than one occasion on what I consider should be done. I hope the time has now arrived when active steps may be taken and a comprehensive scheme may be put into operation.





*APPENDIX B.*

Public Health Regulations, ( <sup>Venereal</sup>  
Diseases ) 1916.

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**REPORT**

OF THE

Assistant Medical Officer of Health  
(Venereal Diseases)

FOR THE

*YEAR ENDED 31st DECEMBER, 1923.*



During the year 452 persons were dealt with at the treatment centres, of whom 265 were seen for the first time, the remainder being carried over from the previous year. 73 of these were found not to be suffering from Venereal Disease, leaving 379. This figure for the year 1922 was 384, so that there was a decrease of 5 persons.

In the number of new cases of Syphilis (109) there was a decrease of 11, but there was an increase of 10 in the new cases of Gonorrhœa (81).

<i>Areas in which patients resided.</i>	<i>New Patients.</i>	<i>Total Attendances.</i>
Carlisle ... ..	123	2739
Cumberland ... ..	127	1376
Dumfriesshire ... ..	5	110
Westmorland ... ..	2	26
Kent ... ..	2	2
London ... ..	2	3
Hull ... ..	1	1
Aberdeen ... ..	1	1
Holland ... ..	2	2
Totals ...	265	4260

### Pathological Examinations.

Wassermann Tests were carried out at the Public Health Laboratory, Manchester. 396 of these were done for patients attending the Clinics and 43 for patients under treatment by practitioners under the Local Authority's Scheme. In addition 83 other tests were carried out, mostly at the Clinics.

### Approved Arsenobenzol Compounds.

These were issued free to those practitioners on the approved list who applied. Novarsenobillon was usually asked for, but Neokharsivan and Stabilarisan were also supplied.

During the Medical Officer's holiday the work was carried on at Carlisle by Dr. Duncan Cameron, and at Whitehaven by Dr. Kenneth Fraser and Dr. M. Manson.



## Treatment Centres.

### Carlisle Clinic.

At the Cumberland Infirmary Clinics were held on the same days and at the same hours as in 1922.

In the early part of the year the alterations in the premises temporarily occupied were completed, and have proved to be in every way most satisfactory.

The comfort and convenience of patients and staff have been most carefully considered, and thanks to Mr. Ayris the work has been very efficiently carried out.

During the year 303 persons were dealt with. There was a decrease in the number of new patients (169) of 18, and a decrease in the total attendances of 32, the number being 3,343. 513 injections of Arsenobenzol Compounds (Neokharsivan and Novarsenobillon) were given, nearly all by the intravenous method. The number of Wasserman Tests carried out was 254.

Of the attendances 2,739 were by persons residing in Carlisle and 461 by persons residing in Cumberland.

The smooth working of the department was largely due to the care and attention bestowed on details by Sister Logan.

### Whitehaven Clinic.

Clinics were held on Fridays at the same hours as in 1922 in the Whitehaven and West Cumberland Infirmary. There was no change in the accommodation or arrangements generally.

As in 1922 there was a further increase in the number of persons attending the Clinics. There were 96 new cases, compared with 81 in 1922 and 74 in 1921. The total attendances were 917, compared with 745 in 1922 and 732 in 1921.

This increasing attendance at Whitehaven Clinic is in contrast with a steadily decreasing attendance at Carlisle and in England and Wales generally, and is accounted for by the fact that the majority of the patients do not live in Whitehaven, and the existence of the Clinic is only now becoming known in the outlying districts.



The total number of patients dealt with was 149, 81 of whom suffered from Syphilis, 35 from Gonorrhœa, and 33 from conditions found to be other than venereal.

342 injections of Arsenobenzol Compounds were given, and 142 Wassermann Tests were carried out.

It is expected that Whitehaven Castle will be ready for occupation by the Infirmary before the end of 1924. As no separate accommodation for the Venereal Diseases Clinic is being provided it is proposed to carry on the work in the Out-Patient Department of the new hospital in the same way as it is now being done in the present building. It is a matter for regret that no arrangements have been made with the Hospital Authorities regarding the new premises and the treatment of emergency In-patients.

RETURN relating to all Persons who were treated at the Treatment Centres at Carlisle and Whitehaven during the year ended the 31st December, 1923.

	Syphilis.		Soft Chancre.		Gonorrhoea.		Conditions other than Venereal.		Total	
	M	F	M	F	M	F	M	F	M	F
1. Number of persons who, on the 1st January, 1923, were under treatment or observation for:—	78	53	1	0	40	14	0	1	119	68
2. Number dealt with during the year in the out-patient Clinic for the first time and found to be suffering from:—	67	42	3	0	63	18	43	29	176	89
Total—Items 1 and 2	145	95	4	0	103	32	43	30	295	157
3. Number of persons who ceased to attend the out-patient Clinic										
(a) before completing the first course of treatment for	14	17	2	0	30	10	0	0	46	27
(b) after one or more courses but before completion of treatment for	25	24	0	0	0	0	0	0	25	24
(c) after completion of treatment, but before final tests as to cure of	13	11	0	0	9	3	0	0	22	14
4. Number of persons transferred to other Treatment Centres after treatment for	16	3	0	0	5	2	0	0	21	5
5. Number of persons discharged from the out-patient Clinic after completion of treatment and observation for:—	4	3	1	0	20	5	0	0	25	8
6. Number of persons who, on the 1st January, 1924, were under treatment or observation for:—	73	37	1	0	39	12	0	0	113	49
Total—Items 3, 4, 5, and 6	145	95	4	0	103	32	0	0	252	127

Total attendances of all persons at the Out-patient Clinic:—4,026.

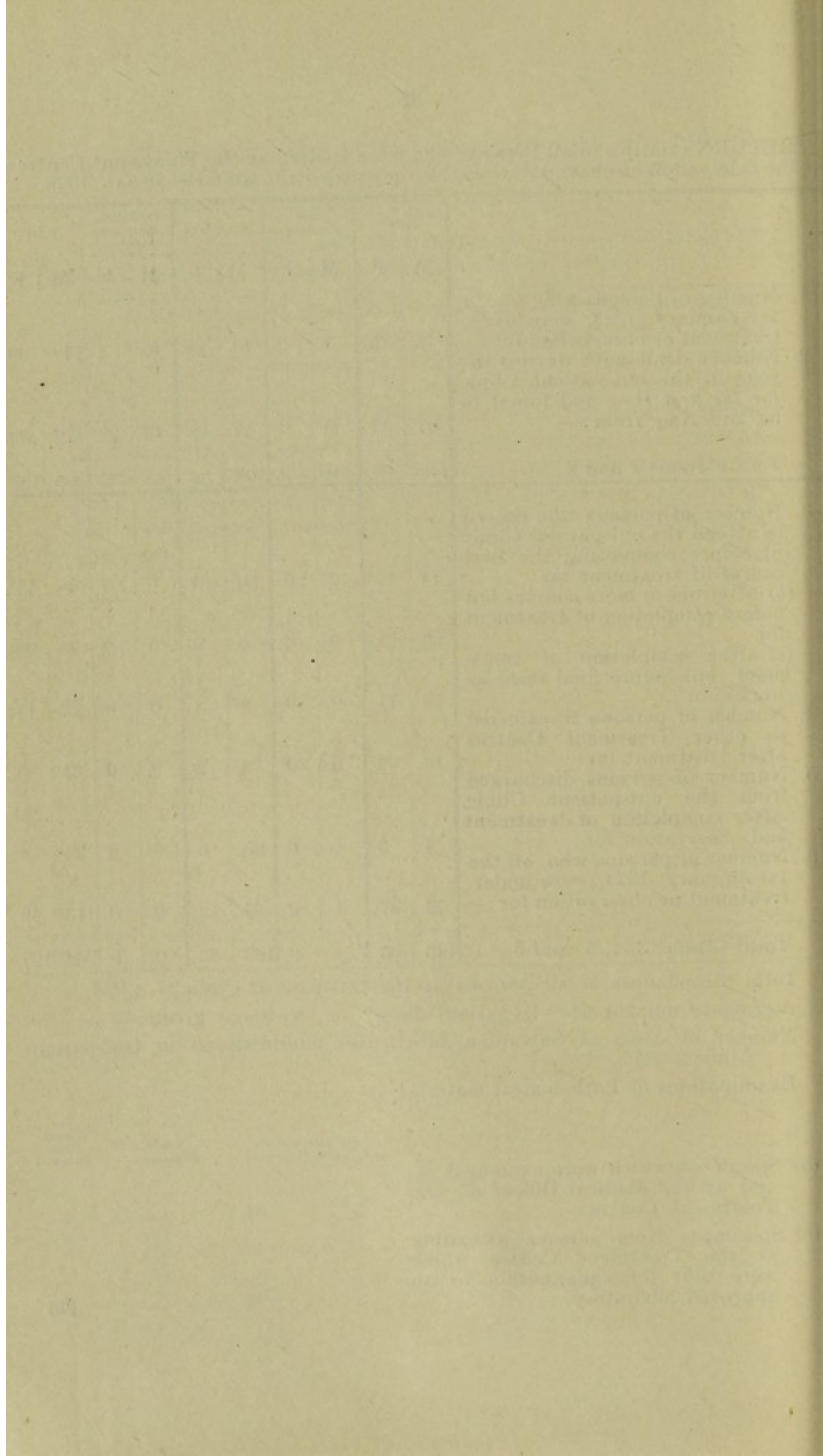
Aggregate number of "In-patient days" of treatment given:— —.

Number of doses of Salvarsan substitutes administered in Out-patient Clinic:—855.

Examinations of Pathological material:—

	For detection of Spirochaetes Gonococci		Other Organisms	For Wassermann Re-action
(a) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre ... ..	5	51	—	—
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory ... ..	3	24	—	396





APPENDIX II.

CUMBERLAND COUNTY COUNCIL.

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Englethwaite Industrial Colony.

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ANNUAL REPORT

OF THE

Medical Superintendent,

MARK S. FRASER, M.D., D.P.H., F.R.C.S. ED.

FOR THE

YEAR ENDED MARCH 31st, 1924.



# ENGLETHWAITE INDUSTRIAL COLONY.

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## *Hospitals Sub-Committee.*

*Chairman*—Major H. BALLANTINE DYKES, D.S.O.

*Vice-Chairman*—LADY MABEL HOWARD, C.B.E.

Mr. J. J. ADAMS

Mr. J. Mc.GOWAN

Mr. W. DOBSON

Mr. R. RIGG

Mr. J. H. DUDGEON

Rev. CANON SUTTON,  
C.B.E.

Mr. M. ECKERSLEY

Mr. T. GAVAN DUFFY, M.P.

Mrs. LACY THOMPSON

Mr. HUGH JACKSON

Mr. J. B. WIVELL

## *House and Finance Committee.*

*Chairman*—LADY MABEL HOWARD, C.B.E.

Mr. J. H. DUDGEON

Mr. M. ECKERSLEY

Major H. BALLANTINE  
DYKES, D.S.O.

Mr. T. GAVAN DUFFY, M.P.  
Mr. J. Mc.GOWAN

## *Medical and Nursing Staff.*

*Medical Superintendent*—MARK S. FRASER, M.D.,  
D.P.H., F.R.C.S., Ed.

*Matron*—Miss H. HADDOW

*Sister*—Miss K. REDDY

## *Training and Outdoor Staff.*

### FOREMEN.

*Electrician and Head Gardener*—A. H. SIMMONDS

*Poultry Farm*—J. CALDER

*Head Joiner*—A. TOWNROW

*Clerk*—J. R. BORSELL

### UNDER-FOREMEN.

*Market Garden*—J. W. PAGAN.

*Market Garden*—R. THOMPSON

*Hospital Orderly*—VACANT.

*Market Garden*—R. STORRIE.

# Englethwaite Industrial Colony.

## General Statement.

In view of the fact that the Hospitals Sub-Committee have instructed the County Medical Officer of Health to prepare a preliminary report on the conversion of Englethwaite Colony into a Special School, it is only necessary to review briefly the matters which have arisen during the financial year ending March 31st, 1924.

### 1. ACCOMMODATION.

In the early part of the year 38 beds were available for colonists, but during the latter half three new shelters belonging to the County Health Department were temporarily loaned to the Colony, thus raising the number of beds available for colonists to 41.

### 2. IMPROVEMENTS.

A new wooden hut was constructed by the Joinery Department for the use of the Medical Superintendent and the Clerk as a central office. This is a substantial building covered with weather boarding and lined, and is particularly well ventilated and lighted.

It occupies a central position, and has proved a distinct asset to the smooth running and general working of the Colony by saving much valuable time to the Training and Outdoor Staff.

During the summer all the outside woodwork of the Main Buildings, which had not been painted for over 10 years, was given two coats of paint. The mess-rooms, kitchens, lavatories, etc., were all thoroughly distempered.

The work was carried out by direct labour and by Colony labour at a great saving of cost to the Institution.

Electric light was carried by overhead wires to all the shelters on loan from the County Health Department, and the office was also similarly lighted.

Throughout the winter the garden staff and colonists, following a request from the Carlisle Rural District Council, lopped the branches of the oak trees overhanging the public road.

The trees had not been trimmed for years, and many of the branches taken off were themselves as large as good-sized trees.



The quantity of timber thus obtained is estimated at 100 tons. This will be cut up in due course into posts, rails, etc., by a travelling circular saw, and the value of the timber will far exceed the cost of felling, carting, etc.

The work was so efficiently done that it will be many years before further trimming is required, and great credit is due to the Foreman of the Market Garden, his Staff, and the Colonists, that during this difficult and dangerous operation no accident occurred.

### Administration.

#### 1. DISCIPLINE.

The longer a Colony exists and the more regular becomes the running of the Institution and its industries, the more easily is good discipline maintained. During 1923-24 fewer cases of breaches of the Regulations occurred than in any previous year, though it is only fair to state that at no time during the life of the Colony have many breaches of the Rules taken place.

It is therefore almost unnecessary to state that the general discipline and conduct of the great majority of the men has been most satisfactory.

#### 2. RECREATION.

During the winter months, as in former years, the Sports Committee arranged whist drives, billiard tournaments, etc., each Saturday evening. This series of competitions was very well attended by the Colonists and thoroughly enjoyed. An open whist drive was also arranged, and a concert by the Colonists themselves provided no mean part of the Christmas Entertainment. A Debating Society has also been formed, and has met at regular intervals throughout the winter.

Through the kindness of the following Carlisle and Cumwhinton Concert Parties a series of excellent concerts was held:—

- Mr. Bates' Concert Party.
- Mr. Beeby's Concert Party.
- "The Carlisle Bijou Entertainers."
- The Church of Scotland Choir.
- "The Cumwhinton Choral Society."
- Mr. R. B. Hamilton's Concert Party.
- Mr. Tom Purves' Concert Party.



As formerly these concerts were open to the public, and were much appreciated by both the Colonists and their friends.

In addition to the above a sacred concert was given by the "Village, Country Town and School Concert Party," whose next visit is eagerly anticipated. Donations from the audience were sufficient to defray the travelling expenses of all concert parties.

Through the kindness of Mr. Sidney Barron, who fitted up a wireless set, many pleasant evenings have been spent "listening in."

An interesting lecture was given by Major Ballantine Dykes. A large number of excellent slides were shown, illustrating the work done in the firing line by the Guards, principally during the period between the Second Battle of Ypres and the Battle of Loos.

### 3. GARDEN FETE.

On July 26th, 1923, a Garden Fête in aid of the Colony Comforts Fund and the After-Care of Cripples (Cumberland) Fund, was held in the Colony grounds. The Fête was opened by Lady Mabel Howard, and in spite of inclement weather, the substantial sum of £119 8s. 10d. was raised. This money was handed over in equal shares to the above Funds.

Grateful thanks are due to the Carlisle and local tradesmen and friends, who so kindly subscribed sufficient money to defray all the expenses of the Fête.

## Medical Report.

The average number of beds occupied throughout the year was 34. This figure is slightly higher than that of the previous year, but the number of beds available for colonists proper was increased by the provision of extra shelters for the six staff men during 1922-23. The average number of beds available for colonists throughout the year has been 39.

As the year advanced it became increasingly difficult to keep the beds at the Colony fully occupied. The chief reason for this difficulty will be readily understood, for (1) the number of ex-service men (with pensions) in Cumberland, requiring Colony Treatment has been decreasing as each year passes; and (2) the civilians who require treatment are unable to remain in the Colony longer than



3-6 months because, in their absence, their wives and families have a great struggle to make ends meet.

The civilian patient, therefore, as soon as he has so far regained his strength desires to return to work in order to support his dependants. Patients admitted from other areas for reasons similar to the above have correspondingly decreased in numbers.

At the beginning of the financial year 1923-24, 34 colonists were in residence, and during the year 41 new cases were admitted, so that, in all, 75 men received treatment and training throughout the year. Of this number, 21 were Cumberland ex-service men, 12 were ex-service men from other areas, and the remaining 42 were Cumberland civilians.

The physical conditions of these 75 men were classified as follows:—

Pulmonary.

1. Early	...	...	14 Cases.
2. Intermediate	...	...	40 „
3. Advanced	...	...	19 „

Non-Pulmonary.

1. Glandular, etc.	..	..	1 Case.
2. Bones & Joints	..	..	1 „

From the above table it will be seen that many of the cases treated at Englethwaite during the year were not typical Colony cases, but were in fact Sanatorium cases or advanced cases.

The supply of patients who were able to undergo a full year's Colony treatment, and who were in a state to benefit fully by the training, was far from being sufficient to keep the beds fully occupied. It therefore became necessary to admit a large number of cases who either received treatment only or were able to do a small amount of light work.

Notwithstanding the above facts the great majority of the patients materially benefitted by their stay at the Colony.

The following table shows the position of the 75 men at the end of the financial year—March 31st, 1924:—

Discharged at end of period of treatment granted...	...	...	...	...	...	...	32
Discharged as unsuitable	...	...	...	...	...	...	3
Left of own accord...	...	...	...	...	...	...	3
Remaining in the Colony	...	...	...	...	...	...	37



Of the 38 men who ceased to be patients, the following table shows the state of their health at the time of their discharge:—

Fit for work	...	...	...	...	...	...	13
Fit for light work	...	...	...	...	...	...	11
Condition improved...	...	...	...	...	...	...	5
Condition unchanged	...	...	...	...	...	...	3
Condition worse	...	...	...	...	...	...	6

In classing a man "fit for work" on his discharge, I mean to convey that, given a suitable environment and sufficient food, the man should be able to earn his living.

The man classed "fit for light work" correspondingly may not be able to support himself entirely, but should be able to go a considerable way towards doing so.

From the opening of the Colony to the end of March, 1924, 144 men in all have been admitted to Englethwaite.

Of these, 54 have been Cumberland ex-service men with an average stay of 46 weeks, 56 Cumberland civilians with an average stay of 30 weeks, and 34 men from other areas with an average stay of 41 weeks.

Of these men 37 were still in residence at the end of the year, and the present position of the 107 who, for various reasons, have ceased to be colonists, will be considered under After-Care.

### Report on Industries.

Before considering individual Industries in detail a short statement referring to the Industries as a whole is desirable.

After four years of experience in supervising the Industries in this Colony, the following important facts are clearly demonstrated:—

- (1) Industries are necessary in the treatment of pulmonary tuberculosis.
- (2) Industries can only under exceptional circumstances be self-supporting.
- (3) Industries are more valuable as part of the treatment than as preparation for the following of new occupations.

Let us consider these facts under their headings.

1. *Why are Industries necessary ?*



It has been proved that graduated work in connection with the treatment of pulmonary tuberculosis is most valuable.

Many men who, prior to admission to the Colony, had been going about idle, were, by full open-air treatment and graduated work, sufficiently improved in health to resume work in the open labour market and to carry on satisfactorily.

How long some of these men will be able to carry on depends on so many factors that it is difficult to give an opinion, but it is quite certain that many of them, with perhaps occasional relapses, will continue to hold their own for years.

Good food, open-air treatment and graduated work, all play a part in the re-building of a man's strength, but of the three graduated work is the most important. Making a tuberculosis patient work within the limits of his capacity keeps him cheerful and hopeful, gives him a good appetite and develops his muscles. As has been pointed out in former Reports, it is muscle, not fat, that it is desirable to acquire, and muscle can only be developed by exercise, which at Englethwaite is provided through the Industries.

Until a tuberculous working man has largely regained his muscular strength he has very little chance of earning his own living when he leaves an Institution.

## 2. *Can Industries be self-supporting ?*

They can, but only under certain conditions.

(a) The Industries must be on a large scale and must be equipped with the most up-to-date and labour-saving machinery, and, further, a ready market for the goods produced must be available.

(b) The Industries must form part of a Village Settlement where by co-operative methods the failure of one man to produce the average output is made good by another man who turns out more than was expected of him.

This latter condition (i.e. (b) ) is open to considerable doubt, and will probably always require a certain amount of subsidy.

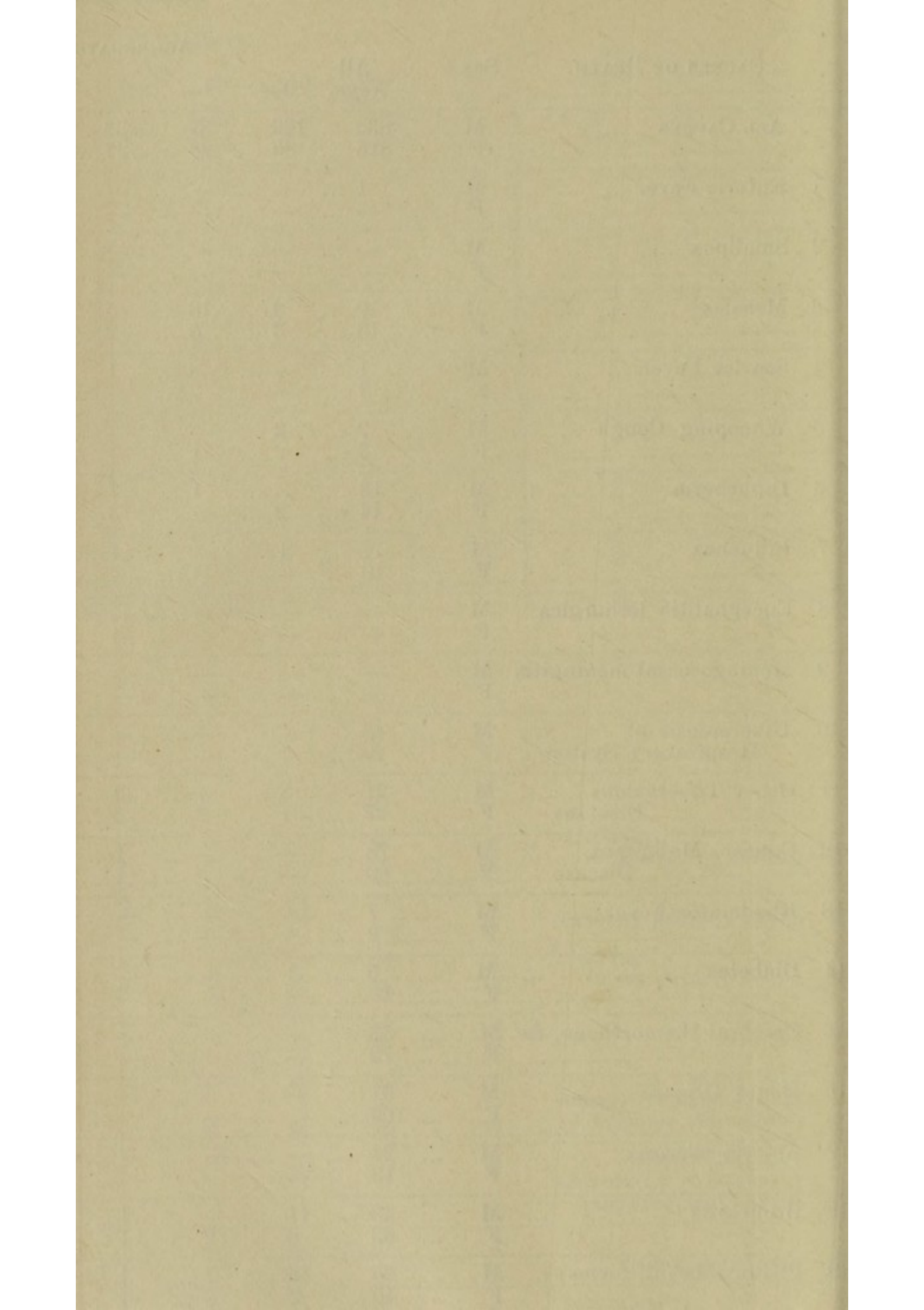
The reason for this is that under a Village Settlement Scheme the Industries are called on to support not only the patient but his family.



# Causes of Death at Different Periods of Life in the Administrative County of Cumberland, 1923.

CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS.										AGGREGATE OF RURAL DISTRICTS.									
		All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M	839	129	37	33	36	40	96	196	158	114	605	82	17	12	12	18	49	121	133	165
	F	815	86	25	25	41	30	108	171	158	171	534	47	20	12	21	18	55	96	110	155
1 Enteric Fever	M	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2 Smallpox	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3 Measles	M	19	3	10	5	2	1	—	—	—	—	6	2	2	1	1	—	—	—	—	—
	F	13	3	5	2	2	—	—	1	—	—	12	3	3	2	4	—	—	—	—	—
4 Scarlet Fever	M	1	—	—	1	—	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—
	F	3	—	—	—	3	—	—	—	—	—	3	—	—	1	—	—	—	—	—	—
5 Whooping Cough	M	2	2	—	—	—	—	—	—	—	—	3	1	1	1	—	—	—	—	—	—
	F	3	2	1	—	—	—	—	—	—	—	5	4	—	1	—	—	—	—	—	—
6 Diphtheria	M	13	—	1	—	5	—	—	—	—	—	2	—	—	2	1	—	—	—	—	—
	F	14	2	7	3	9	—	—	—	—	—	5	—	—	—	2	—	1	—	—	—
7 Influenza	M	17	1	—	1	3	1	3	4	2	2	11	—	—	—	—	—	3	3	3	2
	F	10	—	—	—	—	2	1	2	3	2	3	—	—	—	—	—	—	1	—	2
8 Encephalitis lethargica	M	—	—	—	—	—	—	—	—	—	—	3	—	1	—	—	—	—	2	—	—
	F	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	1	—	—	—
9 Meningococcal meningitis	M	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
10 Tuberculosis of Respiratory System	M	48	—	—	—	1	6	28	10	3	—	20	—	—	—	—	2	9	9	—	—
	F	49	1	—	—	—	11	25	11	—	—	28	—	—	—	—	9	15	4	—	—
11 Other Tuberculous Diseases	M	21	3	1	3	4	3	4	3	—	—	7	1	—	—	2	3	1	—	—	—
	F	27	4	2	5	6	3	5	1	1	—	12	—	1	4	3	2	1	1	—	—
12 Cancer, Malignant Disease	M	78	—	—	1	—	—	—	37	27	11	57	—	—	—	—	—	7	17	25	14
	F	89	—	—	1	—	—	15	39	21	13	52	—	—	—	—	—	—	23	14	8
13 Rheumatic Fever	M	7	—	—	—	2	1	3	—	1	—	—	—	—	—	—	—	—	—	—	—
	F	9	—	—	—	3	—	5	1	—	—	2	—	—	—	1	—	—	1	—	—
14 Diabetes	M	5	—	—	—	—	—	1	2	2	—	4	—	—	—	—	—	2	—	2	—
	F	10	—	—	—	—	—	4	4	1	1	6	—	—	—	—	—	—	4	1	1
15 Cerebral Haemorrhage, &c.	M	53	—	—	—	—	—	2	14	21	16	45	—	—	—	—	—	2	6	19	18
	F	70	—	1	—	—	—	1	18	26	24	63	—	—	—	—	—	1	16	25	21
16 Heart Disease	M	91	—	1	—	1	4	9	32	30	14	81	—	—	—	2	4	4	26	24	21
	F	109	—	—	—	5	2	7	29	37	29	66	—	—	—	—	—	5	14	30	17
17 Arterio-sclerosis	M	24	—	—	—	—	—	—	8	10	6	28	—	—	—	—	—	—	3	9	16
	F	13	—	—	—	—	—	—	2	4	7	16	—	—	—	—	—	—	1	4	11
18 Bronchitis	M	43	11	—	1	1	—	—	11	10	9	38	11	—	—	—	—	—	4	9	14
	F	62	8	2	1	—	—	1	12	18	20	29	1	2	1	2	—	—	2	4	17
19 Pneumonia (all forms)	M	65	16	7	5	3	5	6	14	6	3	44	10	4	1	1	4	6	8	3	7
	F	40	2	3	5	2	—	7	8	9	4	15	4	2	—	—	—	2	—	4	3
20 Other Respiratory Diseases	M	13	—	—	—	—	—	4	6	1	2	13	—	—	1	—	1	1	3	6	1
	F	10	—	1	—	—	—	—	—	4	5	7	—	1	—	1	—	2	1	—	1
21 Ulcer of Stomach or Duodenum	M	4	—	—	—	—	—	3	—	1	—	9	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	1	—	1	—	1	—	—	—	—	—	1	—	—	—
22 Diarrhoe, &c.	M	32	19	6	1	1	—	1	1	1	2	9	3	2	—	—	—	—	—	2	—
	F	21	10	1	3	1	1	1	2	1	—	7	1	4	—	1	—	—	1	—	2
23 Appendicitis and Typhlitis	M	8	—	1	1	2	3	—	1	—	—	3	—	—	—	2	—	1	—	—	—
	F	3	—	—	—	—	—	1	1	1	—	2	—	—	—	—	1	—	1	—	—
24 Cirrhosis of Liver	M	4	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	1	—
25 Acute and Chronic Nephritis	M	15	—	—	—	—	—	2	3	6	4	13	—	1	—	—	1	2	5	1	3
	F	9	—	—	—	—	—	1	1	4	3	12	—	—	—	1	—	1	6	3	1
26 Puerperal Sepsis	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—	1	—	—	—
27 Other Accidents and Diseases of Pregnancy and Parturition	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	16	—	—	—	—	—	2	14	—	—	7	—	—	—	—	1	6	—	—	—
28 Congenital Debility & Malformation, Premature Birth	M	56	53	1	—	2	—	—	—	—	—	36	35	1	—	—	—	—	—	—	—
	F	39	39	—	—	—	—	—	—	—	—	23	22	1	—	—	—	—	—	—	—
29 Suicide	M	7	—	—	—	—	—	1	—	4	2	6	—	—	—	—	—	3	2	1	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30 Other Deaths from Violence	M	32	2	—	4	1	7	8	8	1	1	20	1	1	1	—	2	3	6	3	3
	F	21	2	1	3	1	1	5	4	1	3	10	—	1	—	1	—	4	1	1	2
31 Other Defined Diseases	M	170	19	9	3	10	5	18	24	35	47	142	18	3	2	1	1	9	19	24	65
	F	162	13	8	2	8	5	14	23	26	63	133	12	4	1	2	1	8	17	19	69
32 Causes Ill-defined or Unknown	M	10	—	—	—	—	—	1	7	1	1	4	—	—	—	—	—	—	3	1	—
	F	8	—	—	—	—	—	—	8	—	—	8	—	—	—	—	—	1	3	4	—





Causes of Death in the Administrative Areas in the County of Cumberland, 1923.

	Washington.		Arizona and California.		Arizona.		Oleary Mts.		Utah.		Evergreen.		Harrington.		Horne.		Keweenaw.		Maryport.		Milnes.		Nepht.		Whitethorn.		Winton.		Agassiz.		Aden with		Boyle.		Brampton.		Caldwell.		Cockersham.		Leighton.		Parrish.		Whitethorn.		Winton.		Agassiz.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
All Causes.	175	169	46	30	14	20	48	61	47	37	42	48	29	27	29	24	24	35	74	71	57	61	51	69	172	136	31	28	839	815	21	15	36	35	56	35	67	64	156	138	32	29	69	64	86	80	82	84	635	534	
1 Enteric Fever.	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2 Smallpox.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3 Measles.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4 Scarlet Fever.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5 Whooping Cough.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6 Diphtheria.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7 Influenza.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8 Typhoid.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9 Eruptive Fevers.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10 Meningitis.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11 Tuberculosis of Respiratory.	9	9	9	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12 Other Tuberculous Diseases.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13 Other Malignant Diseases.	29	20	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14 Rheumatic Fever.	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
15 Diabetes.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
16 Cerebral Hemorrhage, &c.	10	13	3	3	1	1	2	3	3	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
17 Heart Disease.	21	16	2	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
18 Arteriosclerosis.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
19 Bronchitis.	6	12	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
20 Pneumonia (all forms).	19	6	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
21 Other Respiratory Diseases.	2	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
22 Ucer of Stomach or Duodenum.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
23 Diarrhea, &c. (under 2 years).	7	4	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
24 Appendicitis and Typhlitis.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
25 Cirrhosis of Liver.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
26 Acute and Chronic Nephritis.	3	2	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
27 Puerperal Septic.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
28 Other Accidents and Diseases of Pregnancy & Parturition.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
29 Congenital Debility & Malformations, Premature Birth.	11	7	6	2	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
30 Suicide.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
31 Other Deaths from Violence.	29	34	63	45	46	31	75	85	43	35	78	81	48	54	43	33	30	124	103	86	73	68	91	27	208	42	31	1328	1283	11	2	1	3	36	56	66	95	96	24	215	56	63	94	100	185	178	143	173	125	97	809
32 Causes ill-defined or Unknown.	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Special Causes (included above)—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Polio-myelitis.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Deaths of Infants (Total under 1 year).	56	22	4	8	3	5	2	2	7	2	1	8	3	9	10	4	2	2	1	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTAL BORN.	302	316	65	48	46	36	80	88	47	36	82	82	50	57	44	46	35	33	128	107	87	78	96	89	273	208	45	41	1403	1415	27	21	52	38	58	71	104	101	263	231	88	96	106	185	150	131					



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That the Industries at Englethwaite have amply justified their existence is clearly shown under After-Care. There the figures plainly prove that 22 per cent. of all patients treated at Englethwaite (including advanced cases) are now earning their own living.

Shortly after the Colony was opened it was stated on very high authority that if 20 per cent. of the patients could be so improved in health as to earn their living the result might be considered most satisfactory. By means of the Industries (combined, of course, with good food and careful treatment) the desired result has been achieved.

The Industries have not been self-supporting for two reasons:—

(1) They are on too small a scale for the number of men employed.

(2) The prices obtainable in the local market for garden and poultry produce are low, because in this agricultural district there is already an ample supply to meet the demand.

3. *Why are Industries more valuable as part of the treatment than as training for new occupations?*

Because it has been clearly proved that unless a man is to be retained in the Institution as a paid employee, it matters very little what trade he is taught to follow for the duration of his period of treatment. If the treatment is combined with an occupation which is carried on under open-air conditions he will derive full benefit from it, and that is the main thing; for, afterwards, when his health is so far restored, the tendency is for him to return home to his old job, provided that it is a fairly healthy one.

At Englethwaite, however, there have been a large number of colonists who previously were coal or iron-ore miners, etc., and these have been obliged to follow new occupations—either the one they received training in at Englethwaite, or some other for which there was an opening in their home district.

As will be seen under After-Care, apart from the men who have resumed their old occupations, about half of the ex-colonists who are working are engaged in the new trade which they learned at the Colony, and the other half are at some new employment other than what they learned at the Colony.



It has been largely a question of Opportunity, and in many cases openings have been found for men in healthy occupations other than those taught at Englethwaite.

The actual loss on the Trading and Profit and Loss Account of the combined Industries for the financial year ending 31st March, 1924, amounts to £787 8s. 6d. This figure is higher than that of the previous year, and is largely accounted for as follows:—

(1) The patients during the past year have been, as I explained earlier in this Report, much less fit for work, and therefore the cost of running the Industries has been correspondingly high.

(2) While the cost of foodstuffs, etc., has remained high, the prices realised for eggs, etc., have materially decreased, and the crops raised in the market garden were, owing to a wet summer and autumn, smaller than in previous years.

The financial position of the individual Industries will be found in the Financial Statement appended, and the detailed accounts of each Industry are available for inspection should further information be desired.

### 1.—The Market Garden.

The area under cultivation throughout the year has been approximately 11 acres, i.e., the same as last year.

The trade in seedlings during the spring and early summer was highly satisfactory, as was also the sale of cut flowers, pot plants, etc.

The fruit crop, however, was practically a failure. Peas and celery were also poor, but beetroot, carrots, and parsnips were very good.

Potatoes were fairly good, but, owing to continuous rain in the autumn, the task of gathering this crop was prolonged and difficult.

After Christmas, however, the price of potatoes advanced considerably, and had it not been for the good sales made at that time, the market garden would have shown a poor year's return. The crops of corn and hay were nearly sufficient to feed the horses during the latter half of the year, which meant a considerable saving in their maintenance.



A second horse was purchased in the autumn, and during the winter months all the market garden land was first thoroughly cleaned and then ploughed with a double-horse plough, so the prospects for the coming year are brighter. The garden land was in very poor condition when the Colony first opened, but during the past years it has been thoroughly turned over and manured, and the labour and money expended on it are now showing good results.

A marked improvement in the financial position of the Market Garden may be expected.

## 2.—The Poultry Farm.

As was pointed out in the last Annual Report, a large number of chickens was hatched early in 1923, so that the stock might be greatly increased with a view to giving this Industry a better chance to make ends meet.

During the year the Poultry Farm acquired a third large laying-house which was constructed by the Joinery Department to house the increased stock. Five new breeding-houses and four new chicken-houses were also acquired.

The stock of poultry and ducks has been nearly doubled, and the value of the stock correspondingly increased.

Among other successes, the following awards have been gained by Indian Runner Ducks from the Poultry Farm:—

Crystal Palace Show.—2nd, 3rd, 4th, and Highly Commended.

Scottish Dairy Show.—1st, 2nd, Very Highly Commended, and Highly Commended.

Manchester Poultry Show.—2nd, V.H.C., and H.C.

Altrincham Poultry Show.—3rd, Reserve, and H.C.

Birmingham Poultry Show.—Four ducks Highly Commended.

The trade in day-old chicks and in eggs for setting was not so good as in the previous year.

The long, cold winter greatly diminished the number of eggs obtained from the laying flock, and this accounted for a poorer return than had been anticipated.



The cost of feeding materials, which still remains very high, is chiefly responsible for the large expenditure in this Industry.

It must be explained also that the Poultry Farm has been saddled with a considerable amount of unnecessary expenditure, as all unfit men are given work there. This is unavoidable because the other Industries cannot provide anything in the nature of "light duty."

At the same time the procedure is justified, because the colonist who will never again be self-supporting can always, if properly instructed, make a little money by poultry-keeping.

### 3.—Clog-making.

For the first nine months of the year this Industry was practically closed, but during the last quarter a colonist was admitted who was an experienced shoemaker. The Industry was then re-opened for repair work and has, so far, easily carried the expenditure involved.

### 4.—Joinery.

This department has been steadily employed for the greater part of the year, and its accounts nearly balance. It will always be difficult for this Industry to show a profit as all the work has to be done by hand, and although it is correspondingly more substantial and lasting, the difficulty in competing against machine-made goods turned out on a mass production scale is formidable.

At the present time the public is unwilling to pay for hand-made goods when machine-made goods can be purchased more cheaply, and for a time, at least, serve the same purpose.

The Joinery Department, therefore, is obliged to sell its goods at a figure which only allows a very small margin of profit.

It takes a long time, too, before a trainee in joinery can turn out profitable work, and this fact also acts adversely on the Department's returns.

Besides the large poultry-house and smaller ones already mentioned, which were constructed for the Poultry Farm, the Joiners have made the Clerk's Office, 12 Shelters for the County Health Department, a large



Summer House for a private order, Wheelbarrows, etc., and have besides carried out various repairs to County Shelters, and fulfilled a contract for Library Boxes for the County Education Committee. In addition to the above they have carried out many alterations and repairs to the woodwork of the Colony buildings.

No small amount of the painting and distempering of the Main Buildings, mentioned in the General Statement, was executed by the Joinery Department.

### After Care.

Since the opening of the Colony up to the end of the financial year, March 31st, 1924, 107 men in all have received treatment and training at Englethwaite, and are no longer colonists.

Enquiries into the present condition of the great majority of these ex-colonists have recently been completed.

The following table shows the results of the enquiries:—

Group.	No.
1.—Working and earning a living ... ..	34
2.—Doing light or occasional work ... ..	2
3.—Fit for work, but unemployed ... ..	10
4.—Fit for light work, but unemployed ... ..	9
5.—Unfit for work—condition satisfactory ... ..	8
6.—Condition worse... ..	13
7.—Received less than 3 months' treatment ... ..	14
8.—Died... ..	8
9.—Left district and untraced ... ..	9
<hr/>	
Total number ...	107

It is of interest to know how the 34 men in Group 1 are employed. Fifteen of these are working at trades learned in the Colony, six are working at their former employment, and thirteen are working at other occupations.

The following table shows in detail the actual occupations at which these men are employed:—



Occupation.	Number Employed.
Gardening... ..	5
Poultry-Keeping ... ..	4
Joinery ... ..	4
Clogging ... ..	1
Book-keeping ... ..	3
Motor-driving ... ..	5
Road-making ... ..	3
As seamen... ..	2
As labourers ... ..	2
As watchman ... ..	1
As coal-miner ... ..	1
As fireman... ..	1
As vanman ... ..	1
As small stationer ... ..	1
<hr/>	
Total number	34

It is very satisfactory to have to report that, following the request of the Hospitals Sub-Committee, 13 Local Authorities formed After-Care Committees. These are as follows:—

Barrow-in-Furness Town Council.  
 Aspatria Urban District Council.  
 Arlecdon and Frizington Urban District Council.  
 Cleator Moor Urban District Council.  
 Cockermouth Urban District Council.  
 Maryport Urban District Council.  
 Wigton Urban District Council.  
 Brampton Rural District Council.  
 Carlisle Rural District Council.  
 Cockermouth Rural District Council.  
 Penrith Rural District Council.  
 Wigton Rural District Council.  
 Whitehaven Rural District Council.

The Hospitals Sub-Committee is most grateful to the Authorities for establishing these Committees, but it is too early yet to report on the valuable work which they are doing.

### Visits to Colony.

On April 20th, 1923, the Members of the Border Counties Branch of the British Medical Association visited the Colony.

On October 14th, 1923, the Members of the Royal Sanitary Institute and friends visited Englethwaite.

### Donations to Colony.

The following gifts have been received, and are gratefully acknowledged:—

Christmas crackers and case of oranges, from Lady Mabel Howard; 2 cases of apples, from Major Ballantine Dykes; case of apples, from Mr. George White, Carlisle; round of beef, from Messrs. T. Scott and Son, Cotehill; salmon, from Mr. Norman Fletcher; and books, from Mr. Thomas Sowerby, Carlisle.

### Finance.

The Medical Superintendent still carries out the additional duties of Accounting Officer for Englethwaite, and the system of finance continues as formerly.

It has been arranged that the Medical Superintendent will be relieved of a considerable amount of the financial work of the Colony, which will in future be undertaken by the County Accountant's Department, as from April 1st, 1924.

#### INCOME. YEAR ENDED 31st MARCH, 1924.

	<i>Actual Cash Receipts.</i>			<i>Other Credits.</i>			<i>Total.</i>		
	£	s.	d.	£	s.	d.	£	s.	d.
<b>MAINTENANCE.</b>									
Ministry of Health (Discharged Soldiers and Sailors, including sums due but not paid, Form T. 64 (a) ) ... ..	1739	6	0...	—	...	...	1739	6	0
Maintenance of Patients from Outside Areas ...	1167	13	9...	—	...	...	1167	13	9
Other Receipts ... ..	47	15	10...	—	...	...	47	15	10
<b>MAINTENANCE OF OUTDOOR STAFF.</b>									
Credit to Provisions ...	—	...	...	152	17	7...	152	17	7
„ Fuel, Light & Cleaning ...	—	...	...	8	19	10...	8	19	10
„ Rent, Rates, and Taxes ...	—	...	...	17	19	8...	17	19	8
<b>INDUSTRIES.</b>									
Market Garden ... ..	264	5	6...	793	11	9...	1057	17	3
Poultry Farm ... ..	471	9	9...	970	10	0...	1441	19	9
Clog-making ... ..	28	5	2...	83	7	4...	111	12	6
Joinery ... ..	369	13	8...	456	15	4...	826	9	0
Artificial Dentures ...	4	10	0...	—	...	...	4	10	0
<b>Total ... ..</b>	<b>£4092</b>	<b>19</b>	<b>8...</b>	<b>£2484</b>	<b>1</b>	<b>6...</b>	<b>£6577</b>	<b>1</b>	<b>2</b>



EXPENDITURE.	YEAR ENDED 31st MARCH, 1924.								
	Actual Cash Payments.			Other Charges.			Total Charge for year.		
	£	s.	d.	£	s.	d.	£	s.	d.
COST OF MAINTENANCE.									
Provisions	1640	14	3...	231	4	1...	1871	18	4
Fuel, Light & Cleaning (including Laundry).	620	2	5...	26	13	6...	646	15	11
Repairs to Buildings...	241	8	11...	85	8	1...	326	17	0
Repairs to Machinery..	68	15	2...	—			68	15	2
Furniture, Bedding & Kitchen Appliances..	141	1	11...	4	0	11...	145	2	10
Drugs & Appliances...	44	6	8...	—			44	6	8
Rent, Rates, Taxes and Insurance	107	11	3...	—			107	11	3
Travelling Expenses of Medical Superintendent	25	0	0...	—			25	0	0
Travelling Expenses of Staff	13	12	11...	—			13	12	11
Printing, Advertising, and Office Expenses.	159	17	0...	—			159	17	0
Other Payments	16	7	7...	—			16	7	7
Hospital Grounds	42	9	7...	32	9	8...	74	19	3
House Porter	95	0	4...	—			95	0	4
Cutting Trees along Road	43	6	9...	—			43	6	9
Capital (Office)	—			50	0	0...	50	0	0
Loan Charges	733	2	2...	—			733	2	2
SALARIES.									
Medical Superintendent (Proportion)	250	0	0...	—			250	0	0
Matron and Nurses	207	12	1...	—			207	12	1
Domestic Staff	271	15	1...	—			271	15	1
COST OF INDUSTRIES.									
Market Garden	769	8	4...	607	18	1...	1377	6	5
Poultry Farm	1145	18	6...	666	6	2...	1812	4	8
Clog-making	8	17	8...	117	19	5...	126	17	1
Joinery	688	14	10...	220	3	10...	908	18	8
Artificial Dentures	0	0	2...	4	10	0...	4	10	2
Total	£7335	3	7...	£2046	13	9...	£9381	17	4