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THE TWENTY-SECOND

ANNUAL REPORT

ON THE

Rural District of Wigton,

For the year 1910.

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BY

The Medical Officer of Health.

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# ANNUAL REPORT

OF THE

Medical Officer of Health,

*For the Year 1910.*

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To the Chairman and Members of the Rural District  
Council of Wigton.

GENTLEMEN,

In conformity with the requirements of the Local Government Board, I have the honour to present my twenty-third annual report as Medical Officer of Health for the Wigton Rural District.

The statistical results in this report are based upon the results of the census in 1901, and on the rate of decrease or increase in the last inter-censal period. The amount of emigration which has taken place throughout the district (and more especially during the last three years) will I am sure, counterbalance the increase of births over deaths.

## Births.

The number of births registered in the entire district during the period under review was 265, or 8 in excess of those born in 1909. One hundred and thirty-eight were males, and 127 females. This number of births is equal to an annual birth rate of 22·8 per 1000, as compared with

20·05 per 1000 in the previous year, and 23·5 for the decennium 1900—1901. Our birth rate therefore for 1910 is ·7 per 1000 lower than the average for the preceding ten years.

Thirteen births were illegitimate, equal to a percentage of illegitimate to total births of 4·9 as compared with 8·1 in 1909.

In the subjoined table the number of births in the three sub-districts is given with their rates per 1000.

	<i>Population.</i>	<i>Births.</i>	<i>Rate per 1000.</i>	<i>Illegitimate.</i>
Caldbeck	3049	83	27·1	8
Wigton	4884	75	15·3	4
Aspatria	3725	107	28·7	1
	<hr/>	<hr/>	<hr/>	<hr/>
	11658	265	22·8	13

The Wigton sub-district, as is usually the case, is accredited with the lowest birth rate of the three divisions of the district; its rate is, moreover, the lowest I have ever recorded, being actually 13·4 per 1000 lower than the rate for Aspatria and 11·9 per 1000 below that of the Caldbeck division. The birth rate for Aspatria district is 8·1 per 1000 higher than in 1909, while Caldbeck is 2 per 1000 lower.

### Deaths.

The deaths recorded during the year in the district number 151, being 19 fewer than the deaths of 1909 and 19 below the average for the ten preceding years. This is the exact number of persons who died within the district during the year, but there are to be added the deaths of 10 persons who belonged to the district, but who died in Institutions beyond it, such as Carlisle Infirmary and Wigton Workhouse. When these 10 are added, our number for the year becomes 261, or 9 fewer than occurred in the previous year. These 261 deaths are equal to a death rate for the year of 13·8 per 1000, or ·8 below the average for the preceding 10 years.

The death rates since 1899 are :—

In 1899	...	12·7	per 1000
1900	...	15·6	”
1901	...	15·8	”
1902	...	14·8	”
1903	...	15·4	”
1904	...	14·3	”
1905	...	14·4	”
1906	...	15·0	”
1907	...	14·6	”
1908	...	12·1	”
1909	...	14·5	”
1910	...	13·8	”

The death rate has during the last 12 years only on two occasions been lower than our present one.

In the following table the rates of mortality in the three sub-divisions of the district together with the number of deaths are given :—

	<i>Deaths.</i>	<i>Rate per 1000.</i>	<i>Average for 10 preceding years.</i>
Caldbeck	48	15·7	58
Wigton	55	11·2	60
Aspatria	58	15·5	61

**Phthisis.** A satisfactory feature of my report, is the reduction in the number of deaths from Tubercle. Throughout the district only 5 were registered during the year, or one half of the number of the previous one. These five deaths are equal to the very satisfactory tubercular rate of ·4 per 1000 of the population, and to a percentage mortality of 3 to the total death rate. The Local Government Board's regulations, that parochial Medical Officers must notify to the Medical Officer of Health, all cases of Pulmonary Consumption amongst those in receipt of relief, have been in force since 1908, and I am pleased to be able to state that up to the present moment no such notification has been received. Tubercular disease is steadily diminishing in Great Britain, but its abolition is far from being reached. - The fall in the mortality from

Tuberculosis is doubtless due to the various sanitary reforms which have been brought about, and also to the greater resistance to the bacillus resulting from better food.

During the 10 years, 1866 to 1876, the annual average rate of mortality from Tuberculosis fell from 430 per 100,000 of the population to 347, but in the 10 years, 1896 to 1906, the diminution was only from 247 to 219. From this it would seem that our improved social conditions have almost reached the limit of their usefulness, and if we are to get rid of this apparently permanent residuum our efforts must be greatly increased, and largely, I think, in the direction of increased stringency in the supervision of cows and milk.

It is very gratifying to find the general public possessed of a much more intelligent conception of the nature of Consumption and the means best calculated to ensure its arrest than used to be the case.

Disinfectants were supplied to all cases which came under my notice, and in the event of death, fumigation and washing of the premises carried out.

**Cancer.** From this disease 12 deaths were registered during the year, as compared with 11 in 1909, 17 in 1908, and 13 in 1907. These 12 deaths from Cancer are equal to a death rate of 1.03 per 1000 of the population, and to a per centage rate of the total deaths of 7.

The disease appears to be pretty equally distributed over the district, and no indication is evinced of its being more prevalent in one locality than another.

In the following table the number of deaths from Cancer and Tubercle with the rates per 1000 are given in the three divisions of the district.

	<i>Cancer.</i>	<i>Rate per 1000.</i>	<i>Tubercle.</i>	<i>Rate per 1000</i>
Caldbeck	5	1.6	2	.6
Wigton	4	.8	1	.2
Aspatia	3	.8	2	.5

## Zymotic Death Rate.

From the chief Zymotic diseases we had 4 deaths, equal to a rate of mortality of 2·5 per 1000, as compared with nil in the previous year. One death was due to Measles, one to Whooping Cough, one to Diphtheria, and one to Enteric Fever.

## Infant Mortality.

The rate of mortality under this head is a little higher. Thirty-one deaths occurred in the whole district as compared with 26 in the previous year. The mortality at this age period, measured by the proportion of deaths to 1000 births, is 116, as compared with 101 for 1909, and an average of 109 for the 10 preceding years. From Table V, it will be seen that eight of these deaths occurred during the first week of life, and 13 during the first month. Premature birth caused seven deaths, Pneumonia 4, Whooping Cough 1, Atrophy 3, Gastro-Enteritis 4, Congenital defects 2.

Twenty-eight deaths were of legitimate and three of illegitimate infants.

Sixteen of these children who died before reaching the end of the first year were artificially fed, and it is not improbable that the deaths certified as due to Atrophy and Gastro Enteritis were the result of improper feeding.

There is no completely satisfactory substitute for mothers milk, and the most carefully regulated and scientific system of artificial feeding is a poor makeshift. The mortality is at least 30 times greater in those who have been brought up by hand than in those reared on nature's food. This artificial feeding on social grounds is unavoidable, and the knowledge of how infants can best be fed artificially should be widely diffused. 'A bit of what we get ourselves' is a very prevalent idea of a suitable diet for infants who



should be having nothing but milk. The clothing and management of infants and other branches of domestic economy cannot be taught to children in the elementary schools, indeed it would be waste of time and money to attempt it. But it can be taught effectively in evening classes to girls over 15 or 16 years who will have also the capacity to apply it. Such classes if not compulsory ought to be appreciated, and the young men of the country would give the idea a great stimulus if in the choice of a wife they gave preference to those who had availed themselves of this opportunity of increasing their domestic knowledge!!

It is true that knowledge can be effectively spread by supervising young children in their homes, and teaching the mothers as is done in Huddersfield where many infant lives have doubtless been saved. But not all districts can afford health visitors capable of imparting this knowledge, and unless the health visitors are properly trained they are no more effective than ignorant amateurs. Then it is of little use teaching people how infants should be fed if proper food is not available. The milk of the cow properly prepared is the only food that should be taken during the first six months of life and this very often can't be procured. What is to be got is often dirty, polluted and sour, poison instead of food. Country districts are, with respect to milk more worse off than towns where municipal supplies are obtainable. Nothing short of Compulsory Orders issued by the Local Government Board will ever protect milk satisfactorily against infection or contamination from the udder of the cow to the baby's mouth. Local Authorities will not realize what is for their own and the children's interest except under compulsion, their chief aim in respect of public administration being to keep down the rates.

### **Infectious Disease Notification Act.**

Ninety-three cases were notified under this Act (which has been in force since 1889), as compared with 22 in 1909, 24 in 1908, 21 in 1907, 70 in 1906, and 99 in 1905. This considerable increase is due to the fact of 76 cases of

Scarlet Fever having occurred. There were also seven cases of Diphtheria, eight of Erysipelas, and two of Enteric Fever.

In the following table the notifications during each month of the year are given.

### MONTHLY NOTIFICATIONS, 1910.

	<i>Scarlet Fever.</i>	<i>Enteric Fever.</i>	<i>Diphtheria.</i>	<i>Erysipelas.</i>
January	8	...	...	1
February	9	...	...	...
March	2	...	2	2
April	4	...	3	2
May	2	...	...	...
June	5	2	...	...
July	9	...	...	...
August	6	...	...	...
September	7	...	...	...
October	19	...	1	...
November	3	...	...	2
December	2	...	...	1
Total	76	2	6	8

The following table shows the distribution of Infectious Diseases.

### ASPATRIA DISTRICT.

	<i>Scarlet Fever.</i>	<i>Diphtheria.</i>	<i>Enteric Fever.</i>	<i>Erysipelas.</i>
Blennerhasset	20	1	...	1
Harby Brow	4	...	...	...
Hayton	11	1	...	...
Westnewton	6	1	...	...
Lees Rigg	1	...	...	...
Fletchertown	4	...	...	1
Baggrow	8	...	...	...
Yearngill	3	...	...	...
Brayton	2	...	...	...
Bromfield	1	...	...	1
Allhallows	1	...	...	...
Total	61	3	...	2

Distribution of Infectious Diseases—continued  
WIGTON DISTRICT.

	<i>Scarlet Fever.</i>	<i>Diphtheria.</i>	<i>Enteric Fever.</i>	<i>Erysipelas.</i>
Aikhead	5	...	...	...
Waverton	1	...	...	...
Blencogo	2	...	...	...
Old Carlisle	2	...	...	...
Thursby	2	...	...	...
Bolton	...	1	...	3
Kirkbride	...	...	1	...
Port Carlisle	...	...	1	...
Total	12	1	2	3

CALDBECK DISTRICT.

	<i>Scarlet Fever.</i>	<i>Diphtheria.</i>	<i>Enteric Fever.</i>	<i>Erysipelas.</i>
Uldale	2	...	...	...
Ireby	...	3	...	...
Caldbeck	...	...	...	2
Total	2	3	...	...

After receiving a notification of an infectious case send a copy to the Inspector, and if of school age, to the head teacher of the school at which the child attends. The Inspector visits the house as early as possible and makes enquiries as to the probable source of the infection. He leaves printed instructions as to the management of the case and also a supply of disinfectants. He communicates to me the results of his enquiry and later I visit myself. In the event of any *serious* outbreak I at once visit the district and institute enquiries as to its origin. In a great many instances I find it practically impossible to locate the source of infection.

Any suspicious circumstances in connection with the school or milk supply are noted. If the milk is suspected all persons connected with the farm and its distribution are examined.

The householder receives instructions to keep the sick person strictly isolated. The room chosen as a sick room is as far as possible from those used by other members of the family, and instructions are given that no one is to enter it except those in attendance on the patient. Separate utensils are suggested for the patient's use, and the attendant is told not to have meals in the sick room.

A disinfectant solution of Corrosive Sublimate 1 in 500 is left for urine and fæces. When all danger of infection is over and the patient recovered, the infected clothing and sick room are disinfected. I issue notices to the Inspector, when I gather from my Register of Notifications, that the case is probably ready for disinfection. In some instances I ask the medical man in attendance to let me know when he thinks disinfection may be carried out. Should the patient die the householder is requested to inform me so that there may be no delay in carrying out disinfection.

Before children from an infected house are allowed to return to School I either give a certificate that the child is free from infection and that the house has been disinfected, or convey this information to the teacher of the school.

**Scarlet Fever.** Seventy-six cases occurred without a death. By far the greatest number of cases were in the Aspatria division of the district, and for the most part in the villages of Blennerhasset and Baggrow.

On January 4th, I received notification of four cases of Scarlet Fever at Harby Brow farm near Blennerhasset. Source of infection was probably Aspatria. All were mild cases. On the same date two cases were notified at Heathfield Cottages, near Brayton Station, the source of infection being without doubt Aspatria. On February 1st two cases were reported at Blennerhasset in adults both of whom had been visiting at Aspatria. In conducting my enquiries I found a third adult who was peeling profusely and continuing his work as a coal miner. He stated that he had never felt ill enough to stay from his work and had no idea what was the matter with him. This case probably originated many subsequent ones. The outbreak never attained the proportions of an epidemic, but one or two cases kept cropping up month after month. From October 16th till December 20th, there was a lull when two more cases were notified. In July two cases appeared in the neighbouring village of Baggrow which is really part of Blennerhasset, and from this date to November 5th eight additional cases supervened. The source of infection in one house was a lodger who had come from a house in Aspatria

where cases had occurred. In October I received information of a case of Scarlet Fever in the village of Hayton, and on visiting the house learnt that other children had been suffering from sore throat. I visited several houses and found seven children who gave indications of having had the disease. I communicated with the teacher of the school and forbade the attendance of any children from these houses. No further cases occurred.

On May 10th I received information of a case of Scarlet Fever in the Schoolmaster's family at Allhallows. On visiting the house I found that a child of seven had been attacked, and that the others had been sent to a relative in Carlisle. I communicated with the Medical Officer of Health and ascertained that they were well and remained so. The Schoolmaster obtained rooms at Cockermouth and travelled to and fro by train. No other case followed.

A striking feature in connection with this outbreak of Scarlet Fever was the mild nature of the cases; the great majority, being not at all ill, though presenting all the characteristic symptoms, indeed the Scarlet Fever of the present day is a very different disease to what obtained 30 years ago.

**Diphtheria.** Seven cases were notified during the year with one death.

On March 18th I received notice of two cases at Ireby, and on April 12th of a third. Antitoxin was used in all, none of which appeared severe.

I visited these cases in conjunction with the County Medical Officer who examined the children attending school and took swabs of any suspicious throat. No insanitary condition was found at the homes of the patients except a large ashpit which required cleaning out. The main sewer in the village was, at Dr. Monison's suggestion, opened at five different points by your surveyor, and found in fair condition, but as the pipes were simply laid together without any joints it was recommended that the whole drain should be picked up and relaid with cemented joints and two manholes. This was subsequently done. No further cases of Diphtheria occurred in the village.

On April 2nd I received information of a case of Diphtheria in a house at Blennerhasset where Scarlet Fever obtained. The child was quickly well and nothing of an insanitary nature was found at the home.

On June 8th a case was notified in the Wigton district in a boy attending the Westward School, I visited the house and found the boy recovered, the home was old and dilapidated and the kitchen window did not open at all, while the bedrooms had very low ceilings with casement windows. A very foul ashpit midden in connection with the privy was noticed to adjoin the dairy. Notice was served for improved ventilation and the removal of the Ashpit and the substitution of a pail in the closet. On October 15th a case of Diphtheria was notified at a farm house called Newton Field between Westnewton and Allonby in a boy attending school at Westnewton, Antitoxin was used and the patient got quickly well. Nothing of an insanitary nature was observed at this farm which is an excellent building with a good water supply. As a precautionary measure and to reassure the neighbourhood I had the school thoroughly washed out and disinfected. No other case followed.

The last case was notified on December 4th, from a cottage at Gallabarrow near Hayton, in a child aged 2 years, and proved quickly fatal. Antitoxin was used but the child died the same night, indeed it was in a moribund condition when advice was sought.

**Enteric Fever.** Two cases were notified in the Wigton district, one being at Port Carlisle and the other at Kirkbride. The Port Carlisle case was notified on June 9th. On making enquiries I found that the patient was a girl of 20, who had been in Carlisle as a domestic servant. She left on May 31st, for Port Carlisle, supposed to be suffering from Influenza. On June 3rd, she became worse and on June 9th, Typhoid Fever was notified and proved fatal on June 12th. The premises were carefully disinfected after the interment.

The case at Kirkbride was notified on June 24th ; I visited the house and found the water supply derived from a pump well in an adjoining yard which on analysis was

found to be suitable for domestic purposes. The drainage from the cottage was conveyed to the sewer by an inadequate bell trap, and the surrounding ground and part of a paved yard were soaked with foul-smelling washings, either from the trap or before it is reached on the irregular and broken pavement. The trap was close to the pantry window where food is stored. The privy was found to join a tailor's work-room and was a small ill-contrived building. It was recommended that a new privy should be built in the garden at a suitable distance from the house, and that the drainage should receive attention. This work has not yet been carried out.

**Measles.** No outbreaks of this disease have occurred except in the village of Hayton where the school was closed for 3 weeks during April.

### Factory and Workshop Act.

These have been regularly visited by the Inspector and myself and found clean and in a sanitary condition. Notices as to lime-washing were served in 3 cases. There is only one out-worker, who is engaged in dressmaking and lives in a commodious house which has been free from infectious disease during the year. No over-crowding was observed, and the ventilation and air space were very satisfactory. Section 22 of the Public Health (Amendment) Act, 1890, is not in force in the district, but the sufficiency of sanitary accommodation is fairly good and improving each year. There are no underground bake-houses in the district, nor any offensive trades.

### Dairies and Cowsheds.

During March and April I visited all the Dairies and Cowsheds in the district and found that the recommendations suggested in my previous visit had in most instances been attended to, with one marked exception, viz: that at Aikhead near Wigton. This byre was so bad that I asked your Council to withdraw the certificate for the sale of milk.

Ventilation, air space and light are very defective in the great majority, and if the health of the cattle is to be preserved and the purity of the milk safeguarded, 80 per cent of the Cowsheds in country districts would require to be demolished. There is no arrangement for the examination of dairy cattle by Veterinary Surgeons in the district, though it is highly desirable that milk from cows suffering from Tuberculous emaciation or giving Tuberculous milk should be excluded from sale in every part of the country.

### Slaughter Houses.

These are all registered and are 20 in number. All have been inspected regularly, but more frequent inspection is necessary to ensure cleanliness, and visits are not paid, except by accident, at the time of slaughtering. There is no inspector with a special certificate in meat inspection. No unsound carcasses were found during the year.

### Lodging Houses.

There is only one in the district, which is exceedingly well kept and situated in the village of Caldbeck.

### Public Elementary Schools.

These are visited when making my monthly inspections of the district. The schools at Uldale and Bolton-New-Houses are without a Water supply, and the well at the Drumburgh school was found unfit for domestic purposes. The proximity of the school at Kirkbride to the large open Monks ditch which receives the drainage of the village and emits very offensive odours in the summer months, was pointed out as a likely cause of sore throat, which I was given to understand was not infrequent amongst the scholars. The medical inspection of school children is in the hands of the County Medical Officer, and I notice from his annual report, that a great number of school children in all districts were found with dirty heads while a few are actually in a verminous condition. I believe that in



districts possessed of a nurse the cleansing and disinfection of these children is attended by to her, and I think it would be of great value in the prevention of the spread of school infection and would moreover furnish your Authority with a new source of information as to houses which require sanitary supervision, if the names and addresses of all children requiring cleansing were forwarded to the Medical Officer of Health. The cleansing of the bodies and clothing of children will be of but little lasting value unless the condition of their environment be dealt with at the same time. The care and control of the sanitary condition of the homes of school children is one of the most important duties of a Sanitary Authority, but hitherto there has been a practical difficulty in obtaining information except through the costly and necessarily inefficient system of house to house inspection. If the system of the Education Authority which is still in its infancy works satisfactorily, it will serve as one more link in the chain of sanitary efficiency.

### Water Supply.

The Overwater Lake Gravitation Water Supply has been abundant in quantity and still retains its reputation as a chemically pure water with a hardness of only four degrees. Slight discolouration of the water takes place when the mains are flushed, but this will be remedied when the Water Board get their filter beds put down. Nine samples of water have been examined by me during the year. Six were from the village of Hayton, and five were found seriously polluted. These properties have since been connected with the Overwater supply. The remaining three were Haltcliffe, Crooklake Hall and Crookdake. The sample from Haltcliffe was taken from a spring which your Council intended to use as a supply for the village. It was found pure. The sample from Crookdake Hall was condemned absolutely. A new well was sunk which provided a copious supply of water, and this on being submitted to examination was found free from pollution.

The specimen taken from the farm at Crookdake occupied by Mr. Gardhouse was found seriously polluted. No other supply has been provided.

A considerable time has elapsed since I condemned the water supplies of Brough Hill, Bolton-Low-Houses and Bolton-New-Houses, and every year I have hoped this work would be completed. Your Council have had many difficulties to surmount, and much discussion took place during the year as to whether it would be better to supply these districts from the water main of the Wigton Urban Council or that from Overwater. The difference in cost of the two schemes was not great and it was finally decided to tap the Overwater Main at Mealsgate and to supply the districts from this point. Plans and estimates of this scheme were before your Council in March, and I have no doubt that the work would have been well advanced had not the death of your late Inspector Mr. Brown occurred in October so unexpectedly. This scheme will be a great boon to the district when completed, and I hope a commencement will shortly be made.

The village of Hayton has during the present year been connected with the Overwater main, and I am sure the inhabitants will quickly realize what a great blessing a copious supply of pure water for all purposes is. I had in my reports condemned all the wells in this village with one exception, and in the summer months great inconvenience was caused by scarcity.

In March I pointed out the necessity of supplying the villages of Langrigg, Bromfield, and Blencogo with water from Overwater. The wells in these villages have been examined and condemned, and great hardships are endured by the inhabitants, both on the score of scarcity and impurity. An estimate of the cost of supplying these villages was made by your late Inspector.

In June I pointed out the very unsatisfactory nature of the water supply of the village of Kirkbride and suggested to your Council the desirability of considering some scheme for supplying all the villages up to and

including Bowness-on-Solway, in the North West part of our district. All these villages possess supplies of a very doubtful character, derived chiefly from shallow wells most of which run dry in the summer months. Your late Inspector made plans and estimates of a large comprehensive scheme which included the parishes of Langrigg and Mealrigg, Bromfield, Blencogo, Dundraw, Waverton, Oulton, Aikton, Kirkbride, and Bowness-on-Solway. This scheme will I hope be considered by your Council when your newly appointed Inspector has been able to examine it thoroughly.

The Water supply of the village of Uldale has also received your attention during the year as also that of the village of Haltcliff; both of these remain for future consideration. The wells of the village of Haltcliffe have all been examined and absolutely condemned and it is incumbent on your Authority to see that the inhabitants of this village do not go on drinking polluted water.

### Sewerage.

A system of sewage disposal for the village of Allonby was completed satisfactorily during the year and most properties have been connected. Two automatic flushing tanks were affixed and work efficiently. No case of infectious disease has occurred in the village during the year.

A new sewer has also been put down in the village of Ireby.

Plans and estimates for sewerage of the village of Kirkbride have also been before your Council, but it was resolved not to proceed further with this matter till a water supply had been provided. The drainage of this village is, however, very unsatisfactory, and a sewage system is the only efficient remedy.

A Committee of your Council met at Fletchertown in September, when a scheme for the draining of this village on the hydrolytic tank system, with filter and sludge lagoon was recommended by your late Inspector. It was finally decided to consult an engineer well versed in the matter and an appointment was made, but owing to the death of

Mr. Brown could not be fulfilled. This will be taken up by his successor, and another appointment made.

The drainage of this village has for long been in a most unsatisfactory condition, and we may congratulate ourselves that no serious outbreak of disease has occurred. It cannot however be put off longer, for there is a large vulnerable population and the responsibility is grave.

Systematic inspections of all parts of the district have been made during the year by myself and the Sanitary Inspector, both in conjunction and separately, in addition to those rendered necessary through outbreaks of infectious disease or the receipt of special complaints. Many defective and insanitary conditions were discovered during these inspections many of which were remedied and the condition of the district thereby improved. Many notices were issued, but in no instance were legal proceedings under the Public Health Act necessary. No work has been done in connection with the Housing and Town Planning Act, as from the end of October till the beginning of the year we were without an Inspector.

The new Inspector has been designated by your Council to carry out the duties of the Act under the supervision of the Medical Officer, and all the necessary outfit has been obtained so that a start will shortly be made.

I cannot conclude my report without referring to the sudden death of my pleasant and capable colleague, your late inspector Mr. Brown. His loss to your Council and the district will be severely felt, and the gap caused by his untimely death difficult to fill. His great aim was to lift to the highest possible standard that branch of Public Health work to which he had devoted so much of his life and energies. His loss will be deeply felt by a large circle of friends to whom he had endeared himself by his kind and genial disposition and his singularly gentle and lovable nature.

I remain, gentlemen,

Your obedient Servant,

**W. PERRY BRIGGS.**

*February 25th, 1911.*

TABLE I.—Vital Statistics of whole District during 1910 and Previous Years.

YEAR	Population estimated to Middle of each Year.	BIRTHS		TOTAL DEATHS REGISTERED IN THE DISTRICT				Deaths of residents registered in Public Institutions beyond the District	NET DEATHS AT ALL AGES BELONGING TO THE DISTRICT	
		Number	Rate	Under 1 Year of age		At all ages			Number	Rate
				Number	Rate per 1000 Births registered	Number	Rate			
1900	12000	262	21.8	28	106	188	15.6	188	15.6	
1901	11447	277	24.1	40	142	181	15.8	181	15.8	
1902	11447	300	26.2	26	86	170	14.8	170	14.8	
1903	11447	287	25.0	31	108	177	15.4	177	15.4	
1904	11447	276	24.1	32	115	164	14.3	164	14.3	
1905	11447	287	25.0	30	106	172	14.4	172	14.4	
1906	11558	285	25.3	40	150	174	15.0	174	15.0	
1907	11652	240	20.5	26	108	164	14.6	164	14.6	
1908	11652	240	20.5	18	75	142	12.1	142	12.1	
1909	11652	257	22.0	26	101	170	14.5	170	14.5	
Averages for years 1900-1909.	11574	261	23.5	29	109	170	14.6	170	14.6	
1910	11652	235	22.8	31	116	151	12.8	161	13.8	

Area of District in acres (exclusive of area covered by water)—110,249

Total population at all ages—11447

Number of inhabited houses—2509

Average number of persons per house—4.6

At Census of 1901

Institution outside the District receiving sick and infirm persons from the District:—*Wigton Workhouse, Carlisle Infirmary, Garlands Asylum, and Sanitorium at Threlkeld.*

The Union Workhouse is not really within the District.

TABLE II.—Vital Statistics of separate Localities in 1910 and previous years

Names of Localities.	CALDBECK.				WIGTON.				ASPATRIA.			
	Population estimated to middle of each year.	Births Registered	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered	Deaths at all Ages.	Deaths under 1 year.
1900	3200	83	59	13	4900	82	64	5	3830	97	65	10
1901	3028	82	60	11	4900	93	62	11	3570	102	59	18
1902	3028	99	58	13	4749	99	65	6	3570	102	47	7
1903	3028	92	64	13	4849	95	68	11	3570	90	45	7
1904	3028	97	57	8	4849	198	65	16	3570	92	51	8
1905	3028	73	60	10	4819	94	63	9	3570	81	42	8
1906	3049	89	68	14	4884	93	58	16	3624	103	48	10
1907	3049	63	55	9	4884	94	52	8	3725	83	57	9
1908	3049	78	46	3	4884	73	46	6	3725	89	50	9
1909	3049	89	56	6	4884	91	65	8	3725	77	49	12
Averages of years 1900 to 1909.	3053	85	58	10	4863	101	60	9	3647	91	61	10
1910	3049	83	48	12	4884	75	55	5	3725	107	58	14

TABLE III.—Cases of Infectious Disease notified during the Year 1910.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						TOTAL CASES NOTIFIED IN EACH LOCALITY.		
	At all Ages.	At Ages—Years.					ASPATRIA.	WIGTON.	CALDBECK.
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65			
Diphtheria (including Membranous croup)	7	2	5	...	...	...	3	1	3
Erysipelas	8	...	...	...	4	4	3	3	2
Scarlet Fever...	76	3	66	7	...	...	62	12	2
Enteric Fever	2	...	...	1	1	...	...	2	...
Totals	93	5	71	8	5	4	68	18	7

No Isolation Hospital.

TABLE IV.

Causes of, and Ages at, Death during Year 1910  
in the Wigton Rural District.

CAUSES OF DEATHS.	Deaths in whole District at Subjoined Ages.							Deaths in whole District at All Ages.		
	All Ages	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards	Wigton.	Caldbeck.	Aspatia.
Whooping-cough ..	1	1	...	.	...	...	...	1	...	...
Diphtheria (including Membranous croup) }	1	...	1	...	...	...	...	...	...	1
Croup ...	1	...	...	1	...	...	...	...	1	...
Fever { Enteric ...	1	...	...	...	1	...	...	1	...	...
Epidemic influenza ...	1	...	...	...	...	1	...	...	1	...
Enteritis ...	5	3	2	...	...	...	...	...	1	4
Phthisis (Pulmonary Tuberculosis) ...	3	...	...	...	..	3	...	1	1	1
Other tuberculous diseases ...	2	1	...	...	1	...	...	...	1	1
Cancer, malignant disease ...	12	...	...	...	...	9	3	5	3	4
Bronchitis ...	13	1	3	...	...	7	2	9	1	3
Pneumonia ...	15	4	2	..	1	5	3	6	5	4
Pleurisy ...	1	...	...	...	...	...	1	...	1	...
Premature birth ..	7	7	...	...	...	...	...	1	2	4
Diseases & accidents { of parturition }	2	...	...	...	...	2	...	1	1	...
Heart diseases ...	23	...	...	...	...	8	15	9	8	6
Accidents ...	7	...	1	1	2	1	2	2	1	4
Suicides ...	1	...	...	...	...	1	...	...	...	1
All other causes ..	65	14	3	...	1	13	34	19	21	25
All causes ..	161	31	12	2	6	50	60	55	48	58



TABLE IV.

*Causes of, and Ages at, Death during the Year 1910, in the Caldbeck Sub-District.*

CAUSES OF DEATH.	Deaths of Residents of CALDBECK SUB-DISTRICT at Subjoined Ages.						
	All Ages	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards
Croup ...	1	...	...	1	...	...	..
Epidemic influenza ...	1	...	...	...	...	1	...
Enteritis ...	1	1	...	...	...	...	...
Phthisis (Pulmonary Tuberculosis) ...	1	...	...	...	...	1	...
Other tuberculous diseases ...	1	...	...	...	1	...	...
Cancer, malignant disease ...	3	...	...	...	...	2	1
Bronchitis ...	1	...	...	...	...	1	...
Pneumonia ...	5	2	1	...	...	1	1
Pleurisy ...	1	...	...	...	...	...	1
Premature birth ...	2	2	...	...	...	...	...
Diseases and accidents of parturition ...	1	...	...	...	...	1	...
Heart diseases ...	8	...	...	...	...	2	6
Accidents ...	1	...	..	...	...	1	...
All other causes ...	21	7	1	...	...	...	13
All causes ...	48	12	2	1	1	10	22

TABLE IV.

*Causes of, and Ages at, Death during the  
Year 1910, in the Wigton Sub-District.*

CAUSES OF DEATH.	Deaths of Residents of WIGTON SUB-DISTRICT at Subjoined Ages.						
	All Ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards
Whooping-cough ...	1	1	...	...	...	...	...
Enteric Fever ...	1	...	...	...	1	...	...
Phthisis (Pulmonary Tuberculosis ...	1	...	...	...	...	1	...
Cancer, malignant disease ...	5	...	...	...	...	5	..
Bronchitis ...	9	...	3	...	...	5	1
Pneumonia ...	6	1	1	...	1	1	2
Premature Birth ...	1	1	...	...	...	...	...
Diseases and accidents of parturition ..	1	...	...	...	...	1	..
Heart diseases ...	9	...	...	...	...	4	5
Accidents ...	2	...	...	...	...	...	2
All other causes ...	19	2	1	...	...	5	11
All causes ...	55	5	5	...	2	22	21

TABLE IV.

*Causes of, and Ages at, Death during the Year 1910, in the Aspatria Sub-District.*

CAUSES OF DEATH.	Deaths of Residents of ASPATRIA SUB-DISTRICT at Subjoined Ages.							Deaths at all ages of 'Residents' of Aspatria Sub-District.
	All Ages.	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards	
Diphtheria (including Membranous croup)...	1	...	1	...	...	...	...	...
Enteritis ...	4	2	2	...	...	...	...	...
Phthisis (Pulmonary Tuberculosis) ...	1	...	...	..	...	1	...	...
Other Tuberculous diseases ...	1	1	...	...	...	...	...	...
Cancer, malignant disease ...	4	...	...	...	...	2	2	...
Bronchitis ...	3	1	...	..	...	1	1	.
Pneumonia ...	4	1	...	...	...	3	...	...
Premature birth ...	4	4	...	...	...	..	..	...
Heart diseases ...	6	...	...	...	...	2	4	...
Accidents ...	4	...	1	1	2	...	...	...
Suicides ...	1	...	...	...	...	1	...	...
All other causes ...	25	5	1	...	1	8	10	...
All causes ...	58	14	5	1	3	18	17	...

TABLE V. WIGTON RURAL DISTRICT.  
 INFANTILE MORTALITY DURING THE YEAR 1910.

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

Cause of Death.	Under 1 week	2-3 Weeks	3-4 Weeks	Total under 1 Month.	1-2 Months	2-3 Months	4-5 Months	5-6 Months	6-7 Months	7-8 Months	8-9 Months	under 1 Year.
All Causes—Certified ...	8	2	3	13	7	1	3	2	1	3	1	31
Common Infectious Diseases—												
Whooping Cough ...	...	...	...	...	1	...	...	...	...	...	...	1
Diarrhoeal Diseases :--												
Enteritis, Muco-enteritis, Gastro-enteritis	...	...	...	...	...	...	1	2	...	1	...	4
Wasting Diseases :--Premature Birth	5	1	1	...	...	...	...	...	...	...	...	7
Congenital Defects ...	1	...	...	...	...	...	...	...	...	...	...	2
Injury at Birth ...	1	...	...	...	3	...	...	...	...	...	...	1
Atrophy, Debility, Marasmus	...	...	...	...	...	...	...	...	...	...	...	3
Tuberculous Meningitis	...	...	...	...	...	...	1	...	...	...	...	1
Other Causes :--Convulsions	1	1	1	...	2	1	...	...	...	...	...	6
Bronchitis	...	...	...	...	1	...	...	...	...	...	...	1
Pneumonia	...	...	...	...	...	...	1	...	...	2	1	4
Other Causes	...	...	...	...	...	...	...	...	1	...	...	1
Total	8	2	3	13	7	1	3	2	1	3	1	31

Population (Estimated to middle 1910)—11652. Deaths from all Causes at all Ages—161.  
 Births in the year { legitimate, 252. Deaths in the year of { legitimate infants, 28.  
 { illegitimate, 13. { illegitimate infants 3.

TABLE V. CALDBECK SUB-DISTRICT.

INFANTILE MORTALITY DURING THE YEAR 1910.

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

CAUSE OF DEATH	Under 1 week	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-2 Months	2-3 Months*	4-5 Months	5-6 Months	7-8 Months	Total Deaths under One Year.
	All Causes—Certified	4	1	1	6	2	1	1	1	1
Diarrhoeal Diseases :—	...	...	...	...	...	...	...	...	...	...
Enteritis, Muco-enteritis, Gastro-enteritis	...	...	...	...	...	...	...	1	...	1
Wasting Diseases:—Premature Birth	2	...	...	2	...	...	...	...	...	2
Congenital Defects ...	1	...	1	2	...	...	...	...	...	2
Injury at Birth	1	...	...	1	...	...	...	...	...	1
Atrophy, Debility, Marasmus	...	...	...	...	1	...	...	...	...	1
Other Causes :—Convulsions	...	1	...	1	1	1	...	...	...	3
Pneumonia	...	...	...	...	...	...	1	...	1	2
Total	4	1	1	6	2	1	1	1	1	12

Population (Estimated to middle 1910)—3049

Births in the year { Legitimate, 75.  
Illegitimate, 8.

Deaths from all Causes at all Ages—48.

Deaths in the year { Legitimate Infants, 10  
Illegitimate Infants, 2

TABLE V. WIGTON SUB-DISTRICT.  
 INFANTILE MORTALITY DURING THE YEAR 1910.  
 Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week	1-2 Weeks	Total under 1 Month	1-2 Months	4-5 Months	5-6 Months	6-7 Months	7-8 Months	Total Deaths under 1 Year.
	All Causes { Certified ... Uncertified ...	1	...	1	3	...	...	...	1
Common Infectious Diseases:—Whooping Cough	...	...	...	1	...	...	...	...	1
Wasting Diseases:—Premature Birth	1	...	1	...	...	...	...	...	1
Atrophy, Debility, Marasmus	...	...	...	2	...	...	...	...	2
Other Causes:—Pneumonia ...	...	...	...	...	...	...	...	1	1
Total	1	...	1	3	...	...	...	1	5

Population (Estimated to middle of 1910)—4884

Deaths from all Causes at all Ages—55.

Births in the year { Legitimate, 71.  
 Illegitimate, 4.

Deaths in the year { Legitimate Infants 4  
 Illegitimate Infants

WIGTON SUB-DISTRICT

TABLE V. ASPATRIA SUB-DISTRICT.  
 INFANTILE MORTALITY DURING THE YEAR 1910.  
 Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week	2-3 weeks	3-4 weeks	Total under 1 Month	1-2 Months	4-5 Months	5-6 Months	6-7 Months	7-8 Months	8-9 Months	Total Deaths under Year.
	ALL CAUSES—Certified	3	1	2	6	2	2	1	1	1	1
Diarrhoeal Diseases:—											
Enteritis, Muco-enteritis, Gastro-enteritis	...	...	...	...	...	1	1	..	1	...	3
Wasting Diseases:—Premature Birth	2	1	1	4	...	...	...	...	...	...	4
Tuberculous Meningitis	...	...	...	...	...	1	...	...	...	...	1
Other Causes:—Convulsions	1	...	1	2	1	...	...	...	...	...	3
Bronchitis	...	...	...	...	1	...	...	...	...	...	1
Pneumonia	...	...	...	...	...	...	...	...	...	1	1
Other causes...	...	...	...	...	...	...	...	1	...	...	1
Total	3	1	2	6	2	2	1	1	1	1	14

Population (Estimated to middle 1910) - 3725

Births in the year { Legitimate, 106.  
 Illegitimate, 1.

Deaths from all Causes at all Ages - 53.

Deaths in the year { Legitimate Infants, 14.  
 Illegitimate Infants, 0

### 3.—HOME WORK.

Outworker's Lists, Section 107.

Nature of Work.	Addresses of Outworkers.	
	Received from other Councils	Forwarded to other Councils.
Wearing Apparel— Making, &c. ...	Blennerhasset, Brayton  1	None

### 4.—REGISTERED WORKSHOPS.

Total number of Workshops on Register ... 46

### 5.—OTHER MATTERS.

None.

W. PERRY BRIGGS,

*Medical Officer of Health.*

February 28th, 1911.



FORM 572.

Annual Report of the Medical Officer of Health for the year 1910, for the Wigton Rural District Council, on the administration of the Factory and Workshop Acts, 1901, in connection with Factories, Workshops, Workplaces, and Homework.

1.—INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of	
	Inspections	Written Notices.
<b>Workshops</b> ... .. (Including Workshop Laundries.)	46	0

2.—DEFECTS FOUND.

None.