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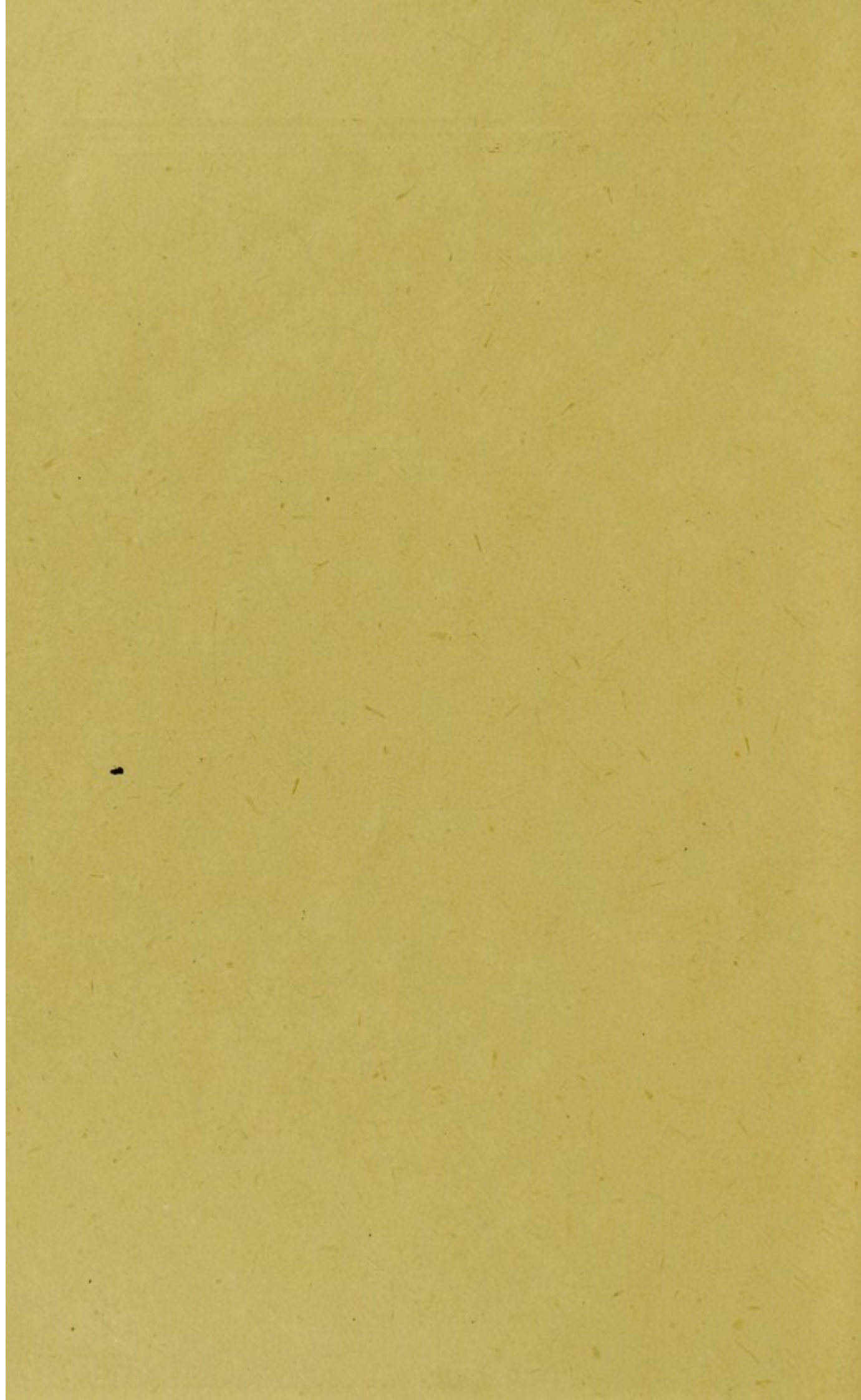
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BORDER RURAL DISTRICT COUNCIL



ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH

A. H. TOWERS,  
M.B., C.H.B., B.HY., D.P.H.



BORDER RURAL DISTRICT COUNCIL.  
 ANNUAL REPORT OF THE MEDICAL OFFICER  
 OF HEALTH FOR THE YEAR, 1944, WITH  
 THE SANITARY INSPECTOR'S REPORT.

STAFF.

- A. H. TOWERS, M.B., Ch.B., B.Hy., D.P.H., Medical Officer of Health (part time), also Assistant Medical Officer of Health, Cumberland County Council.
- J. S. WATSON, R.S.I., and Meat and Food Inspector's Certificate, Sanitary Inspector and Housing Officer.
- C. W. FRASER, R.S.A. (Scot.), Assistant Sanitary Inspector and Housing Officer.

*To the Chairman and Members of the Border Rural  
 District Council.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in submitting my (sixth) Annual Report on the Health and Sanitary Circumstances of the District, that for the year 1944.

The general health of the District has again maintained a high level, notwithstanding the fact that the year saw the completion of five years of war-time conditions and the beginning of the sixth year. It would not have been surprising if evidence had appeared indicating that the war strain and restrictions were beginning to have a marked effect. This has not been the case, however. Such figures as the general Death Rate, Infantile Mortality Rate, incidence of and deaths from Tuberculosis, and incidence of infectious disease are all fairly satisfactory and compare favourably with those of the country as a whole and with neighbouring Rural Districts.

There has been no large scale epidemic, though the number of cases of Scarlet Fever and Diphtheria show sharp rises. The increased incidence of scarlet fever has not been confined to the District, but seems to have been very general.

The feature of Diphtheria was the comparatively large number of cases occurring in people over 15 years of age. This used to be preponderatingly a disease of the first 10 years of life, but the year's figures show that the cases were distributed almost exactly equally below 10 years and over this age.

It will be noticed in the age analysis table for infectious diseases that the 5-10 years age group furnishes nearly 50 per cent. (and in some cases over 50 per cent.) of the total cases in the commoner infectious diseases. It is somewhat significant that this age group includes the age at which children first enter school. This is one very important reason why all children should be protected as far as is possible against liability to infection before reaching school age, not only by such procedure as diphtheria immunisation, but also by having such defects as enlarged tonsils and adenoids (particularly) dealt with before the age of 5. It is very encouraging and satisfactory to be able to record the rapidly increasing number of such defects being attended to in the early years with a very marked drop in the number of such cases referred for treatment as a result of School Medical Inspections as a consequence.

The standard of Nutrition generally remains good and there is no evidence that diseases largely due to nutritional inefficiency are increasing. It was stated in my report for 1943 that the nutritional standard amongst school children—and particularly of the "entrant" group—was as high, if not higher than in previous years. That statement was made somewhat cautiously, but a further 12 months' experience of work amongst children at Clinics and at School Medical Inspections abundantly justifies that opinion. There is ample evidence that diet is vastly improved, both qualitatively and in variety.

The staff of the Department has again had a very strenuous year. Mr. Bennett, Temporary Assistant Sanitary Inspector, obtained a permanent post and left in August. It was found impossible to fill his place, and there has been since then a shortage of two who were absent in Service. This has thrown a very great

strain on the remaining members of the staff, who have, however, worked most admirably to make up the deficiency and perform all statutory duties.

The hostel for evacuees at Scotby, one of the last surviving in the Area, was closed towards the end of the year, the few remaining children being sent to other areas.

In conclusion I have to thank every member of my department for their loyalty and unstinting help during another arduous year. In the strenuous times before us, I am fortified by the knowledge that I can count on the continued loyal co-operation of a most efficient staff.

To Mr. J. S. Watson, your Chief Sanitary Inspector and Housing Officer, I owe a very special debt. He is always ready to give me the soundest help and advice, backed by his long experience and intimate knowledge of the district, and his constructive criticisms have always been invaluable to me and of the greatest benefit to the community.

To Dr. J. S. Faulds, Pathologist to the Cumberland Infirmary, I am deeply indebted for his very valuable help and advice in all matters relating to infectious disease and to the prevention of the spread of infection. In these matters he is my "guide, philosopher and friend."

To the County Medical Officer, Dr Kenneth Fraser, I am indebted for his advice and help in many problems and for his willing readiness to act for me in emergencies.

Finally, but by no means least, I must ask all members of the Council to accept my grateful thanks for their continued support and encouragement.

I have the honour to be,

Ladies and Gentlemen,

Your obedient servant,

A. H. TOWERS,

Medical Officer of Health.

## SECTION A.

## Statistics and Social Conditions.

Area (in acres) ... ..	250,464
Number of inhabited houses at the end of 1944 according to the Rate Books ... ..	7,554
Rateable Value ... ..	£174,020
Sum represented by a penny rate ... ..	£720

The area is primarily an agricultural and dairy farming one. Some other industries are also carried on, notably brickworks, some coal mining, quarries and calico works. Also plaster and cement works. There is no evidence that any of these occupations is causing any injury to health.

The District also enjoys some popularity as a holiday and residential area.

## Vital Statistics.

## BIRTHS.

## (a) LIVE BIRTHS—

	Males.	Females.	Total.
Legitimate ... ..	245	238	483
Illegitimate ... ..	32	18	50
	<u>277</u>	<u>256</u>	<u>533</u>

Birth Rate per 1,000 of estimated resident population mid 1944 ... .. 19.1

## (b) STILL BIRTHS.

	Males.	Females.	Total.
Legitimate ... ..	9	5	14
Illegitimate ... ..	—	2	2
	<u>9</u>	<u>7</u>	<u>16</u>

Rate per 1,000 total (live and still) births 29.1

## Comparison with other areas:

Birth Rate for England and Wales ... ..	17.6
” ” ” Administrative County of Cumberland ... ..	19.7
” ” ” Rural Districts of Cumberland ... ..	19.3
” ” ” Border Rural District ... ..	19.1

## Comparison with previous years:

	1940.	1941.	1942.	1943.	1944.
Total Births ... ..	431	439	469	465	533
Birth Rate ... ..	14.5	14.9	16.4	16.6	19.1

One birth in 10.6 total live births was illegitimate.

## DEATHS.

## ALL CAUSES.

Male.	Female.	Total.
187	160	347

Death rate per 1000 of the estimated average resident population 12.7.

As has been the case for some years now, the usual "factor of correction" for sex and age distribution is not available and the rate quoted is therefore the "crude" death rate. The effect of correcting the death rate for sex and age distribution in a Rural District would probably be to lower the rate slightly.

## Comparison with other areas:

Death Rate for England and Wales	...	...	...	11.6
" " " Administrative County of Cumberland	...	...	...	12.3
" " " Rural Districts of Cumberland	...	...	...	12.5
" " " Border Rural District	...	...	...	12.7

## Compared with previous years:—

	1940.	1941.	1942.	1943.	1944.
Total Deaths	... 409	... 410	... 371	... 338	... 347
Death Rate	... 13.7	... 13.9	... 12.3	... 12.0	... 12.7

## Deaths from Puerperal Causes.

(a) From Puerperal Sepsis	...	...	1
(b) From other Puerperal causes	...	...	0

	Male.	Female.	Total.
Deaths from Measles (all ages)	... 0	0	0
" " Whooping Cough (all ages)	0	1	1
" " Diarrhœa (under 2 years)	1	1	2

## Infantile Mortality.

## Number of deaths of infants under one year:

	Male.	Female.	Total.
Legitimate	... 9	14	23
Illegitimate	... 4	1	5
	—	—	—
	13	15	28
	—	—	—

Analysis of Age and Cause of death of infants under one year:

## AGES.

1 day and under	...	...	...	5
-----------------	-----	-----	-----	---



Between 1 and 7 days ... ..	6
„ 1 week and 1 month ..	3
„ 1 month and 3 months	4
„ 3 months and 6 months	4
„ 6 months and 12 months	6

## CAUSES OF DEATH.

Prematurity ... ..	9
Congenital Deformity ...	3
Congenital Heart Disease ...	2
Wasting (Marasmus) ... ..	2
Meningitis (Influenzal & T.B.)	2
Pneumonia ... ..	3
Birth Injury ... ..	1
Gastro-enteritis ... ..	1
Accidental Suffocation ... ..	1
Infanticide ... ..	1
Laryngeal Spasm ... ..	1
Whooping Cough ... ..	1
Diphtheria ... ..	1

## INFANTILE MORTALITY RATE.

All infants per 1,000 live births ...	52
Legitimate infants per 1,000 legitimate live births ... ..	47
Illegitimate infants per 1,000 illegitimate live births ... ..	100

## Compared with other areas:

## Infantile Mortality Rate for—

England and Wales ... ..	46
Administrative County of Cumberland ... ..	49
Rural Districts of Cumberland ...	53
Border Rural District ... ..	52

## Compared with previous years:

## Number of Deaths:

	1940	1941	1942	1943	1944
Border R.D. ... ..	25	30	26	17	28

## Infant Mortality Rate:

Border Rural District ...	58	68	55	36	52
England and Wales ...	55	59	49	49	46
R.D.'s of Cumberland ...	71	57	55	48	53

## Cancer.

	Male.	Female.	Total.
Deaths from Cancer (all ages) ...	35	17	52

## Incidence of cancer deaths for the past six years:

	1939	1940	1941	1942	1943	1944
Deaths ... ..	52	52	58	50	47	52
Rate per 1,000 of population ...	1.94	1.75	1.98	1.75	1.71	1.9
Percentage of Total Deaths ... ..	—	12.7	14.1	13.4	13.9	14.9

## Causes of Death.

	Male.	Female.
Typhoid and Paratyphoid Fevers ... ..	—	—
Cerebro-Spinal Fever ... ..	—	—
Scarlet Fever ... ..	—	—
Whooping Cough ... ..	—	1
Diphtheria ... ..	1	2
Tuberculosis—		
(a) Respiratory ... ..	3	6
(b) Other Forms ... ..	1	—
Syphilitic Diseases ... ..	1	—
Influenza ... ..	1	1
Measles ... ..	—	—
Acute Poliomyelitis and Polio-encephalitis .	—	—
Acute Infantile Encephalitis ... ..	—	—
Cancer—		
Mouth and Oesophagus ... ..	1	—
Uterus ... ..	—	1
Stomach and Duodenum ... ..	14	5
Breast ... ..	—	6
All other sites ... ..	20	5
Diabetes ... ..	1	1
Intracranial Vascular Lesions ... ..	25	29
Heart Disease ... ..	56	47
Other diseases of circulatory system ...	5	6
Bronchitis ... ..	3	2
Pneumonia ... ..	7	3
Other Respiratory Diseases ... ..	2	1
Ulcer of Stomach and Duodenum ... ..	1	—
Diarrhœa under 2 years ... ..	1	1
Appendicitis ... ..	—	1
Other Digestive Diseases ... ..	3	5
Nephritis ... ..	7	4
Puerperal Sepsis ... ..	—	1
Other Maternal Causes ... ..	—	—
Premature Birth ... ..	5	4
Congenital Malformations, Birth Injury, etc. ... ..	2	4
Suicide ... ..	—	—
Road Traffic Accidents ... ..	2	1
Other Violent Causes ... ..	6	8
All other Causes ... ..	19	15
	<hr/> 187	<hr/> 160

### General Provision of Health Services.

No changes have been made in the provision of services during the past few years.

#### LABORATORY FACILITIES.

Pathological specimens, the examination of which help in the accurate diagnosis of disease and/or in the spread of infection, are sent to the Pathological Laboratory of the Cumberland Infirmary and reports sent to the practitioner who sent the specimen, a duplicate copy being sent to your Medical Officer.

During the year the following specimens were sent in for examination and reported on:—

Nose and Throat Swabs	...	...	170
Sputum for T.B.	...	...	63
Pus for organisms	...	...	7
Fæces for paratyphoid	...	...	2
Cerebro-Spinal Fluid	...	...	2
Milk for Hæmolytic Streptococcus	...	...	2
Pleural Effusion	...	...	2
Fæces for dysentery	...	...	2
Blood for malaria	...	...	1
Blood, serum, agglutination	...	...	1
Cervical swab	...	...	1
Milk for dysentery	...	...	1
			254

This is an increase of 49 over the number of specimens sent during 1943. The increase is almost entirely due to the larger number of Nose and Throat swabs taken.

#### AMBULANCE FACILITIES.

There is no change to report. The ambulances available are adequate both for general cases and for infectious diseases.

#### NURSING IN THE HOME.

The District continues to be covered adequately by District Nurses. The centres at which District Nurses are stationed are as follows:—

Burgh-by-Sands.	Houghton.	Irthington.
Wetheral.	Kirkclinton.	Hallbankgate.
Carleton.	Dalston.	Rockcliffe.
Longtown.	Hayton.	Bewcastle.
Low Row.	Brampton.	

#### CLINICS AND TREATMENT CENTRES.

There are two in the district, under the County Council's administration, at Brampton and Carlisle. At each place there are a School Clinic, Child Welfare Clinic and Tuberculosis Dispensary. Dental Clinics are also held at both centres under the County Chief Dental Officer and Orthopædic Clinic under a County Specialist Staff. Apart from the two latter, the Medical Officer for both centres is also your Medical Officer of Health—a very helpful and desirable arrangement in many ways. It should be specially noted that for Tuberculosis purposes (only) the Brampton Centre covers the Alston Rural District.

Both centres continue to be well used. Very briefly the attendances at the two centres were as follows:—

#### MATERNAL AND CHILD WELFARE CENTRE.

318 attendances of infants aged 0—1 year.  
293 attendances of children aged 1—5 years.

#### SCHOOL CLINIC SECTION.

377 children recorded 1,305 attendances.

#### TUBERCULOSIS SECTION.

New cases (definite T.B.) dealt with	...	...	19
Total attendances	...	...	318
Number of "contacts" examined	...	...	120
"Casual" cases attending	...	...	26
Number of Home Visits by Medical Officer	...	...	39
Number of Consultations with Practitioners	...	...	20

#### HOSPITAL ACCOMMODATION.

This is adequate for the District, both for General and Special cases (infectious diseases). The Hospitals made use of in the District are the Cumberland Infirmary, Carlisle, City General Hospital, Carlisle, Brampton Cottage Hospital, Longtown Infec-

tious Diseases Hospital, City Infectious Diseases Hospital, Carlisle and Garlands Mental Hospital.

The present position regarding Sanitary circumstances of the area and Housing will be found in the Sanitary Inspector's Report, as well as the report on Inspection and Supervision of Food.

### **Sanitary Circumstances of the Area.**

There has been no works of public utility undertaken during the year, such as installation or extension of water supplies and sewerage.

See Sanitary Inspector's Report.

### **Housing and Inspection and Supervision of Food.**

See Sanitary Inspector's Report.

### **Prevalence of and Control over Infectious Disease.**

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#### **SCARLET FEVER.**

There was a sharp rise in the number of cases of Scarlet Fever during the year, 98 cases being notified as compared with 21 during the previous year. There was no definite "peak," cases occurring throughout the year, with February (10), April (15), and November (15) providing the largest monthly numbers. In no case could any connection with milk supply be established. All sections of the District were affected, more or less equally in proportion to population.

#### **DIPHTHERIA.**

Diphtheria also showed a rise—28 cases occurring. Of the 28 cases 11 were over the age of 15.

Of the 17 cases in children under 15, 6 had not been immunised.

There were 3 deaths under 15 years old, and all 3 were in non-immunised children.

Immunisation was proceeded with throughout the year, on the same lines as before. That is, both infants under school age and school children are immunised both at school medical inspections and at the two clinics. The material used was A.P.T. and given in two doses of 0.3 c.c. and 0.5 c.c. with a four weeks' interval.

During the latter half of the year there were some indications which suggested that some parents were inclined to regard immunisation as a wartime "stunt" and steps were taken to correct this misapprehension.

The actual figures regarding immunisation during the year are:—

Completed the course of immunisation:—

Age 0— 5 years	...	...	288 )
„ 5—15 years	...	...	91 ) Total 379.

The total number of children immunised since the intensive campaign was undertaken in 1941 is:—

Age 0— 5 years	...	...	1467 )
„ 5—15 years	...	...	4267 ) Total 5734.

The state of immunisation as on 31.12.44 was:—

Age 0— 5 years	...	...	(about) 55%
„ 5—15 years	...	...	(actual) 89%

There is a difficulty in ascertaining the exact figures for the 0—5 years age group as it is known that a considerable number of children in this age group have been immunised privately by the family doctor. Any such known cases have been included in the above figures and steps have been taken, through District Nurses, etc., to ascertain the numbers so done, but a certain number must have been done which it is not possible to include in the above records.

It is also to be borne in mind, when considering the percentages, that children in the 0—5 age group are not ready for immunisation till they are about one year old. For this reason a full 100 per cent. could never be reached, 80 per cent. being (roughly) the maximum figure attainable.

## MEASLES.

Measles shows a very marked decline, the number of cases notified falling from 212 in 1943 to 58 for the year under review. This is an exceptionally low figure—the previous lowest being 181 in 1942. (Measles was not notifiable prior to 1940).

Apart from a rise in the number of cases of Whooping Cough to 64, other notifiable infectious diseases notified call for no special comment.

## Tables.

## INFECTIOUS DISEASES NOTIFIED.

	Cases.	To Hospital.	Deaths.
Smallpox	—	—	—
Scarlet Fever	98	79	—
Diphtheria	28*	27	3
Typhoid and Paratyphoid	—	—	—
Puerperal Pyrexia	37x	—	—
Pneumonia	24	4	10
Measles	58	—	—
Whooping Cough	64	—	1
Cerebro-Spinal Fever	2	2	—
Erysipelas	6	—	—
Ophthalmia Neonatorum	9	—	—
Dysentery	1	1	—
Infantile Paralysis	2	2	—

\* One case was only found and notified on post-mortem examination.

x 32 of 37 cases were cases occurring in Gilsland Maternity Hospital.

## AGE ANALYSIS.

	Under													Total
	1 year	1x	2x	3x	4x	5x	10x	15x	20x	35x	45x	65x		
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	2	6	8	46	24	3	6	1	2	—	—	98
Diphtheria	1	1	1	—	1	11	2	2	8	—	1	—	—	28
Typhoid and Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	5	31	1	—	—	—	37
Pneumonia	8	—	—	—	—	1	—	—	3	3	6	3	—	24
Measles	—	2	1	7	4	34	1	4	3	2	—	—	—	58
Whooping Cough	7	2	11	7	7	27	3	—	—	—	—	—	—	64
Cerebro-Spinal Fever	1	—	—	—	—	1	—	—	—	—	—	—	—	2
Ophthalmia N.	9	—	—	—	—	—	—	—	—	—	—	—	—	9
Dysentery	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Erysipelas	—	—	—	—	—	—	—	—	1	—	2	3	—	6
Inf. Paralysis	—	—	—	—	—	1	—	—	—	1	—	—	—	2

### Tuberculosis. (Civilians only.)

There is no indication of any special incidence of or mortality from Tuberculosis in any particular part of the district or from any particular occupation.

As in the past, very full use is made of the Dispensaries and of the services provided, both as regards the examination of cases or suspected cases of tuberculosis at the Dispensaries or at the houses of patients in consultation. Notification in this area is both efficient and prompt, being made as soon as the case is diagnosed. No case of neglect or refusal to notify has come under notice.

It should be noted that under the heading "New Cases" in the subjoined table are included 16 Respiratory cases notified from Garlands Mental Hospital. Very few of these 16 cases are probably normally resident in this District, but the Hospital, being situate within the District, these notifications are debitable to the Border Rural District.

Age	New Cases.						Deaths.				
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.				
	M.	F.	M.	F.	M.	F.	M.	F.			
0—1 ...	—	—	...	—	—	...	—	—	...	1	—
1—5 ...	—	—	...	1	—	...	—	—	...	—	—
5—15 ...	—	—	...	1	2	...	—	—	...	—	—
15—25 ...	2	2	...	—	—	...	1	2	...	—	—
25—35 ...	5	4	...	—	—	...	—	1	...	—	—
35—45 ...	3	2	...	1	—	...	1	—	...	—	—
45—55 ...	3	5	...	—	—	...	—	1	...	—	—
55—65 ...	—	2	...	—	—	...	1	—	...	—	—
65x ...	2	1	...	—	—	...	—	1	...	—	—

### Diphtheria. (Civilians only)

(The graphs and figures accompanying these notes were prepared from an article appearing in the October, 1945, number of "Public Health," the journal of the Society of Medical Officers of Health.)

An attempt was made to prepare some graphs applicable to the Border Rural District on the same lines as those relating to the National figures, but it



was found that the figures for the Border District were so very small, that the acute fluctuations in the graphs were too violent to be of any instructional value.

It is true that there have been a greater number of cases of Diphtheria notified in this District during the War period than in the immediate pre-war years. In this connection it must be borne in mind that the Border District, being a "Reception Area" for evacuees, there was a great influx of individuals at a susceptible age, viz.: 0 to 15 years. Thus:

In 1935-39 incl. there were 55 cases (of all ages) notified and in 1940-44 incl. 68 cases were notified. This increase of 13 cases spread over a five-year period, is relatively trifling, and could very easily have been many times greater.

In many areas there has been noted a tendency to a raising in the age incidence of attack, and that adolescents and young adults are attacked with greater frequency than used to be the case. It was generally held that diphtheria was essentially a disease of the first ten years of life. This tendency towards a rise in the age incidence has been noted in this District. Thus:

In 1935-39 inc., of 55 cases of all ages, 29 per cent. were over 15 years.

In 1940-44 incl., of 68 cases, 42.8 per cent. were over 15 years of age.

### **Immunisation.**

This was commenced in the Border District on a large scale in 1941. Since then, i.e., 1941-44 incl., there have been in children between 0 and 15 years of age:

35 cases, of which 12 had been immunised and 23 non-immunised. The 12 cases amongst immunised children were all mild cases and gave rise to no anxiety and there were no deaths.

Among the 23 non-immunised children, several were very severe and 5 deaths occurred, or 1 death in

every 4.6 non-immunised children. This is a very serious matter and indicates the frequent incidence of the virulent or "gravis" type of the disease among unprotected children. Is there any other evidence pointing to the value of immunisation?

In an elementary school in the Border Rural District, a school with 126 scholars on the roll, there occurred some sporadic cases of diphtheria at intervals of 3 to 9 weeks. The incubation period of diphtheria is very short, probably rarely more than 1 week and often less. A throat and a nose swab was, therefore, taken from every pupil and from every member of the staff, with the result that 2 children (both of whom had been immunised) were found to be "carriers." Moreover, special tests indicated that the germs in their throats were "virulent." These 2 children never developed diphtheria. Both were rigidly isolated, one, an evacuee, in the Isolation Hospital, and the other at home. The latter was re-immunised and treated with Sulphathiazole snuff, and three successive negative swabs at intervals of a week were obtained, after which the unhealthy tonsils were removed (this procedure had been frequently urged on the parents previously).

No further cases have occurred.

The point of interest here is that in spite of the presence of 2 virulent carriers, no epidemic or "flare up" occurred. The state of immunisation at this school was (at that time):—

On the roll	...	...	...	126
Immunised	...	...	...	120
Doubtful	...	...	...	1
Non-immunised	...	...	...	5

Another interesting experience was that of a household of 10 persons. The status of each person in the household will be easier to follow from the following tabular representation:—

Mr. A.	Mrs. A.	Mrs. B.	Mrs. C.	Miss D. (C)
— —	— —	— —	— —	
Child.	Child (C)	Child	Child	

Those in bold type developed diphtheria, those in light followed by the letter C in bold were at one time or another found to be "carriers," those in light without any addition, remained clear, both of diphtheria and of being carriers.

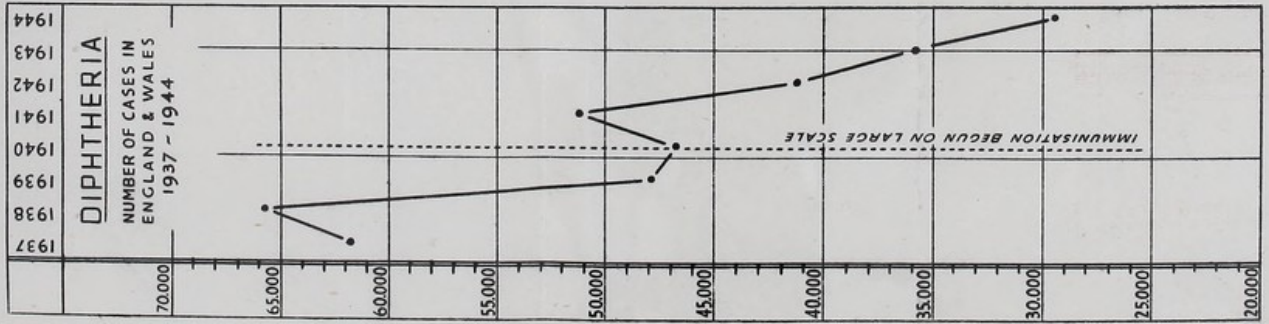
Mrs. B. was the first to develop the disease followed about 5 days later by Mrs. C. Nose and throat swabs of the rest of the household showed that Miss D. was a carrier. She was isolated in hospital as well. About 2 weeks later one of the "A" children, aged 5, developed diphtheria and went to hospital. Further swabs from the household showed that the two remaining "A" children were now carriers, whereas they had previously been clear. They also went to hospital.

Finally, about a week later, Mr. A. went down with diphtheria. Further repeated swabs showed no other carriers and the outbreak came to an end. All cases made uninterrupted recoveries.

The interesting point here is that the two children of Mrs. B. and Mrs. C were in closer contact with the disease than anyone else as they shared their respective mothers' beds, and neither developed diphtheria or became carriers and these two were the only persons in the house who had been immunised.

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# ENGLAND & WALES



DURING THE FIRST HALF OF 1944 THERE WERE:

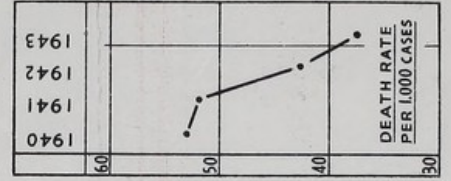
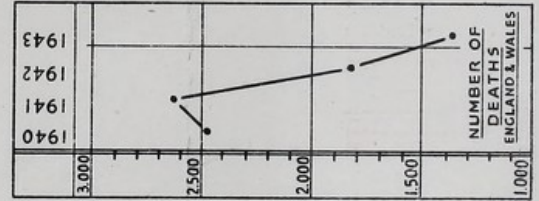
A. AMONG IMMUNISED CHILDREN:  
2,243 CASES WITH 16 DEATHS.

B. AMONG NON-IMMUNISED CHILDREN:  
6,743 CASES WITH 368 DEATHS.

DEATH RATE IN A. — 7.1 PER 1,000 CASES.  
DEATH RATE IN B. — 54.5 PER 1,000 CASES.

IN OTHER WORDS:

A. IT TOOK 140 CASES TO PRODUCE 1 DEATH.  
B. IT TOOK 18 CASES TO PRODUCE 1 DEATH.





**REPORT OF THE CHIEF SANITARY INSPECTOR  
AND HOUSING OFFICER.**

FOR THE YEAR ENDING 31st DECEMBER, 1944.

To the BORDER RURAL DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen:

I beg to submit my Eleventh Annual Report.

**NOTICES SERVED.**

The number of Notices served during the year was 134, i.e.:—

	Formal.	Informal.
Public Health Acts ... ..	2	48
Housing Acts ... ..	1	26
Milk and Dairies Acts and Orders	—	58
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	3	132
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At the end of the year the Notices had either been complied with or proposals for carrying out the necessary works agreed to.

**HOUSING.**

**NEW BUILDINGS.**

During the year the erection of 14 houses for occupation by Agricultural Workers was completed. The accommodation provided, i.e., 3 bedrooms, bathroom, parlour, living room, scullery with separate wash-house and store, does I consider meet the needs of the rural worker.

**RECONDITIONING, ETC.**

Although shortage of labour and material has seriously curtailed reconditioning and maintenance of existing houses, the position has to some extent improved and the arrangement whereby Local Authorities may issue Certificates of Essentiality has been beneficial.

During the year 34 Certificates were issued concerning 58 houses.

**DRAINAGE AND WATER CLOSETS.**

The number of new drainage systems installed and water closets provided in place of earth closets or privies is 26. Fifteen of these are drained to the Council's sewers and 11 to cesspools.

## WATER SUPPLIES.

The number of houses provided with a sufficient water supply was 19.

## CAMPING SITES.

During the year the several camping sites have been conducted in such a way as to give no cause for complaint.

(1) Number of sites in the area used for camping purposes during 1944	...	...	...	9
(2) Number of camping sites in respect of which licences have been issued by the Local Authority under Section 269 of the Public Health Act, 1936	...	...	...	9

## INSPECTION AND SUPERVISION OF FOOD.

## MILK AND DAIRIES ORDERS.

The number of registered producers is 1275, an increase of 2. Visits during the year total 1340. Improvements have been carried out to 27 cowsheds and 34 premises have been provided with suitable cooling and/or sterilising rooms.

559 samples of milk were taken and submitted to the Methylene Blue and "B" Coli tests. Of these 228 were also examined for T.B., 12 of which were "positive."

Table showing the number of samples taken annually since 1937:—

	1937	1938	1939	1940	1941	1942	1943	1944
Accredited	409	423	226	347	449	434	283	211
Tuberculin Tested	77	103	69	140	165	164	178	186
xSchool Milk	60	63	45	13	1	—	—	—
Ordinary Producers	52	39	7	77	100	113	143	162
	598	628	347	577	715	711	604	559
Samples collected by Carlisle Corporation	185	160	176	27	55	32	21	8
	783	788	523	604	770	745	625	567
Samples collected at Depots	...	...	...	...	...	728		
						728		
						1353		

The reason that samples have not been taken under this heading is that it has been found more convenient to take samples at the place of production.

Of the 132 licenced producers sampled during the year:—

- 51 had no unsatisfactory samples.
- 46 had 1 „ sample.
- 23 had 2 „ samples.
- 12 had 3 or more unsatisfactory samples.

The licences in force in the district at the end of 1944, together with those of previous years are shown in the following table:—

Year.	Tuberculin Tested Licences.	Accredited Licences.
Previous to 1935 ... ..	4	3
1935 ... ..	11	85
1936 ... ..	23	111
1937 ... ..	32	124
1938 ... ..	35	123
1939 ... ..	42	123
1940 ... ..	46	120
1941 ... ..	42	118
1942 ... ..	41	107
1943 ... ..	47	85
1944 ... ..	77	66

Comparative statement showing Accredited and Tuberculin Tested Licences in force in the various districts in the County at the end of the year:—

District.	No. of Accredited Licences.	No. of Tuberculin Tested Licences.
Rural Districts—		
Alston ... ..	—	2
Border ... ..	66	77
Cockermouth ... ..	37	13
Ennerdale ... ..	24	14
Millom ... ..	14	2
Penrith ... ..	19	36
Wigton ... ..	62	22
Urban Districts—		
Cockermouth ... ..	1	1
Keswick ... ..	1	—



District.			No. of Accredited Licences.		No. of T.T. Licences.
Maryport	...	...	4	...	—
Penrith	...	...	1	...	3
Borough Councils:—					
Whitehaven	...	...	15	...	1
Workington	...	...	7	...	—
			245	...	171

#### SLAUGHTER HOUSES.

The Government Scheme of Centralised Slaughtering still continues and all meat supplied to the district is slaughtered at Carlisle abattoir.

The 16 Slaughter Houses are therefore not used for the purpose of Slaughter. As, however, some of them are used as Butchers' Shops, visits continue to be made.

82 visits have been made to shops, stores, canteens, etc., 59 of these being as a result of reports received regarding unsound food. Certificates in appropriate cases have been issued to enable the traders to replace goods condemned.

#### FACTORIES ACT.

Under the above Act 6 inspections were made of factories and workshops. Conditions were found to be satisfactory.

#### BAKEHOUSES.

There are 12 bakehouses in the district, all of which have been conducted in a satisfactory manner.

#### OFFENSIVE TRADES.

2 Knackers Yards operate in the area.

At one of these, however, no slaughtering takes place and the premises are only used as a receiving centre.

## RATS AND MICE (DESTRUCTION) ACT, 1919.

Rat poison is distributed free on request from the office on behalf of the County Council.

67 applications for supplies were received.

Six contracts have been entered into with the Pests Department of the Cumberland War Agricultural Executive Committee for the destruction of rats on the Council's refuse tips, and the arrangement has worked satisfactorily.

## REFUSE COLLECTION AND DISPOSAL.

There has not been any extension of the Council's scheme of refuse collection. The number of houses covered being 4,700 out of a total of 7,570.

The parishes in which collection is done by direct labour are as follows:—

Rockcliffe.	Burgh-by-Sands.
Kingmoor.	Beaumont.
Stanwix.	St. Cuthbert's Without.
Dalston.	Wetheral and Hayton
Cummersdale.	(excluding Talkin).
	Kirkandrews-on-Esk (part of).

In the following parishes the work is done by contract:—

Castle Carrock.	Brampton.
Walton.	Arthuret.
Nether Denton.	Hayton (Talkin Village).

COST OF HOUSE REFUSE REMOVAL AND DISPOSAL  
FOR YEAR ENDED 31st DECEMBER, 1944.

	£	s.	d.
Contractors	570	0	0
Wages, Council's Workmen	767	17	7
Refuse Tips, Rents and Maintenance	42	6	0
„ Rats Destruction	34	16	9

Vehicles, Repairs, etc.	...	...	...	...	25	6	5
„ Insurance	...	...	...	...	9	15	4
„ Petrol, Oil, Licences, etc.	...	...	...	...	88	6	0
„ Karrier Wagon (part)	...	...	...	...	139	11	3
Advertising, etc.	...	...	...	...	9	10	6
					<hr/>		
					£1687	9	10
					<hr/>		

Note.—The figure of £1,687 9s. 10d. compares favourably with that for the previous year, viz.: £1,697 4s. 5d., although it does not include the capital cost of providing a new tip for Brampton (£100 0s. 0d.).

#### SALVAGE OF WASTE MATERIAL.

The amount of Salvage collected again shows a very decided drop, the total being 81 tons as against 115 tons in the previous year.

The income from the sales of salvage is £481 12s. 10d., and the expenditure £687 7s. 10d.

The loss on salvaged material is regretted, but the cause is almost entirely due to the decreased amount collected. Bearing in mind the fact that several “Drives” have been held and that for various reasons salvagable material is not available in such large supplies as in the earlier war years, it cannot be denied that the general public are now much less “salvage-minded.”

This is unfortunate, as salvage, particularly paper, rags and bones is still urgently needed.

#### RECEIPTS AND EXPENDITURE FOR YEAR ENDED 31st DECEMBER, 1945.

				£	s.	d.
RECEIPTS.						
Sales of Salvage	...	...	...	481	12	10
EXPENDITURE.						
Wages, Council's Workmen	...	...	...	536	9	6
Petrol and Oil	...	...	...	23	14	3
Baling Wire and Sundries	...	...	...	7	4	0

Overalls (Workmen) ... ..	3	14	2
Advertising ... ..	7	1	0
Bedford and Karrier Wagons (part cost) ...	109	4	11
	<hr/>		
	£687	7	10
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Net loss for the year £205 15s. 0d.

### RECORD OF INSPECTIONS.

Houses inspected ... ..	211
"    "    re Infectious Diseases ... ..	50
"    "    re Overcrowding ... ..	3
"    "    re Dirty Conditions ... ..	10
"    "    re Water Supply ... ..	9
"    "    re Sanitary Accommodation ... ..	29
"    "    under Housing Acts ... ..	62
"    "    re Nuisances ... ..	135
Vans Inspected ... ..	6
Schools ... ..	—
Factories and Workshops ... ..	10
Bakehouses ... ..	12
Cowsheds ... ..	1340
Butchers' Shops ... ..	23
Number of Visits—Unsound Food ... ..	59
Offensive Trades Inspected ... ..	6
Drains Inspected and Tasted ... ..	27
No. of Inspections—	
Watercourses, etc. ... ..	9
Refuse Tips ... ..	35
Salvage—Waste Material ... ..	54
Interviews with Owners, Agents, etc. ... ..	249
Inspections under Petroleum Acts ... ..	5
Milk Sampling ... ..	559
Complaints ... ..	32
Shops Act ... ..	6
Council Houses and Repairs, etc. ... ..	158
Rat Infestation ... ..	31
Evacuation Billeting, etc. ... ..	231

## LIST OF WORKS EXECUTED.

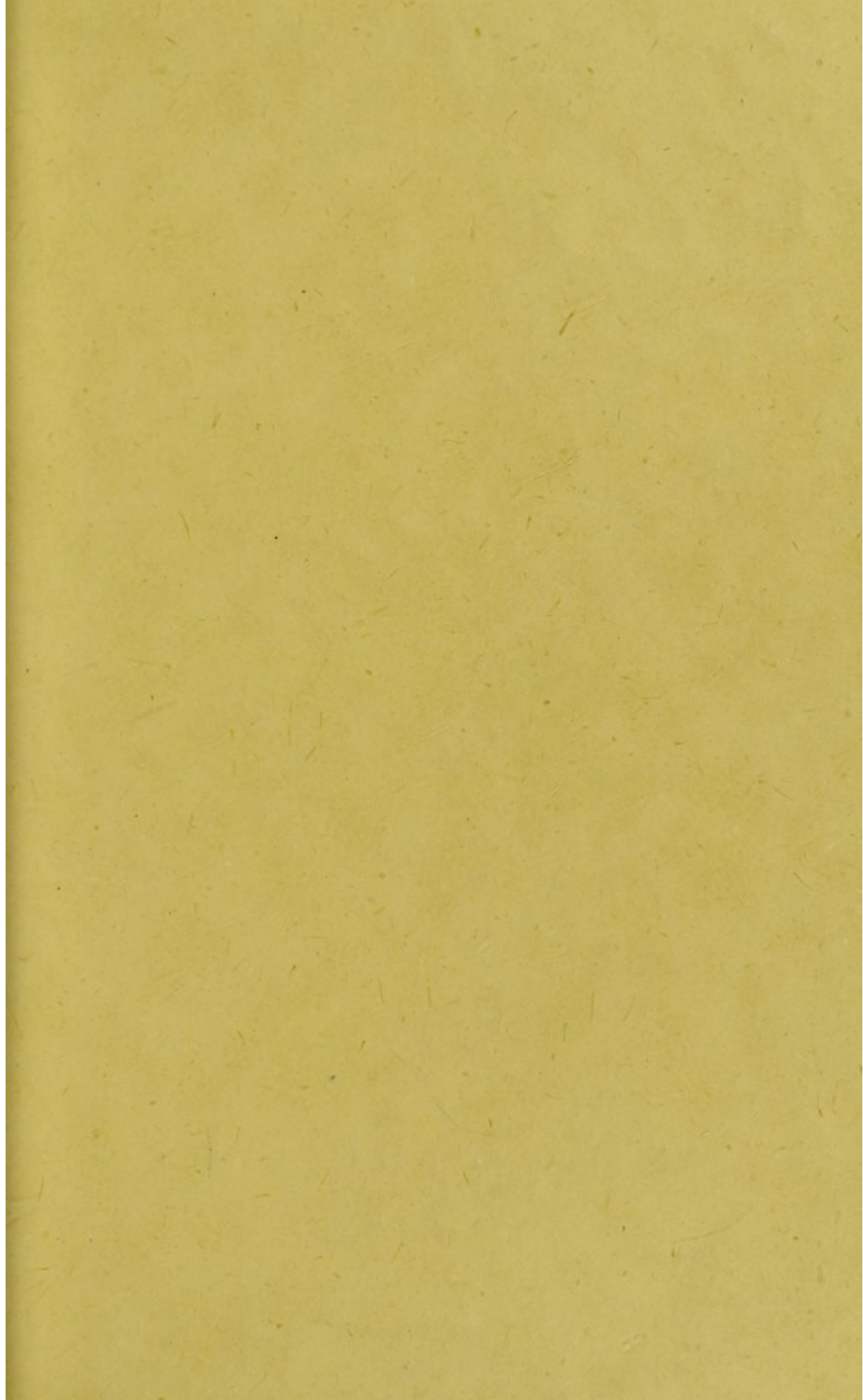
	By Notice.	Without Notice.
Houses :—		
Provided with sufficient supply of water		19
Provided with sufficient closet accom- modation ... ..	10	16
Closets converted to W.C.s ... ..	10	16
W.C.s cleansed and repaired ... ..	4	8
Disinfected ... ..	—	3
Workshops :—		
Bakehouses limewashed and cleansed ...	—	12
Milk and Dairies Orders :—		
Cowsheds reconstructed and/or improved ... ..	—	27
New cowsheds provided ... ..	—	3
Cooling and Sterilising Rooms provided and improved and sterilising plants installed ... ..	—	34
Cowsheds cleansed and limewashed ...	—	29
Drains :—		
Existing drains connected to sewer ...	—	3
New drains provided and connected to sewer ... ..	2	13
New drains provided to cesspools ...	—	11
Cleansed ... ..	4	27
Ashpits :—		
Constructed (New) ... ..	—	—
Cleansed ... ..	1	2
Offensive Trades :—		
Premises limewashed ... ..	—	1
Offensive accumulations removed ...	—	1
Slaughter Houses :—		
Premises limewashed ... ..	—	16

I am,

Your obedient Servant,

J. S. WATSON,

Chief Sanitary Inspector.



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