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BOROUGH OF WHITEHAVEN.

ANNUAL REPORT

OF THE

Medical Officer of Health,

For the Year 1907.

WHITEHAVEN,

7th February, 1908.

GENTLEMEN,

I beg to lay before you my Twentieth Annual Report as Medical Officer for the district—and the fourteenth since the Incorporation of the Borough—giving an account of the public health and sanitary administration of the Borough during the year 1907, with the usual tables shewing the number of births and the birth-rate, the number of deaths and the death-rate at different ages and from various causes during the year, compared with those for previous years, as well as the number of cases of infectious disease notified, and the number of workshops registered in the Borough, and of persons employed therein.

I have explained in previous reports that a comparison of the census of 1891 with that of 1901 shewed that the population of the Borough had remained practically the same during the interval, notwithstanding that the natural increase of population represented by the excess of births over deaths during that period had been considerable; that increase having been almost exactly counter-balanced by emigration. There seems no reason to think that any change has occurred in this respect since that time, and I have accordingly calculated the birth and death-rates for 1907 on an estimated population of 19,320, as in previous years.

The number of births registered in the Borough during the year 1907, was five hundred and sixty-two, which is equivalent to a birth-rate of 29·09 per thousand of population per annum, or 2·83 below the average of 31·92 for the ten preceding years, and lower than that for any one of those years, with the exception of the year 1897, when it was as low as 28·96 per thousand per annum. Two hundred and seventy boys were born during the year, and two hundred and ninety-two girls. Six children—four boys and two girls—were born in the workhouse.

Three hundred and seventy-seven deaths were registered in the Borough during the year, equivalent to a death-rate of 19·51 per thousand per annum, which is 0·32 below the average of 19·83 for the previous ten years. Thirty-six of these deaths, however, were those of persons not belonging to the Borough, but admitted to the Whitehaven and West Cumberland Infirmary, and the Union Workhouse, from other districts,

and dying in those institutions, whilst one death occurred in Barnard Castle Workhouse, and one in the Cumberland Infirmary, Carlisle, of persons belonging to Whitehaven, so that the number of deaths at all ages and from all causes during the year of persons belonging to the Borough was three hundred and forty-three, giving an actual death rate of 17.75 per thousand per annum, which is 1.06 below the average of 18.81 for the ten preceding years.

There were seventy-one deaths of infants under one year of age, giving an infantile death-rate of 3.67 per thousand of estimated population per annum, which is 1.07 below the average of 4.74 for the ten preceding years.

The number of births registered during the year being, as before mentioned, five hundred and sixty-two, the infant death-rate per thousand births was 126.33, which is 21.96 below the average of 148.29 for the ten previous years.

Forty-six deaths of children between one and five years of age occurred during the year, making with the seventy-one deaths of infants under one year, a total of one hundred and seventeen deaths of children under five years of age, equivalent to a death-rate of 6.05 per thousand per annum, which is 1.31 below the average of 7.36 for the preceding ten years.

Of persons over sixty-five years of age seventy-eight deaths occurred, giving a senile death-rate of 4.04 per thousand per annum, or 0.29 below the average of 4.33 for the ten preceding years.

From the eight principal zymotic diseases enumerated in Table VI., there were registered thirty deaths, giving a zymotic death-rate of 1.55 per thousand per annum, which is 0.66 below the average of 2.21 for the previous ten years.

The figures for the year 1907, therefore, compare favourably with those for previous years, for though the birth-rate is below the average the rate of mortality amongst infants under one year of age is lower than usual, whether reckoned per thousand of population or per thousand births registered during the year ; whilst the general death rate, the death-rate at different ages, and the zymotic death-rate are all below the average for the ten preceding years.

Eighty-six cases were notified under the Infectious Disease (Notification) Act during the year, of which fifty-eight were Scarlet Fever, six Diphtheria, two Enteric Fever, five Puerperal Fever, and fifteen Erysipelas. Of the fifty-eight cases of Scarlet Fever three occurred in infants under one year of age, nineteen in children between one and five, thirty-two between five and fifteen, one in a person between fifteen and twenty-five years, and three between twenty-five and sixty-five years of age. The disease never obtained epidemic prevalence. One or more cases occurred in each month of the year, the largest number in any one month being sixteen in October, and of this number there were two cases in one house in two instances, and in each of two other houses three cases occurred. In the two former cases the patients were attacked simultaneously, in the latter the earliest case had been overlooked, the illness being deemed trivial at first, and no medical advice being sought. Thirty-four patients suffering from Scarlet

Fever were removed to Bransty Hospital, fourteen of these being between one and five years of age, nineteen between five and fifteen, and one twenty-five years of age. One of the children removed to the Hospital was just recovering from Chicken Pox when attacked by Scarlet Fever, the crusts of the former disease being still adherent, so that she required separate accommodation, as did also two children who developed Measles in addition to Scarlet Fever.

Two cases of Enteric Fever were notified during the year. The patients, aged respectively seven and nine years, resided in different parts of the town, and in neither case was there any insanitary condition about the house in which the case occurred. One of the patients was removed to hospital, the other was isolated at his own home.

Two of the six cases of Diphtheria notified during the year occurred simultaneously in one house, and in this instance a downspout, directly connected with the sewer, was found to have a defective joint permitting the escape of sewer gas; the defect was at once remedied, and the downspout made to discharge over a gully trap in the open air. In none of the other cases was there any sanitary defect about the house in which the cases occurred.

There were also notified during the year five cases of Puerperal Fever and fifteen of Erysipelas. In all of these cases the premises were carefully examined, but in none of them was there found any insanitary condition that might have been the cause of the illness.

Whenever a notification of infectious disease is received, the house is at once visited by the Sanitary Inspector, who reports to me the result of his investigations, and if there is any necessity for so doing, I also make a personal visit to see that due precautions are being taken, and ascertain if possible the origin of the outbreak. In all cases in which, owing to limited accommodation or other causes, it appears to me that adequate isolation cannot be secured, I advise removal to hospital, and seldom experience any difficulty in obtaining the consent of the patients or their friends.

Arrangements for the removal of patients to hospital are carried out by the Sanitary Inspector, who afterwards attends to the fumigation and disinfection of the rooms the patients have occupied, and of all articles liable to retain infection. When cases are treated at their own homes, he visits the house from time to time to see that proper precautions are being taken, and at the termination of the case, carries out the necessary disinfection.

In February, 1907, a circular letter was received from the Local Government Board, and also copies of the Board's Memorandum of 1905 in reference to Cerebro-Spinal Fever, and the Town Council at their Meeting on the 13th March, passed a resolution making the disease notifiable in the Borough. No case of Cerebro-Spinal Fever has actually occurred in the Borough, but on March 11th, I received from Dr. Symington, Medical Officer of Health, Brampton Rural District, information that a girl aged fourteen years who had recently been living in Whitehaven, had returned to her home at Brampton suffering from what was believed to be Cerebro-

Spinal Fever. I immediately visited the house in which she had resided, and found that there had been no other case of illness in the house, but that a boy had stayed there for a week who was said to have been ill before coming to Whitehaven. Though the information obtainable was somewhat meagre, I at once had thorough disinfections carried out to avoid all risk of spreading the disease. I could get no particulars at the time as to the exact date or nature of the illness, nor where the boy was at the time of its occurrence. I was told, however, that on leaving Whitehaven, he had gone to Wallsend, and from the Medical Officer of Health, Dr. T. Wilson, I ascertained that the boy had been ill at Berwick-on-Tweed. On communicating with Dr. D. Heagerty, Medical Officer of Health of Berwick, and also with Dr. Grant who had attended the boy, I was informed that he had suffered as long ago as September, 1906, from Catarrh of the Stomach, and, after a severe illness, recovered, and that in January, 1907, he had a slight cold lasting only a few days, but that he had no symptoms suggestive of Cerebro-Spinal Fever. On leaving Whitehaven, he attended school at Wallsend and continued quite well. The diagnosis in the case at Brampton was confirmed by bacteriological examination, and the case terminated fatally. No previous case was known to have existed at Berwick, and no other case has occurred in Whitehaven.

At the end of the year five cases of Scarlet Fever were under treatment in the Borough, two of these being in one house, and one case of the same disease remained in hospital convalescent, but not free from infection.

The usual systematic inspections of all parts of the Borough have been made by the Sanitary Inspector and myself, and in one of the accompanying tables will be found a summary of the work done in this department. Our inspections were specially directed to those parts of the Borough in which insanitary conditions were most likely to arise, to ships in harbour, to caravans and travelling shows. In two cases my attention was called to members of the crews of ships arriving in port who were suffering from illness, and some cases of sickness occurred amongst the people living in caravans, but in none of these was the disease found to be of an infectious character. Many minor nuisances and insanitary conditions discovered during our inspections were remedied on verbal notice being given to the persons responsible, and do not appear, therefore, in the summary.

The cowsheds in the Borough have been regularly inspected during the year to see that the Regulations with regard to them were properly carried out.

The Slaughter-houses have been frequently visited, especially on the days when killing was going on. Very few cases occurred in which there was any suspicion of unsoundness in the animals slaughtered, and in only one was any disease found to exist rendering the meat unfit for human consumption. This was the case of a well-fed heifer that had brought a good price in the Auction Mart, and of the soundness of which no doubt was entertained before she was slaughtered. On examining the carcase I found it well nourished, the animal having evidently been thriving up to the time of her death.

The lungs were quite healthy. The lining membranes of the chest and belly, however, were thickly studded from end to end with masses of tubercle, which had also attacked the abdominal viscera, the liver being especially bad. I condemned the whole carcase as unfit for food, and it was destroyed. Such cases fall as a heavy loss on either the farmer who sells, or the butcher who buys the animal, which may show no sign of the disease to the ordinary observer before death. I understand that a guarantee or insurance fund is being established, to which all persons sending animals to the Auction Mart for sale to the butcher, will contribute a small fixed amount per head, and from this fund, all *bona fide* purchasers whose animals turn out to be diseased will be indemnified. This arrangement will be of material assistance to your officers in the absence of a public slaughter-house. It is impossible, as I have so often pointed out, for the Inspector to be present to see what is going on in all the private slaughter-houses, as the times for killing are approximately the same in all, and without such a system of insurance, there is necessarily a temptation to concealment on the part of a butcher who pays a good price for an animal that appears sound when alive, but is discovered after slaughtering, to be more or less diseased. If the disease is extensive as in the case I have mentioned, it is difficult to conceal, but in slighter cases, a little skilful "stripping" may remove the evidence of the disease. When he knows, however, that he will be recouped for any loss sustained by the condemnation of the whole or part of the carcase, the butcher will be more willing to have such cases examined, and less inclined to avoid the attention of the Inspector.

The provision of a Public Mortuary which I have so often advocated in my reports has become an accomplished fact during the past year. The new mortuary, both in its situation and construction, is admirably adapted for its purpose, and will meet a long felt want. Hitherto there has been no suitable place to which the bodies of persons found dead, or meeting with a sudden or violent death away from their own homes could be conveyed, and considerable inconvenience has been experienced. It has also happened, from time to time, that the body of a person who had died from a highly infectious disease could not be buried at once, and has perforce been retained for several days in a house in which its presence was fraught with danger of infection to the other inmates. In some such cases the spread of disease has been traceable to this cause. Now that a suitable mortuary has been provided this danger may be avoided by the early removal of the body to the mortuary, there to await burial.

In March, 1907, I submitted to the Town Council a third report on "Houses Unfit for Human Habitation." The two previous reports were made in 1904 and 1906 respectively, and the three reports together contained particulars of about one hundred and fifty houses and tenements. Some of these were not reasonably capable of being made fit for human habitation, and could only be dealt with by obtaining closing orders under the "Housing of the Working Classes Act, 1903, with a view to their demolition, some required to be altered in order to be safely habitable, and others needed re-construction so as to provide a smaller

number of houses which would meet all sanitary requirements. Most of the houses have been satisfactorily dealt with, and I would urge that the Council take the necessary proceedings to compel the owners to do what is required in the remaining cases. In the report of March, 1907, I stated that if any great improvement in the housing of the people is to be attained, and any remedy found for the overcrowding of houses on area which so largely prevails, it will be necessary to take a wider outlook and proceed on more comprehensive lines than the mere closing of houses which are unfit for habitation. The Town Council will have to deal with those houses which, though not in themselves unfit for human habitation, do, by reason of their position and surroundings interfere with the light and ventilation of other houses, rendering these unhealthy, and can only be dealt with as "obstructive buildings." Some of these I have already reported. It will also be necessary to consider those cases in which houses have been erected in unsuitable situations, in back gardens and back yards, without any regard to system or healthy surroundings, forming irregular narrow courts and passages, hemmed in on all sides so as to render adequate lighting and ventilation impossible. Such courts and passages can only be properly dealt with by the adoption of a scheme for the re-construction and re-arrangement of the houses, and in some cases their removal. I particularly referred to the court known as Little Scotland, in Chapel Street, which seemed to me suitable for a small improvement scheme. The dwelling-houses, ten in number, are one as good or as bad as another, belong to different owners, and it is quite impossible to condemn one as

unfit for habitation, and allow another to be occupied. There are other buildings besides dwelling-houses in the court, the entrance to which is very narrow and tortuous. In consequence of this Report, a Sub-Committee was appointed to confer with the Medical Officer of Health and the Borough Surveyor as to an improvement scheme, and to prepare plans for carrying it out. The Sub-Committee have viewed the place, and instructed the Surveyor to prepare tracings showing how the schemes suggested by the Committee would alter the court. The Chairman and Surveyor were requested to see the owners with reference thereto.

In December I reported on the water supply and sewerage of Lonsdale Place. The water supply is obtained from a small covered Reservoir, and I pointed out that owing to the existence in the field, in which it is situated, of a cowshed, and the way in which manure is deposited in the field, there is danger of the water in this Reservoir being polluted by the soakage into it of surface water charged with organic impurities. The means of disposal of excreta is by the combined ash-pit and privy, whilst slop water is conveyed into an adjacent stream by a stone built drain, altogether unsuitable for the purpose. I consider it very desirable that a sewer should be provided which would enable water-closets to be substituted for these privies, and permit of the slop-water being carried into the general sewerage system of the Borough, instead of polluting the stream as it does at present, and that the houses should be connected with the Borough water main which passes along the high road, immediately in front of Lonsdale Place, as the present water supply, in addition to being liable to be

polluted, would be quite insufficient in quantity for a water carriage system of sewerage.

Arising out of my Annual Report for 1906, I was instructed by the Street and Sanitary Committee to "draw up suggestions as to the proper feeding and care of infants, for the consideration of the Committee." Accordingly, I put myself in communication with the Medical Officers of Health of all the Boroughs and Urban Districts with which I was acquainted in which this matter had been dealt with, and having considered the different forms of instructions used in these places, I drew up a form of "Advice on the Feeding and Rearing of Infants." This form having been approved by the Committee and the Town Council, a large number of copies were printed. At the same time that I submitted this form to the Committee, I also submitted a report dated 25th April, 1907, in which I made some suggestions as to the methods in which such "Advice" might best be brought to the knowledge of the mothers, and some measure of supervision exercised to secure that the advice was understood and acted upon. One of the first difficulties to be considered at that time, was how to obtain early information of all births in circumstances in which the "Advice" might be required. I made some suggestions as to how this information might be obtained, but the subsequent enactment of the Notification of Births Act, 1907, has, of course, made it possible to obtain it more certainly than could otherwise have been done, and it was partly in anticipation of this Act, that further steps were not immediately taken by the Council. In reference to the methods to be adopted for securing that the best use might

be made of the information so obtained, I said, "A copy of
"the 'Advice' should be left at the house forthwith, and as
"soon as possible, afterwards, an appointed person should
"call and offer such explanation and assistance by practical
"demonstration, as the circumstances of the case might
"require. This person would require to be well instructed
"in this matter, and her visits would have to be repeated at
"longer or shorter intervals for the whole of the first year
"in some cases. In many, of course, one or two visits
"might show that no more were required. This method is
"the most thorough, but involves the appointment of a
"qualified woman, generally called the 'Health Visitor,'
"on whose discretion and tact much of the success of the
"scheme would depend."

Alternative suggestions for securing the co-operation of the Midwives, and of Medical Men were made in my report, but as these were framed on the supposition that it would be necessary to depend on voluntary notification of births, and that Midwives would require a fee, both for notification, and also for any supervision they might give to the case beyond their ordinary duties as Midwives, they are scarcely pertinent now if the Act is to be adopted. It appears to me that the appointment of a properly qualified "Health Visitor" is the necessary corollary of the adoption of the Act. No doubt a copy of the "Advice" might be left in each case by the Midwife, and as I pointed out in my report, it has been found in other districts that Medical Men willingly co-operate with the Sanitary Authority in this respect, and by so doing save themselves much verbal explanation. Indeed the suggestion was

made in the first instance by a private practitioner to a Medical Officer of Health, that if the Council would supply such printed "Advice" he and others would gladly avail themselves of it, and would voluntarily report any case in which they found it neglected, and this has proved to be the result in practice; but this co-operation on the part of Medical Men and Midwives could be equally well secured without the adoption of the Act, and it might even prove that the adoption of the Act in some measure militated against it by creating an impression in their minds that, notification being compulsory, the further responsibility rested upon the Council, to whom, through their Medical Officer of Health, the notification was made. There can be no doubt that the compulsory notification of Infectious Disease has had this effect—to a considerable extent, Medical Men and patients, alike, in many cases taking it for granted that the Council's Officials will take all responsibility as to securing the necessary isolation and disinfection once a case has been notified, so that it is quite usual to find that the doctor in attendance has given little or no attention to preventive measures, assuming that this would be looked after by the Sanitary Officials.

When this subject of Infant Feeding was under consideration by the Sanitary Committee, an attempt was made to secure the assistance of certain charitable organisations, in the Borough, specially interested in medical and midwifery cases requiring their aid, and representatives from some of these, and from the Committee met in conference, but no practical scheme could be agreed upon.

I have reason to believe that voluntary service would be willingly rendered by the individual members of these organisations, although no official responsibility would be undertaken by the societies collectively.

Already, applications have been made to me for copies of the "Advice" by ladies connected with charitable work and district visiting, and I have been pleased to provide them, but this again is quite independent of the provisions of the Act.

The number of workshops in the Borough registered under the "Factory and Workshop Act, 1901," during the year, 1907, was eighty-two, being seven more than in the preceding year, there having been added one blacksmith's one builder's, one upholsterer's, one joiner's, and three plumbers' workshops, one dye works, and one grease manufactory, whilst two dressmaking and millinery workshops have been discontinued. Table XII. shows the number of registered workshops in which different kinds of work is carried on, and the number of male and female employès engaged in each business during the year. Table XIII. gives the total number of workshops registered in each year since the Act came into force on 1st January, 1902, and the number of persons of each sex employed therein. All the workshops have been visited during the year as occasion required, and have been found on the whole satisfactory as regards cleanliness, ventilation, and absence of overcrowding. In only four cases was it necessary to call the owners' attention to the necessity of lime-washing, and in one case to general untidiness of a workshop. These verbal notices were at once complied with, and it was not

necessary to serve written notices. Four notices were received during the year from H.M. Inspector of Factories of sanitary defects observed by him, remediable under the Public Health Acts, but not under the Factory and Workshop Act. Two of these were for improved sanitary accommodation, and two of premises requiring cleansing. Notices were served in these cases, the necessary work was done in each case, and reports of the action taken were sent to the Inspector as required by the Act. The abstract of the Act was found duly affixed in all workshops in which females are employed, and in most of those in which men only are employed, and the affixing of the abstract is not compulsory under the Act, the modified abstract prepared for such cases was prominently displayed. That part of the Act which prescribes that all owners of factories or workshops employing out-workers shall send a list of such out-workers to the Town Council twice in each year, before the 1st February and 1st July, does not yet receive the attention it deserves, though some improvement has occurred in this respect during the year. I have previously pointed out that as such out-workers are mostly employed in the making and repairing of wearing apparel, it is of very great importance that the Council should be informed of their names and addresses, in order that their Officers may be enabled to ascertain whether any insanitary condition exists in their houses, and if so to have it remedied, as well as to deal with any outbreak of infectious disease that may occur therein. No outbreak of disease of an infectious character has occurred in connection with any workshop during the year, nor has any unwholesome conditions arisen in any of them, and so far as

regards those out-workers whose names and addresses are known, the same may be said of the houses occupied by them, but until the half-yearly lists are supplied with greater regularity, it is quite possible for out-work to be carried on under insanitary conditions without the knowledge of the Council or their officers.

I am, Gentlemen,

Yours obediently,

J. B. FISHER, M.D.,

Medical Officer of Health.

*To the Town Council of the
Borough of Whitehaven.*

TABLE I.—BIRTHS IN BOROUGH IN 1907.

Number of Births.	Birth-rate per 1000 of population per annum.
562	29·09

COMPARISON WITH TEN PREVIOUS YEARS.

1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907
28·96	31·81	30·05	31·06	35·45	32·35	34·31	33·69	30·74	30·74	29·09

TABLE II.—DEATHS AT ALL AGES.

Number of Deaths.	Death-rate per 1000 of population per annum.
343	17·75

COMPARISON WITH TEN PREVIOUS YEARS.

1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907
15·96	18·86	16·99	22·36	19·66	18·89	19·09	20·1	17·7	18·46	17·75

TABLE III.—DEATHS UNDER ONE YEAR OF AGE.

Number of Deaths.	Death-rate per 1000 of population per annum.	Infant Death-rate per 1000 Births registered.
71	3·67	126·33

COMPARISON WITH TEN PREVIOUS YEARS.

	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907
Per 1000 of estimated Population.	3·47	5·28	4·35	5·59	4·97	4·09	5·33	5·07	4·45	4·76	3·67
Per 1000 Births Registered.	119·85	166·12	144·83	180	140·15	126·4	155·35	150·53	144·78	154·88	126·33

TABLE IV.—DEATHS UNDER FIVE YEARS OF AGE.

Number of Deaths.	Death-rate per 1000 of population per annum.
117	6·05

COMPARISON WITH TEN PREVIOUS YEARS.

1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907
5·85	7·97	6·11	11·33	6·98	7·09	7·24	7·6	6·15	7·29	6·05

TABLE V.—DEATHS OF PERSONS OVER SIXTY-FIVE YEARS OF AGE.

Number of Deaths.	Death-rate per 1000 of population per annum.
78	4'04

COMPARISON WITH TEN PREVIOUS YEARS.

1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907
2'59	3'83	3'11	4'14	4'29	5'12	5'43	5'48	5'22	4'09	4'04

TABLE VI.—DEATHS FROM EIGHT PRINCIPAL ZYMOTIC DISEASES IN 1907.

Smallpox	...	...	...	...	...	...	...	...	...	0
Measles	...	...	...	...	...	...	...	...	...	6
Scarlet Fever	..	...	...	...	...	...	...	...	...	4
Diphtheria	...	...	...	...	...	...	...	...	...	2
Whooping Cough	...	...	...	...	...	...	...	...	...	8
Typhus Fever	...	...	...	...	...	...	...	...	...	0
Enteric Fever...	...	...	...	...	...	...	...	...	...	1
Diarrhœa	...	...	..	...	...	...	...	...	...	9
Total Number of Zymotic Deaths	...	...	...	...	...	...	...	...	...	30
Zymotic Death-rate per 1000 of population per annum										1'55

COMPARISON WITH TEN PREVIOUS YEARS.

1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907
1'24	1'76	2'07	5'69	1'81	1'55	1'55	2'38	1'96	2'12	1'55

TABLE VII.—OTHER CHIEF CAUSES OF DEATH
IN 1907.

Phthisis	...	...	...	...	...	...	28
Other Tubercular Diseases	...	...	...	...	...	...	11
Cancer—Malignant Disease	...	...	...	...	...	...	18
Bronchitis	...	...	...	...	...	...	62
Pneumonia	...	...	...	...	...	...	16
Pleurisy	...	...	...	...	...	...	2
Premature Birth	...	...	...	...	...	...	13
Heart Diseases	...	...	...	...	...	...	24
Accidents	...	...	...	...	...	...	13
All other causes	...	...	...	...	...	...	126
							313
Eight Zymotic Diseases, as above	...	...	...	...	...	...	30
Total Deaths Registered in the Borough in 1907	...	...	...	...	...	...	343

TABLE VIII.—CASES OF INFECTIOUS DISEASE
NOTIFIED DURING THE YEAR 1907.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							No. of Cases removed to Hospital
	At all Ages.	Ages.						
		Under 1.	1 to 5.	5 to 15	15 to 25.	25 to 65.	65 and upwards.	
Smallpox	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...
Diphtheria	...	...	...	...	...	...	...	...
Membranous Croup	6	...	1	3	2	...	...	...
Erysipelas	15	1	1	...	...	10	3	...
Scarlet Fever	58	3	19	32	1	3	...	34
Typhus Fever	...	...	...	...	...	...	...	...
Enteric Fever...	2	...	...	2	...	...	...	1
Relapsing Fever	...	...	...	...	...	...	...	...
Continued Fever	...	...	...	...	...	...	...	...
Puerperal Fever	5	...	...	...	...	5	...	...
Plague	...	...	...	...	...	...	...	...
Totals	86	4	21	37	3	18	3	35

Bransty Hospital for Infectious Diseases is situated within the Borough, and provided by the Corporation. The Whitehaven Union Workhouse is also situated within the Borough.

TABLE X.—CAUSES OF, AND AGES AT, DEATH
DURING YEAR 1907.

Causes of Death.	Deaths at the subjoined Ages of Residents, whether occurring in or beyond the District							Total Deaths whether of Reside'ts or Non- Reside'ts in Public Institu- tions in the District
	All Ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and up- wards	
Small-pox .. ..	..	..	..	..	..	..	..	..
Measles	6	2	4	..	..	..	..	..
Scarlet Fever	4	1	3	..	..	..	..	3
Whooping Cough	8	3	5	..	..	..	..	1
Diphtheria and Mem- branous Croup	2	..	1	1	..	..	..	..
Croup .. ..	..	..	..	..	..	..	..	..
Fever* { Typhus .. ..	..	..	..	..	..	..	..	..
{ Enteric	1	..	..	1	..	..	..	1
{ Other continued .. ..	..	..	..	..	..	..	..	..
Epidemic Influenza .. ..	..	..	..	..	..	..	..	..
Cholera .. ..	..	..	..	..	..	..	..	..
Plague .. ..	..	..	..	..	..	..	..	..
Diarrhœa	9	4	5	..	..	..	..	..
Enteritis	2	..	1	..	..	..	1	..
Puerperal Fever	1	..	..	..	..	1	..	..
Erysipelas .. ..	..	..	..	..	..	..	..	..
Other Septic Diseases	2	..	..	..	..	1	1	..
Phthisis (Pulmonary Tuberculosis)	28	..	..	1	4	20	3	9
Other Tubercular Diseases	11	1	3	4	2	1	..	6
Cancer, Malignant Disease	18	..	..	..	..	14	4	4
Bronchitis	62	13	10	..	..	22	17	15
Pneumonia	16	1	1	1	..	4	9	6
Pleurisy	2	..	..	..	1	1	..	..
Other Diseases of Respiratory Organs	4	..	..	1	..	3	..	1
Alcoholism )	..	..	..	..	..	2	..	..
Cirrhosis of Liver)	2	..	..	..	..	..	..	..
Venereal Diseases	3	1	..	..	..	2	..	1
Premature Birth	13	13	..	..	..	..	..	..
Diseases and Accidents of Parturition	1	..	..	..	..	1	..	..
Heart Diseases	24	..	..	1	3	14	6	9
Accidents	13	1	4	1	..	5	2	15
Suicides .. ..	..	..	..	..	..	..	..	..
All other causes	111	31	9	3	3	30	35	35
All causes	343	71	46	14	13	121	78	106

TABLE XI.—INFANTILE MORTALITY DURING THE YEAR 1907.

Deaths from stated Causes in Weeks and Months under One Year of Age.

Cause of Death.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
Common Infectious Diseases.	Small-pox ..																	..
	Chicken-pox ..																	..
	Measles ..										1						1	2
	Scarlet Fever ..															1		1
	Diphtheria :																	
	Croup ..																	..
	Whooping Cough ..													1	1	1		3
Diarrhœal Diseases.	Diarrhœa, all forms ..									2	1			1				4
	Enteritis, Muco-enteritis ..																	..
	Gastro-ent'itis ..																	..
	Gastritis, Gastro-intestinal Catarrh ..																	..
Wasting Diseases.	Premature Birth ..	10	1	1	1	13												13
	Congenital Defects ..		1			1					1							2
	Injury at Birth ..																	..
	Want of Breast-milk Starvation ..																	..
	Atrophy, Debility, Marasmus ..	2	1	2		5	4	2				1	1	1	1		1	16
Tuberculous Diseases.	Tuberculous Meningitis ..																	..
	Tuberculous Peritonitis : Tabes Mesenterica ..																	..
	Other Tuberculous Diseases ..													1				1
	Erysipelas ..																	..
Other Causes.	Syphilis ..												1					1
	Rickets ..																	..
	Meningitis (not Tuberculous) ..													1				1
	Convulsions ..		2			2	1			1	1	2	1	1	1			10
	Bronchitis ..		1		1	2	1	2		2		2		2	2			13
	Laryngitis ..																	..
	Pneumonia ..												1					1
	Suffocation, overlaying ..																	..
Other Causes ..						1						1	1				3	
All Causes.	Certified ..	11	5	3	2	21	7	2	2	5	3	6	2	9	5	2	2	66
	Uncertificated ..	2				2					1	1	1					5

Population, estimated to middle of 1907, 19,320.

Births in the year—Legitimate, 542; Illegitimate, 20.

Infant Deaths in the year—Legitimate, 69; Illegitimate, 2.

Deaths from all causes at all ages, 343.

TABLE XII.—Shewing the Number of Registered Workshops in the Borough of Whitehaven during the year 1907, and the Number of Persons employed therein:—

Nature of Business.	No. of Workshops.	Number of Persons employed.		
		Male.	Female.	Total.
Dressmakers and Milliners	18	...	92	92
Bakehouses	12	4	29	33
Tailors	9	39	4	43
Joiners	6	27	..	27
Cloggers	8	26	..	26
Shoemakers	2	7	..	7
Cycle Makers	3	6	..	6
Braziers and Tinsmiths	2	6	..	6
Saddlers	3	15	10	25
Tallow Chandlers	2	4	..	4
Bacon Washer	1	1	..	1
Plumbers	7	45	..	45
Coach Builders	2	10	..	10
Aerated Water Maker	1	4	..	4
Hosier	1	..	2	2
Blacksmith	1	3	..	3
Builder	1	3	..	3
Grease Manufacturer	1	2	..	2
Dye Works	1	1	5	6
Upholsterer	1	3	..	3
Total	82	206	142	348

TABLE XIII.—Shewing the Number of Registered Workshops and of persons employed therein during each year since the “Factory and Workshop Act, 1901,” came into operation on 1st January, 1902.

Year.	No. of Workshops.	Number of Persons employed.		
		Male.	Female.	Total.
1902	79	212	153	365
1903	83	202	126	328
1904	80	200	143	343
1905	75	156	138	294
1906	75	188	158	346
1907	82	206	142	348

SUMMARY OF SANITARY INSPECTOR'S
REPORT FOR 1907.

Accumulations of Manure and other Insanitary Conditions in connection with Stables, Cowsheds, and Slaughter Houses	9
Defective and Choked Drains	59
„ Gully Traps in Courts and Yards	26
„ Paving and Channelling in Courts	17
„ Rain Water Spouts (two disconnected from Sewer)	16
„ Water Supply	3
„ Water Taps and Pipes	23
„ Sink Connections	5
„ Ventilation of Houses (Opening Sashes provided)	348
„ Ashpits	2
W.C.'s in Insanitary Condition (Fittings defective, &c.) ...	154
Houses and Premises in Dirty and Insanitary Condition ...	61
Dwelling-houses overcrowded	13
Additional W.C.'s provided	20
Notices for Lime-washing of Courts	8
„ „ Slaughter House	1
„ „ Cowshed	1
Defective Roofs and Walls causing Dampness	4
Miscellaneous Nuisances	9
Ships from Home and Foreign Ports Inspected	71