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CUMBERLAND COUNTY COUNCIL.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

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

FOR THE YEAR 1926.

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CUMBERLAND COUNTY COUNCIL.

To the Cumberland County Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting to you this my Nineteenth Annual Report on the Health of the Administrative County for the year 1926.

As my last Report was such a detailed one, and dealt with all matters relating to Health and Sanitation in the County, this Report is considerably curtailed, and is little more than a statement of facts derived from the Vital Statistics.

There are, however, one or two matters to which I would like to draw attention.

The Birth-rate—19.9 per 1,000 of population—is the highest recorded since 1922, being 1 per 1,000 higher than in the previous year.

The Death-rate—12.6 per 1,000 of population—is, with the exception of that in 1921, when it was 12.4—the lowest ever recorded.

The Infant mortality rate—72 per 1,000 births—is the same as it was in 1924—the lowest ever recorded, and is 13 per 1,000 lower than in 1925.

On looking back over the nineteen years of the County Health Department's existence one cannot help being impressed with some outstanding features revealed by a close scrutiny of the vital statistics. Consider, for instance, the death-rate:—In 1908 the death-rate was 15 per 1,000 of population; in 1926 it was 12.6 per 1,000. I will refer to this later.

But in addition to the decrease in the total death-rate, a very striking change has been brought about in the age at which deaths occur. In 1908, 38 per cent. of the total deaths took place under 25 years of age. In 1926 this percentage in the same age period was reduced to 24.

In 1908, 68 per cent. of the total deaths occurred under 65 years of age. In 1926 the same percentage was 56.

It is only when we come to ages over 65 that the percentage of deaths in 1926 (43 per cent.) exceeds that of 1908 (30 per cent.).

This, of course, means that the expectation of life of children born in recent years is considerably greater than it was in those born even 20 years ago.

In the age period 45 to 75 the main causes of death are Pulmonary Tuberculosis, Cancer, Diseases of the Heart and Blood Vessels, and Diseases of the Kidneys. These diseases, although, of course, not so amenable to preventive measures as those in the earlier age periods, can to a certain extent be prevented. Diseases of the Heart, for instance, which for the most part have their origin in Rheumatism during childhood or early adult life, could to a certain extent be prevented if more care were taken during early life to treat the earliest manifestations of Rheumatism more efficiently and to take more effective measures to prevent it. Cancer is definitely on the increase, but even this dread disease could in a fair number of cases be prevented. (See page 10.)

Co-incident with this reduction in the death-rate, there must have been a reduction in the sickness and invalidity rate, and this reduction is very marked in certain diseases, e.g., all Infectious Diseases, Tuberculosis —both pulmonary and non-pulmonary,—and Respiratory Diseases (Bronchitis, Pneumonia, &c.), which are the main causes of death under 25 years of age, all show a steady and progressive diminution year after year. As a matter of fact the death-rates from Tuberculosis and from Infectious Diseases are now exactly half of what they were 20 years ago.

With regard to Infant Mortality, which is said to be the " most sensitive index of national health," in 1908 out of every 1,000 children born, 126 died before they reached the age of one year. In 1926, 72 died before they were a year old.

But it must be noted that whilst the infant mortality as a whole has decreased in such a satisfactory way, the decrease has taken place entirely in the age periods over three months, for I find that whilst in 1908 55 per cent. of the total infant deaths occurred under three months of age, in 1926 the proportion dying under three months had actually increased to 64 per cent.

The main causes of death of infants under three months are Premature Birth, Debility, &c.; in fact, they cause 66 per cent. of the total infant deaths, and it is to this group that we must look for any further substantial reduction in the infant mortality.

It is obvious that if we wait until these premature and debilitated babies are born little or nothing can be done to save their lives or even to rear them into puny and delicate children, who will in the future go to swell the ranks of the tuberculous. What, then, can be done?

These children are, for the most part, born prematurely and debilitated because of ill-health, in some shape or form, of their mothers during pregnancy, and if the mothers were to receive adequate advice and medical care during their pregnancies, I can see no reason to suppose that the death-rate during this age period would not be reduced in a like proportion to that of the older age periods during infancy, and that many babies now born prematurely and delicate would not be born at full time and be strong and healthy babies, with as good a chance to survive as any others.

Cumberland has the unenviable notoriety of standing very high in the ratio of maternal deaths; this, too, would be greatly reduced if expectant mothers would only seek medical advice and help months before their babies were expected. Efficient Maternity and Child Welfare work is, in my opinion, the foundation stone of preventive medicine of the future.

There must have been some cause at work to produce such eminently satisfactory results. What is it?

A comparison of facts in the two years 1908 and 1926 respectively show fairly conclusively that the public health service throughout the County has at least justified its existence.

Let me shortly explain what the above facts and figures indicate:—

(1) *Death Rate.*

In 1908 it was 15.0 per 1,000 of population
In 1926 it was 12.6 per 1,000 of population

or expressed in another way, had the death-rate remained in 1926 at the 1908 figure there would have been 653 more deaths than there were during the year.

(2) *Infant Mortality.*

Whereas in 1908 out of every 100 children born between 12 and 13 died before they were a year old, in 1926 only 7 died.

(3) *Expectation of Life.*

In 1908 there were 1,031 deaths at 65 or over out of a total of 3,406, whilst in 1926 there were 1,202 deaths at or over 65 out of a total of 2,753, so that whereas in 1908 30 per cent. of the people who died were 65 or over, in 1926 over 43 per cent. were 65 or over at the time of death.

(4) *Tuberculosis.*

In 1908 there were 324 deaths registered from all forms of Tuberculosis, and in 1926 there were 165. In 1908 the deaths from Tuberculosis was at the rate of 1.4 per 1,000 of population, but in 1926 the death-rate was 0.7 per 1,000, exactly half.

(5) *Infectious Diseases.*

The death-rate from these diseases has shown even a larger decrease. Whereas in 1908 it was 1.2 per 1,000, in 1926 it was 0.5, and even this reduction could be very markedly improved if we could rely on greater co-operation of parents.

The work undertaken by public health departments throughout the County has been of a threefold nature, dealing as it has done with environmental sanitation, control of communicable diseases, and education in personal hygiene. The above results are, I am satisfied, a reflection of the work carried out in these directions, which has been a boon to large sections of the community, and as education in hygiene spreads—because in order to get the best results we must have the co-operation of individuals—I have no doubt even better results will be yet obtained, but even as it stands, when the true meaning of the above figures is appreciated, to put it at its lowest estimate, it will be realised that the public health services throughout the County have been a sound financial transaction.

I have the honour to be,
Ladies and Gentlemen,
Yours obediently,
F. H. MORISON,
County Medical Officer of Health.

SUMMARY OF VITAL STATISTICS.

	Birth-rate.		Death-rate.		Infant Mortality.	
	1926.	1925.	1926.	1925.	1926.	1925.
Urban Districts	21.4	19.7	12.9	14.3	74	95
Rural Districts	18.1	17.8	12.3	12.4	70	71
Administrative County	19.9	18.9	12.6	13.4	72	85
England and Wales	17.8	18.3	11.6	12.2	70	75

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; and Rural Districts 904,465 acres.

Population.

The population as given by the Registrar-General for the year 1926:—

Urban Districts	121,100
Rural Districts	96,300
Administrative County	217,400

a decrease of 2,630 on the previous year—1,400 in Urban Districts and 1,230 in Rural Districts.

Births.

The Births registered in the County during the year 1926 numbered 4,337 (2,178 males and 2,159 females), giving a birth-rate of 19.9 per 1,000 of population, compared with 4,177 births (2,102 males and 2,075 females) and a rate of 18.9 the previous year.

In the Urban Districts there were 2,594 births (1,282 males and 1,312 females), giving a rate of 21.4; and in the Rural Districts 1,743 births (896 males and 847 females), giving a rate of 18.1 per 1,000 of population.

The corresponding figures for the previous year were:—Urban Districts 2,432, and a rate of 19.7; and in the Rural Districts 1,745, and a rate of 17.8.

The birth-rate for England and Wales was 17.8 for the year.

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

Urban.			*Rural.*		
Whitehaven..	27.0	(26.5)	Cockermouth .	20.6	(19.3)
Maryport ...	24.0	(21.9)	Penrith	20.6	(16.4)
Egremont ...	21.3	(18.7)	Wigton	19.2	(18.7)
Wigton	20.9	(19.5)	Longtown ...	18.8	(19.8)
Workington..	20.8	(19.3)	Brampton ...	16.4	(18.3)
Arlecdon and Frizington.	20.5	(20.5)	Whitehaven .	16.3	(19.6)
Penrith	20.5	(17.0)	Carlisle	15.8	(13.8)
Cleator Moor.	19.9	(17.7)	Alston	15.6	(13.2)
Holme Cultram ...	19.0	(15.6)	Bootle	13.0	(16.5)
Keswick	18.9	(13.4)			
Harrington ..	18.6	(22.3)			
Cockermouth .	17.5	(18.3)			
Millom	17.5	(14.8)			
Aspatria	15.6	(15.5)			

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

Illegitimate Births.

The number of illegitimate births was 269, so that 62 per 1,000 of the total births were illegitimate, compared with 204 and 48 the previous year.

The rates of illegitimate births per 1,000 of the total births in the various Sanitary Districts are as follows:—

Urban.			*Rural.*		
Penrith	109	(64)	Longtown	108	(109)
Wigton	101	(68)	Penrith	84	(65)
Millom	78	(23)	Cockermouth ...	77	(56)
Maryport	56	(28)	Carlisle	73	(66)
Holme Cultram	53	(80)	Alston	71	(108)
Aspatria	52	(70)	Brampton	67	(80)
Keswick	50	(107)	Whitehaven ...	64	(36)
Workington ...	50	(36)	Bootle	51	(90)
Arlecdon and Frizington ...	49	(47)	Wigton	45	(46)
Harrington ...	47	(39)			
Egremont	46	(23)			
Cleator Moor...	44	(34)			
Whitehaven ...	44	(31)			
Cockermouth ...	34	(33)			

In the Urban Districts 55 and in the Rural Districts 72 per 1,000 births were illegitimate.

Deaths.

The number of deaths registered was 2,753 (1,416 males and 1,337 females). This gives a death-rate of 12.6 per 1,000, compared with 2,961 (1,503 males and 1,458 females), and a rate of 13.4 per 1,000 the previous year.

The death-rate of England and Wales was 11.6.

In the Urban Districts there were 1,565 deaths (827 males and 738 females), giving a rate of 12.9; in the Rural Districts 1,188 deaths (589 males and 599 females), giving a rate of 12.3. The corresponding figures for the previous year were:—Urban Districts, 1,750 and a rate of 14.3; Rural Districts, 1,211 and a rate of 12.4.

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

Urban.			*Rural.*		
Penrith	18.9	(17.5)	Brampton ...	16.1	(13.7)
Cockermouth.	17.1	(16.9)	Wigton	13.5	(10.2)
Aspatria	15.1	(11.1)	Longtown ...	12.9	(14.9)
Keswick	14.7	(19.8)	Carlisle	12.7	(10.0)
Whitehaven...	14.4	(14.3)	Cockermouth .	12.4	(11.9)
Millom	13.9	(12.7)	Alston	12.0	(12.6)
Maryport ...	12.4	(11.8)	Penrith	11.5	(11.0)
Egremont ...	12.2	(12.6)	Whitehaven .	10.9	(10.4)
Arlecdon and Frizington .	12.1	(15.0)	Bootle	8.6	(9.0)
Holme Cultram ...	12.0	(15.4)			
Workington...	12.0	(14.1)			
Harrington ...	11.9	(11.8)			
Cleator Moor.	11.0	(13.3)			
Wigton	10.6	(13.1)			

During the year of the total deaths:—

12.2% in Urban and 10.2% in Rural Districts died under 1 year.

3.0	,,	2.5	,,	aged 1 to 2 yrs.
3.5	,,	2.7	,,	aged 2 to 5 yrs.
3.8	,,	2.3	,,	aged 5 to 15 yrs.
4.2	,,	3.4	,,	aged 15 to 25 yrs.
9.7	,,	10.1	,,	aged 25 to 45 yrs.
22.7	,,	21.0	,,	aged 45 to 65 yrs.
21.7	,,	22.9	,,	aged 65 to 75 yrs.
18.9	,,	24.5	,,	over 75 yrs.

Infant Mortality.

4,337 births were registered, and 313 infants died before they reached the age of one year. The Infant Mortality was, therefore, at the rate of 72 per 1,000 births, 12 per 1,000 lower than the previous year.

The Infant Mortality in England and Wales was 70 per 1,000 births.

In the Urban Districts there were 2,594 births and 191 infant deaths. The infant mortality rate was therefore 74 per 1,000 births, 21 per 1,000 lower than in the previous year.

In the Rural Districts there were 1,743 births, 122 infant deaths, giving an infant mortality rate of 70 per 1,000 births, 1 per 1,000 lower than last year.

The mortality rate of legitimate infants was 69, that of illegitimate infants was 118.

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

Urban.			*Rural.*		
Harrington ...	131	(59)	Wigton	100	(64)
Aspatria	122	(52)	Whitehaven ...	84	(75)
Cockermouth ..	116	(33)	Cockermouth ...	77	(89)
Whitehaven ...	84	(92)	Brampton	75	(27)
Workington ...	75	(121)	Bootle	52	(50)
Maryport	72	(109)	Carlisle	52	(66)
Egremont	66	(68)	Penrith	52	(80)
Millom	63	(93)	Alston	47	(27)
Penrith	63	(49)	Longtown	33	(86)
Keswick	62	(89)			
Arlecdon and Frizington ...	58	(104)			
Cleator Moor...	51	(135)			
Holme Cultram	43	(80)			
Wigton	13	(109)			

Cancer.

308 deaths were registered as due to Cancer, a rate of 1.4 per 1,000 of population, as compared with 310 deaths and a rate of 1.4 the previous year.

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

Urban.			*Rural.*		
Keswick	2.1	(2.1)	Brampton	3.0	(2.1)
Arlecdon and Frizington	1.8	(1.9)	Wigton	1.8	(1.2)
Whitehaven	1.5	(1.0)	Carlisle	1.7	(1.3)
Workington	1.5	(1.1)	Whitehaven	1.5	(1.0)
Holme Cultram.	1.4	(1.4)	Longtown	1.4	(1.2)
Millom	1.4	(1.7)	Penrith	1.2	(0.4)
Cleator Moor	1.3	(1.4)	Alston	1.1	(4.1)
Penrith	1.3	(1.9)	Cockermouth	1.0	(0.9)
Wigton	1.3	(1.6)	Bootle	0.8	(1.3)
Cockermouth	1.2	(1.4)			
Maryport	1.0	(1.4)			
Harrington	0.8	(1.9)			
Egremont	0.4	(1.2)			
Aspatria	0.2	(1.4)			

In the Urban Districts the death-rate from Cancer was 1.3 per 1,000 of population, whilst in the Rural Districts it was 1.5.

Of the 308 deaths 8 per cent. occurred between the ages of 25 to 45, 44 per cent. between 45 and 65, 30 per cent. between 65 and 75, and 14 per cent. over 75 years of age.

General experience proves that there can be no reasonable doubt that Cancer is steadily increasing.

" The education of the public in regard to earlier diagnosis and treatment of disease is as much a part of preventive medicine as the elimination of the mosquito for the eradication of malaria, proper water supply for the prevention of typhoid fever, vaccination as a safeguard against smallpox, the giving of anti-toxin of tetanus in all accidental wounds " (American Society for the Control of Cancer).

" As a result of advances in surgery it is now possible to say with an accuracy that nobody could dispute that every case of accessible Cancer passed through a period in which it was capable of being cured " (Sir Berkeley Moynihan).

Cancer is fatal in so many cases because of ignorance, and the cure for ignorance is education. It has been argued that to make facts about Cancer too well known will frighten the public. In my opinion, it is better to be frightened than to run the risk of dying from Cancer.

For the prevention of Cancer, information of the public as to knowledge of its pre-disposing causes and possible signs of its commencement are of vital importance.

It commences as a local condition, and does not become a general infection till later. If an early diagnosis can be made and operative treatment adopted without unnecessary delay, more than 50 per cent. of developed Cancer can be cured.

The present mortality from Cancer can be largely reduced by attention to the points to which I again draw attention.

1. Certain pre-disposing causes are well recognised, and all may be summed up under the term—Chronic Irritation.

Well-known examples are the clay pipe smoker's lip, the X-ray operator's hands, chimney sweep's cancer, paraffin maker's cancer, &c. In all these cases irritated patches, or ulcers, or warts, precede the development of Cancer by months or years, and removal of these prevents the development of Cancer—if further irritation be avoided.

2. Next in importance comes senility. Cancer is compartively rare in persons under 40 years of age, and suggestive symptoms in elderly persons assume more serious import.

3. Many tumours of long standing become malignant in later years. Warts especially, in all parts of the body, require immediate attention if they become irritable, increase in growth or ulcerate, particularly in persons over 40 years of age.

Symptoms which suggest the possibility of Cancer.

Pain.—This is seldom an early symptom of Cancer, so rarely that many surgeons teach it indicates so late a stage that operation is almost hopeless. What symptoms then suggest the possibility of Cancer?

Bleeding from the stomach, from the bowel, from the bladder, from the kidneys, or from the womb in elderly persons is the most frequent early symptom.

Chronic Ulcers anywhere, but especially in the mouth and arising from jagged teeth or ill-fitting plates, which resist for a few days ordinary treatment.

Raised pigmented patches and irritable rough patches on the skin.

The discovery of a recent painless swelling (*Tumour*) in any part of the body, especially the stomach and the female breast.

Difficulty in swallowing which is painless.

Hoarse Voice which persists for more than a few days in elderly patients.

Indigestion which resists ordinary treatment in persons whose digestion has been exceptionally good.

Constipation with much intestinal rumbling when the bowels have previously acted regularly.

Painless, steadily increasing Jaundice.

If the public and the doctors co-operate the present dreadful suffering and mortality from Cancer can be lessened more quickly than has been that from Tuberculosis.

Zymotic Diseases.

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

116 deaths were registered from these diseases, compared with 135 the previous year. This gives a rate of 0.5, compared with 0.6 the previous year.

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

Urban.		*Rural.*	
Maryport	1.6 (0.6)	Brampton	1.1 (0.7)
Wigton	1.0 (1.6)	Cockermouth	0.7 (0.8)
Whitehaven	0.9 (0.6)	Longtown	0.4 (0.3)
Harrington	0.6 (0.6)	Carlisle	0.3 (0.1)
Aspatria	0.5 (0.5)	Wigton	0.2 (0.2)
Egremont	0.5 (0.6)	Bootle	0.1 (Nil)
Workington	0.5 (1.0)	Whitehaven	0.1 (0.3)
Cockermouth	0.4 (0.4)	Alston	0.0 (Nil)
Cleator Moor	0.2 (0.6)	Penrith	0.0 (0.7)
Keswick	0.2 (Nil)		
Penrith	0.2 (0.3)		
Millom	0.1 (0.2)		
Arlecdon and Frizington	0.0 (1.1)		
Holme Cultram.	0.0 (0.2)		

Respiratory Diseases.

From these diseases—chiefly Bronchitis and Pneumonia—there were 366 deaths, compared with 467 the previous year.

The death-rate in the Administrative County from these diseases was 1.6 per 1,000 of population, compared with 2.1 the previous year.

In the Urban Districts the rate was 1.9, against 2.5; and in the Rural Districts the rate was 1.3, against 1.6 the previous year.

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

Urban.			*Rural.*		
Cockermouth ...	3.4	(3.1)	Alston	2.6	(1.1)
Keswick	3.0	(2.6)	Cockermouth ...	1.5	(2.2)
Egremont	2.6	(2.4)	Brampton	1.4	(1.9)
Harrington ...	2.6	(1.3)	Wigton	1.4	(0.9)
Whitehaven ...	2.4	(3.5)	Carlisle	1.3	(0.7)
Workington ...	1.9	(2.8)	Whitehaven ...	1.3	(2.0)
Maryport	1.8	(2.0)	Penrith	1.1	(0.5)
Cleator Moor ...	1.7	(2.2)	Longtown	0.9	(0.6)
Millom	1.6	(1.7)	Bootle	0.1	(1.0)
Holme Cultram.	1.4	(2.9)			
Aspatria	1.1	(1.6)			
Arlecdon and Frizington ...	1.0	(2.3)			
Penrith	0.7	(1.4)			
Wigton	0.5	(1.6)			

The tendency, noted in my last Report, to the diminution of the death-rate from these diseases still continues. In 1925 Respiratory diseases caused 15.7 per cent. of the total deaths, whereas this year they caused 13.2 per cent.

General Provision of Health Services.

Under this heading the following matters were fully dealt with in the Survey Report of last year, and as no material changes have occurred further comment is unnecessary:—

Hospitals provided.
Institutional provision for unmarried mothers, &c.

Clinics and Treatment Centres.
Public Health Officers of the Authority.
Professional nursing in the home.
Chemical work.
Legislation in force.

Maternity and Child Welfare.

No extension in this service has been possible.

There were at the end of the year 96 Midwives on the Roll, 93 trained and 3 untrained.

Two Midwives, one at Cleator Moor and one at Arlecdon and Frizington, are in the employment of and paid by the County Council.

All the Midwives are visited by the Inspector every three months, and any special visits are paid when necessary. During the year 372 routine and 48 special visits were paid.

The Midwives as a rule comply fairly well with Rule 23 of the Central Midwives Board. The number of notices received is as folows: —

Medical help	280
Still birth	26
Liable to be a source of infection	40
Artificial feeding	36

Payments made to doctors under Section 14, Midwives Act, 1918, amounted to £355 5s. 3d.

During the year the following visits were paid to the homes: —

	By Health Visitors.		By District Nurses.
To births notified first visits	970	...	1786
To births not notified	40	...	21
Re-visits	5042	...	16399
Ante-natal visits	44	...	5539
Visits to children 1-5	1456	...	3947
	7552	...	27692

Sanitary Circumstances of the Area.

As the various items coming under this heading, viz., Water Supplies, Drainage and Sewerage, &c., were fully and individually dealt with in my Report for 1925, and

as no marked change has occurred since that Report was written, it is not necessary to add anything to what was then reported.

Housing.

Since writing my last Report the Housing (Rural Workers) Bill has become the Housing (Rural Workers) Act, 1926.

A special sub-committee was appointed, and at a meeting on March 11th, 1927, letters from the Ministry of Health forwarding for the observations of the County Council copies of applications made by some five or six District Councils for permission to become Local Authorities for the purposes of the Act, were submitted, and it was Resolved:—That the Clerk of the Council be instructed to inform the Ministry that the County Council are fully aware that some of the Minor Authorities in the County are willing and competent to carry out the Act in their respective areas, and have in their service officers competent to undertake various duties under the Act, but having regard to the objects of the Act, the necessity for economy, and the desirability of securing uniformity of practice throughout the County, central administration is essential.

The draft scheme submitted to this meeting was—with slight alterations—subsequently approved by the Ministry, and the scheme as approved is as follows:—

HOUSING (RURAL WORKERS) ACT, 1926.

Scheme for the Administration of the Act throughout the Administrative County of Cumberland.

WHEREAS it is provided by sub-section (1) of Section 5 of the Housing (Rural Workers) Act, 1926, that the Local Authority for the purposes thereof shall be the County Council.

AND WHEREAS the Cumberland County Council at a meeting duly held at The Courts, Carlisle, on the Seventh day of March, One thousand nine hundred and twenty-seven, resolved to exercise throughout the administrative County the powers conferred upon them by the Act.

AND WHEREAS it is provided by sub-section (1) of Section 1 of the Act, that a County Council may and shall if so required by the Minister of Health submit to the Minister a scheme with respect to the reconstruction and improvement of houses or buildings within their area and may, in accordance with such scheme when approved by the Minister, give assistance by way of grant or loan in respect of any such works of reconstruction or improvement.

NOW THEREFORE the Council of the Administrative County of Cumberland do hereby make and submit to the Minister of Health the following Scheme, in pursuance of sub-section (1) of Section 1 of the Act:—

(1) Subject to the provisions and requirements of the Act and to the conditions hereinafter imposed the County Council by their Public Health and Housing Committee are prepared to receive and to consider applications in the prescribed form (forms of application may be obtained from the Clerk of the County Council, The Courts, Carlisle) from owners of properties who desire financial assistance towards the cost of executing any of the following works which may be for the benefit of one dwelling or for the benefit of two or more dwellings, that is to say:—

(*a*) *Structural Alterations or Repairs*, i.e., the re-building of walls, chimneys or other parts; the pointing or rough-casting or other substantial repairs to walls; the raising of roofs; re-roofing of houses; the renewing of floors or roof timbers; the provision of rainwater gutters or pipes; the provision of damp courses or of cement plinth or surface channelling; the enlargement of windows or the provision of extra ones.

(*b*) *Additions*, i.e., the improvement of existing accommodation to provide more adequate air space, or head room, the addition of further bedroom accommodation, a scullery or wash house, food larder and a fuel store or barn if other structural works are included.

(*c*) *Water Supply*, i.e., the provision of water supply, including wells, pumps, and the laying on of water supply for domestic purposes.

(*d*) *Drainage*, i.e., the provision of septic tanks, cess pools or simple surface irrigation works for overflow with drains, gulleys, ventilators, etc.

(*e*) *Sanitary Conveniences and other like works*, i.e., the introduction of more up-to-date conveniences, such as a water or pail closet in place of a privy, the removal of fixed ashpits and the substitution therefor of moveable and lidded ashbins, the provision of a bath, bathroom, copper or sink or the introduction of gas or electricity.

(*f*) *Miscellaneous*, i.e., such other works as the County Council may deem to fall within the scope of the Act.

(2) Applicants for assistance must deposit with their application the following, viz. :—

(*a*) Simple sketch plans of alterations (giving dimensions) and/or photographs of the existing buildings.

(*b*) Specifications and estimates of the cost of the works proposed, and

(*c*) The prescribed form of application for assistance, properly completed.

(3) The County Council will be prepared to assist owners who are willing to undertake the carrying out of approved works (i.e., (a) the conversion into dwellings of buildings not previously used for that purpose, or, (b) the improvement of existing dwelling accommodation), by making grants or loans.

Grants may be made in the following ways :—

(*a*) by way of a lump sum payment made after completion of the works; or

(*b*) by provision for a period not exceeding 20 years of part of the sums payable by way of interest and repayment of capital advanced.

The amount of the grant shall not exceed two-thirds of the total cost of the works, or the sum of £100 in respect of each dwelling.
In the case of loans, the loan and interest thereon shall be secured by mortgage of the dwelling in favour of the County Council, and such loans shall be subject to all the conditions contained in Section 2 (5) of the Act and to the conditions of the Schedule thereto.

(4) No assistance will be given :—

(*a*) Where the value of the dwelling after the completion of the proposed works, as estimated by the County Architect, and subject to the limitations imposed by the Act as to rent and occupancy, will exceed £400.

(*b*) Where the estimated cost of the works to be executed is less than £50, or where for the joint benefit of two or more dwellings is less than £100.

(*c*) Where the proposed works do not in the opinion of the County Council fall within the scope of the Act.

(*d*) Where, in the opinion of the Council, the proposed works will disfigure the building or where the special character, beauty or fitness of the buildings for their surroundings will not be maintained.

(*e*) Where in the opinion of the County Medical Officer of Health the dwelling will not after completion of the proposed works be in all respects fit for habitation as a dwelling by persons of the working class.

(5) Dwellings in respect of which grants have been made will be subject to the conditions of Section 3 of the Act (the conditions are printed on the back of the prescribed form of application and will be rigidly enforced by the County Council). In order that the County Council may satisfy themselves that such conditions are being maintained the persons to whom grants are made shall undertake :—

(*a*) To furnish annually a signed statement certifying that the conditions have been observed during the year in question.

(*b*) To provide the tenant of the dwelling with a rent book in cases where the recipient is not the occupier of the dwelling, such rent book to be open at all reasonable times to inspection by any duly authorised officer of the County Council.

(6) The period allowed for the completion of any works approved by the County Council shall not exceed six months from the date of such approval, unless the special consent of the County Council to an extension of this period is obtained.

(7) Assistance will be calculated and paid on the basis of the estimate of cost submitted by an applicant and approved by the County Council, and the amount of assistance promised will not be varied by reason of a variation in the actual cost as compared with the approved estimate.

(8) Upon completion of the approved works the building shall be finally inspected by the County Architect, and if satisfied that the works have been carried out in a proper and workmanlike manner and in accordance with the approved plans he shall issue his certificate accordingly, and thereupon the amount of assistance promised or the balance thereof will be paid.

(9) The maximum rent to be charged for the dwelling in respect of which a grant has been given shall be fixed by the County Council.

(10) The County Council are prepared to enter into arrangements with those Councils of County Districts within the County who are willing to co-operate with them in accordance with subsection (2) of Section 5 of the Act.

(11) The County Council are of opinion that not more than 200 dwellings will be dealt with within the first six months after the date of the approval of the Scheme by the Minister of Health.

(12) This Scheme may be cited as the Cumberland County Council Housing (Rural Workers) Scheme, 1927.

Ref. No. .....

CUMBERLAND COUNTY COUNCIL.

HOUSING (RURAL WORKERS) SCHEME, 1927.
HOUSING (RURAL WORKERS) ACT, 1926.

Form of Application for Assistance.

Question.	*Reply.*
1. Name and address of applicant.	
2. Name or address of buildings in respect of which assistance is asked.	
3. Are buildings now occupied? If not, state nature of the buildings.	
4. If buildings are occupied, state whether by owner or tenant. If by tenant, state his name, nature of occupation and rent paid by tenant.	
5. Are the buildings rated? If so, state their present rateable values.	
6. State briefly nature of works proposed.	
7. Do the works affect solely one individual dwelling or are they works which will be of joint benefit to two or more dwellings?	
8. Annex simple sketch plans and photograph of existing buildings. The plans should be those which have been approved under the building Byelaws (if any) in force in the District in which the property is situated.	

If there are no such Byelaws in force a letter to that effect from the District Council should be submitted.

9. State the applicant's estimate of the cost of such works and attach specifications.

10. What in the applicant's opinion will be the value of the house or of each house, if more than one affected, when the proposed works are completed?

11. State the time by which the works could be completed, if approved.

12. Does applicant consider that after completion of works the dwelling-house concerned will be in all respects fit for habitation?

13. Does applicant consider that narrowness, closeness, or bad arrangement or condition of the streets in the immediate neighbourhood might prevent the house after completion from being in all respects satisfactory?

14. Does the applicant ask for assistance in the form of a grant or loan or both. What amount?

Important.—Applicants must distinctly understand that no works must be commenced until the approval of the County Council has been given in writing.

Signature .....

Date .....

To the
Clerk of the Cumberland County Council,
The Courts (Citadel Chambers),
Carlisle.

Given under the Common Seal of the County Council of the administrative County of Cumberland this Fourth day of May, One thousand nine hundred and twenty-seven.

The Common Seal of the County Council of the administrative County of Cumberland was hereunto affixed in the presence of:

L.S.

THOS. ROBINSON
R. MITCHELL
} Two members of the County Council.

C. COURTENAY HODGSON,
Clerk of the County Council.

Inspection and Supervision of Food.

The following is a copy of the County Analyst's Report for the year 1926:—

ANNUAL REPORT OF THE COUNTY ANALYST.

1. During the 12 months ended the 31st December, 1926, I have analysed 337 samples of Food and Drugs submitted by the Inspectors appointed under the Sale of Food and Drugs Acts for the County of Cumberland, viz.:—

From Whitehaven Division	103
From Carlisle Division	50
From Workington Division	87
From Wigton Division	28
From Penrith Division	69
Total	337

2. The following table briefly summarises the result of the analysis of these samples, together with the action taken in the case of those samples found to be other than genuine:—

Samples of Milks submitted for analysis ...	213
Samples of other articles	124
Total	337

Number adulterated or below standard ...	27
,, of doubtful quality	—
,, of Appeal samples	15
,, of Samples "on delivery" ...	4
,, of Persons cautioned	6
,, of Persons summoned	10
,, of Persons convicted	6
,, of Persons discharged	2
,, of Persons to pay costs	1

Number of Cases in which no action taken...	9
,, of Cases pending at end of year ...	1
Amount of Fines	£8 5 0
Amount of Costs	£17 10 0

3. The percentage of adulteration for the year is 8.49; for the 12 months ended the 31st December, 1925, it was 10.5.

In each case are included all samples, other than appeal and reference samples, which have been reported as not being of genuine quality.

4. The only article in respect of which it has been necessary to institute proceedings is Milk, the whole of the other samples being of genuine quality.

5. Of the 213 samples of Milk submitted during the 12 months, 27 were returned as being adulterated or below standard, while 15 samples were taken as appeal to the cow samples and 4 samples as reference samples in course of delivery.

Excluding the appeal and reference samples, the percentage of adulteration for Milk amounted to 13.91; for the previous 12 months the figure was 15.76.

The average figures for Non-fatty Solids and for Fat in the genuine samples, 167 in number, were as follows:—

Non-fatty Solids	8.74%
Fat	3.58

These figures compare very closely with the average for the year 1925, in which the average Non-fatty Solids were 8.77%, with Fat 3.64%, for the 169 genuine samples.

6. The work of the past year has been of the usual character, and calls for no special comment.

(Signed) Cyril J. H. Stock,
County Analyst.

Prevalence of and Control Over, Infectious Diseases.

Smallpox.

The County has fortunately continued free from Smallpox during the year, although it has been very prevalent in contiguous counties.

Scarlet Fever.

During 1926, 603 cases of Scarlet Fever were notified (326 in Urban and 277 in Rural Districts), with 4 deaths (2 in Urban and 2 in Rural Districts).

Cases were notified in all the sanitary districts, with the exception of the Aspatria Urban District.

Diphtheria.

During the year 1926, 277 cases of Diphtheria were notified (136 in Urban and 141 in Rural Districts). There were 21 deaths (9 in Urban and 12 in Rural Districts.

During 1926 there were outbreaks of Diphtheria of a virulent nature at Hayton (How Mill), Brampton, and Hallbankgate. There was also an outbreak numerically greater but not virulent at Flimby.

The outbreak at Hayton began in August, 1925, and continued intermittently until September, 1926.

In all, according to my information, 13 cases occurred between August, 1925, and July, 1926. Four cases proved fatal, and one case was at one time not expected to recover. After the first notification the School was visited by a member of the County Medical Staff, and swabs were taken from a number of the children. Cases occurred intermittently up till November, 1925, and on the 1st December the School was again visited, and 17 swabs were taken from the standards concerned, from the families among which cases had occurred and from the teaching staff. One boy was found to be positive who was a brother of the original case. A further swab was taken from this case immediately for the purpose of investigating the virulence. The bacteriological report was that the bacilli were present in small numbers and were avirulent. This carrier, who had been excluded from School, was therefore allowed to return, and during the following week two fresh cases occurred. He was therefore re-excluded, and during his absence no fresh cases occurred. Fresh cases occurred at the end of February, one of which was a cousin of the carrier case. After an operation for the removal of his tonsils he returned to School. It is unfortunate that his tonsils were not sent for further examination, as in all probability virulent bacilli would have been found in the crypts. He had, however, in the meantime returned to School early in May, and subsequently two other cases occurred, one being a girl who sat next to him in School and another a girl who sat about "a yard away." Following his return to School one additional case occurred, and in view of two negative swabs from this case and of our failure to trace any other possible source of infection, and of no result having followed the disinfection of the School on two occasions and the destruction of books, pencils, etc., from the children concerned, representations were made to the Board requesting a visit from one of the Medical Officers of the Ministry to demonstrate the Schick Test and preventive inoculation. On the 3rd

September a Medical Officer of the Ministry visited the County, and under his direction the Schick Test was applied to all children whose parents had signed the form of consent. In all some 70 children were tested and the members of the School staff. All except 14 gave positive reactions, and all of these were subsequently inoculated on four occasions with diphtheria prophylactic with the exception of one or two who did not complete the series. Since the inoculation no fresh cases have occurred, and the carrier case has now been attending School for some months.

With regard to the outbreak at Hallbankgate, this occurred quite suddenly in the Autumn of 1926, when, within a period of ten days, there were 11 cases, with 3 deaths.

Owing to the virulence of the outbreak the Schick Test was omitted, and 140 children, including 40 under school age, were inoculated.

Since the inoculations no fresh cases have occurred.

At Brampton there were 13 cases notified, 10 occurring between August and December 21st, with one death.

The Schick Test was applied to 210 children attending the Elementary Schools and to 96 attending the Secondary School.

In the former 240 were inoculated, including 56 under school age. Of these 8 were inoculated only once and 5 twice. Here two children, one having had one inoculation and the other three inoculations a month previously, subsequently took Diphtheria.

In the latter 69 were inoculated, 7 without the Schick Test.

But the fact that one child got Diphtheria a month after having three inoculations does not in the slightest degree throw doubt on the efficacy of the inoculations, because immunity is not completely conferred until at earliest three months after the third inoculation. Nor does the fact that one child, after three inoculations and after the lapse of three months, contracted Diphtheria shake one's faith in the preventive inoculations. As is stated in a recent report issued by the Medical Research Council: " Immunity does not develop immediately, for

the process of protection commencing with the first inoculation is a gradual one which usually occupies up to three or six or nine months. There is no demonstrable 'negative phase' attaching to the process of immunisation. Its completion can only be judged by re-applying the Schick Test not earlier than three months after inoculation, when a negative result will indicate successful immunisation. Should there be, however, a positive reaction on re-testing, then immunity has not been established, and a further series of one or more doses of taxoid-anti-toxin should be given, allowing a further three months to elapse before Schick testing again."

With the above noted exceptions no further cases of Diphtheria occurred up to the end of the year. At the time of writing this Report, I understand from the Medical Officer of Health that there has been one case in a child who received three inoculations. Enquiry into this case is being made.

An outbreak also occurred at Flimby during November and December, 1926. 24 cases occurred, but the outbreak was not of a virulent type, and only one case proved fatal. The epidemic died out during the Christmas holidays; had it continued it was proposed to apply the Schick Test to all the children in the Flimby School. Some cases were removed to the Workington Infectious Diseases Hospital on account of difficulty of isolation at home. In all 23 swabs were taken, all of which proved negative.

Enteric Fever.

Ten cases were notified during the year, two in Harrington, one in Maryport, three in Whitehaven Urban Districts; three in Cockermouth and one in Whitehaven Rural Districts.

For the second year in succession there were no deaths.

Puerperal Fever and Puerperal Pyrexia.

During the year 13 cases of Puerperal Fever were notified (8 in Urban and 5 in Rural Districts). There were 11 deaths (4 in Urban and 7 in Rural Districts).

One death which occurred in the Arlecdon and Frizington Urban District and two in the Cockermouth Rural District were not notified.

On October 1st, 1926, the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, came into force.

Although Puerperal Fever has been a notifiable disease since the Infectious Disease (Notification) Extension Act, 1899, came into force, it has been found that many cases were not notified at all, and many cases were only notified immediately prior to death.

These Regulations were therefore framed and brought into operation in order that adequate nursing and treatment might be ensured, and that the spread of infection might be prevented.

In addition to the notification of Puerperal Fever, the Regulations require that medical practitioners shall notify all cases of Pyrexia during the puerperim, irrespective of the cause to which the fever may be attributed.

" Puerperal Pyrexia " is defined in the Regulations as " any febrile condition (other than a condition which is required to be notified as puerperal fever under the Infectious Diseases (Notification) Acts) occurring in a woman within 21 days after childbirth or miscarriage, in which a temperature of 100.4 F. or more has been sustained during a period of 24 hours, or has recurred during that period."

It is obvious that if notification is to have any practical value, facilities for diagnosis and treatment must be provided, and the Ministry suggest that this can most readily be done by the authorities administering the Maternity and Child Welfare Act, 1918. The County Council is therefore responsible for providing these facilities in all parts of the county with the exception of the two Boroughs of Whitehaven and Workington.

Special forms for notification are provided to all medical practitioners by Local Sanitary Authorities, and on receipt of a notification the Medical Officer of Health of a district, to whom the notification should be made, must send within 24 hours a copy of such notification to the County Medical Officer, but to facilitate action many practitioners communicate with the County Medical Officer by telephone immediately a case is suspected, and such facilities as are available and required are provided.

On the form of notification either of Puerperal Fever or Puerperal Pyrexia the medical practitioner is desired to state whether

1. He desires a second opinion.
2. He desires a bacteriological examination.
3. He desires that the patients be admitted to hospital.
4. He desires that trained nurses be provided.

or that facilities are available for all necessary treatment.

Arrangements have been made by the County Council for providing these facilities, and are awaiting the sanction of the Ministry.

Measles.

33 deaths occurred from Measles (24 in Urban and 9 in Rural Districts).

Whooping Cough.

Caused 28 deaths, 15 in Urban and 13 in Rural Districts.

Diarrhœa.

Caused 52 deaths (40 in Urban and 12 in Rural Districts), against 62 the previous year.

Influenza.

Caused 45 deaths (25 in Urban and 20 in Rural Districts).

Notifiable Diseases (other than Tuberculosis) during the Year 1926.

Disease.	Total Cases Notified.		Total Deaths.
Smallpox	0	...	0
Scarlet Fever	591	...	4
Diphtheria	277	...	21
Enteric (including Paratyphoid) Fever	14	...	0
Puerperal Fever	13	...	11
Puerperal Pyrexia	13	...	0
Pneumonia	88	...	180
Cerebro-Spinal Fever	1	...	0
Acute Poliamyelitis	8	...	0
Acute Polioencephalitis	1	...	0
Encephalitis Lethargica	10	...	8
Ophthalmia Neonatorum	13	...	0
Chickenpox	181	...	0

The 13 cases of Ophthalmia Neonatorum were all visited by a Health Visitor as soon after notification as possible. All were treated at their own homes, and all recovered without any impairment of vision.

Tuberculosis.

Particulars of new cases of Tuberculosis and of all deaths from the disease during 1926 are here given:—

Age. Periods.	New Cases. Pulmonary.		Non-Pulmonary.		Deaths. Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 ...	—	—	3	—	—	—	1	—
1 ...	3	2	6	5	—	—	6	2
5 ...	13	11	9	12	1	—	2	2
10 ...	16	14	4	9	1	3	—	2
15 ...	16	23	6	6	5	10	3	3
20 ...	11	27	6	2	11	10	1	1
25 ...	17	28	3	5	15	14	1	—
35 ...	14	18	1	2	12	13	—	1
45 ...	13	3	1	3	13	7	—	—
55 ...	9	4	—	1	6	7	1	—
65 & upwards ...	5	3	—	—	4	3	—	1
Totals	117	133	39	45	68	67	15	12

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

Urban.

Millom	1.1	(0.7)
Arlecdon and Frizington	1.0	(0.6)
Aspatria	0.8	(0.5)
Penrith	0.7	(0.6)
Whitehaven	0.7	(0.4)
Wigton	0.7	(0.8)
Workington	0.7	(0.5)
Cleator Moor	0.5	(1.1)
Maryport	0.5	(0.4)
Cockermouth	0.4	(1.4)
Harrington	0.4	(1.1)
Holme Cultram	0.4	(0.2)
Egremont	0.2	(1.1)
Keswick	0.0	(1.2)

Rural.

Whitehaven	0.9	(0.4)
Longtown	0.7	(1.1)
Wigton	0.6	(0.3)
Cockermouth	0.5	(0.6)
Carlisle	0.4	(0.5)
Penrith	0.4	(0.2)
Alston	0.3	(0.4)
Brampton	0.2	(0.6)
Bootle	0.1	(0.3

The death-rate from Pulmonary Tuberculosis in 1926 in the County was 0.5 per 1,000 of population, the lowest it has ever been.

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

Urban.			*Rural.*		
Arlecdon and Frizington	...	1.8 (0.8)	Longtown	.....	1.1 (1.2)
Millom	.....	1.1 (0.9)	Whitehaven	...	0.9 (0.7)
Whitehaven	...	1.0 (0.9)	Wigton	.....	0.8 (0.6)
Maryport	.....	0.9 (0.5)	Alston	.....	0.7 (0.7)
Penrith	.....	0.9 (1.1)	Cockermouth	...	0.6 (0.9)
Aspatria	.....	0.8 (0.5)	Penrith	.....	0.5 (0.4)
Workington	...	0.8 (0.7)	Carlisle	.....	0.4 (0.7)
Wigton	.....	0.7 (1.1)	Brampton	.....	0.3 (0.6)
Cleator Moor	...	0.5 (1.8)	Bootle	.....	0.1 (0.3)
Egremont	.....	0.5 (1.5)			
Cockermouth	...	0.4 (1.6)			
Harrington	.....	0.4 (1.3)			
Holme Cultram.		0.4 (0.2)			
Keswick	.....	0.0 (1.6)			

As regards notification my returns show that there were 162 deaths from Tuberculosis during 1926.

Of these 19 were not notified prior to death, and the remainder were notified in the periods set out below:—

24 were notified from 1 to 7 days before death.
9 were notified from 8 to 14 days before death.
6 were notified from 15 to 30 days before death.
30 were notified from 1 to 3 months before death.
18 were notified from 4 to 6 months before death.
14 were notified from 7 to 12 months before death.
11 were notified from 1 to 2 years before death.
31 were notified from over 2 years before death.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No action has been taken, and so far as I am aware, none has been necessary under these Regulations.

Public Health Act, 1925.

No action has been taken under Section 62 for the compulsory removal to hospital of anyone suffering from Tuberculosis.

Memo. 37/T.: Table I. Form T.53.

TUBERCULOSIS SCHEME OF THE CUMBERLAND COUNTY COUNCIL.

Return showing the Work of the Dispensary (or Dispensaries) during the year 1926).

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.			
	Adults.		Children.		Adults.		Children.		Adults.		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—New Cases examined during the year (excluding contacts):—												
(*a*) Definitely tuberculous	47	62	18	15	6	6	13	19	53	68	31	34
(*b*) Doubtfully tuberculous	...	...	...	...	...	...	...	...	10	18	12	5
(*c*) Non-tuberculous ..	...	...	...	...	...	...	...	...	16	22	13	16
B.—Contacts examined during the year:—												
(*a*) Definitely tuberculous	4	1	6	9	...	...	3	2	4	1	9	11
(*b*) Doubtfully tuberculous	...	...	...	...	...	...	...	...	5	2	43	37
(*c*) Non-tuberculous ..	...	...	...	...	...	...	...	...	8	6	194	251
C.—Cases written off the Dispensary Register as												
(*a*) Cured	8	5	6	6	...	...	...	1	8	5	6	7
(*b*) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ...	...	...	...	...	...	...	...	...	29	30	226	281
D.—Number of persons on Dispensary Register on December 31st:—												
(*a*) Diagnosis completed	210	172	88	61	20	11	54	38	230	183	142	99
(*b*) Diagnosis not completed	...	...	...	...	...	...	...	...	10	15	17	20

1. Number of persons on Dispensary Register on January 1st 593
2. Number of patients transferred from other areas and of "lost sight of" cases returned 21
3. Number of patients transferred to other areas and cases "lost sight of" 87
4. Died during the year 88

5. Number of observation cases under A (*b*) and B (*b*) above in which period of observation exceeded 2 months ...	45
6. Number of attendances at the Dispensary (including Contacts)	2619
7. Number of attendances of non-pulmonary cases at Orthopædic Out-stations for treatment or supervision	139
8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for	
(*a*) " Light " treatment	194
(*b*) Other special forms of treatment	—
9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary ...	—
10. Number of consultations with medical practitioners: —	
(*a*) At Homes of Applicants	24
(*b*) Otherwise	38
11. Number of other visits by Tuberculosis Officers to Homes	224
12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	1303
13. Number of	
(*a*) Specimens of sputum, &c., examined	154
(*b*) X-ray examinations made in connection with Dispensary work	9
14. Number of Insured Persons on Dispensary Register on the 31st December	242
15. Number of Insured Persons under Domiciliary Treatment on the 31st December	96
16. Number of reports received during the year in respect of Insured Persons: —	
(*a*) Form G.P. 17	84
(*b*) Form G.P. 36	62

(Memo 37/T.: Table II.). Form T.54.

TUBERCULOSIS SCHEME OF THE CUMBERLAND COUNTY COUNCIL.

Residential Institutions.

(*A*) Average Number of Beds Available for Patients during the year 1926.

	Pulmonary Tuberculosis.			Non-Pulmonary Tuberculosis.		
	Observation.	"Sanatorium" Beds.	"Hospital" Beds.	Diseases of Bones & Joints.	Other Conditions.	Total.
Adult Males	—	30	—	—	—	30
Adult Females						
Children (under 15).....	—	10	—	9	—	19
Total	—	40	—	9	—	49

(*B*) Return showing the Extent of Residential Treatment during the year 1926.

			In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institution.	In Institutions on Dec. 31.
Number of Patients	Adults	M.	13	44	46	2	9
	,,	F.	5	45	36	—	14
	Children	M.	10	25	21	—	14
	,,	F.	11	27	24	—	14
	Total		39	141	127	2	51

Table III.

RETURN showing the Immediate Results of Treatment of Patients Discharged from Residential Institutions during the year 1926.

Classification on admission to the Institution.		Condition at time of Discharge.	Duration of Residential Treatment in the Instit.												Total.
			Under 3 months.			3—6 months.			6—12 months.			More than 12 mths.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Pulmonary Tuberculosis.	Class T.B. minus.	Quiescent	...	...	...	...	...	11	...	...	6	...	...	...	17
		Improved	2	7	1	13	13	...	...	...	4	...	...	2	42
		No Material Improvement ...	3	1	...	...	...	...	...	...	...	...	...	...	4
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus Group 1.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
		Improved	...	...	...	1	...	...	...	...	...	...	...	...	1
		No Material Improvement ...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus Group 2.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
		Improved	3	1	...	12	8	...	1	...	2	...	...	...	27
		No Material Improvement ...	3	2	...	2	1	...	...	...	...	...	...	...	8
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus Group 3.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
		Improved	2	1	...	3	...	...	...	...	...	...	...	...	6
		No Material Improvement ...	...	1	...	1	...	...	...	...	...	...	...	...	2
		Died in Institution	...	...	...	2	...	...	...	...	...	...	...	...	2
Non-Pulmonary Tuberculosis, Bones and Joints.		Quiescent or Arrested	...	...	2	...	...	...	...	...	...	...	...	...	2
		Improved	...	1	5	...	...	4	...	...	5	...	...	1	16
		No Material Improvement ...	...	...	1	...	...	...	...	...	1	...	...	...	2
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No action has been found necessary under these Regulations.

Public Health Act, 1925. Section 62.

No action has been taken under this Section of the 1925 Act during the year.

PUBLIC HEALTH (VENEREAL DISEASES) REGULATIONS, 1916.

Report of the Assistant Medical Officer of Health (Venereal Diseases) for the Year ended 31st December, 1926.

During the year 366 persons were dealt with at the Treatment Centres at Carlisle and Whitehaven, of whom 181 attended for the first time and 22 were re-admitted suffering from the same infection after ceasing to attend or after having been transferred to other centres in a previous year.

Of all cases 51 were found not to be suffering from Venereal Diseases, leaving 315, a decrease of 25 in the total number under treatment or observation for Venereal Diseases. In spite of this the attendances at the Medical Officer's Clinics increased by 222, showing that a greater regularity of attendance and a diminishing tendency to cease before completion of treatment, as was noted in the Report for 1925, continues.

Areas in which patients resided.	New patients.	Total attendances—all patients.
Carlisle	82	2490
Cumberland	83	1142
Dumfriesshire	6	164
Roxburgh	—	9
Westmorland	3	25
London	1	1
Manchester	2	2
Sunderland	1	5
Burnley	2	35
Newcastle-on-Tyne ...	1	1
Total.....	181	3874

Pathological Examinations.

Wassermann Tests were carried out at the Public Health Laboratory, Manchester. 306 of these were done for patients attending the Clinics and 49 for patients under private treatment by practitioners, the Local

Authority bearing the expense. In addition 63 bacteriological tests were carried out for patients attending the Clinics, most of which were done by the Medical Officer at the Clinics.

Approved Arsenobenzol Compounds.

These were supplied free to any of the practitioners on the approved list who applied. The number of doses issued in this way was 80.

At the Clinics 1,011 doses were administered, nearly all by intravenous injection. Of these 419 were for patients residing in Carlisle, and 512 for those residing in Cumberland. The remaining 80 were given to patients from other areas.

Treatment Centres.

1. *Carlisle.*

The same premises were in use at the Cumberland Infirmary, and there was no alteration in the hours of the Clinics.

During the year 245 patients were dealt with, a decrease of 27. 124 attended for the first time and 12 were re-admitted, making 137, a decrease of 21. The total attendances were 3,141, a decrease of 590.

637 doses of Arsenobenzol Compounds were given and 223 Wassermann Tests were done.

The attendance of persons residing in Carlisle was 2,490, in Cumberland 415, and in other areas 236.

2. *Whitehaven.*

Clinics were held at the Whitehaven and West Cumberland Hospital at the same hours as formerly. Two rooms are in use, the Casualty Room and Recovery Room, and application has been made for the use of a third room at present occupied by electrical apparatus. The Laboratory, which the Infirmary Committee offered, was found to be too small, and has not been in use.

The present arrangement of two rooms is inconvenient, but as regards lighting, heating and cleanliness the new premises are vastly superior to the old.

The number of patients dealt with during the year was 121, a decrease of 24. The number of new cases, including 2 re-admitted, was 67, a decrease of 27. The total attendances were 733, a decrease of 63. There being no intermediate treatment, all these cases received individual attention by the Medical Officer.

374 doses of Arsenobenzol Compounds were given, and 83 Wassermann Tests were done.

All patients, except 3, coming from Manchester, Newcastle-on-Tyne, and Burnley respectively, resided in Cumberland.

RETURN relating to all persons who were treated at the Treatment Centres at Carlisle and Whitehaven during the year ended the 31st December, 1926:—

	Syphilis		Soft Chancre		Gonorrhœa.		Conditions other than Venereal.		Total	
	M	F	M	F	M	F	M	F	M	F
1. Number of cases which— (*a*) at the beginning of the year under report were under treatment or observation for	57	31	1	1	54	18	...	1	112	51
(*b*) had been marked off *in a previous year* as having ceased to attend or as transferred to other Centres, and which returned to the Treatment Centre during the year under report *suffering from the same infection*	3	3	...	...	12	1	1	2	16	6
Total—Items 1 (*a*) and 1 (*b*)	60	34	1	1	66	19	1	3	128	57
2 (*a*). Number of cases dealt with at the Treatment Centre during the year *for the first time*	38	24	5	...	53	14	22	25	118	63
Total*—Items 1 (*a*), 1 (*b*) & 2 (*a*)	98	58	6	1	119	33	23	28	246	120
2 (b). Number of cases *included* in Item 2 (*a*) known to have received *previous treatment at other Centres* for the same infection	5	1	1	...	4	3	...	...	10	4
3. Number of cases which ceased to attend— (*a*) before completing the first course of treatment for	5	7	...	1	34	9	...	...	39	17
(*b*) after one or more courses but before completion of treatment for	15	12	...	...	...	...	...	...	15	12
(*c*) after completion of treatment, but before final tests as to cure of	7	1	1	...	7	2	...	...	15	3
4. Number of cases transferred to other Treatment Centres after treatment for	12	6	...	...	7	4	...	...	19	10
5. Number of cases discharged after completion of treatment and observation for	4	2	4	...	15	1	...	...	23	3
6. Number of cases which, at the end of the year under report, were under treatment or observation for	55	30	1	...	56	17	...	...	112	47
Total*—Items 3, 4, 5, and 6...	98	58	6	1	119	33	...	...	223	92
7. Out-patient attendances— (*a*) For individual attention by the Medical Officer	993	608	18	...	1044	262	39	40	2094	910
(*b*) For intermediate treatment, e.g., irrigation, dressings, &c.	1	...	3	...	866	...	...	...	870	...
Total Attendances	994	608	21	...	1910	2 62	39	40	2964	910
8. Aggregate number of "In-patient days" of treatment given to persons who were suffering from	...	...	...	...	...	...	...	...	...	...

* The total of Items 1 (*a*), 1 (*b*) and 2 (*a*) in the vertical columns headed Syphilis, Soft Chancre and Gonorrhœa should agree with the corresponding totals of Items 3, 4, 5, and 6.

	For detection of			For Wasserman Reaction.
	Spirochetes.	Gonococci.	Other Organisms.	
9. Examinations of Pathological material: —				
(*a*) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre	1	46	5	...
(*b*) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratary	3	8	...	306

Causes of Death in the Administrative Areas in the County of Cumberland, 1926.

Causes of Death.	Workington M.B. M.	F.	Arlecdon and Frizington U.D. M.	F.	Aspatria U.D. M.	F.	Cleator Moor U.D. M.	F.	Cockermouth U.D. M.	F.	Egremont U.D. M.	F.	Harrington U.D. M.	F.
All Causes	184	141	31	29	31	24	40	47	39	45	53	33	27	27
1 Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2 Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3 Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4 Scarlet Fever	2	—	—	—	1	—	—	—	—	—	—	—	2	1
5 Whooping Cough	2	2	—	—	—	—	—	—	—	—	—	—	—	—
6 Diphtheria	3	1	—	—	—	—	—	—	—	2	—	—	—	—
7 Influenza	2	1	1	—	1	—	—	—	—	—	—	—	—	—
8 Encephalitis Lethargica	—	—	—	—	1	—	—	—	1	—	—	—	—	—
9 Meningococcal meningitis	—	—	—	1	—	—	—	—	—	—	—	—	—	—
10 Tuberculosis of Respiratory System	9	10	4	1	1	2	4	—	—	2	1	1	—	2
11 Other Tuberculous Diseases	2	2	2	1	—	—	—	—	—	—	2	—	—	2
12 Cancer, malignant Disease	24	18	6	2	—	1	5	6	1	5	—	3	2	2
13 Rheumatic Fever	1	3	—	—	—	—	—	—	1	—	—	—	—	1
14 Diabetes	—	1	—	—	—	—	—	1	—	—	2	—	—	—
15 Cerebral Hæmorrhage, etc.	19	10	—	4	—	1	1	6	3	4	—	3	2	1
16 Heart Disease	13	23	4	5	2	3	12	6	2	9	6	4	—	2
17 Arterio-sclerosis	5	3	1	1	6	9	4	7	3	2	4	4	1	1
18 Bronchitis	12	10	—	1	—	1	3	4	2	5	5	—	2	—
19 Pneumonia (all forms)	17	8	—	1	—	—	3	4	7	3	4	4	4	4
20 Other Respiratory Diseases	3	3	3	2	—	1	1	1	—	—	4	2	2	2
21 Ulcer of Stomach or Duodenum	—	1	—	—	—	—	—	—	—	—	5	—	—	—
22 Diarrhoea, etc. (under 2 years)	3	3	—	—	1	—	—	2	—	—	—	—	—	—
23 Appendicitis and Typhlitis	1	—	—	—	—	—	2	1	1	—	1	3	—	—
24 Cirrhosis of Liver	—	—	—	—	1	—	—	1	1	—	—	—	—	—
25 Acute and Chronic Nephritis	5	4	—	—	—	—	—	—	3	1	1	—	—	—
26 Puerperal Sepsis	—	—	—	1	—	—	—	1	—	1	—	—	—	—
27 Other Accidents and Diseases of Pregnancy & Parturition	—	1	—	—	—	—	—	2	—	—	—	—	—	—
28 Congenital Debility & Malformation, Premature Birth	11	8	3	—	3	—	—	3	—	2	1	2	—	2
29 Suicide	3	1	—	1	1	—	—	—	—	—	1	—	—	1
30 Other Deaths from Violence	8	2	1	1	1	1	—	1	2	1	1	—	2	1
31 Other Defined Diseases	38	25	6	8	8	5	7	6	12	6	15	6	9	7
32 Causes Ill-defined or Unknown	1	1	—	—	—	—	1	—	—	2	—	1	1	—
Special Causes (included above) Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Deaths of Infants under 1 year: Total	24	18	4	2	7	—	3	5	4	6	7	3	5	6
Deaths of Infants under 1 year: Illegitimate	4	2	—	—	—	—	—	—	—	1	—	—	—	—
Total Births	269	291	53	49	29	28	76	81	41	45	80	70	39	45
Legitimate	256	276	52	45	28	26	73	77	40	43	77	66	38	42
Illegitimate	13	15	1	4	1	2	3	4	1	2	3	4	1	3
Population	26890		4952		3636		7868		4887		7009		4513	

Causes of Death.	Holme Cultram U.D. M.	F.	Keswick U.D. M.	F.	Maryport U.D. M.	F.	Millom U.D. M.	F.	Penrith U.D. M.	F.	Whitehaven M.B. M.	F.
All Causes	31	28	34	28	69	68	58	54	44	57	163	140
1 Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—
2 Small-pox	—	—	—	—	—	—	—	—	—	—	—	—
3 Measles	—	—	—	—	—	—	—	—	—	—	—	—
4 Scarlet Fever	—	—	—	—	3	2	—	—	—	—	7	4
5 Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—
6 Diphtheria	—	—	—	—	2	3	—	—	—	2	2	—
7 Influenza	—	—	—	—	2	—	—	—	—	—	1	1
8 Encephalitis Lethargica	3	1	—	—	—	1	5	3	—	—	3	1
9 Meningococcal meningitis	—	—	—	—	—	—	—	—	—	—	—	1
10 Tuberculosis of Respiratory System	—	2	—	—	2	4	3	6	4	2	5	11
11 Other Tuberculous Diseases	—	—	—	—	3	1	—	—	1	1	1	4
12 Cancer, malignant Disease	2	5	5	4	5	6	7	5	4	7	14	19
13 Rheumatic Fever	—	1	—	—	1	—	1	—	—	—	1	—
14 Diabetes	1	—	—	—	—	—	—	1	1	—	1	1
15 Cerebral Hæmorrhage, etc.	2	1	1	—	4	3	6	4	6	7	5	6
16 Heart Disease	5	3	7	6	11	12	7	7	5	17	19	20
17 Arterio-sclerosis	1	1	—	—	1	3	3	2	2	2	3	1
18 Bronchitis	2	2	4	2	4	6	2	6	1	1	12	11
19 Pneumonia (all forms)	2	1	3	3	3	3	1	3	—	2	19	6
20 Other Respiratory Diseases	—	—	1	—	2	2	1	—	2	—	1	3
21 Ulcer of Stomach or Duodenum	—	—	—	—	2	—	1	1	—	—	4	2
22 Diarrhoea, etc. (under 2 years)	—	—	—	1	3	3	1	—	—	—	2	3
23 Appendicitis and Typhlitis	—	—	—	—	1	—	3	1	—	—	2	1
24 Cirrhosis of Liver	1	—	—	—	—	—	—	—	1	—	—	—
25 Acute and Chronic Nephritis	4	—	3	1	—	1	—	1	—	1	1	2
26 Puerperal Sepsis	—	1	—	—	—	—	—	—	—	1	—	—
27 Other Accidents and Diseases of Pregnancy & Parturition	—	—	—	—	—	—	—	1	—	—	—	3
28 Congenital Debility & Malformation, Premature Birth	2	—	2	2	3	2	4	1	4	2	9	6
29 Suicide	—	—	2	—	1	—	—	—	3	—	—	2
30 Other Deaths from Violence	2	—	—	2	6	1	2	—	2	3	12	4
31 Other Defined Diseases	4	9	4	7	10	14	11	11	6	10	39	26
32 Causes Ill-defined or Unknown	—	1	1	—	—	1	—	1	—	1	—	2
Special Causes (included above) Poliomyelitis	—	—	—	—	—	—	—	—	—	—	1	—
Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—
Deaths of Infants under 1 year: Total	2	2	2	3	9	10	5	4	7	4	30	18
Deaths of Infants under 1 year: Illegitimate	1	—	—	—	1	1	1	—	—	1	3	1
Total Births	45	48	44	36	133	131	65	76	85	88	284	284
Legitimate	43	45	40	36	126	124	59	71	75	79	270	273
Illegitimate	2	3	4	—	7	7	6	5	10	9	14	11
Population	4888		4217		11060		8041		8428		20970	

Causes of Death.	Wigton U.D. M.	F.	Aggregate of U.D.'s M.	F.	Alston with Garrigill R.D. M.	F.	Bootle R.D. M.	F.	Brampton R.D. M.	F.	Carlisle R.D. M.	F.
All Causes	23	17	827	738	18	14	21	30	68	63	77	76
1 Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—
2 Small-pox	—	—	—	—	—	—	—	—	—	—	—	—
3 Measles	—	—	—	—	—	—	—	—	—	—	—	—
4 Scarlet Fever	3	1	16	8	—	—	—	—	—	—	—	1
5 Whooping Cough	—	—	2	—	—	—	—	—	—	—	—	1
6 Diphtheria	—	—	8	7	—	—	—	—	—	2	—	2
7 Influenza	—	—	7	2	—	—	—	—	2	5	—	—
8 Encephalitis Lethargica	2	—	18	7	—	—	—	—	—	1	3	1
9 Meningococcal meningitis	—	—	—	2	—	—	—	—	—	—	—	—
10 Tuberculosis of Respiratory System	3	—	36	43	—	1	—	1	—	2	4	1
11 Other Tuberculous Diseases	—	—	11	9	1	—	—	—	1	—	1	—
12 Cancer, malignant Disease	3	2	78	85	3	—	3	2	13	12	9	12
13 Rheumatic Fever	—	—	7	5	—	—	—	—	—	1	—	—
14 Diabetes	1	—	6	9	1	—	1	1	—	—	—	1
15 Cerebral Hæmorrhage, etc.	1	1	56	55	1	—	2	4	5	7	7	8
16 Heart Disease	1	4	97	126	1	2	2	6	11	5	12	14
17 Arterio-sclerosis	—	1	30	19	1	—	—	1	5	—	4	7
18 Bronchitis	1	—	49	56	2	1	—	—	1	4	3	2
19 Pneumonia (all forms)	—	1	68	41	2	1	—	1	4	2	6	4
20 Other Respiratory Diseases	—	—	16	9	—	1	—	—	1	—	1	—
21 Ulcer of Stomach or Duodenum	1	—	9	6	—	—	—	—	1	1	—	—
22 Diarrhoea, etc. (under 2 years)	—	—	11	14	—	—	1	—	—	—	—	—
23 Appendicitis and Typhlitis	—	—	9	3	—	—	—	1	1	1	1	—
24 Cirrhosis of Liver	—	—	4	—	—	—	—	—	—	—	—	—
25 Acute and Chronic Nephritis	—	1	17	13	—	3	1	1	—	1	—	1
26 Puerperal Sepsis	—	—	—	4	—	—	—	1	—	—	—	—
27 Other Accidents and Diseases of Pregnancy & Parturition	—	1	—	8	—	—	—	2	—	1	—	1
28 Congenital Debility & Malformation, Premature Birth	1	—	43	30	—	—	2	—	5	1	5	1
29 Suicide	—	1	11	6	—	—	1	—	2	—	1	—
30 Other Deaths from Violence	1	1	40	18	—	—	2	1	5	3	4	—
31 Other Defined Diseases	5	3	174	143	6	4	6	8	10	14	16	19
32 Causes Ill-defined or Unknown	—	—	4	10	—	—	—	—	1	—	—	—
Special Causes (included above) Poliomyelitis	—	—	1	—	—	—	—	—	—	—	1	—
Polioencephalitis	—	—	—	—	—	—	—	—	—	—	1	—
Deaths of Infants under 1 year: Total	1	—	110	81	—	2	3	1	6	4	6	4
Deaths of Infants under 1 year: Illegitimate	1	—	11	6	—	—	—	1	—	1	1	1
Total Births	39	40	1282	1312	19	23	31	43	69	64	102	88
Legitimate	35	36	1212	1239	17	22	34	39	65	59	93	83
Illegitimate	4	4	70	73	2	1	4	4	4	5	9	5
Population	3771		121100		2689		5946		8117		12030	

Causes of Death.	Cockermouth R.D. M.	F.	Longtown R.D. M.	F.	Penrith R.D. M.	F.	Whitehaven R.D. M.	F.	Wigton R.D. M.	F.	Aggregate of R.D.'s M.	F.
All Causes	130	150	42	40	69	69	81	86	83	71	589	599
1 Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—
2 Small-pox	—	—	—	—	—	—	—	—	—	—	—	—
3 Measles	—	—	—	—	—	—	—	—	—	—	—	—
4 Scarlet Fever	4	2	1	1	—	—	—	—	—	—	5	4
5 Whooping Cough	—	—	—	—	—	1	—	—	—	—	—	2
6 Diphtheria	3	4	—	—	—	—	—	—	—	—	3	10
7 Influenza	1	1	1	—	—	—	—	2	—	2	4	8
8 Encephalitis Lethargica	2	1	—	1	—	1	2	2	3	3	10	10
9 Meningococcal meningitis	1	2	—	—	—	2	—	1	—	—	1	5
10 Tuberculosis of Respiratory System	4	9	2	3	3	2	8	6	3	4	24	29
11 Other Tuberculous Diseases	—	2	1	1	2	—	1	—	—	2	8	5
12 Cancer, malignant Disease	15	8	4	5	8	7	11	12	15	6	81	64
13 Rheumatic Fever	—	—	—	—	—	—	—	—	1	—	1	1
14 Diabetes	—	3	—	—	—	—	1	1	—	1	3	7
15 Cerebral Hæmorrhage, etc.	16	14	5	4	6	5	3	10	1	6	49	59
16 Heart Disease	20	26	3	5	11	16	2	15	16	6	81	95
17 Arterio-sclerosis	4	5	5	5	8	8	2	—	5	7	34	33
18 Bronchitis	4	8	2	1	1	1	6	3	5	4	24	22
19 Pneumonia (all forms)	13	6	2	1	6	6	7	3	3	4	43	28
20 Other Respiratory Diseases	2	1	—	—	—	—	—	1	—	1	4	4
21 Ulcer of Stomach or Duodenum	1	—	—	1	1	—	1	—	1	—	5	2
22 Diarrhoea, etc. (under 2 years)	1	1	—	—	—	—	1	—	—	1	3	2
23 Appendicitis and Typhlitis	—	2	—	—	2	1	2	1	1	—	7	6
24 Cirrhosis of Liver	—	—	—	—	—	—	1	—	—	—	1	—
25 Acute and Chronic Nephritis	1	7	2	—	3	—	2	1	1	2	10	16
26 Puerperal Sepsis	—	5	—	—	—	1	—	—	—	—	—	7
27 Other Accidents and Diseases of Pregnancy & Parturition	—	1	—	—	—	—	—	1	—	2	—	8
28 Congenital Debility & Malformation, Premature Birth	9	8	2	2	4	7	5	7	3	3	35	29
29 Suicide	4	—	—	1	1	—	2	—	—	—	11	1
30 Other Deaths from Violence	3	3	1	1	1	1	1	4	2	3	21	16
31 Other Defined Diseases	21	30	10	8	10	10	20	16	19	14	118	123
32 Causes Ill-defined or Unknown	1	1	1	—	—	—	—	—	—	—	3	1
Special Causes (included above) Poliomyelitis	—	—	—	—	—	—	—	—	—	—	1	—
Polioencephalitis	—	—	—	—	—	—	—	—	—	—	1	—
Deaths of Infants under 1 year: Total	21	15	2	2	5	8	12	9	11	11	66	56
Deaths of Infants under 1 year: Illegitimate	2	2	—	1	1	1	3	—	1	—	8	7
Total Births	251	214	67	53	116	132	130	119	108	111	896	847
Legitimate	233	196	63	44	104	123	123	110	103	106	835	782
Illegitimate	18	18	4	9	12	9	7	9	5	5	61	65
Population	22560		6358		12010		15230		11390		96300	

Causes of Death at Different Periods of Life in the Administrative County of Cumberland, 1926.

Causes of Death.	Sex.	Aggregate of Urban Districts. All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—	Aggregate of Rural Districts. All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—
All Causes	M	827	110	23	37	30	36	71	186	198	136	589	66	18	17	9	20	52	136	135	136
	F	738	81	23	18	30	30	82	170	143	161	599	56	12	16	19	21	69	113	137	156
1 Enteric Fever	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2 Smallpox	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3 Measles	M	16	2	3	9	1	1	—	—	—	—	5	1	4	—	—	—	—	—	—	—
	F	8	3	4	1	—	—	—	—	—	—	4	—	2	1	—	1	—	—	—	—
4 Scarlet Fever	M	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	2	—	—	1	1	—	—	—	—	—
5 Whooping Cough	M	8	6	1	1	—	—	—	—	—	—	3	3	—	—	—	—	—	—	—	—
	F	7	3	3	1	—	—	—	—	—	—	10	8	2	—	—	—	—	—	—	—
6 Diphtheria	M	7	—	—	2	4	1	—	—	—	—	4	—	—	2	2	—	—	—	—	—
	F	2	—	—	1	1	—	—	—	—	—	8	—	—	2	6	—	—	—	—	—
7 Influenza	M	18	—	—	—	—	1	2	8	7	—	10	—	—	—	—	—	3	3	4	—
	F	7	—	—	—	—	—	1	1	3	2	10	—	—	—	—	—	3	3	3	1
8 Encephalitis lethargica	M	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—
	F	2	—	—	1	—	1	—	—	—	—	5	—	—	1	1	1	—	2	—	—
9 Meningococcal meningitis	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10 Tuberculosis of Respiratory System	M	36	—	—	—	2	8	13	13	—	—	24	—	—	—	—	7	9	6	2	—
	F	43	—	—	—	2	12	19	9	1	—	29	—	—	—	1	8	12	6	2	—
11 Other Tuberculous Diseases	M	11	1	—	4	1	3	2	—	—	—	8	1	1	1	1	1	2	1	—	—
	F	9	—	—	—	3	3	2	—	1	—	5	—	1	2	—	—	1	—	1	—
12 Cancer, Malignant Disease	M	78	—	—	—	—	—	3	34	26	15	81	—	—	1	—	—	4	38	25	13
	F	85	—	—	—	—	—	12	40	21	12	64	—	—	—	—	—	5	24	20	15
13 Rheumatic Fever	M	7	—	—	—	2	1	1	3	—	—	1	—	—	—	—	—	1	—	—	—
	F	5	—	—	—	3	—	2	—	—	—	1	—	—	—	—	—	—	1	—	—
14 Diabetes	M	6	—	—	—	1	—	1	—	3	1	3	—	—	—	—	—	1	—	2	—
	F	9	—	—	—	1	—	1	5	2	—	7	—	—	—	1	—	1	1	3	1
15 Cerebral Hæmorrhage, &c.	M	56	—	—	—	—	—	1	10	34	11	49	—	—	—	—	—	—	11	23	15
	F	55	—	—	—	—	—	1	13	22	19	59	—	—	—	—	—	1	6	23	29
16 Heart Disease	M	97	—	—	—	4	1	7	22	37	26	81	—	—	1	—	1	4	19	30	26
	F	126	—	—	—	—	2	7	36	39	42	95	—	—	—	1	1	5	22	38	28
17 Arterio-sclerosis	M	30	—	—	—	—	—	—	7	12	11	34	—	—	—	—	—	—	6	10	18
	F	19	—	—	—	—	—	—	6	6	7	33	—	—	—	—	—	—	1	12	20
18 Bronchitis	M	49	11	1	3	—	1	2	3	17	11	24	4	1	1	—	—	—	5	2	11
	F	56	7	4	1	1	1	3	13	9	17	24	1	1	2	—	—	2	6	5	7
19 Pneumonia (all forms)	M	68	11	9	3	3	5	8	14	11	11	43	8	7	3	1	—	3	11	5	5
	F	41	8	4	5	5	1	3	5	4	6	28	7	5	1	3	—	4	2	4	2
20 Other Respiratory Diseases	M	16	2	—	1	1	—	1	6	4	1	4	—	—	1	—	—	—	2	—	1
	F	9	—	1	1	1	—	1	2	2	1	4	—	—	—	—	—	3	1	—	—
21 Ulcer of Stomach or Duodenum	M	9	—	—	—	—	—	5	4	—	—	5	—	—	—	—	—	1	2	2	—
	F	6	—	—	—	—	—	3	1	1	1	2	—	—	—	—	—	2	—	—	—
22 Diarrhœa, &c.	M	17	8	3	5	1	—	—	—	—	—	5	3	—	—	—	—	1	—	1	—
	F	23	11	3	2	1	—	2	2	1	1	7	2	—	—	—	—	2	1	1	1
23 Appendicitis and Typhlitis	M	9	—	—	—	1	5	2	1	—	—	7	—	—	1	1	3	—	—	2	—
	F	3	—	—	—	2	—	—	1	—	—	6	—	—	—	2	—	1	2	1	—
24 Cirrhosis of Liver	M	4	—	—	—	—	—	1	2	—	1	1	—	—	—	—	—	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25 Acute and Chronic Nephritis	M	17	—	—	—	1	—	2	5	7	2	10	—	—	—	—	—	4	2	2	2
	F	13	—	—	—	1	—	2	3	5	2	16	—	—	—	—	3	3	7	1	2
26 Puerperal Sepsis	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	4	—	—	—	—	1	3	—	—	—	7	—	—	—	—	1	6	—	—	—
27 Other Accidents and Diseases of Pregnancy and Parturition	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	8	—	—	—	—	3	5	—	—	—	8	—	—	—	—	1	7	—	—	—
28 Congenital Debility & Malformation, Premature Birth	M	43	112	1	—	—	—	—	—	—	—	35	34	—	1	—	—	—	—	—	—
	F	30	30	—	—	—	—	—	—	—	—	29	29	—	—	—	—	—	—	—	—
29 Suicide	M	11	—	—	—	—	—	2	6	3	—	11	—	—	—	—	—	1	4	5	—
	F	6	—	—	—	—	1	2	3	—	—	1	—	—	—	—	—	1	—	—	—
30 Other Deaths from Violence	M	40	1	2	1	5	3	11	17	—	—	21	—	—	—	1	5	6	6	1	2
	F	18	2	2	1	6	2	—	—	—	5	16	—	—	2	1	2	1	4	3	3
31 Other Defined Diseases	M	168	26	3	6	3	6	7	30	34	53	116	12	5	5	2	2	9	17	23	41
	F	134	17	2	4	3	3	13	23	25	44	118	9	1	4	2	3	9	23	20	47
32 Causes Ill-defined or Unknown	M	4	—	—	—	—	—	—	1	3	—	3	—	—	—	—	—	—	2	1	—
	F	10	—	—	—	—	—	—	7	1	2	1	—	—	—	—	—	—	1	—	—