

**[Report 1959] / Medical Officer of Health, Barrow-in-Furness County Borough.**

**Contributors**

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

**Publication/Creation**

1959

**Persistent URL**

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County Borough of Barrow-in-Furness

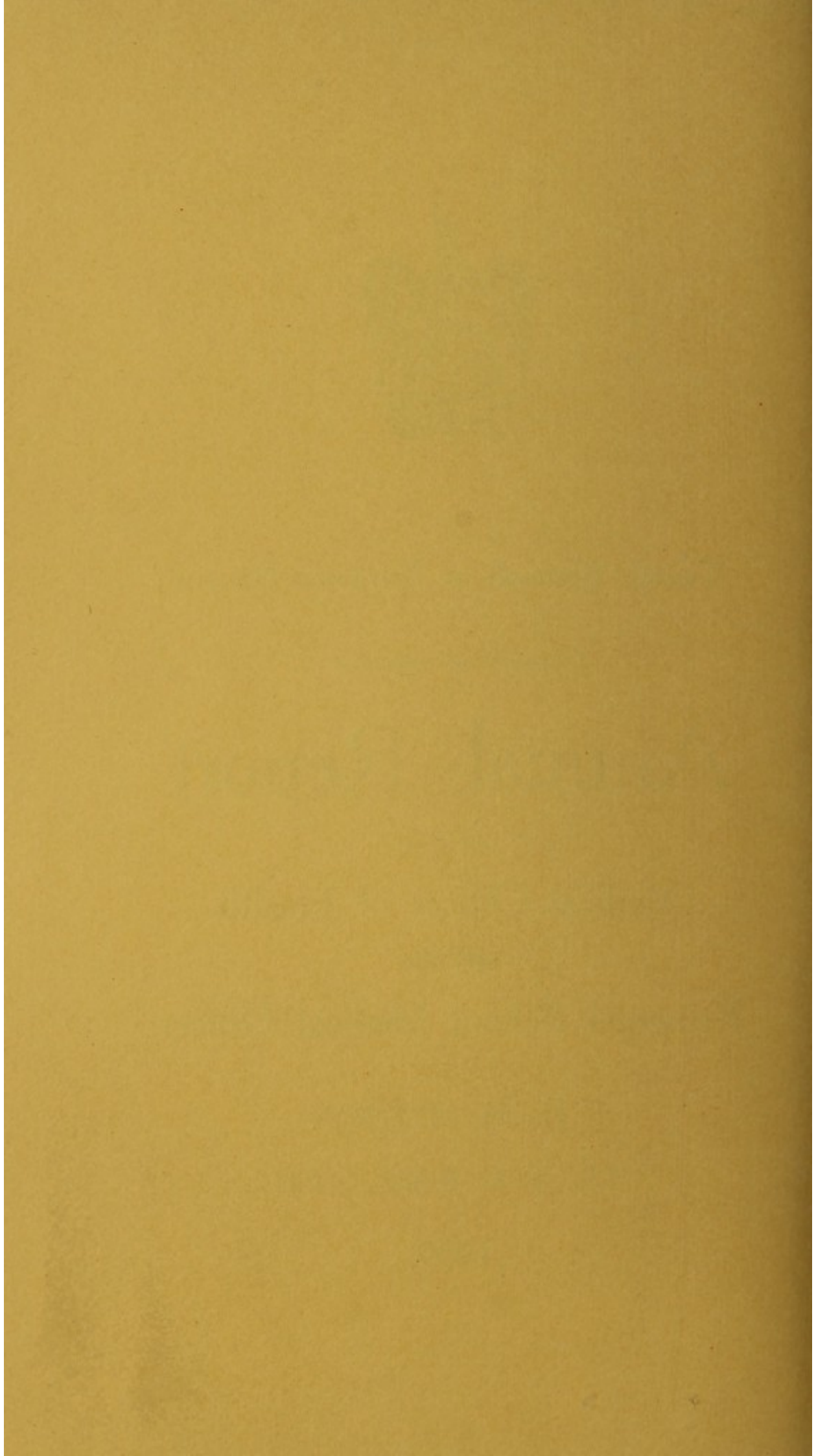
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# Annual Report

of the  
Medical Officer of Health  
and the  
Principal School Medical Officer

I. D. M. NELSON,  
M.B., B.Ch., B.A.O., D.P.H.

1959.





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

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ANNUAL REPORT OF THE  
MEDICAL OFFICER OF HEALTH.  
1959.

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TO THE CHAIRMAN AND MEMBERS OF THE HEALTH  
COMMITTEE

Ladies and Gentlemen,

" How Healthy is Barrow ? " This is a sub-heading in a Report released early in 1960 by the Nuffield Provincial Hospitals Trust.

Mr. Forsyth and Dr. Logan compiled the report after a study of the case-load in the Barrow and Furness Group of Hospitals. They took some vital statistics from my Annual Report in 1957, and some figures from the Registrar-General analysis of the principal causes of death in Barrow during the years 1950-53, and wondered whether the figures were any true guide to the healthiness of the area.

There was a great deal of national comment about this report, and although it came out after the end of 1959, it is opportune that I comment on the basis of the phrase " How Healthy is Barrow ? "

You will find in the vital statistics that the infant mortality rate has now reached the low figure of 14.69 per 1,000 live births. The Nuffield Report took the 1957 infant mortality figure when it was 26.66 per 1,000 live births, which represents a saving of 11 infant lives in two years. It is well known that infant mortality is no longer accepted as an index of healthiness of an area, but it does reflect on the standard and application of those services which deal with infant and maternal care, and what is more important, how they co-operate with each other.

The main services involved here are the maternity and child welfare services of the local authority, the consultant obstetric and pædiatric services of the hospitals, and the general medical service given by general practitioners. The interplay of these three services is hard to judge, but from my " observation post " I can make some comments.

There is a fine co-operation between Mr. Stoneham, the Consultant Obstetrician, Dr. Morris, the Consultant Pædiatrician, and this Department, and I feel sure this is one of the main reasons why we have a low infant death rate. Not only is there a fine personal spirit between these two colleagues and myself, but both of them are ever willing to help and guide my medical and nursing staff, either individually or in groups. All learn from each other.

This does not mean that the general practitioners do not contribute to the improved results. They, too, will agree that the guidance they get from the two consultants is sound and readily available, but it is impossible for me to judge the part they play, yet their contribution must have a bearing on the improvement.

The observant will point to the rise in the number of stillbirths and the small reduction in the perinatal mortality, but a reasonable conclusion might be that the services available to keep babies alive when born healthy of reasonably healthy stock, are doing a good job together.

This improvement could be due to many factors. We re-organised the nursing services and deployed them all under a Nursing Superintendent from an administrative headquarters which had previously been the District Nurses' Home. This already shows signs of improving the recruitment of nursing staff together with the concept of an all-purpose service in an urban authority.

We, of course, had a year of excellent weather, but few outside this peninsula realise that we get entirely different climatic conditions here than are supposed from listening to the B.B.C. forecasts, or even reading the national papers which circulate. Called, quite rightly, an industrial town in a lakeland setting, we are not at all akin to the industrial areas which abound in our over-populated conurbations or lakeland in the sense that we have an abundant rainfall.

We have a well spaced town with the industrial, the shopping and office parts and the residential areas all well defined.

In the Report are the developments foreshadowed in the mental health service, but I cannot think that we will achieve any improvement in mental health for many years. Judgment must be given only after decades of observation when, perhaps, we will have some yardsticks with which to measure improvements in this sphere.

I have the honour to be,

Ladies and Gentlemen,

Your obedient servant,

I. D. M. NELSON,

Medical Officer of Health.

Health Department,

Town Hall,

Barrow-in-Furness.

Telephone No. Barrow 600, Extension 63.



## MEMBERS OF HEALTH COMMITTEE

Mayor	.....	Alderman Mrs. A. M. Tait, J.P.
Deputy Mayor	.....	Councillor Marshall Bolt.

## HEALTH COMMITTEE

Chairman	.....	Alderman G. D. Hastwell, O.B.E., J.P.
Vice-Chairman	.....	Councillor G. R. Atkinson.
		Alderman F. J. Longstaffe, J.P.
		Alderman H. Turner.
		Alderman T. A. Tyson, J.P.
		Councillor H. Bannister.
		Councillor M. Bolt.
		Councillor J. M. Fagan.
		Councillor Mrs. S. M. Finlay.
		Councillor W. M. Gabbatt.
		Councillor E. Marston.
		Councillor R. Proudfoot.
		Councillor J. M. Senogles.
		Councillor I. W. Swallow.
		Councillor R. Trescatheric.
		Councillor C. W. Ward.

## STAFF.

## MEDICAL AND DENTAL.

Medical Officer of Health, Principal School Medical Officer and Port Medical Officer	.....	I. D. M. Nelson, M.B., B.Ch., B.A.O., D.P.H.
Deputy Medical Officer of Health and Deputy Port Medical Officer		Miss D. G. Stewart, M.B., Ch.B.
Assistant Medical Officers	.....	Miss M. W. Smith, M.D. R. Wharton, M.B., Ch.B.
Principal School Dental Officer	.....	D. D. Watts, M.Sc., L.D.S.
Dental Officer	.....	Miss W. G. Sivewright, L.D.S.
Consultant Orthopaedic Surgeon	....	Miss J. T. W. Bucknell, M.B., Ch.B.
Consultant Chest Physician	....	J. R. Edge, M.D., M.R.C.P.
Consultant Ophthalmic Surgeon		H. C. Kodilinye, M.B., Ch.B., D.O. D.O.M.S.
Consultant Venereologist	.....	J. F. Mackay, M.B., Ch.B.
Consultant Obstetric Surgeon	.....	G. R. Stoneham, M.B., Ch.B. F.R.C.O.G.
Public Analyst	.....	G. H. Walker, Ph.D., B.Sc., F.R.I.C. (appointed 1.10.59).
Additional Public Analysts	.....	A. G. Bushnell, F.R.I.C. (appointed 1.10.59)
Chief Public Health Inspector and Port Health Officer	.....	J. Shanks, a.b.c.



Assistant Chief Public Health Inspector and Port Health Officer	....	R. J. Morse, a.b.c.d.
Abattoir and Auction Mart Superintendent	....	A. A. Kay, a.b.c.d.
Public Health Inspector for Meat and Food Inspection	....	W. McLennan, b.e.
Public Health Inspector for Smoke Inspection	....	L. A. Cawdron, a.b.c. (commenced 1.4.59)
District Public Health Inspectors	....	J. McGarry, a. A. M. S. McEwan, e.f. T. B. Nuttall, a. D. Sayles, a. (appointed 4.10.59).
Trainee Public Health Inspectors	....	G. Woodall J. W. Quayle
Superintendent Nursing Officer	....	Miss H. M. White, g.h.j.k.l.
Health Visitors/School Nurses	....	Miss A. W. Cant, g.h.j. Miss D. Latham, g.h.j.k. Miss S. B. White, g.h.i.j.m. Miss G. Buchanan, h.j. Miss S. Scott, g.h.j. Miss A. Quinn, h.j.
Health Visitors	....	Miss M. K. Burns, g.h.j. Miss M. Scott, g.h.j.
School Nurses	....	Miss N. McFarlane, g.h.i.j. Mrs. M. L. Jackson, h. (temporary). Mrs. G. H. Pashley, h. (part-time).
Tuberculosis Health Visitor/School Nurse	....	Miss B. M. Wignall, h.j.
Municipal Midwives	....	Miss A. Bagshaw, g. Miss G. M. Fytche, g. Miss T. Potts, g.h. Mrs. M. Railton, g. Miss T. G. Pollard, g.h. Miss G. M. Moore, g.h. (part-time).

## HOME NURSING SERVICE.

Superintendent	.....	Miss D. A. Stocks, g.h.k. (retired 30.9.59).
Assistant Superintendent	.....	Miss E. M. Jackson, g.h.k.
District Nursing Sisters	.....	Miss D. Moscrop, g.h.i.k. Miss J. Lindop, h. Mrs. E. Preston, h. Miss A. T. Goulding, h. Mrs. M. L. Liddell, h. Miss E. Smith, h. Mrs. C. T. Watlinge, g.h. Mrs. H. J. Carling, g.h.k. Miss T. Goodings, g.h.
Physiotherapist	.....	Miss M. Johnson, n.
Speech Therapist	.....	Miss M. Hall, o.
Ambulance Officer	.....	J. H. Smethurst
Duly Authorised Officer	.....	H. Hughes.
Assistant Duly Authorised Officer		R. Rimmer.
Chief Clerk	.....	K. P. Lees.
Senior Clerk	.....	A. Young, p. (resigned 15.2.59). Miss H. Nash (appointed 16.2.59).

## CODING.

- a. Cert. R.S.I. and Joint Board.
- b. Cert. R.S.I. (Meat and Food Inspection).
- c. Cert. R.S.I. (Smoke Inspection).
- d. Cert. R.S.I. (Sanitary Science).
- e. Cert. R.S.A. (Scotland).
- f. Cert. R.S.A. (Scotland) (Meat and Food Inspection).
- g. State Certified Midwife.
- h. State Registered Nurse.
- i. State Registered Fever Nurse.
- j. Health Visitor's Certificate.
- k. Queen's Nurse.
- l. Housekeeping Certificate.
- m. Royal Medico-Psychological Association Certificate.
- n. Member of the Chartered Society of Therapists.
- o. Licentiate of the College of Speech Therapists.
- p. Diploma in Municipal Administration.



## SECTION 1

## EXTRACTS FROM VITAL STATISTICS, 1959.

Area	11,003	acres.		
Population (Mid 1959)	64,470			
Rateable Value	£856,809			
Sum represented by 1d. Rate	£3,400			
No. of dwellinghouses	20,413			
			England and Wales	
	1958	1959		
Deaths	774	781		
Death Rate per 1,000 population	11.96	12.11	11.6	
Live Births	981	1021		
Live Birth Rate per 1,000 population	15.16	15.99	16.5	
Stillbirths	19	28		
Stillbirth Rate per 1,000 total (live and still) births	19.00	26.69	20.7	
Total Births	1,000	1,049		
No. of Illegitimate Births	34	30		
Illegitimate Birth Rate per 1,000 live births	34.65	29.38	51.0	
Infant Deaths	19	15		
Infant Mortality Rate per 1,000 live births	19.36	14.69	22.0	
Infant Mortality Rate per 1,000 legitimate births	16.89	14.12		
Infant Mortality Rate per 1,000 illegitimate births	88.23	33.33		
Neonatal Mortality Rate (first 4 weeks) per 1,000 related live births	14.27	8.81	15.8	
Perinatal Mortality Rate (stillbirths and deaths during first week) per 1,000 total live and stillbirths	32.00	31.45	34.2	
Illegitimate live births percentage of total live births	3.46	2.93		
Maternal deaths (including abortions)	—	1	291	
Maternal Mortality rate (including abortions) per 1,000 total births	—	0.95	0.38	
POPULATION TRENDS				
1950	67,950	1955	65,350	
1951	67,820	1956	65,290	
1952	67,820	1957	64,870	
1953	65,370	1958	64,450	
1954	65,470	1959	64,470	



The age-sex structure of the population is approximately as follows :—

AGE-SEX STRUCTURE	%	Nos.
0—4 years	7.6	4,900
5—9 years	7.7	4,965
10—14 years	8.6	5,545
Males 15—44	19.2	12,380
Females 15—44	20.0	12,895
Males 45—64	12.5	8,055
Females 45—59	9.8	6,320
Males 65 and over	5.0	3,220
Females 60 and over	9.6	6,190

#### DEATHS IN ORDER OF MAGNITUDE

CAUSE	No.
Diseases of the Circulatory System	345
Neoplasms	140
Diseases of the Nervous System & Sense Organs	113
Diseases of the Respiratory System	92
Accidents, Poisoning & Violence	32
Diseases of the Genito-Urinary System	13
Diseases of the Digestive System	12
Infective & Parasitic Diseases	8
Allergic, Endocrine System, Metabolic and Nutritional Diseases and Diseases of the Blood and Blood-forming Organs	7
Congenital Malformations	7
Mental, Psychoneurotic & Personality Disorders	6
Certain Diseases of Early Infancy	4
Symptoms, Senility & Ill-defined Conditions	2

#### DEATH RATES FROM CERTAIN DISEASES

	No.	RATE PER 1,000 POPULATION
Diseases of Circulatory System	345	5.352
Coronary Thrombosis	165	2.560
All Cancer	140	2.172
Cancer of the Lung	34	0.527
Pneumonia	54	0.837
Bronchitis	29	0.449
T.B. Respiratory	5	0.077

The 165 deaths due to coronary disease were distributed throughout age and sex groups as follows :—

Age Groups	35—44	45—54	55—64	65—74	75 and over	Total
Male	5	11	28	38	16	98
Female	—	4	6	30	27	67

The distribution of 34 deaths from lung cancer was as follows :—

Age Groups	35—44	45—54	55—64	65—74	75 and over	Total
Male	1	5	16	5	2	29
Female	1	—	1	3	—	5

INFECTIOUS DISEASES  
CORRECTED NOTIFICATIONS

DISEASE	Male	Fe- male	Totals	
			1959	1958
Scarlet Fever .....	30	35	65	48
Whooping Cough .....	5	8	13	8
Acute Poliomyelitis (paralytic) .....	—	—	—	1
Acute Poliomyelitis (non paralytic) .....	1	—	1	—
Measles .....	129	118	247	939
Diphtheria .....	—	—	—	3
Dysentery .....	3	2	5	27
Meningococcal Infection .....	—	1	1	2
Acute Pneumonia .....	6	6	12	6
Acute Encephalitis (infective) .....	—	—	—	1
Acute Encephalitis (post-infectious) .....	—	—	—	1
Typhoid .....	1	—	1	1
Erysipelas .....	—	—	—	1
Food Poisoning .....	2	7	9	13
Tuberculosis (respiratory) .....	20	12	32	44
Tuberculosis (meninges & C.N.S.) .....	—	2	2	1
Tuberculosis (other forms) .....	—	1	1	—
Totals	197	192	389	1096

No diphtheria cases occurred during the year. It was hoped that there would be a stimulus to parents to have their children immunised following cases last year, but reference to the figures in Section 4 on page 18 show a slight decrease on the previous year for children protected under one year, and compares very badly with the national figure.

One of the reasons for a decrease in diphtheria immunisation is the current necessity for poliomyelitis protection and the consequent increase in injections offered in infancy and early childhood. Parents need more persuasion to stay the whole course of injections.

Use has been made of the new Public Health Laboratory which opened in December, 1958, at Preston, under the direction of Dr. L. Robertson, for examination of material from suspected infectious cases.



## SECTION 2

## GENERAL PUBLIC HEALTH

## PUBLIC CLEANSING UNIT

This Unit was used on 5 separate occasions for disinfestation of blankets used in the Ambulance Service, personal bedding and clothing.

## VERMINOUS CONDITIONS

The facilities provided for the School Health Service can be extended to children of pre-school age, but the necessity for treatment for verminous conditions in this age group is now a rarity.

## WATER

Mr. H. C. Postlethwaite, the Water Engineer, has kindly supplied the following information :—

“ The chief point of interest concerning the water supply for 1959 was the exceedingly dry summer. In order to conserve water in the reservoirs as much as possible, considerable use was made of underground water from the local Bunter Sandstone. This water is hard, and owing to the limited service reservoir capacity available, complete mixing with the soft water was not possible and some areas received water harder than the average. No restrictions were imposed other than on the use of hose-pipes, and the quality of water as shown by weekly bacteriological sampling remained excellent. During the driest part of the summer 23% of the water supplied was obtained from underground sources.

It is anticipated that a new 21" pipeline for the Duddon supply and an additional borehole will increase the resources by approximately 50% during 1960.

Discussions are continuing with the other Water Undertakings in the Furness area upon the formation of a Water Board, and it is likely that there will be Parliamentary legislation during 1960. The new Authority so formed will be able to maintain the high standards of supply already available in most of the area and to extend that supply as finance permits.”

## GENERAL ARRANGEMENT OF SEWERAGE IN BARROW

I am indebted to the Borough Engineer and Surveyor, Mr. J. N. Flitcroft, for the following information :—

“ The Council's plans for the relief of flooding and sewage pollution in several low-lying areas of the town are in progress. The construction of a relief sewer at Flass Meadows has been completed, with some success, and a scheme has been prepared for the provision of additional pumping capacity at Salthouse Pumping Station and new sewers in Roose Road area. Further plans are in course of preparation to provide for a new sewer from the Fairfield Lane area to the Pumping Station.

“ This project is an improvement on earlier schemes which were based on the Ministry of Health's standard storm curve, which is considered to be not representative of, nor applicable to, storm conditions in this area. Experience so far would appear to lend support to this view, and there is no doubt that the measures proposed will considerably relieve the conditions.

“ Normal reconstruction work on sewers has taken place, and this has included very extensive repairs on the main sewers in Abbey Road, a portion of which was discovered to have collapsed.



" Under the direction of the Department the filter plant at Earnsie Bay Caravan Site was rectified by the proprietor, with a view to ensuring that there is no risk of pollution of the beach by raw sewage. This has brought temporary improvement in the conditions, and next year it is proposed to connect the site to the public sewage system.

" Flotation tests have been carried out in Walney Channel as part of an investigation into the extent of sewage contamination in the Channel and along the coast. The investigation is continuing, and it is not yet possible to give a detailed report.

" Screening and sewage tanks are to be installed at Palace Nook outfall to prevent the discharge of offensive matter on to the beach.

" The Dalton sewer is to be altered and strengthened to prevent flooding in the Flass Lane area and to eliminate sewage discharge to Millbeck."

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### SECTION 3

#### SWIMMING BATHS

The Authority have both indoor and outdoor baths.

The indoor baths were damaged by bombing during the war and one bath continued to be used until October, 1958, when the building was considered unsafe for public use and was closed. Reconstruction is now taking place and new baths will soon be available.

The water supply to these will be mains water treated by Break point chlorination, filtration and a four hour turn over.

The outdoor bath is situated on Biggar Bank on the seaward side of Walney Island.

The bath is filled with sea water, which is chlorinated and changed every 10-12 days. No bacteriological examinations have been carried out for some time.

With better local laboratory facilities, routine testing will be instituted.

## SECTION 4

PROVISION OF HEALTH SERVICES FOR THE AREA  
CARE OF MOTHERS AND YOUNG CHILDREN

## INFANT MORTALITY

25 children died during the year. The figure is corrected by inward and outward transfers to 15 cases, giving a rate of 14.69, a highly gratifying figure.

Of the 15 deaths, 9 occurred during the first month of life, and 5 during the first week, resulting in a perinatal mortality rate of 31.45, that is, the number of infant deaths under one week added to the stillbirths, per 1,000 total live and stillbirths.

TABLE OF BIRTH AND MORTALITY RATES

Year	Registered Births		Infant Deaths		Stillbirths		Neonatal Deaths		Perinatal Deaths	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1950	1172	17.25	46	39.24	24	20.06	32	27.30	51	42.64
1951	1008	14.86	37	36.70	21	20.40	24	23.80	42	40.81
1952	1023	15.08	41	40.07	23	21.98	28	27.37	44	42.06
1953	1064	16.28	27	25.37	18	16.63	22	20.67	36	33.27
1954	1015	15.50	24	23.64	25	24.03	20	19.70	45	43.26
1955	924	14.14	29	31.38	30	31.44	13	14.07	41	42.97
1956	982	15.04	28	28.51	22	21.91	21	21.40	39	38.84
1957	975	15.03	26	26.66	19	19.11	15	15.38	34	34.20
1958	981	15.16	19	19.36	19	19.00	14	14.27	32	32.00
1959	1021	15.99	15	14.69	28	26.69	9	8.81	33	31.45

The causes of the 15 infant deaths were:

Bronchopneumonia (under 4 weeks)	4
Prematurity unqualified	3
Congenital malformation	3
Cerebral spastic infantile paralysis	1
Hernia of abdominal cavity	1
Pneumonia of the newborn	1
Acute bronchitis	1
Conjunctivitis and ophthalmia	1

It will be seen that 5 of the deaths were due to congenital abnormalities.

Of the 28 stillbirths 8 showed congenital abnormality and all but 3 were delivered in hospital.

## MATERNAL MORTALITY

One Barrow woman died during childbirth during the year, the cause of death being pulmonary embolism.

## LIVE BIRTHS

1021 live births were registered compared with 981 last year.

## CLINICS

Infant Welfare Clinics were held at the Central Clinic on four afternoons weekly, and the Mobile Clinic was stationed on alternate afternoons at Bedford Street, Beacon Hill, Ormsgill and Cambridge Street. A session is also held each Wednesday afternoon in the Community Hall, Walney Island, and on alternate Friday mornings the Mobile Clinic is stationed at Earnsie Point, attended by a Medical Officer and a Health Visitor once a month, and at other times by a Health Visitor only.

The average daily attendances at the Central Clinic were slightly less than the previous year, 29.38 (30.64 during 1958), while at the Mobile Clinic (including the Community Hall) attendances had risen to 32.23 (31.25 in 1958).



The average attendances at the Mobile Clinic stationed on Barrow Island on Tuesday mornings were 29.3 (29.02 in 1958).

#### ANTE-NATAL CLINIC

The attendances at the Ante-Natal Clinic showed a good increase over the previous year, being 565 against 423 in 1958. The number of women attending was 107 in 1959; 81 in 1958. 50 sessions were held.

Additionally 206 attendances were made by 64 midwives' cases who had booked their own doctors for their confinements.

We are extremely fortunate in that Mr. G. R. Stoneham, Consultant Obstetrician, takes a personal interest in the Clinic, and I am grateful for the advice and help he gives to the medical staff and the midwives.

#### PREMATURE INFANTS

During the year 61 premature babies were born alive. 10 were born at home, 7 were retained at home and 3 were transferred to hospital, and all survived. Of the 51 born in hospital, 2 died in the first 24 hours, 4 more died before the month end, and the remaining 45 survived.

	Died in 24 hours.	Died 1 day —1 month.	Survived 1 month.	Total.
Born at home and retained at home ....	—	—	7	7
Born at home and transferred to Hospital ....	—	—	3	3
Born in Hospital ....	2	4	45	51
Total ....	2	4	55	61

#### DENTAL TREATMENT

During the year 93 sessions were devoted to the treatment of expectant and nursing mothers and children under 5. 323 attendances were made by expectant and nursing mothers and 708 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.

The following tables show the work done :—

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	98	98	81	60
Children under 5	374	350	307	254



	Scal- ing and Gum treat- ment	Fill- ings	Silver Nit- rate treat- ment	Ex- trac- tions	Gen- eral An- aesth- etics	Dentures Provided	
						Full Upper or Lower	Par- tial Upper or Lower
Expectant and Nursing Mothers	75	53	12	192	19	22	7
Children under 5	19	26	116	399	210	....	....

#### OPHTHALMIC TREATMENT

44 children made 95 attendances and 21 prescriptions for spectacles were issued.

Children attended the clinic for the following conditions:—

#### REFRACTIVE ERRORS AND OTHER DEFECTS

Hypermetropia .....	8
Hypermetropia with epicanthus .....	1
Hypermetropic Astigmatism .....	8
Myopic Astigmatism .....	2

#### SQUINTS

Right convergent concomitant squint .....	4
Left convergent concomitant squint .....	7
Left convergent concomitant squint with hypermetropic astigmatism .....	2

#### TREATMENTS

Congenital impatency of lachrymal ducts, bilateral .....	2
Congenital impatency of lachrymal ducts, unilateral .....	4
Occlusions .....	3
and one each for bilateral congenital ptosis, congenital nystagmus, Bielschowsky's syndrome and epicanthus.	

#### CARE OF ILLEGITIMATE CHILDREN

There were 30 illegitimate births, giving a rate of 29.38.

There is no local problem in the care of unmarried mothers; they seek ante-natal care as well as married women and are generally accepted. 3 were cared for in St. Monica Maternity Home, Kendal, and 5 unmarried women later married.

#### WELFARE FOODS SCHEME

A Welfare Food shop managed by the Health Department is situated in the town centre.

The shop carries a large and varied stock of proprietary infant foods which are available to any mother whose infant, as shown by the clinic card, regularly attends the Welfare Clinics and has been to one within four weeks.

Expectant and nursing mothers from the maternity hospital and Local Authority clinics can also use the shop on production of a recognised card from the doctor caring for them.

TABLE OF FOODS SOLD IN THE SHOP

Quarter Ending	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin Tablets
March	5682	8973	1184	803
June	5560	11379	907	798
September	5532	11574	818	747
December	4910	8910	977	753
	<u>21684</u>	<u>40836</u>	<u>3886</u>	<u>3101</u>

The sales of proprietary foods amounted to £7,273 in the year.

During the year the take-up of orange juice was approximately 64% and of cod liver oil 8%.

#### ORTHOPÆDIC CLINIC

88 children made 157 attendances at the 10 clinics held.

76 children visited the Physiotherapist on 541 occasions for fitting of splints, plasters, etc.

#### PHYSIOTHERAPY CLINIC

89 children attended for treatment on 1035 occasions.

35 children had remedial exercises in 194 attendances.

#### SUN-LIGHT CLINIC

13 attendances were made by 2 children under 5.

#### FAMILY PLANNING CLINIC

The local Branch of the Family Planning Association has continued to hold Clinics on Wednesday mornings at the Welfare Centre. The branch Medical Officer-in-Charge and a nurse are in attendance at each session.

The following table shows the extent of the work of the clinic :

Number of sessions held	48
Number of first visits	226
Number of pre-maritals	20
Number of transfers	32
Average attendance per session	14
Post orders	96

During the year patients have been referred from the following sources :

Family Doctor	48
Clinic patient or friend	94
Local Press	44
Local Authority	12
Hospital Services	12
Other Sources	6



## MIDWIFERY

The Medical Supervisor of Midwives paid 17 visits in the course of her supervisory duties. There were no irregularities.

Medical aid was summoned in 24 cases ; 6 of these were doctors' cases and 18 were midwives' cases.

The total number of domiciliary deliveries was 308, of which 44 were midwives' own cases and 264 were doctors' booked cases, but in addition to these cases the midwives undertook the follow-up nursing care of patients who had to be discharged early from Risedale Maternity Hospital, and these totalled 25. They were also responsible for the completion of reports on home conditions of patients who were applying for admission to Risedale Maternity Hospital on the grounds of unsuitable conditions for home confinement.

The complement of domiciliary midwives was reduced to 4½ in September, when one midwife left to commence Health Visitor Training. Repeated advertisements for midwives have met with no response and the present staff have carried on under most arduous conditions. I readily acknowledge that it is only due to the loyalty, enthusiasm and efficiency of these ladies that the standard of the service has remained so high. It is proposed to institute a night rota system next year which will enable them to be sure of regular nights off call.

## HEALTH VISITING

The combined Health Visiting/School Nursing Service, amalgamated in 1957, has worked well during the year. Six nurses undertake combined duties, two have continued with Health Visiting duties only, and two on School Nursing only.

During the year arrangements were made for four nurses to attend courses for Health Visitors training. One completed training at the end of the year and the other three will finish their course in June, 1960.

TABLE OF VISITS BY HEALTH VISITORS

To expectant mothers	.....	First visits	302
		Total visits	406
To children under one year of age	.....	First visits	1059
		Total visits	7334
To children between one and two years of age	.....	Total visits	3433
To children between two and five years of age	.....	Total visits	5331

## HOME NURSING

The existing establishment of 11 District Nurses has been maintained by the employment of part-time staff. The trend since the war for District Nurses to live out continues and only the Superintendent and 2 nurses resided in the Nurses' Home by the end of the year.

The Health Committee considered the question of the cost of running the Home in its present form and approved a scheme for adapting it as a Nursing Services Administrative Centre, with self-contained flats for a small number of staff. The necessary structural alterations were in progress at the end of the year.

It has not been possible to commence making use of the Hospital Syringe Sterilising Service, but it is expected that facilities in the local hospital will be extended next year to permit this.

36,667 visits were paid to 1,220 patients.



The following table shows the types of patients attended :—

	No. of Patients	No. of Visits
Medical	940	30127
Surgical	195	4126
Infectious Diseases	2	26
Tuberculosis	12	1685
Maternal complications	27	450
Gynæcological	10	103
Others	34	150
Patients in the above who were aged 65 or over at the time of the first visit during the year	496	22481
Children in the above who were aged under 5 at the time of the first visit during the year	100	802
An analysis of the nature of attention provided is given below :—		
Bed baths	12	1962
General nursings	238	11232
Injections	523	17748
Dressings	215	4888
Enemata	169	291
Miscellaneous	63	626

#### VACCINATIONS AND IMMUNISATIONS

During the year 384 persons were vaccinated against smallpox and 19 were re-vaccinated under clinic arrangements. A further 106 vaccinations and 9 re-vaccinations were reported by general practitioners.

Immunisation facilities were improved in January to include protection against tetanus. Facilities are now available at all clinics for protection against diphtheria, whooping cough and tetanus.

The staff of the Casualty Department at the North Lonsdale Hospital have co-operated well in carrying out triple immunisation as necessary to children who attend there as casualties and come into the hospital tetanus immunisation scheme.

Dr. P. A. Gardner, Casualty Officer, North Lonsdale Hospital, gave details of the scheme in a letter which he wrote to the British Medical Journal of 23rd April, 1960, and the following extract is reproduced with the Editor's permission :

" 1. All patients attend the accident department in Barrow, who sustain any type of abrasion, cut, dog-bite, or embedded splinter, etc., are given 1 ml. A.T.S., irrespective of age. The names and addresses are noted in a register at the time of injection and are checked by the casualty filing clerk when she collects the accident cards in the morning and at the end of the day. The exceptions to this being : (a) Fully immunised patients who may be given a booster of tetanus toxoid (T.T.), (b) Partly immunised patients—that is, those who have had two doses of T.T., the latest being less than six months previously. (If the second dose is more than six months previous, but less than nine months, a final dose of T.T. is given, this catches an occasional patient who has not attended for the final injection after notification has been sent). If the patient gives a history of having had A.T.S. previously but of having had no allergic manifestations, he is given a subcutaneous test dose of 2 min. (0.1 ml.) A.T.S., followed half an hour later, if no general reaction, by the remainder of the 1 ml. Should the patient, however, give a history of allergies, then 2 min. 1/10 dilution of A.T.S. is given subcutaneously, half an hour later a 2 min. full-strength dose, and a further half-hour later the remainder of the A.T.S.



" 2. Six weeks after their A.T.S. injection the patients are recalled to commence the T.T. course. If they attend, their name is crossed out in the A.T.S. register, and their postcard filed six weeks ahead ready for (3).

" 3. The second injection of 1 ml. T.T. is given six weeks after (2), the patients being sent for. If they attend, their postcard is filed six months ahead and the old filed one discarded.

" 4. Six months after (3) a final 1 ml. T.T. is given and their postcards discarded.

"Any children who have not had either whooping-cough and/or diphtheria immunisation are started on such a course at the same time as they are given their first T.T. On completing the course, the medical officers of health are notified. They consider this catches a few more into the net who would otherwise not visit the clinics."

The following table shows the work done :—

	At Clinics	At North Lonsdale Hospital	By General Practitioners	Total
Immunised against diphtheria only .....	4	—	1	5
Re-inforcing doses .....	—	—	7	7
Immunised against whooping cough only .....	—	—	—	—
Re-inforcing doses .....	—	—	—	—
Immunised against tetanus only .....	—	1	—	1
Re-inforcing doses .....	—	1	—	1
Immunised against diphtheria and whooping cough only .....	245	—	95	340
Re-inforcing doses .....	155	—	26	181
Immunised against diphtheria, whooping cough and tetanus .....	230	102	76	408
Re-inforcing doses .....	1	56	7	64
Whooping cough & tetanus combined .....	—	—	—	—

SUMMARY : The following persons were protected against the diseases indicated

	Under 1 year	Total All ages	Total Boosters (All ages)
Diphtheria .....	531	753	252
Whooping Cough .....	529	749	246
Tetanus .....	253	409	65

49.57% of the population under 5 and 17.21% of those from 5 to 14 years are estimated to have maximum immunity against diphtheria. A further 51.94% of these older children have been immunised but have not had their immunity strengthened by the administration of a re-inforcing injection.

The following table shows the estimated immunity state :—

Immunity Index	Under 1 year	1—4 years	5—14 years	Total under 15
1959	19.50	57.70	17.21	27.48
1958	20.10	54.61	17.26	26.73
1957	6.81	51.86	17.43	25.57
1956	10.67	52.34	17.91	26.01
1955	8.04	48.85	20.69	27.44
1954	9.13	50.89	19.85	27.21
1953	4.00	49.29	21.02	27.58
National Index 1955	36.7	Not available		49.3

### POLIOMYELITIS VACCINATION

The poliomyelitis vaccination scheme has been continued and the introduction of two weekly evening sessions has been of help in coping with the programme and reducing the waiting list. The death from poliomyelitis of a young professional footballer provided much national publicity and this stimulus was reflected in the considerably increased number of applications received, particularly from the 16—25 age group.

It is estimated that at the end of the year, the acceptance rates had increased by one third in the under 16 group, five-fold in the 16—25 group, and had doubled among expectant mothers, on the rates at the end of the previous year.

The following table shows the progress of the poliomyelitis vaccination programme to the end of the year :—

	Under 16 years	16—25 years	Expectant Mothers
Number of courses (2 injections) ....	11,171	3,882	671
Number of single doses only ....	106	65	15
Number of third injections ....	4,746	1,123	137
Acceptance rates ....	70.92%	44.49%	44.60%

The waiting list for the first injection totals 56.

### AMBULANCE SERVICE

The Chief Fire Officer is the Ambulance Officer.

The fleet comprises 5 ambulances and one sitting case car. Two-way radio equipment is used and saves mileage and time as well as improving the efficiency of the service.

The following tables show the work done :—

YEAR	CALLS	MILEAGE
1955	13552	80689
1956	14193	82059
1957	14115	81675
1958	16694	96393
1959	16506	101011







## NUMBER AND RATES OF DEATHS FROM TUBERCULOSIS

Year	PULMONARY		NON-PULMONARY		Total
	No. of Deaths	Rate	No. of Deaths	Rate	
1950	31	0.456	1	0.015	0.471
1951	23	0.339	4	0.059	0.398
1952	13	0.192	5	0.074	0.265
1953	14	0.214	2	0.031	0.245
1954	8	0.121	1	0.015	0.137
1955	6	0.092	—	—	0.092
1956	12	0.199	1	0.015	0.214
1957	13	0.200	1	0.015	0.216
1958	3	0.046	1	0.015	0.062
1959	5	0.077	—	—	0.077
England and Wales 1959	3475	0.077	380	0.008	0.087

## MASS X-RAY SURVEY

A visit was made by No. 5 Mass Miniature Radiography Unit during April, May and June, and an intensive survey, preceded and accompanied by a vigorous publicity campaign, was carried out. The publicity arrangements included a lottery, with prizes generously donated by local traders.

Local organisations and employers co-operated well with the Department and with the staff of the Unit in ensuring the success of the survey. In particular, the work done by the Boy Scouts Association and several newsagents in distributing explanatory leaflets to householders, and by the members of the W.V.S. in helping at X-Ray sessions, was of great value.

Posters displayed throughout the town, a "barometer" outside the Town Hall indicating the growth of the numbers attending, special sessions set aside for factories with transport for employees to and from the X-Ray Unit to minimise the time lost, and the enthusiasm and industry of everyone concerned in the arrangements, all contributed towards the successful result.

A total of 21,519 miniature films were taken, grouped as follows:—

	Males	Females	Total
Referred by general practitioners	3	8	11
Employees of firms	9617	2476	12093
Other general members of the public	2624	6791	9415
	<u>12244</u>	<u>9275</u>	<u>21519</u>

The total shows an increase over the 1954 total of some 2,000 examinees. As a result of the recommendations of the Adrian Report on radiological hazards to patients, children under 15 years were generally excluded from the 1959 Survey, whereas about 4,000 school children were X-Rayed during the 1954 visit. The acceptance rates for the eligible population were: Male 52.9%, Female 37.25%, Total 44.79%.

The main points from the report of Dr. Capper, the Director of the Unit which carried out the survey now follow, with tables showing the distribution of abnormalities.



## INTRODUCTION

For the Barrow survey it was decided that although the population size did not merit the use of two units, all the methods used in a high powered double unit survey would be used on this occasion. Postering of every other shop and signs on lamp posts would be carried out. Prizes would be given out (Premium Bonds given by local tradesmen). Loud hailing would be carried out. Special health window displays and thermometer would be engineered by the Barrow Health Department. Public talks, newspaper articles, etc., would be given. The advertising of general public sessions throughout the survey on the reverse side of the satisfactory notices would be given out to the 10,000 or so work-people, and eventually proved to be another new successful manœuvre.

It was felt that although industry should be fully saturated, as regards publicity, the accent should be on the general public. Although the time for the overall Survey would be about the same as in the previous survey (about four months) the amount of the time allotted to the general public was increased by about three weeks without lessening industrial time. This could be achieved because school children under 15 are no longer being X-rayed by the Units on Ministerial advice. Previously, approximately three weeks were spent in X-raying nearly 4,000 school children. Vickers-Armstrongs still formed the greatest percentage of the industrial population with 10,000 workers and here big efforts would be made to increase the industrial response by the giving of prizes, and other means. This increase was achieved eventually.

## ORGANISATION

Site: For the general public sessions the unit was situated at St. Mark's Church Hall, Carlisle Street, which was a very satisfactory building and the best available, but was not so effective as a site as it lay some way back from the main street. Unfortunately, no accommodation was available in the main street. However, the general public response was remarkable. The Women's Voluntary Service gave us great help throughout the general public sessions. Sometimes as many as three of these voluntary workers were helping during the very busy general public sessions and they proved to be a great help.

TABLE I

### RESPONSE

The overall response of 21,500 representing about 50% of the available population, as compared with the previous response of 19,570 in 1954, which may not appear to be much of an increase, but when nearly 4,000 school children are extracted (not X-rayed this time) it represents an increase of about 6,000 adults. Nevertheless, it was a little disappointing in view of the effort involved that something nearer 25,000 examinees was not achieved (this would have represented 60%—70% of the available population). As compared with the previous survey, the industrial response was held at the same figure. On the other hand, the general public response was nearly 10,000 as compared with approximately 3,490 in 1954. This may be regarded as a very satisfactory achievement indeed.

TABLE II

26 cases of active tubercule were picked up, representing 1.2 per 1,000 as compared with 46 cases in 1954, representing a rate of 2.3 per 1,000. It would appear that the Tuberculosis rate has been roughly halved. However, this is not quite as satisfactory as it would appear on the surface, because the classification has been altered in the intervening period. Under the old classification the present tuberculosis rate would appear higher. Furthermore, despite the effort involved in the present survey, we cannot really claim to have X-rayed the "infectior pool" until practically a 100% of the available population has been X-rayed. The distribution of cases shows a preponderance of males and a considerable number of cases under the age of 40, which is unusual nowadays,



and suggests a possibility of a fair amount of infectivity in the town. It is usual nowadays to find the majority of active cases in the over 40 group, due to

- (1) Chronic fibroid phthisis.
- (2) Middle age relapse of a post primary lesion.
- (3) New tubercule occurring in older men previously clear and presumably due to possible breakdown of an old primary lesion.

#### NEOPLASMS

11 malignant neoplasms were picked up as against 4 in 1954, which is in keeping with the general rise of cancer of the lung generally.

#### TABLE III

This shows that the distribution of tuberculosis is mainly amongst the industrial males (age group 20—44). 19 cases were picked up in industry as compared with only 7 cases picked up amongst the general public. This points out quite clearly the importance still of the Factory Survey in this area, as industry appears to be the greatest reservoir of disease and infection. If general public sessions are to be increased it is important that factory sessions should not suffer as a result.

#### COMMENTS

This may be regarded as being a successful survey despite many set-backs. Mr. C. W. Hall, the Organising Secretary, was severely ill during the period of this survey, and thanks were due to his Assistant, Mr. J. Ainsworth, for carrying out most of the work involved.

On the whole, I doubt whether this type of survey can be extended much more with the staffing and money available, and for the Unit to do so it would require undoubtedly more money and clerical help, presumably from the Local Authority. More time is also needed for the preparation of such a survey and we regard the minimum period as being at least 18 months. Prize giving was well organised and I think good publicity accrued as a result.

Dr. Capper went on to thank the Women's Voluntary Service of the town and the various business people for their practical help.



TABLE I. ANALYSIS OF PERSONS EXAMINED

TYPE OF EXAMINEE (G.R.O. Coding)	MALES										FEMALES										Grand Total			
	Under 14	14 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 59	60 to 64	65 and over	Total	Under 14	14 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 59	60 to 64		65 and over	Total	
Out-patients and In-patients of Hospitals (excluding Mental Hospitals) (0)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Army Intakes (1)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General Practitioner Referrals (2)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	—	—	—	10	10
School Children (3)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Contacts (4)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Special Surveys (5)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Factories/Offices (6)	—	—	820	670	2150	2230	2170	1020	460	210	9730	—	—	660	400	280	230	240	70	10	—	—	1890	11620
Inmates of Prisons, etc. (6x)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General Public Volunteers (7)	350	50	350	200	520	580	560	180	100	280	3170	380	80	690	590	1000	1430	1070	580	340	560	6720	9890	
Ante-natal patients (8)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental and Mental Deficiency Hospitals, Patients and Staff (9)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	350	50	1170	870	2670	2810	2730	1200	560	490	12900	380	80	1350	990	1280	1660	1310	660	350	560	8620	21520	

N.B.—The above figures represent a 10% sample of the number of persons X-Rayed.

ABNORMALITIES	MALES											FEMALES											GRAND TOTAL				
	Under 14	14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 59	60 to 64	65 and over	Total	Rate per 1000	Under 14	14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 59	60 to 64	65 and over	Total	Rate per 1000	Cases	Rate per 1000	
0. Tuberculosis requiring close clinic supervision or treatment.	—	—	—	3	3	2	7	1	1	1	18	1.4	—	—	1	2	2	2	1	—	—	—	8	0.9	26	1.2	
1. Tuberculosis requiring only occasional out-patient supervision.	—	—	—	2	—	6	3	1	1	4	17	1.3	—	—	1	1	2	—	3	2	—	3	12	1.4	29	1.3	
2. Malignant Neoplasms.	—	—	—	—	—	1	3	1	3	2	10	0.8	—	—	—	—	—	—	—	1	—	—	1	0.1	11	0.5	
3. Non-malignant Neoplasms.	—	—	—	—	—	—	1	1	1	—	3	0.2	—	—	—	—	—	—	—	—	—	2	2	0.2	5	0.2	
4. Lymphadenopathies (excluding Sarcoids).	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Sarcoids (including enlarged Hillar Glands).	—	—	—	—	1	—	—	—	—	—	1	0.08	—	—	—	—	—	1	1	—	—	—	2	0.2	3	0.1	
6. Congenital Cardiac abnormalities and abnormalities of the Vascular System.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acquired Cardiac abnormalities & abnormalities of the Vascular System.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Pneumoconiosis without P.M.F.	1	—	2	1	—	2	21	21	10	5	63	4.9	—	—	2	1	2	10	31	43	27	17	133	15.5	196	9.1	
9. Pneumoconiosis with P.M.F.	—	—	—	—	—	2	3	4	1	2	12	0.9	—	—	—	—	—	—	—	—	—	—	—	—	12	0.6	
	—	—	—	—	—	—	1	—	—	—	1	0.08	—	—	—	—	—	—	—	—	—	—	—	—	1	0.05	





Commenting on the above tables, Dr. Edge states :—

“ I can only observe that the main figures are in keeping with the national trends ; i.e., the rate for active tuberculosis is now down to 1.2 per thousand compared with 2.3 per thousand during the last survey ; this may well reflect the improvement which would be expected as a result of the extensive use of chemotherapy.

I note also a substantial increase in the numbers of carcinoma of the bronchus ; even though the numbers involved are small, this also would reflect the national trend.”

### B.C.G. VACCINATION

The following tables show the number of persons vaccinated during the year through the Authority's arrangements :—

	Pre-school Children	School Children	Adults
<b>A. Contact Scheme</b>			
(i) No. skin tested	24	56	63
(ii) No. found positive	2	18	37
(iii) No. found negative	22	38	26
(iv) No. vaccinated	22	38	24
<b>B. School Children Scheme (Children under fourteen years of age)</b>			
(i) No. skin tested	914		
(ii) No. found positive	91		
(iii) No. found negative	823		
(iv) No. vaccinated	809		
<b>C. Older School Children Scheme—Period from 1st May to 31st December, 1959 (Children of fourteen years and upwards).</b>			
(i) No. skin tested	13		
(ii) No. found positive	1		
(iii) No. found negative	12		
(iv) No. vaccinated	12		

Additionally 451 newborn babies were given B.C.G. vaccination in Risedale Maternity Hospital under arrangements made by the Hospital Management Committee. The Health Visitors read the results of the vaccinations when they visit the babies at home.

### CONVALESCENCE

Under an arrangement with the Board of Governors of Barrow War Memorial Convalescent Home, the Authority assumes financial responsibility for persons referred from general practitioners and the local hospitals for periods of convalescence in the Home, who are unable to pay the normal charges. Cases are normally admitted for two weeks and may be granted additional time if necessary.

The number of cases admitted under these arrangements during the year is as follows :—

One week	2
Two weeks	17
Three weeks	8
Four weeks	5
Total	32



### LOAN EQUIPMENT

A variety of items of equipment for issue on loan to chronic sick and other patients being treated at home is held at the District Nurses' Home. The stock includes wheelchairs, commodes, air-beds, air rings, bed cradles, back rests, bed pans, urinals, rubber sheeting and crutches.

### HEALTH EDUCATION

Three topics were given publicity during the year. There was a national stimulus for poliomyelitis vaccination in the early part of the year and advantage was taken of this to exhort the townspeople to come forward for vaccination. Posters, distribution of bookmarks, press publicity slides in local cinemas and distribution of registration cards in public places, as well as the personal efforts of all nursing staff brought a substantial increase in the numbers of people vaccinated.

In the early summer emphasis was concentrated on the Mass Radiography Survey; the details are recorded earlier in this report.

During the summer a poster display was carried out in connection with the "Kill That Fly" campaign.

Dr. Malcolm Donaldson, Honorary Secretary of the Cancer Information Association, came on 28th May, and gave a talk on Cancer Education to nurses employed by the Authority, Hospitals in the area, and nurses working for the Lancashire County Council in their No. 1 Division. This afternoon meeting was well attended and proved useful in giving nurses the latest information about the social facts and prognosis of cancer.

An evening meeting for doctors in the area was poorly attended, although it was well publicised and held at a time during the evening which, by common consent, suits the majority of doctors.

Although opportunity was taken to boost national topics or schemes, the main value of health education depends on individual officers re-orientating and guiding their hearers in health matters.

Doctors, dentists, nurses, public health inspectors and all staff whose day to day work brings them into contact with the public are constantly doing this, but it is hoped that more use will be made of small discussion groups and this should be easier to achieve when the establishment of health visitors is reached next year.

The Medical Officer of Health, Superintendent Nursing Officer and Chief Public Health Inspector, continue to give talks to various organisations in the town.

### DOMESTIC HELP

The reviewal by the Chairman and Vice-Chairman of the Health Committee, the Borough Treasurer and Medical Officer of Health of the administration of the Domestic Help Service, commenced in 1958, was completed in early 1959, and the Health Committee decided to adopt several of the recommendations contained in the final report of the investigation.

It was apparent that to some extent the high cost of the service could be reduced by a more economical deployment of the helps and this possibility was explored. However, it was found that until a fair proportion of the right type of full time staff could be obtained a substantial saving in this direction could not be expected. Endeavours to increase the average weekly working hours of the helps with a view to reducing the number of helps employed and thus the National Insurance contributions, were not altogether successful, as only a few of the existing staff were willing to work longer hours, for various domestic reasons. At the end of the year 125 helps were employed at an average of 15 hours each week, as against 144 at an average of 13 hours weekly at the end of



1958. Further, the close supervision required in this service is not possible under the present arrangements whereby the Superintendent Nursing Officer includes in her duties those of Domestic Help Organiser, and it is recognised that the demand for the service increases annually.

As a result of the decision to adopt a revised method of assessing charges and the introduction of a minimum weekly charge of 3s. 0d., the income for the year 1959-60 is estimated to be £3,164, an appreciable increase over the previous year's total of £735. The main effect of the revised assessments has been the inclusion of other than standard incomes and of contributions from members of the household other than the patient, and there has been no evidence of any undue hardship caused to patients.

During the year two cases were given special consideration to prevent deterioration in the mother's health and consequent breakup of the home if the mothers had to enter hospital. The assessed charges were much reduced to enable the families to accept the help and it is felt that this action, together with the close attention given by the Superintendent Nursing Officer, served the purpose intended.

The following table shows the increase in the cost and size of the service since 1951 :

	1951	1955	1958	1959
Annual cost of service .....	£ 3199	£ 8592	£ 17944	£ 18866†
Amount recoverable from patients .....	755	500	735	3164†
No. of Domestic Helps employed	40	88	144	125
No. of persons who received help	105	337	500	552
† Estimated				

Of the 552 persons who received help during 1959, there were 512 aged and infirm, 5 tuberculous, 7 maternity cases and 28 other cases.

The total hours worked by the 125 part-time helps could be covered by 43 full-time employees.

A Night Sitter-in Service is available for cases of emergency, but there has been no request for its use during the year.

Although the above observations refer mainly to cost and deployment of the Domestic Helps, it is obvious that the service is of considerable advantage to the aged and infirm, being one of the main supports of this section of the community, retaining them in the familiar surroundings of home as long as possible and permitting their early return home after hospitalisation.

#### CHIROPODY

In a Circular to Local Health Authorities, the Minister of Health stated that he was now prepared to approve proposals for providing Chiropody facilities for, initially, aged and handicapped persons and expectant mothers.

A scheme was prepared and submitted to the Minister, but the service had not been introduced by the end of the year.



## SECTION 5

### MENTAL HEALTH SERVICE

The main point of note is the long awaited Mental Health Act, which received the Royal Assent on 29th July, 1959. This will come into effect on later dates as agreed by the Minister of Health, different dates to be arranged for different parts of the Act.

An order bringing into effect those parts of the Act which were necessary to allow completely informal admission to mental hospitals has already been made during the latter part of the year.

The Mental Health Act, 1959, will repeal the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts which laid down special procedures for admission of mental patients to hospitals, for their detention in hospital and for certain forms of control over those living in the community. The new Act states new procedures for all types of mental patients.

Hospital and Local Authority services will continue to be provided as in the National Health Service Acts, but in the Mental Health Act there will be a considerable expansion of services provided by the Local Authorities. The main difference made for hospitals by the new Act is the freedom to provide treatment in any hospital for patients suffering from mental disorder. Special units can be provided in, or attached to, general hospitals for that purpose.

In order that the Mental Health Workers are kept fully aware of the rapidly changing role they will have to perform under the new Act, the Senior Mental Welfare Officer commenced attending a lengthy refresher course held at Leeds, organised by the National Association for Mental Health, in conjunction with the Department of Adult Education and Extramural Studies of the University of Leeds.

The course, part of which is residential, consists of lectures, discussions and visits of observation and has already proved useful in the re-orientation of staff.

The Junior Mental Welfare Officer attended a week-end conference held at Scarborough, again organised by the National Association for Mental Health.

During the year the Health Committee gave approval for the appropriate members of the staff of the Health Department to pay visits to the Royal Albert and the Lancaster Moor Hospitals, and also for a visit to be arranged to the Royal Albert Hospital for the benefit of relatives of sub-normal and severely sub-normal patients.

The visit by the relatives and certain members of the staff to the Royal Albert Hospital was arranged by kind assistance of Dr. R. C. Cunningham, Medical Superintendent, and proved to be interesting and was much appreciated by the relatives.

The periodic clinic held by Dr. R. C. Cunningham, Consultant Psychiatrist, is still proceeding satisfactorily and is proving most helpful in the cases of sub-normal and severely sub-normal patients referred to him for advice.

The monthly meeting held at the Lancaster Moor Hospital, attended mainly by the Mental Welfare Officer, is continuing and with the rapidly changing structure in the mental health field, this close liaison with the mental hospital is essential and beneficial to mental health workers and patients alike.

The Minister of Health requested Local Authorities to formulate their proposals for providing the local authority services of the Mental Health Act, 1959, and these proposals are set out below as approved by the Ministry at the time of writing.



PROPOSALS FOR THE PROVISION OF MENTAL HEALTH SERVICES  
UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT,  
1946

1. GENERAL

The Local Health Authority will make arrangements for the prevention of mental disorder and the care and after-care of persons suffering from mental disorder in accordance with the scheme for the provision of a Mental Health Service. It is intended that the proposed arrangements will replace all existing proposals approved by the Minister of Health relating to the prevention of mental illness, the care of persons suffering from mental illness or mental defectiveness, or the after-care of such persons under Section 28 of the Act; that existing proposals for carrying out duties under the Lunacy and Mental Treatment Acts, 1890—1930, and the Mental Deficiency Acts, 1913—1938, will continue in operation until the relevant Sections of these Acts are repealed on dates appointed by the Minister by order under Section 153 of the Mental Health Act, 1959; and that the proposals relating to duties under these Acts will then be replaced by the proposals set out below.

Where these are divided into parts A and B, part A is a statement of the services which will be provided at the date of the Minister's approval of the proposals, or are to be introduced as soon as possible, and part B relates to future developments.

The Authority will make appropriate arrangements for the provision of services to meet the needs of the mentally disordered living in the community and will make the services known to and available to those who are in need of them.

2. ORGANISATION AND STAFF

A. The service will continue to operate on existing lines, the Health Committee undertaking responsibility for the organisation and administration through the Medical Officer of Health and by the employment of sufficient numbers of suitable staff. It is not proposed to appoint a separate Sub-Committee for the purpose.

MEDICAL STAFF

The Area Consultant Psychiatrists will be available to advise the Authority.

The Medical Officer of Health and such Assistant Medical Officers as are approved for the purpose will classify children who are suffering from mental subnormality as to whether they are able or unable to receive education at school, and will recommend the appropriate disposal for those children ascertained as ineducable. At present three of the medical staff are approved for this.

NON-MEDICAL STAFF

One whole-time Psychiatric Social Worker.

At present by arrangement with the Education Authority a Psychiatric Social Worker is employed for two half-days each week because the Local Health Authority has been unable to make an appointment.

Two whole-time Mental Welfare Officers (the present Duly Authorised Officers to be re-designated).

One whole-time clerk/typist/receptionist.

One school nurse at present assists the Consultant for Mental Deficiency for the area at a periodic clinic which he finds convenient to hold here.



The senior of the Mental Welfare Officers has attended a six months course of training arranged by the Northern Branch of the National Association for Mental Health, consisting of two separate residential periods of instruction of four weeks and one week, and twenty weekly casework seminars.

The Medical Officer of Health and/or a Mental Welfare Officer attend at Lancaster Moor Hospital about once a month to discuss with hospital staff special cases and matters of mutual importance. This arrangement will continue.

There are occasional case conferences between the Consultant Psychiatrist, Medical Officers of the Local Authority, General Practitioners and Mental Welfare Officers at the Psychiatric Out Patient Clinic at the North Lonsdale Hospital, Barrow.

The Chairman of the Health Committee is also Chairman of the Barrow and Furness Hospital Management Committee, the Medical Officer of Health is a member of the Hospital Management Committee and the Local Executive Council, and two General Medical Practitioners are co-opted on the Health Committee. The Vice-Chairman of the Health Committee is a member of the Hospital Management Committee of the Mental Hospital for this area.

Voluntary bodies are in close personal communication with the Medical Officer of Health and Superintendent Nursing Officer about persons who they hope can be helped by statutory services.

#### B. FUTURE DEVELOPMENTS

##### STAFF

The Authority will appoint officers to act as Mental Welfare Officers under the Mental Health Act, 1959, and will appoint such additional staff as may be necessary.

##### TRAINING

Training of present or future staff will be undertaken as appropriate.

##### LINKS WITH OTHER ORGANISATIONS

Case conferences between Psychiatrists, Local Authority Medical Staff, General Practitioners and Mental Welfare Officers will be developed to bring in Health Visitors and voluntary welfare workers.

#### 3. SERVICES TO BE PROVIDED

The Authority will carry out its duties under Section 28 of the National Health Service Act, 1946, for the prevention of mental disorder and the care and after-care of persons suffering from mental disorder in accordance with the following provisions.

#### 4. JUNIOR TRAINING CENTRE

A. The Authority is providing, as soon as possible, a Day Training Centre for children who are found to be incapable of receiving education at school and are considered to be suitable for attendance. The Centre will have sections for Nursery, Junior, Senior Boys and Senior Girls.

Milk and mid-day meals will be provided by arrangement with the School Meals Service. Under similar arrangements the School Health Service will carry out regular medical inspection, dental treatment, physiotherapy and speech therapy services as necessary.

Transport for children to and from the Centre will be provided if required.

Admissions to the Centre will start in the Junior group with expansion at both ends of this range, to 40 places initially.

The staff required at this stage will be :—

- 1 Supervisor, N.A.M.H. Diploma.
- 2 Assistant Supervisors.
- 1 Kitchen Hand/General Assistant.
- 2 Cleaners/General Assistants.



## B. FUTURE DEVELOPMENT

When the Centre has been in operation for some years consideration will be given to further developments which may then be indicated in the light of the needs of the area and training arranged for staff as required.

It is proposed to appoint additional staff of 2 Assistant Supervisors and one general assistant as the number of places increases to the limit of 80.

## 5. ADULT TRAINING CENTRES

B. It is not immediately intended to provide separate facilities for adult training, nor to provide an Adult Training Centre, as the size of this problem is not considered to be very great. However, the position will be kept under observation and future developments in the service may allow for the attendance of certain selected adults at the Junior Training Centre in special cases.

## 6. RESIDENTIAL ACCOMMODATION FOR THE MENTALLY DISORDERED

A. There is no provision at present.

The Authority will make such provision as may be necessary, either directly or by making arrangements with other bodies, or authorities, or otherwise.

## 7. HOME TRAINING

There are no immediate proposals for the employment of persons to give training to patients in their own homes and any future needs for this will be reviewed after the Junior Training Centre is in full operation.

The Authority will provide Home Training as necessary.

## 8. DAY CENTRES, SOCIAL CLUBS & OTHER ACTIVITIES

No arrangements under this heading exist. If Medical Staff or Mental Welfare Workers suggest developments in these activities the Authority will provide them as necessary.

## 9. HOME VISITING

Home visiting to provide care and after care will be carried out by the Mental Welfare Officers augmented by the services of a Psychiatric Social Worker. It is recognised that Health Visitors can contribute much in this field, in their normal duties, and developments will be directed towards re-orientating them for this work and encouraging their interest.

Arrangements will be made as may be necessary to allow Mental Welfare Staff to take suitable training, and they will be encouraged to do so.

## 10. GUARDIANSHIP

The Authority will exercise its functions under the Mental Health Act, 1959, in respect of persons placed under guardianship, whether under that of the Authority or of other persons, when these replace the functions under existing legislation.

The immediate necessity in this area is a Junior Training Centre and a scheme to transform Drummard House for such a centre was being prepared at the end of the year for submission to the Ministry.

Until the Authority has its own arrangements for training, three boys were accepted for training in the Junior Centre at Ulverston, which is maintained by the Lancashire County Council.



## LUNACY AND MENTAL TREATMENT

Cases dealt with during the year were as follows :—

	Male	Female	Total
Patients admitted under the provisions of Section 20	10	19	29
Patients admitted on Summary Reception Orders	2	2	4
Patients admitted voluntarily, informally and temporarily by Mental Health Department	14	35	49
Total	26	56	82

All admissions continue to be made direct to the Lancaster Moor Hospital, both day and night, which constitutes a return journey of approximately five hours.

77 journeys to Lancaster were made during the year.

Of the 29 patients admitted to hospital under Section 20 (three day order), 8 males and 20 females remained as voluntary or informal patients.

In addition to the above, 18 males and 19 females were admitted direct to the Lancaster Moor Hospital of their own accord, following an appointment with the Consultant Psychiatrist.

Discharges from the hospital during the year were 53 males and 77 females.

During the year 435 visits were made in connection with home condition reports, case histories, progress reports, after care and other incidental matters relating to the mentally sick.

328 visits were made to the office in connection with mental health.

## MENTAL DEFICIENCY

70 visits were made to cases under Statutory Supervision by the Mental Health Officers during the year and 7 visits were made by the Deputy Medical Officer of Health.

A further 240 visits were made by the Mental Health Officers in connection with other matters pertaining to cases of mental defect.

Cases admitted to hospital during the year were as follows :—

	Male	Female	Total
Under Section 6 (Order on Petition)	1	—	1
Under Section 8 (1) (b) (Court Order)	1	—	1
Informal basis (including 3 male & 5 female patients admitted for short stay periods under Ministry of Health Circular 5/52)	3	10	13
Total	5	10	15

A high standard of co-ordination is essential with the various mental deficiency hospitals for the running of an efficient service, in the fostering of which the following reports were completed at the request of the respective Medical Superintendents :—

	Male	Female	Total
Home condition reports	20	20	40
Case notes	4	6	10
Progressive reports (licence cases)	10	8	18
Total	34	34	68

The number of new cases ascertained during the year were as follows :—

	Male	Female	Total
Cases reported by Local Education Authority			
Under Section 57(3) of the Education Act, 1944	—	5	5
Under Section 57(5) of the Education Act, 1944	6	7	13
<b>Total</b>	<b>6</b>	<b>12</b>	<b>18</b>

Defectives in the community awaiting admission to a mental deficiency hospital and at the end of the year on the waiting list of the Manchester Regional Hospital Board numbered 6 males and 11 females. Vacancies are difficult to obtain and some cases, now becoming urgent, have been on the waiting list for a number of years.

Below is appended a table showing the total number of ascertained defectives on the register of the Local Authority at the end of the year :—

	Under 16 years		Over 16 years	
	Male	Female	Male	Female
Under statutory supervision	8	9	60	55
Under guardianship	—	—	—	—
In places of safety	—	—	—	—
In hospitals	6	6	56	48
Under voluntary supervision	—	—	4	11
<b>Totals</b>	<b>14</b>	<b>15</b>	<b>120</b>	<b>114</b>



**SECTION 6.**  
**PORT HEALTH, 1959**

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointments held
Dr. I. D. M. Nelson	Port Medical Officer	1/3/57	M.B., Ch.B., B.A.O., D.P.H.	Medical Officer of Health
Dr. Dorothy G. Stewart	Deputy Port Medical Officer	5/10/48	M.B., Ch.B.	Dep. Med. Officer of Health
John Shanks	Port Health Officer	1/4/42	Cert.R.S.I. & S.I. Joint Board, etc.	Chief Public Health Inspector.
Ronald J. Morse.	Port Health Officer	7/7/58	Cert.R.S.I. & S.I. Joint Board, etc.	Deputy Chief Public Health Inspector

**AMOUNT OF SHIPPING ENTERING THE DISTRICT  
DURING THE YEAR.**

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 Public Health Inspector	
Foreign Ports....	111	200,803	2	105	Nil.
Coastwise ....	170	114,561	Nil.	24	Nil.
Total ....	281	315,364	2	129	Nil.

**CHARACTER OF SHIPPING AND TRADE DURING THE YEAR.**

PASSENGER TRAFFIC ....	{	Number of passengers INWARDS—4. Number of passengers OUTWARDS—3
CARGO TRAFFIC ....	{	Principal IMPORTS—Iron Ore, Wood Pulp, Pig Iron, and Grain. Principal EXPORTS—Coke, Pig Iron and Ingot Moulds.

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

## SMALLPOX.

- (1) Names 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 ambulance to the hospital. Members of the ambulance crew have been vaccinated recently.

- (3) Names of smallpox consultants available.

Dr. D. C. Liddle, Monsall Isolation Hospital, Newton Heath, Manchester, 10.

Dr. E. R. Peirce, Port Health Offices, Pier Head, Liverpool, 3.

Prof. A. B. Semple, Health Department, Hatton Garden, Liverpool, 3

Dr. C. Metcalfe-Brown, Town Hall, Manchester, 2.

- (4) Public Health Laboratory, Preston.

## 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 whenever possible 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.

## 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.	17	17

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



INSPECTION OF SHIPS FOR NUISANCES

Nature and Number of Inspections		Notices served		Result of serving Notices
		Statutory Notices	Other Notices	
Routine Inspections and Re-Inspection....	138	Nil.	9 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 .....	138	Nil.	9	.....

**SECTION 7**  
**ENVIRONMENTAL HEALTH**

This part of the report is compiled by the Chief Public Health Inspector.

**HOUSING**

**INSPECTIONS**

Number of Housing Inspections ..... 399

**HOUSING REPAIRS**

Number of unfit or defective houses rendered fit during the year as a result of informal action ..... 79

**ACTION UNDER STATUTORY POWERS**

**PUBLIC HEALTH ACT**

Number of houses in which defects were remedied after service of formal Notices :—

(a) by owners ..... 65  
(b) by the local authority in default of owners ..... 8

**HOUSING ACT, 1957**

Number of unfit houses rendered fit for human habitation after service of formal notices :—

(a) by owners ..... 2  
(b) by the local authority in default of owners ..... 6

**DEMOLITION ORDERS**

7 Demolition Orders were made in respect of 7 houses. One of these Orders was later revoked under the provisions of Section 24 of the Act.

**CLOSING ORDERS**

Number of Closing Orders made in respect of unfit dwellings ..... 21

**UNDERTAKINGS TO REPAIR**

Undertakings to repair 3 houses were accepted following service of notice of intention to consider making Demolition or Closing Orders.

**UNDERTAKING DETERMINED**

An undertaking given by the owner of an unfit house, not to use it as a dwelling, was determined following the repair, reconditioning and improvement.

**THE RENT ACT, 1957**

Summary of work carried out :—

Requests from tenants for inspections of their dwellinghouses and for advice in respect of the completion of Form G	29
Applications for Certificates of Disrepair	28
Certificates of Disrepair Issued	14
Landlords' undertakings to remedy the defects listed on Local Authority's Notice to Landlords of Proposal to issue a Certificate of Disrepair	19
Such undertakings refused by the Local Authority	2
Applications by landlords to the Local Authority for cancellation of Certificate of Disrepair	32
Objections by tenants to cancellation of Certificates of Disrepair	9
Certificates cancelled by the Local Authority	23
Visits of inspection paid to dwellinghouses in connection with the above	923
Applications by landlord or tenant for Certificate as to remedying of Defects which the landlord has undertaken to remedy	3
Certificates as to the remedying of defects specified in a landlord's undertaking to remedy defects	4



## ABATEMENT OF NUISANCES

Complaints regarding nuisances and sanitary defects received and investigated .....	604
Inspections and re-inspections made under the provisions of the Public Health & Housing Acts .....	2345
Intimation Notices served in connection with Nuisances and Sanitary Defects.....	188
Statutory Notices served in connection with Nuisances & Sanitary Defects	108
Miscellaneous inspections (Piggeries, Stables, etc.) .....	293
Interviews with owners, agents, contractors, etc. ....	657

Summary of the work carried out during the year by formal action :—

## WATER CLOSETS, FLUSHING APPARATUS, ETC.

W.C. roofs repaired .....	19
W.C. doors repaired or renewed .....	14
W.C. floors repaired or renewed .....	2
W.C. cisterns repaired or renewed .....	17
W.C. flushing apparatus repaired or renewed .....	9
Broken pedestal W.C. basins repaired or renewed .....	14
W.C. flushing apparatus provided with a proper supply of water .....	8
W.C. conversions .....	6
W.C. seats repaired or renewed .....	9
Defective W.C. walls repaired or rebuilt .....	15
Defective connections between W.C. basin and flushpipe .....	2

## EAVESGUTTERS, RAINWATER PIPES, HOPPER HEADS, ETC.

Premises on which eavesgutters were cleared, repaired or renewed .....	60
Premises on which rainwater pipes were repaired or renewed .....	34
Defective lead valley gutters repaired or renewed .....	2
Yard gulleys unstopped .....	5
Broken gulleys renewed .....	5
Gratings provided to gulleys .....	1

## DRAINAGE AND YARD PAVING, ETC.

Stopped drains cleared and repaired .....	9
Defective drains repaired or relaid .....	6
Defective drain vent shafts repaired or renewed .....	3
Defective yard surfaces repaired or renewed .....	10
Broken and defective sink waste pipes repaired or renewed .....	11
Broken and defective bath waste pipes repaired or renewed .....	2
W.C. soil pipes repaired or renewed .....	4
Cases of cellar flooding remedied .....	1

## YARD WALLS, YARD DOORS, ETC.

Defective yard doors repaired or renewed .....	22
Defective yard walls repaired or renewed .....	16



## GENERAL REPAIRS AND RENEWALS TO DWELLING HOUSES

Roofs repaired	77
Floors repaired and renewed	45
Cases of dampness in walls remedied	113
Cases of Defective plasterwork of walls repaired or renewed	33
Defective house walls repaired or rebuilt	20
Cases of defective plasterwork of ceilings repaired or renewed	44
Defective doors repaired or renewed	33
Defective kitchen firegrates repaired or renewed	11
Defective parlour firegrates repaired or renewed	5
Defective chimney stacks repaired or rebuilt	6
Defective chimney flues repaired or reconstructed	5
Defective flashings repaired or renewed	2
Defective cement renderings to external walls repaired or renewed	6
Defective skylights repaired or renewed	7
Defective sinks renewed or refixed	12
Loose handrails to staircases refixed	1
Defective firegrate surrounds and hearths repaired or renewed	9
Defective firebacks to kitchen ranges repaired	12
Defective window frames repaired or renewed	30
Defective window sills repaired or renewed	43
Defective window sashes repaired or renewed	52
Cases of defective window glazing, putty-pointing, etc., remedied	29
Cases of defective pointing to window and door reveals	41
Defective window cords remedied	25
Rooms in which skirting boards were provided or repaired	19
Broken and dangerous steps repaired or renewed	4
Water storage cisterns repaired or renewed	2
Defective weatherboards and threshwoods provided or repaired	18
Cases of defective pointing remedied	24
Defective pipes and taps repaired	6
Coal store, outhouse, etc., structural repairs	6

## OTHER MATTERS

Accumulations of offensive refuse removed	5
Food stores provided with means of ventilation	1
Miscellaneous nuisances abated	4

## DISINFESTATION

The Department carried out disinfestation for bugs, fleas, beetles, ants, mites, etc., at 14 privately owned premises and 31 Corporation owned premises. The District Inspectors made 260 visits in connection with infestation of vermin and other insect pests.

## WATER SUPPLY TO OCCUPIED DWELLING-HOUSES

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	4
Dwelling-houses provided with a sufficient supply of water	9
Leaking pipes repaired	12



## DRAINAGE WORK

Inspections and tests carried out in connection with the repair, alteration or addition to drains ..... 525

## SHOPS ACT, 1950

Inspections carried out under the provisions of the Shops Act, 1950 .... 217  
The provisions were generally well complied with.

## CONTROL OF MOVEABLE DWELLINGS

There are two licensed sites within the County Borough. One of the sites, situated on land at Earnse Point, Walney, is occupied by modern caravans and is supervised by a resident manager. There is a permanent sanitary block, fitted with water closets and showers, with separate accommodation for each sex. There is a general store for the sale of provisions on the site and further developments are planned. A considerable number of the caravans on this licensed site are now occupied as full-time residences.

## RODENT CONTROL

Until 31st March, 1959, the Chief Public Health Inspector was responsible for the control of surface infestations, the Borough Engineer and Surveyor being responsible for the treatment of sewers. From 1st April, 1959, the whole of this work became the responsibility of the Chief Public Health Inspector, and, in addition, the treatment of agricultural holdings, for which the Ministry of Agriculture, Fisheries and Food had formerly provided a service, was also transferred to the Chief Public Health Inspector.

The Council employ a Rodent Officer and 3 Rodent Operatives. The work is carried out free of charge at dwellinghouses, and the occupiers of business and commercial premises, factories and workplaces are required to pay for the cost of materials and labour. Agricultural holdings are treated on the basis of annual contracts.

## SUMMARY OF THE WORK

	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) 23	119	6	38	186
	(b) 15	82	30	9	136
	(c) 47	514	6	496	1063
Total inspections carried out including re-inspections.	128	690	414	658	1890
Number of properties inspected which were found to be infested by rats.	Major 5	1	8	—	14
	Minor 5	73	22	13	113
Number of properties inspected which were found to be infested by mice.	Major 1	2	—	5	8
	Minor 6	86	6	21	119
Number of infested properties treated by the Local Authority.	17	162	36	39	254



Number of "block" control schemes carried out	14
No. of sewer manholes treated	678
No. of above showing complete takes of bait	270
No. of above showing partial takes of bait	285

#### SMALL DWELLINGS ACQUISITION & HOUSING ACTS APPLICATIONS FOR ADVANCES, GUARANTEES & IMPROVEMENT GRANTS

As a result of requests for information from the Town Clerk and the Surveyor in connection with the above-mentioned applications, 191 dwelling-houses were inspected.

#### SANITARY CONDITION OF CINEMAS, THEATRES AND PLACES OF PUBLIC ENTERTAINMENT

9 premises were in regular use as Cinemas, Theatres or Places of Public Entertainment. Inspections and, where necessary, re-inspections were carried out at all of them, and reports upon the sanitary conditions found were made to the Watch Committee.

The sanitary condition of 4 of the premises was found to be satisfactory.

The defects and unsatisfactory conditions found in the remaining premises were :—

- Badly worn, loose and dangerous floor coverings at one theatre and cinema.
- Defective upholstery of the seats in one theatre and cinema.
- Defective fittings in the sanitary conveniences in 4 theatres and cinemas.
- Insufficient supply of water to a W.C. in 1 theatre and cinema.
- Broken and perished wallplaster in the sanitary accommodation of 1 theatre and cinema.

#### PHARMACY AND POISONS ACT, 1933

Applications dealt with for the inclusion or retention of names in the Authority's list of persons entitled to sell poisons	6
---	---

#### THE MILK & DAIRIES REGULATIONS, 1949-1959

Visits paid to Dairies and Milk Pasteurising Depots	171
No. of Registered Dairies	21
Distributors of Milk registered during the year	7

#### THE MILK (SPECIAL DESIGNATIONS) (RAW MILK) REGULATIONS, 1949-54. THE MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949-54.

The Milk (Special Designations) (Raw Milk) Regulations 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, provide that 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.



THE MILK (SPECIAL DESIGNATIONS) (SPECIFIED AREAS) (No. 2) ORDER, 1957

Under this Order the provisions of Sub-section (1) of Section 37 of the Food and Drugs Act, 1955, apply in an area which includes this County Borough.

Since 1957, all dairymen who retail milk in any part of the area must sell milk under special designation, irrespective of whether the premises from which the milk is retailed are inside or outside the area, and any milk which is retailed outside the specified area from those same premises must also be sold under special designation.

It is also obligatory to use a special designation in relation to milk sold to a caterer unless the caterer intends to pasteurise or sterilise the milk and is licensed to do so.

The special designations authorised by the Milk (Special Designation) Regulations, 1949 to 1954, are "Pasteurised," "Sterilised," and "Tuberculin Tested."

No. of Licences issued authorising the retail sale of Pasteurised Milk ....	102
No. of Licences issued authorising the retail sale of Tuberculin Tested Milk ....	49
No Sterilized Milk is sold within the Borough.	

BACTERIOLOGICAL EXAMINATION OF MILK

PASTEURISED MILK

Samples satisfactory .....	45
Licensed Milk Pasteurisers in the Borough (H.T.S.T.) .....	2

TUBERCULIN-TESTED (PASTEURISED) MILK

Samples satisfactory .....	12
Licensed Pasteurisers of Tuberculin-Tested Milk (H.T.S.T.) .....	2

TUBERCULIN-TESTED MILK (PRODUCED WITHIN THE BOROUGH)

Samples satisfactory .....	27
Unsatisfactory on Methylene Blue Test .....	Nil.

TUBERCULIN-TESTED MILK (PRODUCED OUTSIDE THE BOROUGH)

Samples satisfactory .....	40
Unsatisfactory on Methylene Blue Test .....	5

BIOLOGICAL EXAMINATION OF MILK

Samples for Animal Inoculation Test .....	72
Samples showing the presence of B. Tuberculosis .....	Nil.
Samples showing the probable presence of Brucella Abortus .....	11

MILK SAMPLES

Number analysed .....	120
Number reported to be genuine .....	104
Number reported to be adulterated or below the legal standard .....	16
Percentage of samples adulterated or below the legal standard .....	13.33



Average percentage of fatty and non-fatty solids in total samples analysed :

Fatty solids	....	....	3.69
Non-Fatty solids			8.72
Total solids	....	....	12.41

Eleven samples were shown to be milks of abnormal composition, and the County Milk Production Officer was informed accordingly.

#### THE ICE-CREAM (HEAT TREATMENT, ETC.) REGULATIONS, 1959

These Regulations came into operation on 27th April, 1959, and consolidate and amend the Ice-Cream (Heat Treatment, Etc.) Regulations, 1947 to 1952. They require that after mixing the ingredients used in the manufacture of ice-cream, they are to be pasteurised by one or other of three specified methods, or sterilised, and thereafter kept at a low temperature until the freezing process is begun. The Regulations make it an offence to sell or offer for sale ice-cream which has not been so treated or which has been allowed to reach a temperature exceeding 28°F. without again being treated. They exempt from pasteurisation or sterilisation certain types of water ices and ice lollies, which are sufficiently acid to make such treatment unnecessary.

#### THE FOOD STANDARD (ICE-CREAM) REGULATIONS, 1959

These Regulations came into operation on 27th April, 1959, and prescribe amended standards of composition for ice-cream and " Parev " (Kosher) ice, and introduce separate standards of composition for dairy ice-cream and milk ice. Alternative standards are prescribed for certain descriptions of ice-cream containing fruit, fruit pulp or fruit puree.

#### THE LABELLING OF FOOD (AMENDMENT) REGULATIONS, 1959

These Regulations came into operation on 27th April, 1959, and prohibit the labelling, marking or advertising of ice-cream in a manner suggestive of butter, cream, milk or anything connected with the dairy interest, unless the ice-cream contains no fat other than milk fat (apart from fat introduced by the use as an ingredient of any egg, any flavouring substance or any emulsifying or stabilising agent), but permit the presence of skimmed milk solids to be declared. The Regulations also impose requirements as to the labelling of pre-packed ice-cream containing fat other than milk fat.

The administration of the above new Regulations was fully carried out by visits and inspections which showed that the Regulations were being complied with.

#### BACTERIOLOGICAL EXAMINATION OF ICE-CREAM

32 samples of Ice-Cream were obtained from various premises and were submitted to the Methylene Blue Test recommended by the Ministry of Health. Results were as follows : Grade 1, 23 ; Grade 2, 8 ; Grade 3, 1.

#### THE FOOD HYGIENE REGULATIONS, 1955-1956

Inspections were carried out in shops, food factories and warehouses, restaurant and hotel kitchens, canteens, ice-cream manufacturers' and dealers' premises, butchers' shops, market halls and cold stores, as well as vehicles used for the transport of meat and foodstuffs.



## FOOD PREMISES IN THE AREA:

Butchers' Shops	....	....	....	70
Bakehouses	....	....	....	48
Confectioners' Shops	....	....	....	40
Restaurants and Cafes	....	....	....	47
Grocers' Shops	....	....	....	125
Wet Fish Shops	....	....	....	16
Fried Fish Shops	....	....	....	30
Ice-Cream Premises :				
(a) Manufacturers	....	....	....	3
(b) Retailers	....	....	....	266
				<hr/>
				645
				<hr/>

## Inspections of registered food premises :—

Manufacture of Preserved Food	328
Ice-Cream Premises	....
	....
	157

Inspections of food premises other than those registered under Section 16 1,275

By inspection and informal action, repair and improvement work, with the provision of new equipment, was carried out at 167 food premises.

## PUBLIC HEALTH (PRESERVATIVES IN FOOD) REGULATIONS.

156 visits were made in this connection.

## PUBLIC HEALTH (MEAT) REGULATIONS, 1924

Inspections of butchers' shops, meat stalls and cold stores .... 428

The Regulations continue to be well complied with generally, and only informal action was necessary where any default was found ; transport of meat has been carried out satisfactorily.

## MERCHANDISE MARKS ACT, 1926

297 Inspections were carried out under the above-mentioned Act.

## MEAT INSPECTION

## NUMBERS OF ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIRS

YEAR	CATTLE	CALVES	SHEEP	PIGS	TOTAL
1957	6,491	898	20,192	8,096	35,677
1958	6,729	170	18,861	9,126	34,886
1959	5,931	155	25,525	8,317	40,190
Increase	....	....	6,664	....	5,304
Decrease	798	15	....	809	....

## NUMBER OF WHOLE CARCASSES WITH OFFALS CONDEMNED

YEAR	BEEF	VEAL	MUTTON	PORK	TOTAL
1957	46	30	44	49	169
1958	47	7	43	18	115
1959	43	11	101	6	161
Increase	....	4	58	....	46
Decrease	4	....	....	12	....

The total weight of meat condemned at the Abattoirs during the year was  
40 Tons 18 Cwts. 3 Qtrs. 16 Lbs.

## UN SOUND MEAT, CARCASSES AND PART CARCASSES CONDEMNED AT ABATTOIRS

DISEASE	BEEF lbs.	VEAL lbs.	MUTTON lbs.	PORK lbs.	TOTAL lbs.
Tuberculosis .....	5,972	90	—	343	6,405
Other Conditions .....	11,852	315	3,375	769	16,311
	<u>17,824</u>	<u>405</u>	<u>3,375</u>	<u>1,112</u>	<u>22,716</u>

DISEASE	BEEF lbs.	VEAL lbs.	MUTTON lbs.	PORK lbs.	TOTAL lbs.
Tuberculosis .....	3,378	27	—	2,757	6,162
Other Conditions .....	42,780	70	16,169	1,562	60,581
	<u>46,158</u>	<u>97</u>	<u>16,169</u>	<u>4,319</u>	<u>66,743</u>

## CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle Ex- cluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed .....	2214	3717	155	25525	8317
Number Inspected .....	2214	3717	155	25525	8317
All diseases except TUBER- CULOSIS & CYSTICERCI .....	3	25	11	101	4
Whole Carcasses condemned					
Carcasses of which some part or organ was condemned	1337	2881	—	11623	737
Percentage of number inspected with disease other than tuberculosis and cysticeri .....	60.52	78.18	7.09	45.53	8.9
TUBERCULOSIS ONLY :					
Whole carcasses condemned	—	15	1	—	2
Carcasses of which some part or organ was condemned	6	48	—	—	108
Percentage of number in- spected affected with tuber- culosis .....	0.02	1.69	0.64	—	—
CYSTICERCOSIS :					
Carcasses of which some part or organ was condemned .....	15	16	—	—	—
Carcasses submitted to treat- ment by refrigeration .....	15	16	—	—	—
Generalised and totally con- demned .....	—	—	—	—	—



### THE SLAUGHTERHOUSES ACT, 1958

Under the provisions of this Act, every Local Authority is required to review and, after consultation with such organisations as appear to the Authority to represent the interests concerned, to report to the Minister of Agriculture, Fisheries and Food on :—

- (a) the existing and probable future requirements of their district for slaughterhouse facilities ; and
- (b) the slaughterhouse facilities which are, or are likely to become, available to meet those requirements.

The Slaughterhouse Reports (Appointed Day) Order, 1959, provides that Local Authorities shall submit their reports within 12 months from the 2nd November, 1959.

The Slaughterhouses Act, 1958, by amending the definition of " Factory " contained in the Factories Act, has resulted in the provisions of the Factories Act relating to the safety, health and welfare of workers being extended to persons employed in slaughterhouses. With the exception of the lack of suitable provision of accommodation for the taking of meals, the facilities provided at the local Abattoirs satisfy the legal provisions.

### THE SLAUGHTER OF ANIMALS (PREVENTION OF CRUELTY) REGULATIONS, 1958

The premises, equipment and conditions at the local Abattoirs comply with the provisions of these Regulations. However, it will be necessary to provide racks for food in the cattle lairs, and the provision of at least one stunning pen for use in connection with the slaughter of cattle. This latter requirement may well involve some structural alteration to the premises.

### THE SLAUGHTERHOUSE (HYGIENE) REGULATIONS, 1958

In a considerable measure, the local Abattoirs comply with these provisions, but it will be necessary, for complete compliance, to provide suitable space apart from the slaughterhalls and hanging rooms for the emptying and cleaning of stomachs and intestines of sheep and pigs (satisfactory provision has already been made in the case of cattle), suitable means for the proper storage of condemned meat and offal (the present means of storage are contained in a somewhat dilapidated structure formerly used for lairage), and suitable and sufficient accommodation where persons employed in the Abattoirs may change their clothing. It will also be necessary to improve the artificial lighting of the pig slaughterhouse and cooling room, to provide a sufficient and constant supply of hot water to the three slaughterhalls, to provide suitable facilities for personal hygiene in the three slaughterhalls and sanitary conveniences, and to make provision for the sterilisation of cloths, knives and other equipment.

### IMPORTED MEAT

Imported meat condemned during the year was as follows :—

126 lbs. Beef ; 35 lbs. Lamb ; 95 lbs. Mutton ; 11½ lbs. Pork ; and 4½ lbs. Kidney.

### THE TUBERCULOSIS (SLAUGHTER OF REACTORS) ORDER, 1950

During the year, 54 cattle and 4 calves were directed to the Public Abattoir by Veterinary Officers of the Ministry of Agriculture, Fisheries and Food ; of these, 13 cattle were totally condemned and 29 cattle were found to be affected in some organ or part. One of the calves was affected with Congenital Tuberculosis.



## SLAUGHTER OF ANIMALS ACTS, 1933-1954

During the year, 48 Licences to slaughter or stun animals were issued.

## CATTLE MARKET

The following numbers of animals were sold by auction at the Cattle Market :—

Cattle	....	....	....	78
Calves	....	....	....	11
Sheep & Lambs	....	....	....	1218
Pigs	....	....	....	1386
Total	....	....	....	2693

## ANALYSIS OF FOOD AND DRUGS SAMPLES

Of 195 samples analysed, 34 were formal, comprising :—

29 samples of milk, of which 7 were found to be of abnormal composition and 4 were found to contain extraneous water ; 3 samples of rum, 1 of which was found to contain excess water ; and 2 samples of sausage, 1 of which was found to be slightly deficient of meat.

The remaining 161 samples, all informal, were :—

Milk	....	....	....	....	91
Rum	....	....	....	....	5
Whisky	....	....	....	....	7
Gin	....	....	....	....	1
Ice-cream	....	....	....	....	8
Ice Lollies	....	....	....	....	4
Margarine	....	....	....	....	6
Butter	....	....	....	....	3
Jam	....	....	....	....	3
Double Cream	....	....	....	....	2
Rum Butter	....	....	....	....	4
Butter Puffs	....	....	....	....	2
Instant Coffee	....	....	....	....	2
Lemon Juice	....	....	....	....	2
Vinegar	....	....	....	....	2
Travel Sickness Tablets	....	....	....	....	2

and one sample each of Rum Cherries, Dressed Crab, Chicken Paste, Cordial, Ground Almonds, Flour, Cheese Spread, Confection, Lemon Cheese, Black-currant Syrup, Grape Juice, Table Jelly, Cream Cheese, Potted Salmon, Orange Drink, Glucose.

Details of items found to be not genuine are as follows :—

## MILK

(1) A formal sample of milk in course of delivery from a Dalton farm to a local dairy was found to contain 13% added water.

Legal proceedings followed and the owners of the farm concerned pleaded "Guilty" in the Magistrates' Court and were fined £25.

(2) In a similar case where two formal samples of milk were taken from milk in course of delivery from an Ulverston farm, and the samples were found to contain 22% and 14% added water respectively, the farmer pleaded "Guilty," and was fined £15.

(3) A formal sample of milk taken in course of delivery from another Ulverston farm was found to contain at least 3% added water.



The matter was reported to the Health Committee, but in view of the small percentage of water and certain other circumstances at the farm, the Health Committee resolved that a warning letter should be sent.

#### BEEF SAUSAGE

A formal sample of beef sausage was purchased and submitted for chemical analysis. The Analyst reported that the sausage was slightly deficient of meat. The manufacturer was warned.

#### RUM

An informal sample of rum was found to contain 8.6% excess water.

A formal sample was later purchased at the same licensed premises and was found to contain the same percentage of excess water.

Legal proceedings were instituted against the Manager of the premises; he pleaded "Guilty" in the Magistrates' Court and was fined £5.

#### RUM BUTTER

An informal sample of rum butter was found to contain considerably more sugar than butter, although the label should specify the ingredients in order of the proportions in which they are used.

The manufacturers were notified and they altered their existing stock of cartons immediately and later new cartons were correctly worded.

#### CREAM CHEESE

An informal sample purchased as Cottage Cream Cheese consisted of Skimmed Curd Cheese.

The manufacturers supplied Cottage Cheese, a correct description, but the Manager of the shop displayed it as Cottage Cream Cheese. The Manager was given a caution.

#### ICE LOLLIES

Two informal samples of ice lollies, manufactured locally, showed that both contained more sugar than fruit juice, and that both contained Citric Acid and Colouring.

The wrappers on the ice lollie each gave a list of ingredients indicating that the lollies contained more fruit juice than sugar, and did not mention the presence of Citric Acid and Colouring.

The manufacturers concerned were cautioned and they altered the labels.

### FOREIGN MATTER IN FOODSTUFFS

#### CIGARETTE FILTER TIP IN LOAF

A sliced loaf from a local bakery was found to contain a used cigarette filter tip.

The facts of the matter were fully reported to the Health Committee and a warning letter was sent.

#### INFESTATION IN CHOCOLATE NUT CONFECTIONERY

A chocolate nut confection was found by a customer to contain a maggot. On inspection of the shop, a box of the same confectionery was found to be similarly infested. The Health Committee sent a warning letter to the manufacturers.

#### INSECT IN TIN OF SLICED PEACHES

A type of bee was discovered by a customer in a tin of peaches. After considering information from the canners and the Public Health Inspector of the Authority in whose area the fruit was canned, the Health Committee resolved to send a warning letter.



### CARDBOARD IN TEA CAKE

A local bakery firm were fined £5 for selling a tea cake containing pieces of cardboard, the same firm having been previously convicted for a similar offence.

### NAIL IN TEA CAKE

A fruit box nail was found in a tea cake made by a local bakery. Investigation was more appropriately carried out by the Police and the Health Committee took no action.

### SUMMARY OF FOOD DESTROYED

#### BY DESCRIPTION—

	Tins
Meat .....	714
Fruit .....	1323
Vegetables .....	730
Fish .....	194
Soup .....	161
Milk .....	216
Rice .....	40
Sausages .....	87
	Packets
Butter .....	188
Margarine .....	37
Marzipan .....	6
Cake Mix .....	139
Stoned Raisins .....	37
Salad Cream .....	30 Bottles
Shrimps .....	9 Quarts
Meat Pies .....	27
Other Items .....	108

#### BY WEIGHT

	Tons	Cwts.	Qtrs.	Lbs.
Apples .....	1	4	3	0
Potatoes .....	34	0	0	0
Carrots .....			2	0
Bacon .....			2	0 <sup>3</sup> / <sub>4</sub>
Ham .....				15 <sup>3</sup> / <sub>4</sub>
Sausage .....		1	1	5
Ox Tongue .....				3 <sup>3</sup> / <sub>4</sub>
Corned Beef .....				4
Black Puddings .....				7
Fish .....		1	3	21
Chickens .....			1	18
Turkey .....				13 <sup>1</sup> / <sub>2</sub>
Duck .....				7
	35	9	3	11 <sup>3</sup> / <sub>4</sub>

All condemned food, including meat from the Public Abattoirs, was incinerated at the Corporation's Refuse Destructor.

### THE CLEAN AIR ACT, 1956

#### SURVEY OF BOILERPLANT

Early in the year there was a survey of industrial and commercial boiler-plant involving over 400 visits. Details of type, method of firing and fuel used were recorded in 139 boilerplants. Only 8 boilers were found to be hand-fired with bituminous coal, one was adapted to burn oil fuel and another was replaced by an oil-fired boiler.



113 men were found to be employed full-time or part-time as boiler operators, and only 15 held any technical qualification in the work.

#### SMOKE OBSERVATIONS

The routine application and enforcement of the Dark Smoke (Permitted Periods) Regulations, 1958, entailed the carrying out of 475 smoke observations, and a marked improvement was effected after discussion and advice to managements and boilermen.

Various defences allowed under the Act were allowed in some cases of contravention, but in 10 cases where the prescribed defences did not apply, notifications of the contraventions with warnings regarding possible action in respect of further contravention were sent to the persons or firms concerned. Full co-operation was given by occupiers of premises where contraventions have occurred, and where necessary, new plant and equipment was installed.

#### SMOKE NUISANCES

78 visits were made to abate smoke nuisances, and, in the majority of cases, following advice, prompt abatement of the nuisances was effected. In other cases, by means of temporary measures, smoke emissions were reduced pending the replacement of obsolete plant.

#### EMISSIONS OF GRIT AND DUST

Of the various pollutants in the atmosphere, grit and dust are at times among the more difficult to trace to the source, and remedy, and in two cases Petri-dish surveys were carried out as a means of tracing or verifying the sources and to enable approximate assessments of the deposits to be made.

In one case, where serious emissions of grit and dust emanated from the cupolas of an iron foundry due to the cupolas being fitted with ineffective grit arrestors, the owners agreed that the only satisfactory course of action they could take would be to replace the ineffective grit arrestors with an up-to-date type adapted specially for use on cupolas, and at the end of the year negotiations between the foundry owners and the manufacturers of grit arrestors were well in hand for the supply of the new plant.

Excessive deposits of grit and dust at North Scale, Walney, proved to be caused by emissions from the Sintering plant at the local Ironworks, due to a breakdown in the grit arresting apparatus of the plant. On completion of the necessary repairs the excessive emissions ceased.

#### NOTIFICATIONS OF PROPOSALS TO INSTALL NEW FURNACES AND APPLICATIONS FOR PRIOR APPROVAL OF NEW FURNACES

Proposals to install 6 new furnaces were received and prior approval was applied for and granted in 4.

#### APPROVAL PLANS FOR NEW CHIMNEYS

Plans submitted for approval of 2 proposed new chimneys showed heights to be insufficient to prevent the smoke, grit, dust or gases from becoming prejudicial to health or a nuisance. Following negotiations with the applicants and their advisors, it was agreed that the proposed heights of 40 and 57 feet be increased to 65 and 75 feet respectively, and the plans were then approved.

#### SURVEY OF POSSIBLE SMOKE CONTROL AREA

The only effective legal provisions for controlling the smoke which is normally emitted into the atmosphere from dwellinghouses, are those in the Clean Air Act which deal with the establishment of Smoke Control Areas by Local Authorities under Smoke Control Orders requiring Ministerial approval. Such areas may be required to be entirely smokeless or may include certain exempted premises or processes or have special conditions applicable. In connection with domestic premises in a Smoke Control Area, grant aid is payable towards the cost of converting grates, etc., to appliances suitable for smokeless use.

During the latter part of the year an area in the centre of the town including a number of public buildings, business, commercial and industrial premises, together with dwellinghouses, was surveyed. The result will be reported to the Health Committee in 1960.

PET ANIMALS ACT, 1951

Two Licences to keep Pet Shops were issued.

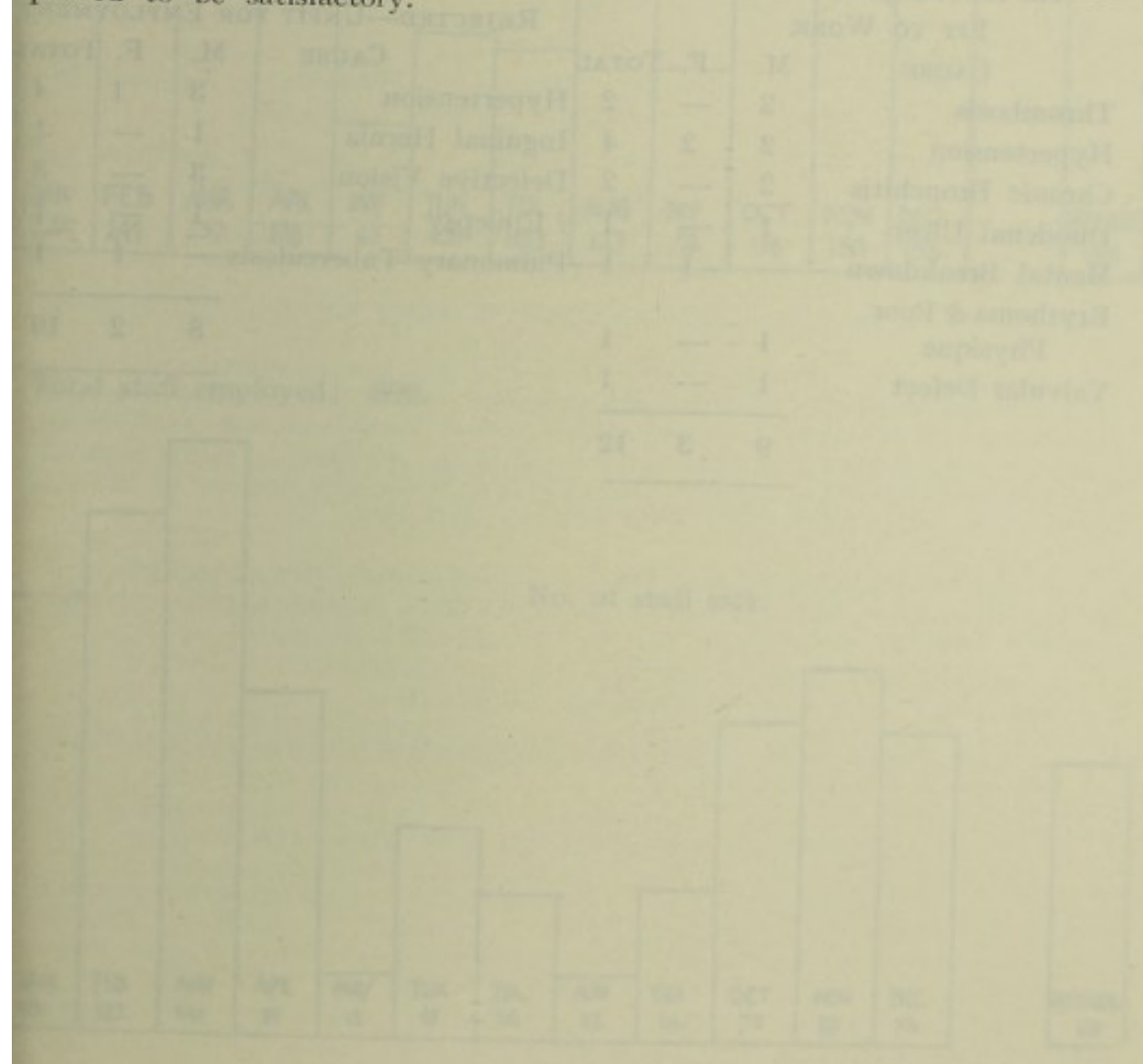
THE DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957

82 visits were made during the year in administering this Order and 3 new Licences to operate plant and equipment were granted.

FERTILISERS AND FEEDING STUFFS ACT, 1926

8 samples, 4 formal, were taken for analysis.

One informal sample was found to contain less protein than guaranteed by the manufacturer, but a formal sample subsequently taken of the same article proved to be satisfactory.





**SECTION 8.**  
**OTHER SERVICES**

Details are given below of medical examinations carried out by medical officers :—

PURPOSE OF EXAMINATION		
Fitness for employment and for acceptance to the superannuation scheme	.....	311
Fitness to undertake training as teachers or for employment as teachers		72
Fitness to take up teaching appointments (Established Teachers)		48
Examination of employees whose sickness absences totalled or exceeded four weeks per year	.....	12
		443

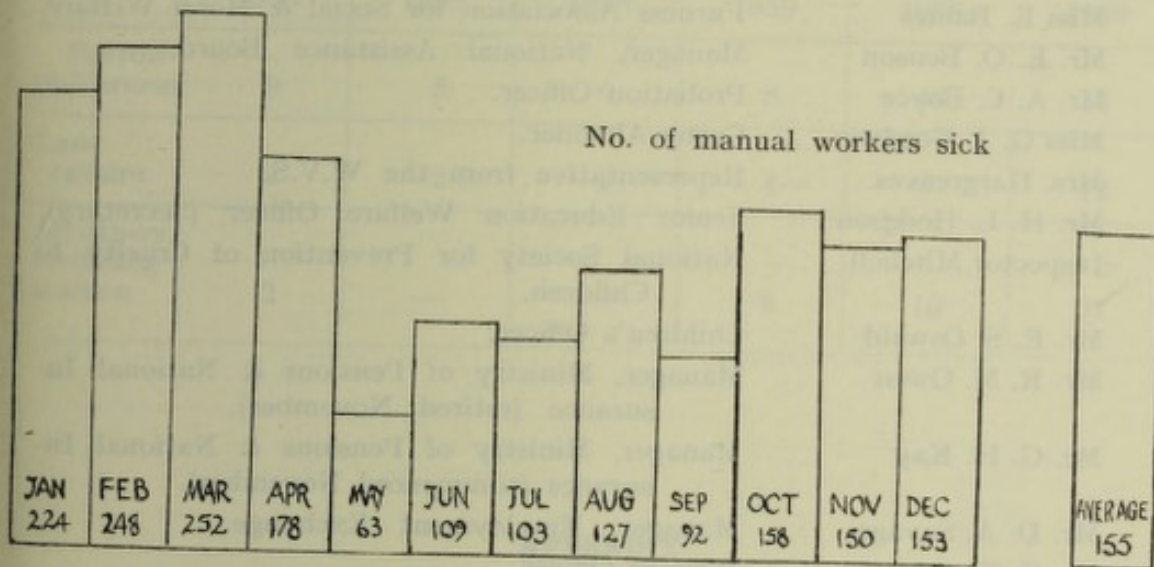
The following are the causes for rejection of candidates for employment :

FIT TO WORK				REJECTED—UNFIT FOR EMPLOYMENT			
CAUSE	M.	F.	TOTAL	CAUSE	M.	F.	TOTAL
Thrombosis	2	—	2	Hypertension	3	1	4
Hypertension	2	2	4	Inguinal Hernia	1	—	1
Chronic Bronchitis	2	—	2	Defective Vision	3	—	3
Duodenal Ulcer	1	—	1	? Epilepsy	1	—	1
Mental Breakdown	—	1	1	Pulmonary Tuberculosis	—	1	1
Erythema & Poor Physique	1	—	1		8	2	10
Valvular Defect	1	—	1				
	9	3	12				

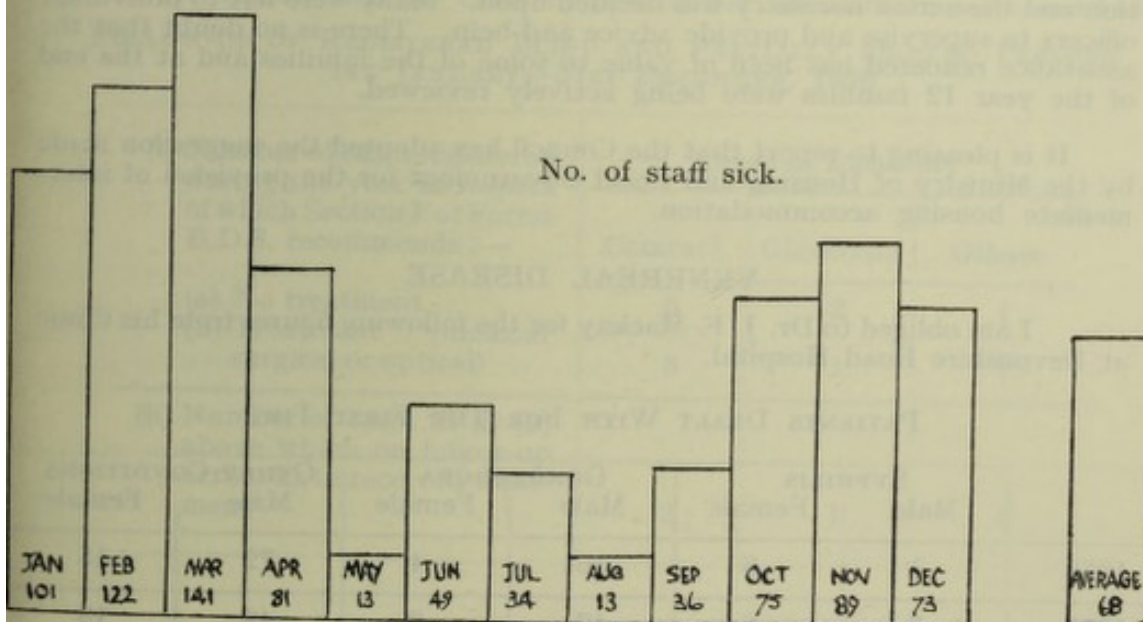
## SICKNESS PAY SCHEME

The following diagrams show the number of employees absent owing to sickness in each month of the year :—

Total manual workers employed: 1733.



Total staff employed: 890.





## CO-ORDINATING COMMITTEE

The Co-ordinating Committee, which was envisaged in a joint circular from the Ministries of Education and Health and the Home Office in 1954, was revived and reconstituted under the Chairmanship of the Medical Officer of Health, and during the year nine meetings were held. The following members made regular attendance :—

Mr. H. Addison	....	Housing Superintendent.
Miss E. Baines	....	Furness Association for Social & Moral Welfare.
Mr. E. O. Benson	....	Manager, National Assistance Board.
Mr. A. C. Boyce	....	Probation Officer.
Miss G. J. Goodwin	....	Group Almoner.
Mrs. Hargreaves	....	Representative from the W.V.S.
Mr. H. L. Hodgson	....	Senior Education Welfare Officer (Secretary).
Inspector Mitchell	....	National Society for Prevention of Cruelty to Children.
Mr. E. S. Oswald	....	Children's Officer.
Mr. R. M. Owen	....	Manager, Ministry of Pensions & National Insurance (retired November).
Mr. G. H. Kay	....	Manager, Ministry of Pensions & National Insurance (commenced November).
Mr. D. A. Savage	....	Manager, Employment Exchange.
Mr. G. Taylor	....	Welfare Officer.
Miss H. M. White	....	Superintendent Nursing Officer.

Members were invited to bring details of problem families to the Committee, and a nucleus of 52 families were listed. Each case received consideration and the action necessary was decided upon. Many were left to individual officers to supervise and provide advice and help. There is no doubt that the assistance rendered has been of value to some of the families and at the end of the year 12 families were being actively reviewed.

It is pleasing to report that the Council has adopted the suggestion made by the Ministry of Housing and Local Government for the provision of intermediate housing accommodation.

## VENEREAL DISEASE

I am obliged to Dr. J. F. Mackay for the following figures from his Clinic at Devonshire Road Hospital.

## PATIENTS DEALT WITH FOR THE FIRST TIME

	SYPHILIS		GONORRHOEA		OTHER CONDITIONS	
	Male	Female	Male	Female	Male	Female
1959	1	6	16	4	72	15
1958	7	6	17	2	49	13

Treatment given at the centre during the year showing areas in which patients dealt with for the first time resided :—

	SYPHILIS		GONORRHOEA		OTHER CONDITIONS	
	1958	1959	1958	1959	1958	1959
Barrow-in-Furness	9	5	9	8	46	44
Lancashire	2	2	1	4	—	12
All others including seamen	2	—	9	8	16	31

#### APPENDIX

MINISTRY OF HEALTH CIRCULAR 2/53 (PARAGRAPH 4) AND 1/54 (PARAGRAPH 5)

25 Forms B.D.8 were received. No cases of retrolental fibroplasia in premature infants and no cases of ophthalmia neonatorum were notified.

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS  
1ST JANUARY—31ST DECEMBER, 1959

(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8. recommends :—	Cause of Disability		
	Cataract	Glaucoma	Others
(a) No treatment	6	2	1
(b) Treatment (medical surgical or optical)	8	1	7
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	2	1	4



FACTORIES ACTS, 1937 TO 1959

PART I OF THE ACT

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Particulars	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	48	33	1	Nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	236	382	8	Nil.
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	18	9	1	Nil
Total	302	424	10	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	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)....	2	2	—	—	—
Overcrowding (S.2) .....	—	—	—	—	—
Unreasonable temperature (S.3) .....	—	—	—	—	—
Inadequate ventilation (S.4)....	—	—	—	—	—

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspect'r	By H.M. Inspect'r	
Ineffective drainage of floors (S.6) .....	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient .....	2	2	—	2	—
(b) Unsuitable or defective .....	18	18	—	1	—
(c) Not separate for sexes .....	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) .....	3	3	—	1	—
Total .....	23	23	—	4	Nil

PART VIII OF THE ACT  
OUTWORK

Nature of Work	Section 110			Section 111		
	No. of outworkers in August list required by Section 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. Cleaning and Washing	3	—	—	—	—	—
	—	—	—	—	—	—
Others .....	—	—	—	—	—	—





County Borough of Barrow-in-Furness

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# Annual Report

of the

Principal School Medical Officer

I. D. M. NELSON,

M.B., B.Ch., B.A.O., D.P.H.

1959.

REPORT OF THE PRINCIPAL SCHOOL  
MEDICAL OFFICER

FOR THE  
YEAR ENDED 31st DECEMBER 1959

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION  
COMMITTEE OF THE COUNTY BOROUGH OF  
BARNOLLY

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9. School Dental Service.
10. Accidents to School Children.
11. Miscellaneous.

L. D. M. WILSON  
Principal School Medical Officer

Health Department  
Town Hall  
Barnolly-in-Furness



# REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE  
YEAR ENDED 31<sup>ST</sup> DECEMBER, 1959.

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION  
COMMITTEE OF THE COUNTY BOROUGH OF  
BARROW-IN-FURNESS.

Ladies and Gentlemen,

The general health of school children in the town remained satisfactory in a year of glorious weather, here, as elsewhere in the country.

The policy of making the visiting of schools by doctors more consultative in character, and departing from the attitude of routine inspection, was carried further during the year. The previous routine inspection at 8 years was omitted, leaving three regular visits by the school health team instead of four. The intermediate visit was variable according to the wishes of the school. The health team was strengthened by the district public health inspector going round the school with the doctor, nurse, and head teacher, if available, once each year to detect any unfavourable environmental influences.

As the Service gets away from the routine examinations, which are the basis of the system, staff are beginning to appreciate that many specialists and agencies must co-operate to ensure that pupils get all possible benefit from the educational system, more especially when the pupils are in any way temporarily or permanently handicapped.

One special agency which had a waiting list was the School Ophthalmic Clinic, but in May Mr. Kodilinye, the Consultant for the area, was able to allocate time for another clinic session on Saturday morning. This solved the matter.

Another clinic was organised during the year to help those children affected with cerebral palsy. The physiotherapist and speech therapist from the authority were seconded to the Cerebral Palsy Clinic, at the North Lonsdale Hospital, to work as a team with the Orthopaedic Specialist and Pædiatrician. Again an admirable example of co-operation between different parts of the Health Service.

But in the sphere of child guidance no progress is apparent. The Central Ministers requested Local Authorities to define their demands for staff for Child Guidance Clinics. It is envisaged that Psychiatrists would carry out child guidance clinic duties as part of the regional commitments, but we cannot expect any help in this area for many years, as no specialist staff can be found for this important work.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

I. D. M. NELSON,

Principal School Medical Officer.

Health Department,  
Town Hall,  
Barrow-in-Furness.

## EDUCATION COMMITTEE

Chairman : ALDERMAN F. J. LONGSTAFFE, J.P.

Vice-Chairman : ALDERMAN T. A. TYSON, J.P.

ALDERMAN MRS. M. T. FREEL

ALDERMAN G. D. HASTWELL, O.B.E., J.P.

ALDERMAN J. MILLER

ALDERMAN MRS. P. WINN

COUNCILLOR G. E. CONNELL

COUNCILLOR MRS. S. M. FINLAY

COUNCILLOR J. GARNER

COUNCILLOR G. E. HARTSHORN

COUNCILLOR W. KENNEDY

COUNCILLOR A. POWER

COUNCILLOR J. M. SENOGLES

COUNCILLOR I. W. SWALLOW

COUNCILLOR C. W. WARD

COUNCILLOR D. D. WILLIAMS

## SCHOOL PROVISION

Number of children on the school registers at the end of the year : 11,555.

		No. of Schools	Average No. of children attending
Primary Schools	County	20	4,775
	Voluntary	8	1,351
Secondary Schools (including one Technical School)	County	8	3,150
	Voluntary	2	713
Grammar Schools		2	1,114
Nursery School		1	105
Roa Island Special School for Delicate Children		1	102
Ramsden Special School for E.S.N. Pupils		1	95
Independent School (Our Lady's R.C. Preparatory) (where the facilities afforded by the School Health Service are extended.)		1	150



SCHOOL CLINICS		
Minor Ailments Clinic	Arndene, Abbey Road	Monday, Wednesday and Friday afternoon
Special Inspection Clinic	Arndene, Abbey Road	Monday to Friday morning and afternoon as required
Ophthalmic Clinic	Arndene, Abbey Road	Tuesday & Wednesday afternoon and Saturday morning. Alternate Thursday mornings.
Speech Clinic	Central Clinic, Abbey Rd.	Monday to Friday, morning & afternoon
Dental Clinic	Central Clinic, Abbey Rd.	Monday to Friday morning and afternoon and Monday & Wednesday evening.
Orthopædic Clinic	Central Clinic, Abbey Rd.	Approximately every six weeks, Tuesday morning.
Ultra Violet Ray Clinic	Central Clinic, Abbey Rd.	Monday and Thursday afternoon.
Massage Clinic	Central Clinic, Abbey Rd.	Tuesday and Friday afternoon.
Remedial Exercises Clinic	North Lonsdale Hospital	Wednesday afternoon
Cerebral Palsy Clinic	North Lonsdale Hospital	Friday morning

#### MEDICAL INSPECTION OF SCHOOL CHILDREN

The programme of routine medical inspection was varied during the year to allow more time for doctors, teachers and nursing staff to discuss and help school children who had physical or mental limitations.

Three inspections are carried out during the school life of each child, one about entry to school, one during the last year at the primary school and one in the last year of attendance at a secondary school.

In addition routine medical inspections were carried out each term at the Bram Longstaffe Nursery, Ramsden Special and Roa Island Special Schools.

Special examinations were carried out whenever defects found at routine examinations were felt to require review at an earlier date than the next routine inspection.

#### PERIODIC MEDICAL EXAMINATIONS

Number of children examined :

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected
1955 and later	185
1954	856
1953	198
1952	49
1951	341
1950	222
1949	145
1948	454
1947	293
1946	30
1945	426
1944 and earlier	793
Total	3992

## OTHER EXAMINATIONS

Special examinations	....	....	....	562
Re—inspections	....	....	....	344
Total	....	....	....	906

Physical condition of children examined :

	No.	% of total
Satisfactory	3787	94.86
Unsatisfactory	205	5.13

## RESULT OF INSPECTIONS

## PERIODIC INSPECTIONS

The number of defects requiring treatment found at periodic examinations was 1092, compared with 1109 in 1958.

## PERIODIC INSPECTIONS.

Defect or disease (1)	Entrants		Leavers		Total including all other age groups inspected	
	Requir- ing treatment (2)	Requir- ing obser- vation (3)	Requir- ing treatment (4)	Requir- ing obser- vation (5)	Requir- ing treatment (6)	Requir- ing obser- vation (7)
Skin	8	7	22	4	54	38
Eyes (a) Vision	43	164	243	82	581	399
(b) Squint	24	22	25	2	105	34
(c) Other	9	5	6	11	27	28
Ears (a) Hearing	....	6	2	7	10	46
(b) Otitis Media	2	10	1	4	10	27
(c) Other	....	....	....	1	3	3
Nose and Throat	13	83	4	9	66	245
Speech	2	14	....	....	21	48
Lymphatic Glands	5	11	....	....	21	55
Heart	1	1	....	4	2	21
Lungs	1	9	1	4	8	69
Developmental—						
(a) Hernia	1	1	....	....	2	1
(b) Other	....	44	1	6	10	73
Orthopaedic—						
(a) Posture	....	1	4	8	13	14
(b) Feet	27	10	5	1	53	24
(c) Other	25	21	10	14	53	73
Nervous System—						
(a) Epilepsy	....	....	....	1	6	12
(b) Other	1	3	....	3	4	25
Psychological—						
(a) Development	....	1	....	3	15	15
(b) Stability	....	5	2	....	6	13
Abdomen	1	2	....	5	14	15
Other	6	1	1	3	8	6
Totals	169	421	327	172	1092	1284



## SPECIAL INSPECTIONS

The following table shows the number of defects found at special inspections :

(1)	Defect or disease (2)	Special Inspections	
		Requiring treatment (3)	Requiring observation (4)
	Skin .....	2	3
	Eyes (a) Vision .....	241	14
	(b) Squint .....	9	2
	(c) Other .....	14	1
	Ears (a) Hearing .....	15	3
	(b) Otitis Media .....	.....	.....
	(c) Other .....	1	.....
	Nose and Throat .....	7	4
	Speech.....	6	.....
	Lymphatic Glands .....	.....	1
	Heart .....	1	2
	Lungs .....	2	1
	Developmental—		
	(a) Hernia .....	.....	.....
	(b) Other .....	.....	.....
	Orthopaedic—		
	(a) Posture .....	2	.....
	(b) Feet .....	8	.....
	(c) Other .....	3	.....
	Nervous System—		
	(a) Epilepsy .....	.....	.....
	(b) Other .....	4	1
	Psychological—		
	(a) Development .....	.....	.....
	(b) Stability .....	.....	.....
	Abdomen .....	.....	.....
	Other .....	2	2
	Totals .....	317	34

## SUMMARY OF PUPILS FOUND TO REQUIRE TREATMENT

Age Groups inspected (By Year of Birth)	For defective vision (excluding squint)	For any of the other conditions recorded in previous table	Total individual Pupils
1955 and later	2	20	22
1954	41	90	118
1953	9	35	40
1952	9	8	16
1951	39	56	79
1950	36	39	62
1949	20	10	28
1948	109	56	143
1947	67	48	95
1946	6	3	9
1945	91	26	106
1944 and earlier	152	54	180
Totals	581	445	898

## VISITS TO THE HOMES OF CHILDREN BY SCHOOL NURSES

The number of home visits paid by school nurses was 1001 as compared with 514 in 1958. These figures do not give a true picture of the liaison with the home, the majority of the school nurses are also employed as health visitors and on their regular visits to young children in the family they are able to enquire about the school children. Such enquiries are not included in the above figures.

## ARRANGEMENTS FOR TREATMENT

### MINOR AILMENTS CLINIC

During the year 211 children made 1,631 attendances; of these, 125 children made 1,434 attendances for the treatment of plantar warts.

The various out-patient clinics of the North Lonsdale Hospital were also available to school children and, during the year, 2,150 children made 4,888 attendances.

### EAR, NOSE AND THROAT DEFECTS

By arrangement with the Manchester Regional Hospital Board, Mr. John Magill, M.B., Ch.B., D.L.O., has continued to conduct separate Specialist Ear, Nose and Throat clinics for children at the North Lonsdale Hospital. Children are referred through their own family doctors.

The clinics are held weekly and during the year 310 children made 818 attendances.

There is no significant waiting time at the local hospital for operations for these defects.

### OPHTHALMIC CLINIC

Arrangements for the examination of children with defective vision and minor eye conditions were the same in substance as in previous years.

The routine work performed in the clinic comprised the examination, diagnosis and treatment of various ocular conditions in children referred by the school medical officers and, in a few instances, by their family doctors. Glasses were prescribed to correct refractive errors and simple eye exercises were carried out in some cases of squint before and after operation with good result. Children who required medical treatment for minor affections of the eye received the appropriate therapy at the clinic. Where hospitalisation or surgery was indicated, the child was referred to the North Lonsdale Hospital.

1,166 school children made 1,544 attendances at the clinic; 1,122 children had their eyes tested and 903 prescriptions for glasses were issued.



## REFRACTIVE ERRORS AND OTHER DEFECTS

Hypermetropia	182
Hypermetropia with amblyopia, right	3
Hypermetropia with amblyopia, left	4
Hypermetropia with congenital ptosis, left	4
Hypermetropic astigmatism	435
Hypermetropic astigmatism with amblyopia, right	3
Hypermetropic astigmatism with amblyopia, left	4
Other types of hypermetropic astigmatism	6
Myopia	138
Myopia with nystagmus, myopia with corneal scar, right	2
Myopic astigmatism	175
Myopic astigmatism, right, with hypermetropic astigmatism, left	4
Mixed astigmatism	80
Mixed astigmatism with corneal scar, right, mixed astigmatism with amblyopia, left	2
Amblyopia, right	4
Amblyopia, left	5
Anisometropia	11
Anisometropia with amblyopia, right	2
Emmetropia	39
Two cases showed nothing on examination, and one each of the following were noted :	2
Emmetropia with word blindness ; exophoria ; macular hole, traumatic, right ; nystagmus with aphakia ; partial optic atrophy, right, with amblyopia ; secondary optic atrophy, bilateral	6

## SQUINTS

Right convergent concomitant squint	6
Right convergent concomitant squint with amblyopia	3
Right convergent concomitant squint with hypermetropia	2
Right convergent concomitant squint with aphakia	1
Left convergent concomitant squint	13
Left convergent concomitant squint with amblyopia	2
Left convergent concomitant squint with hypermetropic astigmatism	2
Left convergent concomitant squint with traumatic cataract	1
Alternating convergent	13
Alternating divergent, alternating divergent with amblyopia, left with anopsia	2
Divergent, right, with hypermetropic astigmatism ; divergent right with inferior coloboma of iris with choroid ; divergent left	3

## TREATMENTS

Blepharitis	24
Conjunctivitis, migraine, hypermetropic astigmatism with tarsal cysts	3
Occlusions, right	26
Occlusions, left	23
Orthopsis, subconjunctival ecchymosis	4

## ORTHOPÆDIC CLINIC

The Medical Superintendent of the Ethel Hedley Hospital, Windermere, attends the clinic at six-weekly intervals and sees children with orthopædic defects ascertained at routine medical inspection or referred through the family doctor.

Treatment between clinics is carried out by Miss Johnson, the Authority's Physiotherapist. Hospital treatment is provided at the North Lonsdale Hospital in the case of short-stay cases, whilst conditions requiring longer terms of hospitalisation are admitted to the Ethel Hedley Hospital.



The Orthopædic Clinic was held on 10 occasions and 149 school children made 262 attendances. The average attendance of school children and pre-school children at the clinic was 42.

About 85% of the children seen at the Orthopædic Clinic require some form of treatment and the number of treatments given during the year was 1,608.

In addition to physiotherapy treatment 108 surgical appliances were fitted.

#### REMEDIAL EXERCISES, MASSAGE AND ULTRA VIOLET THERAPY

A complete service for this has been maintained throughout the year by the Physiotherapist.

The following table shows the treatment given:—

	No. of Children	No. of Attendances
Ultra violet therapy	30	404
Massage	2	141
Remedial exercises	145	1208
Other treatment (plasters, etc.)	180	867

#### SPEECH THERAPY

Miss M. Hall, the Speech Therapist, reports as follows:—

“During the past year, due to the co-operation and interest of parents, more pre-school children with severe speech defects have been receiving speech therapy. This is an important step forward since children who would otherwise have commenced their school life with an inability to communicate verbally are beginning school with more or less normal speech.

“Children of school age have also continued to receive speech therapy and the usual visits have been made to Infants' Schools.”

Statistics relating to the work of the clinic are given below:—

Number attending for interview	531
Total number of individual children attending	73
Total attendances	1414

#### HOSPITAL TREATMENT

No change has taken place in the procedure for referring school children for specialist opinion, investigation or treatment through the child's own family doctor. Advice of hospital admissions and discharges together with copies of all reports by hospital specialists to family doctors are forwarded for the information of the school medical officers.

#### CLEANLINESS OF SCHOOL CHILDREN

During the year the school nurses made 27,570 routine cleanliness inspections and 1,922 re-inspections of school children. 1,290 children were found to be unclean.

Cleansing Notices (Section 54 (2) Education Act, 1944) were issued in respect of 36 individual pupils. No cleansing orders Section 54(3) Education Act, 1944) were issued.



TABLE SHOWING THE RESULT OF CLEANLINESS (HEAD)  
INSPECTIONS IN SCHOOLS

SCHOOL	No. of Examinations	No. of re-examinations	No. unclean	Percentage 1959	unclean 1958
Girls' Grammar	472	2	3	0.63	—
Alfred Barrow Boys'	837	9	2	0.23	0.2
Alfred Barrow Girls'	674	66	27	4.15	6.3
Holker County Secondary	756	8	12	1.58	—
Risedale County Secondary	450	5	5	1.11	1.1
Victoria County Secondary	1035	67	67	6.4	2.9
Walney County Secondary	836	38	9	1.0	0.1
West Shore County Secondary	405	13	4	0.9	0.4
Our Lady's R.C. Secondary	259	—	5	1.9	1.7
St. Aloysius' R.C. Secondary	1475	40	86	5.8	0.9
Abbotsmead County Junior	1181	66	87	7.3	6.4
Abbotsmead County Infants'	1216	80	80	6.5	5.1
Barrow Island County Junior	518	—	18	3.4	5.0
Barrow Island County Infants'	432	—	11	2.5	6.1
Greengate County Boys	824	5	13	1.5	2.1
Greengate County Girls	814	39	51	6.2	11.5
Greengate County Infants	379	9	17	4.4	6.6
North Walney County Primary	479	24	27	5.6	4.5
Ormsgill County Junior	905	61	69	7.6	3.9
Ormsgill County Infants	783	29	47	6.0	2.1
Ramsden County Infants	852	205	41	4.8	2.2
Roose County Primary	538	—	1	0.1	0.6
South Newbarns County Junior	1463	88	55	3.7	1.8
South Newbarns County Infants'	842	77	29	3.4	2.0
South Walney County Junior	812	49	—	—	0.3
South Walney County Infants'	473	82	3	0.6	0.2
St. James's County Infants'	386	44	7	1.8	3.6
Vickerstown County Primary	461	5	10	2.1	3.0
Victoria County Junior	1030	38	20	1.9	0.9
Victoria County Infants'	682	40	15	2.2	2.8
Sacred Heart R.C. Primary	962	221	115	11.9	8.8
St. Columba's R.C. Primary	442	7	11	2.5	6.6
St. George's C. of E. Primary	356	165	129	36.2	34.3
St. James's C. of E. Junior	735	40	15	2.0	1.3
St. Mary's R.C. Junior	726	65	62	8.5	8.3
St. Mary's R.C. Infants'	447	53	32	7.1	10.2
St. Patrick's R.C. Primary	217	—	13	5.9	5.3
St. Paul's C. of E. Junior	240	—	—	—	—
Bram Longstaffe Nursery	342	—	5	1.4	1.7
Ramsden Special (E.S.N.)	184	31	21	11.4	16.4
Roa Island Special	301	126	63	20.9	18.5
Our Lady's R.C. Prep.	349	5	3	0.8	1.7
	27570	1922	1290	4.6	4.3

## INFECTIOUS DISEASES

Cases of infectious disease are notified to the Medical Officer of Health and those relating to school children are passed to the school nurses. Children are normally excluded from school for the period recommended by the Ministry of Education, but this may be varied quite frequently by discussion with general practitioners.

The following table gives particulars of cases of notifiable disease occurring in school children during 1959 :—

Dysentery	.....	1
Measles	.....	100
Pneumonia	.....	1
Poliomyelitis (non-paralytic)	.....	1
Scarlet Fever	.....	47
Tuberculosis (pulmonary)	.....	5
Whooping Cough	.....	1

## IMMUNISATION

Courses of immunisation against diphtheria, whooping cough and tetanus, were available without appointment during the ordinary sessions at the Welfare Centre.

During the year 4 courses of immunisation and 81 re-inforcing doses were administered at the clinic. In addition, 9 courses of immunisation and 33 re-inforcing doses were administered by general practitioners, also Dr. P. A. Gardner carries out immunisation against diphtheria and whooping cough for persons receiving tetanus inoculation at the North Lonsdale Hospital. During the year 123 courses of immunisation and 59 re-inforcing doses were administered.

Of the population aged between 5 and 14 years, 17.21% are estimated to have maximum immunity against diphtheria as a result of inoculation given subsequent to 1954. A further 51.94% have been immunised at some earlier date, but in these cases immunity has not been re-inforced by the administration of a booster dose in the last five years.

## POLIOMYELITIS VACCINATION

Vaccination continued throughout the year and the scheme was extended to include a third injection. 5722 school children received the third injection and 3445 school children received a course of two injections.

## IMMUNISATION AGAINST TUBERCULOSIS

Arrangements were continued 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. The scheme was extended during the year to include older school children and students attending further education establishments. This enabled children who had missed vaccination in previous years to be vaccinated.



## B.C.G. VACCINATION DURING 1959

Name of School	No. of children to whom facilities were offered	No. of children whose parents consented to arrangements	No. of children tested for susceptibility to tuberculosis	Result of Tests		No. vaccinated (i.e. those with negative reaction to test)
				Positive	Negative	
Alfred Barrow Girls .....	106	77	75	8	67	66
Grammar School for Boys .....	83	76	73	6	67	63
Grammar School for Girls .....	114	106	103	8	95	92
Holker County Secondary .....	104	86	85	8	77	76
Our Lady's R.C. Secondary .....	29	26	21	3	18	18
Ramsden Special (E.S.N.) .....	11	8	7	1	6	6
Risedale County Secondary .....	118	101	96	9	87	87
St. Aloysius' R.C. Secondary .....	143	128	109	14	95	92
Technical School for Boys .....	61	51	54	4	50	49
Victoria County Secondary .....	99	79	77	4	73	73
West Shore County Secondary .....	151	129	119	16	103	102
"Absentee" Sessions .....			108	11	97	97
Totals .....	1019	867	927	92	835	821

## HANDICAPPED PUPILS

The following table gives details of pupils ascertained and placed and shows the number of cases at the end of the year awaiting placement.

	(1) Blind (2) Part- ially sighted		(3) Deaf (4) Part- ially Deaf		(5) Deli- cate (6) Physi- cally handi- capped		(7) Ed- ucation- ally Sub- normal (8) Mal- adjusted		(9) Epi- leptic	TOTAL 1-9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year :—										
A. Handicapped pupils newly placed in spec- ial schools or homes	—	—	1	—	31	4	14	2	—	52
B. Handicapped pupils newly ascertained as requiring education at special schools or in boarding homes.	—	—	1	1	31	4	21*	6†	—	64

\*—9 included at A. †—2 included at A.

Number of children reported during the year :—

- (a) under Section 57(3) (excluding any returned under (b) ) .... 4  
 (b) under Section 57(3) (relying on Section 57(4) ) .... —  
 (c) under Section 57(5) .... 11

of the Education Act, 1944.





## EPILEPSY

42 children suffering from epilepsy are attending ordinary schools, the control of epilepsy having reached the stage where none of these children is ascertained as handicapped and thus in need of special educational treatment.

## CHILD GUIDANCE CENTRE

The tables below give an outline of the work of Mr. Valentine, the Educational Psychologist, and Mr. Milne, the Psychiatric Social Worker, at the Child Guidance Centre.

## CHILDREN REFERRED

	New Cases	Re-tested	Tested in Schools	Tested at Roa Island	Totals
Boys and girls ....	—	—	—	69	69
Boys .....	53	9	91	—	153
Girls .....	23	8	39	—	70
	76	17	130	69	292

N.B.—In addition, 7 girls and 3 boys were referred to the Principal School Medical Officer for testing; 2 home reports were made at the Principal School Medical Officer's request; and three children were referred but did not attend for interview.

## AGE GROUPS: NEW CASES

0—5	6—11	12—16
5	63	8

## RANGE OF INTELLIGENCE: NEW CASES

I.Q.:	Below 70	71—90	91—110	111—150+	Not tested
	5	26	23	21	1

## SOURCES OF REFERRAL: NEW CASES

Schools....	53
Medical Office .....	14
Parents .....	3
Education Office .....	2
Pædiatrician .....	4

## SCHOOL DISTRIBUTION: NEW CASES

Infants .....	6
Junior .....	55
Secondary Modern .....	7
Roa Island .....	3
Pre-school .....	3
Not at School .....	2

## REASONS FOR REFERRAL: NEW CASES

	Boys	Girls	Total
(a) (1) Suspected educational subnormality	14	7	21
(2) Suspected educational retardation	23	9	32
(b) Disorders of bodily functions, e.g. enuresis,	3	1	4
(c) Behaviour disorders			
(1) Aggressive and anti-social behaviour	4	0	4
(2) Timid and inhibited behaviour .....	2	2	4
(d) Speech defects .....	1	—	1
(e) Miscellaneous, e.g., revision of I.Q. ....	7	4	11



## METHODS OF TREATMENT: NEW CASES

	Boys	Girls	Total
(i) DIAGNOSTIC			
(a) Recommended for transfer to day special school	9	4	13
(b) Recommended for special treatment (e.g. speech therapist, psychiatrist)	1	—	1
(c) Recommended for transfer to residential special school	1	—	1
(d) Recommended for transfer to remedial groups	24	9	33
(ii) TREATMENT AT CENTRE			
Play therapy	5	3	8
(iii) ADVICE GIVEN ONLY			
(for various reasons, e.g., treatment unnecessary, parents unwilling for child to be treated, child left Barrow)	13	7	20

## PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT

Mr. Watts reports as follows:—

“ This year 35 schools were inspected out of a total of 43 as compared to 29 in 1958. The routine treatment was completed for 32 schools as compared to 24 in 1958, which is a big improvement over the last year. The total number of children inspected at schools was 9,646 compared to 7,491 in 1958.

## EVENING SESSIONS

The introduction of two evening sessions a week with effect from 14th October, 1958, has gone a long way in clearing up the arrears and in maintaining the service at an up-to-date level. These extra sessions alone have been responsible for completing routine treatment of 8 schools besides coping with a lot of casuals. In order to maintain the efficiency and high standard of service, it is, therefore, essential to continue the Evening Sessions till we get a full-time third Officer.

## STAFF

So far we have had no luck in getting a third Dental Officer in spite of repeated advertisements. A lot of authorities have started offering several inducements in their advertisements for enrolling Dental Officers, e.g. a loan for purchasing a house, a loan for purchasing a car at nominal interest, allowing private practice outside official duty hours, and offering two extra paid evening sessions a week over and above the normal salary. I understand that in spite of all the inducements, the response is very poor all over the country. Some Authorities are working their service with only 30—50% strength of the staff. A fresh dental graduate earns nearly double in general practice and even if he intends to take up Local Authority Service, he does not entertain the idea of full-time service till he attains the age of 40. Joining full-time service, even at that age, he still entitles himself to full pension and superannuation rights. The time has now come when this Authority will also have to give a very serious consideration to this situation.

## EQUIPMENT

I am extremely grateful to the Authority for sanctioning High Speed Equipment in a supplementary budget this year, and the same has been functioning since 8th October, 1959. Most of the dental surgeons in town have installed the same by now. The children have no fear now and they come with smiling faces to get the fillings done. As a matter of fact, a lot of them prefer fillings to extractions, which is a great achievement. I am proud to say that this clinic can now easily be termed as one of the best equipped school clinics in the country.



### DENTAL HEALTH PROPAGANDA

Dental films were shown to 10 schools this year, during October. The personal contact with the children in a friendly and social atmosphere helps a lot in allaying the fear from the mind of the child. On account of repeated Dental Health Propaganda, the children have become very much alert to the need of oral hygiene, but a very important programme still remains, which is at present engaging our keen attention. We have still to devise ways and means to teach the public, as the child spends the maximum time out of 24 hours with the parents. Unless they supervise the children's oral hygiene properly, our efforts alone can never produce the desired result. At present there is a lot of correspondence in the British Dental Journal concerning tuck shops in schools in different parts of the country. I am not aware of any tuck shops in schools in this town, but there are some schools where biscuits and sweets are given to children at play-time. This practice is highly detrimental, as the child has no facility at school for cleaning the teeth soon afterwards. It is, therefore, very essential for all school teachers to ban the entry of biscuits and sweets in the school premises.

### PARENTS' CO-OPERATION

The acceptance rate has been very good indeed. It is, however, regretted that a large majority of the parents who sign against coming to the School Clinic do not take their children anywhere at all, with the result that the teeth of those "neglected children" deteriorate at a very fast rate. I have stressed this point times out of number, and the Head Teachers have offered me their full co-operation in talking to individual parents, but without any marked success.

### DENTAL ANAESTHESIA

The part-time Consultant Dental Anaesthesia arrangement, introduced in May, 1958, is proving very useful and has now been sanctioned on a permanent basis. It is working very satisfactorily.

This year 184 children received orthodontic treatment and artificial dentures were supplied to 108 pupils. 94 children were referred to the Staff of the X-Ray Department of North Lonsdale Hospital, to whom we are highly indebted for their prompt attention.

We are also grateful to the Oral Surgery Consultant and Orthodontic Consultant for attending to the complicated cases needing expert attention. I am indebted to all the Head Teachers who have always given me entire co-operation in all matters."



## DENTAL INSPECTION AND TREATMENT.

(1)	Number of pupils inspected by the Authority's Dental Officers		
	(a) Periodic inspections	.....	9646
	(b) Specials	.....	2136
	(c) Total (1)	.....	<u>11782</u>
(2)	Number found to require treatment	.....	8071
(3)	Number offered treatment	.....	5470
(4)	Number actually treated	.....	4221
(5)	Attendances made by pupils for treatment	.....	12030
(6)	Half days devoted to :		
	Inspection	.....	63
	Treatment	.....	831
	Total (6)	.....	<u>894</u>
(7)	Fillings		
	Permanent teeth	.....	3063
	Temporary teeth	.....	377
	Total (7)	.....	<u>3440</u>
(8)	Number of teeth filled		
	Permanent teeth	.....	2976
	Temporary teeth	.....	376
	Total (8)	.....	<u>3352</u>
(9)	Extractions		
	Permanent teeth	.....	1545
	Temporary teeth	.....	4398
	Total (9)	.....	<u>5943</u>
(10)	Administration of general anaesthetics for extraction	.....	1480
(11)	Orthodontics :		
	(a) Cases commenced during the year	.....	98
	(b) Cases carried forward from previous year	.....	86
	(c) Cases completed during the year	.....	71
	(d) Cases discontinued during the year	.....	32
	(e) Pupils treated with appliances	.....	184
	(f) Removable appliances fitted	.....	138
	(g) Fixed appliances fitted	.....	.....
	(h) Total attendances	.....	1768
(12)	Number of pupils supplied with artificial dentures	.....	108
(13)	Other operations :		
	Permanent teeth	.....	3055
	Temporary teeth	.....	1730
	Total (13)	.....	<u>4785</u>

ACCIDENTS TO SCHOOL CHILDREN

The pattern of these accidents is as expected. Close study of the tables will interest all concerned. I should like to acknowledge the co-operation of the Barrow and Furness Hospital Management Committee for extraction of some of the figures in these tables.

TABLE I

	Accidents Reported by Head Teachers				Accidents treated at Hospital (other than reported by Head Teacher) and stated to have happened												Grand Total
	Treated at School		Treated at Hospital		At School		In the open		At Home		† At other Places		Not stated		Total		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
January	5	4	16	3	14	6	37	15	11	2	1	3	88	34	122		
February	9	5	12	6	19	10	32	15	18	1	2	7	98	50	148		
March	6	7	17	8	22	6	42	20	18	1	1	19	125	57	182		
April	4	6	11	4	22	8	61	23	27	—	—	9	134	65	199		
May	7	2	13	10	25	17	97	40	24	4	—	17	187	97	284		
June	17	13	13	12	38	27	72	39	24	3	1	18	185	127	312		
July	5	3	14	11	19	14	77	33	24	4	1	22	165	87	252		
August	—	—	—	—	—	—	93	50	21	6	3	13	133	77	210		
September	3	3	15	7	22	13	91	47	14	3	—	15	163	93	256		
October	10	12	17	10	44	41	58	14	11	3	—	19	162	93	255		
November	6	7	11	7	25	17	45	17	16	3	—	10	116	64	180		
December	1	3	11	2	30	8	20	10	12	2	3	3	79	48	127		
	73	65	150	80	280	167	725	323	220	32	12	155	1635	893	2527		
	138	230	447	1048	374	44	246										

In addition, the Principal of the Central College of Further Education reported that 22 student apprentices between the ages of 16 and 21 had accidents whilst attending practical classes.

†—Other places include Baths, Clubs, Hospital, Skating Rink, Scout Halls.



TABLE II

Total accidents classified according to age :

	Age	Male	Female	Total
†	4	25	15	40
	5	132	59	191
	6	104	68	172
	7	120	66	186
	8	127	66	193
	9	104	59	163
	10	128	79	207
	11	165	109	274
	12	194	108	302
	13	192	106	298
	14	181	92	273
	15	118	47	165
+	16	32	13	45
+	17	8	2	10
+	18	4	3	7
+	19	1	—	1
		<u>1635</u>	<u>892</u>	<u>2537</u>

TABLE III

Accidents in the Home classified according to age :

	Age	Male	Female	Total
†	4	6	2	8
	5	33	20	53
	6	17	14	31
	7	16	18	34
	8	21	17	38
	9	13	11	24
	10	24	12	36
	11	16	19	35
	12	24	13	37
	13	18	12	30
	14	21	9	30
	15	7	3	10
+	16	4	3	7
+	17	—	—	—
+	18	—	1	1
		<u>220</u>	<u>154</u>	<u>374</u>

†—Nursery Classes and Nursery Schools and children admitted to school before five years.

‡—Grammar Schools, Technical College and Secondary Modern Schools give the figures in the fifteen plus ages.

TABLE IV

ACCIDENTS REPORTED BY HEAD TEACHERS, CLASSIFIED ACCORDING TO PLACE OF OCCURRENCE.

OCCURRING WHEN CHILD WAS UNDER SUPERVISION.

	Sent To Hospital	Treated at School	Total
Playing Field ....	51	14	65
Gymnasium....	30	19	49
Classroom ....	16	13	29
Practical Classroom	19	3	22
Garden ....	3	1	4
Playground ....	8	12	20
	<u>127</u>	<u>62</u>	<u>189</u>

OCCURRING WHEN CHILD WAS NOT UNDER SUPERVISION.

	Sent To Hospital	Treated at School	Total
Playground ....	69	53	122
Cloakroom ....	9	5	14
Corridors ....	7	5	12
Stairs ....	4	10	14
Toilet ....	1	1	2
Hall ....	1	1	2
Classroom ....	1	—	1
Outside School ....	11	1	12
	<u>103</u>	<u>76</u>	<u>179</u>

TABLE V

Children treated for animal bites at North Lonsdale Hospital :

Dog bites ....	124
Jellyfish stings ....	7
Cat bites ....	2
Horse bites ....	1
	<u>134</u>



## MISCELLANEOUS

I am indebted to the Chief Education Officer for the following commentary.

## PHYSICAL TRAINING, SWIMMING AND ORGANISED GAMES

Most schools now have the equivalent of a daily period of physical activity, the content of which varies with the age, aptitude and ability of the children concerned. The programme of work is centred round the physical education lesson which aims at developing the basic skills of running, jumping, climbing and throwing. In addition, there are weekly periods of organised games in all the secondary schools and in some primary schools.

A new feature of the secondary school physical education programme has been the development of mobile camping and rock-climbing as out-of-school activities. A "pool" of rock-climbing and mobile camping equipment has been established, available on loan to parties of secondary school boys under the leadership of experienced teachers; this equipment is being used with increasing frequency.

Sailing is being developed at one of the secondary schools for boys.

Owing to the closure of the Public Baths, swimming temporarily ceased to be part of the school curriculum, apart from some use of the Walney Open Air Pool during the summer and early autumn terms. As a consequence, no testing for swimming certificates was undertaken during 1959.

During the year, the provision of climbing and agility apparatus of various types was approved for eight primary and two secondary schools. All primary schools are now equipped with some form of climbing apparatus, either for outdoor or indoor use. Lack of working space in a few schools has made it undesirable to provide indoor apparatus and compensation for this has been made by providing additional apparatus out of doors.

## PROVISION OF MILK AND MEALS.

(a) Average number of children receiving milk daily	....	....	....	9,820
(b) Number of $\frac{1}{2}$ pint bottles of milk delivered and consumed	....	....	....	1,923,337
(c) Average number of children receiving meals per school day	....	....	....	2,685
(d) Total number of meals supplied during the year	....	....	....	520,094
(e) Number of centres supplying meals	....	....	....	28