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Alston-with-Garrigill
Rural District Council.



Summary Report

OF THE

Medical Officer of Health

FOR 1939, 40, 41, 42 and 43.

HISTORICAL RECORDS
OF THE
CITY OF
NEW YORK

1800

1801

Alston-with-Garrigill
Rural District Council.

Summary Report

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**TO THE ALSTON-WITH-GARRIGILL RURAL
DISTRICT COUNCIL.**

MR. CHAIRMAN AND GENTLEMEN,

It is with mixed feelings, including reluctance, that I present to you, under compulsion, a very imperfect report of five locust-eaten years. The report is too late, and yet it is too early. The times are so far out of joint that no assessment of the future may fairly be made from the facts and figures herein stated. Many factors well known to you must be allowed for in their interpretation as a guide to the future. It had been my ambitious hope to have given the war influences their proper weight in discussion, but I am still advised to ignore these factors and circumstances which are in fact the most momentous in many years of your communal history. Suffice to say these reports have been deliberately delayed, and doubtless your forbearance in the matter has been dictated by your own experience of war-time overactivity and the knowledge that your officials have by no means been idle in more urgent and profitable directions, which were undreamed of in earlier years, and which are ignored in this record. Evacuation, Billeting, A.R.P., Home Guard and Black-out; let us hope they will remain "history" and will soon be joined by rationing, labour direction and the host of apparently necessary "regulations" which in subtle ways are inimical to our individual welfare.

One word only to your Sanitary Inspector. It is "Thanks." His zeal, industry and tact in many thankless tasks merit that from me.

I am,

Yours faithfully,

WM. S. DALGETTY,

Medical Officer of Health.

**SUMMARY REPORT OF THE MEDICAL OFFICER FOR
THE ALSTON-WITH-CARRIGILL AREA FOR THE
YEARS 1939 to 1943.**

SECTION A.

**STATISTICS AND SOCIAL CONDITIONS OF THE
AREA.**

Area	...	...	...	...	...	...	36,971 acres
Population:			1939	1940	1941	1942	1943
Registrar General's Estimate of Resident Population, Mid-year	...	2420	2630	2830	2670	2530	
Number of Inhabited Houses according to Rate Book:—							
Alston Ward (Country)	... ..	172	173	174	178	177	
Alston Ward (Lighting Area)	... ..	268	282	282	288	288	
Nenthead Ward	... ..	191	202	209	211	207	
Garrigill Ward	... ..	135	139	146	145	145	
		766	796	811	822	817	
Totals	... ..	766	796	811	822	817	
Rateable Value	... ..	£8504	£8503	£8370	£8393	£8494	
Sum represented by Penny Rate (less Exchequer Grants):							
		1939	1940	1941	1942	1943	
		£31/11/8	£31/4/6	£31/12/8	£32/10/10	£32/0/6	

SOCIAL CONDITIONS.

The material prosperity and standard of life of this isolated community are subject to wide and violent fluctuation. The proverbial "ill-wind" blowing throughout the world has generally been felt here as a steady beneficent breeze. The general position in most homes is astonishingly different from that prevailing ten years ago in the depth of the depression. The exodus has become an influx and available accommodation has been exceeded so that labour from surrounding areas has been travelling daily. There are, however, many who fail to realise that winds are variable, and all the figures given above and below require careful interpretation. Population, for instance, is estimated at mid-year and is not an average over any given year. A truer estimate at October, 1941, would have been 3,200 (from actual local figures). That probably was the peak population at any time since the inflated figures of the 1921 Census (3,346). Another example may be cited in the

apparently increasingly favourable birth-rate. Very many of the births will not influence future population as they were amongst temporary residents. Similar reasoning must be applied to the figures of Inhabited Houses and "inhabited" should not be read "habitable." The astounding success of local Savings Weeks will incline some to reconsider what Goldsmith meant when he wrote, "Ill fares the land, etc."

The fact is that apprehension must exist as to the future when about half of the population apart from the agricultural community may very well be temporary residents. There is another group—the retired and ageing, refugees from various aspects of modern life. These will remain with us for a time and their ranks will be swelled if active members of the present community depart.

These observations are made in view of the fact that of the existing twelve main occupations:—Sheep farming, dairy-farming, catering, lead-mining, zinc extracting, iron casting, small parts manufacture, hosiery knitting, laundering, anthracite-mining, barytes mining and lime burning—half owe their existence to the war and the others owe a great measure of their prosperity. Hope and endeavour in great measure will be required to prevent a great relapse towards the position of ten years ago when 60% of the Insurance Roll were unemployed. The position then was relieved by public works under the depressed areas provisions. It will readily be realised that there are now areas more urgently in need than this appears statistically.

Great satisfaction should be felt at the high level of health maintained by the food distribution authorities, though undoubtedly after five years of minimum requirements bodily resources are beginning to show exhaustion. The period of greatest stringency in variety was in the autumn of 1941. Several cases of scurvy (fresh food deficiency) were encountered. Such manifestations are most frequent in distant farm places since vegetables are extremely scarce locally in Winter. With its milk and dairy produce the district has undoubtedly been able to help itself as urban communities cannot. It is well this is so for it is not served with such unrationed adjuncts as fish. The family pig has been much patronised to offset this. There have been times when storm prevented weekly rations reaching their destinations and the tale is told of an isolated

farmer who said, "Since we get no rations we're killing ourselves." This should not in any sense be taken too literally. Probably an apparent increase of slight degrees of anaemia can be explained by the diet prescribed.

The children have done well and have an additional resource in the schools canteen which has much more than justified its inception. No such supplement to diet is easily available to the majority of adults in the area, unless it be a liquid one of doubtful value. Milk distribution has at times been liberal and occasionally minimal. When all this is read against prevailing European conditions there can be little reason for anything but gratitude. There is a class which has felt the pinch—the aged person living alone. This problem in all its aspects merits more consideration. Supplementary Pensions and Social Welfare activities, medical and other, go some way to mitigate the hardship.

Two striking sex disparities appear in the causes of death table. Women are found to have double the number of Intracranial Vascular accidents. This is almost entirely balanced by the male fatalities from Bronchial, Pulmonary and Abdominal conditions. Local prejudice ascribes the chest causes to mining, but one wonders how much influence is exercised by the tobacco habit in the chest cases, and the hot tea and alcohol habit in the abdominal cases. Apart from fatalities, it seems from general observation that hot tea and cigarettes in conjunction with partially deficient diet (fruits and fats) accounts in some measure for the evident increase in Gastric Ulceration. Goitre was till twenty years ago very prevalent. An increase is again evident after the interval of rarity. Here again dietary factors may play a part.

VITAL STATISTICS.

LIVE BIRTHS.

	1939		1940		1941		1942		1943		5 year Average
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Legitimate ...	13	14	20	13	15	16	22	10	17	30	...
Illegitimate ...	1	—	1	2	1	—	—	2	—	—	...
Totals ...	28		36		32		34		47		35.2

STILL BIRTHS.

	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Legitimate ...	2	—	4	—	—	1	2	—	1	1	...
Illegitimate ...	—	—	—	—	—	—	—	—	—	—	...
Totals ...	2		4		1		2		2		2.2

ANNUAL BIRTH-RATES per 1,000
estimated population:

For this Area ...	12.4	11.4	11.5	13.5	15.4	12.8
For Cumberland ...	15.9	15.6	16.0	16.8	17.4	16.3
For Rural Districts of Cumberland ...	15.3	15.1	15.8	17.0	17.2	16.1
For England and Wales	15.0	14.6	14.2	15.8	16.5	15.2

STILL BIRTH-RATE for
the Area per 1,000 total

Births ...	66.7	100	30	55.5	40.1	58.4
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	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
DEATHS ...	16	22	17	18	27	23	17	26	16	14	...
Totals ...	38		35		50		43		30		39.2

RATES per 1,000
estimated population:

For this Area ...	15.3	13.3	17.7	16.1	11.8	14.8
For County of Cumberland ...	12.9	15.6	16.0	16.8	17.4	15.5
For Rural Areas of Cumberland ...	15.3	15.1	15.8	17.0	17.2	16.1
For England and Wales	12.1	14.3	12.9	11.6	12.1	12.6

Deaths from Puerperal
Causes:

Puerperal Sepsis ...	—	—	—	—	—	...
Other Puerperal Diseases ...	1	—	—	—	—	...

Deaths of Infants
under 1 year

Illegitimate ...	1	4	—	1	1	—	—	2	1	...
------------------	---	---	---	---	---	---	---	---	---	-----

Totals ...	1		4		2		—		3		2
------------	---	--	---	--	---	--	---	--	---	--	---

Rate All Infants per 1,000 live births											56.8
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Deaths from Cancer (all ages) ...	1	3	1	—	2	5	1	7	2	2	...
	<hr/>		<hr/>		<hr/>		<hr/>		<hr/>		<hr/>
Totals ...	4		1		7		8		4		5
	<hr/>		<hr/>		<hr/>		<hr/>		<hr/>		<hr/>
Deaths from Measles (all ages) ...	—		1		—		—		—		... 0.2
Whooping Cough	—		—		—		—		—		... Nil
Diarrhoea (under 2 years) ...	—		—		—		—		1		... 0.2

SECTION B.

(1) **Public Health Officers of the Authority.**

Medical Officer of Health. (Part-time). Wm. S. Dalgetty,
M.B., Ch.B., Market Place, Alston.

Daily 9—10 a.m. 6—7 p.m.

Sanitary Inspector. M. Hetherington.

Sharon Cottage, Garrigill.

(ii) (a) **Laboratory Facilities :—**

The Cumberland Pathological Laboratory has met fully all the requirements of the district. A difficulty exists in lack of facilities either by road or post for despatch of specimens on Saturday and Sunday. The distance of 30 miles is too great in most instances for the use of a special messenger and thus inconvenient delays occur. The unreliable telephone service is an additional source of difficulty.

(b) **Ambulance Facilities :—**

No satisfactory solution has been found to this problem. Briefly: it is uneconomic to maintain an ambulance for the existing population, yet at times the need is extremely urgent. Many expedients have been adopted in emergency with a measure of success, but the fact remains that the district has no suitable casualty and invalid transportation nor certain access to such at any time. It should not be beyond the district in this mechanical age to make an adequate arrangement but it is not a matter that will remedy itself. It is a cause of anxiety.

(c) **Nursing in the Home :—**

The arrangements are unchanged and continue to fall short of the desirable minimum in all but maternity cases. Transportation difficulties have increased and the local Association has had real difficulties in obtaining its minimum staff. It has, nevertheless, never failed to provide a minimum service, the inadequacy of which has been greatly mitigated by the existence of the voluntary Cottage Hospital which has increasingly proved its value to the district.

(d) **Clinics and Treatment Centres :—**

These are maintained as before but the attraction of supplements to children's rations has been removed to the local Food Office with consequent decline in attendance at the Medical Clinic. A very incomplete advantage is taken even of the Food Office facility with constant detriment to the young. Residents in the villages of Nenthead and Garrigill have the excuse of inaccessibility but mothers within whispering range of these essentials to diet cannot be absolved of blame. The Dental Clinic has achieved much and is a great asset. Distance has proved the only difficulty in using the V.D. treatment facilities. More beds may be the answer to this.

(e) **Hospitals :—**

Apart from the above mentioned Cottage Hospital the area has to rely on the facilities offered at a distance of 30 to 50 miles by Carlisle and Newcastle for Medical, Surgical and Special conditions. Over the years an increasing difficulty is found in gaining admission for any but the most urgent cases. An exception may be made in respect of Cancer cases.

It would appear that the Joint Infectious Diseases Hospital at Longtown has had its reserves strained, and, in particular, lacks adequate observation quarters.

The problem of the aged invalids, indigent and otherwise, is acute and increasing. Penrith S.W.C. Hospital is not an adequate solution.

SECTION C.**Water.**

In a district literally flowing with water it is highly regrettable that so many inadequate and quite unsatisfactory supplies remain to be remedied. The matter was well in hand six years ago when tragic circumstances precluded action. I reprint now some valuable observations that they may not be lost and that good may come of them.

Alston.

Summary of Analysis of Springfield sources :—

- 3/2/38 Low Impounding Tank—large source.
 Would not be considered ideal for drinking.
 Low Impounding Tank—small source.
 A fair water.
 High Impounding Tank—mixed sources.
 A good water.
 Town tap sample: after chlorination of mixed
 water. An excellent water.
 High Impounding Tank.
- 16/12/38 An excellent water.
- 19/12/38 An excellent water.
- 18/1/39 Bacteriologically this water is unsuitable for
 drinking purposes.

With a view to obviating chlorination and taste complaints the Council desired the supply to be obtained solely from the High Impounding Tank, but as was feared the quality of this is not constant. Chlorination therefore continues and the Low Impounding Tank is not utilised for the supply. Difficulties still continue from water wastage. Other points previously made in my reports are borne out by the report of D. Balfour & Sons, who were asked to give an opinion. It is as follows :—

To the Alston-with-Garrigill Rural District Council.

GENTLEMEN,

In accordance with your Clerk's instructions we have visited Alston on a number of occasions and have carried out preliminary investigations into your existing water supply system with a view to advising you as to its sufficiency or otherwise, and what works, if any, we would recommend in order to put it into a thoroughly satisfactory state.

In order to illustrate this report, we have prepared a 25 inch plan on which we have indicated the site of the springs, reservoir, and principal mains in blue.

Water is obtained from two springs in Field No. 1110 on the East side of the main road a little to the south of Physic Hall. No. 1 is in the south-west corner of the field, the water therefrom being conveyed in two 3 inch pipes to the chlorinator house, No. 2 spring is situated in the middle of the field, and the water therefrom is conveyed in a 4 inch pipe to the chlorinator.

The whole of the water is passed through a 2 inch meter and is dosed with liquid chlorine before flowing into the Springfield tank which adjoins the chlorinator house, and has a capacity of approximately 10,000 gallons.

After passing from the tank the water is conveyed in cast iron pipes and distributed over Alston, all as shown in blue on plan.

Analyses made from time to time have always indicated that Spring No. 2 was somewhat inferior to Spring No. 1. Accordingly about four or five months ago Spring No. 2 was disconnected from the tank and is not up to date being used, the whole supply at present being given from Spring No. 1.

At our request your Surveyor, Mr. Hetherington, took readings of the meter in the chlorinator house a 4 o'clock in the morning, when there should be practically no draw-off in the town. The meter was passing 200 gallons every five minutes, which gives a daily total of approximately 58,000 gallons.

We understand the population served is about 1,000, so that the leakage amounts to 58 gallons per head. The total daily quantity passing through the meter is about 75,000

gallons or 75 gallons per head per day, so that the actual consumption amounts to 17 gallons per head, the balance of 58 gallons being waste due no doubt to the old and defective mains and service pipes.

The total yield of the springs is estimated at over 100,000 gallons per day.

It is appropriate to mention that the chlorination plant was installed in 1936.

Up to October, 1937, the whole of the field containing the springs and storage tank was used as a poultry farm, but since that date this practice has been discontinued.

We have also made an examination of any additional source of supply from springs in Nattrass Ghyll. We are of opinion, however, that it is unnecessary to incur the additional expenditure involved in laying a new main to convey this water to Alston. It is appropriate to remark that the water is extremely hard and would probably require treatment before use.

It is quite clear that the cause of any shortage in the town, both as regards quantity or pressure, is entirely attributed to defective mains, service pipes and fittings.

We would strongly recommend that an application be made to the Commissioner for the Special Areas for a grant towards the expenditure necessary to make a thorough examination of the existing mains and services. This would involve the fixing of waste detecting meters at various points throughout the system, stethoscopic surveys of the mains, and the cutting off of the pipes at various points to ascertain their condition.

It is quite impossible to give any reliable estimate of the cost of this work, as the extent of the investigations can only be determined as the work proceeds. We suggest, however, that you ask the Commissioner to give a grant towards the expenditure not exceeding in the first instance £250.

We naturally cannot express any reliable opinion on the subject at the moment, but it appears to us that a very considerable expenditure will have to be incurred on relaying long lengths of the existing mains, as leakage of such magnitude is likely to be fairly general over the system. The bulk of the mains have, we understand, been laid for over forty years.

Quite apart from the result of the suggested investigations, we think it essential that the storage capacity should be very considerably increased and we accordingly suggest that a new tank of 50,000 gallons capacity should be provided alongside the existing Springfield tank. It is important to have this additional storage so as to provide an adequate supply of water particularly for fire purposes. The quantity which can be passed through the present chlorinator is limited and in the event of an outbreak it would be most undesirable to open bye-pass and allow untreated spring water to pass into the town mains. Our proposals would ensure that 50,000 gallons of chlorinated water were always available.

We are also of opinion that the present method of treatment with chlorine in solution form is not sufficiently sensitive and we would strongly recommend installing more delicate apparatus.

The whole question turns upon the present wastage of water, and we suggest that you get into immediate touch with the Commissioner with a view to obtaining a grant for the necessary investigations, which we shall be pleased to carry out in due course.

We take this opportunity of thanking your officials for the information and assistance they have so willingly afforded us.

We are, Gentlemen,

Yours faithfully,

D. BALFOUR & SONS.

Numerous minor repairs and new fittings have been made throughout the district.

The ownership of the Alston Impounding Area has passed to the Council and the suggestion is now again made that this field should be planted with trees as an investment and insurance against animal contamination from its use as accommodation land.

Anxiety concerning the purity of Alston supply is occasioned by the unreliability of the Chlorine Treatment Machine. It is not to be expected that any machine will function perfectly without interruption. This one is good of its kind but on a small scale and with no duplicate installation to turn to it is important that spare parts be readily available, which is not the case, and that constant watch be kept on its proper functioning. It is greatly to be regretted that so small a supply should not come from a source requiring no treatment. These latter remarks should be considered with the letter above.

Nenthead.

Trouble continues to recur from the iron content of the water which could be obviated by spraying it, but that is deemed inexpedient owing to altitude and temperature. A dirty-looking deposit forms on the pipes and is easily disturbed to cause alarm and discontent amongst the users. It is, however, not harmful to health.

Garrigill.

This supply may be considered highly satisfactory and the envy of neighbouring householders who would gladly share its benefits. Considerable difficulties exist in making it available to them, but their need is great.

Hopes are greatly raised for post-war improvements in our water supply systems and the requirements and possibilities are fully in mind.

(ii) Drainage and Sewerage.

Happily the Sewerage schemes for the three aggregations of dwellings were completed before development ceased. They have in the main proved successful and an asset. Trouble with Garrigill in the way of its seepage beds and extraneous water has been the most unfavourable item over four years, and that is largely remedied.

At a time when no development under this head is envisaged it is well to have in mind the two residential development areas of Alston, at Low Byer and The Raise, which call for a sewerage service.

(2) Rivers and Streams.

In an area which has long held the view that there is no sewage till it is put in a pipe it is refreshing alike to the water courses and the Sanitary Inspector to find many owners anxious and willing to instal septic tanks as an asset to their properties. Material for this purpose is plentiful and progress is being made. Many improvements remain to be enforced, not omitting the Mill Race through Alston, which will one day be relieved of its burden. It has been much improved in the period under review. Public opinion moulds slowly.

The most gross pollution of the River Nent by mineral refuse is occasioned by certain essential works which otherwise are entirely beneficial to the amenities of the district.

(3) (i) Closet Accommodation.

A noteworthy event has occurred in 1939 when the number of water closets exceeded all other types. The improvement continues as shown in the following table:—

	1938	1939	1940	1941	1942	1943
No. of Earth Closets ...	163	162	160	160	159	158
No. of Pail Closets ...	242	231	206	200	192	181
No. of Water Closets ...	389	401	428	432	441	453

(ii) Scavenging.

The four winds continue to disport themselves at the public parade of household refuse. The old complaints continue and little improvement is noticed. More suitable receptacles should be demanded of householders. The present system of contracts for general utility carts to do the scavenging with one man in charge requires a remedy. Alston has a fairly suitable cart but the villages have not. It would seem a mechanical vehicle with two men could prove a solution to the whole problem for the entire district, and incineration finally complete the scheme.

SALVAGE has been a feature of the times and good work has been done by the Sanitary Inspector and a few voluntary helpers.

(iii) **Sanitary Inspection of the Area.**

The Sanitary Inspector's Report is as follows :—

	1939	1940	1941	1942	1943
Number of Inspections	623	595	618	626	611
Nuisances reported	42	43	41	40	37
Nuisances abated without notice ...	—	—	—	—	—
Informal Notices	42	43	41	40	37
Statutory Notices	—	—	—	—	—
Number of Houses Inspected	18	11	7	9	9
Houses Disinfected	—	3	5	1	2
Houses Demolished	—	—	4	—	2
New Houses Erected	1	—	—	—	—
Houses re-conditioned	2	2	1	1	—
Plans submitted	1	3	2	2	4
Plans passed	1	3	2	2	3
Estimates prepared	5	3	2	—	2
Slaughter House Inspections	8	6	6	4	4
New Water Closets	12	27	6	9	12
New Baths	1	1	3	3	1
Number of New Water Supplies ...	—	—	—	—	—
Number of New Hot Water Circulations	2	1	3	2	—
New Wash Basins and Sanitary Alterations	2	1	4	4	1
Number of New Sewer Connections ...	15	30	3	2	2
Number of New Water Connections	14	13	4	5	2

(iv) **Shops.**

A general survey of these shows that they are good with minor exceptions and no action was taken under the Shops Act, 1934.

(v) **Smoke Abatement.**

Regulations relative to this are inapplicable to the area. Complaints have been bitter and justified in a certain quarter concerning trade fumes but it has been inexpedient to suppress these in face of the emergency. Time may bring a solution.

(vi) **Swimming Baths and Pools.**

None exist in the area apart from river pools used by children. These are far from safe or satisfactory and it is much to be regretted that better provision does not exist in the interests of physical development.

(vii) Bed Bugs.

No evidence of the existence of these was found in any house.

(viii) Fire Fighting.

Since an urgent plea was made in 1939 for a public supply of sand and a supply of hand pumps to be placed throughout the area we have come a long way. Too little recognition is given to the security and benefit conferred on the district through the National Fire Service and a few local enthusiastic volunteers. A danger lies in this, in that failure to realise the great advantage may tend to lose it in part for future years. The matter should be of the utmost interest in this isolated area and should be carefully considered when change is proposed.

(4) Schools.

The suggestions contained in the memorandum on Closure and Exclusion from School are closely applied on occasion.

Alston High School.

Much needed heating improvements have been made but the general inadequacy of building and grounds must receive attention in times more spacious than ours.

Garrigill.

Suffered from its out-moded administration and entire lack of local funds. Great expectations for improvement in essentials are raised by its transfer to an authority with greater resources.

Nenthall.

Has suffered from the same causes as Garrigill and the best has been made of an inadequate and unsound building which is a sad object lesson to the children and cannot contribute to efficiency on the part of the teacher.

Nenthead.

Great improvement has taken place in the access and conveniences here so that it now becomes the best suited to its purpose of the schools in the area. The playgrounds will always be dangerous and an opportunity may be found in the future to provide something much better quite near to the school.

SECTION D.

HOUSING.

Private enterprise has done little in the past half century: public effort has achieved much less in the building of new houses. Your officials have reached the point of despair over many properties. Emergency conversions of larger houses into two smaller ones have put a few dwellings on the books but such have many drawbacks. One or two houses have been given occupation certificates on completion of alterations to such places as disused chapels. Remarkable initiative has been rewarded in this respect in Nenthead, and credit is due to the private speculator. The following comparative figures may cause some reflections as to houses.

	Inhabited		increase	Unoccupied		
	1939	1942		1939	1942	decrease
Alston Ward (Country)	172	178	6	11	4	7
Alston Ward (Lighting Area) ...	268	288	20	22	2	20
Nenthead Ward ...	191	211	20	32	9	23
Garrigill Ward ...	135	145	10	15	5	10
Totals ...	766	822	56	80	20	60

It should be noted that the highest estimate of population is shown in 1941, *i.e.*, 2,830; but that this did not equal the fluctuating figures for actual resident persons at times during the years under review. It would seem on general considerations that the population must continue to decrease from 1941 onwards. But it must not be assumed that habitable dwelling houses will therefore become available, for very many unsuitable buildings have been in recent use and war-time neglect is tending to make others more and more unfit. The fact is that a very great number of our houses counted above are entirely unfit and some are extremely disgraceful and dangerous. To justify the description "disgraceful and dangerous" reference may be made to a recent case where your Medical Officer estimated the life of a certain house at seven days, but within 48 hours it had

shared in the collapse of the adjoining house to the consternation, detriment and eviction of the tenant who had been warned. Other properties show similar tendencies. The numbers of these far exceeds the numbers of fit houses which can be expected to become available from change of population. The Council will therefore be wise to pursue with all possible means, and to the full extent, the schemes adopted just prior to the War. The question of rents of such houses being quite beyond the working classes is in many minds, but it has been pointed out before, that before any improvement can be achieved for those classes, new houses are required to allow of a general rise in housing standards for all classes of the community. All that being said, the opinion prevalent, and probably correct, is that this area has no need of, or use for, the suggested temporary types of houses.

Overcrowding of a serious degree exists in a few instances and has not always its origin in poverty. Personal efforts have been made to remedy this but too many house-shortage excuses are available. On the other hand, the power of the purse is evident in houses where scanty use, or none at all, is made of admirable accommodation. The Rent Restriction Act is an undoubted factor in making adjustments difficult.

The long table of dwelling house inspections and actions taken is omitted from this report as it is of no significance at this time in an area of this size. For the most part it would show "nil" totals throughout for it is almost impossible to enforce improvements under present conditions. The facts are well known to the Council and the officials have not been inactive where advice and persuasion could achieve good.

At the time of writing it is felt that the greatest hope for new housing is found in the North Eastern Housing Association which has given much helpful advice and sympathetic consideration to the problem of this district. The Council is fully aware of the need for corporate effort and resources greater than exist locally. Attention is specially drawn to paragraphs 79, 89 and 90 of the Third Report of the Rural Housing Sub-Committee of the Central

Housing Advisory Committee. If it is found possible for the N.-E. Housing Association to cater for this area some of the difficulties mentioned in those paragraphs may be overcome. Under the present projected arrangement the Association would manage the houses throughout but the tenants would be chosen from a waiting list approved by the Council: the rent and rates would be inclusive and be collected by the Association under their extensive agreement with the tenants. What the rents will be is highly conjectural meantime and must depend on many unknown factors, but a low estimate on the basis of present knowledge would be 14s. 4d. weekly on an average.

SECTION E.**INSPECTION AND SUPERVISION OF FOOD.****(a) Milk Sampling.**

It is not proposed to enter into a discussion here concerning the justice or value of the milk sampling system in use. It has been carried out to the best advantage in encouraging better milk production and much time and effort has been spent towards that end. Despite war conditions and a keen response to demands for increased quantity the standard of quality has not fallen off very badly, though the facilities of most farms are deplorably scanty.

Only one tubercular sample was found during the five years under review. A simple summary of the results of Bacteriological Samples follows. The usual seasonal fluctuation of results is again evident. Your Sanitary Inspector has given keen and sympathetic personal attention both to premises and methods of production, and is not a little disappointed that the results are not better.

Milk Sampling.

Year.	Quarter.	Total taken.	Satisfactory.	Unsatisfactory.	% of Total
					Satisfactory.
1939.	1	16	11	5	
	2	12	8	4	
	3	6	2	4	
	4	20	16	4.1	69%
1940.	1	8	4	4	
	2	17	12	5	
	3	12	6	6	
	4	13	8	5	60%
1941.	1	11	9	2	
	2	11	9	2	
	3	27	9	18	
	4	5	5	—	59%
1942.	1	18	13	5	
	2	10	3	7	
	3	23	10	13	
	4	6	4	2	53%
1943.	1	17	15	2	
	2	12	8	4	
	3	17	11	6	
	4	13	11	2	76%

Milk—continued.

Many observations suggest themselves on the subject of milk production but, as it is a matter rapidly passing from your jurisdiction, it seems unprofitable to pursue them.

(b) Meat.

With the changed conditions of food distribution the use of the Local Licensed Slaughter-houses has been suspended. This may be the best feature of the new system of meat supply for it is not always satisfactory to retailer, customer or your officials. Several samples have been condemned and methods of delivery improved. The local premises continue to be inspected and suggestions made in the interests of health.

(c) Adulteration, etc.

No action has been taken directly under specific Acts but the Sanitary Inspector has frequently been called upon to adjudicate on various packed foods which through damage and long storage had deteriorated; and a medical opinion has in some cases been necessary. These instances have not been complaints from the public but from the retail vendors.

SECTION F.**PREVALENCE OF, AND CONTROL OVER,
INFECTIOUS AND OTHER DISEASES.**

1939—

The widespread epidemic of Influenza reached its height in March and two deaths were attributed to Influenzal Pneumonia. The first six months of the year were notable in that no other notifiable disease cases were recorded, but Measles was in epidemic form in Nenthead in the Summer. It had largely infected the local susceptible population before the condition was made notifiable in November. The evacuees, then with us, were naturally immune from having had Measles previously, but two sources of infection were introduced by them. Scarlet Fever and Whooping Cough came with them also but were checked in the initial cases. The third quarter of the year produced infestation of heads in a high degree but rapid improvement was achieved with the assistance of our local nurses. In the last quarter, twenty-eight cases of Measles were notified in and around Alston with one case of associated Pneumonia.

With the above exceptions the year was one of good health.

1940—

Influenza was prevalent throughout the first quarter. The extreme severity of the early Winter contributed to much Bronchitis in association with the Influenza. Several deaths at advanced ages were due to this. Only one case of Pneumonia was notified but ninety-eight cases of Measles occurred with many complications and one death. The one case of Bacillary Dysentery reported in the end of the first quarter was the precursor of six in the second quarter which was one of fine settled weather and general good health.

The third quarter, following the invasion of France, was one of population upheaval. The war residents were continually changing and accommodation overtaxed. Considering all this, the health of the district was good till the latter part of the year produced the vague infectious jaundice (Hepatitis) in pandemic proportions but with few serious cases.

1941—

This year was one of surprising health in the district despite the prevalence of all the usual infectious diseases during the Summer months. A high incidence of Pneumonia—12 cases—was the most unfavourable feature.

1942—

No outstanding feature was evident in any particular group of diseases. The higher incidence of Pneumonia continued and two cases of Cerebro-spinal Fever occurred. There was noted, however, an increase of low grade illnesses including sickness and diarrhoea and the popular belief associated this with the diet of the times.

1943—

Pneumonia maintained its high incidence but with no fatality. It was associated with general prevalence of respiratory catarrhs, particularly in December.

Diphtheria Immunisation.

It was found that individual approach was the only means to achieve a response to the Council's offer of two free injections of A.P. Toxoid, *i.e.*, .2 and .5 c.c. with an interval of one month. Progress is shown in the table below. The position is fairly satisfactory and the response continues to the First Birthday invitation which is sent out to each child. It is recommended that the Council now offer a third dose on entering school, this being recognised as useful and easy to accomplish.

Numbers of Children given two dose course:—

		Under 5.	Over 5.
1939	... ..	—	—
1940	... ..	5	11
1941	... ..	79	200
1942	... ..	24	9
1943	... ..	41	18

Measles.

Satisfactory results have been achieved in selected cases by the use of Measles Convalescent Serum obtained privately from the Cumberland Pathological Laboratory. It would be well for the Council to consider the provision of this *free*. This would not lessen the incidence of Measles, and another epidemic is not expected for some years, but the provision might in some cases be a great benefit to poorer parents.

**Notifiable Diseases (other than Tuberculosis) for the
years 1939 to 1943 (inclusive).**

Disease	1939	1940	1941	1942	1943	Totals
	* N H D	N H D	N H D	N H D	N H D	N H D
Typhoid ...	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
Paratyphoid ...	1 0 0	0 0 0	0 0 0	0 0 0	0 0 0	1 0 0
Scarlet Fever	0 0 0	2 2 0	2 1 0	0 0 0	2 1 0	6 4 0
Whooping Cough ...	0 0 0	6 0 0	12 0 0	17 0 0	13 0 0	48 0 0
Diphtheria ...	0 0 0	2 2 0	2 2 0	0 0 0	0 0 0	4 4 0
Erysipelas ...	0 0 0	2 0 0	1 0 1	3 0 0	5 2 0	11 2 1
Smallpox ...	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
Measles ...	0 0 0	108 0 1	35 0 0	3 0 0	9 0 0	155 0 1
Pneumonia ...	2 0 0	5 1 0	12 3 2	10 1 2	19 9 0	50 14 4
Puerperal Pyrexia ...	0 0 0	1 1 0	0 0 0	0 0 0	1 0 0	2 1 0

* N—Notified. H—Treated in Hospital. D—Died.

Tuberculosis.

New Cases and Mortality from 1939 to 1943 (inclusive).

Age Periods.	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0 ...	—	—	—	—	—	—	—	—
1 ...	—	—	—	—	—	—	—	—
5 ...	—	—	—	—	—	—	—	—
10 ...	—	1	—	—	—	—	—	—
15 ...	—	1	2	—	—	1	—	—
20 ...	1	2	—	—	—	—	—	—
25 ...	1	—	—	—	—	—	—	—
35 ...	1	—	—	1	1	2	—	—
45 ...	2	—	—	1	2	—	—	1
55 ...	—	—	—	—	1	—	—	—
65 and upwards ...	1	—	1	1	1	—	—	—
Totals ...	6	4	3	3	5	3	—	1

Analysis of Deaths by Causes.

Causes of Death	1939		1940		1941		1942		1943		5 year Total	
	* M	F	M	F	M	F	M	F	M	F	M	F
1. Typhoid and parat: Fevers	—	—	—	—	—	—	—	—	—	—	—	—
2. Cerebrospinal Fever	—	—	—	—	—	—	—	1	—	—	—	1
3. Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—
4. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—
5. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
6. Tuberculosis of Respiratory System	—	2	3	—	—	—	1	1	—	—	4	3
7. Other Forms of Tuberculosis ...	1	—	—	1	—	1	—	—	—	—	1	2
8. Syphilitic Disease	—	—	—	—	—	—	—	—	—	—	—	—
9. Influenza	—	—	2	—	2	2	—	—	1	—	5	2
10. Measles	—	—	1	—	—	—	—	—	—	—	1	—
11. Ac. Polio-myelo and Polio- Encephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—
12. Ac. Infantile Encephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—
13. Cancer of Mouth M., and Uterus F. ...	—	—	—	—	—	1	—	2	—	—	—	3
14. Cancer of Stomach and Duoden ...	—	—	1	—	—	1	—	1	—	—	1	2
15. Cancer of Breast ...	—	1	—	—	—	—	—	2	—	—	—	3
16. Cancer of other sites	1	2	—	—	2	3	1	2	2	2	6	9
17. Diabetes	—	—	—	—	—	—	—	1	—	—	—	1
18. Intracranial Vascular Lesions	2	5	1	6	2	3	3	6	4	4	12	24
19. Heart Disease ...	6	6	—	5	6	5	5	6	6	4	23	26
20. Other diseases of Circulatory System	2	1	—	—	—	2	—	—	—	—	2	3
21. Bronchitis	—	—	4	2	2	—	3	—	1	—	10	2
22. Pneumonia	—	—	—	—	1	1	1	1	—	—	2	2

Analysis of Deaths by Causes—continued.

Causes of Death	1939		1940		1941		1942		1943		5 year Total	
	* M	F	M	F	M	F	M	F	M	F	M	F
23. Other Respiratory diseases	—	—	1	—	1	—	—	—	—	—	2	—
24. Ulcer of Stom. or Duodenum	—	—	—	—	1	—	—	—	—	—	1	—
25. Diarrhoea (under 2 yrs.)	—	—	—	—	—	—	—	—	1	—	1	—
26. Appendicitis	—	—	—	—	1	—	—	—	—	—	1	—
27. Other digestive diseases	—	—	—	—	1	—	1	—	—	—	2	—
28. Nephritis	2	—	—	1	1	1	1	2	—	1	4	5
29. Puer. and post-abort. sepsis	—	—	—	—	—	—	—	—	—	—	—	—
30. Other Maternal causes	—	1	—	—	—	—	—	—	—	—	—	1
31. Premature birth	—	1	2	—	—	—	—	—	—	1	2	2
32. Congenital causes	—	—	—	—	2	—	—	—	—	1	2	1
33. Suicide	—	—	—	—	1	—	—	1	—	—	1	1
34. Road Traffic Accidents	—	—	—	—	1	—	—	—	—	—	1	—
35. Other violent causes	—	1	—	—	1	—	—	—	1	—	2	1
36. All other causes	2	2	2	3	2	3	1	—	—	1	7	9
Totals	16	22	17	18	27	23	17	26	16	14	93	103

* M. and F. signify Male and Female.

