

**[Report 1955] / Medical Officer of Health, Barrow-in-Furness County Borough.**

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Barrow-in-Furness (England). County Borough Council.

**Publication/Creation**

1955

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County Borough of Barrow-in-Furness

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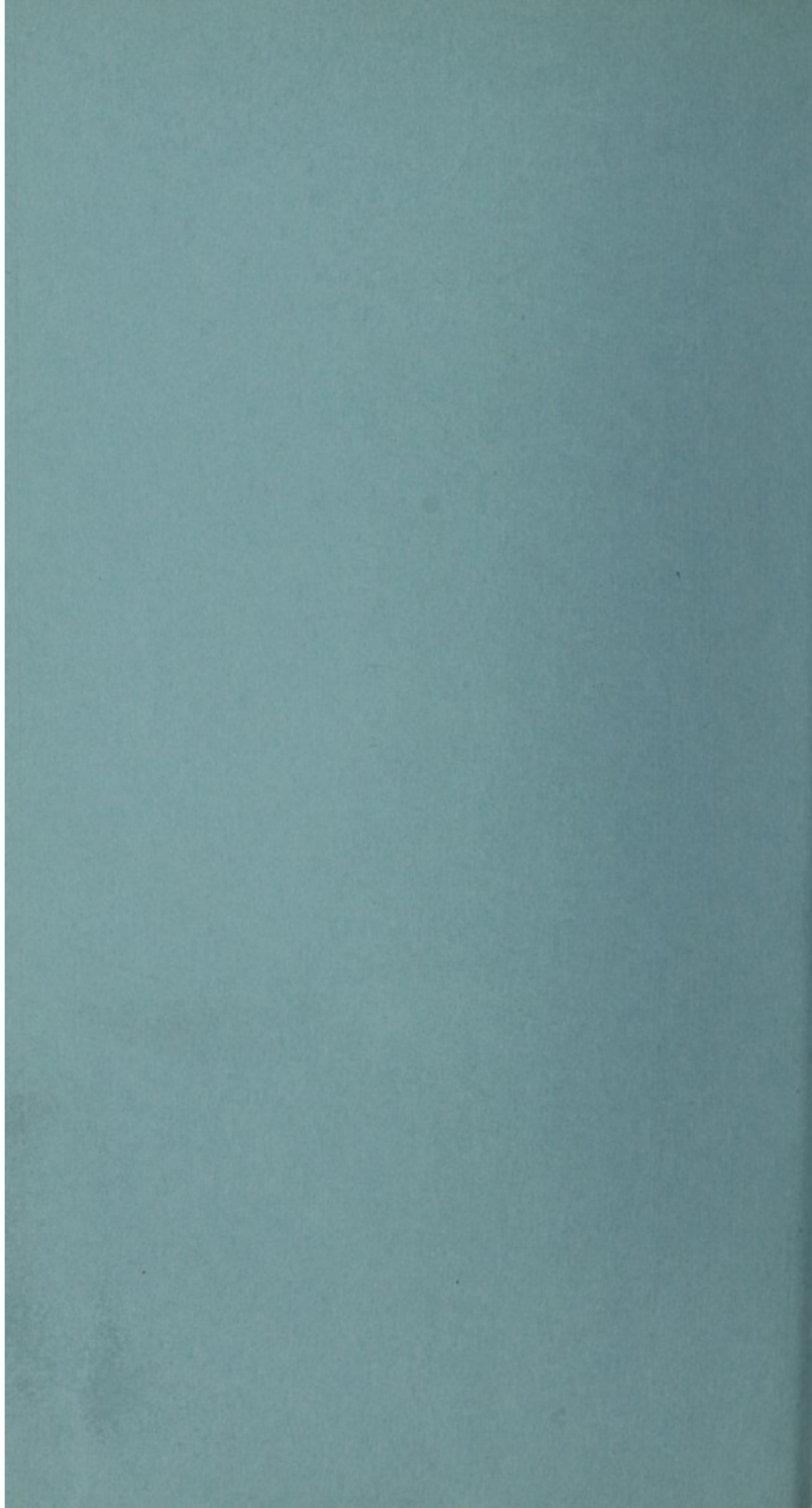
# Annual Report

of the

Medical Officer of Health

JAMES MACLACHLAN,  
M.B., Ch.B., D.P.H.

1955.

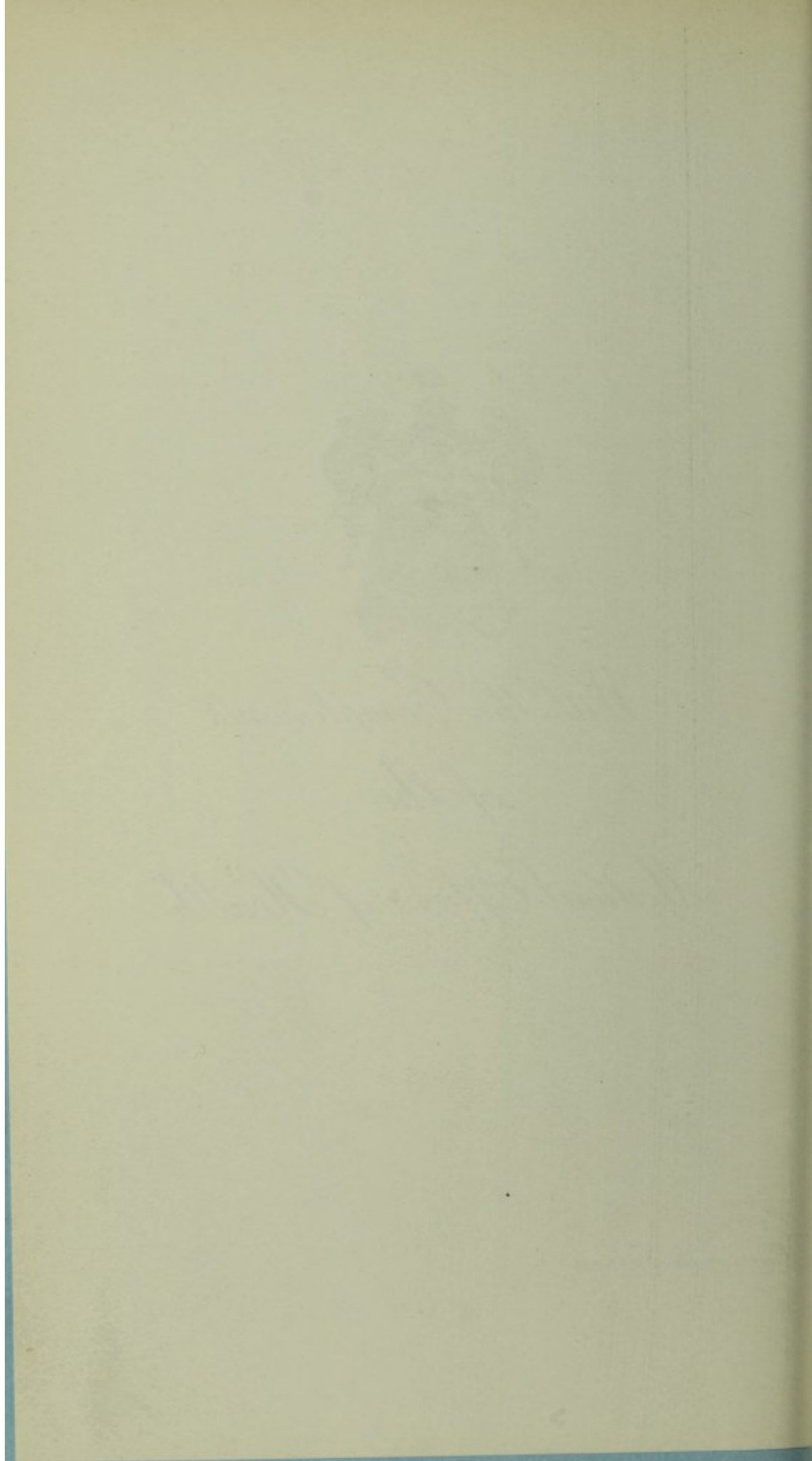




*With the Compliments  
of the  
Medical Officer of Health*

*n Hall,  
Barrow-in-Furness.*





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COUNTY BOROUGH OF BARROW-IN-FURNESS.  
PUBLIC HEALTH DEPARTMENT.

ANNUAL REPORT OF THE  
MEDICAL OFFICER OF HEALTH.  
1955.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH  
COMMITTEE.

Ladies and Gentlemen,

I have pleasure in presenting the Annual Report on the health of the Borough for the year 1955.

In the field of tuberculosis, the death rate has been gradually falling and the factors playing their part in this happy decline have included effective new drugs for treatment and improved environmental conditions. Unfortunately the number of new notifications of the disease has tended to rise and the results of mass radiography in adults and skin tests in children have shown latent nuclei of infection. Such procedures serve the purpose of permitting early treatment of patients and careful surveillance of contacts, thus preventing the infection of a wider circle of people. An added weapon in our hands is that of B.C.G. vaccination against tuberculosis and such a service was inaugurated during the year.

Reference is made in the Report to other infectious diseases, notably measles, for which the highest number of notifications yet recorded was received. Poliomyelitis assumed the proportion of a minor outbreak and the impending task of inoculation against it became a pleasant contemplation and an eagerly sought protection.

The need for clean good and wholesome meat continued to receive careful attention and the Food and Drugs Act, 1955, and the Food Hygiene Regulations, 1955, were welcomed for the additional powers given to enforce good hygiene conditions in the future. The controlled investigation into the bacteriological state of periwinkles in the Walney Channel was completed and presented to the Health Committee for their consideration of the prohibition imposed by the Barrow-in-Furness Shellfish Order, 1947.

The Home Nursing Service, despite the increasing tempo of work caused by a constantly growing number of visits, manages to deal with slightly more patients requiring their assistance. Since 43 per cent. of visits are now made for injections given by Home Nurses on behalf of doctors, a special session for giving injections was instituted at the Chest Clinic. The Domiciliary Midwifery Service, conversely, is conducting fewer home confinements, a circumstance corresponding to the national trend, as mothers find hospital confinements cheaper and more convenient. The wide field of interest embraced by the Health Visitors, the School Nursing Service, the great demand existing for the many Home Helps, the newly introduced Sitter-in Service for domestic crises, and the lack of non-medical supervision of Midwives, underline the need to fill the vacancy of Superintendent Nursing Officer.



The work of the Mental Health staff is, as it should be, largely preventive and the fact that there is an increasing number of voluntary patients admitted for short stay institutional treatment reflects their success in promoting this form of therapy. Part of their task, namely the supervision of mental defectives, could be lightened to the benefit of the defectives by the provision of an occupation centre. The Health Committee has now done more than approve in principle of such a centre and it seems highly probable that an early start will be made with a suitable scheme. The occasional difficulty in securing suitable transport of mentally ill patients to Lancaster Moor Hospital was largely overcome when the Ambulance Service received a new ambulance and a new sitting-case car.

A most disquieting circumstance arose when the entire staff of District Sanitary Inspectors resigned within a space of a few months to obtain similar but more remunerative posts with other Authorities. The eventual adoption by the Authority of a new Award went some way towards rectifying this circumstance as a result of which the environmental work of the Department was almost at a halt. New staff changes during the year included the appointments of Dr. Wharton, Assistant Medical Officer and Miss D. Stocks, Superintendent District Nurse.

I wish to record my thanks to the Health Committee for their support and assistance and to my medical colleagues in the hospitals and in general practice for their close co-operation in work of mutual interest. I am most grateful for the help of the entire staff of the Health Department, each member of whom has worked well and enthusiastically, faced almost without exception during the last few years with larger commitments and extra responsibilities.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

JAMES MACLACHLAN,

Medical Officer of Health.



## STAFF.

The following assistants were employed on the work of Public Health in the Borough at the end of the year under review :

### MEDICAL AND DENTAL

Deputy Medical Officer of Health in charge of Maternity and Child Welfare Work and Inspector of Midwives .....	Dorothy G. Stewart, M.B., Ch.B.
Assistant Medical Officers .....	Maude W. Smith, M.D. R. A. H. Morison, M.B., Ch.B. (Resigned 23-7-55). R. Wharton, M.B., Ch.B. (Commenced 10-10-55).
Principal School Dental Officer .....	Dev Datta Watts, L.D.S.
Dental Officer .....	Winifred G. Sivewright, L.D.S.

### SANITARY

Chief Sanitary Inspector .....	J. Shanks, Cert.R.S.I. & Joint Board, Cert.R.S.I. (Meat and Food Inspection), Cert.R.S.I. (Smoke Inspection).
Assistant Chief Sanitary Inspector	H. C. Perkins, Cert. R.S.I. & Joint Board, Cert. R.S.I. (Meat & Food Inspection)
Abattoirs and Auction Mart Superintendent .....	A. A. Kay, Cert. R.S.I. and Joint Board, Cert. R.S.I. (Meat and Food Inspection), Cert. R.S.I. (Smoke Inspection), Cert. R.S.I. (Sanitary Science).
Sanitary Inspector for Meat and Food Inspection .....	Vacant.
District Sanitary Inspectors .....	F. Nickson, Cert. R.S.I. & Joint Board, Cert. R.S.I. (Meat and Food Inspection). (Resigned 31-3-55). F. Holloway, Cert. R.S.I. & Joint Board. (Resigned 30-4-55). J. Spencer, Cert. R.S.I. & Joint Board, Cert. R.S.I. (Meat and Food Inspection). (Resigned 30-5-55). E. T. Swift, Cert. R.S.I. & Joint Board, Cert. R.S.I. (Meat and Food Inspection). (Resigned 15-10-55). R. Wigglesworth, Cert. R.S.I. & Joint Board, Cert. R.S.I. (Meat and Food Inspection). (Resigned 31-10-55). J. McGarry, Cert. R.S.I. & Joint Board. (Commenced 1-6-55).
Trainee Sanitary Inspector .....	T. B. Nuttall.

## HEALTH VISITING AND MIDWIFERY.

Superintendent Nursing Officer ....	Vacant.
Health Visitors ....	Miss E. Cunliffe, S.R.N., S.C.M. Miss M. K. Burns, S.R.N., S.C.M. Mrs. E. M. Tilburn, S.R.N., S.C.M. Miss M. Scott, S.R.N., S.C.M. Miss M. P. Antcliffe, S.R.N., S.C.M. Miss A. W. Cant, S.R.N., S.C.M. Miss D. Latham, S.R.N., S.C.M. Miss B. M. Wignall, S.R.N. Miss S. B. White, S.R.N., S.C.M., S.R.F.N.
Tuberculosis Health Visitor ....	Miss R. Ward, S.R.N., S.C.M.
Municipal Midwives ....	Miss A. Bagshaw, S.C.M. Miss G. M. Fytche, S.C.M. Mrs. F. Garstang, S.C.M. Miss T. Potts, S.R.N., S.C.M. Mrs. M. Railton, S.C.M. Mrs. E. G. Watson, S.C.M. (Resigned 31-12-55). Miss F. Addison, S.R.N., S.C.M. Mrs. A. Fell, S.R.N., R.F.N., S.C.M. (Temp.). (Resigned 29-1-55). Miss P. A. Wiper, S.R.N., S.C.M. (Commenced 1-4-55).

## HOME NURSING SERVICE.

Superintendent ....	Miss D. A. Stocks, S.R.N., S.C.M., Q.N. (Appointed 20-7-55).
Assistant Superintendent ....	Miss E. M. Jackson, S.R.N., S.C.M., Q.N. (Appointed 1-9-55).
District Nursing Sisters .... (Full time)	Miss D. Moscrop, S.R.N., S.C.M., Q.N. Miss J. Lindop, S.R.N. Miss M. B. Langley, S.R.N., S.C.M. (Commenced 1-3-55). Mrs. E. Preston, S.R.N. Miss A. T. Goulding, S.R.N. Miss D. J. Gaskarth, S.R.N., S.C.M., Q.N. (Resigned 10-8-55). Mrs. E. M. Stables, S.R.N. (Resigned 16-3-55). Miss M. V. Gaskarth, S.R.N. (Com- menced 2-1-55). (Resigned 10-4-55). Mrs. M. L. Liddell, S.R.N. (Com- menced 14-11-55). Mrs. A. Chester, S.R.N. (Commenced 4-8-55). Mrs. C. T. Watlinge, S.R.N., S.C.M. (Commenced 25-7-55).



**PHYSIOTHERAPY.**

Physiotherapist ..... Miss M. Johnson, C.S.P., M.E., L.E.T

**AMBULANCE SERVICE.**

Ambulance Officer ..... J. H. Smethurst.

**MENTAL HEALTH SERVICE.**

Duly Authorised Officer ..... H. Hughes.

Assistant Duly Authorised Officer ..... J. Wedgwood. (Resigned 11-4-55).  
R. Rimmer. (Commenced 23-5-55).

**ADMINISTRATION.**

Chief Clerk ..... H. Smith.

**CLERICAL.**

Senior Clerk ..... K. P. Lees. (Appointed 19-1-55).

## ADDRESSES.

Public Health Department	.....	Town Hall.
Sanitary Inspector's Office	.....	Town Hall.
Ante-Natal, Post-Natal and Gynæcological Clinics	.....	Risedale, Abbey Road.
M. & C.W. Clinic	.....	} Central Clinic, Abbey Road.
Dental Clinic	.....	
U.V.R. & Remedial Exercises Clinic	.....	
Minor Ailments Clinic	.....	"Arndene," Abbey Road.
Ambulance Station	.....	Fire Station, Abbey Road.
District Nurses' Homes	.....	2 Fairfield Lane. 27 Mikasa Street.

## VITAL STATISTICS, 1955

Population, Mid-1955	.....	65,290
No. of Deaths	.....	933
Death Rate	.....	14.23
No. of Live Births Registered—Legitimate	.....	1,059
Illegitimate	.....	37
		<u>1,096</u>
No. of Stillbirths Registered	.....	33
Birth Rate	.....	16.72
Illegitimate Births per 1,000 Births	.....	33.76
Infant Mortality per 1,000 Live Births	.....	31.02
No. of Live Births Notified	.....	1,098
No. of Maternal Deaths	.....	1
Rate per 1,000 Births	.....	0.91
Percentage of Live Births notified	.....	100%
DEATH RATES.		
Diphtheria	.....	—
Measles	.....	—
Scarlet Fever	.....	—
Whooping Cough	.....	—
Tuberculosis (Respiratory)	.....	0.071
Tuberculosis (Other Forms)	.....	—
Cancer	.....	2.328
Bronchitis	.....	0.368
Pneumonia	.....	0.702
Influenza	.....	0.060
Diseases of Circulatory System	.....	6.028



## GENERAL PUBLIC HEALTH.

## INFECTIOUS DISEASES

## CORRECTED NOTIFICATIONS FOR 1955

Disease	Male	Female	Total
Scarlet Fever .....	6	3	9
Whooping Cough .....	—	1	1
Measles .....	802	837	1639
Pneumonia .....	12	12	24
Meningococcal Infection .....	3	2	5
Puerperal Pyrexia .....	—	1	1
Erysipelas .....	3	—	3
Food Poisoning .....	2	2	4
Dysentery .....	4	3	7
Poliomyelitis—paralytic .....	3	—	3
Poliomyelitis—non-paralytic .....	4	3	7
Acute Encephalitis—infective .....	—	1	1
Acute Encephalitis—post infectious .....	—	1	1
Tuberculosis—respiratory .....	21	23	44
Tuberculosis—meninges and C.N.S. .....	1	—	1

Material from suspected infectious cases is examined at the Group Pathological Laboratory, Barrow-in-Furness.

## TUBERCULOSIS

Statistics relating to the Mass Miniature Radiography Survey carried out at the end of 1954 were received during the year and are given below in tabular form.

TABLE I—ANALYSIS OF PERSONS EXAMINED

## MALES

Type of Examinee	Under 14	14	15— 19	20— 24	25— 34	35— 44	45— 54	55— 59	60— 65	65 & over	Total
Outpatients at General Hos- pitals ....	—	—	—	—	—	—	—	—	—	—	—
Army Intakes ....	—	—	—	—	—	—	—	—	—	—	—
General Practitioner Referrals	—	—	—	—	—	—	—	—	—	—	—
School children ....	1280	370	330	—	—	—	—	—	—	—	1980
Contacts ....	—	—	—	—	—	—	—	—	—	—	—
Special Occupational Surveys	—	—	—	—	—	—	—	—	—	—	—
Factories/Offices ....	—	—	700	600	2310	2370	2350	650	490	130	9600
General Public Volunteers :	—	—	—	—	—	—	—	—	—	—	—
(a) Housewives ....	—	—	—	—	—	—	—	—	—	—	—
(b) Others ....	—	—	50	90	190	100	100	20	50	130	730
TOTAL ....	1280	370	1080	690	2500	2470	2450	670	540	260	12310

TABLE I—ANALYSIS OF PERSONS EXAMINED

## FEMALES

Type of Examinee	Under 14	14	15— 19	20— 24	25— 34	35— 44	45— 54	55— 59	60— 65	65 & Over	Total	GRAND TOTAL
Outpatients at General Hos- pitals ....	—	—	—	—	—	—	—	—	—	—	—	—
Army Intakes ....	—	—	—	—	—	—	—	—	—	—	—	—
General Practitioner Referrals	—	—	—	—	—	—	—	—	—	—	—	—
School children ....	1220	440	250	—	—	—	—	—	—	—	1910	3890
Contacts ....	—	—	—	—	—	—	—	—	—	—	—	—
Special Occupational Surveys	—	—	—	—	—	—	—	—	—	—	—	—
Factories/Offices ....	—	—	770	580	440	290	420	60	20	10	2590	12190
General Public Volunteers:												
(a) Housewives ....	—	—	10	80	490	710	620	100	120	100	2230	2230
(b) Others ....	—	—	120	130	70	100	50	40	10	10	530	1260
TOTAL ....	1220	440	1150	790	1000	1100	1090	200	150	120	7260	19570



TABLE II—RECALLS

	Males	Females	Total
(a) Recalled for large film .....	608	385	993
(b) Recalled for interview or clinical examination :			
(i) after large films .....	124	83	207
(ii) after miniature film only .....	—	—	—
(c) Failed to attend :			
(i) for large or repeat miniature film .....	9	4	13
(ii) for interview or clinical examination .....	8	2	10
(d) Referred after miniature film only .....	—	—	—

TABLE III—DISPOSAL OF SIGNIFICANT ABNORMALITIES

	Males	Females	Total
(a) To Doctor .....	22	47	69
(b) To Hospital .....	—	—	—
(c) To Chest Clinic .....	110	66	176
(d) No action .....	176	258	434
<b>TOTAL</b> .....	<b>308</b>	<b>371</b>	<b>679</b>



TABLE IV—DIAGNOSIS

## MALES

	Under 14	14	15— 19	20— 24	25— 34	35— 44	45— 54	55— 59	60— 64	65 & Over	Total	Rate per 1000
<b>ABNORMALITIES</b>												
(a) Tuberculous												
Healed Tuberculosis ...	—	—	3	1	20	20	35	17	13	5	114	9.3
Suspected Tuberculosis	—	—	—	—	—	—	—	1	—	—	1	0.08
Tuberculosis requiring treatment ... ..	—	—	5	2	4	2	8	3	—	2	26	2.1
(b) Non-Tuberculous												
Pneumonia ... ..	2	—	1	—	—	1	2	1	—	—	7	—
Bronchopneumonia ...	—	—	—	—	—	—	—	—	—	—	—	—
Consolidation of Un- known Cause ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Bronchiectasis ... ..	—	2	1	—	3	4	5	3	2	1	21	—
Pulmonary Fibrosis ...	—	—	—	—	—	1	5	1	1	2	10	—
Pneumoconiosis ... ..	—	—	—	—	1	1	5	2	1	3	13	—
Pneumoconiosis accom- panied by Tubercul- osis ... ..	—	—	—	—	—	1	—	1	—	—	2	—
Pleural and interlobar effusion (non-tuber- culous) ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Spontaneous Pneumo- thorax (non-tubercul- ous) ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Interthoracic new growth	—	—	—	—	—	—	—	—	—	—	—	—
(i) Malignant ... ..	—	—	—	—	—	—	—	1	2	—	3	—
(ii) Non-malignant ...	—	—	—	—	—	—	—	1	—	—	1	—
Cardiovascular lesions												
Congenital ... ..	2	—	—	—	—	—	—	—	—	—	2	—
Acquired ... ..	—	1	—	—	2	9	20	24	17	17	90	—
Abscess of Lung ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Miscellaneous ... ..	—	—	2	—	4	2	3	3	3	1	18	—

## FEMALES

	Under 14	14	15— 19	20— 24	25— 34	35— 44	45— 54	55— 59	60— 64	65 & Over	Total	Rate per 1000	Grand Total	
													Cases	Rate per 1000
ABNORMALITIES														
(a) Tuberculous														
Healed Tuberculosis .....	1	—	5	4	11	17	13	4	6	2	63	8.7	177	9
Suspected Tuberculosis .....	—	—	—	—	1	1	—	—	—	—	2	0.3	3	0.15
Tuberculosis requiring treatment .....	6	—	4	4	3	1	—	—	—	—	18	2.5	44	2.3
(b) Non-Tuberculous														
Pneumonia .....	—	—	—	—	2	—	1	—	—	—	3	—	10	—
Bronchopneumonia .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Consolidation of Un- known Cause .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchiectasis .....	4	—	1	—	—	2	1	1	—	1	9	—	30	—
Pulmonary Fibrosis .....	—	—	—	—	1	1	—	—	—	—	3	—	13	—
Pneumoconiosis .....	—	—	—	—	—	—	—	—	—	—	—	—	13	—
Pneumoconiosis accom- panied by Tubercu- losis .....	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Pleural and interlobar effusion (non-tuber- culous) .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spontaneous Pneumo- thorax (non-tubercul- ous) .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Interthoracic new growth .....	—	—	1	—	—	—	—	—	—	—	1	—	1	—
(i) Malignant .....	1	—	—	—	—	—	—	—	—	—	1	—	4	—
(ii) Non-malignant .....	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Cardiovascular lesions	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital .....	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Acquired .....	4	3	1	1	7	14	77	59	44	53	263	—	353	—
Abscess of Lung .....	—	—	2	1	—	1	2	1	—	—	8	—	—	—
Miscellaneous .....	—	—	—	1	—	1	—	—	1	—	—	—	—	—



TABLE V—TYPES OF EXAMINEES SUFFERING FROM RESPIRATORY TUBERCULOSIS  
REQUIRING TREATMENT

MALES

Type of Examinee	Under 14	14	15— 19	20— 24	25— 34	35— 44	45— 54	55— 59	60— 64	65 & Over	Total
Outpatients at General Hos- pitals ....	—	—	—	—	—	—	—	—	—	—	—
Army Intakes ....	—	—	—	—	—	—	—	—	—	—	—
General Practitioner Referrals	—	—	—	—	—	—	—	—	—	—	—
School Children ....	—	—	—	—	—	—	—	—	—	—	—
Employees in Factories and Offices ....	—	—	5	2	4	2	8	3	—	—	24
General Public Volunteers:											
(a) Housewives ....	—	—	—	—	—	—	—	—	—	—	—
(b) Others ....	—	—	—	—	—	—	—	—	—	2	2
TOTALS ....	—	—	5	2	4	2	8	3	—	2	26

## FEMALES

Type of Examinee	Under 14	14	15— 19	20— 24	25— 34	35— 44	45— 54	55— 59	60— 64	65 & Over	Total	GRAND TOTAL
Outpatients at General Hos- pitals ....	—	—	—	—	—	—	—	—	—	—	—	—
Army Intakes ....	—	—	—	—	—	—	—	—	—	—	—	—
General Practitioner Referrals	—	—	—	—	—	—	—	—	—	—	—	—
School Children ....	6	—	1	—	—	—	—	—	—	—	7	7
Employees in Factories and Offices ....	—	—	3	3	1	—	—	—	—	—	7	31
General Public Volunteers :												
(a) Housewives ....	—	—	—	1	2	1	—	—	—	—	4	4
(b) Others ....	—	—	—	—	—	—	—	—	—	—	—	2
TOTALS ....	6	—	4	4	3	1	—	—	—	—	18	44

Included in the above table are the following cases of tuberculosis requiring treatment who were :

(a) already on the Chest Clinic Register	...	...	3
(b) removed or lost sight of	...	...	—
(c) refused further action	...	...	1 (Will not attend Dispensary)



TABLE VI—HISTORY OF TUBERCULOUS CASES REQUIRING TREATMENT

	Males	Females	Total
Family History .... 1	—	6	6
Contact. Persons are to be regarded as "Contacts" if they have <b>at any time</b> been in close contact with a known case of respiratory tuberculosis in the household or the immediate circle of relatives and associates .... 2	—	1	1
Past illness of tuberculous significance, e.g. Pleurisy, Tuberculous cervical adenitis, Tuberculous erythema nodosum, etc. Histories of Bronchitis, Bronchiectasis, Pneumonia, Carcinoma and pre-disposing illnesses of non-tuberculous causes are not required .... 3	7	1	8
None or history not known. This code must not be used where details are available under any one of the headings coded 1, 2 or 3. It applies only to cases for which no information is available under all headings .... 4	19	10	29
Unobtainable. It may be inconvenient to obtain this information from certain examinees, such as School Leavers .... 5	—	—	—

Where **more than one** possibility is applicable, **all** the code numbers should be given.

## IMMUNISATION AGAINST TUBERCULOSIS

### B.C.G. VACCINATION

During the year arrangements were made by the Local Health Authority to offer B.C.G. Vaccination against Tuberculosis to children aged 13 years and under 14 years at the end of the current school year, whose parents or guardians gave written consent to this procedure and to the pre-vaccination and post-vaccination tests. The entire public health medical staff attended a course on the technique of B.C.G. Vaccination. Reference is made in the 1955 Annual Report of the Principal School Medical Officer to the planning of this scheme and a survey is given of the work carried out.

### POLIOMYELITIS

Of the 10 cases of Poliomyelitis notified during the year, 3 were paralytic, one of whom died from respiratory paralysis, and the remaining 7 cases were non-paralytic and of a minor nature. There were 6 children of school age affected one of pre-school age, and the remaining 3 cases who were all adults, were paralysed. There was no traceable connection between the patients in either time or place and no common factors came to light.

This minor outbreak heightened the interest of the community in the American field tests on polio vaccination.

### MEASLES

The 1,639 notifications of measles was the highest number yet recorded and reports from general practitioners indicated that the type of illness was severe. Of the total number of notifications, 748 referred to children of school age. After last year's relative dearth of cases, human susceptibility may have been higher or virus invasiveness greater.

### DYSENTERY

Of the 7 cases of Sonne Dysentery, 2 cases occurred in each of two households and were kept under surveillance by their family doctors. The remaining 3 cases which were admitted to hospital, came from different home areas.

### FOOD POISONING

4 cases of Salmonella infection occurred in three widely separated households during August and precautionary measures were taken to avoid further spread.

### BARROW-IN-FURNESS SHELLFISH ORDER, 1947

This Order imposes absolute prohibition on the taking of all kinds of shellfish for sale for human consumption from the whole of the Walney Channel in the Borough. Samples of periwinkles were collected from the Channel at different times and during a variety of climatic conditions and tides and were subjected to bacteriological analysis. The results of this investigation showed that relaxation of the Order might be made in the area of the West Side of Piel Channel because in that area no sample was unsatisfactory. Moreover no epidemiological evidence has implicated Walney Channel periwinkles and experiments have proved that periwinkles must be cooked in order to extract the flesh.

### PUBLIC CLEANSING UNIT

This Unit completed its first year in service and was used on 13 separate occasions as follows :—

Ambulance Service (Blankets)....	9
Persons, Clothing and Bedding ....	1
Persons and Clothing ....	1
Personal Bedding ....	2



### VERMINOUS CONDITIONS.

The facilities provided for the School Health Service are extended to children of pre-school age, a proportion of the cost being borne by the Health Committee.

The main conditions dealt with are scabies, head lice and ringworm, and these receive treatment at the Central Clinic. Stubborn cases are referred to the Skin Department at North Lonsdale Hospital.

Adults are given advice and materials to cleanse themselves and in difficult cases are admitted to hospital.

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### WATER.

There has been no change in the source of water supply since last year and the quantity and quality has remained satisfactory. Bacteriological and chemical control is maintained by the Water Department. The plumbo solvent action of the water is corrected by the addition of lime to give a pH value of approximately 9.0.

A scheme to safeguard the gathering grounds has been prepared.

Some 20,347 dwelling houses comprising the majority of the population are supplied direct from the public mains ; there are no standpipes.



## PORT HEALTH SURVEY, 1955.

## SECTION I—STAFF.

TABLE A.

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointments held
Dr. James MacLachlan	Medical Officer of Health	7/3/52	M.B., Ch.B., D.P.H.	
Dr. Dorothy G. Stewart	Deputy Medical Officer of Health	5/10/48	M.B., Ch.B.	
John Shanks	Port Health Officer	1/4/42	Cert.R.S.I. & S.I. Joint Board, etc.	Chief Sanitary Inspector.
Herbert C. Perkins	Port Health Officer	1/7/52	Cert.R.S.I. & S.I. Joint Board, etc.	Assistant Chief Sanitary Inspector.

Address and telephone number of the Medical Officer of Health—Town Hall, Barrow-in-Furness. Telephone No. : Barrow 600.

## SECTION II—AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR.

TABLE B.

Ships from	Number	Tonnage	Number inspected		Number of Ships reported as having, or having had during the voyage, infectious disease on board
			By the Medical Officer of Health	By the Sanitary Inspector	
Foreign Ports....	240	372,469	Nil.	135	Nil.
Coastwise ....	236	57,446	Nil.	63	Nil.
Total ....	476	429,915	Nil.	198	Nil.

## SECTION III—CHARACTER OF SHIPPING AND TRADE DURING THE YEAR.

TABLE C.

PASSENGER TRAFFIC ....	{	Number of passengers INWARDS—65. Number of passengers OUTWARDS—36.
CARGO TRAFFIC ....	{	Principal IMPORTS—Iron Ore, Wood Pulp, Pulp Wood, and Scrap Metal. Principal EXPORTS—Coke, Pig Iron and Ingot Moulds.

PRINCIPAL PORTS from which ships arrive—Bona, Melilla, Almeria, Algiers, Hornillo, Narvik, Helsingborg, Oxelosund, Ymuiden, Oskarhamn, Hamburg, Lulea, Gefle, Kirkines, Rouen, Setubal, Ayr, Heysham, Liverpool, Belfast and the Republic of Ireland.

## SECTION IV—INLAND BARGE TRAFFIC.

There is no inland barge traffic within the district.

## SECTION V—WATER SUPPLY.

- (1) Source of supply for (a) the district—Upland surface source.  
(b) The town's water supply is available at the dock side and is used for shipping.
- (2) Reports of tests for contamination—Nil.
- (3) Precautions taken against contamination of hydrants and hosepipes. Hydrants and hosepipes are protected and stored in a water shed when not in actual use.
- (4) There are no water boats in use at the Port.

## SECTION VI—PUBLIC HEALTH (SHIPS) REGULATIONS, 1952

- (1) LIST OF INFECTED AREAS. (Regulation 6).  
A list of Infected Areas is prepared and amended by the Medical Officer of Health from the official list of Infected Areas. A typewritten list of Infected Areas is prepared from the official list of Infected Areas and delivered by hand to H.M. Customs and Excise Officers.
- (2) RADIO MESSAGES.  
Arrangements have been made with Seaforth Radio Station and the Port Office Telephones to send and receive messages from ships entering the Port.
- (3) NOTIFICATIONS OTHERWISE THAN BY RADIO. (Regulation 14(1) (b)).  
Telephonic communication from Shipping Agents.
- (4) MOORING STATIONS. (Regulations 22 to 30).  
Within Docks: An inner mooring station near Buccleuch Bridge with the Ramsden Dock has been established as a mooring station for all uninfected healthy ships arriving at Barrow. On arrival of an infected ship or suspect ship, the vessel is taken to the designated mooring station.
- (5) ARRANGEMENTS FOR—
  - (a) Hospital accommodation for infectious diseases (other than smallpox). Arrangements have been made to receive seamen suffering from infectious disease to be admitted to Devonshire Road Isolation Hospital.
  - (b) Surveillance and follow up of contacts.  
The surveillance and follow up of contacts is carried out by the Medical Officer of Health and the Sanitary Inspectors.
  - (c) Cleansing and disinfection of ships, persons, clothing and other articles.  
In cases of necessity the arrangements for the cleansing and disinfection of ships is carried out under the supervision of the Port Health Officers, and cases requiring isolation would be found accommodated at the Devonshire Road Isolation Hospital.



## SECTION VII—SMALLPOX.

- (1) Name of Isolation Hospitals to which smallpox cases are sent from the district.  
                     Elswick Leys Smallpox Hospital, Blackpool.  
                     Ainsworth Smallpox Hospital, Bury.
- (2) Arrangements have been made to remove all such cases by Corporation ambulances to the hospital. Members of the ambulance crew have been vaccinated recently.
- (3) Name of smallpox consultant available.  
                     Dr. R. W. Farquar, Victoria House, Regent Street, Lancaster.
- (4) There are no facilities available locally for the laboratory diagnosis of smallpox.

## SECTION VIII—VENEREAL DISEASE.

A local centre exists at the Devonshire Road Isolation Hospital for the diagnosis and treatment of Venereal Disease. Information as to the location, days and hours of the available facilities is supplied by notice to the Master or other responsible Officer on a vessel's arrival. The times of the Clinic are as follows :—Monday 7-0 p.m., Wednesday 10-30 a.m.

## SECTION IX—CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS.

TABLE D.

Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports ....	Nil.	Nil.	Nil.	Nil.
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	Nil.	Nil.	Nil.	Nil.
Cases landed from other ships ....	Nil.	Nil.	Nil.	Nil.

## SECTION X—OBSERVATIONS OF THE OCCURRENCE OF MALARIA IN SHIPS.

There have been no reported cases of Malaria entering the Port during the year.

## SECTION XI—MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE.

No vessels arrived at the Port either plague infected or plague suspected.  
 No vessels from plague infected Ports arrived during the year.



## SECTION XII—MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS.

All vessels from foreign ports entering the Port are, where necessary, systematically inspected by the Port Health Officers to ascertain the degree of rodent infestation on board.

A macroscopic examination of rats caught is carried out at frequent intervals by the Medical Officer and the Port Health Officers. There were no rats sent for bacteriological examination during the year.

Arrangements have been made, when necessary, for the deratting of ships by means of Hydrogen Cyanide to be carried out by a commercial contractor, Messrs. Hivey Fumigation Co., Ltd., 15, Cheapside, Liverpool.

It has not been found necessary to carry out any rat-proofing of ships during the year.

TABLE E.

Rodents destroyed during the year in ships from foreign ports.

Category	Number
Black rats .....	Nil.
Brown rats .....	Nil.
Species not known .....	Nil.
Sent for examination .....	Nil.
Infected with plague .....	Nil.

TABLE F.

DERATTING CERTIFICATES AND DERATTING EXEMPTION CERTIFICATES ISSUED DURING THE YEAR FOR SHIPS FROM FOREIGN PORTS.

No. of Deratting Certificates issued				Number of Deratting Exemption Certificates issued	Total Certificates Issued
After fumigation with		After trapping	After poisoning	Total	
HCN	Other fumigant				
Nil.	Nil.	Nil.	Nil.	Nil.	33
					33

17 of the above-mentioned Deratting Exemption Certificates were issued following examinations of vessels at the Port of Heysham.

As from 1st October, 1952, the Port was included in the list of ports where the Medical Officer of Health is authorised to issue Deratting Certificates and Deratting Exemption Certificates.

## SECTION XIII—INSPECTIONS OF SHIPS FOR NUISANCES

TABLE G.

## INSPECTIONS AND NOTICES.

Nature and Number of Inspections		Notices served		Result of serving Notices
		Statutory Notices	Other Notices	
Routine Inspections and Re-Inspection....	225	Nil.	17 written informal Notices. 10 verbal Notices to Master or Chief Officer.	All the nuisances have so far as practicable been abated, prior to the vessels leaving the Port.
Total .....	225	Nil.	27	....

## SECTION XIV—PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 AND 1948

The gathering of Cockles and Mussels from Walney Channel is prohibited by an Order made in 1918, and the gathering of Periwinkles is prohibited by an Order made in 1946.

## SECTION XVI—MISCELLANEOUS.

There are no special arrangements for the interment of dead arriving by sea. The body is first examined by the Medical Officer of Health.

## PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER, 1951.

No Rodent Control Certificates were issued under the provisions of the above-mentioned Order during the year.

## FOOD INSPECTION.

No foodstuffs arrived at the Port during the year, therefore no action was taken under the Public Health (Imported Food) Regulations, 1937 and 1948, the Public Health (Imported Milk) Regulations, 1926, and the Public Health (Preservatives, etc., in Food) Regulations, 1925-1940.

## ARRANGEMENTS FOR DEALING WITH MARITIME DECLARATIONS OF HEALTH.

A blank Maritime Declaration of Health form is handed to the Master of every ship approaching the Port as soon as the Pilot boards. On arrival at the Port the completed form is inspected by the Customs Officer or Port Health Officer, whoever is first aboard.

## BOARDING OF VESSELS ON ARRIVAL.

Vessels arriving from infected or suspected ports are always boarded by a Customs Officer and Port Health Officer together. Other vessels are usually boarded by a Customs Officer in the first instance.

## RESTRICTION ON BOARDING OR LEAVING SHIPS.

Instructions have been given to the Harbour Authorities, tradespeople and other persons in the habit of visiting ships at the Port to keep clear until the ship is free from control.



## ENVIRONMENTAL HEALTH.

The following is a summary, prepared by the Chief Sanitary Inspector, of the work carried out in his Department during the year 1955 :—

### HOUSING.

#### Housing Repairs.

#### INFORMAL ACTION

Number of unfit or defective houses rendered fit during the year as a result of informal action by the local authority under the Public Health or Housing Acts .....	85
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#### ACTION UNDER STATUTORY POWERS

#### PUBLIC HEALTH ACTS.

Number of houses in which defects were remedied after service of formal notices	
(a) by owners .....	270
(b) by local authority in default of owners .....	1

#### HOUSING ACT, 1936

##### Section 11

2 Demolition Orders were made in respect of two dwellinghouses.

##### Section 12

#### CLOSING ORDERS.

No. of Closing Orders made in respect of unfit dwellings .....	1
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##### Section 25

During the year two Clearance Orders were made in respect of two Clearance Areas comprising a total of 8 houses.

### HOUSING REPAIRS AND RENTS ACT, 1954

This Act came into operation on the 30th August, 1954, and enables landlords of controlled houses to claim a rent increase provided that certain conditions are fulfilled. In short, these conditions are : (1) A Notice in a prescribed form (vide Housing Repairs (Increase of Rent) Regulations, 1954), must be served on the tenant ; (2) the owner must declare in writing that the house is in good repair and fit for human habitation ; and (3) a declaration in writing that work of general repair has been carried out to the dwelling in 12 months out of the last 14 months before the date of the Notice, to a value of not less than three times the amount of the statutory repairs deduction, or an amount to the value of six times the statutory repairs deduction during three out of the last four years ending on the 30th December, 1954.

In the declaration on expenditure, the landlord must give a general description of the work carried out, its value and the period when it was done, so that the tenant can, if he wishes, challenge it in the County Court within 28 days of the date of the Notice of Increase. The landlord has also to set out in the Notice the existing recoverable rent, and show how the repairs increase is calculated, the gross value of the house, and specify the date, which must be at least 6 weeks after the date of the Notice, when the increased rent is payable.



If the condition of the house is in dispute, the tenant can apply to the local authority for a Certificate of Disrepair. This application can be made as soon as the Notice of Increase is received, or at any later time if the condition of the house warrants it. Furthermore if the house was a controlled one on the 1st September, 1939, and the tenant has been paying the 40% increase permitted under the Rent Act of 1920, it would seem that he can, if he obtains a Certificate of Disrepair, deduct this amount from his rent besides refusing to pay the increase permitted under the new Act.

If the local authority decides to grant the Certificate of Disrepair, the owner can challenge it in the County Court. If, on the other hand, the local authority decides not to issue a Certificate of Disrepair, the tenant may appeal to the County Court.

When the landlord puts the house in good repair, he can apply to the local authority to revoke the Certificate of Disrepair, and if they do so, the repairs increase becomes payable.

On receipt of an application for a Certificate of Disrepair, the house is inspected by a Sanitary Inspector. The scope of this inspection is largely controlled by the form of certificate which is prescribed in the Housing Repairs (Increase of Rent) Regulation, 1954.

Following the said inspection, the Chief Sanitary Inspector submits a report thereon to the Housing Committee, who decide whether or not to grant a Certificate. Similar action is taken in respect of an application for revocation of a Certificate of Disrepair.

The following statistics summarise the administration of the above provisions during 1955 :—

No. of applications for Certificates of Disrepair .....	127
No. of applications considered and granted by the Housing Committee .....	127
No. of applications refused .....	Nil.
No. of applications for Revocation of Certificates of Disrepair .....	54
No. of Certificates revoked .....	50
No. of applications for revocation refused .....	4
No. of inspections carried out in connection with these provisions .....	406

#### ABATEMENT OF NUISANCES.

No. of complaints regarding nuisances and sanitary defects received and investigated .....	863
No. of inspections and re-inspections made under the provisions of the Public Health & Housing Acts .....	6727
No. of Intimation Notices served in connection with Nuisances and Sanitary Defects .....	373
No. of Statutory Notices served in connection with Nuisances and Sanitary Defects .....	267
No. of Orders obtained in the Magistrates' Court in respect of Unabated Nuisances .....	10
No. of inspections of Cinemas, Theatres and Music Halls .....	64
No. of miscellaneous inspections (Piggeries, Stables, etc.) .....	375
No. of interviews with owners, agents and Contractors, etc. ....	935
No. of observations and inspections re. atmospheric pollution .....	76

The following is a summary of work carried out during the year as a result of formal action, and in addition to a considerable amount of work effected as a result of informal action :—



## WATER CLOSETS, FLUSHING APPARATUS, ETC.

No. of W.C. roofs repaired	29
No. of W.C. doors repaired or renewed	34
No. of W.C. floors repaired or renewed	5
No. of W.C. cisterns repaired or renewed	40
No. of W.C. flushing apparatus repaired or renewed	49
No. of W.C. flushing apparatus provided with a proper supply of water	19
No. of broken pedestal W.C. basins repaired or renewed	28
No. of W.C. conversions	12
No. of W.C. seats repaired or renewed	17
No. of defective W.C. walls repaired or rebuilt	31
No. of defective connections between W.C. basin & flushpipe	22

## EAVES GUTTERS, RAINWATER PIPES, HOPPER HEADS, ETC.

No. of premises on which eaves gutters were cleared, repaired or renewed	108
No. of premises on which rainwater pipes were repaired or renewed	60
No. of defective lead valley gutters repaired or renewed	9
No. of yard gulleys unstopped	20
No. of broken gulleys renewed	9
No. of gratings provided to gulleys	6
No. of hopper heads loose or cracked	4

## DRAINAGE AND YARD PAVING, ETC.

No. of stopped W.C. drains cleared and repaired	17
No. of defective W.C. drains repaired or relaid	21
No. of defective surface water drains repaired or relaid	18
No. of stopped surface water drains cleared and repaired	20
No. of defective drain vent shafts repaired or renewed	20
No. of leaking yard drains repaired or renewed	14
No. of defective yard surfaces repaired or renewed	45
No. of broken and defective sink waste pipes repaired or renewed	36
No. of broken and defective bath waste pipes repaired or renewed	8
No. of W.C. soil pipes repaired or renewed	4
No. of cases of cellar flooding remedied	4

## YARD WALLS, YARD DOORS, ETC.

No. of defective yard doors repaired or renewed	35
No. of defective yard walls repaired or renewed	27
No. of disused ash-pits removed	1



## GENERAL REPAIRS AND RENEWALS TO DWELLING-HOUSES.

No. of roofs repaired	150
No. of floors repaired or renewed	151
No. of cases of dampness in walls remedied	120
No. of cases of defective plasterwork of walls repaired or renewed	205
No. of cases of defective plasterwork of ceilings repaired or renewed	115
No. of defective house walls repaired or rebuilt	59
No. of defective doors repaired or renewed	91
No. of defective kitchen firegrates repaired or renewed	47
No. of defective parlour firegrates repaired or renewed	10
No. of defective bedroom firegrates repaired or renewed	19
No. of defective chimney stacks repaired or rebuilt	34
No. of defective chimney flues repaired or reconstructed	14
No. of defective flashings repaired or renewed	16
No. of defective washing boilers repaired or renewed	9
No. of defective cement renderings to external walls repaired or renewed	28
No. of defective skylights repaired or renewed	6
No. of defective sinks renewed or refixed	45
No. of vent bricks provided to walls	9
No. of loose handrails to staircases refixed	2
No. of defective firegrate surrounds and hearths repaired or renewed	11
No. of defective window frames repaired or renewed	165
No. of defective window sills repaired or renewed	134
No. of defective window sashes repaired or renewed	90
No. of cases of defective window glazing, putty-pointing etc., remedied	111
No. of cases of defective pointing to window and door reveals	128
No. of defective window cords remedied	139
No. of rooms in which skirting boards were provided or repaired	35
No. of broken and dangerous steps repaired or renewed	8
No. of defective firebacks to kitchen ranges repaired	31
No. of defective mantelpieces repaired or renewed	4
No. of surrounds to sinks repaired	5
No. of defective fireboxes to washing boilers repaired or renewed	2
No. of water storage cisterns repaired or renewed	7
No. of defective staircases reconstructed or repaired	8
No. of defective weatherboards & threshwoods provided or repaired	41
No. of broken chimney pots replaced	6
No. of cases of defective pointing remedied	139
No. of defective pipes and taps repaired	9
No. of coalstore, outhouse, etc., structural repairs	9
No. of leaking bay window tops repaired	3

## OTHER NUISANCES

No. of filthy, unwholesome or verminous premises cleansed or disinfested	2
No. of accumulations of offensive refuse removed	8
No. of miscellaneous nuisances abated	8

## DISINFESTATION

During the year, the department carried out disinfestation measures in connection with a variety of infestations, including bugs, fleas, beetles, ants, etc., at 17 privately owned premises, and 12 Corporation owned premises.



### WATER SUPPLY TO OCCUPIED DWELLING-HOUSES.

No. of Statutory Notices served under the provisions of Section 138 of the Public Health Act, 1936, and Section 30 of the Water Act, 1945, requiring the provision of a sufficient supply of wholesome water to dwelling-houses .....	15
No. of dwelling-houses provided with a sufficient supply of water .....	23
No. of leaking pipes repaired .....	5

### DRAINAGE WORK.

The provisions of Section 41 of the Public Health Act, 1936, regarding the notification to be given to the Local Authority of the repair, reconstruction or alteration of the course of any underground drain, are enforced by the Sanitary Inspector's Department, and all such work is inspected and approved by the Sanitary Inspectors before being covered in.

No. of inspections and tests carried out in connection with the repair of, alteration to, or addition to, drains .....	512
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### SHOPS ACT, 1950.

No. of inspections carried out under the provisions of the Shops Act, 1950	553
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The provisions were generally well complied with.

No. of Notices served in respect of defaults under the provisions .....	1
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### CONTROL OF MOVEABLE DWELLINGS.

During the year considerable time was devoted to the inspection of tents, sheds, etc., used for human habitation.

There is one licensed site within the County Borough area.

### RODENT CONTROL.

The Council employ two Rodent Control Operatives to deal with rat and mouse infestation. The work is carried out free of charge, with the exception that occupiers of business premises, factories and work-places are required to pay for the cost of materials and labour.

Rodent Control work in respect of the sewers is the responsibility of the Borough Engineer and Surveyor.

During the course of sewer-baiting, the Rodent Control staff carried out systematic inspections of properties adjacent to the sewers undergoing treatment and it was found that the sewer work had a very marked beneficial effect upon the infestations discovered in surface properties.

Many surface infestations have been remedied throughout the Borough by means of the repair or reconstruction of defective drainage systems



## PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The above-mentioned Act which came into force on the 31st March, 1950, revoked the Rats and Mice (Destruction) Act, 1919. The new Act places the onus on Local Authorities to take such steps as may be necessary to secure as far as practicable that their Districts are kept free from rats and mice, and in particular to carry out inspections from time to time, to destroy rats and mice on land occupied by Local Authorities, and to enforce the duties of owners and occupiers of land regarding rodent infestation. Occupiers of land infested by substantial numbers of rats or mice are legally bound to notify the local authority thereof in writing. The Act places the onus of disinfection of land upon the owner or occupier thereof and provides for the service of notice upon the owner or occupier by the Local Authority, requiring him to take specific action within a specified time for the eradication of rats and mice, and empowers the Local Authority to carry out such work in default, and to recover the cost thereof from the said owner or occupier.

The following is a summary of the work carried out under the provisions of the Act and covers the period from 1st April, 1955 to 31st March, 1956.

	Type of Property				Total (5)
	Local Author- ity (1)	Dwell- ing Houses (2)	Agri- cultural (3)	All other (including business premises) (4)	
Number of properties inspected by the Local Authority as a result of (a) notification (b) survey under the Prevention of Damage by Pests Act, 1949 (c) otherwise e.g. when visited primarily for some other purpose.	(a) 29	154	3	49	235
	(b) 11	139	33	52	235
	(c) 46	245	—	386	677
Total inspections carried out including re-inspections.	95	575	55	554	1279
Number of properties inspected which were found to be infested by rats.	Major 4	5	—	3	12
	Minor 7	78	4	8	97
Number of properties inspected which were found to be infested by mice.	Major 3	6	—	7	16
	Minor 15	77	5	29	126
Number of infested properties treated by the Local Authority.	29	154	—	47	230
Number of "block" control schemes carried out.	23				

## INFECTIOUS DISEASES.

No. of visits of enquiry and inspection re cases of Infectious Disease .... 45  
Disinfection of premises and effects was carried out where necessary.



### PHARMACY AND POISONS ACT, 1933.

No. of visits of inspection in relation to applications of persons for the retention of their names in the Authority's List of persons entitled to sell poisons included in Part II of the Poisons List ....	48
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### FERTILISERS AND FEEDING STUFFS ACT, 1926

#### FEEDING STUFFS

During the year, 2 Formal Samples of Feeding Stuffs were taken, and were reported by the Analyst to be satisfactory and to comply with their respective guarantees.

#### MILK SUPPLY.

No. of visits paid to Dairies, Milk Shops and Milk Pasteurising Depots ....	246
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### THE MILK AND DAIRIES REGULATIONS, 1949

These Regulations came into operation on the 1st October, 1949, and revoked the Milk and Dairies Regulations, 1926 to 1943. The Minister of Agriculture and Fisheries became responsible for the registration of dairy farms and of persons carrying on or proposing to carry on the trade of dairy farmer.

The execution and enforcement of the regulations on dairy farms (except in so far as they relate to diseases Communicable to Man) became from 1st October, 1949, the responsibility of the said Minister, while Local Authorities retain responsibility for those provisions which apply outside dairy farms, for the provisions relating to diseases Communicable to Man, for the registration of dairies other than dairy farms, and for the registration of dairymen and distributors of Milk.

#### THE MILK (SPECIAL DESIGNATIONS) (RAW MILK) REGULATIONS, 1949.

#### THE MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

These Regulations re-enact with amendments the provisions of the Milk (Special Designations) Regulations, 1936 to 1948.

The Milk (Special Designations) (Raw Milk) Regulations, 1949, provide that Licences to producers to use any special designation shall be granted by the Minister of Agriculture and Fisheries, while Local Authorities will continue to grant Licences to dealers to use special designations in respect of milk sold by them.

The Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949, provide for a new special designation "Sterilised Milk." Licences in respect of Pasteurising and Sterilising establishments will be issued by the Food and Drugs Authorities, and Local Authorities will continue to be responsible for all other Licences connected with these designated milks.

All fees for Licences have been dispensed with under the provisions of the above-mentioned Regulations.



## BACTERIOLOGICAL EXAMINATION OF MILK SAMPLES.

## PASTEURISED MILK.

No. of samples taken .....	51
No. satisfactory in all respects .....	51
No. of Licensed Milk Pasteurisers in the Borough :—	
H.T.S.T. ....	2

## TUBERCULIN-TESTED (PASTEURISED) MILK.

No. of samples taken .....	16
No. satisfactory in all respects .....	16
No. of Licensed Pasteurisers of Tuberculin-Tested Milk in the Borough :—	
H.T.S.T. Process .....	1

## TUBERCULIN-TESTED MILK (PRODUCED WITHIN THE BOROUGH)

No. of samples taken .....	9
No. satisfactory on both Methylene Blue and Coliform Tests .....	8
No. unsatisfactory on Methylene Blue Test .....	Nil.
No. unsatisfactory on Coliform Test .....	1

## TUBERCULIN-TESTED MILK (PRODUCED OUTSIDE THE BOROUGH).

No. of samples taken .....	40
No. satisfactory on both Methylene Blue and Coliform Tests .....	31
No. unsatisfactory on Methylene Blue Test .....	5
No. unsatisfactory on Coliform Test .....	6

## ORDINARY MILK (PRODUCED OUTSIDE THE BOROUGH).

No. of samples taken .....	10
No. satisfactory in all respects .....	7
No. unsatisfactory on Plate Count Test .....	1
No. unsatisfactory on Methylene Blue Test .....	1
No. unsatisfactory on Coliform Test .....	3

## BIOLOGICAL EXAMINATION OF MILK SAMPLES.

Total No. of bulk samples of Milk submitted for animal inoculation test	46
Total No. of bulk samples of Milk showing the presence of B. Tuberculosis	Nil.

## THE ICE-CREAM (HEAT TREATMENT, ETC.) REGULATIONS 1947 and 1948.

The administration of these Regulations was fully carried out and repeated visits of inspection to premises where ice-cream is manufactured and/or sold showed that, following advice and explanation given by the Inspectors, the provisions were being well complied with.

No. of inspections of premises where Ice-Cream is manufactured and/or sold .....	267
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## BACTERIOLOGICAL EXAMINATION OF ICE-CREAM

During the year, samples of Ice-Cream were obtained from the various premises registered for its manufacture and/or sale, and were submitted to the Methylene Blue Test recommended by the Ministry of Health. Details of the samples and the results of the tests are as follows :—

No. of samples of Ice-Cream submitted .....	6
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The results of the tests show that the samples were classified as follows :—

Grade 1 .....	6 samples
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## FOOD PREMISES.

During the year, routine visits of inspection were carried out regularly of all types of food premises including shops, food factories and warehouses, restaurant and hotel kitchens, canteens, ice-cream manufacturers' and dealers' premises, butchers' shops, market stalls and the Cold Stores. Inspections were also carried out of vehicles used for the transport of meat and other foodstuffs.

The following is a summary of the inspections carried out and action taken in connection with food premises.

### THE FOOD AND DRUGS ACT, 1938.

No. of premises registered during the year under Section 14 in connection with the preparation or manufacture of sausages, or potted, pressed, pickled or preserved food .....	3
Total No. of such premises on the register .....	116
No. of premises registered during the year in connection with the manufacture or sale of Ice-Cream .....	11
Total No. of such premises on the register .....	212
No. of inspections of food premises .....	1,266
No. of written Notices served under the provisions of Section 13 of the Act .....	7

The above-mentioned Notices, which relate mainly to the repair and cleansing of walls, ceilings, floors, windows, and doors, the provision and maintenance of suitable and sufficient means of ventilation, the provision of washing basins and supply of hot water for the use of persons employed in food premises, were all complied with.

Special attention was paid to personal hygiene in respect of persons engaged in food handling and preparation, and in this connection a high standard has been maintained.

### FOOD HYGIENE COURSE

During the year, the local branch of the St. John Ambulance Association organised a Course of 6 lectures and demonstrations in Food Hygiene, and with the sanction of the Health Committee, the Chief Sanitary Inspector accepted an invitation to conduct the lectures. The Health Committee further assisted by making a grant towards the Association's costs in connection with the Course. There was a very encouraging attendance at the Course, and later in the year the Course was repeated. At the conclusion of each Course the Association held an Examination and successful candidates were awarded a Certificate.

### BYELAWS.

Byelaws under Section 15 of the Food and Drugs Act, 1938, for securing the observance of sanitary and cleanly practices and conditions in connection with the handling, wrapping and delivery of food sold or intended for sale for human consumption, and in connection with the sale or exposure for sale in the open air of food intended for human consumption, were in operation.

The said Byelaws were strictly enforced and much informal action taken, the results of which were satisfactory.

### PROSECUTIONS UNDER SECTIONS 3 AND 13 OF THE FOOD AND DRUGS ACT, 1938

During the year, 3 firms were prosecuted under the provisions of the above.

In the first case, a local baker was prosecuted for selling, to the prejudice of the purchaser, a loaf of bread not of the quality demanded by the purchaser. The loaf of bread in question was found to be contaminated with oil. The case was found to be proved and the defendant was fined £1.



In the second case, a firm of bread manufacturers with premises outside the County Borough were prosecuted for selling, to the prejudice of the purchaser, a loaf of bread not of the quality demanded by the purchaser. The Bench, after taking all the circumstances into consideration, granted the defendants an absolute discharge.

In the third case, another local baker was prosecuted for selling, to the prejudice of the purchaser, loaves of bread not of the quality demanded by the purchaser. The loaves of bread in question contained mould. In addition the firm was prosecuted for failing to cleanse the bakery premises as often as necessary, and for failing to provide a sufficient supply of clean towels for the use of employees. The case was found to be proved, and the defendant was fined £30 plus costs.

#### PUBLIC HEALTH (MEAT) REGULATIONS, 1924

No. of inspections of butchers' shops, meat stalls and the Cold Stores .... 156

The Regulations continue to be well complied with generally, and only informal action was necessary where any default was found.

The provisions of the Regulations in regard to the transport of meat have been carried out satisfactorily.

#### MEAT INSPECTION.

##### NUMBERS OF ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIRS.

Year.	Cattle.	Calves.	Sheep.	Pigs.	Total.
1953 .....	3394	2838	13120	3639	22991
1954 .....	4742	2299	25285	7858	40184
1955 .....	5286	979	21066	9296	36627
Increase .....	544	—	—	1438	—
Decrease .....	—	1320	4219	—	3557

##### NUMBER OF WHOLE CARCASSES WITH OFFALS CONDEMNED.

Year.	Beef	Veal	Mutton	Pork	Total.
1953 .....	48	48	46	37	179
1954 .....	103	164	91	54	412
1955 .....	75	42	91	37	245
Decrease .....	28	122	—	17	167

The total weight of meat condemned at the Abattoirs during the year was:—48 tons, 11 cwts, 2 qtrs, 20 lbs.

##### UN SOUND MEAT: CARCASSES AND PART CARCASSES CONDEMNED AT THE ABATTOIRS.

Disease	Beef lbs.	Veal lbs.	Mutton lbs.	Pork lbs.	Total. lbs.
Tuberculosis .....	14067	—	—	2623	16690
Other Conditions .....	15653	1491	3345	2420	22909
	<u>29720</u>	<u>1491</u>	<u>3345</u>	<u>5043</u>	<u>39599</u>

##### UN SOUND VISCERA CONDEMNED AT THE ABATTOIRS.

Disease	Beef lbs.	Veal lbs.	Mutton lbs.	Pork lbs.	Total lbs.
Tuberculosis .....	9241	—	—	4611	13852
Other Conditions .....	39986	290	10899	5324	56499
	<u>49227</u>	<u>290</u>	<u>10899</u>	<u>9935</u>	<u>70351</u>

	Cattle Including Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed ....	5286		979	21066	9296	—
Number inspected ....	5286		979	21066	9296	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCI : Whole carcasses con- demned ....	43		42	91	17	—
Carcases of which some part or organ was condemned ....	3893		—	7924	1298	—
Percentage of the number inspected af- fected with disease other than tuberculo- sis and cysticerici ....	73.6		4.2	37.6	13.9	—
TUBERCULOSIS ONLY : Whole carcasses con- demned ....	32		—	—	20	—
Carcases of which some part or organ was condemned ....	1058		—	—	828	—
Percentage of the number inspected af- fected with tubercul- osis ....	20.0		—	—	8.9	—
CYSTICERCOSIS : Carcases of which some part or organ was condemned ....	Cattle excluding Cows 24	Cows 11	—	—	—	—
Carcases submitted to treatment by re- frigeration ....	24	11	—	—	—	—
Generalised and to- tally condemned ....	—	—	—	—	—	—

## IMPORTED MEAT CONDEMNED

151 lbs. of Beef. 30 lbs. of Lamb. 12 lbs. of Liver.

## CONGENITAL TUBERCULOSIS IN CALVES

No cases of Congenital Tuberculosis were found on post-mortem examina-  
tion of Calves at the Abattoirs.

## PUBLIC HEALTH (SHELL-FISH) REGULATIONS

The gathering of Cockles and Mussels from Walney Channel is prohibited  
by an Order made in 1918, and the gathering of Periwinkles is prohibited by an  
Order made in 1946.



**ADMINISTRATION OF THE FOOD AND DRUGS ACTS, 1938 and 1950  
RELATING TO SAMPLES OF FOOD ANALYSED DURING THE YEAR, 1955**

**MILK**

8 Informal samples of Milk, produced outside the Borough, were obtained for analysis. 2 Samples were reported to contain added water to the extent of 4% and 7% respectively. The remaining 6 samples were reported to be Milks of abnormal composition.

4 Formal samples were obtained later from the same Vendors, and 3 of these were reported by the Analyst to be Milks of abnormal composition. The remaining sample was reported to contain 3% of added water.

In the case of the samples reported to be Milks of abnormal composition, this fact was duly reported to the County Medical Officer and the County Milk Production Officer. Regarding the sample containing added water, a warning letter was sent by the Town Clerk to the Vendor.

**SAUSAGE**

3 Informal samples of Sausage were obtained for analysis. 2 of these samples were reported by the Analyst to contain an undeclared preservative, and the remaining sample to contain an excess of preservative.

In the case of the sample reported to contain an excess of preservative, a Formal sample taken later from the same Vendor was found, upon analysis, to again contain an excess of preservative. A warning letter was sent by the Town Clerk to the Vendor.

2 Informal samples of Sausage were reported by the Analyst to be deficient of meat to the extent of 5% and 17% respectively. Formal samples were later obtained from the same Vendors, and were reported by the Analyst to have a satisfactory meat content in each case.

**ANALYSIS OF MILK SAMPLES.**

No. of samples analysed	.....	52
Number of samples reported genuine	.....	40
Number of samples reported to be adulterated or below the legal standard	12	
Percentage of samples adulterated or below the legal standard	.....	23.08
Average percentage of fatty and non-fatty solids in total samples analysed —		
Fatty solids	.....	3.58
Non-fatty solids	.....	8.44
Total solids	.....	12.21

**SUMMARY.**

No. of samples showing deficiency in milk fat	.....	Nil.
No. of samples showing added water....	.....	3
No. of samples of abnormal composition	.....	9

## FOOD AND DRUGS ACT, 1938

## TOTAL NUMBER OF SAMPLES ANALYSED DURING THE YEAR ENDING 31st DECEMBER, 1955.

No. of Samples Analysed			Description of Sample	No. of Samples Genuine			No. of Samples adulterated or not up to standard.		
Formal	Informal	Total		Formal	Informal	Total	Formal	Informal	Total
28	24	52	Milk	24	16	40	4	8	12
1	6	7	Pork Sausage	1	6	7	—	—	—
4	6	10	Beef Sausage	4	3	7	—	3	3
3	—	3	Rum Butter	3	—	3	—	—	—
1	—	1	Butter Toffee	1	—	1	—	—	—
1	—	1	Best Butter & Walnut Toffee	1	—	1	—	—	—
—	6	6	Ice Cream	—	6	6	—	—	—
—	4	4	Ice Lollies	—	4	4	—	—	—
—	6	6	Whisky	—	6	6	—	—	—
—	6	6	Rum	—	6	6	—	—	—
38	58	96	TOTALS	34	47	81	4	11	15



SUMMARY OF FOOD DESTROYED AT THE REFUSE DESTRUCTOR  
DURING 1955

Tins of Meat	590
Tins of Fruit	781
Tins of Vegetable	680
Tins of Fish	49
Tins of Milk	188
Tins of Cream	26
Tins of Soup	69
Tins of Conserve	10
Tins of Molasses	4
Tins of Baking Powder	2
Tins of Tomato Juice	5
Tins of Fruit Juice	7
Tins of Syrup	1
Tins of Rice Pudding	1
Tins and Jars of Crab	26
Tins and Jars of Lobster	5
Tins and Jars of Chicken	12
Tins and Jars of Meat Paste	9
Tins and Jars of Sandwich Spread	3
Jars of Onions	3
Jars of Pickles	6
Jars of Piccallilli	1
Jars of Gherkins	2
Jars of Red Cabbage	1
Jars of Chutney	1
Jars of Salad Cream	74
Jars of Mint Sauce	1
Jars of Mincemeat	4
Jars of Preserve	2
Jars of Mushroom	1
Jars of Instant Postum	2
Bottles of Olive Oil	1
Bottles of Fruit	3
Bottles of Sauce	15
Bottles of " Certo "	1
Packets of Cheese	30
Packets of Oats	44
Packets of Rusks	10
Packets of Suet	2
Packets of Puddings	182
Packets of Cakes	32
Packets of Cake Mix	5
Packets of Butter	2
Packets of Almond Powder	9
Packets of Dates	1
Barrels of Crabs	1
Jellies	74
Fish Cakes	36
Puddings	7
Cakes	17
Chocolate Teacakes	605
Pork Pies	3

## SUMMARY OF FOOD DESTROYED—cont.

	Cwts.	Qtrs.	Lbs.
Bacon and Ham ....	4	3	16
Cooked Meats ....	—	3	0
Sausages ....	—	3	23 $\frac{1}{4}$
Lamb and Trimmings ....	37	0	16
Fish (Fresh and Smoked) ....	—	2	12
Fish Cakes ....	1	1	14
Chickens ....	—	2	18
Frozen Egg ....	—	1	20
Butter ....	—	—	1
Margarine ....	—	1	20
Cheese ....	—	1	23
Apples ....	13	2	0
Dried Fruit ....	—	—	10
Prunes ....	—	1	15
Flour ....	—	—	7
Cake ....	—	—	7
Chocolate Spread ....	—	—	1
Soup Powder ....	—	1	8



# FACTORIES ACT, 1937 AND 1948.

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .... ..	40	23	Nil.	Nil.
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .... ..	217	105	3	Nil.
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ....	24	18	Nil.	Nil.
TOTAL .... ..	281	146	3	Nil.

## 2.—CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1.)	....	....	....	....	....
Overcrowding (S.2.)	....	....	....	....	....
Unreasonable temperature (S.3.)	....	....	....	....	....
Inadequate ventilation (S.4.)	....	....	....	....	....
Ineffective drainage of floors (S.6.)	....	....	....	....	....
Sanitary Conveniences (S.7.)	....	....	....	....	....
(a) Insufficient	....	....	....	....	....
(b) Unsuitable or defective	3	3	....	....	....
(c) Not separate for sexes	....	....	....	....	....
Other offences against the Act (not including offences relating to Outwork)	....	....	....	....	....
TOTAL	3	3	....	....	....



## OUTWORK (Sections 110 and 111).

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing Apparel .... (making, etc.)	3	—	—	—	—	—
TOTAL ....	3	—	—	—	—	—

## LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS.

### GENERAL DESCRIPTION.

#### ADMINISTRATION.

The Medical Officer of Health acts under the direction of the Health Committee as administrative officer for the Authority's Part III Services under the National Health Service Act, 1946. He directs and co-ordinates the work of the Health Department which is discharged through specialised sections. Control and supervision over their respective sections are exercised by the Medical Officer in charge of Maternity and Child Welfare work, the Principal Dental Officer, the Superintendent Nursing Officer, the Superintendent District Nurse and the Ambulance Officer.

#### CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

Interlocking membership exists between the Local Health Authority, the Hospital Management Committee and the Executive Council. In addition, the Medical Officer of Health is a member of the Hospital Management Committee, the Medical Advisory Committee, the Executive Council, the Local Medical Committee and the Area Liaison Committee. Close co-operation exists between the administrative staffs of the Public Health Department, the Hospitals and the Hospital Management Committee and the Executive Council. In view of the compactness of the population involved, arrangements for co-operation are developed on an ad hoc basis as required. The specific arrangements for securing co-operation in the treatment of patients at hospitals or by general practitioners are described in subsequent paragraphs and are working smoothly and efficiently.

General Practitioners are informed by letter of new services made available or of changes in existing services. Information is disseminated to the public through field workers and allied social workers, at clinics and the central Public Health Office, and via the agency of the Press.

#### JOINT USE OF STAFF.

No general practitioners are employed by the Local Health Authority. Detailed arrangements regarding joint use of staff are dealt with under Particular Services. These arrangements appertain to Tuberculosis, Orthopaedics, Obstetrics and Ophthalmics.

#### VOLUNTARY ORGANISATIONS.

With the exception of arrangements made for unmarried mothers none of the Authority's duties is discharged through the agency of voluntary bodies.

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### PARTICULAR SERVICES.

#### SECTION 22—CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

##### (a) EXPECTANT AND NURSING MOTHERS.

Every pregnant woman can have ante-natal care free of charge from a doctor of her choice. This service is provided under arrangements made by the Executive Council.



The Authority maintains an ante-natal clinic to which any midwife can bring her cases. The clinic, which is situated in the grounds of Risedale Maternity Hospital, is conducted by the Medical Officer for Maternity and Child Welfare, and is staffed by the Municipal Midwives. The Obstetric Consultant from Risedale Maternity Hospital is available to see abnormal cases. This arrangement provides the interchange of information necessary for the proper care and after care of expectant and nursing mothers. Each week there are three sessions, one of which is held for new cases. All new cases are routinely referred to the Pathological Laboratory for blood testing. By arrangement with the Hospital Management Committee the post-natal clinic, held in the same premises as the ante-natal, is available for midwives' cases.

Patients also receive ante-natal supervision in their own homes.

Instruction in mothercraft is conducted informally by Health Visitors and Midwives while interviewing individual expectant or nursing mothers.

No discrimination is made against the unmarried mother to whom are open all the facilities provided by the Authority. In addition, arrangements are made in suitable cases for the confinement to take place at the Maternity Home, St. Monica, Kendal, which provides for the mother's bodily needs and also gives rehabilitative training. Close co-operation is maintained with the local social worker of the Furness Association for Social and Moral Welfare and with other workers.

#### (b) CHILD WELFARE

The Central Clinic is staffed by a Medical Officer and three Health Visitors on each of the five afternoon sessions held every week and clerical assistance is provided.

In addition, the Mobile Clinic which is staffed by a Doctor and a District Health Visitor, operates from five different sites at each of which an afternoon clinic session is held every week. The ease with which this clinic can be attended has resulted in its considerable popularity.

Health Visitors pay a birth visit and subsequently one visit at each month until six months. Visits thereafter are of necessity less frequent, but all children are kept under supervision until they reach the age of five years. Special visits are paid as necessary.

Liaison with the Paediatric service of the Regional Hospital Board is maintained by the attendance of a Health Visitor at each out-patient session at the North Lonsdale Hospital. The Health Department can thus provide the Paediatrician with details of home background and in return gain the information necessary to undertake domiciliary supervision of specialist advice and treatment.

Children seen by Assistant Medical Officers and considered to be in need of specialist advice or treatment are sent in the first instance to their family doctors and copies of resulting hospital reports are usually given to the Public Health Department.

By arrangement with the Barrow Executive Council, Dr. H. C. Kodilinye, engaged by the Local Authority on a part time basis, conducts Ophthalmic Clinics held at Arndene, Abbey Road.



In conjunction with the specialist orthopaedic clinic conducted by an orthopaedic specialist employed by the Manchester Regional Hospital Board and held every six weeks at the Central Clinic, a physiotherapist devotes three sessions each week to children under five. At these sessions cases referred by the medical staff or from the orthopaedic clinic are given massage or remedial exercises. An ultra violet ray therapy clinic in charge of a physiotherapist is available at the Central Clinic for two sessions weekly to children referred by the medical staff.

(c) CARE OF PREMATURE INFANTS.

Premature babies requiring hospital treatment are dealt with at Risedale Maternity Hospital. A special heated basket for transporting the baby is loaned by the hospital and the Authority's ambulance service provides a conveyance.

The Municipal Midwives have all had instruction in the care of premature babies and any special appliances required can be borrowed from Risedale Maternity Hospital.

All Midwives are required to send notification of premature babies to the Medical Officer of Health and arrangements are made for an early follow up by the Health Visitors. This arrangement includes institutional births.

(d) WELFARE FOODS SCHEME.

A Child Welfare shop occupying separate premises from the Central Clinic and managed by Health Department staff is situated in Cavendish Square.

The shop carries a large and varied stock of proprietary infant foods which are available to any mother whose baby, as shown by its weight card, regularly attends the Central Clinic and has been weighed within the last four weeks. In addition National Dried Milk, Cod Liver Oil, Orange Juice and Vitamin A and D Tablets are supplied to eligible persons.

(e) DENTAL CARE

The Dental Clinic is situated in the same premises as the Central Clinic. Approximately one and a half sessions per week are devoted to the dental care of expectant and nursing mothers and children under five. This service is all that is necessary at the present time to meet the demands made upon it.

(f) OTHER PROVISION.

Close co-operation exists between the Public Health Department and the various other workers in the field of Children's Welfare, in particular the Local Inspector of the N.S.P.C.C., the Probation Officers, the Area Children's Officer and the Diocesan Social Worker.

No Adoption Society is located in Barrow but the Public Health Department maintains contact and works with the Children's Department, which notifies to the Medical Officer of Health the names and addresses of potential adopters, so that visits by a Health Visitor can be arranged and the suitability of conditions assessed. Close supervision is maintained during the trial period before confirmation of the Adoption Order.

Child Life Protection is the responsibility of the Children's Committee but foster children are supervised by the Health Visitors in the normal course of their duties.



### SECTION 23—DOMICILIARY MIDWIFERY.

There is a present working establishment of 8 midwives controlled by the Superintendent Nursing Officer. The Local Health Authority is the Local Supervising Authority under the Midwives Acts and a Medical Officer is deputed to act as Medical Supervisor of Midwives, non medical supervision being by the Superintendent Nursing Officer, in this connection, visits being made to the Authority's domiciliary and to private midwives alike.

A Minnitt's Gas-Air Analgesia Apparatus is available for each midwife. Any patient medically suitable can have this aid. Arrangements for conveyance of the apparatus are made in each case. A sterilised accouchement set is provided free for each patient.

The arrangements for clinic and home ante-natal supervision have already been dealt with.

Where the patient is unsuitable on medical grounds or because of unsuitable home conditions for a domiciliary confinement, it is usually possible to arrange for a hospital confinement. The midwives are available to act as maternity nurses where a patient wishes to be confined by her own doctor.

The Authority regularly sends midwives for a refresher course but has no arrangements for training pupil midwives as no Part II Training School exists in the Borough.

### SECTION 24—HEALTH VISITING.

The Superintendent Nursing Officer is in charge of the establishment of 10 Health Visitors. In addition to visiting routinely expectant and nursing mothers and young children, the Health Visitors call upon children under five who have been notified as cases of pneumonia, measles or whooping cough. Frequent visits are made in cases of a miscellaneous nature especially in regard to the aged. The work of prevention, care and after care is performed by all Health Visitors and additionally one of them devotes her whole visiting time to this work in connection with the tuberculous population and their households. This nurse also assists at the local Chest Clinic of the Regional Hospital Board.

Each year some of the Health Visitors attend refresher courses arranged by the Royal College of Nursing, the Women Public Health Officers Association and other bodies, each Health Visitor receiving this training at least once every five years.

The Local Authority has a scheme of assisted training for suitable nurses desiring to obtain the Health Visitor's Certificate.

### SECTION 25—HOME NURSING.

The existing establishment of 12 District Nurses including the Superintendent District Nurse is maintained by the employment of part time staff but most of the Home Nurses are full-time and residential. The Superintendent has her headquarters at the Home at 2, Fairfield Lane, where most of the resident staff are located. There is also a two-nurse Home at 27, Mikasa Street, Walney. Nine cars are available for use and staff for whom no car is available walk or cycle.



The services of a Home Nurse are provided on medical recommendation only. The nurse co-operating with the general practitioner makes a morning visit as often as the condition of the case demands and in severe cases evening visits are also paid. There is no night nurse.

The main types of cases dealt with are medical (71%), surgical (12%), and others (notably gynaecological and tubercular).

An ever increasing part of the work done is devoted to giving injections, notably anti-biotics, and during the year 17,334 (43% of the total) visits were made for this purpose. Although there is no special provision for the home nursing of sick children, 804 (1.9% of the total) visits were made to children under 5 years of age.

Each year some of the District Nurses attend residential refresher courses arranged by the Queen's Institute or other recognised authorities, the arrangement being such that each nurse receives this training at least once every five years.

The Local Authority has accepted a scheme whereby certain State Registered Nurses are nominated for Queen's training at approved training centres.

#### SECTION 26—VACCINATION AND IMMUNISATION.

The Local Health Authority provides facilities for immunisation against diphtheria and whooping cough and for vaccination against smallpox to children under one year old. Although the arrangements are on a voluntary basis, parents are constantly encouraged by Health Visitors in the clinic and home to take advantage of these facilities. Organised effort is made to give each child primarily immunised a re-inforcing prophylactic injection at the age of 5.

General practitioners who participate in the arrangements undertake vaccination and immunisation in their surgeries or in the home.

At the Central Clinic two sessions each week are devoted exclusively to vaccination and immunisation. An assistant Medical Officer and a Health Visitor are on duty and clerical assistance is provided. Cases receive attention with or without appointment.

#### SECTION 27—AMBULANCE SERVICE.

The Chief Fire Officer acts as Ambulance Officer and is in charge of a fleet of 5 ambulances and one sitting case car, 3 of the ambulances being fitted with radio telephones. The ambulance can be summoned for removals by doctors, nurses and midwives, but a medical certificate is required before an out of town journey is authorised. Abuse of the service is rare and is limited as much as possible by close supervision of calls.

#### SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER CARE.

##### TUBERCULOSIS.

Provision of advice and assistance, nursing requisites, home visiting and co-operation with Industrial Medical Officers, Disablement Rehabilitation Officers and the National Assistance Board's Officers has continued throughout the year. As the Tuberculosis Health Visitor acts as clinic nurse there has been no difficulty in maintaining adequate liaison.

Arrangements exist for the protection of suitable contacts of tuberculous cases with B.C.G. vaccine. As mentioned previously B.C.G. vaccination is offered to children aged 13 years.

##### OTHER ILLNESS.

The Health Visitors advise and assist in cases referred by hospitals and general practitioners. Residential accommodation is provided by arrangement with the Governors of Infield Convalescent Home.



### LOAN CUPBOARDS.

This service is available to all bed patients nursed at home and sick room equipment such as bed pans, bed rests, fracture cages, rubber sheeting, air rings, may be loaned in any case where need exists. A limited number of wheel chairs for convalescent patients is also available. Applications are received at the Nurses' Home.

### GENERAL.

The services of Domestic Helps and District Nurses are provided in suitable cases.

### HEALTH EDUCATION.

In addition to verbal instruction and advice given by the staff suitable posters are displayed in places frequented by the public. Campaigns are conducted in schools and at clinics. Student Nurses are given every opportunity to see the public health services in action.

The local press co-operates in publishing items to which it is considered the public attention should be drawn. Notifications are received from the local general hospital of admissions of cases of burns and scalds. Such cases under the age of five are visited in their own homes by Health Visitors.

### SECTION 29—DOMESTIC HELP.

The Superintendent Nursing Officer and Health Visitors undertake most of the field work in connection with the service. Helps are provided mainly in cases of confinement, illness of housewife or to infirm old people, but applications are occasionally received from other categories of person whose cases, on investigation, are found to come within the scope of the scheme. This is not a free service and charges are recovered according to the means of the applicant.

The names of persons suitable for this kind of work are registered and listed. Helps are allocated to cases as applications are received. This system works satisfactorily and it has not been found necessary to pay a retaining fee, as cases can usually be arranged so that helps have very little idle time.

### SECTION 51—MENTAL HEALTH.

#### ADMINISTRATION.

**COMMITTEE.** The Health Committee, which comprises Council Members and co-opted representatives of the local medical profession, meets at monthly intervals to deal with matters affecting Mental Health.

**STAFF.** This section of the Department is staffed by two male Duly Authorised Officers. Administration and clerical duties are undertaken by the general office staff. The Assistant Medical Officers provide the medical assistance needed, and it is also possible to have assistance in certification from local practitioners. The visiting specialists from Lancaster Moor Hospital conduct a weekly out-patient clinic and in addition are available for consultation as required.

**CO-ORDINATION.** The Authority's Officers undertake the supervision of and reporting on cases on trial for licence or on licence and in addition prepare any other reports of home conditions, etc., required by Hospitals and Institutions.

**VOLUNTARY ORGANISATIONS.** There are no voluntary organisations dealing with mental health in the area.

**TRAINING OF STAFF.** Duly Authorised Officers attend a training course when required.



## ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

**PREVENTION, CARE AND AFTER CARE.** All Health Visitors are alive to the special problems presented by the mentally ill and in the course of their duties give appropriate advice to those threatened with, suffering from, or recovering from mental illness. They refer details to the Mental Health section when necessary. They also advise those having custody of defective children. Concurrently the Authority's Medical and Lay Visiting Officers maintain supervision over cases under domiciliary care or on licence. Appropriate advice and assistance is given and arrangements are made for financial assistance to be granted by the National Assistance Board where applicable. New cases coming to the notice of the Authority's staff are immediately referred for specialist advice so that the condition may be dealt with in its early stages.

**LUNACY AND MENTAL TREATMENT ACTS, 1890—1930.** The Manchester Regional Hospital Board prohibits the admission of cases direct to Roose Hospital which is considered to be an annexe to Lancaster Moor Hospital. All cases are removed to Lancaster nearly 50 miles away in the first instance and this imposes a burden both on the Duly Authorised Officers and on the Ambulance Service.

Under the Lunacy Act, 1890, the Duly Authorised Officers issue three day orders, detaining persons of unsound mind in hospital, prepare summary reception orders and remove patients to mental hospitals. In addition the Duly Authorised Officers assist with arrangements for the treatment of voluntary and temporary patients. Case histories and reports on home conditions are prepared for the hospitals. Cases on licence etc., are supervised.

**MENTAL DEFICIENCY ACTS, 1913—1938.** Through the agency of the Duly Authorised Officers, field workers of the Public Health Department and of other social services and general practitioners, suspect mental defectives are brought to the notice of the Department. The majority of cases ascertained to be mental defectives are however reported by the Local Education Authority under Section 57 Education Act, 1944. Mental defectives receive statutory or voluntary supervision in their own homes and are visited routinely by a Duly Authorised Officer and an Assistant Medical Officer. Guardianship cases are similarly supervised. Suitable cases are placed on the waiting list for institutions.

**OCCUPATION CENTRE.** Towards the end of the year the Health Committee gave earnest consideration to the provision of an Occupation Centre for the occupation and training of defectives. Their approval in principle had already been given to such a Centre and it was decided to visit Occupation Centres elsewhere and to consider thereafter the most suitable scheme for Barrow-in-Furness.

**AMBULANCE SERVICE.** The general ambulance service is available for mental cases. Where necessary, one of the Authority's Duly Authorised Officers travels with the ambulance or car, and arrangements exist whereby mental nurses can be borrowed from Roose Hospital to accompany female or difficult patients.

## HEALTH CENTRES.

No proposals for the provision of Health Centres have been made and in Barrow, there is no demand for the comprehensive centre envisaged by the Act.

## CARE OF MOTHERS AND YOUNG CHILDREN.

### WELFARE CENTRE.

There has been a slight decrease in the Birth Rate.

384 babies under 12 months and 66 older children were admitted to the register; whilst of the cases on the register, 4,043 attendances were made by the babies, 577 attendances were made by the one year olds and 837 attendances were made by children between the ages of 2 and 5 years.



## MOBILE CLINIC

In addition to the foregoing, 303 babies under 12 months and 20 older children were admitted to the register at the Mobile Clinic during the year, and at that clinic 3,885 attendances were made by the babies, 668 attendances were made by the one year olds and 512 attendances were made by children between the ages of 2 and 5 years.

## PREMATURE BABIES

During the year 94 premature babies were born alive, including 74 whose mothers usually reside within the area. 18 were born at home, 15 were retained at home and all survived. The remaining 3 were transferred to hospital and survived. Of the 76 born in hospital 9 died in the first 24 hours, 5 more died before the month end and the remaining 62 survived.

## PREMATURE BIRTHS.

	Died in 24 hours.	Died 1 day— 1 month.	Survived 1 month.	Total.
Born at home and retained at home ....	—	—	15	15
Born at home and transferred to Hospital ....	—	—	3	3
Born in Hospital ....	9	5	62	76
Total ....	9	5	80	94
No. whose mothers usually reside in area ....				74

## INFANT MORTALITY.

The Infant Mortality Rate figures for the last 10 years are :—

1946 .. .. .	52.91
1947 .... .	51.45
1948 .... .	49.52
1949 .... .	49.33
1950 .... .	45.20
1951 .... .	35.56
1952 .... .	37.83
1953 .... .	29.87
1954 .... .	29.34
1955 .... .	31.02

The 34 deaths occurring during 1955 are summarised as follows :—

Diseases of the Nervous System and Sense Organs ....	1
Diseases of the Respiratory System ....	8
Diseases of the Digestive System ....	3
Congenital Malformation ....	6
Other Diseases of early infancy ....	16

## HEALTH VISITING.

The following table shows the work done in connection with mothers and children :—

(i) To expectant mothers	First visits	710
	Total visits	967
(ii) To children under 1 year of age	First visits	926
	Total visits	9472
(iii) To children between 1 and 2 years of age	Total visits	5434
(iv) To children between 2 and 5 years of age	Total visits	7639

## CARE OF UNMARRIED MOTHERS.

During the year 7 cases were admitted to St. Monica.

## OPHTHALMIC TREATMENT

49 children made 80 attendances and spectacles were prescribed in 17 cases.

The following is a classification of the conditions for which children attended the clinic :—

## Refractions—

Hypermetropic Astigmatism	4
Hypermetropia	4
Myopic Astigmatism	1
Mixed Astigmatism	1
Right Epicanthus	1
Myopia	2

## Squints—

Convergent	7
Alternating	3

## Treatments—

Dacryocystitis	14
Right Epicanthus	2
Prematurity	7
Congenital Nystagmus, Right and Left	2
Right Congenital Nystagmus Microphthalmus, Slight Ptosis	1

## DENTAL TREATMENT.

During the year 71 sessions were devoted to the treatment of expectant and nursing mothers and children under 5. 287 attendances were made by expectant and nursing mothers and 520 by children under 5.

The Council has no workshop for producing dentures, but the work is carried out by local mechanics.

Facilities for X-ray are available at North Lonsdale Hospital and during the year one mother attended for examination.

The following tables show the work done :—

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	96	94	99	82
Children under 5	254	230	250	247



	Scal-ings and Gum treat-ment	Fill-ings	Silver Nit-rate treat-ment	Crow-ns or In-lays	Ex-trac-tions	Gen-eral An-aesth-etics	Dentures Provided		X-Rays
							Full Upper or Lower	Par-tial Upper or Lower	
Expectant and Nursing Mothers	39	62	....	....	229	4	20	6	1
Children under 5	1	25	184	....	350	144	....	....	....

#### ORTHOPAEDIC CLINIC.

86 children made 146 attendances on the 9 occasions on which the clinic was held.

48 children visited the Physiotherapist on 469 occasions for fitting of splints, plasters, etc.

#### MASSAGE AND REMEDIAL EXERCISES CLINICS.

74 patients attended for massage and made 1039 attendances.

31 patients had remedial exercises in 333 attendances.

#### SUN RAY.

During the year 33 children under 5 made 239 attendances.

#### ANTE-NATAL CLINIC.

98 patients made 511 attendances in the year.

### MIDWIFERY.

#### MUNICIPAL MIDWIVES.

It has been possible to maintain the number of staff at an adequate level to meet the demands of the service.

#### PRIVATE MIDWIVES.

One private nurse notified her intention to practice as a Midwife or Maternity Nurse.

337 deliveries were attended by Midwives as follows:—

Municipal—Midwives cases	....	....	....	....	....	75	} 337
Maternity Nurses cases	....	....	....	....	....	262	
Gas-Air administered	....	....	....	....	....	297	
Private—	....	....	....	....	....	—	

#### SUPERVISION OF MIDWIVES.

The Medical Officer deputed to act as Supervisor of Midwives paid 32 visits in this connection. There were no irregularities necessitating proceedings.

Medical Aid was summoned in accordance with the rules of the Central Midwives Board in 14 cases. 6 of these were cases who had booked a General Practitioner Obstetrician under arrangements of the Barrow Executive Council.

## HOME NURSING

40,267 visits were paid to 1,646 patients.

## VACCINATION AND IMMUNISATION.

During the year, 295 persons have been vaccinated and 18 have been re-vaccinated under clinic arrangements. A further 124 vaccinations and 9 re-vaccinations have been reported by general practitioners.

No case of smallpox has been reported.

23 courses of immunisation against Diphtheria and 224 re-inforcing doses were administered at the clinic and 35 courses of immunisation and 20 re-inforcing doses were reported by General Practitioners.

18 whooping cough immunisations and 385 combined diphtheria and whooping cough immunisations were completed at the clinic.

No case of diphtheria occurred.

41.34% of the population under 5 and 20.69% of those from 5 to 14 years are estimated to have maximum immunity against diphtheria. A further 55.36% of these older children have been immunised but have not had their immunity strengthened by the administration of a re-inforcing injection.

## AMBULANCE.

The ambulance fleet comprises a Morris (1955), a Commer (1953), a Commer (1951), a Daimler (1950), a Bedford (1942) and an Austin car (1955).

During the year 13,552 calls were answered involving a mileage of 80,689.

## PREVENTION OF ILLNESS, CARE AND AFTER CARE

## TUBERCULOSIS

The general arrangements for tuberculosis prevention and care to which reference has already been made, remained unchanged during the year.

The Tuberculosis Health Visitor, in her dual role as clinic nurse to the Chest Physician, has every opportunity of ascertaining contacts of known cases and in all 191 contacts were examined at the Chest Clinic arising out of 49 new notified cases.

Information concerning deaths from unnotified tuberculous disease is given to the Tuberculosis Health Visitor who immediately ascertains contacts of the deceased.

Close co-operation between the Ministry of Labour, Industrial Medical Officers, the Chest Physician and the Health Department has facilitated the resettlement of patients in employment and the obtainment of suitable work and at the end of the year 16 tuberculous persons (13 male, 3 female) out of a total of 66 (53 male, 13 female) on the Disabled Persons Register were unemployed.

There are no vocational training schemes operating in Barrow and great difficulty is experienced in getting patients to travel outside the area in order to attend. Similar difficulty arises when trying to place patients in employment outside the town.



## DOMESTIC HELP.

337 cases were dealt with and 88 helps were in employment at the year end.

## MENTAL HEALTH.

The following summary indicates work done by the Duly Authorised Officers.

SECTION 20, LUNACY ACT, 1890. 12 patients (9 male and 3 female) were removed to Roose Hospital on "three day" orders. Summary Reception Orders were prepared for these patients in respect of 2 males and 3 females who were transferred to Lancaster Moor Hospital. The remaining patients (7 males) were released.

14 patients (5 male and 9 female) were removed to Lancaster Moor Hospital on "three day" orders. Summary Reception Orders were issued by Magistrates for that area in respect of 1 male and 3 females included in that number. 3 males and 6 females became voluntary patients. Further action on the remaining male patient had not been taken at the end of the year.

OTHER REMOVALS. In addition to the cases listed above, 139 cases who had not been the subject of a Section 20 Order were admitted to hospital. They comprised 1 male and 8 females who would previously have been admitted to Roose Hospital for certification but who were dealt with in their own homes and removed to Lancaster Moor Hospital on Summary Reception Orders, 68 voluntary males and 60 voluntary females, and 1 male and 1 female temporary patients (Section 5). Officers of the Authority escorted all the cases admitted under Orders and 62 of the 128 voluntary patients.

In all 91 journeys to Lancaster were made.

OTHER WORK. Case histories were prepared in respect of 31 cases.

Home conditions reports were submitted in respect of 5 proposed discharges and 4 reports were prepared on cases released or on trial.

MENTAL DEFICIENCY. 5 males and 5 females were reported by the Local Education Authority under Section 57(5), Education Act, 1944. They were all placed under statutory supervision.

The following table shows the disposal of ascertained defectives as at the year end together with details of the waiting list for institutional care at the same date.

	Under 16 years		16 and over	
	Male	Female	Male	Female
Under Statutory Supervision	6	6	46	34
Under Guardianship	—	—	—	—
In Place of Safety	1	—	—	—
In Institutions	5	1	53	53
Under Voluntary Supervision	4	—	3	13
Included in the above, but awaiting institutional vacancies	3	2	1	2

## NATIONAL ASSISTANCE ACT, 1948.

No action under Section 47 of this Act was taken during the year.

## EPILEPTICS AND SPASTICS

As Epilepsy and Cerebral Palsy are not notifiable and as the only Health Department records kept of cases occurring in the Borough are those of the Health Visiting Staff, no accurate assessment can be made of the total incidence of these conditions. Several departments offer special facilities according to the severity of the condition.

The Welfare Department has a scheme to cover handicapped persons generally. The Orthopaedic Clinic and the local office of the Ministry of Labour know of additional cases.

School children are dealt with as necessary through the School Health Service and Handicapped Pupils Regulations, 1953. In the case of epileptics and spastics not requiring special educational treatment, adequate facilities are available through the diagnostic and treatment services.

## CIRCULAR 1/54—PARAGRAPH 5

There were 14 Forms B.D.8. received during the year. No case of retrolental fibroplasia was reported in a premature infant.

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS  
1ST JANUARY—31ST DECEMBER, 1955

(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8. recommends :—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	—	—	—	6
(b) Treatment (medical surgical or optical)	3	3	—	2
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	1	3	—	1

## OPHTHALMIA NEONATORUM

There were no cases of Ophthalmia Neonatorum notified during the year.



## HEALTH OF CHILDREN

Consideration was given by the Health Committee to Ministry of Health Circular 27/54 on the prevention of the break-up of families. The existing and ever increasing Domestic Help Service enables children to live at home during the illness of a parent or guardian. The inauguration of a Night Sitter-in Service completed round the clock assistance during such domestic crises and offered care to the aged and infirm. The new service is an emergency one and so far there has been little demand for it, which is fortunate as recruits are not easily found.

The children of problem families are exposed to physical neglect and mental retardation but receive particular attention from the Health Visitor who endeavours to seek a solution to the family failure by obtaining, if necessary, the help of others, such as a mental health worker, a domestic help, or a voluntary organisation.

The Health Visitor is both receiver and giver of a two-way system of information concerning the prevention of break-up of families. Her colleagues in this field are many and include the family doctor, home nurse, school nurse, welfare worker, housing manager, N.S.P.C.C. Inspector, the social and moral welfare worker, and bodies such as the Children's Department and the National Assistance Board.

Lastly the Medical Officer of Health is co-ordinator of the local statutory and voluntary services which are concerned with the welfare of children in their own homes.

