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ANNUAL REPORT

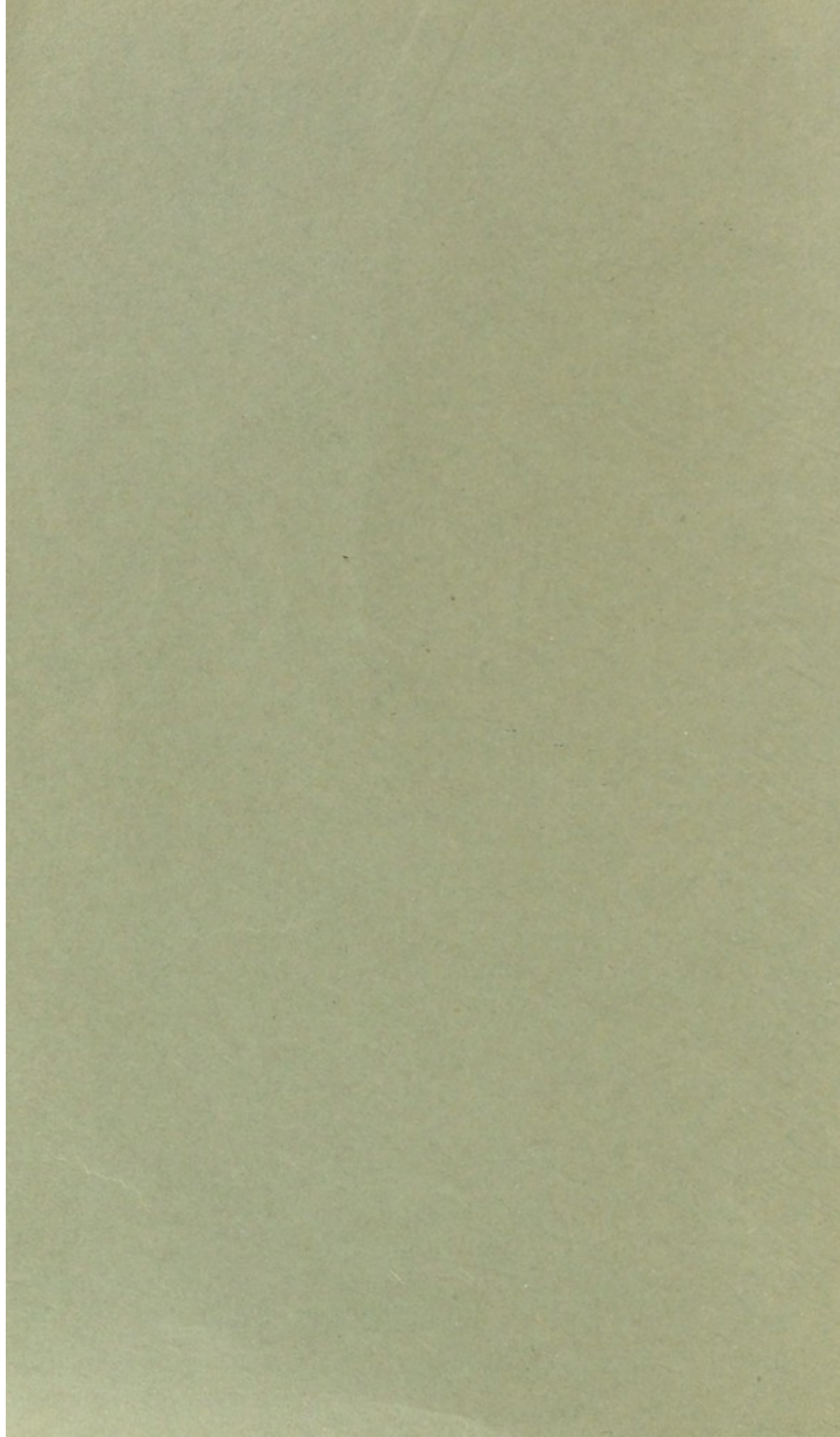
ON THE

HEALTH SERVICES
OF THE COUNTY

FOR THE YEAR 1939

KENNETH FRASER,

M.D., F.R.S.E., D.P.H., D.T.M.,
COUNTY MEDICAL OFFICER



COUNTY COUNCIL OF
CUMBERLAND

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Aldermen.

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ex-officio.

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RIGG, R.

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FRASER, Dr. W.

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KIRKBRIDE, T.
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STEPHENSON, T.

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HARRIS, Mrs. J.
WALKER, Miss C.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

A. MEDICAL OFFICERS.

Whole-Time

County Medical Officer—

Kenneth Fraser, M.D., F.R.S.E., D.P.H., D.T.M.

Deputy County Medical Officer—

Mark S. Fraser, M.D., D.P.H., F.R.C.S.E.

Also Medical Officer of Health for Maryport

Assistant County Medical Officers—

A. C. B. McMurtrie, M.C., M.D., F.R.C.S.E., D.P.H.,
Venereal Diseases Officer.

Arthur H. Towers, M.B., Ch.B., D.P.H., B.IIy.

Kenmure J. Thomson, M.B., Ch.B. (On Active Service).

Part-Time

H. C. Simpson, L.M.S.S.A., D.P.H.

Also Medical Officer of Health for Wigton R.D.C.

I. Spedding Jones, M.R.C.S., L.R.C.P., D.P.H.

Also Medical Officer of Health for Millom R.D.C.

Frederick W. Gavin, M.D., D.P.H. Also Medical Officer of
Health for Penrith R.D.C. & U.D.C.

C. A. Mason, M.B., Ch.B., D.P.H.

Also Medical Officer of Health for Keswick U.D.C.,
Cockermouth U.D.C., and Cockermouth R.D.C.

R. W. Macpherson, M.D., D.P.H.

Also Medical Officer of Health for Workington Borough

W. S. Dalgetty, M.B., Ch.B.

Also Medical Officer of Health for Alston R.D.C.

B. DENTAL OFFICERS.

Senior Dental Officer—

A. C. S. Martin, L.D.S.

Assistant Dental Officers—

Miss Jean Miller, L.D.S. (Resigned, May, 1939).

D. C. Lamond, L.D.S.

H. Christopher, L.D.S.

L. Rae, L.R.C.P. & S., L.D.S. (Appointed January, 1939)

J. M. Enderby, L.D.S. (Appointed June, 1939)

***C. SUPERVISOR OF MIDWIVES.**

Miss C. F. Illingworth

***D ASSISTANT SUPERVISOR OF MIDWIVES,**

Miss E. E. Jackson.

***E. HEALTH VISITORS AND INFANT LIFE PROTECTION VISITORS.**

Miss A. B. King

Miss J. Reid

Miss G. R. P. Brownlie

Miss E. Johnston

Miss E. M. Lawson

Miss J. N. Marchbank

Miss R. J. V. Hind

Miss M. E. Prescott

Miss M. A. Pope (Resigned August, 1939)

Miss M. Horn. (Appointed June, 1939. On Active Service)

* All the above are fully-trained Nurses with the C.M.B. Certificate. In addition Miss Illingworth, Miss Jackson, Miss Marchbank, and Miss Horn hold the Health Visitor's Certificate.

F. DENTAL NURSES.

Miss W. Ferguson

Miss M. J. Kelly

Miss B. H. Crellin

Miss E. Beaton.

Miss S. J. Usher.

G. AFTER-CARE SISTER, ORTHOPAEDICS.

Miss F. D. Nelson

H. COUNTY COUNCIL MIDWIVES.

Mrs. C. Benn

Miss B. Whitehead.

Miss G. Purdom.

Miss H. A. Swann.

Miss S. E. Warbrick.

Miss G. Swinburn. (Appointed January, 1939)

I. PART-TIME NURSE, VENEREAL DISEASES.

Mrs. M. S. Parker.

J. PART-TIME ORDERLY, VENEREAL DISEASES.

G. H. Longstaff

K. ADMINISTRATIVE OFFICER.

W. Butcher. Also Vaccination Officer.

L. COUNTY ANALYST.

C. J. H. Stock, B.Sc., F.I.C.

M. CONSULTANTS.*Diseases of the Eye—*

J. A. Ross, M.A., M.B., Ch.B.

A. W. Patton, M.R.C.S., L.R.C.P., D.O.M.S.

Diseases of the Ear, Nose, and Throat—

E. Craig Dunlop, M.B., B.S., F.R.C.S., Ed.

Robert S. Venters, M.B., Ch.B., F.R.C.S., Ed

Radiologists—

R. Connell, B.A., M.B., B.Ch., B.A.O., F.B.A.R.

R. Fawcitt, M.D., Ch.B., F.B.A.R.

Consultant in Obstetrics and Gynaecology—

A. W. Purdie, M.B., Ch.B., F.R.F.P.S. Glas., M.C.O.G.

(Resigned May, 1939)

(Appointment vacant for the remainder of the year).

Consultants in Orthopaedics—

Harry Platt, F.R.C.S., Eng.

E. S. Brentnall, F.R.C.S., Ed.

Anaesthetist—

Duncan Cameron, M.D., F.R.F.P.S.

Bacteriological Consultant—

J. Steven Faulds, M.B., Ch.B., Ed., F.R.F.P.S., Glas.

TO THE CUMBERLAND COUNTY COUNCIL.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to present my Eighth Annual Report on the Health Services of the County.

In accordance with the revised instructions of the Ministry in Circular 2,067, the report has been reduced to a minimum, and only contains the essential statistics, with a few pages of comments on matters of outstanding importance. The usual appendices have either been omitted, or incorporated in the body of the report. In accordance with the Ministry's instructions, all statistics normally included in the report have been compiled and retained for future reference.

It has not been possible to issue even this brief report at an earlier date because, for obvious reasons, the statistical returns from the Registrar-General for 1939 were only received in the late Autumn of 1940.

It would appear desirable, in writing this short and belated story of affairs connected with 1939, to bear in mind the fact that that year saw the outbreak of war, and to divide what few general observations seem desirable into two sections dealing with the pre-war and war periods, and it would also seem desirable, bearing in mind that this report is written late in 1940, and may not be in your hands until early in 1941, not to confine these observations strictly to the year with which this report is concerned.

PEACE.

It has been my custom in this report, in accordance with the instructions of the Health Committee, to endeavour to depict year by year the progressive steps of outstanding importance which have been taken in connection with the Health Services.

At the beginning of 1939 there were four outstanding building projects in contemplation, all of which had proceeded to the stage at which detailed plans had been prepared and approved by the Ministry, and where steps preliminary to actual construction work had been taken, such as the acquisition of appropriate sites.

These projects were :—

- (1) The development of the Cumberland Infirmary as a base hospital for the area.
- (2) The building of a new hospital at Whitehaven.
- (3) The building of a County Sanatorium.
- (4) The extension of the Maternity and certain other departments at the Workington Infirmary.

In all of these projects the County Council was financially interested.

Independently the Workington Infirmary had proceeded with the erection of an extensive X-ray and Physio-therapy department, and this very fine department has since come into effective operation.

The Maryport Cottage Hospital, too, had energetically proceeded with the erection of a new maternity unit to replace the cramped surroundings in which this section of the hospital's work had been previously undertaken. This effort by the Maryport Cottage Hospital was largely financed by a grant from the Commissioner for the Distressed Areas, and the County Council also made a financial contribution. This extension has now been in active use for some time, and has been so well conceived and executed that when, at the outbreak of war, it appeared probable that the maternity beds in the City General Hospital, Carlisle, would no longer be available for the reception of maternity cases, the Maryport Cottage Hospital Authorities unhesitatingly undertook to receive the main maternity unit for the entire County within their hospitable walls, thus relieving our minds of a grave anxiety.

The four main building projects above referred to have met with sharply different fates.

The Ministry have authorised, and indeed pressed for, the carrying out of the developments at the Cumberland Infirmary. It will be appreciated, however, that the Committee of Management have been faced with peculiar difficulties. Sharply rising prices, and the difficulty of obtaining firm tenders and materials, have inevitably inspired caution, and it was deemed desirable, and, indeed, imperative, to recast the entire scheme of expansion, and to drop, at least for the time being, a number of less important sections, and, further, to divide the reconstructed scheme into three sections.

The first of these sections—the erection of a new operating theatre—is in hand. The inauguration of the two remaining sections will depend on the circumstances prevailing as time goes on.

The Ministry also approved and urged the carrying out of the scheme of expansion at the Workington Infirmary, and this scheme, without restriction, is now in progress.

Most regrettably, the schemes for the County Sanatorium and the new hospital at Whitehaven have fallen by the wayside. They are deferred, and the promised grants from the Commissioner have unhappily moved into the realm of uncertainty. So, also, unhappily, has part of the Commissioner's grant for the Cumberland Infirmary expansion scheme should it be deemed necessary or desirable to defer the later sections of this scheme.

All this is utterly deplorable. There can be few areas in England in which the modernisation and expansion of the hospitals and the provision of a County Sanatorium was more urgently needed. One reason is, of course, the geographical isolation of Cumberland from any large hospital centre, and when one remembers that one small section of the scheme of development at the Cumberland Infirmary was the provision of a Sub-Radium Centre for the treatment of cancer cases in the population affected, say 350,000, it will be realised how tragic this arrest of progress is.

Even in these days men are visualising and planning post-war England. My view is that under no circumstances can the provision of a County Sanatorium and the plans for the better hospitalisation of our people be abandoned, and even at this stage I feel it desirable to say that should the projected schemes of hospital development unhappily collapse—as on financial grounds they obviously may—it will not relieve the County Council of their imperative and urgent duty of dealing in some way with the hospital situation.

This way might be the building of a County Hospital. I have never favoured this proposal, and I do not favour it now except as an alternative. The modern trend of hospital policy is to build larger hospitals or expand existing hospitals rather than to construct new smaller ones, but in whatever direction the solution lies there is no doubt that in due course a solution must be found.

VITAL STATISTICS.

The vital statistics for the year, which are dealt with later in this report, call for no special comment, except in one particular—the maternal mortality rate. We struck a bad year in maternal mortality. The total deaths amounted to twenty-two, nearly double the deaths for 1938, and nearly our highest figure for ten years.

WAR.

The outbreak of war, with its interruption of peace-time routine, inevitably brought in its train many problems affecting health services in general. A typical example of a kind which would probably surprise those not immediately concerned in the matter was the removal by pre-arranged plan on the outbreak of war, from the Cumberland Infirmary to a place of safety for a period, of the valuable stock of radium held at that Institution for the treatment of cancer.

So far as our County Health Services were concerned, the normal working was inevitably interrupted for a brief period. These services were, however, quickly resumed in full, and have, up to the end of 1940, been carried on without curtailment.

In fact, instead of curtailment there has been substantial expansion owing to the extensive official and unofficial evacuation which has taken place to this—up to the present—quiet area of England, and to the influx of members of the three Services with the families of a proportion of these, and also to the influx of persons connected with the various Government and industrial undertakings which have developed or are developing under war-time conditions, and to a not inconsiderable number of natives of Cumberland returning to their native heath under war-time conditions.

These problems of evacuation have been difficult in at least two particulars, both of an emergency nature. These particulars were the evacuation to Cumberland on the outbreak of war of some 10,000 school children from another area, and of some hundreds of expectant mothers, involving the establishment of an emergency maternity hospital at Gilsland, on forty-eight hours' notice. Certain aspects of these two matters are dealt with later.

War-time conditions, too, have made the maintenance of the Services more difficult in many ways. There have been transport difficulties owing to restricted public services,

shortage of petrol, and the black-out. The black-out, for a time, made the disposal of emergency maternity cases occurring at night extremely difficult. There has been some shortage of staff affecting all sections of the staff, although this department has so far been fortunate in being less seriously hit than some others.

On the top of these difficulties has lain the work of the organisation of the Casualty Services, involving the selection and establishment of first aid posts, first aid party depots and first aid points; the recruitment and training of large numbers of personnel, male and female; the establishment and training of a Civil Nursing Reserve with some hundreds of members; the supervision, storage and distribution of a mass of equipment; the organisation of the Emergency Hospital Service, and of Transport Services with large numbers of ambulances and a number of mobile units; the establishment of liaison between the Casualty Services and Service Camps and establishments of one kind and another, and between the Casualty Services and industrial undertakings; the establishment of a Casualty Bureau and many other matters.

In the organisation of all this I have received much help from the members of my staff, and from other members of the County Council staff. I feel that I should acknowledge particularly the help of Mr. Walker, the Public Assistance Officer, who has for many months now taken off my hands the records of the Nursing Services, and who has also taken over the organisation of the Casualty bureau, and also the help of Dr. McMurtrie, Mr. Martin, and Mr. Fisher of my department for their work in relieving me of the problems concerned with the mass of equipment on our charge. By the combined labours of many persons the organisation of the Casualty Services has emerged from the initial state of chaos—perhaps inevitable in the birth of substantial undertakings—into a coherent organisation capable of dealing with any problem which is likely to come its way, should the necessity for its services unhappily arise.

In the development of the Casualty Services, one matter has caused me many anxious moments, and that is the provision of an adequate number of casualty receiving beds and hospital beds for Service sick on a scale likely to be able to enable us to deal with these matters without hampering our normal Health Services, such as Midwifery. These matters have been under constant review.

One cannot help regretting, too, that this County has only been allotted a small share, in fact an insignificant share, in the building up of the National Emergency Hospital Service. We were prepared to make a substantial contribution to this Service, and our past freedom from air attack would seem to have supported our view that this is an area in which substantial emergency hospital development might have taken place. One realises, however, that this is a matter of higher policy which those living in any particular area can only view from their own necessarily restricted angle.

I have dealt at some length with the additional problems and work which the war has brought upon us, partly because it may be of public interest, and partly because the Editor of a local paper has seen fit, on I think three occasions—the last *after*, and in spite of a protest by the Chairman of the County Council—to publish editorial articles, the trend of which has been to affirm that the staff of the County Council have benefited (I think that is his contention) by a substantial reduction of work arising out of war conditions. In these editorials extravagant statements were made without corroborative evidence. A typical suggestion was that most officials were “finding it difficult to kill time.”

I do not propose to waste paper and ink on any lengthy reference to this matter, but in fairness to the members of my staff, who have met all the calls on their services in carrying out the work indicated above without any other thought than to make their humble contribution to the national effort, I would venture to say that during the past two years the staff of this department have not had any opportunity of suffering from boredom. In this respect I have no reason to suppose that this department is in any way exceptional.

INFECTIOUS DISEASES.

The position with regard to the provision of accommodation for infectious diseases under existing circumstances in the County is not satisfactory. This, of course, is a matter primarily affecting the Local Sanitary Authorities, and not the County Council. Representatives of the Local Sanitary Authorities have had two conferences with Officers of the Ministry of Health at which I have been present, and we have unanimously pressed for authority to provide additional accommodation. There have, in addition, been other conferences on the matter with the Officers of the Ministry. The provision of isolation hospital accommodation in the County under existing circumstances is very substantially below the figure suggested by the Ministry.

We have in the area, of course, very large numbers of evacuees, official and unofficial, service personnel, and other persons referred to earlier in this report, many of them living under abnormal conditions conducive to epidemics. There are two aspects :—(1) the provision of accommodation for minor conditions, such as measles, whooping cough, and so on, occurring among evacuated children living in billets—the epidemics of German Measles, &c., which occurred in the area early in 1940 emphasised the difficulty of this problem, and (2) the wider problem of a serious epidemic of a more important nature, such as cerebro-spinal fever, typhoid fever, or the like, which emphasises the inadequacy of our present position to meet the situation.

There is a widespread belief among those concerned with the public health that major epidemics of one kind or another are inevitable on the Continent of Europe during the progress of the war, and that such epidemics, should they occur, may reach this Country. We may also, of course, have spontaneous epidemics here, although with comparatively little dislocation of the public services up-to-date this is perhaps less likely. References have appeared in the Press about outbreaks of enteric fever on the Continent. Whether these reports have any substance I do not know. In this area last Spring, we had a comparatively small epidemic (some 50 cases) of cerebro-spinal fever, which at one time threatened to be serious, but which was got under control. No one concerned with the matter doubts that epidemics are by no means improbable.

I cannot see at the moment that any further steps can be taken, but the situation has certainly not improved by the commandeering of almost all the large unoccupied and suitable houses in the County for one purpose or another—suitable, that is to say, for emergency conversion for the reception of infectious cases. Really, our only remaining safeguard is the possibility of the adaptation of some part of Camerton Hospital for the reception of such cases.

VENEREAL DISEASES.

In all wars one of the anxieties of Public Health Authorities is the risk of the spread of venereal diseases. This matter is being closely watched. A new factor which has recently intervened is the decision to make Local Authorities responsible for the treatment of venereal diseases among Service personnel. It may be that this will seriously tax our clinics,

At the same time one is glad to be able to say that a survey made a short time ago shows that while the incidence of new cases of Gonorrhœa among males has very substantially *fallen*, and that of Syphilis remained stationery, there is little or no increase of either Gonorrhœa or Syphilis among females—at least no increase of patients presenting themselves for treatment at our Clinics. This is, of course, significant, because while up till now, with the treatment of venereal diseases among Service personnel not in our hands, the male population normally liable to infections of this kind has been substantially reduced, the reduction in the incidence of new cases among these was only to be anticipated. On the other hand, with a large influx into the area of males of all types from other parts of the Country, an increase in the incidence of venereal diseases among females would have been a possibility. It is very satisfactory to report that up to the end of 1940, no such increased incidence has occurred.

I have again to thank the Chairman and Members of the Health Committee, and many other Committees which I am supposed to attend, and often have not been able to attend owing to other work, for their forbearance and consideration.

I have to thank the members of my staff for their help in carrying out the work of the department under the difficult conditions of the day, which are common knowledge.

I am,

Your obedient Servant,

KENNETH FRASER,

County Medical Officer.

THE COURTS,
CARLISLE.

STATISTICAL AND SOCIAL CONDITIONS OF THE AREA

The essential vital statistics for the year 1939 are as under :—

POPULATION.

	At 1931 Census.		Estimated by Registrar General, Mid. 1939.	
Urban Districts ..	114,459	..	79,280	.. 80,540
Rural Districts ..	91,331	..	115,400	.. 118,400
Administrative County ..	205,790	..	194,280	.. 198,940

RATEABLE VALUE AND SUM REPRESENTED BY A PENNY RATE.

The rateable value of the County at 1st April, 1939, was £850,839. The estimated product of a penny rate was £3,200.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1939.

LIVE BIRTHS.

	Total Births.	Males.	Females.
Legitimate	2,916	1,512	1,404
Illegitimate	170	97	73
Total Births	3,086	1,609	1,477

Birth Rate per 1,000 population—15.9.

For the calculation of the Infantile Mortality Rate the Registrar-General gives the following figures :—

Legitimate	2,939	1,522	1,417
Illegitimate	170	97	73
Total Births	3,109	1,619	1,490

STILL BIRTHS.

	Total Still-Births.	Males.	Females.
Legitimate	125	73	52
Illegitimate	4	1	3
Total Births	129	74	55

Rate of Still-Births per 1,000 total births is 40.

DEATHS.

Total Deaths.	Males.	Females.
2,668 ..	1,335	1,333
Crude Death Rate per 1,000 population—13.4.		
Adjusted Death Rate do. 12.9.		

(using the area comparability factor supplied by the Registrar-General)

DEATHS FROM DISEASES AND ACCIDENTS OF PREGNANCY AND
CHILDBIRTH.

From Sepsis	..	..	..	..	5
Other Causes	..	..	..	..	17

Maternal Death Rate per 1,000 Total Births—6.7.

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE.

All Infants per 1,000 Live Births	..	..	55.6
Legitimate Infants per 1,000 Legitimate Live Births	..	..	55.12
Illegitimate Infants per 1,000 Illegitimate Live Births	..	..	64.7
<u>DEATHS FROM CANCER (ALL AGES)</u>	..	..	331
<u>DEATHS FROM MEASLES (ALL AGES)</u>	..	..	2
<u>DEATHS FROM WHOOPING COUGH (ALL AGES)</u>	..	..	13
<u>DEATHS FROM DIARRHŒA (UNDER 2 YEARS)</u>	..	..	6

The 3,086 live births were distributed among the Urban and Rural Districts, as follows :—

BIRTHS, 1939.

URBAN DISTRICTS				Total Births.	Legitimate.	Illegitimate.	Birth Rate.
Cockermouth	..	..	..	79	71	8	16.4
Keswick	..	..	..	38	37	1	8.7
Maryport	..	..	..	184	173	11	16.4
Penrith	..	..	..	169	160	9	16.0
Whitehaven	..	..	..	414	398	16	18.5
Workington	..	..	..	433	421	12	15.9
<i>Aggregate of Urban Districts</i>				1317	1260	57	16.6
RURAL DISTRICTS							
Alston	..	..	..	28	27	1	12.2
Border	..	..	..	372	342	30	14.5
Cockermouth	..	..	..	249	237	12	14.1
Ennerdale	..	..	..	450	425	25	17.2
Millom	..	..	..	180	170	10	15.9
Penrith	..	..	..	155	145	10	14.0
Wigton	..	..	..	335	310	25	16.1
<i>Aggregate of Rural Districts</i>				1769	1656	113	15.4

The 2,669 deaths were distributed among the Urban and Rural Districts, as follows :—

DEATHS, 1939.

URBAN DISTRICTS	Total.	Males.	Females.	Crude Death Rate	Adjusted Death Rate
Cockermouth	77	34	43	15.5	13.0
Keswick	67	28	39	14.6	11.7
Maryport	152	71	81	13.4	13.3
Penrith	137	60	77	14.2	12.4
Whitehaven	287	149	138	12.7	13.2
Workington	384	193	191	14.0	15.0
<i>Aggregate of Urban Districts</i>	1104	535	569	13.7	13.8
RURAL DISTRICTS					
Alston	38	16	22	15.7	14.1
Border	338	165	173	12.6	10.3
Cockermouth	219	117	102	12.1	11.6
Ennerdale	366	196	170	13.8	14.5
Millom	160	76	84	13.8	12.0
Penrith	134	67	67	11.7	10.4
Wigton	309	163	146	14.2	11.9
<i>Aggregate of Rural Districts</i>	1564	800	764	13.2	12.0

There is nothing very striking in the foregoing figures, except, of course, the rise in the maternal deaths from 12 to 22. This matter is dealt with later in the report.

It will be noted that duplicate population figures are given by the Registrar-General. I do not know what these figures mean. Column A. is the figure on which the birth rate is calculated. Column B. is the figure on which the death-rate is calculated.

The estimation of the population under existing conditions is obviously a matter of extreme difficulty. In fact I do not see how anyone could even approximate, except possibly through ration books, the actual figure, especially for the current year of 1940, during which so many unofficial evacuees have come to the County, and so many temporary residents are employed on munition works and industrial undertakings.

With the evacuation to Cumberland of considerable numbers of elderly people it is, I imagine, probable that the death rate for 1940 will show an increase. From a different aspect the birth rate, as is usual in times of prosperity, will also probably show an increase.

In the birth figures for the various districts the fall in the birth rate at Keswick to 8.7 is the most outstanding point. The birth rate for Keswick is always low compared with the rest of the County, but this year it has fallen to very nearly half of the County birth rate.

There is nothing outstanding in the death returns for the various districts, except that the number of deaths in Workington has risen by a rather considerable figure, while the deaths for Alston have fallen, bringing the death rate for that area more into line with the rest of the County.

PRINCIPAL CAUSES OF DEATH.

Cause of Death.	No. of Deaths.	
	1938	1939
Heart Disease	663	650
Cerebral Hæmorrhage, &c.	169	200
Other Circulatory Diseases	142	163
Cancer, Malignant Disease	338	331
Senility	118	166
Congenital Debility, Premature Birth, &c. ..	106	108
Pulmonary Tuberculosis	115	124
Other Tuberculous Diseases	34	30
Pneumonia (all forms)	105	108
Deaths by Violence (including Suicide) ..	135	128
Acute and Chronic Nephritis	64	74
Bronchitis	77	81
Diabetes	43	36
Influenza	31	44

In the above figures I have included for comparison the figures for the previous year. The rise in the deaths from "Cerebral Hæmorrhage" and "Other Circulatory Diseases" is considerable, as also is the number of deaths from "Senility," but, of course, these figures jump about a good deal from year to year.

INFANTILE MORTALITY.

Of the 3,109 live births during the year, 173 infants died before reaching the age of 12 months. The infant death rate per 1,000 live births is, therefore, 55.6—compared with the rate for 1939 for England and Wales of 50. The causes of death are shown in the following table :—

Causes of Deaths.	No. of Deaths.	
	1938	1939
Congenital debility, premature birth, etc.	105	107
Pneumonia (all forms)	22	20
Bronchitis	8	11
Diarrhoea, &c.	16	5
Other digestive diseases	8	5
Whooping Cough	1	9
Deaths by violence	1	1
Other defined diseases	16	11
Other respiratory diseases	—	2
Other circulatory diseases	—	1
Non-pulmonary Tuberculosis	3	—
Measles	4	—
Influenza	—	1
	184	173

The fall in the infantile mortality rate from 59.5 to 55.6 is satisfactory. We are, however, still above the figure for England and Wales, which for 1939 is 50. The comparable figures for 1938 are given, from which it will be seen that there are two points of interest. One is the fall in deaths from Diarrhoea from 16 to 5, and the other is the rise in deaths from Whooping Cough from 1 to 9.

This latter figure perhaps once more emphasises the point which has been repeatedly raised in these reports as to the desirability of the reception of severe cases of Whooping Cough, Measles, and other so-called minor infectious diseases, into our isolation hospitals. The pulmonary complications of these diseases from time to time contribute substantially to the mortality figures for the area among infants and young children. A recent issue of the "Medical Officer" goes so far as to suggest that Measles and Whooping Cough should have a prior claim to beds over Scarlet Fever, which latter disease is, at present, of small significance.

Arranged in the order of the infant mortality rates, the Urban and Rural Districts stand as shown in the table which follows. The mortality rate for the aggregate of the Urban Districts remains almost the same as for the previous year (54), but the aggregate for the Rural Districts has fallen substantially to the figure of 55 as compared with 64 for the previous year.

Among the Urban Districts the chief rise in the number of infant deaths is in Whitehaven. The chief falls are in Keswick—where there were no infant deaths as compared with three for the previous year—in Penrith Rural, where there were three deaths as compared with 14 for 1938, and in Cockermouth Rural, where the deaths fell from 21 to 12. The only rise in infantile mortality in the rural areas occurred in the Ennerdale Rural District, where the figures rose from 25 to 33. Of course, all these figures are small, and no deductions of any importance can be made from them.

URBAN DISTRICTS.						No. of Infant Deaths.	Rate.
Whitehaven	..	..	..	..	..	31	74
Cockermouth	..	..	..	..	..	5	61
Workington	..	..	..	..	..	23	53
Penrith	..	..	..	..	..	8	47
Maryport	..	..	..	..	..	8	43
Keswick	..	..	..	..	..	—	—
Aggregate of Urban Districts						75	56
RURAL DISTRICTS.							
Ennerdale	..	..	..	..	..	33	72
Wigton	..	..	..	..	..	21	62
Border	..	..	..	..	..	19	51
Millom	..	..	..	..	..	9	50
Cockermouth	..	..	..	..	..	12	48
Alston	..	..	..	..	..	1	36
Penrith	..	..	..	..	..	3	19
Aggregate of Rural Districts						98	55

1939 Rate for England & Wales	..	..	..	50
1939 Rate for Cumberland County	..	..	..	55.6

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

LABORATORY FACILITIES.

Nothing much happened during the year under this heading, but it may be well to record that in 1940 the County Council agreed to co-operate in the Emergency Public Health Laboratory Service in connection with their arrangements at the Cumberland Infirmary. This scheme may be of considerable importance to us, should epidemics develop on a large scale.

One point which created considerable difficulty on the outbreak of war was the shortage in the supply of guinea-pigs, and for a time the testing of milk samples for tuberculin infection had to be suspended. Fortunately this difficulty has now been overcome.

AMBULANCE FACILITIES.

So far as peace-time ambulance facilities are concerned, there has been no change, but the outbreak of war saw the temporary co-ordination of the peace-time ambulance service with the emergency war service of converted ambulances into one more or less concrete whole, so that at the moment ambulances of one kind or another are dotted all over the County in considerable numbers.

NURSING IN THE HOME.

Inevitably evacuation to this area has brought in its train certain problems, and the affiliated branches of the Cumberland Nursing Association have, in their respective districts, done very good work in dealing with these evacuees, particularly in respect of evacuated children, and, for some months, evacuated expectant mothers.

It may be worth while here to refer for a moment to the difficulties created for our District Nurses by the abnormal spell of severe weather in the winter of 1939-1940. As we all know, for some weeks the roads in various parts of the County were impassable, or nearly so, on account of frost and snow. Some communities were isolated, and individual houses were completely isolated for long periods. Under these circumstances the work of the District Nurses was unusually arduous. On more than one occasion the action

taken by District Nurses in getting to their patients under conditions of extreme difficulty came to my notice. In one or two instances nurses even assisted in cutting a road to their patients' homes through the snow.

The determination of the District Nurses to reach their patients under circumstances of the greatest difficulty has been shown in the past on not a few occasions in Cumberland, and the work done by the District Nurses during the past winter has been in keeping with the best traditions of the service.

CLINICS AND TREATMENT CENTRES.

VENEREAL DISEASES CLINICS, ORTHOPÆDIC AND DENTAL CLINICS.

No changes have taken place under these headings during the year, except that in Aspatria the dental staff moved into the new building as the first tenants. The use of this clinic for the purposes of a general County Treatment Centre has necessarily had to remain in abeyance for the present, owing to (a) shortage of staff, (b) difficulty in obtaining equipment.

HOSPITALS.

Reference has been made to the general hospital position in the opening letter. In addition to the matters dealt with there, one or two proposals for the improvement of the hospital facilities have been considered by the Authorities concerned. The general impression, however, is that the present time is not opportune for new undertakings.

The provision of emergency hospital accommodation to deal with the war situation hardly concerns this report. A mass of problems has arisen involving structural alterations, storage of equipment, distribution of additional beds, the building up of a Civil Nursing Reserve for the area, decontamination provision, and many other matters, some of great difficulty. One very difficult question has been the arrangements for dealing with Service sick in large numbers. Other questions have been the training of voluntary stretcher bearers, ambulance transport, etc. Most of these questions are either settled, or on the way to solution.

The extension of Crozier Lodge Infectious Diseases Hospital, Carlisle, for the reception of cases of Puerperal Sepsis has been completed.

THE PUBLIC ASSISTANCE MEDICAL SERVICE.

(A) INSTITUTIONAL SERVICES.

There are in the County of Cumberland the following Institutions and Homes maintained under the provisions of the Poor Law Act, 1930 :—

Station View House, Penrith.
Highfield House, Wigton.
Meadow View House, Whitehaven.
Englethwaite Boys' Home, Armathwaite.
Lark Hall Girls' Home, Penrith.

All these establishments continue to function in an efficient manner, and are carefully and economically administered. The two Homes make special provision for the maintenance of the boys and girls received.

All the establishments which were originally included in the Emergency Hospital Scheme, with the exception of Meadow View House, Whitehaven, and Penrith, have been temporarily suspended from the Scheme, although, since the commencement of the war, numerous cases of evacuees requiring Hospital or Institution treatment, and a number of Service sick have been received into the three main Institutions.

During the twelve months ended 31st December, 1939, the normal admissions of the three main Institutions under the Poor Law Code were 557, discharges 497, deaths 111, and live births 10 ; the latter all occurring in Meadow View House, Whitehaven.

Maintained in Station View House, Penrith, and Meadow View House, Whitehaven, were 4 and 10 persons respectively, detained therein under sections 24 and 25 of the Lunacy Act, 1890.

(B) DOMICILIARY MEDICAL RELIEF SCHEME.

The Open or Free choice system of medical attention for the Sick Poor has now operated in the major part of the administrative County since the 1st October, 1937, and the records of cases treated under the Scheme have been systematically examined from time to time.

The Scheme has now been brought into line with the financial years ending in March, and the following statistics relating to the year ended March 31st, 1940, show :—

- (a) the number of cases receiving treatment in each quarter.
- (b) the number of visits paid by practitioners to the homes of patients.
- (c) the number of patients who consulted practitioners at their surgeries.
- (d) and the number of bottles of medicine dispensed.

<i>Quarter Ended.</i>	<i>No. of Cases.</i>	<i>Home Visits.</i>	<i>Attendances at Surgery.</i>	<i>Medicines Issued.</i>
30/6/39	1297	3045	2231	4914
30/9/39	1222	2618	2215	4471
31/12/39	1323	3100	1638	5962
31/3/40	1444	4321	1372	6257
	5286	13084	7456	21604

Of 852 persons included in the Permanent Medical Relief List, 442 actually received Medical Relief during the financial year ended 31st March, 1940.

The free choice system naturally calls for more detailed records than is the case where District Medical Officers continue to function under the old scheme, and the information thus obtained does give the Public Assistance Authority an indication (previously not available) as to the extent of Domiciliary Medical Relief in the County.

The Open Choice system has continued to work smoothly and satisfactorily to the patients, the practitioners, and the Public Assistance Committee.

At the end of each financial year the whole of the medical record cards returned by the Contracting Medical Practitioners are systematically examined, points borne in mind being, for example :—

- (a) Cases where over-visiting might be apparent ;
- (b) cases where there might appear to be insufficient visiting or inadequate treatment ;
- (c) cases where the County Medical Services might have been indicated and employed, e.g., cancer, crippling, prevention of blindness, tuberculosis.

The result of the examination of the record cards for the year ended 31st March, 1940, reveals that, with few exceptions, the same are well kept, and that the patients have received adequate attention.

MEDICINES, &c.

In the districts where the Open or Free choice system is in operation, Contracting Practitioners, under the terms of the Scheme, dispensed medicines, but in one district, i.e., Maryport, where there is a specially appointed part-time practitioner, prescriptions are issued by him on local chemists, which after being dispensed are periodically referred to the Pricing Bureau, payment being made to Contracting Chemists on the basis of the Bureau's final certificates.

SPECIAL DRUGS, MEDICINES, &c.

Cases requiring the above continue to be referred for approval, and during the year in question 195 orders and repeat orders were issued at a cost of £156 17s. 9d.

MEDICAL RELIEF—EVACUATED PERSONS.

During the year ended 31st March, 1940, 67 women evacuees and their children received medical treatment under the Committee's Scheme at a cost of £36 5s. 0d., representing amounts due to Contracting Practitioners. This amount is recoverable from the Ministry of Health.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

I am indebted to the Clerk to the Joint Mental Deficiency Committee for a copy of the Annual Report on the work of the Joint Committee for the year, from which I take the following extract dealing with institutional accommodation:—

"On the 31st December, 1939, there were 390 patients chargeable to the Joint Committee under order in Institutions or on licence therefrom. The distribution of cases as between the three constituent authorities is set out in the following table:—

		Males.		Females.		Total.
Cumberland ..	..	108	..	134	..	242
Westmorland ..	..	46	..	33	..	79
Carlisle ..	..	33	..	36	..	69
		187	..	203	..	390

The distribution of these cases among Institutions is analysed as follows :—

At Dovenby Hall Colony	..	..	257
At Milnthorpe Institution	..	..	54
At The Royal Albert Institution	..	..	18
At Rampton State Institution	..	..	16
At Durran Hill House	..	..	11
At Other Institutions	..	..	34
			390

In our last two Reports we have emphasised the need for the provision of further accommodation for male patients at Dovenby Hall. This need was recognised by the Committee, and it had been agreed in principle that steps should be taken to meet the need. It is one of the inevitable consequences of the war that any action to this end must be postponed until happier times. The problem of accommodation for males still remains ; it has, during the year under review, become more acute and in the period which must necessarily elapse before new accommodation can be provided it is certain to present difficulties of a very grave character."

MATERNITY AND CHILD WELFARE. MATERNAL MORTALITY.

There was a serious increase in the number of maternal deaths occurring in the County during the year. The total deaths are 22, being the highest figure for a number of years ; the corresponding figure for 1938 being 12. The maternal death-rate per 1 000 births is, therefore, 6.7. The corresponding figure for England and Wales is not available, but references have been made to a probable lower figure for the Country than for 1938, in which year the figure was 2.97. The corresponding figures for Cumberland for the years immediately preceding are as follows :—

14 deaths equal to a rate of 4.06 in 1935
13 " " 3.94 in 1936
4 " " 1.23 in 1937
12 " " 3.88 in 1938

The 22 deaths which occurred in 1939 are divided as follows :—

Puerperal Sepsis	..	..	..	5
Other Puerperal Causes	..	..	..	17

DISTRIBUTION OF DEATHS BY AREAS.

	<i>Puerperal Sepsis.</i>		<i>Other Puerperal Causes.</i>	
Workington Borough	..	—	..	3
Whitehaven Borough	..	—	..	3
Maryport Urban	..	—	..	1
Alston Rural	..	—	..	1
Border Rural	..	1	..	4
Ennerdale Rural	..	—	..	1
Millom Rural..	..	1	..	—
Wigton Rural	..	1	..	—
Penrith Urban	..	1	..	—
Keswick Urban	..	—	..	2
Cockermouth Rural	..	1	..	—
Penrith Rural	..	—	..	2
		5	..	17

Among the deaths classified as "other puerperal causes," the death certificates show the cause of death to be as under:—

Post-mortem Shock : Placenta Prævia	..	1
Heart Embolus	.. .. .	1
Eclampsia	.. .. .	1
Acute Eclampsia—Cerebral Hæmorrhage	..	1
Post-partum Hæmorrhage	.. .. .	2
Fallopian Tube Hæmorrhage	.. .. .	1
Concealed Ante-partum Hæmorrhage	.. .. .	1
Shock : Operation, Mesenteric Thrombosis	..	1
Uræmia due to ascending pyelonephritis	..	1
Shock and Hæmorrhage : Rupture of Uterus & Placenta Prævia, Labour and Pregnancy		1
Embolism : Phlebitis after Parturition : Varicose Veins	.. .. .	1
Peritonitis—Operation : Contracted Pelvis, Pregnancy	.. .. .	1
Pulmonary Embolism : Cæsarean Section : Contracted Pelvis	.. .. .	1
Pulmonary Embolism—Parturition	.. .. .	2
Placenta Prævia	.. .. .	1

Of the total deaths 12 occurred in hospital, and 10 at home.

The above maternal mortality figures call for some comment. They are, of course, very high even for this County with its unfortunate record of maternal mortality, and are probably double or more than double the rate for the whole Country. Deaths from sepsis were the highest since 1934. It will be noted that 6 of the 22 deaths were due to hæmorrhage, and 3 followed Cæsarean Section. The last quarter of the year gave much the worst figures in spite of the fact that during this quarter we had available an obstetric Consultant of very high standing, whose services are referred to later. In at least two of the cases death occurred within one hour of the case coming to our notice.

The influence of the onset of war is difficult to assess. Strain and excitement, the black-out, and other factors contributed much to the difficulties of the situation. As an example of these difficulties reference may be made to one case which occurred early in 1940 during the severe weather.

I received a telephone message late at night from the midwife to say that she was in attendance on a woman in a fell-side cottage, that she was gravely disturbed at the patient's condition, that snow was falling heavily, and that she expected to be cut off from the outside world at any time. She asked for the removal of the patient by ambulance. Removal would have involved a journey in the black-out of about 30 miles, with no certainty that the ambulance would have been able to bring the patient to her destination. Weighing up the situation, it seemed in the patient's best interests to retain her at home, and to summon medical assistance, and I so advised the midwife. Unfortunately within an hour the patient was dead, and had removal been attempted, she would have died in the ambulance.

Two of the maternal deaths occurred among evacuee women.

The work of the ante-natal scheme during the year is shown in the following tables :—

		Ante-natal Examinations by Private Practitioners.		Ante-natal Examinations at Clinics.		Total
Examined at Surgery	.. ..	452	..	—	..	
Examined at Home	.. ..	909	..	—	..	
		1361	..	21	..	1382
Findings at Examinations—						
Normal	.. ..	768	..	3	..	771
Abnormal	.. ..	593	..	18	..	611
Number of Further Examina-						
tions	.. ..	1042	..	54	..	1096
Post-Natal Examinations	.. ..	7	..	—	..	7
Recommended for Hospital—						
On Account of Home						
Conditions	.. ..	116	..	1	..	117
On account of Patient's						
Condition	.. ..	78	..	3	..	81
Recommended to have Dr. at						
Confinement	.. ..	17	..	—	..	17
Specialist's opinion recommended	.. ..	46	..	8	..	54
Extra nourishment recommended						
and granted	.. ..	128	..	8	..	136
Dental treatment recommended in 232 cases.						
Actually treated, 128 cases. 104 cases refused treatment or cancelled.						

SUMMARY OF ABNORMALITIES FOUND ON ANTE-NATAL EXAMINATION :—

Anæmia and General Debility	.. ..	19
Albuminuria and Oedema	.. ..	63
Varicose Veins	.. ..	142
Vaginal Discharge	.. ..	30
Malpresentation	.. ..	28
Heart Condition	.. ..	18
Dental	.. ..	155
Contracted Pelvis	.. ..	58
Hæmorrhage	.. ..	13
Hyperemesis Gravidarum	.. ..	3
Pyelitis	.. ..	7
Tuberculosis	.. ..	2
History of Difficult Labours	.. ..	4
Failure of Head to engage	.. ..	5
Raised Blood Pressure	.. ..	26
Glycosuria	.. ..	6
Other Abnormalities—unsatisfactory general health	.. ..	32

The figures in these tables do not differ very materially from those of the previous year. Perhaps the chief difference is that there is a considerable drop in the number of expectant mothers found to be in some way abnormal at the ante-natal examinations, the figure falling from 734 in 1938 to 611 in 1939. The number of ante-natal examinations conducted at the County Council's clinics has now fallen to almost vanishing point, which is in accordance with the declared policy of the County Council, whereby the ante-natal examination of the expectant mothers directly by the medical practitioners of the area is the object aimed at. Post-natal examinations have also practically vanished—the figure it will be noted having fallen to seven, whereas on the experience of other areas it should be nearer 700. It is difficult to see that anything can be done about this until some adequate bed provision is made for the treatment of diseases of women in the area. The number of recommendations for confinement in hospital has risen considerably, now reaching approximately 200. The number of recommendations for admission to hospital for confinement on account of the clinical condition of the patient has risen materially, which is very satisfactory, in view of the fact that so many fewer women were found to have abnormalities in their pregnancies during the year. The summary of abnormalities found on ante-natal examination does not show any great divergence from previous years. The number of cases recommended for extra nourishment was 136.

Some years ago there was a considerable investigation conducted in Wales, I think, on the relationship of nutrition to maternal mortality, and at that time I quoted the figures of extra nourishment granted in Cumberland year by year compared with the annual incidence of maternal deaths. The table at that time seemed to show that there might be some relationship between these two factors. The Council will note in the following table the trend of affairs over the past few years and it does seem to some extent to show that maternal mortality has an inverse ratio to extra nourishment. This may, of course, be purely accidental, and the figures cannot be regarded as convincing. Recommendations for extra nourishment are, of course in the hands of the examining medical practitioners and in practically every case when extra nourishment is recommended it is granted.

<i>Year.</i>	<i>Nourishment Granted.</i>				<i>Maternal Deaths.</i>
1933	..	..	148	..	23
1934	..	..	206	..	17
1935	..	..	278	..	14
1936	..	..	295	..	13
1937	..	..	238	..	4
1938	..	..	234	..	12
1939	..	..	136	..	22

Dr. Purdie, who was appointed to the post of Consultant in Gynæcology and Obstetrics for the County in 1938, resigned his appointment early in 1939. For some months we carried on with local arrangements, but on the outbreak of war, when we were required, as part of our contribution to the National effort to provide for some hundreds of evacuated expectant mothers from Tyneside we opened the Convalescent Home at Gilsland as an emergency maternity hospital. Mr. Snaith, a whole-time obstetrician from Newcastle, was transferred from that area to look after the evacuated mothers, and he also, from the date of his appointment, acted as Obstetrical Consultant in the County area. His work was of the very highest value to us both in relieving us of much of the strain of looking after the evacuees and also in regard to our own cases. The emergency maternity home at Gilsland was a conspicuous success, and owing to the co-operation of all concerned, chiefly the County Architect, Mr. Snaith, and the Matron, the place was got going as a maternity hospital in little more than 48 hours, and 50 women were admitted direct from the train. Very rapidly thereafter an operating theatre was established, and additional labour wards were provided. In all 201 women were confined at Gilsland, including ten of our own cases. The maternity home at Gilsland was closed down early in 1940, owing to the return of so many expectant mothers to their own areas, and to the absence of fresh evacuees. An ante-natal annexe opened in Brampton was also closed.

During the year a start was made with ante-natal clinics in West Cumberland at which Dr. Purdie attended until he left. These clinics were held fortnightly at Workington and Whitehaven, and were made widely known to all practitioners in the area, and also to the two local Authorities. The results were disappointing in the extreme. In all during three months only 10 cases attended at Workington, and 14 at Whitehaven, and the great majority of these were sent by the County Health Department. Whether under normal conditions these clinics should be re-opened will be a matter for the future.

Three-hundred-and-nine cases were admitted to hospitals or nursing homes for treatment or confinement during the year, which is rather higher than for 1938. This figure does not, of course, tally with the figure shown below, which latter figure includes re-admissions and transfers. Once or twice during the year our small number of maternity beds were fully occupied, and it was extremely difficult at these times to find admission for certain cases. However we are still able to say that we have never refused a case.

The 309 cases were admitted to hospitals for the following reasons :—

Home conditions unsatisfactory	128
General condition, anæmia, etc.	5
Albuminuria	24
Contracted pelvis	19
Bad previous history	13
Raised blood pressure	8
Eclampsia	5
Cæsarean section	2
Hyperemesis gravidarum	1
Malpresentation	7
Abortion	13
Puerperal Sepsis	13
Varicose veins	3
Hæmorrhage	22
Glycosuria	3
Heart condition	13
Pyelitis	3
Delayed labour	9
Other causes	18
	309

Most of these cases were admitted to the following hospitals. For the purposes of comparison the figures for the previous year are given :—

	1938.	1939.
Whitehaven & West Cumberland		
Hospital	49	49
Workington Infirmary	39	37
Victoria Cottage Hospital, Maryport	21	62
Carlisle Corporation Maternity Home	10	3
Carlisle City General Hospital ..	118	120
Alston Cottage Hospital	3	3

Brampton Cottage Hospital	..	—	..	4
Cumberland Infirmary	..	..	—	1
Gilsland Maternity Home	..	..	—	10
		240	..	289

In addition 35 cases were otherwise admitted—19 cases of sepsis to the Carlisle Infectious Diseases Hospital, at Crozier Lodge, and 16 to private nursing homes. Emergency admissions amounted to 71, as compared with 86 in 1938.

In addition to the cases referred to above, in which confinement took place in hospital or in private nursing homes, ten confinements took place in the maternity ward of the Public Assistance Institution at Whitehaven during the year.

The number of visits paid during the year by Health Visitors, County Council Midwives and District Nurses, to expectant mothers amounted to 12,604. These figures exclude Workington (3,565), Alston (103), and midwives practising independently (1,777).

Home Helps were provided in 11 cases, and one case was sent to the Silloth Convalescent Home after the confinement.

INFANTILE MORTALITY.

This question has been dealt with in the first section of this report.

HEALTH VISITING.

The number of visits paid by the whole-time Health Visiting Staff and District Nurses during the year to children under 1 year of age amounted to 20,989, and to children between 1 and 5 years, 17,411.

The attendances at the Maternity and Child Welfare Centres continued to show an increase. The number of children attending under 1 year of age was 597, and between 1 and 5 years, 686. The total attendances at these centres amounted to 4,942. Some 400 children under 5 years of age received treatment for dental or eye defects, or for ear, nose and throat conditions. Orthopaedic treatment is dealt with elsewhere in this report.

The voluntary Maternity & Child Welfare Centres at Wigton, Penrith and Cockermouth continued their good work.

At the Penrith centre 271 children under 5 years of age attended, making nearly 2,000 attendances. These figures show a very substantial increase over the previous year. At Cockermouth 92 children attended making 439 attendances, and at Wigton 57 children attended, making 275 attendances.

MATERNITY AND NURSING HOMES.

One registered nursing home was closed during the year.

PUERPERAL PYREXIA.

During the year 34 cases were notified, compared with 43 cases during the previous year. The usual table reviewing the notifications over a period of years is omitted.

CHILDREN AND YOUNG PERSONS ACT, 1933.

The work of supervision and visitation of the children who are boarded-out under the terms of the above Act has been carried out, as hitherto, by the whole-time Health Visitors of the County Council, who are designated, and specially approved as Infant Life Protection Visitors.

No case of child neglect among these boarded-out children came to our notice during the year.

REPORT ON VISITATION OF CHILDREN FOR THE YEAR ENDED 31st DECEMBER, 1939.

	<i>Legit.</i>		<i>Illeg.</i>		<i>Total</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
A. No. of Children under supervision on 1st January, 1939	5	3	15	11	20	14
B. No. brought under supervision during year ended 31st December, 1939	1	1	7	4	8	5
C. No. removed from Register during the year ended 31st December, 1939	2	1	6	6	8	7
D. No. remaining under supervision as at 1st January, 1940	4	3	16	9	20	12
E. Total No. of 1st Visits to Homes by Health Visitors ..					13	
" .. Re-visits					201	
" .. of Children concerned					47	

MIDWIVES.

During the year 159 midwives notified their intention to practise. There were 12 changes among the nurse-midwives employed by Nursing Associations affiliated to the Cumberland Nursing Association.

The Supervisor of Midwives paid 253 routine visits of midwifery inspection, and 70 special visits in connection with Puerperal Pyrexia, Ophthalmia, and other matters.

The area of Nicholforest remained the only area unprovided with a midwife, but at the time of writing, owing to the generosity of a lady resident in the area, a solution is likely to be found, which, if it materialises, will be referred to in the next annual report.

During the year Renwick Nursing Association was disbanded. The work is being temporarily undertaken by the surrounding Nursing Associations of Armathwaite, Lazonby and Skirwith. Plans for the adjustment of Nursing Association boundaries in certain areas of the County were considered, including certain amalgamations. The changes arising out of these proposals might in one or two instances be considerable, and the Committee of the Cumberland Nursing Association considering this matter decided that the time was not opportune to proceed with these proposals.

One-thousand-eight-hundred-and-two cases were attended by midwives as "midwives" cases. These figures include the boroughs of Workington and Whitehaven. The midwives also attended 698 cases as maternity nurses. Medical help was summoned on 1,125 occasions.

Even in a restricted report like the present, I think it is worth while detailing the conditions for which medical help was sought. These are set out in the following table:—

FOR THE MOTHER.	District Nurse Midwives	Indepen- dent Midwives	Municipal Midwives	Unaffilia- ted Midwives	
<i>Pregnancy.</i>					
Abortions	26	5	21	—	52
Albuminuria	49	1	28	—	78
Oedema	21	1	9	—	31
Varicose Veins	5	—	—	—	5
High Blood Pressure	6	1	2	—	9
Vaginal Discharge	8	2	4	1	15
Sickness	7	—	—	—	7
Eclampsia	3	—	1	—	4
Rash	4	1	—	—	5
Post Maturity	1	1	4	—	6
Unsatisfactory Condition ..	104	5	33	—	142

Labour.

Premature Birth	3	1	5	—	9
Prolapsed Cord	4	—	3	—	7
Previous Bad History ..	1	—	3	—	4
Heart Condition	1	3	1	—	5
Maternal Distress	4	1	—	—	5
Delayed Labour	148	18	69	—	235
Ruptured Perineum	104	12	92	2	210
Contracted Pelvis	2	—	—	—	2
Haemorrhage	34	8	15	4	61
Placenta Praevia	—	—	1	—	1
Retained Placenta	4	1	1	—	6
Breech presentations ..	16	5	18	—	39
Ruptured Membranes ..	4	1	2	—	7

Lying-in.

High Temperature	24	6	17	—	47
Jaundice	1	—	1	—	2
Breast Condition	7	—	3	—	10

For the Baby.

Feebleness	15	1	12	1	29
Discharging Eyes	26	3	22	—	51
Haemorrhage	5	—	3	—	8
Premature	4	—	6	—	10
Rash	4	—	3	—	7
Tongue Tied	2	—	1	—	3
Stillbirth	—	—	1	—	1
Breast Condition	1	—	2	—	3
Jaundice	2	—	—	—	2
Deformities	5	—	—	—	5
Sickness	2	—	—	—	2
	657	77	383	8	1125

ABORTION.

The following table shows the distribution by areas of cases in which medical help was sent for on account of abortion, and for comparison I include the figures for the previous year :

	1938.	1939.
Workington Borough	33	16
Whitehaven Borough	1	1
Cockermouth Urban	1	2
Penrith Urban	4	4
Alston Rural	2	—
Border Rural	7	8
Cockermouth Rural	8	8
Ennerdale Rural	5	12
Millom Rural	1	—

Wigton Rural	1	1
Penrith Rural	—	—
Maryport Urban	—	—
Totals	63	52

ORTHOPAEDIC TREATMENT.

There is nothing outstanding of importance to report under this Section. The greater part of the work of the orthopaedic department concerns, of course, the School Medical Service, and is dealt with fully in the report on that service.

During the year 161 cases of crippling conditions affecting children under 5 years of age were dealt with. This is a marked increase on the figures for the previous years. The increase is chiefly due to an increase in the number of cases of talipes (club foot) among young children. This is rather a curious point, because in *very* young children this condition is usually present *at birth*, and does not occur normally as a result of infantile paralysis or other extra-uterine conditions. In fact, we have not in recent years had any incidence of infantile paralysis to account for any increase. The following is a list of the crippling conditions concerned :—

Tuberculosis	9
Hydrocephalus	1
Rickets	63
Congenital Dislocation of Hip	2
Torticollis	7
Infantile Paralysis	6
Birth Palsy	2
Talipes	19
Club Feet	5
Spina Bifida	2
Flat Foot	13
Scoliosis	1
Fragilitas Ossium	1
Anterior Poliomyelitis	4
Other Conditions	26
	161

Of the foregoing list, 16 received hospital treatment. The remainder were dealt with locally at our Orthopaedic Clinics. Twenty-four school children received treatment for tuberculosis of the bones and joints, about half the number of the previous year.

Adult cases of tuberculosis of the bones and joints amounting to 64 were dealt with during the year. This is practically the same figure as for the previous year. The conditions were as under :—

Spine	..	..	..	..	..	..	31
Knee	..	..	..	..	..	..	6
Hip	..	..	..	..	..	..	15
Sacro-Iliac Joint	..	..	..	..	..	..	5
Feet	..	..	..	..	..	..	5
Thigh	..	..	..	..	..	..	1
Wrist	..	..	..	..	..	..	1
							64

Twenty-one cases received hospital treatment.

Adult non-tubercular cases to the number of 50, which is a considerable increase on the figures for any previous year, received treatment. Financial responsibility for the treatment of these cases rests at present with the Public Assistance Committee, the Health Committee up to the present not having taken over this liability.

The list of cases treated is as under :—

Scoliosis	..	..	..	..	..	7
Infantile Hemiplegia	..	..	..	..	..	1
Arthritis ..	..	..	..	..	..	2
Osteo-arthritis	..	..	..	..	..	3
Chronic Polio-arthritis		..	..	..	..	1
Osteomyelitis ..	..	..	..	..	..	4
Perthes Disease	..	..	..	..	..	1
Congenital Dislocation of Hip				..	..	2
Infantile Paralysis	..	..	..	..	..	7
Sacro-iliac Disease	..	..	..	..	..	1
Osteochondritis ..	..	..	..	..	..	1
Slipped Epiphysis	..	..	..	..	..	3
Dislocations	..	..	..	..	..	4
Progressive Muscular Dystrophy				..	..	1
Coxalgia ..	..	..	..	..	..	1
Flat Feet and Talipes	..	..	..	..	..	10
Old Fractured Spine	..	..	..	..	..	1

50

Of the above, 5 cases received hospital treatment.

We continue to be fortunate in that, even under war conditions, we have been able to obtain the necessary beds for orthopaedic cases at the Ethel Hedley Hospital, Windermere, and the Shropshire Orthopaedic Hospital, Oswestry, with little delay.

Apart from the hospital side, a great deal of treatment has been provided for orthopaedic cases locally. The following tables, which are supplementary to those issued in the report on the School Medical Service, show the extent of this local treatment :—

TABLE A.

Number on After-care Register, 1/1/39	..	275
New cases during 1939	.. ..	105
Cases re-notified after discharge previously	..	10
Number removed from Register	.. ..	160
Attendances at After-care Clinics	.. ..	290
Seen by Consulting Surgeon (not included in above)	.. ..	10
Plaster provided at Surgeon's Clinics	..	—

TABLE B.

Number of Attendances at After-care Sister's Clinics	.. ..	209
Home Visits	.. ..	418
Plasters applied at Intermediate Clinics	..	97
Plasters applied at Home	.. ..	30
Cases nursed at home on frames and Thomas' Splints	.. ..	3
Casts made for Hugland jackets and Thomas' braces, and fittings	.. ..	8
Casts and fittings for block leather spicas	..	Nil.
Artificial limbs attended to at Intermediate Clinics	.. ..	6
Hip spicas applied at Intermediate Clinics	..	5
Plaster jackets applied at Intermediate Clinics		5
Appliances supplied and renewed	.. ..	72
Surgical clogs and boots supplied	.. ..	25

Cases in Hospital on 1/1/39, and admissions during 1939 :—

Windermere	23
Oswestry	29
City General Hospital	1

Discharges from Hospital.

Windermere	8
Oswestry	21
X-ray examinations during 1939	27
X-ray examinations at Ethel Hedley Hospital	14
Awaiting X-ray.. .. .	6

TREATMENT OF FRACTURES.

No further progress has been made in the organisation of a *County* Scheme in this matter, but a very satisfactory start was made during the year in the work of the Fracture Clinic at the Whitehaven and West Cumberland Hospital. The clinic is under the charge of Dr. Craw, and I am indebted to the Secretary-Superintendent for the following information about the work of this clinic :—

“ The Clinic opened on the 2nd September, 1939, and during the last four months of the year 206 new patients were seen. Of these, 155 were fracture cases, who recorded 994 attendances. It is interesting to note that of the 206 patients, 129 were domestic accidents, and 77 were industrial accidents. Employers' organisations, associated with what are commonly called the ' heavy industries ' in West Cumberland, and the Miners' Welfare Committee contributed substantial sums amounting to some £1,200 towards the capital cost, including a mobile X-ray unit.”

DENTAL SERVICES.

There were two changes in the staff during the year. Dr. Rae took up duty in January, 1939, to replace Mr. Liebow who resigned late in the previous year. Miss Miller resigned in May, and Mr. Enderby replaced her on the 1st June. The staff otherwise remained unchanged during the year, but arising from the outbreak of war, it is anticipated that changes, mostly of a temporary nature, will arise, and early in 1940 one of the dental mechanics resigned and left the County.

It is very satisfactory to record that at the time of writing there are no cases in arrear in the dental services other than a few patients who have failed to keep appointments. This very satisfactory position is in marked contrast to the situation of some years ago, and reflects much credit on the Senior Dental Officer and his staff. This is particularly the case because evacuation, bringing as it did large numbers of evacuated school children from other areas, and certain other evacuees, has imposed a very large addition to the work of the dental staff. There have been from time to time anything up to 10,000 or thereabouts official school evacuees. At the time of writing the number is between 7,000 and 8,000, so far as the elementary schools are concerned.

It is the wish of the Government, as it would be our wish, that we should extend the same scope and standard of treatment to our temporary guests as we do to our own school children. It is obvious, of course, that these large additional numbers cannot be dealt with, together with our own children, on the peace-time standard without some additional staff, and negotiations are at present in progress with the Evacuation Areas to this end.

RECORD OF CASES.

<i>Service.</i>	<i>Cases brought forward from 1938.</i>	<i>Cases Referred. in 1939.</i>	<i>Cancelled.</i>	<i>Treatment completed. in 1939.</i>	<i>Cases carried forward to 1940.</i>
Ante-natal	119	237	104	148	104
Public Assistance	188	268	38	281	137
Tuberculosis	11	12	1	13	9
Blind, &c.	1	—	—	—	1
Total	319	517	143	442	251

RECORD OF WORK.

<i>Service.</i>	<i>Fillings</i>	<i>Extractions</i>	<i>Anaesthetics.</i>		<i>Dentures.</i>
			<i>General</i>	<i>Local.</i>	
Ante-natal	28	1571	1	310	146
Public Assistance	7	2512	—	381	513
Tuberculosis	11	30	—	13	14
Blind, &c.	—	—	—	—	—
Total	46	4113	1	704	673

VENEREAL DISEASES.

The usual appendix on this section is omitted this year. The Assistant Medical Officer of Health (V.D.) Dr. Mc.Murtrie, reports as follows :—

EFFECT OF THE WAR.

“ At the Cumberland Infirmary Clinic there was a marked falling off in attendance. The attendance of males was 3,352, females 1,473, total 4,825. These figures show a decrease of 1,073 male attendances, an increase of 34 female attendances, and a total decrease of 1,039, compared with the year 1938.

At the Whitehaven Clinic there was a similar decrease in attendance. The attendances of males were 407, females 414, total 821. These figures show a decrease of 75 male attendances, 78 female attendances, and a total decrease of 153.

Thus the effect of the war has not been to increase the work at the Clinics as was expected in some quarters, but the reverse. The obvious explanation is that a very large proportion of the young male population is serving in the forces, and is dealt with by the appropriate Medical Service. The small increase in female attendances at the Carlisle Clinic no doubt results from the increase in population of Carlisle and district.

There is no evidence of any widespread infection with Venereal Disease among the civil population as was experienced during and after the last war, and it has not been considered necessary to extend the scope of the V.D. Scheme for Carlisle and Cumberland either by opening new fixed treatment centres or by establishing a mobile unit.

TREATMENT OF GONORRHOEA.

M. & B. 693 has continued in use throughout the year combined with local treatment. Apparent cure is effected with great rapidity, but usually a period of at least six weeks for treatment, observation and tests is required before a patient can be discharged.

An unfortunate result of the introduction of this drug has been that its correct administration is not understood by many practitioners with consequent failure. Small doses are found to establish tolerance to the drug, and subsequent treatment with larger doses over a prolonged period has no effect.

It is essential to attack suddenly, and with effective dosage, over a short period of time (5 to 7 days) if satisfactory results are to be obtained. The majority of failures at the Clinic are accounted for by the patients having had treatment with one of the Sulphanilamide preparations before attending, and in insufficient quantities.

At the Clinics at Carlisle and Whitehaven better results are obtained when local treatment is carried out in addition than is with cases when this is impossible. This is seldom attempted by practitioners. Too great stress cannot be laid on the importance of tests for cure and observations after completion of treatment."

It may be useful to add to the above notes the result of a survey comparing the three-monthly period July, August, September, for the two years 1939 and 1940. The comparison showed that up to the end of September, 1940, the number of new cases of syphilis both male and female remained practically unchanged. The number of new cases of gonorrhoea in males had fallen by nearly 50 per cent. The number of new cases of gonorrhoea in females remained practically stationary.

These figures, of course, require a little comment. With regard to females they are entirely satisfactory. There is no increased incidence of venereal disease among females in the area as a result of the war, or at least there is no increased incidence of attendances at the V.D. Clinics. This may, of course, not be exactly the same thing, but at least, the figures are probably a very fair index of the situation. With regard to males, the sharp decrease in the new cases of gonorrhoea treated at our clinics is, as Dr. McMurtrie observes, no doubt due to the large numbers of young men now serving in the Forces.

Up to the time of writing, the Forces have dealt with their own cases of venereal disease, but at an early date the treatment of these cases in this area is to pass into our hands. The figures may therefore obviously be expected to show before long an increase in the number of males treated.

Rather exceptionally no cases were sent during the year to the Hope Hospital, Leeds, for treatment. This is the hospital to which we send cases of pregnant women suffering from venereal disease.

SANITARY CIRCUMSTANCES OF THE AREA

(A) HOUSING.

HOUSING (RURAL WORKERS) ACTS, 1926 & 1938.

The position at the 31st March, 1940, in this matter is that applications have been made to the County Council for grants or loans in respect of 1,284 dwellings. Of these 124 were for the conversion of buildings not previously used as dwellings into dwellings, and 1,160 for improvements to existing dwellings.

Of the foregoing, the County Council have promised assistance in respect of 1,235 dwellings, including 16 cases in which assistance has been promised to other Local Authorities under Section 38 (1) of the Housing Act, 1935. Applications withdrawn by applicants involved 142 dwellings. The number of dwellings in respect of which applications were refused by the Council was 48. The total number of dwellings in respect of which applications have been approved, and not withdrawn is, therefore, 1,093.

Up to date, grants amounting to £85,788 have been approved by the County Council in respect of the 1,093 dwellings referred to, and grants amounting to £69,649 have actually been paid to date in respect of 903 completed dwellings. In the case of a further 114 dwellings, the work has been commenced, but not yet finished.

The County Council have also agreed to grant assistance by way of loans, amounting to £475, in respect of 14 dwellings.

These figures, compared with those of the previous year, show that 139 dwellings were completed for occupation during the year, and that the County Council expenditure by way of grants during the year was in the region of £12,000. No doubt, unfortunately, the war will for a time retard, or even suspend, progress in the provision of better housing conditions under these Acts, but the completion of nearly 1,000 improvement schemes to make insanitary or unsatisfactory property habitable in the modern sense is no small achievement.

(B) WATER AND SEWERAGE.

Up to the end of 1939, applications for grants in aid have been received from Local Authorities for 149 schemes. This figure shows 14 new applications during the year. Of these, 9 were in respect of sewerage schemes, and 5 in respect of water schemes. From the outset 97 schemes (69 sewerage and 28 water schemes) have been approved by the County Council for grant. A number of applications have been deferred for further investigation.

The total approximate estimated cost of approved schemes to the end of the year is, sewerage £259,880, water £214,609. To these figures must, of course, be added the estimated cost of the schemes deferred for further investigation. The corresponding figures for approved schemes to the end of 1938 were, water £183,900, sewerage £227,000, so that there was a substantial addition of approved expenditure during the year.

With regard to actual progress, 78 schemes were completed at the end of the year, compared with 58 completed at the end of 1938.

The usual detailed tables showing the progress of the water and sewerage schemes in the County have this year been omitted from the report. These tables are very elaborate. Their preparation takes a very great deal of time, and their value under existing circumstances would hardly seem to justify the expense of printing.

INSPECTION AND SUPERVISION OF FOOD.

FOODS OTHER THAN MILK.

The report of the County Analyst is not included this year ; this report having been already printed and circulated to the County Council.

MILK.

The changes consequent upon the passing of the Agriculture Act, 1937, whereby the duties previously carried out by the County Veterinary services were transferred in great measure to the department of the Clerk of the County Council and the Health Department, have proceeded satisfactorily, and this work is now part of our normal routine.

Before proceeding to the consideration of the year's work, there are one or two general observations to make with reference to the situation created by the war. The outbreak of war, with its additional duties associated with evacuation ; the black-out and the petrol shortage, necessarily seriously affected the amount of time which could be devoted to the collection of milk samples, especially in the rural districts, and therefore the number of samples examined, as noted later, shows a substantial reduction. During 1940, however, the situation in respect of milk sampling has more or less returned to normal.

Another factor which for a period tended to create a difficulty, as previously noted, was the shortage of guinea pigs.

THE NATIONAL MILK SCHEME.

The extension of the national schemes for the provision of free or cheap milk to certain groups of the community, outlined in Ministry of Health Circular 1,840, did not come into operation in Cumberland. I do not know to what extent the scheme came into operation in other parts of the country, but I do know that the scheme aroused much criticism on certain points which need not be elaborated here, as owing to the outbreak of war, the administration of the scheme was transferred from local authorities to the Government. Negotiations between the County Council and the Ministry on the subject of the scheme had proceeded to a certain extent before the transfer. No doubt, with the

return of peace, the administration of the scheme in some form or another will devolve again upon local authorities, but it is to be hoped that the scheme will be amended in certain of the important particulars which have aroused criticism.

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.

During the year, there were three complaints received from an outside authority regarding the finding of tubercle bacilli in milk produced in this County. Two of these referred to milk from the same farm.

In addition, milk sampling in the County led to the detection of twenty-four positive samples. In two of these also a common source was involved. One case was carried forward from 1938, giving a total of 28 positive samples involving fifty-one herds. On investigation, a definite source of infection was found in eighteen of these cases, and twenty-one cows giving tuberculous milk were slaughtered under the Tuberculosis Order. In addition, one cow affected with a chronic cough, and showing definite clinical signs of tuberculosis was slaughtered. This cow was probably responsible for the contamination of one of the samples. In three cases the cow believed to have been responsible for the infection was slaughtered before examination of the herd was carried out. In four cases, no source of infection could be discovered. At the end of the year two cases were pending.

Control samples were taken from the herds concerned after investigation was completed, and in each case these were reported by the Pathologist as negative for tubercle bacilli.

MILK SAMPLING.

During the year, 1,619 samples were taken under the joint Scheme of Milk Sampling, compared with 2,194 samples for the previous year. This number includes those taken from the milk produced at farms licensed under the Milk (Special Designations) Orders, six samples of pasteurised milk, and also samples taken from school and institution supplies which come from graded and ungraded farms.

559 samples from ungraded supplies were taken during the year.

The following Table shows the result of the sampling of ungraded supplies :—

		TABLE I.				
		<i>Satisfactory.</i>		<i>Unsatisfactory.</i>		<i>Total.</i>
RURAL AREAS.						
Alston	.. ..	21	..	16	..	37
Border	.. ..	1	..	—	..	1
Cockermouth	.. ..	60	..	70	..	130
Ennerdale	.. ..	55	..	78	..	133
Millom	.. ..	25	..	19	..	44
Penrith	.. ..	37	..	15	..	52
Wigton	.. ..	20	..	30	..	50
URBAN AREAS.						
Cockermouth	.. ..	1	..	9	..	10
Keswick	.. ..	4	..	4	..	8
Maryport	.. ..	7	..	15	..	22
Penrith	.. ..	5	..	12	..	17
BOROUGHES.						
Workington	.. ..	19	..	24	..	43
Whitehaven	.. ..	9	..	3	..	12
		264 (47%)	..	295 (53%)	..	559

The above table shows a very distinct improvement on the previous year. The percentage of satisfactory samples has risen from 36 to 47%, and, correspondingly, the unsatisfactory samples have fallen from 64 to 53%.

"Satisfactory" means that the sample has reached the standard laid down by the Ministry of Health, for "Accredited" milk.

Of the 1,619 samples collected during the year under the Joint Scheme, 1,154 were also submitted to a biological examination for tubercle bacilli. Of these, 24 were found to contain tubercle bacilli, which is a substantial increase from the previous year. Two of the twenty-four however, involved the same farm.

I believe that this increase in the number of samples found positive for tuberculosis during the year is not peculiar to this Area.

The following table shows the percentage of positive samples for the previous five years :—

TABLE II.

<i>Year.</i>	<i>Number submitted to the Biological Test.</i>		<i>Percentage Positive for Tubercle.</i>	
1939	..	1154	..	2.8%
1938	..	1221	..	1.2%
1937	..	1315	..	1.5%
1936	..	728	..	1%
1935	..	569	..	2.3%

MILK (SPECIAL DESIGNATIONS) ORDERS, 1936 and 1938.

After detailed and careful investigation of a number of cases, the Milk and Dairies Committee at the end of the year, decided to withhold the licences for 1940 in six cases. Warning letters were also issued in a number of other cases.

The staff of the Cumberland and Westmorland Farm School paid fifty-four advisory visits at the request of the Committee during the year. At the end of 1939, there were 95 premises licensed to produce Tuberculin Tested milk, and 326 licensed to produce Accredited milk, compared with 70 and 315 respectively for 1938.

MILK SUPPLIES TO SCHOOLS AND PUBLIC INSTITUTIONS.

The arrangements continued unchanged, except that with the outbreak of war it is becoming increasingly difficult to maintain school supplies. Producers find difficulty in getting bottles and straws, and there are, of course, the obvious difficulties due to lack of petrol and the black-out. Other important factors have been the ploughing of pasture land, the increase in the local population, and these factors, taken together made it regrettably necessary in one or two areas to abandon the milk in schools scheme. It is hoped that these difficulties may, in the course of time, be overcome.

During the year, 401 samples were examined for cleanliness. Of these, 269 reached "Accredited" standard, and 132 fell below that standard.

VETERINARY INSPECTION OF DAIRY HERDS.

I am indebted to the Divisional Inspector of the Ministry of Agriculture (Mr. Cameron) for the following figures relative to the results of inspection of dairy herds, and also the number of cattle which have been slaughtered under the Tuberculosis Order in the County, which he has kindly permitted me to include in this report.

No. of confirmed Cases of Tuberculosis .. 142

CLINICAL INSPECTION OF DAIRY HERDS.

<i>Class of Herd.</i>	<i>No. of Herd Inspections.</i>	<i>No. of Cattle Examined.</i>	<i>Number of Cattle dealt with under the Tuberculosis Order.</i>
" Tuberculin Tested "	212	.. 15,458	.. —
" Accredited "	.. 1,171	.. 29,997	.. 19
Non-designated	.. 1,158	.. 17,193	.. 16

TUBERCULIN TESTING OF "TUBERCULIN TESTED " HERDS.

No. of Cattle tested	..	..	..	4,819
No. of Reactors found	..	..	..	137

STATEMENT SHOWING THE NUMBER OF ACCREDITED LICENCES IN OPERATION AT THE END OF 1938, IN EACH SANITARY DISTRICT
WITH THE RESULTS OF MILK SAMPLING AND CLINICAL EXAMINATIONS OF THE HERDS.

Sanitary District.	Licences Issued.	Number taken.	Samples taken.			Cases of Tuberculosis Detected on Veterinary Examination or Reported.				OTHER CONDITIONS
			Accredi- ted Standard.	Below Standard	Tubercu- lous	T.B. Udder.	T.B. Emacia- tion.	Chronic Cough, &c.	Atrophy, Mastitis Induration Non-T.B., etc.	
Alston R.D.C.	..	..	..	..	..	..	..	..	..	..
Border R.D.C.	123	221	140	81	5	11	2	10	80	..
Cockermouth R.D.C.	36	133	86	47	..	3	1	..	..	..
Ennerdale R.D.C.	25	83	57	26	3*	..	1	2	14	..
Millom R.D.C.	17	52	34	18	1	1	..	1	17	..
Penrith R.D.C.	21	61	36	25	..	..	1	3	1	..
Wigton R.D.C.	80	326	203	123	6	5	1	5	54	..
Cockermouth U.D.C.	2	5	2	3	..	..	..	..	..	..
Keswick U.D.C.	..	..	..	..	..	..	..	..	..	..
Maryport U.D.C.	4	15	10	5	..	..	..	..	..	..
Penrith U.D.C.	1	2	1	1	..	..	..	..	..	..
Whitehaven Borough	13	73	45	23	..	1	1	2	12	..
Workington Borough	4	16	10	6	..	..	..	2	6	..
	326	987	624	363	15	21	7	25	184	..

* Although no cases of T.B. Udders are shown following the receipt of T.B. sample reports, three cows were actually slaughtered, but not until 1940.

STATEMENT SHOWING THE NUMBER OF TUBERCULIN TESTED LICENCES IN EACH DISTRICT AT THE END OF THE YEAR, 1939, WITH THE RESULTS OF MILK SAMPLING, AND CLINICAL EXAMINATIONS.

Sanitary District.	Licences in operation.	Samples taken.			Conditions Other than Tuberculosis, found on Clinical Examination.
		Number taken.	Tuberculin Tested Standard.	Below Standard.	
Alston R.D.C.	3	6	6	—	—
Border R.D.C.	42	68	52	16	3
Cockermouth R.D.C.	10	41	23	18	—
Ennerdale R.D.C.	5	35	27	8	—
Millom R.D.C.	2	3	3	—	—
Penrith R.D.C.	21	56	40	16	—
Wigton R.D.C.	10	47	27	20	5
Cockermouth U.D.C.	—	—	—	—	—
Keswick U.D.C.	—	—	—	—	—
Maryport U.D.C.	—	—	—	—	—
Penrith U.D.C.	—	—	—	—	—
Whitehaven Borough	1	12	8	4	3
Workington Borough	1	8	3	5	—
	95	276	189	87	11

NOTES.—There were no cases of tuberculosis found in T.T. Herds during 1939.

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

The chemical analysis of milk, other foods and water, required by the County Council, is undertaken by the County Analyst at his Laboratory at Darlington. The bacteriological examination of milk and water is undertaken at the Pathological Department of the Cumberland Infirmary, Carlisle. Occasionally also, bacteriological examinations of samples of other foods—for example shell-fish for sewage contamination—are undertaken for the County Council at the Cumberland Infirmary Pathological Department.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

During the year the West Cumberland Joint Hospital Board and the Penrith and Keswick Joint Hospital Board were established by orders of the Ministry under the scheme promoted by the County Council under Section 63 of the Local Government Act, 1929.

So far as I understand, no steps have been taken with regard to the extension and adaptation of the Ellerbeck Isolation Hospital, as the Infectious Diseases Hospital for this area, owing to war time difficulties.

During the year, conferences were held to promote the more effective use of the limited Isolation Hospital accommodation in the County. As a result, the County was divided into two areas—East and West—and proposals were made for submission by Medical Officers of Health to their respective authorities whereby certain hospitals in each area were earmarked for the reception of specific diseases. In West Cumberland, for example, Galemire was to receive diphtheria, Ellerbeck cerebro-spinal fever, typhoid fever and certain other conditions, and Broughton Moor scarlet fever not capable of being nursed at home. In East Cumberland a similar allocation was made affecting the Isolation Hospitals in Carlisle, Longtown and Penrith.

This allocation of beds will mean more effective use of the Isolation Hospital accommodation available. The collection of cases of the same disease in one hospital instead of their distribution among three hospitals will mean that at any given time empty beds will be actually available.

The position in the past has been extremely difficult, because (with the exception of Longtown) the Isolation Hospitals in the County have few, if any, single bed cubicle wards for the reception of different diseases, and single cases of the same disease have frequently at the same time immobilised whole wards in different hospitals.

No epidemic of a serious nature occurred during the year.

The figures of the commoner diseases are set out below. For comparison the figures of previous years are also given :—

SCARLET FEVER.

In 1934	there were	291	cases with	0	deaths
In 1935	„ „	387	„ „	2	deaths
In 1936	„ „	152	„ „	0	deaths
In 1937	„ „	248	„ „	1	death
In 1938	„ „	385	„ „	2	deaths
In 1939	„ „	322	„ „	1	death

DIPHTHERIA.

In 1934	there were	118	cases and	8	deaths
In 1935	„ „	223	„ „	19	deaths
In 1936	„ „	332	„ „	18	deaths
In 1937	„ „	151	„ „	8	deaths
In 1938	„ „	96	„ „	5	deaths
In 1939	„ „	50	„ „	1	death

ENTERIC FEVER.

In 1934	there were	6	cases and	3	deaths
In 1935	„ „	10	„ „	4	deaths
In 1936	„ „	15	„ „	2	deaths
In 1937	„ „	17	„ „	3	deaths
In 1938	„ „	3	„ „	1	death
In 1939	„ „	11	„ „	0	deaths

CEREBRO-SPINAL FEVER.

During the year there were three notifications, as follows :—

Workington Borough	..	..	..	1
Border Rural District	..	..	..	2

There were no deaths.

These figures are the Registrar-General's figures, and do not agree with our local statistics compiled from the weekly notification cards.

NON-NOTIFIABLE DISEASES. MEASLES.

In 1934	there were	16	deaths
In 1935	„ „	4	deaths
In 1936	„ „	6	deaths
In 1937	„ „	8	deaths
In 1938	„ „	23	deaths
In 1939	„ „	2	deaths

WHOOPIING COUGH.

In 1934	there were	17	deaths
In 1935	„ „	10	deaths
In 1936	„ „	3	deaths
In 1937	„ „	6	deaths
In 1938	„ „	4	deaths
In 1939	„ „	13	deaths

DIARRHOEA.

In 1934	„ „	16	deaths in children under 2 years
In 1935	„ „	10	„ „ „ „
In 1936	„ „	18	„ „ „ „
In 1937	„ „	16	„ „ „ „
In 1938	„ „	17	„ „ „ „
In 1939	„ „	6	„ „ „ „

The interesting point in the above tables is the continued fall in the incidence of diphtheria. This is probably due to the adoption of immunisation, although it must not be over-looked that eight years ago the figures were even lower than they were for 1939.

I have set out below the table first included in this report three years ago, showing the notifications of the commoner diseases by districts. The table is exclusive of notifications of puerperal fever and pyrexia, and ophthalmia neonatorum, which are dealt with in other sections of this Report.

NOTIFICATIONS OF CASES OF INFECTIOUS DISEASES IN THE COUNTY OF CUMBERLAND DURING THE YEAR 1939.
(4th January, 1939, to 2nd January, 1940).

DISTRICT	Scarlet Fever	Diphtheria	Enteric Fever	Para- Typhoid	Pneumonia	Polio- myelitis	Ery- sipelas	Cerebro- Spinal		
								Chicken- pox	Fever	Encephalitis Lethargica
Workington M.B.	19	2	1	..	12	..	16	64	1	..
Whitehaven M.B.	37	2	..	..	18	..	8	4	..	1
Cockermouth U.D.	8	..	..	..	..	..	1	..	..	..
Keswick U.D.	..	..	..	..	1	..	2	..	..	..
Maryport U.D.	34	1	2	..	3	..	2	..	..	1
Penrith U.D.	33	8	..	..	21	..	4	..	..	..
Alston R.D.	..	..	..	..	2	..	..	..	..	..
Border R.D.	49	9	2	2	23	..	13	1	2	..
Cockermouth R.D.	24	2	1	..	11	..	8	..	..	..
Ennerdale R.D.	50	6	..	..	39	..	10	..	..	..
Millom R.D.	9	8	..	..	36	..	19	..	..	..
Penrith R.D.	30	4	..	..	17	..	5	..	..	1
Wigton R.D.	29	7	2	1	36	..	12	..	..	..
TOTALS	322	49	8	3	219	..	100	68	3	3
1938..	385	96	3	..	178	..	91	215	5	1

VACCINATION.

The usual appendix on vaccination is omitted.

Summarising the position, out of 3,032 registered births, 1,005 certificates of vaccination were received—equal to 33%. Statutory declarations exempting from vaccination amounted to 1,825, or 60%.

Cases otherwise accounted for, for example, infants who died unvaccinated, cases in which vaccination was postponed on medical certificate, cases removed from the district and lost sight of, etc., amounted to 193 or 6%. Cases unaccounted for amounted to 9 or 0.3%.

These figures do not vary materially from those of the previous year, although the number of cases actually vaccinated continues to fall.

As a whole, the Rural vaccination districts have a much higher record of vaccination than the Urban districts. The district with the highest percentage of vaccination is Hayton with 88%, and the lowest is Workington with 11%.

PREVENTION OF BLINDNESS.

During the year 80 cases were examined by ophthalmic surgeons under the Prevention of Blindness Scheme. Of these, 9 cases received operative treatment, 6 other forms of treatment, and in 62 cases glasses were provided. In 6 cases the condition was not amenable to treatment of any kind. In 2 cases blindness was due to tobacco.

With regard to ophthalmia neonatorum, 13 cases were notified. Of these 9 were treated in the City General Hospital, Carlisle, under the immediate care of Dr. Ross. Statistics relative to ophthalmia neonatorum during the year are as follows:—

Cases Notified	..	..	..	..	13
Cases Treated:—					
At Hospital	..	..	..	..	9
At Home	..	..	..	..	4
Vision Unimpaired	..	..	..	..	12
Vision Impaired	..	..	..	..	1
Total Blindness	..	..	..	..	—
Deaths..	..	..	..	..	—

CANCER.

The total number of deaths from cancer during the year was 331, a slight decrease from the previous year. The age and sex distribution of the deaths, and the aggregate of the Urban and Rural areas are set out in the tables which follow.

During the year 18 cases were sent to the Radium Institute, Manchester, under the County Scheme, and were all retained as in-patients.

Attendances for after-care at the out-patient department of the North Lonsdale Hospital at 69, show some increase over the previous year. We send our cases of cancer of the throat appropriately enough to London for "Bomb" Treatment. Two such cases were sent during the year to the Westminster Hospital.

The amount of Radium treatment carried out at the Cumberland Infirmary during the year was necessarily reduced for the reason given earlier in this Report.

The date by which Local Authorities were required to submit their schemes under the Cancer Act, 1939, has now been further extended until 31st March, 1942. The submission of any scheme for this area at the moment is obviously impossible because the whole basis of our scheme will naturally be closely bound up with the proposed extensions at the Cumberland Infirmary.

CANCER DEATHS DURING 1939—BY AGE GROUPS.

	15-25		25-35		35-45		45-55		55-65		65-75		All Ages		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T'tl
Urban Districts ..	—	—	—	1	3	5	4	9	15	17	24	27	7	18	53 77 130
Rural Districts ..	2	1	1	1	6	4	7	16	15	18	34	51	20	25	85 116 201
Whole County	2	1	1	2	9	9	11	25	30	35	58	58	27	43	138 193 331

CANCER DEATHS DURING 1939—BY SANITARY DISTRICTS.

	Males	Females	Total
URBAN DISTRICTS.			
Cockermouth	4	4	8
Keswick	3	5	8
Maryport	9	12	21
Penrith	5	15	20
Whitehaven	15	22	37
Workington	17	19	36
Aggregate of Urban Districts	53	77	130
RURAL DISTRICTS.			
Alston	1	3	4
Border.. ..	23	29	52
Cockermouth	12	11	23
Ennerdale	16	20	36
Millom.. ..	7	14	21
Penrith	10	11	21
Wigton	16	28	44
Aggregate of Rural Districts	85	116	201
Whole County	138	193	331

TUBERCULOSIS.

The number of cases of pulmonary tuberculosis notified as primary notifications during the year amounted to 174, a reduction of 20 as compared with the previous year, and actually the lowest notification figure for ten years. Similarly non-pulmonary notifications at 66 were the lowest for ten years. In addition, 23 new cases came to notice in other ways. Of these 16 were pulmonary and 7 non-pulmonary. The comparison between primary notifications for 1939, and those for previous years is shown in the following table :—

Table A.—NOTIFICATION.

			Pulmonary.			Non-Pulmonary.
1930	..	..	213	..	..	95
1931	..	..	246	..	..	94
1932	..	..	190	..	..	95
1933	..	..	252	..	..	96
1934	..	..	193	..	..	104
1935	..	..	202	..	..	70
1936	..	..	176	..	..	85
1937	..	..	179	..	..	82
1938	..	..	194	..	..	69
1939	..	..	174	..	..	66

The total deaths from tuberculosis are shown in the following table :—

Table B.—DEATHS.

			Pulmonary.			Non-Pulmonary.
1930	..	..	133	..	..	23
1931	..	..	165	..	..	30
1932	..	..	142	..	..	47
1933	..	..	144	..	..	44
1934	..	..	138	..	..	47
1935	..	..	124	..	..	31
1936	..	..	112	..	..	34
1937	..	..	123	..	..	35
1938	..	..	115	..	..	34
1939	..	..	124	..	..	30

The 1939 death-rate from pulmonary tuberculosis on the Registrar General's figures for the Administrative County was 62 per thousand population.

Arranged in order of pulmonary tuberculosis death-rates, the Sanitary Districts stand as follows :—

URBAN DISTRICTS.						Deaths.	Death Rate.
Whitehaven	..	..	..	..	..	25	1.11
Maryport	..	..	..	..	..	8	.70
Workington	..	..	..	..	..	19	.69
Keswick ..	..	..	..	..	..	3	.64
Penrith	..	..	..	..	..	4	.41
Cockermouth	..	..	..	..	..	2	.40
Aggregate of Urban Districts						61	.75
RURAL DISTRICTS.							
Ennerdale	..	..	..	..	..	27	1.01
Alston	..	..	..	..	..	2	.82
Millom	..	..	..	..	..	9	.77
Penrith	..	..	..	..	..	5	.44
Wigton	..	..	..	..	..	9	.41
Border	..	..	..	..	..	7	.26
Cockermouth	..	..	..	..	..	4	.22
Aggregate of Rural Districts						63	.53

Of the 154 deaths from tuberculosis, 64, or the usual approximate 50% did not come to our notice until within three months of death or after death.

Our approximate bed accommodation occupied at the different institutions during the year was as follows :—

PULMONARY TUBERCULOSIS.

				Beds.
At Blencathra Sanatorium	..	..	..	36
At Meathop Sanatorium	..	..	..	21
At Stannington Sanatorium	..	..	..	24
At Eastby Sanatorium	..	..	..	6

THE YEAR'S WORK.

The total number of cases admitted to Institutions for treatment or diagnosis was as follows :—

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Adults in Blencathra and Meathop	66	.. 72	.. 138
Children in Stannington and Eastby	25	.. 15	.. 40
Orthopædic cases in the Ethel Hedley Hospital and Shropshire Orthopædic Hospital	 14	 12	 26
Other Institutions	 6	 13	 19

The total admissions of pulmonary cases at 197 were substantially below the figure for the previous year; in fact below the figures for the four previous years, as will be shown by the following table:—

1935	..	..	..	..	..	221
1936	..	..	..	..	..	264
1937	..	..	..	..	..	270
1938	..	..	..	..	..	289
1939	..	..	..	..	..	197

To some extent this may be accounted for by the fact that on the outbreak of war, Blencathra Sanatorium was evacuated, and another factor is that since the outbreak of war, patients are hesitant about being sent to Sanatoria, possibly not wishing to be away from home, possibly on account of increased prosperity in the area, and the feeling that they can receive satisfactory treatment at home. Whatever be the explanation, the admissions, as will be seen, have fallen by approximately one-third.

The position with regard to advanced cases remains, of course, unchanged, and as has been noted earlier in the report, the building of our Sanatorium has been relegated to an uncertain future, and with this step the prospect of adequate accommodation for our advanced cases also recedes.

The main statistics for the year are as under:—

New cases examined at Dispensaries	..	..	280
Number of contacts examined	..	..	713
Number of cases on the Dispensary Registers at the end of the year	..	..	791
Consultations with Practitioners	..	..	177
Visits to homes of patients by Tuberculosis Officers	..	..	283
Visits to homes of patients by Tuberculosis Nurses	..	..	1646
Sputum Examinations	..	..	300
X-ray Examinations	..	..	105
Attendances at Dispensaries	..	..	3279

All the above figures, with the exception of Home visits by Tuberculosis Officers, show a substantial decrease on the previous year's figures, for obvious reasons.

The Tuberculosis Medical Board held 10 sessions at different centres, examining 65 selected cases. As in previous years, a considerable number of cases were examined for the Public Assistance Committee in connection with extra nourishment.

With regard to surgical treatment, 18 cases of pulmonary tuberculosis had surgical treatment of one kind or another, and considerable numbers of refills in artificial pneumothorax cases were given both at Blencathra and at Meathop. A certain number of cases of tuberculosis of the larynx and kidney were dealt with during the year. Shelters were issued to 35 patients, extra nourishment was granted in 250 cases apart from grants from the Public Assistance Committee.

PUBLIC HEALTH ACT, 1936, SECTION 172.

No action was taken under this Section.

The usual detailed Tables are omitted from this year's report, but the above statistics should give a fairly comprehensive picture of the situation.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF CUMBERLAND, 1939.

CAUSES OF DEATH		Sex.	All Ages	Aggregate of Urban Districts.														All Ages	Aggregate of Rural Districts.													
				0—	1—	2—	3—	15—	25—	35—	45—	55—	65—	75—		0—	1—	2—	3—	5—	15—	25—	35—	45—	55—	65—	75—					
ALL CAUSES	.. ..	M	535..	39 ..	5 ..	6 ..	11 ..	23 ..	14 ..	22 ..	50 ..	98 ..	135 ..	130	800 ..	56 ..	5 ..	4 ..	8 ..	20 ..	30 ..	39 ..	54 ..	126 ..	222 ..	226						
		F	569..	36 ..	1 ..	2 ..	8 ..	31 ..	22 ..	23 ..	47 ..	82 ..	128 ..	189	764 ..	42 ..	7 ..	7 ..	19 ..	36 ..	27 ..	34 ..	52 ..	88 ..	202 ..	260						
1 Typhoid and paratyphoid fevers	.. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
2 Measles	.. ..	M	1 ..	—	1 ..	—	—	—	—	—	—	—	—	—	1 ..	—	—	—	1 ..	—	—	—	—	—	—	—						
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
3 Scarlet Fever	.. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
		F	—	—	—	—	—	—	—	—	—	—	—	—	1 ..	—	—	—	—	—	—	—	—	—	—	—						
4 Whooping Cough	.. ..	M	2 ..	1 ..	—	1 ..	—	—	—	—	—	—	—	—	3 ..	2 ..	—	1 ..	—	—	—	—	—	—	—	—						
		F	—	—	—	—	—	—	—	—	—	—	—	—	8 ..	6 ..	2 ..	—	—	—	—	—	—	—	—	—						
5 Diphtheria	.. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1 ..	—	—	—	—	—	—	—	—						
		F	—	—	—	—	—	—	—	—	—	—	—	—	1 ..	—	—	—	—	—	—	—	—	—	—	—						
6 Influenza		M	10 ..	—	—	—	—	1 ..	2 ..	—	—	—	1 ..	4 ..	10 ..	1 ..	—	—	—	1 ..	—	—	3 ..	1 ..	—	2 ..	2					
		F	10 ..	—	—	—	—	2 ..	2 ..	—	—	—	1 ..	2 ..	14 ..	—	—	—	—	1 ..	2 ..	—	2 ..	1 ..	3 ..	5						
7 Encephalitis Lethargica	.. ..	M	2 ..	—	—	—	—	—	—	—	—	—	2 ..	—	—	—	—	—	—	1 ..	—	—	—	—	—	—						
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
8 Cerebro-spinal Fever	.. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
9 Tuberculosis of Respiratory System	.. ..	M	32 ..	—	—	—	—	3 ..	9 ..	6 ..	3 ..	8 ..	1 ..	2 ..	23 ..	—	—	—	—	4 ..	7 ..	3 ..	5 ..	2 ..	1 ..	1						
		F	29 ..	—	—	—	—	19 ..	4 ..	2 ..	2 ..	1 ..	1 ..	—	40 ..	—	—	—	—	2 ..	14 ..	10 ..	6 ..	2 ..	3 ..	1						
10 Other Tuberculous Diseases	.. ..	M	10 ..	—	—	2 ..	1 ..	2 ..	3 ..	—	1 ..	1 ..	—	—	11 ..	—	1 ..	—	1 ..	2 ..	2 ..	3 ..	—	—	1 ..	1						
		F	2 ..	—	—	1 ..	1 ..	—	—	—	—	—	—	—	7 ..	—	1 ..	—	—	2 ..	—	1 ..	—	—	1 ..	—						
11 Syphilis	.. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	1 ..	—	—	—	—	—	—	—	—	1 ..	—	—						
		F	1 ..	—	—	—	—	—	—	—	—	1 ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
12 General Paralysis of the Insane, tabes dorsalis	.. ..	M	2 ..	—	—	—	—	—	—	—	1 ..	—	—	—	1 ..	—	—	—	—	—	1 ..	—	—	—	—	—						
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
13 Cancer, Malignant Disease	.. ..	M	53 ..	—	—	—	—	—	—	—	3 ..	4 ..	15 ..	24 ..	85 ..	—	—	—	—	2 ..	1 ..	6 ..	7 ..	15 ..	34 ..	20						
		F	77 ..	—	—	—	—	—	1 ..	5 ..	9 ..	17 ..	27 ..	18	116 ..	—	—	—	—	1 ..	1 ..	4 ..	16 ..	18 ..	51 ..	25						
14 Diabetes	.. ..	M	5 ..	—	—	—	—	—	—	—	1 ..	1 ..	2 ..	1 ..	4 ..	—	—	—	—	—	—	—	—	2 ..	2 ..	—						
		F	10 ..	—	—	—	—	—	1 ..	—	—	2 ..	3 ..	3 ..	17 ..	—	—	—	—	2 ..	1 ..	1 ..	—	3 ..	6 ..	4						
15 Cerebral Haemorrhage, &c.		M	42 ..	—	—	—	—	—	—	—	2 ..	1 ..	8 ..	18 ..	61 ..	—	—	—	—	—	1 ..	—	—	2 ..	12 ..	24 ..	22					
		F	41 ..	—	—	—	—	—	—	—	1 ..	2 ..	10 ..	12 ..	56 ..	—	—	—	—	—	—	1 ..	3 ..	5 ..	16 ..	31						
16 Heart Disease	.. ..	M	131 ..	—	—	—	—	1 ..	2 ..	1 ..	11 ..	24 ..	46 ..	46	206 ..	—	—	—	—	1 ..	—	5 ..	7 ..	36 ..	81 ..	76						
		F	123 ..	—	—	—	—	4 ..	2 ..	3 ..	11 ..	19 ..	40 ..	47	190 ..	—	—	—	1 ..	2 ..	3 ..	2 ..	12 ..	21 ..	67 ..	82						
17 Aneurysm	.. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	2 ..	—	—	—	—	—	—	—	—	1 ..	—	—						
		F	1 ..	—	—	—	—	—	—	—	—	—	—	—	2 ..	—	—	1 ..	—	—	—	—	—	—	—	1						
18 Other Circulatory Diseases		M	24 ..	—	—	—	—	—	—	—	—	1 ..	5 ..	7 ..	55 ..	1 ..	—	—	—	—	—	—	1 ..	2 ..	7 ..	17 ..	27					
		F	24 ..	—	—	—	—	—	—	—	—	1 ..	3 ..	7 ..	62 ..	—	—	—	—	2 ..	—	—	—	7 ..	18 ..	33						
19 Bronchitis	.. ..	M	16 ..	2 ..	—	—	—	—	—	—	—	—	3 ..	2 ..	27 ..	5 ..	—	—	—	—	—	1 ..	1 ..	2 ..	5 ..	13						
		F	22 ..	2 ..	—	1 ..	—	—	—	—	—	—	2 ..	2 ..	16 ..	2 ..	1 ..	—	—	1 ..	—	2 ..	—	2 ..	2 ..	6						
20 Pneumonia (all forms)	.. ..	M	26 ..	5 ..	1 ..	2 ..	3 ..	1 ..	—	2 ..	3 ..	5 ..	1 ..	3	34 ..	6 ..	2 ..	1 ..	1 ..	—	2 ..	3 ..	2 ..	7 ..	5 ..	5						
		F	23 ..	6 ..	1 ..	—	1 ..	2 ..	1 ..	2 ..	1 ..	3 ..	2 ..	6	23 ..	3 ..	1 ..	3 ..	—	1 ..	1 ..	2 ..	1 ..	2 ..	5 ..	4						
21 Other Respiratory Diseases		M	6 ..	—	—	—	—	—	—	—	—	1 ..	2 ..	1 ..	7 ..	1 ..	—	—	—	—	—	1 ..	1 ..	—	3 ..	—	1					
		F	11 ..	1 ..	—	—	—	—	2 ..	—	—	1 ..	1 ..	5	6 ..	—	—	—	—	1 ..	—	—	—	1 ..	—	4						
22 Peptic Ulcer		M	6 ..	—	—	—	—	—	1 ..	1 ..	1 ..	2 ..	—	1	11 ..	—	—	—	—	1 ..	—	—	—	—	—	—	2					
		F	2 ..	—	—	—	—	—	—	—	—	1 ..	—	—	4 ..	—	—	—	—	—	1 ..	1 ..	—	1 ..	1 ..	—						
23 Diarrhoea, etc. (under 2 years)	.. ..	M	2 ..	1 ..	1 ..	—	—	—	—	—	—	—	—	—	1 ..	1 ..	—	—	—	—	—	—	—	—	—	—						
		F	2 ..	2 ..	—	—	—	—	—	—	—	—	—	—	1 ..	1 ..	—	—	—	—	—	—	—	—	—	—						
24 Appendicitis	.. ..	M	2 ..	—	—	—	1 ..	—	—	—	—	—	—	—	6 ..	—	—	—	—	—	—	—	—	1 ..	1 ..	4						
		F	4 ..	—	—	—	1 ..	1 ..	1 ..	—	—	—	1 ..	—	1 ..	—	—	—	—	—	—	—	—	1 ..	—	—						
25 Cirrhosis of Liver	.. ..	M	4 ..	—	—	—	—	—	—	—	—	1 ..	2 ..	1 ..	1 ..	—	—	—	—	—	—	—	—	—	1 ..	—						
		F	2 ..	—	—	—	—	—	—	—	—	—	—	1 ..	3 ..	—	—	—	—	—	1 ..	—	—	—	1 ..	—						
26 Other Diseases of Liver, &c.		M	—	—	—	—	—	—	—	—	—	—	—	—	5 ..	—	—	—	—	—	—	—	—	—	1 ..	3 ..	1					
		F	4 ..	—	—	—	—	—	—	—	—	—	—	4 ..	—	—	—	—	—	—	—	—	—	—	—	—						
27 Other Digestive Diseases		M	14 ..	3 ..	—	—	—	2 ..	—	—	1 ..	2 ..	3 ..	1 ..	14 ..	—	—	—	—	1 ..	1 ..	—	—	1 ..	5 ..	2 ..	4					
		F	13 ..	1 ..	—	—	—	—	—	—	2 ..	2 ..	3 ..	1 ..	11 ..	1 ..	—	—	—	—	1 ..	1 ..	—	1 ..	2 ..	4						
28 Acute and Chronic Nephritis		M	13 ..	—	—	—	—	1 ..	1 ..	—	3 ..	6 ..	2 ..	—	23 ..	—	—	—	—	1 ..	—	2 ..	1 ..	2 ..	3 ..	8 ..	6					
		F	21 ..	—	—	—	—	1 ..	—	1 ..	3 ..	9 ..	6 ..	1	17 ..	—	—	—	—	1 ..	—	1 ..	3 ..	5 ..	6 ..	1						
29 Puerperal Sepsis	.. ..	F	1 ..	—	—	—	—	—	1 ..	—	—	—	—	—	4 ..	—	—	—	—	2 ..	1 ..	1 ..	—	—	—	—						
30 Other Puerperal Causes	.. ..	F	9 ..	—	—	—	—	—	1 ..	5 ..	3 ..	—	—	—	8 ..	—	—	—	—	2 ..	2 ..	4 ..	—	—	—	—						
31 Congenital Debility, Premature Birth, Malformations, &c.	.. ..	M	24 ..	24 ..	—	—	—	—	—	—	—	—	—	—	35 ..	35 ..	—	—	—	—	—	—	—	—	—	—						
		F	20 ..	20 ..	—	—	—	—	—	—	—	—	—	—	29 ..	28 ..	—	—	—	1 ..	—	—	—	—	—	—						
32 Senility	.. ..	M	28 ..	—	—	—	—	—	—	—	—	—	—	1 ..	36 ..	—	—	—	—	—	—	—	—	2 ..	3 ..	31						
		F	57 ..	—	—	—	—	—	—	—	—	—	—	49	45 ..	—	—	—	—	—	—	—	—	—	3 ..	42						
33 Suicide	.. ..	M	6 ..	—	—	—	—	—	—	—	—	2 ..	—	4 ..	6 ..	—	—	—	—	—	1 ..	2 ..	1 ..	2 ..	—	—						
		F	4 ..	—	—	—	—	—	—	—	—	3 ..	1 ..	—	1 ..	—	—	—	—	—	—	1 ..	—	—	—	—						
34 Other Violence		M	22 ..	1 ..	1 ..	—	—	5 ..	1 ..	3 ..	3 ..	4 ..	1 ..	3	56 ..	—	—	1 ..	—	6 ..	6 ..	10 ..	5 ..	12 ..	9 ..	6 ..	1					
		F	11 ..	—	—	—	1 ..	—	—	2 ..	5 ..	4 ..	7 ..	2	22 ..	—	—	1 ..	—	2 ..	3 ..	1 ..	2 ..	1 ..	1 ..	10						
35 Other Defined Diseases	.. ..	M	38 ..	2 ..	1 ..	—																										

NAME		AGE		SEX		OCCUPATION		RESIDENCE		DATE OF DEATH		CAUSE OF DEATH	
J. A. Smith		45		M		Farmer		Rural, Ill.		Jan 15, 1900		Heart Disease	
W. B. Jones		32		M		Teacher		Chicago, Ill.		Feb 10, 1900		Pneumonia	
M. C. Brown		28		F		Housewife		St. Louis, Mo.		Mar 5, 1900		Typhoid Fever	
R. D. White		55		M		Merchant		New York, N.Y.		Apr 20, 1900		Stroke	
L. E. Green		40		M		Engineer		Boston, Mass.		May 10, 1900		Tuberculosis	
H. F. Black		35		M		Doctor		Philadelphia, Pa.		Jun 5, 1900		Heart Disease	
K. G. Gray		25		F		Nurse		San Francisco, Cal.		Jul 15, 1900		Typhoid Fever	
N. H. Hall		60		M		Retired		Chicago, Ill.		Aug 10, 1900		Stroke	
O. I. King		30		M		Student		New York, N.Y.		Sep 5, 1900		Pneumonia	
P. J. Lee		45		F		Teacher		St. Louis, Mo.		Oct 10, 1900		Heart Disease	
Q. R. Miller		50		M		Farmer		Rural, Ill.		Nov 5, 1900		Stroke	
S. T. Moore		35		F		Housewife		Chicago, Ill.		Dec 10, 1900		Typhoid Fever	
T. U. Nelson		40		M		Engineer		Boston, Mass.		Jan 15, 1901		Tuberculosis	
V. W. Owen		55		M		Merchant		New York, N.Y.		Feb 10, 1901		Stroke	
X. Y. Parker		30		F		Nurse		San Francisco, Cal.		Mar 5, 1901		Typhoid Fever	
Y. Z. Quinn		45		M		Teacher		St. Louis, Mo.		Apr 10, 1901		Heart Disease	
Z. A. Reed		50		M		Farmer		Rural, Ill.		May 5, 1901		Stroke	
A. B. Scott		35		F		Housewife		Chicago, Ill.		Jun 10, 1901		Typhoid Fever	
B. C. Taylor		40		M		Engineer		Boston, Mass.		Jul 5, 1901		Tuberculosis	
C. D. Walker		55		M		Merchant		New York, N.Y.		Aug 10, 1901		Stroke	
D. E. Young		30		F		Nurse		San Francisco, Cal.		Sep 5, 1901		Typhoid Fever	
E. F. Zeller		45		M		Teacher		St. Louis, Mo.		Oct 10, 1901		Heart Disease	
F. G. Adams		50		M		Farmer		Rural, Ill.		Nov 5, 1901		Stroke	
G. H. Baker		35		F		Housewife		Chicago, Ill.		Dec 10, 1901		Typhoid Fever	
H. I. Carter		40		M		Engineer		Boston, Mass.		Jan 15, 1902		Tuberculosis	
I. J. Davis		55		M		Merchant		New York, N.Y.		Feb 10, 1902		Stroke	
J. K. Evans		30		F		Nurse		San Francisco, Cal.		Mar 5, 1902		Typhoid Fever	
K. L. Foster		45		M		Teacher		St. Louis, Mo.		Apr 10, 1902		Heart Disease	
L. M. Gibson		50		M		Farmer		Rural, Ill.		May 5, 1902		Stroke	
M. N. Hall		35		F		Housewife		Chicago, Ill.		Jun 10, 1902		Typhoid Fever	
N. O. Ingram		40		M		Engineer		Boston, Mass.		Jul 5, 1902		Tuberculosis	
O. P. Jackson		55		M		Merchant		New York, N.Y.		Aug 10, 1902		Stroke	
P. Q. Kelly		30		F		Nurse		San Francisco, Cal.		Sep 5, 1902		Typhoid Fever	
Q. R. Lewis		45		M		Teacher		St. Louis, Mo.		Oct 10, 1902		Heart Disease	
R. S. Martin		50		M		Farmer		Rural, Ill.		Nov 5, 1902		Stroke	
S. T. Nelson		35		F		Housewife		Chicago, Ill.		Dec 10, 1902		Typhoid Fever	
T. U. Owen		40		M		Engineer		Boston, Mass.		Jan 15, 1903		Tuberculosis	
U. V. Parker		55		M		Merchant		New York, N.Y.		Feb 10, 1903		Stroke	
V. W. Quinn		30		F		Nurse		San Francisco, Cal.		Mar 5, 1903		Typhoid Fever	
W. X. Reed		45		M		Teacher		St. Louis, Mo.		Apr 10, 1903		Heart Disease	
X. Y. Scott		50		M		Farmer		Rural, Ill.		May 5, 1903		Stroke	
Y. Z. Taylor		35		F		Housewife		Chicago, Ill.		Jun 10, 1903		Typhoid Fever	
Z. A. Walker		40		M		Engineer		Boston, Mass.		Jul 5, 1903		Tuberculosis	
A. B. Young		55		M		Merchant		New York, N.Y.		Aug 10, 1903		Stroke	
B. C. Zeller		30		F		Nurse		San Francisco, Cal.		Sep 5, 1903		Typhoid Fever	
C. D. Adams		45		M		Teacher		St. Louis, Mo.		Oct 10, 1903		Heart Disease	
D. E. Baker		50		M		Farmer		Rural, Ill.		Nov 5, 1903		Stroke	
E. F. Carter		35		F		Housewife		Chicago, Ill.		Dec 10, 1903		Typhoid Fever	
F. G. Davis		40		M		Engineer		Boston, Mass.		Jan 15, 1904		Tuberculosis	
G. H. Evans		55		M		Merchant		New York, N.Y.		Feb 10, 1904		Stroke	
H. I. Foster		30		F		Nurse		San Francisco, Cal.		Mar 5, 1904		Typhoid Fever	
I. J. Gibson		45		M		Teacher		St. Louis, Mo.		Apr 10, 1904		Heart Disease	
J. K. Hall		50		M		Farmer		Rural, Ill.		May 5, 1904		Stroke	
K. L. Ingram		35		F		Housewife		Chicago, Ill.		Jun 10, 1904		Typhoid Fever	
L. M. Jackson		40		M		Engineer		Boston, Mass.		Jul 5, 1904		Tuberculosis	
M. N. Kelly		55		M		Merchant		New York, N.Y.		Aug 10, 1904		Stroke	
N. O. Lewis		30		F		Nurse		San Francisco, Cal.		Sep 5, 1904		Typhoid Fever	
O. P. Martin		45		M		Teacher		St. Louis, Mo.		Oct 10, 1904		Heart Disease	
P. Q. Nelson		50		M		Farmer		Rural, Ill.		Nov 5, 1904		Stroke	
Q. R. Owen		35		F		Housewife		Chicago, Ill.		Dec 10, 1904		Typhoid Fever	
R. S. Parker		40		M		Engineer		Boston, Mass.		Jan 15, 1905		Tuberculosis	
S. T. Quinn		55		M		Merchant		New York, N.Y.		Feb 10, 1905		Stroke	
T. U. Reed		30		F		Nurse		San Francisco, Cal.		Mar 5, 1905		Typhoid Fever	
U. V. Scott		45		M		Teacher		St. Louis, Mo.		Apr 10, 1905		Heart Disease	
V. W. Taylor		50		M		Farmer		Rural, Ill.		May 5, 1905		Stroke	
W. X. Walker		35		F		Housewife		Chicago, Ill.		Jun 10, 1905		Typhoid Fever	
X. Y. Young		40		M		Engineer		Boston, Mass.		Jul 5, 1905		Tuberculosis	
Y. Z. Zeller		55		M		Merchant		New York, N.Y.		Aug 10, 1905		Stroke	
Z. A. Adams		30		F		Nurse		San Francisco, Cal.		Sep 5, 1905		Typhoid Fever	
A. B. Baker		45		M		Teacher		St. Louis, Mo.		Oct 10, 1905		Heart Disease	
B. C. Carter		50		M		Farmer		Rural, Ill.		Nov 5, 1905		Stroke	
C. D. Davis		35		F		Housewife		Chicago, Ill.		Dec 10, 1905		Typhoid Fever	
D. E. Evans		40		M		Engineer		Boston, Mass.		Jan 15, 1906		Tuberculosis	
E. F. Foster		55		M		Merchant		New York, N.Y.		Feb 10, 1906		Stroke	
F. G. Gibson		30		F		Nurse		San Francisco, Cal.		Mar 5, 1906		Typhoid Fever	
G. H. Hall		45		M		Teacher		St. Louis, Mo.		Apr 10, 1906		Heart Disease	
H. I. Jackson		50		M		Farmer		Rural, Ill.		May 5, 1906		Stroke	
I. J. Kelly		35		F		Housewife		Chicago, Ill.		Jun 10, 1906		Typhoid Fever	
J. K. Lewis		40		M		Engineer		Boston, Mass.		Jul 5, 1906		Tuberculosis	
K. L. Martin		55		M		Merchant		New York, N.Y.		Aug 10, 1906		Stroke	
L. M. Nelson		30		F		Nurse		San Francisco, Cal.		Sep 5, 1906		Typhoid Fever	
M. N. Owen		45		M		Teacher		St. Louis, Mo.		Oct 10, 1906		Heart Disease	
N. O. Parker		50		M		Farmer		Rural, Ill.		Nov 5, 1906		Stroke	
O. P. Quinn		35		F		Housewife		Chicago, Ill.		Dec 10, 1906		Typhoid Fever	
P. Q. Reed		40		M		Engineer		Boston, Mass.		Jan 15, 1907		Tuberculosis	
Q. R. Scott		55		M		Merchant		New York, N.Y.		Feb 10, 1907		Stroke	
R. S. Taylor		30		F		Nurse		San Francisco, Cal.		Mar 5, 1907		Typhoid Fever	
S. T. Walker		45		M		Teacher		St. Louis, Mo.		Apr 10, 1907		Heart Disease	
T. U. Young		50		M		Farmer		Rural, Ill.		May 5, 1907		Stroke	
U. V. Zeller		35		F		Housewife		Chicago, Ill.		Jun 10, 1907		Typhoid Fever	
V. W. Adams		40		M		Engineer		Boston, Mass.		Jul 5, 1907		Tuberculosis	
W. X. Baker		55		M		Merchant		New York, N.Y.		Aug 10, 1907		Stroke	
X. Y. Carter		30		F		Nurse		San Francisco, Cal.		Sep 5, 1907		Typhoid Fever	
Y. Z. Davis		45		M		Teacher		St. Louis, Mo.		Oct 10, 1907		Heart Disease	
Z. A. Evans		50		M		Farmer		Rural, Ill.		Nov 5, 1907		Stroke	
A. B. Foster		35		F		Housewife		Chicago, Ill.		Dec 10, 1907		Typhoid Fever	
B. C. Gibson		40		M		Engineer		Boston, Mass.		Jan 15, 1908		Tuberculosis	
C. D. Hall		55		M		Merchant		New York, N.Y.		Feb 10, 1908		Stroke	
D. E. Jackson		30		F		Nurse		San Francisco, Cal.		Mar 5, 1908		Typhoid Fever	
E. F. Kelly		45		M		Teacher		St. Louis, Mo.		Apr 10, 1908		Heart Disease	
F. G. Lewis		50		M		Farmer		Rural, Ill.		May 5, 1908		Stroke	
G. H. Martin		35		F		Housewife		Chicago, Ill.		Jun 10, 1908		Typhoid Fever	
H. I. Nelson		40		M		Engineer		Boston, Mass.		Jul 5, 1908		Tuberculosis	
I. J. Owen		55		M		Merchant		New York, N.Y.		Aug 10, 1908		Stroke	
J. K. Parker		30		F		Nurse		San Francisco, Cal.		Sep 5, 1908		Typhoid Fever	
K. L. Quinn		45		M		Teacher		St. Louis, Mo.		Oct 10, 1908		Heart Disease	
L. M. Reed		50		M		Farmer		Rural, Ill.		Nov 5, 1908		Stroke	
M. N. Scott		35		F		Housewife		Chicago, Ill.		Dec 10, 1908		Typhoid Fever	
N. O. Taylor		40		M		Engineer		Boston, Mass.		Jan 15, 1909		Tuberculosis	
O. P. Walker		55		M		Merchant		New York, N.Y.		Feb 10, 1909		Stroke	
P. Q. Young		30		F		Nurse		San Francisco, Cal.		Mar 5, 1909		Typhoid Fever	
Q. R. Zeller		45		M		Teacher		St. Louis, Mo.		Apr 10, 1909		Heart Disease	
R. S. Adams		50		M		Farmer		Rural, Ill.		May 5, 1909		Stroke	
S. T. Baker		35		F		Housewife		Chicago, Ill.		Jun 10, 1909		Typhoid Fever	
T. U. Carter		40		M		Engineer		Boston, Mass.		Jul 5, 1909		Tuberculosis	
U. V. Davis		55		M		Merchant		New York, N.Y.		Aug 10, 1909		Stroke	
V. W. Evans		30		F		Nurse		San Francisco, Cal.		Sep 5, 1909		Typhoid Fever	
W. X. Foster		45		M		Teacher		St. Louis, Mo.		Oct 10, 1909		Heart Disease	
X. Y. Gibson		50		M		Farmer		Rural, Ill.		Nov 5, 1909		Stroke	
Y. Z. Hall		35		F		Housewife		Chicago, Ill.		Dec 10, 1909		Typhoid Fever	
Z. A. Jackson		40		M		Engineer		Boston, Mass.		Jan 15, 1910		Tuberculosis	
A. B. Kelly		55		M		Merchant		New York, N.Y.		Feb 10, 1910		Stroke	
B. C. Lewis		30		F		Nurse		San Francisco, Cal.		Mar 5, 1910		Typhoid Fever	
C. D. Martin		45		M		Teacher		St. Louis, Mo.		Apr 10, 1910		Heart Disease	
D. E. Nelson		50		M		Farmer		Rural, Ill.		May 5, 1910		Stroke	
E. F. Owen		35		F		Housewife		Chicago, Ill.		Jun 10, 1910		Typhoid Fever	
F. G. Parker		40		M		Engineer		Boston, Mass.		Jul 5, 1910		Tuberculosis	
G. H. Quinn		55		M		Merchant		New York, N.Y.		Aug 10, 1910		Stroke	
H. I. Reed		30		F		Nurse		San Francisco, Cal.		Sep 5, 1910		Typhoid Fever	
I. J. Scott		45		M		Teacher		St. Louis, Mo.		Oct 10, 1910		Heart Disease	
J. K. Taylor		50		M		Farmer		Rural, Ill.		Nov 5, 1910		Stroke	
K. L. Walker		35		F		Housewife		Chicago, Ill.		Dec 10, 1910		Typhoid Fever	
L. M. Young		40		M		Engineer		Boston, Mass.		Jan 15, 1911		Tuberculosis	
M. N. Zeller		55		M		Merchant		New York, N.Y.		Feb 10, 1911		Stroke	
N. O. Adams		30		F		Nurse		San Francisco, Cal.		Mar 5, 1911		Typhoid Fever	
O. P. Baker		45		M		Teacher		St. Louis, Mo.		Apr 10, 1911		Heart Disease	
P. Q. Carter		50		M		Farmer		Rural, Ill.		May 5, 1911		Stroke	
Q. R. Davis		35		F		Housewife		Chicago, Ill.		Jun 10, 1911		Typhoid Fever	
R. S. Evans		40		M		Engineer		Boston, Mass.		Jul 5, 1911		Tuberculosis	
S. T. Foster		55		M		Merchant		New York, N.Y.		Aug 10, 1911		Stroke	
T. U. Gibson		30		F		Nurse		San Francisco, Cal.		Sep 5, 1911		Typhoid Fever	
U. V. Hall		45		M		Teacher		St. Louis, Mo.		Oct 10, 1911		Heart Disease	
V. W. Jackson		50		M		Farmer		Rural, Ill.		Nov 5, 1911		Stroke	
W. X. Kelly		35		F									

CAUSES OF DEATH IN THE ADMINISTRATIVE AREAS IN THE COUNTY OF CUMBERLAND, 1939.

CAUSES OF DEATH IN THE ADMINISTRATIVE DISTRICTS																															
CAUSES OF DEATH	Cockermouth		Keswick		Maryport		Pearth		Whitehaven		Workington		Aggregate of U.D.'s		Aldon		Borlase		Cockermouth		Ennerdale		Milum		Pearth		Wigton		Aggregate of R.D.'s		
	U.D.	F.	U.D.	F.	U.D.	F.	U.D.	F.	U.D.	F.	U.D.	F.	U.D.	F.	U.D.	F.	U.D.	F.	U.D.	F.	U.D.	F.	U.D.	F.	U.D.	F.	U.D.	F.	U.D.	F.	
ALL CAUSES	34	43	28	39	71	81	60	77	149	138	193	191	535	569	16	22	165	173	117	102	198	179	76	84	67	67	183	146	800	764	
1 Typhoid and paratyphoid fevers												1		1						1									1	1	
2 Measles														2						3		4							3	8	
3 Scarlet fever										1		1								1		3							1	14	
4 Whooping cough														10		10			3	5									1		
5 Diphtheria			2	1	1				2	3	1	2	6	2		2					3	2	3				2	1	3		
6 Influenza						1																									
7 Encephalitis lethargica																															
8 Cerebro-spinal fever																															
9 Tuberculosis of respiratory system	1	1			3	5	3	2	2	15	10	9	10	32	29		2	2	5	1	3	14	13	3	6		5	3	6	23	40
10 Other tuberculous diseases						1			1	4	1	4	1	10	2	1		1	1	1	4	2	1	1	1			2	2	11	7
11 Syphilis																														1	
12 General paralysis of the insane, tabes dorsalis								1				1		53	77	1	3	23	29	12	11	16	20	7	14	10	11	16	28	85	116
13 Cancer, malignant disease	4	4	3	5	9	12	5	15	15	22	17	19	53	77	1	3	23	29	12	11	16	20	7	14	10	11	16	28	85	116	
14 Diabetes																															
15 Cerebral haemorrhage, &c.	4	10	6	4	6	3	2	6	6	9	8	4	1	2	5	13	4	11	7	11	13	5	10	3	7	16	10	1	61	56	
16 Heart Disease	10	8	7	9	22	28	20	24	26	22	46	32	131	123	6	6	48	48	31	31	45	34	1	1	1	15	48	37	206	190	
17 Aneurysm																															
18 Other circulatory diseases	1	1	1	1	4	3	2	4	10	3	6	10	24	22	2	1	5	6	2	19	24	6	4	8	9	9	6	55	62	23	
19 Bronchitis																															
20 Pneumonia (all forms)	2	3	1	3	3	4	4	10	6	5	9	28	25	11	2	1															
21 Other respiratory diseases																															
22 Peptic ulcer	1	1	1	2	3	3	1	1	1	1	1	2	2	2	2	1															
23 Diarrhoea, &c. (under 2 years)																															
24 Appendicitis																															
25 Cirrhosis of liver																															
26 Other diseases of liver, &c.																															
27 Other digestive diseases	4	3	1	1	1	1	1	3	1	6	5	5	12	13	21	2	7	4	4	5	3	2	1	1	2	1	2	1	14	11	
28 Acute and chronic nephritis																															
29 Puerperal sepsis																															
30 Other puerperal causes																															
31 Congenital debility, premature birth, malformations, &c.	1	1	2	2	4	5	3	7	7	15	11	27	28	57	2	6	6	2	11	13	5	7	9	1	1	8	11	36	35	29	
32 Senility																															
33 Suicide																															
34 Other violence	1																														
35 Other defined diseases	3	2	3	2	7	3	6	6	9	7	10	13	38	33	2	12	8	8	8	14	11	9	5	9	5	14	9	68	46	5	
36 Causes ill-defined or unknown	1	3	1																												
Diarrhoea (over 2 years)																															
Special Causes (included in No. 35 above)																															
Smallpox																															
Poliomyelitis																															
Polioencephalitis																															
Deaths of Infants under 1 year	Total	2	3			4	4	4	4	15	14	13	9	38	34		1	5	9	11	1	18	14	7	1	1					
	Legitimate	2	3			4	4	4	4	15	14	13	9	38	34		1	5	9	11	1	18	14	7	1	1					
	Illegitimate																														
LIVE BIRTHS	Total	42	39	21	19	103	84	97	74	212	204	219	217	694	637	14	14	193	181	138	113	245	208	99	81	66	90	176	166	925	853
	Legitimate	37	36	20	19	98	78	89	73	202	198	212	212	658	611	13	14	176	168	131	108	235	193	93	77	63	83	153	158	864	801
	Illegitimate	5	3	1	1	5	6	8	1	10	6	7	5	36	26	1	1	17	13	7	5	10	15	6	4	3	7	17	8	61	52
I.M., etc.	Total	41	38	20	18	101	83	97	72	211	203	217	216	687	630	14	14	192	180	136	113	245	205	99	81	66	89	170	165	921	847
	Legitimate	36	35	19	18	96	77	89	71	201	197	210	211	651	609	13	14	175	167	129	108	235	193	93	77	63	82	153	157	851	795
	Illegitimate	5	3	1	1	5	6	8	1	10	6	7	5	36	21	1	1	17	13	7	5	10	15	6	4	3	7	17	8	61	52
B.R.	Total	1	1	3	3	9	2	4	5	11	6	8	7	36	24	2		6	8	6	2	11	9	6	3	2		5	9	38	31
	Legitimate	1	1	3	3	9	2	4	5	10	6	8	7	35	24	2		6	7	6	2	11	8	6	3	2		5	8	38	28
	Illegitimate									1				1				1													3
STILLBIRTHS	Total	1	1	3	3	9	2	4	5	11	6	8	7	36	24	2		6	8	6	2	11	9	6	3	2		5	9	38	31
	Legitimate	1	1	3	3	9	2	4	5	10	6	8	7	35	24	2		6	7	6	2	11	8	6	3	2		5	8	38	28
	Illegitimate									1				1				1													3
ESTIMATED MID. 1939 POPULATION		4,897	4,376	11,210	9,672	22,370	27,220	79,280	80,540	2,420	25,650	17,630	28,160	11,320	11,100	20,840	115,000														
		4,985	4,653	11,330	9,672	22,460	27,430	80,540	81,018	2,420	26,790	18,050	28,420	11,620	11,420	21,680	118,400														
COMPARABILITY FACTOR		0.84	0.80	0.99	0.87	1.12	1.07	1.01	0.90	0.82	0.96	1.05	0.87	0.89	0.84	0.91															

