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KESWICK

URBAN SANITARY DISTRICT.

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# REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1895.

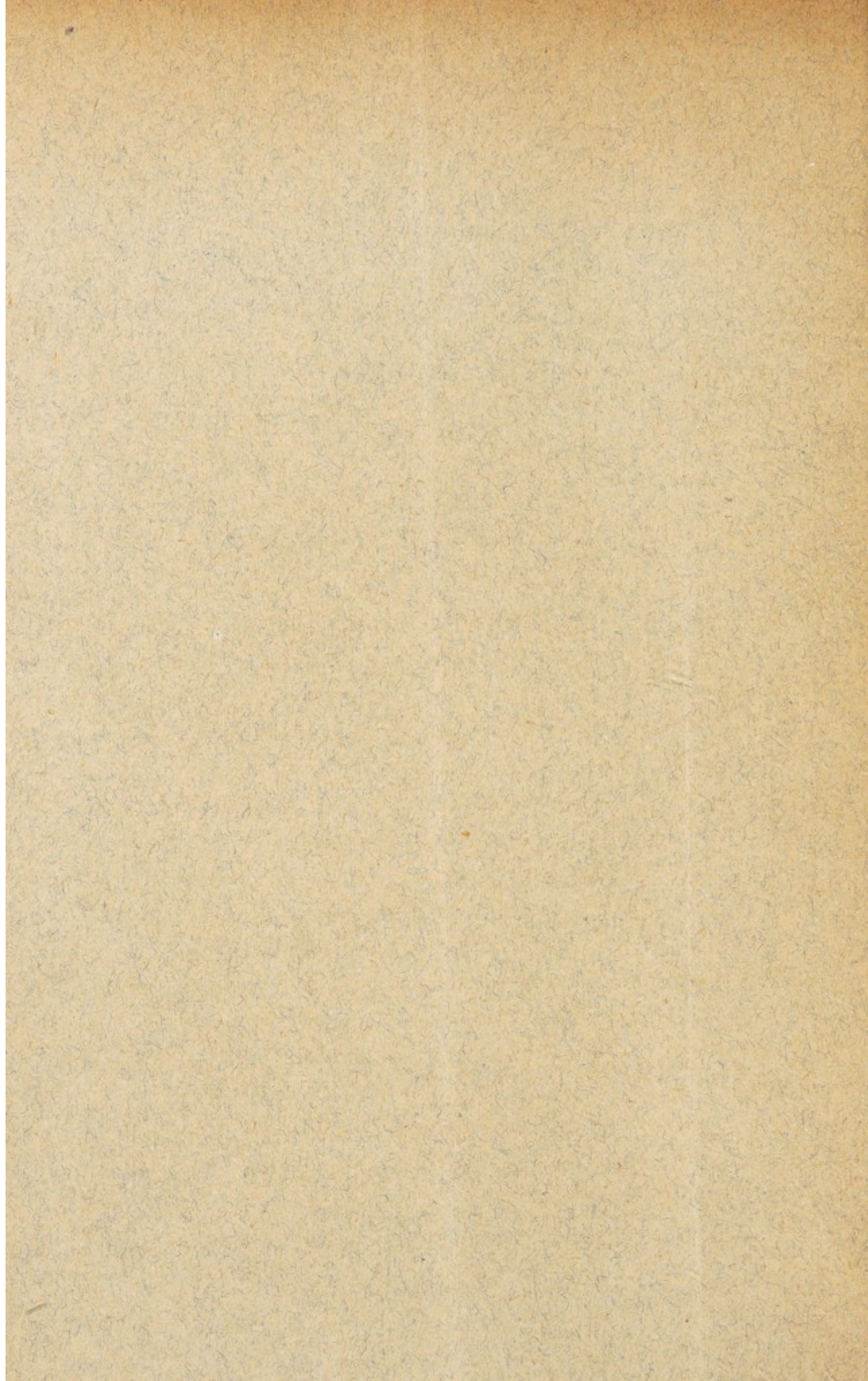
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# REPORT.

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IN laying before you my Annual Report for the year 1895—the first in which I have to include the addition to the District made at the end of the previous year—I ought to say that I am without the usual data for calculating the death-rate in the added area, as there seems to be now no means of ascertaining what the population of that area was at the time of the census of 1881. I have, therefore, for the purposes of this Report, calculated the population of the old District in the usual manner, and assumed that that of the added area increases at the same rate, having come to the conclusion that this method is more likely to give an approximately correct result than any other that is available. This mode of calculation makes the population of the District for the middle of the year, 4,718.

The number of births registered in the District during the year was 144, three being in the outlying township of Briery.

The number of deaths which took place during

the same period was 80, (of which 7 occurred at the Hospital and 1 at Briery,) giving a general death-rate of 16.96, or nearly 17, per 1000. This is a little above the average of the previous 6 years, which is 16.6.

It is satisfactory to be able to set against this increase in the general death-rate that the infantile death-rate, or proportion of deaths under 1 year old to the registered births, is only 104 per 1000; which is much less than in 1894, when it was 121 per 1000, and also less than the average of the previous 6 years, which is 116.

The diseases which have caused deaths conspicuously in excess of the average of the previous 6 years are Scarlet Fever, Cancer, Heart Disease, and the Diseases of the Respiratory Organs. On the other hand, the deaths from Diarrhœa have been decidedly below the average, and no deaths have been caused by Diphtheria, Measles, Hooping Cough, or Influenza.

In one of the deaths certified as caused by Scarlet Fever, the presence of sewer gas, due to the disturbance of an old brick drain, was mentioned in the certificate as a contributing cause. All the deaths from this disease occurred in the early months of the year.

The deaths caused by Cancer were 6, against an average of 2 for the previous 6 years. This is a large number, even allowing for increase of population. You are probably aware that for many years past there has been a steady increase in the deaths from this fatal disease throughout the country.



No deaths occurred from either Measles or Hooping Cough, which were comparatively so fatal to children last year, and we may congratulate ourselves on the fact that during 1895 no death took place from Influenza, for the first time for 6 years.

The deaths from diseases classed as "Zymotic" by the Registrar General include 2 from Diarrhœa, besides the 4 from Scarlet Fever already mentioned, making a total of 6, and giving a Zymotic death-rate of 1·27. This is less than the average of the Urban Districts in Cumberland during the previous 4 years, which was 1·57; it is also less than the average for the previous 6 years in Keswick, which was 2·3; and very much less than that of Keswick in 1894, when the large proportion of deaths from Measles and Hooping Cough ran it up to 4·32.

As in 1893, there were an unusually large number of deaths in this year from accidents and causes other than disease. One person died from drinking carbolic acid while temporarily insane, another was found drowned in the river, one old man was accidentally burnt to death, two were run over on the road, one was killed by a fall from a bicycle, and another by a fall from a railway bridge, and one child was suffocated in bed with its mother. This gives a total of 8 deaths "by misadventure," the average during the previous 6 years being only 2·5. If only the same number in proportion to the population had occurred as during the previous 6 years, the death-rate would have been reduced to under 16, instead of being nearly 17 per 1000.



The Notifications of Infectious Diseases sent in during the year numbered 45, two cases each of *Typhoid* ~~Scarlet~~ Fever and Diphtheria being notified, and 41 of *Scarlet* ~~Typhoid~~ Fever.

The 2 cases of Typhoid Fever were in the same house in Heads Lane, (the patients being mother and child,) and were notified in the months of August and September. Infection could not be traced to any previous cases.

The cases of Diphtheria were both in April, the first occurring in a house in which 4 cases of Scarlet Fever were reported about the same time.

There were already some cases of Scarlet Fever in the Town at the end of the year 1894; and in 1895 there were 12 cases reported in January, 4 in February, 2 in March, 7 in April, 5 in June, 1 in July, 5 in August, 4 in September, 1 in November, and 2 in December.

Though there were so many reported cases of this disease, the Zymotic death-rate, as I have said, was below the average both of Keswick and of the other towns in the county. This is so far satisfactory, as indicating a probability that the majority of the cases were mild ones, and also that a larger proportion were brought under the notice of medical men and notified. But the average Zymotic death-rate for the 4 years for which I have the means for comparing them—that is, from 1891 to 1894 inclusive—is greater than that of other Cumberland towns in the proportion of 2 to 1·6.

That this should be the case is not to be wondered



at, because we are so much more exposed to infection from all parts than any of these by the great number of strangers who visit us every year. But, as we are more exposed to infection, we have the greater need to be protected against it, and it is my duty—a duty of which I have been reminded by a circular recently received from the Local Government Board—to call your attention to the fact that another year has passed, and that we are no nearer the building of the Isolation Hospital than we were at the beginning of last year, when plans for such a Hospital had actually been passed by the Sanitary Authority. In my last Annual Report I said that these were before the Local Government Board, and I only found out some time afterwards that this was a mistake, a delay having been caused by a misunderstanding as to the forms required to be sent in. On this being set right, the matter again went forward, and the plans were a second time passed by the Sanitary Authority. But the failure, during the long dry weather in the summer, of the source on which we had counted for furnishing the water supply, made it evident that a larger reservoir would be needed than had been at first intended, thus adding considerably to the expense; and so the matter was allowed to drop—I hope only temporarily.

As some set-off to the delay with regard to the Isolation Hospital, I am pleased to be able to record that a modern disinfecter has been provided for the District, by which the disinfection of rooms can be carried out more effectually than by the means



formerly at our disposal. This is not a *Steam* Disinfectant, and would be of little use for bedding or other bulky articles, but it is a more efficient means of applying a quite reliable disinfectant to walls, floor, and other surfaces in any room that may have been exposed to infection.

The most important sanitary step which has been taken by the Council during 1895, has been the adoption of measures to guard against evasions of the Bye-laws in the erection of new buildings. It has been obvious that many houses in the Town have been built in the past without proper attention to Sanitary requirements, and, to prevent this in the future, the Council has passed a resolution that all plans of new buildings shall henceforth be laid before the Medical Officer of Health, to receive his written certificate that they are in accordance with the Bye-laws in respect to sanitary requirements, and that on the completion of such buildings another written certificate shall be given by the Surveyor that the plans have been strictly adhered to in this respect.

The most important sanitary defects found in the older houses may be classed under 2 heads, Drainage and Ventilation.

Under the first head the most common faults are the want of proper traps and ventilators and other means of disconnection in house drains, so that poisonous air from the sewers is enabled to find its way through the drains into the houses. This constitutes a great danger to public health, not only from the direct poisonous effects of such vitiated air, but



also because its presence no doubt predisposes those who are exposed to its influence to infection by certain germ diseases. Another important point in which the Bye-laws have not always been complied with and which comes under this head, is the making of drains without sufficient fall, or with right angles in their course, so that the drainage of houses is stopped or delayed in its passage to the sewers.

Under the head of Ventilation come the want of fire-places or ventilators in rooms, the insufficient size or absence of windows, and the want of sufficient space in front and at the backs of houses.

I think it is well that I should say here that the Medical Certificates, now required to accompany plans laid before the Council, are never given if those plans show any deviation from the strict letter of the Bye-laws with regard to air space, even when from the exceptional position of a building with regard to its surroundings it appears that there would be no serious risk to the public health in allowing the plans to be carried out as they stand; and I am sure that if, under such exceptional circumstances, your Council should at any time allow plans to pass which have not received the usual Medical Certificate, it would be because you are quite satisfied that there are special circumstances in the particular case which really warrant you, as guardians of the public health, in making an exception, and would wish it to be clearly understood that your doing so must not be considered in any way to constitute a precedent.

No sanitary fact is now better established than



the great importance of sufficient air space about dwelling houses, and to secure this for even the humblest habitations is one of the principal objects of the "Housing of the Working Classes Act," to which I felt it my duty to call your attention some years ago in connection with a portion of the Town which appeared to me to be "an Unsanitary Area" in the meaning of the Act. With regard to this Area, I may here mention that the Infantile death-rate, which was in 1895 comparatively low for the whole District, was, in this Area, unusually high, being at the rate of 222 per 1000. This is more than double that of the whole District, which, as I have before said, was 104 per 1000. It would not, however, be fair to judge the comparative healthiness of this Area by one year, in which its rate is unusually high and that of the whole District unusually low. But taking the Infantile death-rate for the whole District for 7 years, we find that it has been 116 per 1000 only, whereas in the Area mentioned for the same period it has been 196 per 1000, or nearly in the proportion of 5 to 3.

Though no plan has yet been considered for dealing with this Area, to which attention was again called in my last Annual Report, I am glad to record that some further steps have been taken towards the making of the new street which is to connect Station Street with Bank Street, and which, as it will impinge upon a portion of this Area, will necessarily lead to its reconstruction in a manner that will bring it more into harmony with modern sanitary requirements.

C. GORE RING, M.O.H.



