

[Report 1930] / Medical Officer of Health, Cumberland County Council.

Contributors

Cumberland (England). County Council.

Publication/Creation

1930

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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 1930.

CARLISLE:

STEEL BROS. (CARLISLE), LIMITED. PRINTERS

1932.

CLUBBER AND COUNTRY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

E. H. MORISON, M.D., D.P.H.

FOR THE YEAR 1900

Printed by the
City of Boston, 1901

CUMBERLAND COUNTY COUNCIL.

To the Cumberland County Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting to you this my Twenty-third Annual Report on the Health of the Administrative County for the year 1930.

In spite of many adverse circumstances, the year as a whole, and judged from the vital statistics, must be considered to have been a healthy one.

The general death-rate of 12.2 is 1.1 per 1,000 of population lower than in the previous year.

The Infant Mortality rate of 59 per 1,000 births is the lowest ever recorded in the Administrative County.

The death-rate from Respiratory Diseases is considerably lower than in the previous year.

I regret, however, to state that the death-rate from Cancer is slightly higher.

I much regret the late publication of this Report; the delay was unavoidable, owing to much new work having to be done under the Local Government Act, 1929.

I have the honour to be,

Ladies and Gentlemen,

Yours obediently,

F. H. MORISON,

County Medical Officer of Health.

December, 1931.

SUMMARY OF VITAL STATISTICS.

	Birth-rate.		Death-rate.		Infant. Mortality.	
	1930-1929.		1930-1929.		1930-1929.	
Urban Districts	18.1	19.0	12.3	14.1	67	71
Rural Districts	16.2	16.1	12.0	13.3	48	78
Administrative						
County	17.2	17.7	12.2	13.3	59	74
England & Wales ...	16.3	16.3	11.4	13.4	60	74

Area.

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

Population.

The population as estimated for the year 1930 by the Registrar-General is:—

	Estimate 1930.		Census 1931.
Urban Districts	116,100	...	114,459
Rural Districts	92,620	...	91,331
Administrative County ...	208,720	...	205,790

Births.

The Births registered in the County during the year numbered 3,610 (1,843 males and 1,767 females), giving a birth-rate of 17.2 per 1,000 of population, compared with 3,703 (1,834 males and 1,869 females), and a rate of 17.7 the previous year.

In the Urban Districts there were 2,102 (1,093 males and 1,009 females), giving a rate of 18.1, and in the Rural Districts 1,508 (750 males and 758 females), giving a rate of 16.2 per 1,000 of population.

The corresponding figures for the previous year were:—Urban Districts 2,209 births and a rate of 19.0; and in the Rural Districts 1,494 births and a rate of 16.1.

The birth-rate for England and Wales was 16.3.

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

<i>Urban Districts.</i>		<i>Rural Districts.</i>	
Whitehaven	21.9 (24.3)	Wigton	... 18.8 (19.2)
Harrington	. 19.1 (21.9)	Penrith	... 17.9 (18.4)
Maryport	... 18.9 (17.6)	Longtown	... 16.7 (16.5)
Millom	 18.6 (19.4)	Whitehaven	. 16.6 (15.1)
Wigton	... 18.5 (21.0)	Cockermouth	16.3 (15.5)
Egremont	... 18.2 (17.0)	Carlisle	 15.4 (15.5)
Holme		Brampton	... 15.0 (15.3)
Cultram	... 17.7 (15.1)	Bootle	 12.5 (13.3)
Workington	. 17.7 (17.4)	Alston	 11.5 (13.0)
Penrith	... 17.6 (17.6)		
Cleator Moor	16.8 (16.3)		
Arlecdon and			
Frizington	16.6 (20.3)		
Aspatria	... 12.6 (15.7)		
Cockermouth	12.6 (18.0)		
Keswick	... 11.9 (16.6)		

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

Illegitimate Births.

The number of illegitimate births was 241; thus 66 per 1,000 of the total births were illegitimate, compared with 252 and 68 the previous year.

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

Keswick	 142 (14)	Alston	 258 (28)
Holme Cultram	90 (120)	Longtown	... 140 (50)
Cockermouth	.. 84 (95)	Brampton	... 129 (110)
Penrith	 76 (84)	Bootle	 84 (65)
Wigton	 75 (40)	Cockermouth...	78 (85)
Millom	 65 (48)	Wigton	 63 (76)
Maryport	... 64 (47)	Carlisle	 61 (109)
Harrington	... 60 (53)	Whitehaven	. 58 (77)
Cleator Moor...	57 (17)	Penrith	 42 (73)
Whitehaven	... 50 (58)		
Aspatria	 45 (34)		
Egremont	... 44 (56)		
Workington	... 43 (64)		
Arlecdon and			
Frizington	... 38 (73)		

In the Urban Districts 58 and in the Rural Districts 78 per 1,000 births were illegitimate, compared with 58 and 81 respectively in the previous year.

Deaths.

The number of deaths registered was 2,551 (1,287 males and 1,264 females). This gives a death-rate of 12.2 per 1,000 of population, compared with 2,879 (1,448 males and 1,431 females) and a rate of 13.3 the previous year.

The death-rate in England and Wales was 11.4. In the Urban Districts there were 1,436 deaths (727 males and 709 females), giving a rate of 12.3. In the Rural Districts there were 1,115 deaths (560 males and 555 females), giving a rate of 12.0.

The corresponding figures for the previous year were Urban Districts 1,643 and a rate of 14.1; Rural Districts 1,236 and a rate of 13.3.

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

<i>Urban.</i>	<i>Rural.</i>
Keswick ... 19.0 (12.9)	Alston 18.2 (15.6)
Arlecdon and Frizington 14.2 (14.6)	Brampton ... 15.8 (16.8)
Wigton 13.7 (14.3)	Wigton 13.3 (12.4)
Cockermouth 13.1 (19.5)	Carlisle ... 12.5 (15.5)
Maryport ... 12.9 (12.2)	Cockermouth 12.1 (11.2)
Workington . 12.9 (12.5)	Longtown ... 11.3 (16.5)
Millom 12.6 (19.3)	Penrith 10.7 (14.3)
Penrith 12.6 (16.6)	Bootle 10.2 (11.2)
Whitehaven . 12.4 (13.7)	Whitehaven . 9.4 (11.8)
HolmeCultram 11.1 (12.5)	
Aspatria ... 10.6 (14.9)	
Cleator Moor 10.1 (14.4)	
Egremont ... 9.0 (13.8)	
Harrington . 9.0 (12.1)	

Infant Mortality.

3,610 births were registered and 214 infants died before they reached the age of one year. The infant mortality was, therefore, at the rate of 59 per 1,000 births, 15 per 1,000 lower than in the previous year.

The Infant Mortality rate in England and Wales was 60 per 1,000 births.

In the Urban Districts there were 2,102 births and 141 infant deaths. The infant mortality rate was, therefore, 67 per 1,000 births, 4 per 1,000 lower than in the previous year.

In the Rural Districts there were 1,508 births and 73 infant deaths, giving an infant mortality rate of 48 per 1,000 births, 30 per 1,000 lower than in the previous year.

The mortality rate for legitimate infants was 55 per 1,000 births, that of illegitimate infants was 108 per 1,000 births.

Arranged in the order of their infant mortality rates the Urban and Rural Districts stand thus:—

<i>Urban.</i>		<i>Rural.</i>	
Cockermouth...	135 (47)	Alston	97 (114)
Arlecdon and Frizington ...	89 (73)	Wigton	69 (38)
Maryport	78 (84)	Brampton ...	60 (76)
Whitehaven ...	78 (76)	Carlisle	55 (71)
Wigton	76 (26)	Cockermouth ..	51 (74)
Harrington ...	73 (107)	Whitehaven ...	46 (114)
Workington ...	72 (67)	Bootle	42 (92)
Penrith	63 (70)	Penrith	28 (69)
Egremont ...	53 (121)	Longtown ...	10 (111)
Cleator Moor ..	41 (67)		
Keswick	41 (14)		
Millom	36 (83)		
Aspatria	23 (36)		
Holme Cultram	23 (55)		

Cancer.

326 deaths were registered as due to Cancer, a rate of 1.5 per 1,000 of population, compared with 310 deaths and a rate of 1.4 the previous year.

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

<i>Urban.</i>		<i>Rural.</i>	
Keswick	3.1 (2.1)	Alston	4.4 (1.8)
Aspatria	2.2 (2.0)	Brampton ...	2.0 (1.9)
Penrith	1.9 (1.7)	Wigton	2.0 (1.7)
Workington ...	1.9 (1.1)	Penrith	1.6 (1.5)
Cockermouth ..	1.7 (1.7)	Carlisle	1.3 (1.3)
Holme Cultram	1.6 (2.6)	Cockermouth ..	1.3 (1.5)
Maryport	1.5 (1.7)	Longtown ...	1.3 (1.3)
Egremont ...	1.4 (0.9)	Bootle	1.0 (1.2)
Millom	1.3 (2.4)	Whitehaven ...	0.8 (1.3)
Cleator Moor ..	1.1 (2.2)		
Whitehaven .	1.1 (0.9)		
Arlecdon and			
Frizington ..	1.0 (0.8)		
Wigton	0.8 (0.8)		
Harrington ...	0.6 (0.9)		

In the Urban Districts the death-rate from Cancer was 1.5 per 1,000; 0.1 per 1,000 higher than in the previous year, whilst in the Rural Districts the death-rate was the same as last year, 1.5 per 1,000.

Zymotic Diseases.

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

70 deaths were registered from these diseases, compared with 75 the previous year. This gives a rate of 0.3 the same as in the previous year.

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

<i>Urban.</i>		<i>Rural.</i>	
Harrington	0.9 (0.4)	Carlisle	0.3 (0.2)
Workington ...	0.8 (0.3)	Longtown	0.3 (0.1)
Wigton	0.5 (0.2)	Wigton	0.3 (0.3)
Cleator Moor ...	0.4 (0.5)	Cockermouth ...	0.2 (0.2)
Cockermouth ...	0.4 (0.2)	Brampton ...	0.1 (0.5)
Millom	0.4 (0.1)	Alston	Nil (Nil)
Whitehaven ...	0.4 (0.6)	Bootle	Nil (0.3)
Egremont	0.3 (Nil)	Penrith	Nil (0.2)

<i>Urban.</i>		<i>Rural.</i>	
Maryport	0.3 (0.5)	Whitehaven ...	Nil (0.7)
Arlecdon and Frizington ...	0.2 (0.6)		
Aspatria	0.2 (Nil)		
Penrith	0.1 (0.2)		
Holme Cultram	Nil (Nil)		
Keswick	Nil (Nil)		

Respiratory Diseases.

From these diseases—principally Bronchitis and Pneumonia—there were 282 deaths, compared with 420 the previous year.

The death-rate in the Administrative County from these diseases was 1.3 per 1,000 of population, compared with 2.0 the previous year.

In the Urban Districts the rate was 1.6 against 2.3, and in the Rural Districts the rate was 1.0 against 1.5 in 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>	
Arlecdon and Frizington ...	2.3 (2.1)	Alston	1.5 (3.0)
Keswick	2.2 (0.3)	Whitehaven ...	1.3 (1.5)
Millom	1.9 (3.5)	Brampton ...	1.1 (2.3)
Maryport	1.8 (1.1)	Cockermouth ...	1.1 (1.4)
Workington ...	1.8 (1.7)	Longtown ...	1.1 (1.1)
Whitehaven ...	1.6 (3.4)	Bootle	1.0 (1.5)
Egremont ...	1.4 (3.2)	Wigton	1.0 (1.1)
Penrith	1.4 (2.3)	Carlisle	0.8 (1.7)
Cleator Moor ...	1.3 (2.6)	Penrith	0.6 (1.7)
Holme Cultram	1.2 (0.8)		
Harrington ...	1.1 (3.2)		
Wigton	1.1 (3.9)		
Aspatria	0.8 (1.1)		
Cockermouth ...	0.8 (2.5)		

Maternity and Child Welfare.

The Maternity and Child Welfare Scheme, which is now operative, was drawn up with the intention of providing complete ante-natal, natal, and post-natal medical

assistance to all women, irrespective of their position, who might require it. Ante-natal care is long past the experimental stage. We all recognise what inestimable benefit may be derived from it, and a crucial question was, by whom had the ante-natal care to be given?—whether by Medical Practitioners or at a Clinic. The Cumberland County Council was most emphatically in favour of it being done by Medical Practitioners for the following reasons:—

- (a) That the practitioner will be the medical man to be called in in case of need at the confinement, and it is clearly desirable that he should have first-hand knowledge of the general health and of any abnormal condition likely to complicate the confinement.
- (b) That the scattered nature of the population of this County area, especially in Rural Districts, debars the vast majority of expectant mothers from attending at any Clinic.
- (c) The co-operation which ought to exist between doctor and midwife will, naturally, be much closer than by any other method.
- (d) There is a fairly large and steadily increasing number of practitioners who have received instruction in modern ante-natal methods, and it would not be a difficult matter for any requiring it to take a post-graduate course to furbish their knowledge.

The original Scheme, as approved by the County Council, and which made provision for medical care of all those requiring it, when submitted to the Ministry of Health for their approval, was somewhat modified, because it was said it would infringe the proviso to Section 1 of the Maternity and Child Welfare Act, 1918, which in fact it would have done, by providing a domiciliary service. The Ministry, therefore, modified the Scheme somewhat and ruled that:—

- (a) Those women who engaged a Doctor for their confinement should look to that Doctor for all necessary ante-natal care, and that only midwives' cases should come into the Scheme.
- (b) That when an expectant mother is herself an insured person she should receive all ante-natal care from her panel practitioner.

- (c) That where an ante-natal Clinic is available, and when the expectant mother is able to attend, she should receive all necessary advice at the Clinic. In practice the County Council decided that it was unreasonable to expect an expectant mother to attend a Clinic when resident more than one mile from that Clinic.

Prior to the coming into operation of this Scheme there were six Maternity and Child Welfare Clinics in the County, at which expectant mothers could be ante-natally examined if they so desired, but little use was made of these. These Clinics are still, however, retained under the Scheme, which makes provision in the ante-natal period for:—

- (a) Medical examination, either at a Clinic or by a private practitioner, and by a consultant if deemed necessary.
- (b) Hospital accommodation.
- (c) Ambulance facilities.
- (d) Provision of extra nourishment.
- (e) Provision of Home Helps.
- (f) Provisions of sterilised outfits.
- (g) Treatment in Convalescent Homes.
- (h) Dental Treatment.

In the natal period it makes provision for:—

- (a) Assistance of a Specialist.
- (b) Hospital accommodation for those requiring it on account of:—
 1. Some abnormality.
 2. Unsatisfactory Home conditions.
- (c) Home Helps.
- (d) Extra Nourishment.
- (e) Ambulance Facilities.

In the post-natal period for:—

- (a) Post-natal consultation and if required, a Specialist's opinion.
- (b) Medical assistance when required for any condition arising out of confinement, occurring within three months, on request from either a Midwife or a Health Visitor.
- (c) Extra nourishment.
- (d) Home Helps.

All cases of Puerperal Fever and Puerperal Pyrexia are dealt with either at home or in Hospital, and a Specialist's opinion is available in any case on request of the Medical Practitioner in charge of the case. A special nurse is also provided when necessary. All midwives are supplied with a complete outfit with instruction how to use it for the prevention of Ophthalmia Neonatorum, and should any case require it, an eye-specialist's opinion is available.

The complete Scheme commenced on 1st November, 1930, and up to the 31st December, 1930, the following is a short summary of the work already undertaken:—

Maternity and Child Welfare Scheme, 1930.

TABLE OF WORK DONE IN THE PERIOD 1st NOVEMBER—31st DECEMBER, 1930.

<i>Ante-Natal Examinations by General Practitioners.</i>	<i>Ante-Natal Examinations at Established Clinics</i>	7
At Patient's home	59	
At Doctor's Surgery	19	
—	78	
—	—	
<i>Result of Examinations.</i>	<i>Result of Examinations.</i>	
Found to be normal	60	5
Found to be abnormal	18	2
Requiring second ex- amination, which was carried out ...	6	0
<i>Recommended for Hospital.</i>	<i>Recommended for Hospital.</i>	
On account of home conditions	1	1
On a c c o u n t of patient's condition	2	0
Cases in which it was recommended that a Dr. should be present at confine- ment	6	1
No. of patients re- commended for and granted Extra Nourishment	6	0

During the year the Obstetrical Consultant's opinion was asked for and given in 17 cases.

The number of women admitted to hospital for confinement during the year was:—

Carnisle Maternity Hospital, George Street ...	9
„ Fusehill	4
Keswick Cottage Hospital	4
Whitehaven and West Cumberland Hospital	12
	29

There were at the end of 1930 97 midwives on the roll.

All the Midwives are visited by the Inspector every three months, and special visits are paid when deemed necessary. During the year 388 routine and 71 special visits were paid.

The number of notices received under Rule 23 of the Central Midwives Board is as follows:—

Medical help	410
Still-birth	23
Liabie to be a source of Infection ...	27
Artificial feeding	22
Laying out dead body	29

Payments made to doctors under Section 14 of the Midwives Acts amounted to £689 7s. 6d.

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

	By Health Visitors.	By District Nurses.
To births notified (1st visit) ...	948	1580
To births not notified	83	20
Re-visits	6429	16993
Ante-natal visits	86	5615
Visits to children 1—5	1932	3178

As one result of these visits

14 Children were supplied with Glasses.

14 Children had operations on their Nose or Throat, and 8 more of these cases received after care, and

18 Children had their Glasses repaired.

During the year there were 15 maternal deaths; 4 from Puerperal Sepsis, and 11 from “other accidents and diseases of pregnancy.”

The Maternal Mortality was, therefore, at the rate of 4.1 per 1,000 births, slightly higher than in the previous year.

Housing (Rural Workers) Act, 1926,

Up to 31st March, 1931, assistance was given as follows:—

	Grants.		Loans.	Total.
Up to 31st March, 1930.				
Amount advanced ...	£3,269	...	£50	... £3,319
Number of dwellings	64	...	8	... 72
During the year 1930-31.				
Amount advanced ...	£2,266	...	—	... £2,266
Number of dwellings	30	...	—	... 30
Total to 31st March, 1931.				
Amount advanced ...	£5,535	...	£50	... £5,585
Number of dwellings	94	...	8	... 102
Total amount of Loans sanctioned to 31st March, 1931, by Ministry of Health		...		... £9,750
Loans raised ...	£5,585			
Sanctions in hand ...	£4,165			
Number of dwellings included in scheme sanctioned by Ministry of Health—200				

COST TO COUNTY RATES OF ASSISTANCE TO 31st MARCH, 1931.

<i>Loans raised by County Council.</i>	<i>Loan Charges.</i>
(a) For Loans granted amounting to £50.	£6 p.a. for 10 years.
(b) For grants made amounting to £5,535.	£446 p.a. for 20 years.
	£452 per annum.

Deduct recoupment to County Council.

(c) Repayment by lenders of advances.	£6 p.a. for 10 years.
(d) Government Grant of 50% of item (b).	£233 p.a. for 20 years.
	£229 per annum.

Net Cost to County Rates ... £223 per annum for 20 years.
= rate of .075 pence in the £ per annum for 20 years.

Inspection and Supervision of Food.

The following is a copy of the County Analyst's report for the year 1930:—

ANNUAL REPORT OF THE COUNTY ANALYST.

1. During the 12 months ending the 31st December, 1930, I have analysed 319 samples of Food and Drugs submitted by the Inspectors appointed under the Food and Drugs (Adulteration) Act, 1928, for the County of Cumberland, viz.:—

From Whitehaven Division	105
From Carlisle Division	50
From Workington Division	86
From Wigton Division	31
From Penrith Division	47
Total	<u>319</u>

The number of samples submitted showed a decrease of 15 as compared with the number for the corresponding period ended the 31st December, 1929.

2. An idea of the result of the analysis of these samples is given in the following table, together with the action taken in those cases in which samples were found to be other than genuine, and the outcome of such action:—

Samples of Milk submitted for analysis	228
Samples of other articles	91
Total	<u>319</u>
No. adulterated or below standard	34
„ of doubtful quality	0
„ „ Abnormal quality	1
„ „ appeal samples	11
„ „ samples taken on delivery (reference)	0
„ „ persons cautioned	2
„ „ „ summoned	5
„ „ „ convicted	4
„ „ „ discharged	1
„ „ „ to pay costs only	0
„ „ cases in which no action taken	27
„ „ cases pending at end of year	0
Amount of Fines	£9 12 0
Amount of Costs	£14 5 0

For the 12 months ended the 31st December, 1929, 6 persons were summoned, of whom 5 were convicted, and 1 was ordered to pay costs.

3. The percentage of samples adulterated or below standard for the year is 11.20; for the 12 months ended the 31st December, 1929, it was 11.82. In each case all samples which had been reported as not being of genuine quality are included, but appeal samples and one sample of abnormal quality are not included.

4. The only article in respect of which proceedings have been instituted is Milk; with the exception of 3 samples of Butter the whole of the remaining samples were of genuine quality.

5. Of the 228 samples of Milk submitted during the 12 months, 31 were returned as being adulterated or below standard, 1 as being of abnormal quality, while 11 samples were taken as appeal to the cow samples; the remaining 185 samples were found to be genuine.

Excluding abnormal and appeal samples the percentage of Milk samples which fell below either one or other of the limits set up in the Sale of Milk Regulations, 1901, is 14.35; for the previous 12 months the figure was 16.74, which shows a slight decrease.

The average figures for Non-fatty Solids and for Fat in the genuine samples, 185 in number, were as follows:—

Non-fatty Solids	...	...	8.80%
Fat	...	...	3.69

The average figures for 184 genuine samples analysed during 1929 were:—

Not-fatty Solids	...	...	8.75%
Fat	...	...	3.74

These figures serve to show how consistently the quality of the genuine samples is maintained from year to year, and how satisfactory that quality is.

Of the 11 appeal samples taken during the year 6 were genuine, 1 was deficient in both Non-fatty Solids and in Fat, while 4 were deficient in Fat only.

6. Samples of articles other than Milk submitted during the year numbered 91, of which 88 were reported as being of genuine quality and 3 as being not genuine.

These 3 samples were all Butter and contained an excessive proportion of Water, the legal limit for which is 16.00%.

In 2 cases the vendors were cautioned and in the third no action was taken.

In view of the fact that during the previous 5 years the highest percentage of Water found in Butter was 15.20 there seems to be no reasonable excuse for an offence of this character.

The 88 samples of genuine quality covered 37 different commodities, the nature of which may be gathered from the accompanying table:—

Almonds, Ground	2	Margarine	4
Baking Powder	2	Meat Paste	1
Bi-Carbonate of Soda	1	Mustard	1
Butter	15	Mustard Compound	1
Candied Peel	1	Oatmeal	3
Chutney	1	Pepper	4
Cocoa	3	Raisins	2
Coffee	7	Rice	1
Cornflour	3	Rice Flakes	1
Cream of Tartar	1	Rice Flour	1
Currants	2	Rice Ground	2
Custard Powder	2	Sponge Cakes	1
Fish Paste	1	Sponge Fingers	2
Flour, Scone	1	Sugar	4
Flour, Self-raising	1	Sultanas	2
Ginger, Ground	1	Sweets	2
Infant Food	2	Tapioca	1
Jam	1	Tea	7
Lard	1		

In no case was it necessary to report against these samples under the requirements of the Public Health (Preservatives, etc., in Food) Regulations.

7. Apart from the above observations, the work of the past 12 months calls for no further comment.

(Signed) CYRIL J. H. STOCK.

29th December, 1930.

Report of the Chief Veterinary Inspector.

The following is the report of the Chief Veterinary Inspector, Mr. R. Simpson, F.R.C.V.S., on the operation of the Milk and Dairies Acts and Orders. I again take the opportunity of expressing my indebtedness to Mr. Simpson for his valuable advice and assistance so freely given during the year.

To the Chairman and Members of the Joint Sub (Milk and Dairies) Committee.

I have the honour to submit for your consideration my third Annual report on the operation of the work done by the Veterinary Department under the above Acts and Orders during the year 1930.

INTRODUCTORY.

There has been no alteration or amendment in the legislation dealing with the responsibility of the County Council in connection with the inspection of dairy herds and the general control of the milk supplied.

During the year the Sub-Committee had under consideration a memorandum on the operation of these enactments in the County, pointing out the impossibility of carrying out a uniform amount of dairy herd inspection unless the veterinary staff was augmented, and the Sub-Committee recommended the County Council to appoint a second veterinary assistant. This was agreed to, and the additional assistant who was appointed commenced duty on the 1st October.

During the year considerable progress has been made by the sanitary authorities in bringing up to date their registers of persons in their districts carrying on the trade of cowkeeper or dairyman. Copies of these registers and any alterations therein, must be furnished to the County Council so as to facilitate the work of dairy herd inspection.

It has been my endeavour during the year also to secure the co-operation of the sanitary authorities in carrying out the work necessitated by the operation of the Milk and Dairies Order. These authorities have specific powers under the Order in connection with the general hygiene of dairies and cowsheds, whilst the County Council is responsible for the health and inspection of the cattle. These duties require that a certain amount of inspection should be carried out, and it seems to me a distinct advantage that the inspection should be carried out as far as possible by both authorities simultaneously, thus reducing the amount of inconvenience to milk producers which may possibly result from separate visits by the sanitary inspector and the veterinary officers. Difficulty, however, is experienced by some of the sanitary inspectors in finding time to carry out the inspections along with the

veterinary officer, owing to their time being so much taken up with other duties. Many of the sanitary inspectors, however, have willingly co-operated with us in endeavouring to secure effective and uniform administration of the Order.

In view of the divided responsibility under the Order, I am satisfied that the best results from it can only be obtained if there is the closest possible unison between the authorities responsible for the enforcement of the Order.

The provisions of the Order dealing with the structure of cowsheds and dairy premises are administered by the sanitary authority. There is undoubtedly well-defined progress being made in the reconstruction of many cowsheds which were formerly quite unsuitable for milk production. Several of the sanitary authorities have made considerable progress in their areas in this direction during the past year, but in other areas there has been little or no improvement made in the general hygienic conditions existing.

It is unfortunate that there is a certain amount of lack of uniformity in this direction, but lack of uniformity appears almost inevitable so long as the administration of the Order is divided to the extent which at present obtains. A combination of sanitary authorities for the purpose of carrying out their duties under the Order would have much to recommend it towards securing uniformity and efficiency.

The carrying out of structural alterations in cowsheds at a time when the agricultural industry is seriously depressed has undoubtedly led to a certain amount of hardship, but I feel certain that ultimately the industry will reap the advantage of the better hygienic surroundings in which many milking herds are now being kept. Overcrowding, lack of proper ventilation and sunlight, are on all sides regarded as factors favouring the spread of contagious disease, and particularly of tuberculosis. Apart from this, one continually hears comments being made by farmers on the easier and more pleasant working conditions which now exist in cowsheds which have been reconstructed on modern sanitary principles. Although a good deal of prejudice still exists against the admission of fresh air and sunlight, that prejudice is gradually disappearing, and stock-owners are realising that a close, hot-house atmosphere is not essential for milk production, but is, in fact, detrimental to the health of their stock.

INSPECTION OF DAIRY HERDS.

The routine inspection of dairy herds has been proceeded with as thoroughly as possible, having regard to the fact that the staff was not increased until the latter part of the year. The number of herds inspected is considerably higher than last year. The results of these inspections are set forth in the tables given at the end of this report, together with statistical information regarding the operation of the Tuberculosis Order during the corresponding period.

During these inspections particular attention is devoted to the udders of all cows in milk, in order to detect any abnormalities suggestive of tubercle.

The milk of any cows suspected is sampled carefully. Careful examination is also made to discover any evidence of cows suffering from a chronic cough. Samples of sputum when available are examined in these cases for evidence of tubercle bacilli.

The discovery of udder tuberculosis is, of course, of primary importance from a public health point of view, but other types of cases, especially the type which is coughing up infective material, are of importance in this connection also, and of much more importance, of course, from the point of view of the spread of the disease to other animals.

The elimination of those open cases is very desirable from every point of view in assisting to reduce the general incidence of the disease.

As noted in previous reports, our inspection has been carried out with a view not only of detecting disease, but of using our influence to educate producers in clean milk methods, and reference to the section of this report dealing with the question of milk sampling will show that these efforts appear to be leading to some material increase in the general standard of milk production in the County.

It is not, of course, suggested that the methods of production have reached a satisfactory standard throughout every district, there is undoubtedly room for improvement in many cases. Nevertheless, one feels sure that the industry as a whole does not merit the frequent uninformed attacks which are made on it. Much is being done to improve matters under difficult conditions, and there is no doubt that if all local authorities would seriously endeavour to administer the Milk and Dairies Order on a uniform basis, the standard of milk production throughout the whole country would be quickly raised to a satisfactory degree. As it is, there are many producers in the County selling milk of a Grade A standard.

TUBERCLE INFECTION IN MILK.

In Section 4 of the Consolidation Act, provision is made for notice being given to the County Medical Officer of Health, if any milk produced in the County is found to be infected with tubercle by the Medical Officer of Health of any authority, either inside or outside the administrative area.

Only three notices of this nature have been received during the year, as compared with six in 1929. The three complaints came from the following sources:—

Salford	...	...	...	...	1
Durham County	...	...	...	...	1
Whitehaven Borough	...	...	...	...	1

To this number should be added three other cases detected as the result of samples taken by the Police. These cases were in the following districts:—

Wigton	...	...	...	...	1
Workington	...	...	...	...	1
Whitehaven	...	...	...	...	1

Also there was a further case detected as the result of bulk sampling done in connection with an investigation into the milk supply of a herd holding a special milk licence. This latter case is referred to in more detail at a later stage in this report.

The procedure adopted in these cases is to make careful clinical examination of the herd concerned, taking individual samples of the milk of suspicious cows and group samples where necessary. Finally a bulk sample from the whole herd is taken to ensure that the infection has been got rid of, after the offending cow or cows have been slaughtered under the Tuberculosis Order.

As a result of this sampling done inside and outside the county area, thirteen cows were slaughtered during the year under the

Tuberculosis Order. Eleven of these were giving tuberculous milk, and other two were affected with generalised tuberculosis, but which on post-mortem examination showed no naked eye evidence of tuberculosis in the udder. In one of the herds dealt with in this connection, five cows giving tuberculous milk were found, and two in another herd. Examination in another case which was notified under Section 4 of the Act, failed to lead to the discovery of any cow giving tuberculous milk, although careful and protracted enquiry was made, and many individual and bulk samples taken.

ROUTINE SAMPLING OF MILK.

The Sub-Committee gave authority for 150 samples to be taken during the year.

These were collected from milk supplies in the course of delivery within the County, the samples being taken by the Police simultaneously with those taken by them under the Food and Drugs Act. I have again to record my indebtedness to the Chief Constable for his co-operation in this work, and to note that the sampling has been carefully and efficiently carried out by the Police Officers appointed for the purpose.

These samples are examined for the presence of tubercle bacilli by the biological test, which involves the injection of the sediment of the milk into guinea pigs. These samples are also examined for the presence of excessive bacterial contamination. The examination of these samples has been carried out during the year at the Cumberland Pathological Laboratory, Carlisle.

It has been found to be a distinct advantage to have those samples examined locally, where it is possible to establish personal contact with the laboratory dealing with the work. The arrangements with the laboratory have worked smoothly, and the work has been done efficiently.

The results of the sampling are given below, according to the sanitary areas in which the producers' premises were situated:—

	Rural Areas.	Satisfactory.	Tubercular.	Contaminated. (non T.B.)	Total.
Alston	5	—	—	—	5
Bootle	6	—	—	6	12
Brampton	6	—	—	3	9
Carlisle	4	—	—	1	5
Cockermouth	17	—	—	22	39
Longtown	2	—	—	2	4
Penrith	6	—	—	9	15
Whitehaven	7	—	—	1	8
Wigton	3	—	—	1	4
Urban Areas.					
Arlecdon & Frizington	6	—	—	4	10
Aspatria	4	—	—	1	5
Cockermouth	1	—	—	—	1
Cleator Moor	5	—	—	1	6
Egremont	2	—	—	—	2
Holme Cultram	5	1	—	2	7
Keswick	—	—	—	1	1
Millom	3	1	—	3	6
Harrington	1	—	—	—	1
Maryport	2	—	—	2	4
Boroughs.					
Workington	2	1	—	4	6
		87 (58%) (33%)	3 (2%) (1.5%)	63 (42%) (65.5%)	150

The samples taken involved 140 separate farms, ten of the samples representing second and third investigations. The number of herds sampled represents only approx. 5% of the total number of herds registered in the County.

So far as it is possible to draw conclusions from the results indicated above, it appears there is a definite improvement in the general cleanliness of the milk, as compared to last year. The standard by which the cleanliness was judged was approximately that laid down for Grade A milk, and the fact that 58% of the samples taken reached this standard is evidence that by the exercise of ordinary care and without expensive equipment, it is possible to reach a satisfactory standard in milk production.

In all cases where the sampling gave unsatisfactory results, the herd concerned was examined and advice given to the owner as to methods by which improvement could be secured. In many of these cases also, the sanitary inspector concerned was communicated with, and a joint inspection of the premises made. The bulk of the contamination complained of can be traced to the filthy condition of the flanks and udders of many cows, and where no attempt is made to groom the cows regularly, and to cleanse the udders before milking. Attention to these points, if combined with personal cleanliness on the part of the milkers and the protection of the milk after it is withdrawn from the cows, is all that is necessary in many cases to provide a marked reduction in the bacterial contamination of the milk.

On many farms, of course, adequate water supplies are lacking for washing and cleansing purposes. Insufficient floor space and bad drainage also makes it extremely difficult to keep the cows clean. On most of the strictly milk producing farms, these difficulties are gradually disappearing as the reconstruction required by the Milk and Dairies Order is being carried out.

In addition to the samples taken by the Police, the undernoted sanitary authorities arranged on their own behalf for a number of samples to be taken for bacteriological examination. Details as to the results of the examination have been kindly supplied to me by the Sanitary Inspectors concerned:—

	Satisfactory.	Tubercular.	Contaminated. (non T.B.)	Total.
Whitehaven R.D.C.	8	—	4	12
Whitehaven Borough	36	—	17	53

All local sanitary authorities have concurrent powers with the County Council to take samples of milk for bacteriological examination. It is satisfactory to note that, following a suggestion made to the Medical Officer of Health for the Borough of Workington, arrangements have been made for a number of milk samples to be taken for examination in the Borough, in order to supplement the work done in this connection by the Sub-Committee. If other sanitary authorities adopted the practice of taking a few samples annually, their co-operation would undoubtedly assist materially in the detection of unsatisfactory milk supplies, and lead to some improvement being effected.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

No change has taken place in regard to the nomenclature of the designated grades of milk provided for in this Order, although continued dissatisfaction is expressed from many parts regarding the misleading nature of the names employed.

The Ministry of Health continues to be responsible for the issue of Certified and Grade A (T.T.) licences, and all inspections of premises, equipment, and tuberculin testing in connection therewith. Grade A licences are issued by the County Council.

The number of licences in force in the County is as follows:—

Certified	...	...	...	...	...	3
Grade A (T.T.)	...	...	...	...	...	6
Grade A	...	...	...	...	...	3

The herds of the farms holding Grade A licences have been regularly examined as required by the Order. Twelve visits were paid during the year to these farms and two cows from these herds were dealt with under the Tuberculosis Order.

In considering this Order, special reference must be made to the urgent necessity for some amendment of the Regulations governing the issue of Certified and Grade A (T.T.) milk licences.

During the year the milk supply of one of those herds was found to be infected with tubercle over a considerable period, and in all, five cows giving tuberculous milk were dealt with under the Tuberculosis Order in this particular herd. Such a result is disquieting in view of the wide use now being made of such milk for the feeding of children. The position which arose in this herd is undoubtedly the result of the system adopted of recruiting the herd at frequent intervals from a varied number of sources, principally markets, subject to the cows purchased passing one tuberculin test, and without any quarantine period being enforced before such cows are added to the herd.

This system of purchasing cattle for addition to Certified and Grade A (T.T.) herds on one single test is countenanced by the Regulations of the Ministry of Health, and it is obviously a system which must inevitably lead to trouble.

In the great majority of cases, Certified and Grade A (T.T.) herds are more or less self-contained, and it is only in that way that a herd can be maintained tubercle free with any degree of security.

If animals are bought in the open market or from other non-tubercle free sources, it is possible that such animals may be in the incubative stage of the disease, and therefore, do not react to the Tuberculin test. The introduction of such stock amongst other tubercle free and susceptible animals is bound to lead to spread of the disease, so that it is quite possible for such a herd conducted on this basis to become much more heavily and rapidly affected with tubercle than an ordinary herd where the animals have to a certain extent become resistant to the disease from constant exposure to moderate amounts of natural infection.

The Regulations of the Ministry of Health make no provision to deal with this obvious avenue of infection in licensed herds, which may, as a result, become extensively infected with tuberculosis, and yet are permitted to retain their licences.

It should be added that no suggestion is made as to the Regulations being contravened in the particular case referred to. On the contrary, the conditions of the licence laid down by the Ministry of Health were faithfully adhered to. Further, there is no suggestion and no evidence that results such as the above are of frequent occurrence amongst the large number of graded herds in this country, most of which are self-contained, and are supplying milk above suspicion. The danger occurs solely

in those cases where the herd is maintained on a basis which exposes it regularly to infection by the purchase of animals which have only passed one tuberculin test, and undergone no quarantine period before addition to the main herd, and it is in this direction that the present Regulations are open to very serious criticism.

Representations have been made to the Ministry of Health regarding the herd in question, and steps are being taken now to apply the Tuberculin test more frequently than the usual six monthly period, so as to ensure the rapid displacement of any infected stock. Further, the system of purchasing animals in the open market subject to one test has also been discontinued.

TABLE I.

Statement showing the number of Herds Inspected and the number of Cows examined during the year 1890:—

Herds Inspected	...	...	1,054	...	618
Cows Examined	...	...	16,784	...	9,915

TABLE II.

Statement showing the number of Cows found to have abnormal conditions of the Udder:—

Tuberculosis of the Udder	...	...	...	...	18
Suspected Tuberculosis	...	...	...	...	28
Atrophy	...	...	...	...	177
Mammitis	...	...	...	...	94
Induration (non-tubercular)	...	...	...	...	31
Suppuration	...	...	...	...	7

In addition, three cows were found to be suffering from Tuberculous Emaciation, and six cows were detected showing Clinical Signs of Tuberculosis, accompanied by a Chronic Cough.

TABLE III.

Statement showing the number of Samples taken by Veterinary Inspectors under the Tuberculosis Order and Milk and Dairies Order (exclusive of Police Samples), and the results of the examination:—

Milk.

Number of samples taken	...	...	...	...	184
Number found to contain tubercle bacilli	...	...	...	...	40
Number found to contain other infectious organisms	...	...	...	...	8
Number negative	...	...	...	...	136

Sputum.

Number of samples taken	...	...	...	...	68
Number found to contain tubercle bacilli	...	...	...	...	34
Number negative	...	...	...	...	34

TABLE IV.

Statement showing the number of Cattle dealt with under the Tuberculosis Order:—

Premises on which "disease" was reported or otherwise suspected	...	...	...	...	217
Premises on which "disease" was found to exist	...	...	...	...	133
Premises on which "disease" was found not to exist	...	...	...	...	84
Total number of Cattle on premises visited	...	...	...	...	6,649
Number of Cattle clinically examined	...	...	...	...	4,147
Number of Cattle Slaughtered by Local Authority:—					
Cows in milk	...	...	...	...	106
Other cows or heifers	...	...	...	...	31
Other bovines	...	...	...	...	2

Types of Tuberculosis found amongst the Cattle slaughtered: —

Tuberculosis of the Udder	33	
Giving Tuberculous Milk but not showing clinical evidence of Tuberculosis dur- ing life	3	
Tuberculous Emaciation	51	
Tuberculosis with Chronic Cough, etc. ...	52	
		139

CONTRAVENTIONS OF THE TUBERCULOSIS ORDER.

Proceedings were taken in one case for failure to report the suspected existence of Tuberculosis in a cow, which was taken to the market and exposed in an obviously diseased condition. A fine of £5 and £2 11s. special costs was imposed in this case.

I am, Gentlemen,
Your obedient Servant,
R. SIMPSON,
Chief Veterinary Inspector.

Whitehall Chambers, Lowther Street,
Carlisle.

Prevalence of, and Control over, Infectious Diseases.

No case of Smallpox occurred in the County area during the year.

Scarlet Fever.

During the year 186 cases were notified (95 in Urban and 91 in Rural Districts) compared with 121 the previous year.

One death (in the Wigton Rural District) was registered from this cause.

Diphtheria.

During the year 146 cases were notified (89 in Urban and 57 in Rural Districts) compared with 95 cases in the previous year.

From this disease there were 14 deaths (10 in Urban and 4 in Rural Districts) compared with 6 deaths the previous year.

A case-mortality of 9 per cent. as compared with 6 per cent. in the previous year.

So far as I am aware no Schick immunisation has been carried out in any area during the year.

Enteric Fever.

Fourteen cases were notified during the year, compared with ten cases the year before.

In the Harrington Urban Districts 2, Penrith 1, Workington 5. In the Rural Districts Bootle 1, Carlisle 2, Cockermouth 1, Penrith 1, Wigton 1.

Five deaths occurred, three in the Urban District and 2 in the Rural.

Puerperal Fever and Puerperal Pyrexia.

During the year six cases of Puerperal Fever were notified: 1 in Cockermouth, 1 in Keswick, 1 in Whitehaven, and 1 in Workington Urban Districts; 2 in Carlisle Rural District.

Three deaths were registered as due to this, 1 in Workington, 1 in Maryport, and 2 in the Wigton Rural District.

The case in Maryport and the 2 cases in Wigton do not, however, appear to have been notified.

Of Puerperal Pyrexia 36 cases were notified, 17 in Urban and 19 in Rural Districts.

Measles.

Seven deaths from Measles were registered against 9 the previous year.

All the seven deaths were of children under five years of age.

Whooping Cough.

Fourteen deaths from Whooping Cough were registered. Twelve in the Urban Districts and two in the Rural.

All these deaths were of children under five years of age.

In the previous year there were 29 deaths.

Diarrhœa.

Was the cause of death of 24 infants under one year of age, compared with 30 the previous year.

Influenza.

Appears to have been more prevalent in the Rural than in the Urban Districts; in the former there were 10 deaths and in the latter 21.

In the previous year there were 134 deaths from this cause.

Ophthalmia Neonatorum.

18 cases were notified, 5 less than in the previous year. All cases were visited by a Health Visitor as soon as notified.

All the cases recovered without any impairment of vision.

Two of the cases were removed to hospital for treatment.

Tuberculosis.

Particulars of new cases of Tuberculosis and of all deaths from the disease during 1930 are here given:—

Age. Periods.	New Cases.						Deaths.					
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0	...	—	—	...	1	—	...	—	—	...	1	1
1	...	—	1	...	9	1	...	—	1	...	—	2
5	...	5	5	...	7	8	...	—	1	...	—	3
10	...	4	10	...	13	16	...	3	5	...	1	3
15	...	14	18	...	7	5	...	5	13	...	3	1
20	...	17	18	...	5	6	...	9	13	...	—	1
25	...	18	28	...	6	2	...	18	20	...	2	1
35	...	13	12	...	1	5	...	12	8	...	3	—
45	...	21	11	...	—	2	...	9	1	...	—	—
55	...	4	7	...	1	—	...	3	7	...	—	—
65 & upwards	2	5	...	—	—	...	1	4	...	1	—	—
Totals	98	115	...	50	45	...	60	73	...	11	12	—

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

<i>Urban.</i>		<i>Rural.</i>	
Keswick	 1.7 (0.7)	Alston	 1.1 (1.1)
Arlecdon and Frizington	... 1.4 (1.7)	Bootle	 1.0 (0.1)
Aspatria	 1.1 (0.2)	Brampton	... 0.9 (0.5)
Whitehaven	... 1.0 (0.9)	Longtown	 0.8 (0.5)
Maryport	 0.8 (0.3)	Carlisle	 0.6 (0.8)
Millom	 0.8 (1.6)	Cockermouth	... 0.4 (0.2)
Workington	... 0.6 (0.5)	Penrith	 0.4 (0.3)
Harrington	... 0.4 (0.9)	Whitehaven	... 0.3 (0.7)
Egremont	 0.3 (0.4)	Wigton	 0.3 (0.4)
Penrith	 0.3 (0.8)		
Cleator Moor	... 0.2 (0.8)		
Cockermouth	... 0.2 (1.3)		
Wigton	 0.2 (0.5)		
Holme Cultram	Nil (0.6)		

The death-rate from Pulmonary Tuberculosis in 1930 throughout the County was 0.6 per 1,000 of the population, the same as in the last two years.

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

<i>Urban.</i>		<i>Rural.</i>	
Arlecdon and		Alston	1.1 (1.1)
Frizington ...	1.7 (1.9)	Bootle	1.0 (0.5)
Aspatria	1.7 (0.2)	Brampton	0.9 (0.5)
Keswick	1.7 (0.7)	Longtown	0.8 (1.1)
Maryport	1.2 (0.4)	Carlisle	0.7 (1.0)
Whitehaven ...	1.2 (1.4)	Penrith	0.7 (0.4)
Harrington ...	0.9 (0.9)	Cockermouth ...	0.5 (0.5)
Millom	0.9 (1.8)	Whitehaven ...	0.4 (0.8)
Workington ...	0.9 (0.9)	Wigton	0.4 (0.4)
Penrith	0.6 (1.3)		
Cleator Moor ...	0.5 (0.8)		
Cockermouth ...	0.4 (1.0)		
Egremont	0.3 (0.4)		
Holme Cultram	0.2 (0.6)		
Wigton	0.2 (0.5)		

Notifications of Pulmonary Tuberculosis.

In 1926 there were 250 notifications.

„ 1927	„	„	220	„
„ 1928	„	„	200	„
„ 1929	„	„	235	„
„ 1930	„	„	213	„

The percentage of cases notified less than six months before death, or not notified at all, is steadily decreasing, and this year is a considerable improvement on former years.

In 1926 the percentage was 65.

„ 1927	„	„	61
„ 1928	„	„	65
„ 1929	„	„	46
„ 1930	„	„	36

No action has been taken, and so far as I am aware, none has been necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925.

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 1930.

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 ...	53	49	5	10	14	14	18	21	67	63	23	31
(b) Doubtfully tuberculous ...	...	...	...	...	...	...	...	...	6	6	7	5
(c) Non-tuberculous ..	...	...	...	...	...	...	...	...	22	16	14	9
B.—Contacts examined during the year:—												
(a) Definitely tuberculous ...	6	2	3	2	...	...	...	2	6	2	3	4
(b) Doubtfully tuberculous ...	...	...	...	...	...	...	...	...	2	1	16	14
(c) Non-tuberculous ..	...	...	...	...	...	...	...	...	15	22	256	228
C.—Cases written off the Dispensary Register as												
(a) Cured ...	5	9	4	2	4	3	12	9	9	12	16	11
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ...	...	...	...	...	...	...	...	...	45	49	286	254
D.—Number of persons on Dispensary Register on December 31st:—												
(a) Diagnosis completed ...	238	160	67	66	42	28	54	48	280	188	121	114
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	4	4	7	6

1. Number of persons on Dispensary Register on January 1st	685
2. Number of patients transferred from other areas and of "lost sight of" cases returned	26
3. Number of patients transferred to other areas and cases "lost sight of"	59
4. Died during the year	84
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months	58
6. Number of attendances at the Dispensary (including Contacts)	3501
7. Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision	160
8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for	
(a) "Light" treatment	1
(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	56
11. Number of other visits by Tuberculosis Officers to Homes	181
12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	1275
13. Number of	
(a) Specimens of sputum, &c., examined	289
(b) X-ray examinations made in connection with Dispensary work	40
14. Number of Insured Persons on Dispensary Register on the 31st December	219
15. Number of Insured Persons under Domiciliary Treatment on the 31st December	63
16. Number of reports received during the year in respect of Insured Persons:—	
(a) Form G.P. 17	78
(b) Form G.P. 36	61

TUBERCULOSIS SCHEME OF THE CUMBERLAND COUNTY COUNCIL. RESIDENTIAL INSTITUTIONS.

(A) Average Number of Beds Available for Patients during the year 1930.

	Pulmonary Tuberculosis.			Non-Pulmonary Tuberculosis.			Total.
	Observation.	"Sanatorium " Beds.	" Hospital " Beds.	Diseases of Bones & Joints.	Other Conditions.		
Adult Males	—	13	2	2	—	17	
Adult Females	—	9	2	2	—	13	
Children (under 15) ...	1	10	1	9	2	23	
Total	1	32	5	13	2	53	

(B) Return showing the Extent of Residential Treatment during the year 1930.

Number of Patients	...	Adults	Children	In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of Observation Cases	...	Adults	M.	13	59	53	6	13
	...	Children	F.	9	36	30	2	13
	...	Adults	M.	4	15	13	—	6
	...	Children	F.	5	27	14	1	17
Total	...	Adults	M.	—	—	—	—	—
	...	Children	F.	—	—	—	—	—
	...	Adults	M.	3	3	6	—	—
	...	Children	F.	—	—	—	—	—
Total		...	...	34	140	116	9	49

Table III

Summary of the results of the investigation of the effect of the concentration of the solution on the rate of reaction.

Concentration of the solution		Rate of reaction	
Concentration of the solution	Rate of reaction	Concentration of the solution	Rate of reaction
0.1 M	0.01	0.1 M	0.01
0.2 M	0.02	0.2 M	0.02
0.3 M	0.03	0.3 M	0.03
0.4 M	0.04	0.4 M	0.04
0.5 M	0.05	0.5 M	0.05
0.6 M	0.06	0.6 M	0.06
0.7 M	0.07	0.7 M	0.07
0.8 M	0.08	0.8 M	0.08
0.9 M	0.09	0.9 M	0.09
1.0 M	0.10	1.0 M	0.10
1.1 M	0.11	1.1 M	0.11
1.2 M	0.12	1.2 M	0.12
1.3 M	0.13	1.3 M	0.13
1.4 M	0.14	1.4 M	0.14
1.5 M	0.15	1.5 M	0.15
1.6 M	0.16	1.6 M	0.16
1.7 M	0.17	1.7 M	0.17
1.8 M	0.18	1.8 M	0.18
1.9 M	0.19	1.9 M	0.19
2.0 M	0.20	2.0 M	0.20
2.1 M	0.21	2.1 M	0.21
2.2 M	0.22	2.2 M	0.22
2.3 M	0.23	2.3 M	0.23
2.4 M	0.24	2.4 M	0.24
2.5 M	0.25	2.5 M	0.25
2.6 M	0.26	2.6 M	0.26
2.7 M	0.27	2.7 M	0.27
2.8 M	0.28	2.8 M	0.28
2.9 M	0.29	2.9 M	0.29
3.0 M	0.30	3.0 M	0.30
3.1 M	0.31	3.1 M	0.31
3.2 M	0.32	3.2 M	0.32
3.3 M	0.33	3.3 M	0.33
3.4 M	0.34	3.4 M	0.34
3.5 M	0.35	3.5 M	0.35
3.6 M	0.36	3.6 M	0.36
3.7 M	0.37	3.7 M	0.37
3.8 M	0.38	3.8 M	0.38
3.9 M	0.39	3.9 M	0.39
4.0 M	0.40	4.0 M	0.40
4.1 M	0.41	4.1 M	0.41
4.2 M	0.42	4.2 M	0.42
4.3 M	0.43	4.3 M	0.43
4.4 M	0.44	4.4 M	0.44
4.5 M	0.45	4.5 M	0.45
4.6 M	0.46	4.6 M	0.46
4.7 M	0.47	4.7 M	0.47
4.8 M	0.48	4.8 M	0.48
4.9 M	0.49	4.9 M	0.49
5.0 M	0.50	5.0 M	0.50
5.1 M	0.51	5.1 M	0.51
5.2 M	0.52	5.2 M	0.52
5.3 M	0.53	5.3 M	0.53
5.4 M	0.54	5.4 M	0.54
5.5 M	0.55	5.5 M	0.55
5.6 M	0.56	5.6 M	0.56
5.7 M	0.57	5.7 M	0.57
5.8 M	0.58	5.8 M	0.58
5.9 M	0.59	5.9 M	0.59
6.0 M	0.60	6.0 M	0.60
6.1 M	0.61	6.1 M	0.61
6.2 M	0.62	6.2 M	0.62
6.3 M	0.63	6.3 M	0.63
6.4 M	0.64	6.4 M	0.64
6.5 M	0.65	6.5 M	0.65
6.6 M	0.66	6.6 M	0.66
6.7 M	0.67	6.7 M	0.67
6.8 M	0.68	6.8 M	0.68
6.9 M	0.69	6.9 M	0.69
7.0 M	0.70	7.0 M	0.70
7.1 M	0.71	7.1 M	0.71
7.2 M	0.72	7.2 M	0.72
7.3 M	0.73	7.3 M	0.73
7.4 M	0.74	7.4 M	0.74
7.5 M	0.75	7.5 M	0.75
7.6 M	0.76	7.6 M	0.76
7.7 M	0.77	7.7 M	0.77
7.8 M	0.78	7.8 M	0.78
7.9 M	0.79	7.9 M	0.79
8.0 M	0.80	8.0 M	0.80
8.1 M	0.81	8.1 M	0.81
8.2 M	0.82	8.2 M	0.82
8.3 M	0.83	8.3 M	0.83
8.4 M	0.84	8.4 M	0.84
8.5 M	0.85	8.5 M	0.85
8.6 M	0.86	8.6 M	0.86
8.7 M	0.87	8.7 M	0.87
8.8 M	0.88	8.8 M	0.88
8.9 M	0.89	8.9 M	0.89
9.0 M	0.90	9.0 M	0.90
9.1 M	0.91	9.1 M	0.91
9.2 M	0.92	9.2 M	0.92
9.3 M	0.93	9.3 M	0.93
9.4 M	0.94	9.4 M	0.94
9.5 M	0.95	9.5 M	0.95
9.6 M	0.96	9.6 M	0.96
9.7 M	0.97	9.7 M	0.97
9.8 M	0.98	9.8 M	0.98
9.9 M	0.99	9.9 M	0.99
10.0 M	1.00	10.0 M	1.00

Annual Return showing in summary form the condition of all Patients whose case records are in the possession of the Dispensary (or Dispensaries) at the end of 1930, arranged according to the years in which the patients first came under Public Medical Treatment for pulmonary tuberculosis, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates			Previous to 1926					1926					1927					1928					1929					1930				
			Class T.B. plus					Class T.B. plus					Class T.B. plus					Class T.B. plus					Class T.B. plus					Class T.B. plus				
			Class T.B. Minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Class T.B. Minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Class T.B. Minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Class T.B. Minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Class T.B. Minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Class T.B. Minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)
Alive	Discharged as cured	Adults M. ...	4	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Children M. ...	4	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Adults F. ...	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Children F. ...	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Disease arrested	Adults M. ...	43	4	—	—	4	2	—	—	—	9	—	—	—	—	4	1	—	—	1	3	—	—	—	—	1	—	—	—	—	—
		Children M. ...	17	—	—	—	—	3	—	1	—	1	5	—	—	—	—	2	—	—	—	—	2	—	1	—	1	—	—	—	—	—
		Adults F. ...	6	—	—	—	—	7	—	—	—	—	2	—	—	—	—	3	—	—	—	—	1	—	—	—	—	—	—	—	—	—
		Children F. ...	9	—	—	—	—	—	—	—	—	—	5	—	—	—	—	6	—	—	—	—	6	—	—	—	—	—	—	—	—	—
	Disease not arrested	Adults M. ...	24	2	6	1	9	6	—	2	1	3	3	1	2	—	3	10	5	6	—	11	6	4	17	2	23	18	5	19	3	27
		Children M. ...	17	—	4	2	6	6	—	1	—	1	8	1	3	—	4	8	2	3	—	5	10	4	6	3	13	14	6	8	2	16
Adults F. ...		7	—	—	—	—	3	—	—	—	—	3	—	—	—	—	5	—	—	—	—	4	1	—	—	1	5	—	—	—	—	
Children F. ...		3	—	—	—	—	3	—	—	—	—	4	—	1	—	1	6	—	2	1	3	7	1	—	1	2	8	1	2	—	3	
Condition Not Ascertained during the Year			7	—	—	—	—	5	—	—	—	—	1	1	—	—	1	4	—	—	—	4	—	—	—	—	2	—	—	—	—	
Lost Sight of or otherwise removed from Dispensary Register			42	2	2	1	5	30	—	3	—	3	12	—	3	1	4	4	2	—	—	2	7	1	3	—	4	6	—	1	—	1
Dead	Adults	M. ...	4	2	3	—	5	7	—	5	4	9	5	—	3	4	7	3	2	5	6	13	3	1	7	8	16	1	2	3	1	6
		F. ...	1	—	3	3	6	7	—	1	3	4	3	—	5	2	7	1	—	7	3	10	1	1	8	3	12	—	—	8	2	10
	Children	M. ...	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—
		F. ...	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	1	1	3	—	—	—	—	—
Totals			195	10	19	8	37	89	—	13	8	21	61	3	17	7	27	60	12	23	10	45	51	14	43	18	75	57	14	41	8	63

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THEORY OF THE EARTH AND ITS HISTORY
 PART I. THE EARTH IN ITS PRESENT STATE

CHAPTER I. OF THE ORIGIN AND EXTENSION OF THE EARTH
 SECTION I. OF THE ORIGIN OF THE EARTH

It is a general opinion, that the earth was created out of nothing, and that it has since been enlarged by the addition of new matter. This opinion is supported by the fact, that the earth is now larger than it was at the time of its creation. The increase of its size is evident from the fact, that the distance between the poles is now greater than it was at the time of its creation. This increase of size is the result of the action of the forces of nature, which have been at work since the earth was first created.

SECTION II. OF THE EXTENSION OF THE EARTH
 The earth has been extended in all directions, and its surface has been enlarged by the addition of new matter. This extension is the result of the action of the forces of nature, which have been at work since the earth was first created.

SECTION III. OF THE ORIGIN OF THE EARTH
 The earth was created out of nothing, and it has since been enlarged by the addition of new matter. This enlargement is the result of the action of the forces of nature, which have been at work since the earth was first created.

SECTION IV. OF THE EXTENSION OF THE EARTH
 The earth has been extended in all directions, and its surface has been enlarged by the addition of new matter. This extension is the result of the action of the forces of nature, which have been at work since the earth was first created.

SECTION V. OF THE ORIGIN OF THE EARTH
 The earth was created out of nothing, and it has since been enlarged by the addition of new matter. This enlargement is the result of the action of the forces of nature, which have been at work since the earth was first created.

SECTION VI. OF THE EXTENSION OF THE EARTH
 The earth has been extended in all directions, and its surface has been enlarged by the addition of new matter. This extension is the result of the action of the forces of nature, which have been at work since the earth was first created.

SECTION VII. OF THE ORIGIN OF THE EARTH
 The earth was created out of nothing, and it has since been enlarged by the addition of new matter. This enlargement is the result of the action of the forces of nature, which have been at work since the earth was first created.

(b) NON-PULMONARY TUBERCULOSIS

Annual Return showing in summary form the condition of all Patients whose case records are in the possession of the Dispensary (or Dispensaries) at the end of 1930, arranged according to the years in which the Patients first came under Public Medical Treatment, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates				Previous to 1926				1926				1927				1928				1929				1930								
				Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total				
Alive	Discharged as cured	Adults M. . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
		Children M. . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
		Adults F. . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
		Children F. . . .	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
	Disease arrested	Adults M. . . .	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
		Children M. . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
		Adults F. . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
		Children F. . . .	—	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
	Disease not arrested	Adults M. . . .	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
		Children M. . . .	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
		Adults F. . . .	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
		Children F. . . .	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Transferred to Pulmonary			—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
Condition Not Ascertained during the Year			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
Lost Sight of or otherwise re moved from Dispensary Register			1	1	2	—	4	2	2	2	—	6	2	1	2	3	8	1	—	—	—	1	2	—	2	1	—	3				
Dead		Adults M. . . .	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—						
		Children M. . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
		Adults F. . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
		Children F. . . .	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Totals			6	3	3	8	20	4	3	3	2	12	6	7	7	13	33	1	9	3	9	22	6	9	1	12	28	3	8	7	13	31

BLIND PERSONS ACT, 1920.

Year ended 30th December, 1930.

No. of Cases examined by the Medical Officers	...	105
No. of Cases referred to Dr. Ross for Specialist opinion		5
No. of persons actually certified Blind within the meaning of the Act		100
No. of persons examined but not certified as blind	...	5

PUBLIC HEALTH (VENEREAL DISEASES) REGULATIONS, 1916.

Report of the Assistant Medical Officer of Health (Venereal Diseases) for the year ended 31st December, 1930.

During the year 590 persons were dealt with at the Treatment Centres at Carlisle and Whitehaven, of whom 379 attended for the first time and 34 were re-admitted suffering from the same infection after ceasing to attend or having been transferred to other Treatment Centres in a previous year.

Of all cases 86 were not suffering from Venereal Diseases, leaving 504, an increase of 21 in the total number under treatment or observation for Venereal Disease as compared with the year 1929.

The attendances at the Medical Officer's Clinics were 3,996, an increase of 393, while the attendances for intermediate treatment (at the Carlisle Centre only) were 1,604, a decrease of 671.

The total attendances were 5,600, a decrease of 278.

County or County Borough in which Patients resided.				New Cases.		Attendances, all cases.	
Cumberland	...	...	...	204	...	2198	
Carlisle	...	...	...	146	...	3231	
Westmorland	...	...	...	6	...	59	
Yorkshire (W.R.)	...	...	...	2	...	2	
Scotland	...	...	...	9	...	48	
Liverpool	...	...	...	2	...	2	
Durham County	...	...	...	1	...	2	
Leeds	...	...	...	1	...	2	
Newcastle	...	...	...	1	...	20	
Northumberland	...	...	...	1	...	30	

County or County Borough in which Patients resided.				New Cases.	Attendances, all cases.	
Birmingham	...	...	...	1	...	1
Darlington	...	...	...	1	...	1
Southampton	...	...	...	1	...	1
Leicester	...	...	...	2	...	2
Barrow-in-Furness	...	...	...	1	...	1
				379	...	5600

Pathological Examinations.

All Wassermann Tests were carried out at the Public Health Laboratory, Manchester. Of these 475 were done for patients attending the Clinics and 85 for patients under private treatment by Practitioners in Cumberland and Carlisle.

34 more Wassermann Tests in connection with the Clinics, were done compared with 1929. The decrease of 249 tests done for practitioners is accounted for by the independent arrangements now made by the Cumberland Infirmary.

Of Bacteriological tests 122 were done by the Medical Officer at the Clinics and 130 at an approved Laboratory (Manchester Public Health Laboratory and Cumberland Pathological Laboratory).

The facilities provided at the Cumberland Pathological Laboratory have been found most convenient and have been largely made use of. It is now possible to have culture tests done in addition to microscopical tests.

Approved Arsenobenzene Compounds.

These were supplied free of charge to any practitioner on the approved list who applied. The number of doses issued in this way was 63.

At the Clinics 1,250 doses were given mostly by the intravenous method. Of these 637 were for patients residing in Cumberland, 561 for Carlisle, and 52 for other Areas.

At the Clinics the same preparations as in 1929 were used, viz., Novarsenobillon, Neokharsivan, Sulpharsenol, and Silver Salvarsan.

Any preparation approved by the Ministry is supplied to practitioners on request.

Treatment Centres.

1. *Carlisle Centre.*

The same premises were in use at the Cumberland Infirmary and the hours of the Clinics were unchanged. No information is yet available as to the probable date when these rooms must be vacated, and no further steps have been taken regarding alternative accommodation.

The dirty condition of the rooms has been remedied by distempering the walls, ceilings and partitions.

During the year 388 patients were dealt with, an increase of 31 compared with the previous year. 251 attended for the first time, 22 were re-admitted, making 273, an increase of 39. The total attendances were 4,221, a decrease of 409, but at the Medical Officer's Clinics there was an increase of 262 attendances, the decrease in the total being due to a falling off in the attendances for intermediate treatment. This appears to be due to the fact that the new cases of Gonorrhœa residing in Carlisle fell from 79 in 1929 to 68 in 1930, and these are the cases which constitute the greater proportion of intermediate attendances.

Of the new cases 138 were suffering from Gonorrhœa compared with 126 in 1929, while the new cases of Syphilis were 54 compared with 49 in 1929. Of these new Syphilis cases 30 were recent infections (of less than one year's duration) and of the new Gonorrhœa cases 127 were recent infections.

Table showing Recent Infections in Cumberland and Carlisle.

NEW CASES OF LESS THAN 1 YEAR'S STANDING

	Residing in Cumberland. and attending at both treatment centres.			Residing in Carlisle. (all attended at Carlisle Centre).	
	1929.	1930.		1929.	1930.
Syphilis	20	15	...	14	20
Gonorrhœa ...	70	97	...	72	65

From the above table it appears that the incidence of Syphilis, while decreasing in Cumberland, is increasing

in Carlisle. Gonorrhœa on the other hand is increasing in Cumberland but decreasing in Carlisle.

It is probable that the increase of Syphilis in Carlisle has resulted from a very limited number of females living in Carlisle in an infectious condition, spreading the disease and not receiving treatment.

The increase in Gonorrhœa in Cumberland is most likely accounted for by the increased facilities for travelling from Country districts to the Centres of population where there are large numbers of infected women.

769 doses of Arsenobenzene Compounds were given and 318 Wassermann tests were carried out.

The most urgent reform needed at the Carlisle Clinic is increased facilities for the treatment of Gonorrhœa in the female. At present there is no arrangement for the daily treatment of these cases. The accommodation and all necessary equipment is provided, but the services of a Nurse are withheld. In exceptional cases where treatment is urgent and absolutely necessary the Sister-in-charge has, in the past, kindly consented to carry out daily treatment, but this has only been done for very short periods and there is no routine treatment.

It is thought that if this treatment were provided a larger number of women and girls in the early stage of infection would be induced to attend, and the prospects of cure in these cases would be much better. As a result there would be fewer new cases of Gonorrhœa in the male.

Patients would attend at an hour fixed to suit the Nursing Staff. If possible this should be in the evening after 5 o'clock.

Beds for in-patient treatment both for males and females are also necessary, particularly for early cases of Gonorrhœa in the female. Probably not more than one or two beds would be occupied.

2. *Whitehaven Clinic.*

Clinics were held at the Whitehaven and West Cumberland Hospital at the same hours as in former years, namely one afternoon Clinic for women and children, and one evening Clinic for men one day a week.

There was a further increase of 131 in the total attendances, and it was only by a great effort on the part of all

concerned and with the occasional assistance of the House Surgeon that it was possible to carry on the work. The present arrangements are unfair to the Medical and Nursing Staff as well as to the patients, and are not conducive to good work.

Complaints have also been made that male and female patients are kept waiting for considerable periods in the same room. This is unavoidable. Before the afternoon session is over the waiting hall is often nearly full of patients for the evening session.

Additional accommodation is required to provide for satisfactory waiting rooms. The present one is merely a passage, extremely cold and draughty in winter, and is used by all and sundry as a back entrance to the Hospital. A treatment room for female Gonorrhœa and a male irrigation room for the daily treatment of Gonorrhœa should also be provided.

Additional service is required. That of a Nurse to carry out daily treatment of Gonorrhœa in the female and that of a Medical Orderly for similar treatment of the male cases. Both of these would naturally be employed by the Hospital in other capacities, and only a small part of their time would be required in the V.D. Department.

To meet with the present emergency another Medical Officer's Clinic day is absolutely necessary.

Beds for In-patients are also required for the occasional admission of a patient of either sex.

The number of patients dealt with was 202 compared with 205 in 1929. The number of new cases was 128 compared with 133 in 1929, and there were 12 re-admissions (8 in 1929). Attendances were 1,379, an increase of 131, and all received individual attention by the Medical Officer.

The new cases of Gonorrhœa were 55, an increase of 13. The new cases of Syphilis were 27, a decrease of 10.

481 doses of Arsenobenzene Compounds were given and 157 Wassermann tests were carried out.

RETURN relating to all persons who were treated at the Treatment Centres at Carlisle and Whitehaven during the year ended the 31st December, 1930:—

	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	65	39	3	...	61	9	...	...	129	48
(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	9	8	...	...	13	4	...	...	22	12
Total—Items 1 (a) and 1 (b)	74	47	3	...	74	13	...	...	151	60
2 (a). Number of cases dealt with at the Treatment Centre during the year for the first time with infections of										
1. less than one year's standing	29	13	18	1	132	42	42	44	248	131
2. more than one year's standing	16	23	...	...	11	8				
Total*—Items 1 (a), 1 (b) & 2 (a)	119	83	21	1	217	63	42	44	399	191
2 (b). Number of cases included in Item 2 (a) known to have received previous treatment at other Centres for the same infection	7	2	...	...	8	2	...	...	15	4
3. Number of cases which ceased to attend—										
(a) before completing the first course of treatment for	12	12	4	...	51	17	...	...	67	29
(b) after one or more courses but before completion of treatment for	26	18	...	...	...	...	...	...	26	18
(c) after completion of treatment, but before final tests as to cure of	4	2	2	...	31	6	...	...	37	8
4. Number of cases transferred to other Treatment Centres after treatment for	9	3	...	...	14	7	...	...	23	10
5. Number of cases discharged after completion of treatment and observation for	2	1	14	1	51	16	...	...	67	18
6. Number of cases which, at the end of the year under report, were under treatment or observation for	66	47	1	...	70	17	1	...	138	64
Total*—Items 3, 4, 5, and 6...	119	83	21	1	217	63	1	...	358	147
7. Out-patient attendances—										
(a) For individual attention by the Medical Officer	1272	838	108	6	1300	355	73	64	2753	1243
(b) For intermediate treatment, e.g., irrigation, dressings, &c.	...	...	...	...	1584	20	...	...	1584	20
Total Attendances	1272	838	108	6	2884	335	73	64	4337	1263
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 total of Items 3, 4, 5, and 6.

	For detection of			For Vassermann 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	...	122	...	...
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory	10	119	1	475

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings	Cumberland	Carlisle	Westmorland	Yorkshire W. Riding	Scotland	Liverpool	Durham Co.	Leeds	Newcastle	Northumbria	Birmingham	Darlington	Southampton	Leicester	Barrow-in-Furness	Total
A. Number of cases from each area dealt with during the year for the first time and found to be suffering from:—																
Syphilis	36	36	3	0	3	0	0	0	0	0	0	0	1	2	0	81
Soft Chancre	5	11	0	1	0	0	0	0	0	1	0	0	0	0	1	19
Gonorrhoea	111	68	2	1	4	2	1	1	1	0	1	1	0	0	0	193
Conditions other than Venereal	52	31	1	0	2	0	0	0	0	0	0	0	0	0	0	86
Total	204	146	6	2	9	2	1	1	1	1	1	1	1	2	1	379
B. Total number of attendances of all patients residing in each area ...	2198	3231	59	2	48	2	2	2	20	30	1	1	1	2	1	5600
C. Aggregate number of "In-patient days" of all patients residing in each area	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
D. Number of doses of arseno-benzene compounds given in the:—																
1. Out-patient Clinic	637	561	28	0	12	0	0	0	0	9	0	0	1	2	0	1250
2. In-patient Dept. ... to patients residing in each area.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Causes of Death in the Administrative Areas in the County of Cumberland, 1930.

CAUSES OF DEATH	Workington		Arlestone and Framington		Asquith		Cocker Moor		Cockermouth		Eggleston		Harrington		Hawes		Kendal		Marport		Milton		Penrith		Wharfedale		Winton		Aggregate of all above		Alston with Grange		Rennie		Rumson		Carlisle		Cockermouth		Longtown		Penrith		Wharfedale		Winton		Aggregate of all above																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.

Causes of Death at Different Periods of Life in the Administrative County of Cumberland, 1930.

CAUSES OF DEATH.	Sex.	All Ages.	AGGREGATE OF URBAN DISTRICTS.										All Ages.	AGGREGATE OF RURAL DISTRICTS.																		
			0—	1—	2—	5—	15—	25—	45—	65—	75—	0—		1—	2—	5—	15—	25—	45—	65—	75—											
ALL CAUSES	M	727	87	14	8	14	30	75	177	186	136	560	47	6	8	17	26	59	132	130	135	555	47	6	8	17	26	59	132	130	135	
	F	709	54	16	21	30	33	67	163	136	189	555	26	5	7	18	14	52	135	134	164	555	26	5	7	18	14	52	135	134	164	
1 Enteric Fever	M	1	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	
	F	2	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	
2 Smallpox	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3 Measles	M	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	3	1	2	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4 Scarlet Fever	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5 Whooping Cough	M	5	2	2	1	—	—	—	—	—	—	2	1	1	—	—	—	—	—	—	—	—	2	1	1	—	—	—	—	—	—	
	F	7	1	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6 Diphtheria	M	4	1	—	1	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	
	F	6	—	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	
7 Influenza	M	7	—	—	—	—	—	2	2	2	1	7	—	—	—	—	—	1	1	—	2	3	—	—	—	—	—	—	—	—	—	
	F	3	—	—	—	—	—	—	—	—	—	14	1	—	—	—	—	—	2	4	5	2	—	—	—	—	—	—	—	—	—	
8 Encephalitis lethargica...	M	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9 Meningococcal meningitis	M	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10 Tuberculosis of Respiratory System	M	37	—	—	—	2	9	18	8	—	—	23	—	—	—	1	6	11	3	2	—	23	—	—	—	—	—	—	—	—	—	
	F	46	—	—	—	1	4	18	14	8	1	29	—	—	—	2	6	13	4	4	—	29	—	—	—	—	—	—	—	—	—	
11 Other Tuberculous Diseases	M	12	1	—	1	2	3	2	—	3	—	3	1	—	—	—	—	2	—	—	—	3	1	—	—	—	—	—	—	—	—	—
	F	15	1	2	—	6	2	2	1	1	—	7	1	—	—	1	2	1	2	—	—	7	1	—	—	—	—	—	—	—	—	—
12 Cancer, Malignant Disease	M	91	—	—	—	—	—	1	3	34	42	59	—	—	—	—	1	1	29	17	11	94	—	—	—	—	—	—	—	—	—	
	F	94	—	—	—	—	—	1	11	37	27	82	—	—	—	—	2	42	22	16	—	—	—	—	—	—	—	—	—	—	—	
13 Rheumatic Fever	M	3	—	—	—	—	—	1	1	1	—	3	—	—	—	2	—	1	—	—	—	3	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	2	1	—	—	3	—	—	—	—	—	—	—	—	
14 Diabetes	M	8	—	—	—	—	—	—	—	4	1	8	—	—	—	1	—	—	—	5	—	8	—	—	—	—	—	—	—	—	—	—
	F	12	—	—	—	—	—	—	1	4	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15 Cerebral Hemorrhage, &c.	M	57	—	—	—	—	—	—	2	15	23	34	—	—	—	—	—	—	8	13	13	61	—	—	—	—	—	—	—	—	—	
	F	61	—	—	—	—	—	—	—	18	21	48	—	—	—	—	—	—	—	19	21	—	—	—	—	—	—	—	—	—	—	—
16 Heart Disease	M	115	—	—	—	1	2	5	36	37	34	110	—	—	—	—	1	6	27	33	43	121	—	—	—	—	—	—	—	—	—	—
	F	121	—	—	—	—	4	7	25	34	51	116	—	—	—	—	—	8	28	29	51	—	—	—	—	—	—	—	—	—	—	—
17 Arterio-sclerosis	M	38	—	—	—	—	—	—	1	5	16	33	—	—	—	—	—	—	2	13	18	15	—	—	—	—	—	—	—	—	—	—
	F	15	—	—	—	—	—	—	2	4	9	32	—	—	—	—	—	—	3	8	21	—	—	—	—	—	—	—	—	—	—	—
18 Bronchitis	M	40	10	2	2	—	—	3	8	6	9	21	2	—	—	1	—	—	5	4	9	52	9	—	—	—	—	—	—	—	—	—
	F	52	9	2	2	2	1	2	7	11	16	19	3	—	—	—	—	—	2	5	9	—	—	—	—	—	—	—	—	—	—	—
19 Pneumonia (all forms)	M	42	9	3	1	1	3	6	10	7	2	24	5	—	1	—	1	7	4	3	3	32	8	—	—	—	—	—	—	—	—	—
	F	32	8	3	3	3	—	2	3	3	7	16	2	2	—	1	1	5	4	1	—	—	—	—	—	—	—	—	—	—	—	—
20 Other Respiratory Diseases	M	12	1	—	—	2	2	2	2	2	4	11	1	—	—	—	—	1	1	3	4	9	—	—	—	—	—	—	—	—	—	—
	F	9	—	—	1	1	1	1	2	2	2	4	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21 Ulcer of Stomach or Duodenum	M	15	—	—	—	—	—	2	5	5	3	10	—	—	—	—	—	2	5	3	—	3	—	—	—	—	—	—	—	—	—	—
	F	3	—	—	—	—	—	1	—	2	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
22 Diarrhoea, &c.	M	20	15	2	—	—	—	—	—	—	2	11	4	2	—	—	1	—	—	1	1	8	—	—	—	—	—	—	—	—	—	—
	F	8	4	1	—	—	—	—	1	2	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
23 Appendicitis and Typhlitis	M	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	2	—	—	—	—	5	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24 Cirrhosis of Liver	M	2	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25 Acute and Chronic Nephritis	M	19	—	—	—	—	—	1	9	7	2	20	—	—	—	—	—	—	4	9	6	21	—	—	—	—	—	—	—	—	—	—
	F	21	—	—	—	—	—	3	3	9	5	20	—	—	—	—	—	—	—	6	7	—	—	—	—	—	—	—	—	—	—	—
26 Puerperal Sepsis	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
27 Other Accidents and Diseases of Pregnancy and Parturition	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	8	—	—	—	—	—	8	—	—	—	3	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
28 Congenital Debility & Malformation, Premature Birth	M	35	33	—	—	—	—	2	—	—	—	24	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	22	21	—	—	1	—	—	—	—	—	15	14	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
29 Suicide	M	8	—	—	—	—	—	—	5	2	1	13	—	—	—	—	—	6	7	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	1	1	—	—	4	—	—	—	—	1	—	—	—	—	—	—	—								

THE HISTORY OF THE UNITED STATES OF AMERICA

CHAPTER I. THE DISCOVERY OF AMERICA.

1. The discovery of America by Christopher Columbus in 1492.

2. The first voyage of Columbus to the New World.

3. The establishment of the first colonies in North America.

4. The growth of the colonies and the struggle for independence.

5. The American Revolution and the founding of the United States.

6. The early years of the United States and the expansion of territory.

7. The Civil War and the struggle for slavery.

8. The Reconstruction period and the rise of the Gilded Age.

9. The Progressive Era and the rise of the United States as a world power.

10. The two world wars and the Cold War.

11. The Vietnam War and the civil rights movement.

12. The Watergate scandal and the end of the Vietnam War.

13. The Reagan Revolution and the end of the Cold War.

14. The Clinton years and the end of the Vietnam War.

15. The Bush years and the end of the Vietnam War.

16. The Obama years and the end of the Vietnam War.

17. The Trump years and the end of the Vietnam War.

18. The Biden years and the end of the Vietnam War.

19. The future of the United States.