

[Report 1952] / Medical Officer of Health, Carlisle City.

Contributors

Carlisle (England). City Council.

Publication/Creation

1952

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CITY OF



CARLISLE

ANNUAL REPORT

OF THE

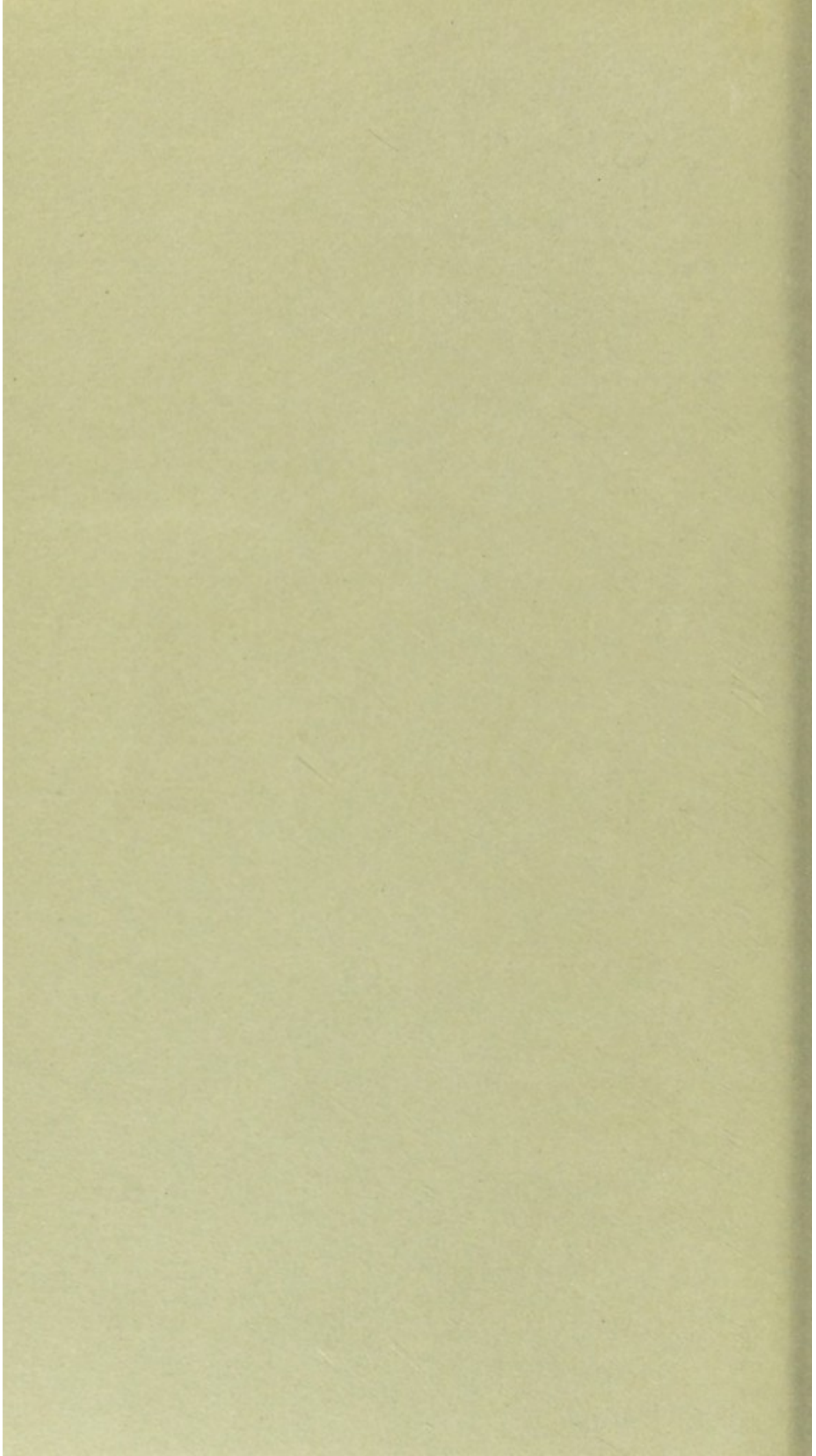
MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1952

JAMES L. RENNIE,

M.D., F.R.F.P.S. (Glasgow), D.P.H.,
MEDICAL OFFICER OF HEALTH.



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Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my sixth Annual Report on the Health of the City.

Section I. Vital Statistics.

It will be noted that there has been a fall in the birth rate during the year. The substantial decrease in the number of still-births is however gratifying. The general death rate has fallen from 13.76 to 11.97 per thousand of the population.

Section II. Sanitary Circumstances.

The water supply to the City was adequate at all times during the year. The absence of drought prevented any shortage but as the area to be supplied is steadily increasing a drought of a sufficient length of time would undoubtedly produce a situation which might necessitate rationing.

Further unfit houses were represented during the year. Although slow the progress in Slum Clearance is now evident. At the time of writing it would seem that, if the present rate can be maintained, the time will not be far distant when we shall be able to deal with the bigger problem of Clearance Areas.

The system of controlled tipping, as used in Bradford, is now firmly established as a means of Refuse Disposal in the City.

Section III. Occurrence and Control of Infectious Disease.

The total number of cases of infectious disease notified during the year fell. This was accounted for by a marked decrease in Measles notifications.

The most outstanding occurrence of the year was an outbreak of Food Poisoning due to Salmonella Thompson. As will be seen from the report a slight lapse on the part of a single employee in a catering establishment can be responsible for widespread sickness among customers. In a similar way, owing to carelessness or lack of knowledge on the part of the housewife, it is possible for smaller groups to be incapacitated by food poisoning contracted in the home. It is important, therefore, that food hygiene should be strictly observed not only in commercial undertakings but in the home.

Section IV. Tuberculosis.

This section has been contributed by Dr. Morton and it will be seen from the figures that the total number of new notifications

of Pulmonary Tuberculosis has altered very little from the previous year. It is hoped that, as the condition is being diagnosed earlier, there will in the future be a fall in the number of new cases.

The length of waiting period for the surgical treatment of Pulmonary Tuberculosis has caused much disquiet, but at the time of writing I am able to say that arrangements have been made which, it is hoped, will alleviate this situation.

Section V. Services provided under Part III of the Act.

In accordance with the request of the Ministry of Health (Circular No. 29/52) the introduction of this section of the report has taken the form of a general review of the National Health Services, as provided under the Act of 1946.

There has been a slight increase in the number of domiciliary confinements, but this would not have enabled the Part II Training School to have offered adequate training to student midwives. The Council, therefore, discontinued midwifery training as from November, 1952.

In previous reports I stressed the lack of Health Visiting staff. At the end of this year, however, the position had greatly improved and much more after-care work had been started.

The Home Help Service continues to be popular. It will be noted that more than half the time of the staff is spent in giving service to elderly people. If this results in enabling such old folks to remain in their own homes rather than seek Residential or Hospital Accommodation the service has undoubtedly fulfilled a very useful and humane purpose.

Section VI. General Provision of Health Services.

There has been very close co-operation with the Laboratory at the Cumberland Infirmary.

The administrative work in connection with the welfare services is becoming to an ever increasing extent centred in the Health Department, and I have, therefore, given in this section a short account of the services provided under the National Assistance Act, 1948, during the year.

Section VII. Chief Sanitary Inspector's Report.

This constitutes Mr. Boaden's second Annual Report. An ever increasing throughput at the Bacon Factory and shortage of Inspectors caused many difficulties during the year. As a result the new district scheme for the Inspectors was not instituted, but at the time of writing there is a full establishment of Inspectors and the scheme is working smoothly.

I desire to record my sincere thanks and appreciation for the willing service and excellent co-operation of all members of the staff of the Department. The friendly co-operation of medical practitioners and hospital staffs has gone far to make for smooth working and is very much appreciated.


To the Chairman and Members of the Health Committee I desire to express my thanks for the help, encouragement and support they have given to me throughout the year. I would also like to record my indebtedness to the Town Clerk and other Chief Officials and their staffs for willing co-operation and assistance.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

JAMES L. RENNIE,

Medical Officer of Health.



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VITAL STATISTICS

Annual Report of the Registrar-General of Births, Deaths, and Marriages for the Year 1901

EXTRACTS FROM VITAL STATISTICS OF THE YEAR

(Registered in England and Wales)

Year	Total	Males	Females
1901	1,411,341	705,171	706,170
1900	1,387,411	693,705	693,706
1899	1,363,481	682,240	681,241

SECTION I.

VITAL STATISTICS

Births, Deaths, and Marriages, and the Registrar-General's Office, London.

Published by the Registrar-General, London, 1902.

VITAL STATISTICS
SECTION I

VITAL STATISTICS

Area (acres)	6,092
Population (1952), Estimate of Registrar-General ...	67,900
Rateable Value	£462,850
Sum represented by a Penny Rate	£1,895

EXTRACTS FROM VITAL STATISTICS OF THE YEAR

(Registrar-General's Returns)

Live Births—	Total.	M.	F.	
Legitimate ...	1080	561	519	
Illegitimate ...	61	37	24	
				Birth rate, 16.80 per 1,000 popu- lation.

Birth rate per thousand of the population as corrected by Area Comparability factor of 1.03 is 17.30.

Still-births ...	17	10	7	
				Rate 14.68 per 1,000 total births.

Deaths	813	414	399	
				Death rate 11.97 per 1,000 popu- lation.

Death rate per 1,000 of the population as corrected by Area Comparability factor of 1.09 is 13.05.

Deaths from diseases and accidents of pregnancy and childbirth—

From Sepsis ... ..	...	...	...	—
From other causes ... ..	...	...	...	—

Death rate of Infants under one year of age per 1,000 live births—

Legitimate ... ..	...	...	...	28.70
Illegitimate ... ..	...	...	...	0.0
				Total, 27.17

Deaths from Whooping Cough (all ages) ...	...	...	—
„ Diarrhoea (under 2 years of age) ...	...	...	—

POPULATION.

The estimate of the population at mid-year 1952 supplied by the Registrar-General was 67,900. This figure has been used in making the appropriate calculations in this report.

BIRTHS

Live Births

The total number of live births credited to the City during the year was 1,141, giving a birth rate of 16.80 per thousand of the population. It should be borne in mind that a few of these were children of Scottish mothers who had their confinements in Carlisle.

Illegitimate Live Births

61 of the above births were illegitimate, so that the illegitimacy rate was 53.45 per thousand of the total live births.

Still-Births

There has been a marked decrease in the number of still-births there being only 17 recorded as compared with 46 in 1951. In that year the still-birth rate was 37.46 per thousand total births whereas in the year under review the rate is 14.68. This is probably the lowest recorded still-birth rate in the City and it is very gratifying considering that we had a relatively high still-birth rate in 1951. Against this must be noted the fact that there has been a slight increase in infantile mortality this year.

DEATHS

The total number of deaths credited to the City was 813, producing a death rate of 11.97 per thousand of the population. As in the case of births, the City deaths included a few Scottish, which, on account of the regulations, could not be transferred out.

Table 1 shows the cause of death and the age at death of the 813 persons mentioned above.

Maternal Mortality

No woman died as a direct result of child-birth during the year.

Infantile Mortality

There were 31 deaths of children under one year of age (including 3 Scottish) credited to the City, giving an infantile mortality rate of 27.17 per thousand live births. The number of deaths in 1951 was 30 and the rate was 25.38 per thousand live births. When, however, one takes together the number of still-births and the number of infant deaths in one year it is seen that in 1951 there were lost in the City a total of 76 young lives, whereas in 1952 this number had dropped to 48. Table 2 shows the causes of infant deaths, and indicates the age and the month in which the deaths occurred.

TABLE 1

CAUSE OF DEATH.	NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE CITY									TOTAL DEATHS WHETHER OF "RESIDENTS" OR "NON-RESI- DENTS" IN INSTITUTIONS IN THE CITY
	All Ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and up- wards	
1.	2	3	4	5	6	7	8	9	10	11
All Causes { Certified	750	28	4	2	9	34	197	206	270	490
{ Uncertified	63	3	1	—	—	2	25	23	9	19
Tuberculosis, respiratory ...	14	—	—	—	2	2	8	1	1	9
Tuberculosis, other ...	3	—	—	—	—	—	2	1	—	3
Syphilitic Disease ...	2	—	—	—	—	1	1	—	—	1
Diphtheria ...	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—
Meningococcal infections ...	—	—	—	—	—	—	—	—	—	1
Acute Poliomyelitis ...	2	1	1	—	—	—	—	—	—	4
Measles ...	—	—	—	—	—	—	—	—	—	—
Other infective and parasi- tic diseases ...	3	—	—	—	—	2	1	—	—	5
Malignant Neoplasm, stomach	19	—	—	—	—	1	9	6	3	12
" " Lung,	—	—	—	—	—	—	—	—	—	—
bronchus	11	—	—	—	—	—	6	5	—	7
Breast	11	—	—	—	—	1	4	4	2	1
Uterus	7	—	—	—	—	—	4	3	—	2
Other malignant and lym- phatic Neoplasms ...	58	—	—	—	1	5	21	20	11	54
Leukaemia, aleukaemia ...	3	—	1	—	—	1	1	—	—	4
Diabetes ...	3	—	—	—	—	—	1	1	1	2
Vascular lesions of nervous system ...	158	—	1	1	—	2	31	44	59	36
Coronary disease, angina ...	110	—	—	—	—	1	49	39	21	25
Hypertension with heart disease ...	14	—	—	—	—	1	1	4	8	3
Other heart disease ...	192	—	1	—	—	1	19	59	112	62
Other circulatory disease ...	26	—	—	—	—	1	3	5	17	56
Influenza ...	—	—	—	—	—	—	—	—	—	1
Pneumonia ...	20	6	—	—	1	1	5	2	5	16
Bronchitis ...	24	—	—	—	—	—	11	5	8	14
Other diseases of respiratory system ...	2	—	—	—	—	—	1	1	—	2
Ulcer of the stomach and duodenum ...	15	—	—	—	—	2	5	6	2	19
Gastritis, Enteritis and Diarrhoea ...	5	—	1	—	—	1	—	1	2	8
Nephritis and Nephrosis ...	12	—	—	—	—	1	6	3	3	10
Hyperplasia of prostate ...	6	—	—	—	—	—	—	3	3	5
Pregnancy, Childbirth, Abortion ...	—	—	—	—	—	—	—	—	—	1
Congenital malformations ...	5	4	—	—	—	—	1	—	—	7
Other defined and ill-defined diseases ...	71	19	—	1	1	6	23	7	14	94
Motor vehicle accidents ...	13	—	—	—	2	5	3	3	—	20
All other accidents ...	16	1	—	—	1	—	2	5	7	22
Suicide ...	6	—	—	—	—	1	3	2	—	3
Homicide and operations of war ...	2	—	—	—	1	—	1	—	—	—
TOTALS ...	813	31	5	2	9	36	222	229	279	509

TABLE 2

CAUSE OF DEATH	AGE								MONTH												Total Deaths under one Year		
	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 4 Weeks	4 W'ks & under 3 Months	3 Months & under 6 M'nths	6 months & under 9 M'nths	9 Months & under 12 M'nths	January	February	March	April	May	June	July	August	September	October	November		December	
All Causes { Certified Uncertified	19	—	2	—	21	5	3	—	2	—	4	3	1	6	4	3	2	—	1	—	4	1	28
Prematurity	13	—	1	—	14	—	—	—	—	—	—	—	—	—	3	1	2	—	—	1	3	—	14
Congenital Malformations	1	—	1	—	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Atelectasis	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Erythroblastosis Foetalis	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Pneumonia	1	—	—	—	1	3	2	—	1	—	—	—	—	—	2	1	—	—	—	—	—	—	7
Pyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Poliomyelitis	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Pre-Eclamptic Toxæmia	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
TOTALS	19	—	2	—	21	5	3	—	2	—	5	3	1	7	4	3	2	—	—	1	5	—	31

DEATHS DUE TO CANCER

Table 3 shows the age and sex distribution of 106 persons who died from cancer of various organs during the year under review. It is gratifying to note that there were 21 less deaths from malignant diseases during the year but it is difficult to attach particular significance to this drop in any single year. The mortality rate of this disease is 1.6 per thousand of the population.

TABLE 3

Site of Disease	AGE GROUPS.														Totals			
	Under One Year		1-25		25-35		35-45		45-55		55-65		65-75		Over 75		M.	F.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Buccal Cavity and Pharynx	-	-	-	-	-	-	-	-	-	-	1	1	1	1	2	-	4	2
Digestive Organs and Peritoneum	-	-	-	1	1	1	1	5	4	7	4	7	7	7	6	5	26	22
Respiratory System	-	-	-	-	-	-	2	2	-	4	-	7	-	-	-	-	13	-
Uterus	-	-	-	-	-	-	-	-	-	-	1	-	-	2	-	-	-	5
Other female genital organs	-	-	-	-	1	-	-	-	2	-	-	-	-	1	-	-	-	5
Breast	-	-	-	-	-	-	-	-	-	-	-	-	3	4	1	2	1	11
Male genital organs	-	-	1	-	-	-	-	-	-	-	-	-	3	-	-	-	4	-
Urinary organs	-	-	-	-	-	-	1	1	1	1	-	1	1	1	-	-	3	2
Skin	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	1
Brain and Nervous System	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other organs	-	-	1	-	-	-	-	-	-	1	1	2	-	-	-	-	4	2
Totals	1	1	1	2	1	1	2	8	11	14	11	22	16	9	7	56	60	

Table 4 sets out the deaths from Cancer from 1943-1952.

TABLE 4

DEATHS FROM CANCER, 1943-52.

1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.	1951.	1952.
104 ...	113 ...	123 ...	115 ...	111 ...	121 ...	113 ...	124 ...	127 ...	106

Inquests

During the year the City Coroner held 55 inquests. Of this number 25 related to deaths of persons who resided within the City, and 30 to persons who resided in other districts but who died within the City. 3 related to children under five years of age, all of whom normally resided in other areas.

Uncertified Deaths

74 deaths were registered in which no certificate was given by a medical practitioner, and in which no inquest was held. 62 of these were in respect of City residents.

During 1951, 62 such deaths were registered.

Mortuary

49 bodies were removed to the Public Mortuary, post-mortem examinations being made in 44 instances.

SANITARY CIRCUMSTANCES

WASH DC

SECTION II.

SANITARY CIRCUMSTANCES

TABLE I

SECTION II
SANITARY CIRCUMSTANCES

SANITARY CIRCUMSTANCES

WATER SUPPLY

I am indebted to the City Water Engineer and Surveyor for the following Report:—

“The Water Supply in the area has been satisfactory in quantity and quality throughout the year.

Regular bacteriological examinations have been made of the water in its various stages of treatment, from the raw water to the final supply. In all, 33 samples of the fully treated water have been examined bacteriologically, and all show the water to be highly satisfactory in this respect.

The Chemical Analyses of the water afford no evidence of pollution by undesirable drainage of any kind, and it is of good and wholesome quality for human consumption. In all, 12 samples of water were subjected to a chemical analysis during the year.”

A test of plumbo-solvency is included as part of every chemical analysis, with the following results:—

Lead eroded or dissolved after 24 hours at 20° C.

Nil in 10 samples.

0.08 parts per 100,000—13th August, 1952.

0.05 parts per 100,000—20th November, 1952.

Water was supplied to householders as follows:—

(a) Direct to the houses:

No. of houses supplied ...	...	...	20,169
Estimated population supplied ...	...	...	66,952

(b) By means of standpipes:

No. of houses supplied ...	...	...	373
Estimated population ...	...	...	948

Table 5 shows the total quantity of water supplied and the quantity per head per day for the years 1951 and 1952:—*

TABLE 5

	<i>No. of Gallons.</i>	<i>Gallons per head per day.</i>
1951 ...	1,247,110,000	42.70
1952 ...	1,252,090,000	42.75

In addition to the regular examinations carried out by the Water Engineer's Department, periodic specimens are obtained from domestic supplies in the City and submitted to the City Analyst and Bacteriologist for appropriate examination. Tables 6 and 7 set forth the results of these tests.

TABLE 6

Results of chemical examination of samples of water:—

RESULTS SHOWN IN PARTS PER 100,000.	29th May.	19th August.	25th November.	24th December.
Chlorines as Chlorides ...	.9500	.9000	.9000	.9000
Nitrogen as Nitrates ...	None	.0207	.0467	.0173
Ammonia	None	.0034	.0007	.0023
Albuminoid Ammonia ...	.0036	.0051	.0052	.0030
Oxygen absorption ...	.1201	.3248	.2520	.2188
Injurious Metals	None	None	None	None
Total Solid Matter dried at 100° C.	13.0000	11.0000	11.0000	13.0000
Temporary Hardness ...	4.0°	3.0°	3.8°	2.0°
Permanent Hardness ...	4.4°	3.2°	1.4°	5.2°
Free Alumina	None	—	None	None
P.H. Value	7.3	7.3	7.3	7.3
Colour of Sample on Hazen Scale	10.0	31.0	24.0	21.0
Appearance in two-foot tube	Bright	Not quite Clear	Not quite Bright	Not quite Bright
Odour when heated to 50° C.	None	None	None	None
Microscopical Examination	Satisfactory	Noticeable Deposit of earthy matter, vegetable debris, fungus growths and many micro-organisms.	Satisfactory	Satisfactory
Lead Dissolved or Eroded ... ..	.024 parts per 100,000		.025 parts per 100,000	.022 parts per 100,000

TABLE 7

Results of Bacteriological examination of samples of water:—

Date when sample was taken.	No. of Colonies in					
	0.1 M.L.		1 M.L.		10 M.L.	
	At 22° c.	At 37° c.	At 22° c.	At 37° c.	At 22° c.	At 37° c.
4th June ...	—	—	—	—	—	—
23rd July ...	—	—	—	—	—	—
10th Nov. ...	—	—	—	—	—	—

SEWERAGE AND SEWAGE DISPOSAL

I am indebted to the City Surveyor for the following report:—

“The construction of new sewers on Housing Estates continued at Harraby Neighbourhood Unit and Upperby Village West.

Work on the Harraby-Durranhill Trunk Sewer has been completed. This sewer links Harraby Neighbourhood Unit with the City Sewerage System.

In connection with the scheme for the disposal of the liquid portion of the sewage delivered to Willow Holme Works, civil engineering works are proceeding and delivery of cast iron pipes, specials and various fittings has been effected. There is considerable delay in the delivery of major items of plant.”

REFUSE COLLECTION AND DISPOSAL

Refuse is now being disposed of by controlled tipping in accordance with the decision of the Health Committee in 1950 when it was decided that a separate Director of Public Cleansing should be appointed to my staff.

I am indebted to Mr. Sheldon, the holder of this appointment, for the following report on the work of that section of the department.

Refuse and Salvage Collection

The year under review was notable for two major items of re-organisation in the work of this section. First, the gradual process of mechanisation which has been proceeding steadily for a considerable time was completed and the remaining stud of eight horses was disposed of during October. Secondly, all refuse collection rounds throughout the city were completely revised to allow for a more evenly balanced and more economical and efficient refuse collection service.

As a result of the revision of collection rounds being coupled with the full mechanisation of the section it was found possible to ensure a twice-weekly collection service to **all** domestic properties in the city, a daily collection from the shopping areas and a separate salvage collection from all premises each Wednesday, and at the same time to reduce the number of refuse collectors employed.

Two new Karrier "Bantam" refuse collection vehicles were purchased to replace the stud of horses sold, and these, together with the existing eleven S. & D. refuse collection vehicles and one Austin general purpose lorry comprised the total fleet of vehicles in use at the end of the year.

Statistics relating to the quantity of house and shop refuse collected are as follows:—

Motor vehicles ...	11,220 loads	— Est. weight ...	16,830 tons
Horse vehicles ...	3,840 loads	— Est. weight ...	4,224 tons
Total ...	15,060 loads		21,054 tons

Refuse Disposal. Controlled Tipping

Refuse was disposed of by controlled tipping at Botcherby Tip and at Blackwell Tip. In January tipping was commenced on land at Botcherby adjacent to the Durrhill railway sidings with a view to avoiding occasional flooding from the River Petteril and to improve the agricultural value of this area. This was the first project to be started in which the full practice of controlled tipping, involving the discontinuance of the use of sleepers and plates, the careful surveying and setting out of tipping bays and the handling and covering of the refuse in the manner required to achieve the highest standard of control, was operated. Within a few months the advantage of this hygienic method of disposal was demonstrated by the complete absence of vermin and objectionable smells and by the clean and tidy appearance of the area covered. One requirement essential to fully controlled tipping is the regular supply of clean ashes for covering purposes, and in March a three year contract was completed with a local contractor for a regular daily supply of ashes for tip covering. This arrangement has, so far, proved entirely satisfactory.

The depositing of refuse in the clay pit at Blackwell brickworks continued through the year until the site was filled on 19th December. As this site neared completion negotiations were instigated for the use of a large area of land near the main line railway at Upperby. With the approval of the Education Committee and other appropriate Committees it was agreed to raise the level of

this area by two six foot layers of tipping in order to form playing fields for the new schools which will ultimately be erected on the adjoining land. The first bay of the new Upperby Tip was commenced on 22nd December, and the work here will be subject to the most rigorous control and close supervision in view of the use to which the land will be put after completion.

Refuse Disposal. Destructor Works.

A small two-cell Heenan & Froude destructor works is operated for the burning of putrescible refuse, and the following statistics indicate the amount of material disposed of in this manner:—

Vegetables and miscellaneous ...	...	276 tons
Fish Offal ...	...	65 tons
Eggs and chickens ...	...	652 bins
Animal carcasses ...	...	1,978

Salvage Disposal

The variety and quantity of materials salvaged for return to industry has continued to increase steadily, though the full extent of the possibilities in this direction cannot be realised until suitable storage and handling facilities are available. Considerable assistance in this direction is expected when the alterations to the Cleansing Depot, already approved in principle by the Council, are put in hand.

The price obtainable for waste paper fell by 50% during the course of the year consequent upon overstocking of the paper mills and the general decline in trading generally. The tonnage sold, however, was only some 33 tons below the quantity disposed of the previous year and there were signs of general improvement in the position as the year drew to a close.

The amount and nature of salvage recovered and sold during the year is as follows:—

			<i>Tons.</i>	<i>Cwts.</i>	<i>Qrs.</i>
Waste Paper ...	...	571	16	2
Iron ...	...	14	5	0
Tins ...	...	33	18	0
Other Metals ...	...	0	9	1
Textiles ...	...	3	3	2
String ...	...	0	18	0
Bottles ...	...	3	6	1
Bones ...	...	0	4	3

The first part of the report deals with the general situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and the plans for the future.

General Report

The work of the year has been carried out in accordance with the programme of work approved at the meeting of the Council in 1954. The main areas of activity have been the study of the various aspects of the problem and the carrying out of the various projects. The results of the work are set out in the following sections.

General Report

The various and complex aspects of the problem have been studied in detail. It has been found that the problem is of a very complex nature and that it is necessary to study it from many different points of view. The results of the work are set out in the following sections.

The work of the year has been carried out in accordance with the programme of work approved at the meeting of the Council in 1954. The main areas of activity have been the study of the various aspects of the problem and the carrying out of the various projects. The results of the work are set out in the following sections.

OCCURRENCE AND CONTROL OF INFECTIOUS
DISEASES

SECTION III.

**OCCURRENCE AND CONTROL OF INFECTIOUS
DISEASES**

SECTION III.

OCCURRENCE AND CONTROL OF INFECTIOUS
DISEASES

OCCURRENCE AND CONTROL OF INFECTIOUS DISEASES

INCIDENCE

The total number of notified cases of infectious disease fell from 1,716 in 1951 to 1,416 in 1952. During the year there were 2 cases of revised diagnosis, leaving 1,414 confirmed cases of infectious disease brought to the notice of the Department. Table 8 gives the details of these notifications by disease and age of patients. The fall in the total number of notifications is accounted for by a drop in the incidence of measles. The incidence of whooping cough, puerperal pyrexia and food poisoning increased throughout the year while the rates for pulmonary tuberculosis and scarlet fever remained practically constant.

TABLE 8

DISEASE.	Total number of cases notified.	Number of cases in- correctly notified.	Net Number of cases notified.	Number of cases notified at various ages.						Number of notified cases removed to hospital.	
				Under 1 year.	1-5 years.	5-15 years.	15-25 years.	25-45 years.	45-65 years.		65 and upwards.
Scarlet Fever	92	—	92	—	34	54	2	2	—	—	5
Whooping Cough	239	—	239	25	147	61	—	4	1	1	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Measles	795	1	794	39	381	371	2	1	—	—	1
Pneumonia	20	—	20	1	2	1	—	6	7	3	2
Acute Poliomyelitis—											
Paralytic	6	—	6	1	3	2	—	—	—	—	5
Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—
Dysentery	9	1	8	2	3	2	—	1	—	—	3
Ophthalmia Neonatorum	9	—	9	9	—	—	—	—	—	—	—
Puerperal Pyrexia	106	—	106	—	—	—	52	54	—	—	17
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	1	—	1	—	1	—	—	—	—	—	1
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	15	—	15	—	1	2	—	2	8	2	—
Malaria	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	89	—	89	2	3	3	24	34	22	1	—
Other forms of Tuber- culosis	11	—	11	—	4	2	2	2	1	—	—
Food Poisoning	20	—	20	—	1	—	5	6	7	1	—
Meningococcal Infection	4	—	4	1	2	—	—	—	1	—	4
Totals	1416	2	1414	80	582	498	87	112	47	8	39

SCARLET FEVER

92 cases of this disease were notified during the year, only 5 of which had to be admitted to hospital. Scarlet Fever was made notifiable when it was a serious killing disease. It is now no more serious than any infection of the throat and it is doubtful whether this disease continues to justify its being dealt with in a manner comparable to diphtheria. One must, however, remember that such diseases have periodic variations in severity and it is possible that scarlet fever may at some future date assume quite serious proportions. In the meantime the policy of using the former scarlet fever beds for the treatment of more urgent cases is well worthy of all the support that can be given.

DIPHTHERIA

For the third year in succession I am able to report that there has been a complete absence of diphtheria from the City. This satisfactory position reflects great credit on those parents who, in spite of the absence of the disease, have continued to have their children immunised. Only by continuing to immunise every possible child can we hope to be safe from a possible visitation of this killing disease.

SMALLPOX

No case of Smallpox was notified during the year and no vaccinations were undertaken in accordance with the Public Health (Smallpox Prevention) Regulations, 1917.

MALARIA

No notification of this disease was received.

PNEUMONIA

20 notifications of this disease were received in the course of the year. All these patients recovered although in the Registrar-General's returns there were 20 deaths due to pneumonia which were not notified. It is doubtful if the notification of this disease is serving any useful purpose.

INFLUENZA

There was no epidemic of influenza in the City during the year. No deaths were registered as due to this cause.

FOOD POISONING

There was a small but quite acute outbreak of food poisoning in the City in the early part of the year. It will be remembered that Easter Monday fell on 14th April, 1952. On 16th April my notice was brought, by the military authorities, to the fact that some

4 people (including 3 soldiers) who had partaken of meals at the N.A.A.F.I. Canteen, Rickergate, Carlisle, had developed symptoms suggestive of food poisoning. As the soldiers were stationed in the Border Rural District I immediately communicated with Dr. Thomson, the Medical Officer of Health for that area. A joint investigation was instituted forthwith, the Medical Officer of Health, Border Rural District, Dr. Faulds and his staff from the Bacteriological Department of the Cumberland Infirmary, the Military Medical Officers, Sanitary Inspectors and myself taking part. It was found that the military personnel and the guest of one of them had consumed sausage rolls or some similar product at the Canteen. The guest was a lady who lived in the City and worked in a food factory. The supply of sausage rolls had been prepared specifically for the Canteen staff on the 14th April, and only a few which were not required were sold to customers. The Bacteriologist isolated from the affected soldiers an organism of the food poisoning group which was found on reference to the Salmonella Reference Library to be *Salmonella Thompson*, an organism not previously associated with an outbreak in Carlisle. The same organism was recovered from a sample of sausage meat from which the rolls had been prepared and which had been kept in the refrigerator. All members of the Canteen staff, including two who were off sick, submitted specimens of stool for bacteriological examination. Of the staff of 32, *Salmonella Thompson* was recovered from 14 members. All the fourteen members had been on duty over the week-end and had all partaken of the articles in question.

The sausage meat had been prepared in a factory within the Border Rural District area and samples of meat at the source of manufacture and specimens from all persons concerned in the handling of it were submitted to the Laboratory with negative result.

Subsequent investigation showed that one of the cooks who had prepared the sausage rolls had been visiting a family in Penrith Rural Area some three weeks before the outbreak. The members of this household had been affected at the time of her visit with Gastro-Enteritis. It was not, however, severe and there had been no notification to the Local Sanitary Authority nor had the cook informed the Manageress at the N.A.A.F.I. Canteen. On receipt of this information the Medical Officer of Health of the Penrith Rural District was informed and he obtained specimens from the suspected relatives, which were submitted for examination with negative results. It was, therefore, not possible to prove that the cook had, in fact, carried the infection, but it is known that *Salmonella Thompson* had previously occurred in

that area. The cook in question, I was informed, was an extremely clean and careful member of the staff.

All members of the staff, 14 in number, who were found to be positive were immediately suspended from duty as was the soldier's guest. The private doctors of all were informed of the suspension from duty and a line of treatment was suggested.

No secondary cases arose, either in the civilian population or the military personnel. As the outbreak started on Easter Monday and the Canteen served 1,500 meals on that day it is fortunate that there were not many more people affected.

Treatment by Phthalylsulphathiazole, 3—4 grammes daily, given in divided doses over a period of a week was recommended in the first instance, but after this many patients were still positive and as a result of sensitivity tests carried out at the Cumberland Infirmary Laboratory it was suggested to the practitioners that Chloromycetin (P.D. & Co.) should be given, and the doctors were recommended to adopt the following dosage. A person weighing 10 stones—3 grammes daily for 2 days followed by 1.5 grammes daily for a subsequent 4 days. In the case of a person weighing 8 stones 2.5 grammes daily for the first 2 days and 1.25 grammes for the following 4 days was recommended. Patients who could be employed in duties other than food handling were returned to work under supervision, but those who had to handle food were not allowed to return until 3 negative specimens had been obtained after the cessation of treatment. Collection of all specimens was arranged by the Sanitary Inspector and private practitioners were informed of the results. All affected personnel were free of infection by 11th August, 1952.

The 3 soldiers affected are not included in the City returns of notified cases as they developed the symptoms while resident in the Border Rural District.

During the third quarter there were 3 cases of food poisoning, one fatal, due to *Salmonella typhi murium* (B aertrycke). It was definitely established that one of them was of a different phage type from the other two and as regards the latter no definite relationship was established. The source of the original infection was not determined.

In the fourth quarter there were 2 individual cases, the sources of which were not discovered.

MENINGOCOCCAL INFECTION

4 cases of meningococcal infection were notified, one of which died.

ACUTE POLIOMYELITIS

6 cases of paralytic poliomyelitis were notified, 5 of which were treated in hospital. Two of the five cases admitted to hospital died.

PUERPERAL PYREXIA

The full effect of the new regulations which came into force in August, 1951, is seen in the notifications of puerperal pyrexia. The criteria for notification is much more stringent and this in great part accounts for the higher notification rate compared with the previous year. There was no case of true puerperal fever. 57 of the notifications referred to City residents and 49 to people from outside the City who were having confinements in City institutions.

OPHTHALMIA NEONATORUM

There were 9 cases of this disease notified during the year, a drop of one compared with the previous year. Table 9 shows the results of treatment in these cases.

TABLE 9

Notified.	CASES.		Vision un-impaired.	Vision impaired.	Total Blindness.	Deaths during treatment.	Number still under treatment at end of the year.	Number removed from the District.
	Treated.							
	At Home	In Hospital.						
9	3	6	9	—	—	—	—	

TYPHOID & PARATYPHOID FEVER

There was one case of paratyphoid fever which occurred in the City. So far as could be ascertained the infection in this case probably took place while she was on holiday but no source was definitely determined.

SCABIES

The Cleansing Centre at the School Clinic premises continued to be used for the treatment of Scabies and 44 cases were dealt with during the year. Of these, 2 were adults, 24 were school children, and 18 pre-school children.

NOTIFICATION FEES

The total amount paid in fees to medical practitioners for the notification of all notifiable diseases during 1952 was £288 6s. 0d.

VENEREAL DISEASES

Arrangements for the treatment of Venereal Diseases were under the control of Dr. Herbert J. Bell. The follow-up work and contact tracing was carried out by the Head Almoner of the Cumberland Infirmary, and in cases of difficulty the senior Health Visitor was informed and she visited the patient.

The number of City residents known to have been treated during the year for Venereal Diseases was 150. The conditions treated were as follows:—

Syphilis	...	...	...	...	11
Gonorrhoea	...	...	...	...	10
Other Conditions	...	...	...	...	129

No action was taken under the Venereal Diseases Act, 1917.

SECTION IV.

TUBERCULOSIS AND OTHER CHEST CONDITIONS AND MASS RADIOGRAPHY

SECTION IV

The following conditions are included in this section: Tuberculosis, other chest conditions, and mass radiography.

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SECTION IV

TUBERCULOSIS AND OTHER CHEST CONDITIONS
AND MASS RADIOGRAPHY

TUBERCULOSIS

The Chest Centre at the City General Hospital, Carlisle, continues to serve the whole of the area covered by the East Cumberland Hospital Management Committee. This takes in the City of Carlisle.

The Mass Radiography Unit allotted to the Special Area has been fully employed throughout this area during 1952 and, in spite of the long distances involved in reaching the comparatively sparsely populated areas, actually carried out more examinations during the year than any of the other four Units in the Newcastle Region.

NOTIFICATION

Whilst the notification rates throughout England and Wales generally show a decline for 1952 the notification rate has again remained at a high level in the City of Carlisle. As far as the City is concerned our experience during the first few months of 1953 suggests that in the normal course of events the peak has now probably been reached, and that the rates for the present and succeeding years will fall into line with the rates generally throughout Great Britain.

There is, however, no room for complacency as undoubtedly there must still be many patients in this area suffering from active pulmonary tuberculosis not known to us and who are infecting others. A provisional survey of new cases coming to our notice in 1952 showed that in only 22% was there a family history of tuberculosis. Many such cases have come to our notice through the operation of the mass radiography unit—the greatest single measure of attacking tuberculosis outside the household.

The value of supervising family contacts is now well established. Apart from this supervision however, and the mass radiography surveys, there is a large gap in our ability to prevent and control tuberculous disease. It would seem that because of the relatively great advances in treatment of the disease—both therapeutic and surgical—the epidemiology of the disease has been to some extent neglected. A recent survey elsewhere has shown that the type of case mainly responsible for infecting others is the well established one which had probably been recognised elsewhere, but had not remained under supervision.

The ideal of a six monthly routine X-ray check of every single person in the community is a utopia which for economic and manpower reasons is impracticable. There is, however, considerable scope for improvement with our present resources and equipment. Several recent mass radiography unit public sessions have been poorly attended and our unit can, and will, cope with considerably increased numbers at these sessions if the members of the public would only realise the gain to both themselves and the community in general.

This also applies to factory surveys. Whilst our response in factories in the Carlisle area is excellent, I do not see why we cannot get 100% response; it is just as easy for the Unit to examine all the workers in a factory instead of only 75%.

Our supervision of family contacts is carried out as far as possible in its broadest sense. We are prepared to examine and test not only immediate contacts in the household, but contacts, for example, in the neighbouring households. The same policy is applied when a case of tuberculosis is discovered in a child; contact examination facilities are immediately made available not only to the contacts at home, but to contacts in school.

Once again co-operation between the general medical practitioners and ourselves has been of an exceedingly high standard. In the vast majority of cases which come to our notice the patient suspected of having tuberculous disease is first referred for an opinion and notification results when the diagnosis has been confirmed in consultation. This is a most happy state of affairs and ensures that no patient is notified in error.

Table 10 shows the number of formal notifications throughout England and Wales for the years 1946 to 1951.

TABLE 10

Year.					Number.
1946	...	...	...	...	51,289
1947	...	...	...	...	51,725
1948	...	...	...	...	52,576
1949	...	...	...	...	52,041
1950	...	...	...	...	49,358
1951	...	...	...	...	49,440

Table 11 shows the number of notifications in the City of Carlisle for 1952 and the preceding five years:—

TABLE 11

Year.			Pulmonary.	Non-Pulmonary.	
1947	...	...	82	...	22
1948	...	...	69	...	22
1949	...	...	65	...	11
1950	...	...	83	...	7
1951	...	...	92	...	22
1952	...	...	89	...	11

Table 12 shows the number of primary notifications of tuberculosis by age, sex and type received during the year.

TABLE 12

Age Periods.	Number of Primary Notifications of new cases of Tuberculosis.											Total (all ages)
	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & upwards	
Pulmonary—												
Males ...	2	3	2	—	4	4	8	10	10	7	1	51
Females...	—	—	1	—	2	14	11	5	4	1	—	38
Non-Pulmonary—												
Males ...	—	4	1	—	—	—	—	—	—	1	—	6
Females...	—	—	1	—	—	2	2	—	—	—	—	5
Totals.	2	7	5	—	6	20	21	15	14	9	1	100

Other cases of tuberculosis were brought to the knowledge of the Medical Officer of Health otherwise than by formal notification, and the distribution of these by age, sex, type and source of information, is given in Table 13.

DEATHS

The number of deaths again shows a decline and tables 14 and 15 give the number of deaths from pulmonary tuberculosis alone throughout England and Wales, and the number of deaths from pulmonary and non-pulmonary tuberculosis in the City of Carlisle.

The figures published by the Registrar-General every year give the mortality rate from tuberculosis by age groups in both sexes; there is a marked fall in the deaths in all age groups, but the overall picture as it affects the two sexes is altered. In females the death rate is highest in early adult life whilst in males the rate is highest at the end of the working span. This is interesting as it confirms our experience in this area, and is just what one would expect, particularly in males, as active disease in the older age groups is difficult to treat satisfactorily.

TABLE 14

Deaths from pulmonary tuberculosis throughout England and Wales:—

Year.					Number.
1946	...	...	...	...	22,391
1947	...	...	...	...	23,076
1948	...	...	...	...	21,675
1949	...	...	...	...	19,797
1950	...	...	...	...	15,969
1951	...	...	...	...	13,806
1952	...	...	...	...	10,585

TABLE 15

Deaths from pulmonary and non-pulmonary tuberculosis in the City of Carlisle:

Year.			<i>Pulmonary.</i>	<i>Non-pulmonary.</i>	
1947	...	...	38	...	9
1948	...	...	30	...	2
1949	...	...	46	...	3
1950	...	...	24	...	6
1951	...	...	22	...	3
1952	...	...	14	...	3

Table 16 shows the total tuberculosis and pulmonary tuberculosis death rate per 1,000 of the population for the last 10 years:

TABLE 16

Year.	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Total T.B. Death Rate	0.6	0.8	0.68	0.77	0.74	0.48	0.74	0.44	0.38	0.25
Pulm. T.B. Death Rate	0.56	0.79	0.53	0.71	0.60	0.45	0.69	0.35	0.34	0.21

TUBERCULOSIS STATISTICS

Table 17 gives the total number of notified cases of tuberculosis, both pulmonary and non-pulmonary in the Clinic Register for the City of Carlisle.

I would particularly comment on the number of known cases within the City who have had a positive sputum during the latter six months of 1952—viz. 96. Many of these are in the older age groups.

TABLE 17

Cases on Clinic Registers during 1952—Carlisle City.

	Respiratory.			Non-Respiratory.			Totals.			Grand Total.
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Cases on Clinic Register as at 1st January, 1952	154	180	30	11	19	41	165	199	71	435
Additions to Register during 1952	44	47	7	2	4	5	46	51	12	109
	198	227	37	13	23	46	211	250	83	544
Removals during 1952	19	20	—	2	2	3	21	22	3	46
Number on Register on 31st December, 1952	180	209	34	14	21	40	194	230	74	498
Number of above known to have had a positive sputum within the preceding 6 months	51	44	1	—	—	—	51	44	1	96

Table 18 shows the number of examinations, etc., carried out at the Chest Centre in Carlisle; the figures for the City of Carlisle being in the 3rd and 4th columns.

TABLE 18

Statement of attendances at Chest Centre.

R = Respiratory.

N.R. = Non respiratory.

	East Cumber-land.		Carlisle City.		North Westmor-land.		Total.	
	R.	N.R.	R.	N.R.	R.	N.R.	R.	N.R.
1. No. of NEW CASES seen :—								
Adult male	733	16	702	10	149	1	1584	27
Adult female								
Male child								
Female child								
							1611	
2. No. of OLD CASES seen :—								
Adult male	1535	53	1948	97	233	20	3716	170
Adult female								
Male child								
Female child								
							3886	
3. No. of NEW CON-TACTS seen :—								
Adult male	540	—	498	—	144	—	1182	
Adult female								
Male child								
Female child								
4. No. of OLD CON-TACTS seen :—								
Adult male	425	—	705	—	158	—	1288	
Adult female								
Male child								
Female child								
5. No. of cases seen by physiotherapist :—								
Adult male	(May to June, 1952 ... 118					) 183		
Adult female	December total ... 65							
Male child	July / November attendances							
Female child	were included in "old cases"							
	and totalled 365)							
6. No. of cases of pneumoconiosis	—	—	—	—	—	—		
7. No. of A.P. refills given	1031	—	1499	—	104	—	4731	
8. No. of P.P. refills given	724	—	1253	—	75	—		
9. No. of E.P. refills given	43	—	1	—	—	—		
10. Aspirations	—	—	—	—	—	—	114	
11. Screen examinations only	—	—	—	—	—	—	249	
12. TOTAL ATTENDANCES							13244	

CONTACT EXAMINATIONS

Contact examinations remain a most important part of the war against tuberculosis and table 19 gives the relevant details including the number of vaccinations with B.C.G. vaccine at Carlisle. The figures in the second three columns refer to the City area.

TABLE 19
SUMMARY OF CONTACT EXAMINATIONS DURING 1952.

	East Cumberland.		Carlisle City		Westmorland.		Total.			
	M.	W. Ch.	M.	W. Ch.	M.	W. Ch.				
(a) Total number of new contacts examined in 1952 either at Chest Centre or M.M.R. ...	132 ...	264 ...	266	144 ...	359 ...	289	18 ...	27 ...	99	1598
(b) Total number of new contacts attending Chest Centre only ...	540		498	144		1182				
(c) No. of old contacts examined during 1952 ...	425		705	158		1288				
(d) No. of contacts examined through Mass Radiography Unit ...	—		—	—		1307				
(e) Total No. diagnosed as tuberculous ...	— ...	2 ...	—	1 ...	2 ...	3	— ...	— ...	—	8
(f) No. of Mantoux Tests carried out during 1952 ...	799		619	185		1603				
(g) No. of contacts vaccinated B.C.G. during 1952 ...	74		109	32		215				

As before all contacts with negative Mantoux Tests are offered B.C.G. vaccination. The protective power of B.C.G. vaccination is now well established and there is no question but that the incidence of tuberculous disease in those vaccinated is but a fraction of that in those who are not vaccinated. In Carlisle we first commenced to use this vaccine in late 1950 and so far no case vaccinated has developed an active tuberculous lesion.

In countries where vaccination has been carried out over a period of 15 years the mortality from the disease like-wise shows a striking reduction in those vaccinated. I would again point out the very real difficulty in assessing the true degree of protection obtained. As I stated last year the Mantoux Test is not a true indication. The test is usually described as positive or negative; in actual practice the skin reactions are, however, measured and the level of tuberculin sensitivity expressed in the terms of distribution and the mean size of the reaction in the group examined as a whole. The actual measurements of the diameter of the indurated area requires skill and practice and even with an experienced observer the error is by no means small. Again, the Mantoux reaction is much influenced by many factors in the preparation and administration of the vaccine.

INSTITUTIONAL TREATMENT

The number of beds available for the treatment of pulmonary tuberculosis in the area covered by the East Cumberland Hospital Management Committee is given in Table 20:—

TABLE 20

Institution.	No. of beds.
Meathop	14
Blencathra	40
City General Hospital	14
Longtown	23
Cumberland Infirmary	10
Ormside	20

Table 21 gives a summary of the Hospital Return for the year 1952 in respect of beds managed by the East Cumberland Hospital Management Committee. The figures do not distinguish between City and County cases.

TABLE 21
SUMMARY OF HOSPITAL RETURNS FOR EAST CUMBERLAND FOR THE YEAR 1952

	Blencathra.	Ormside.	City General Hospital.	Cumberland Infirmary.	Longtown.
No. of patients given:—					
(a) Streptomycin	—	1	2	—	—
(b) Streptomycin and Paramisan	—	53	36	19	38
(c) Isoniazide	—	—	2	—	2
(d) Isoniazide and Streptomycin	—	7	5	3	7
(e) Paramisan	—	—	4	—	8
(f) Adhesion Section	—	—	31	—	—
(g) Phrenic Crush	—	—	73	4	3
(h) P.P. inductions	34	—	50	—	1
(i) A.P. inductions	26	—	14	—	—
(j) Aspirations	—	—	5	1	—
No. of patients discharged during 1952—					
R.A. Cases	27	57	37	8	32
R.B. Cases	110	6	93	43	43

Table 22 gives the number of Carlisle City patients occupying sanatorium beds on the 31st December, 1952.

TABLE 22

Institution.	Beds.
Blencathra	21
Meathop	3
Stannington	—
Longtown	13
City General Hospital	7
Cumberland Infirmary	5
Ormside	9

Table 23 gives the total number of cases from the City of Carlisle admitted to institutions for treatment during 1952:—

TABLE 23

Sanatorium.	Adults.	Children.
Blencathra	33	—
Meathop	8	—
Stannington	—	—
Longtown	54	—
City General Hospital	38	3
Cumberland Infirmary	19	—
Ormside	25	1
Poole	—	1

Table 24 shows the waiting list for admission for sanatorium treatment in Section (a) and the list for admission for major surgery in Section (b) and relates to patients from the whole of the area covered by the East Cumberland Hospital Management Committee.

TABLE 24

Waiting Lists for the whole of the area covered by the East Cumberland Hospital Management Committee:—

Section (a) **Sanatorium waiting list** as on 31st Dec., 1952.

Males	Females	Children
10	5	1

Section (b) **Major Surgical waiting list** as on 31st Dec., 1952.

Males.	Females.
13	21

The very full use made of the beds available to East Cumberland patients during the year is largely responsible for the compara-

tively small list of those awaiting sanatorium treatment. There is still a shortage of beds for the treatment of tuberculosis and there are no beds for the investigation and treatment of non-tuberculous pulmonary conditions, such as bronchiectasis and neoplasm. It has been decided to allot two beds for bronchoscopy cases in the new geriatric wing at the City General Hospital.

Chemotherapy continues to play a vital role in the treatment of patients; the use of streptomycin combined with paramisan is now well established. The hopes we entertained a year ago from the use of the new drug—Isoniazide—have unfortunately not materialised, and one can say now after having 12 months experience of the new drug that there is no evidence that Isoniazide and Streptomycin is in any way superior to Paramisan and Streptomycin. Isoniazide is no longer given by itself as persistent evidence of resistant strains emerge rapidly in such patients. We have tended more and more to use Isoniazide and Streptomycin in patients who have not responded, or have reacted badly, to Paramisan and Streptomycin. An emergence of strains of the tubercle bacillus highly resistant either to Streptomycin and or Isoniazide worsens the prognosis.

As I pointed out last year one form of treatment of tuberculosis is often complementary to the other; chemotherapy and collapse therapy are now well established. There is no waiting list for minor surgery and the facilities available at the Cumberland Infirmary are adequate as far as minor surgery is concerned. Our biggest handicap is the waiting list of cases for major surgery. During practically the whole of 1952 major surgery in tuberculosis has been at a stand-still. Whilst I have been fortunate to secure admission of an odd case not only in the Newcastle Region but outside it I look forward to the day when we shall have no waiting list for major surgery at all.

As facilities for major surgery become available to us considerably larger numbers of patients will qualify for admission; the present waiting list being largely composed of patients whose only chance of life is major surgery. The operation of thoracoplasty is now a well tried operation of proved and accepted value. Resection is a procedure of more recent date but with the advance in chemotherapy an ever increasing number of patients will be recommended for this operation in future. I would emphasise that major surgery altogether is a supplementary and not a complementary form of treatment. Rest and graduated exercise remain the basis of all treatment in pulmonary tuberculosis. Chemotherapy and surgical treatment, both minor and major, result in a considerable shortening of this period of rest and graduated

exercise. Effective chemotherapy not only has increased the number of patients with lesions treatable by resection, but has also led, partly because of certain dissatisfaction about the value of pneumothorax, to considerable widening of the indications for excision of the lung or portions of the lung. I still feel there is a very definite place for artificial pneumothorax and consider that the results of a good pneumothorax free from adhesions are in many ways superior to a thoracoplasty. The difficulty has been in the past that any pneumothoraces have been unsatisfactory from the beginning and have been continued for the simple reason that no major surgical alternatives were available. Artificial pneumothorax therefore came into some disrepute. We never now continue with an unsatisfactory pneumothorax when not only may the disease not be controlled but also when it may be frankly dangerous to continue this form of treatment.

We now recognise the case for resection of the large caseous focus so often met with and usually containing a liquified area in the centre with viable tubercle bacilli. These caseous masses, often surrounded by fibrous tissue, remain in continuity with the bronchus and may cause violent pneumonic spread and tuberculous endo-bronchitis, a common cause of relapse in patients who have made a good clinical recovery. Such caseous foci situated in areas such as the apical and posterior segments of the upper lobes and in the dorsal segments of the lower lobes are particularly liable to cavitation and should probably be dealt with by resection. After pre-operative treatment of bed rest and chemotherapy a patient may have returned several negative sputum results, but this is not an indication that the patient is out of danger. Removal of such major foci improves the general resistant powers of the patient and eliminates the very considerable threat to the well-being of such an individual. Each case requires very careful assessment as obviously removal of large masses of functioning lung tissue will have to be avoided.

AMBULANCE SERVICE

In Table 18 you will note that the number of collapse therapy refills given at the Chest Centre has again shown a considerable increase, and this factor is largely responsible for our continued demands on the Ambulance Service. We continue to discharge patients home before their full period of graduated bed rest and exercise has been completed. Were it not possible to make use of the ambulance service in this way our sanatorium waiting list would be considerably higher.

OTHER CHEST CONDITIONS

BRONCHIECTASIS

Table 25 shows the number of cases of bronchiectasis from Carlisle City on our Register at the end of 1952.

TABLE 25

Males.	Females.	Children.	Total.
27	16	8	51

Number of attendances at the Physiotherapy Clinic during 1952 is shown in Table 26.

TABLE 26

Males.	Females.	Children.	Total.
33	42	72	147

The results of treatment by physiotherapy have been excellent and several cases presenting evidence of mild bronchiectasis have become entirely symptomless on this treatment alone; in the remainder the results have been remarkable, not only locally in the chest but in the patient's general condition. One indeed feels that in many early cases at least the bronchiectatic condition is reversible in that the bronchial tree returns to normal. Such a result has even been confirmed by bronchograms.

At present we have a waiting list of patients for bronchoscopy and bronchograms with a view to possible major surgery, but as I pointed out last year, during this waiting period the patient's condition generally improves with physiotherapy and no harm results.

ASTHMA AND BRONCHITIS

An increasing number of children suffering from asthma and bronchitis have been investigated and a serious effort has been made to train the patients in remedial breathing exercises under the supervision of the physiotherapist, and to combine this with advice on freeing the rooms at the patient's home, particularly the bedroom, of dust. Inhalant allergens and palliative measures during the attacks of asthma are left with the general practitioners concerned in each case.

PULMONARY NEOPLASM

The number of cases of pulmonary neoplasm has again been small, but cases have again been fully investigated and admissions to Shotley Bridge for major surgery have taken place almost immediately. Cases considered unsuitable for surgery are referred to the Radiotherapy Department.

MASS RADIOGRAPHY

(NOTE.—Figures given in brackets throughout the report relate to the corresponding figures for 1951.)

1952 saw the completion of the first full year's work by the Mass Radiography Unit allotted to the Special Area.

The unit was fully occupied throughout the year. The base at No. 1 Brunswick Street, Carlisle, continued to be used for public surveys within the City of Carlisle, and made possible the periodic overhaul of the mass radiography unit vehicles without any interruption in the continuity of the Mass Radiography work. During the year, two members of the clerical staff left, one on being promoted to another appointment and the other on account of marriage. These members were replaced by two others.

Groups Examined

During 1952 the Unit operated continuously throughout the Special Area and, in addition to carrying out surveys at works and factories, surveys of the general public were carried out on 24 (11) occasions. 2,033 (1,502) contact cases were X-rayed, 1,307 from the East Cumberland area and 726 from West Cumberland. 938 (303) National Service Recruits were examined; 5 were found to be suffering from active tuberculosis; 6 from bronchiectasis and 1 from heart disease.

Facilities for chest X-ray examination continued to be made available in our public surveys to school children of 14 years and over. The School Medical Officers of the authorities concerned were contacted and full advantage was taken of the service as 4,642 (3,212) children of these age groups passed through the Unit. It is to be noted that examination of school children is only carried out after receiving the consent of the parents.

The full co-operation of the general practitioners in the areas visited was invited during each survey and the number examined 355 (262) shows a small but welcome increase in the numbers referred by the doctors themselves. When one bears in mind that the Special Area is so widely scattered and that medical practitioners refer the vast majority of their cases to the established chest centres, I feel that this figure is satisfactory.

Sessions were held for members of the general public in 20 (8) towns in the Special Area. Preliminary propaganda was carried out including advertisements in the press, in local cinemas and by posters and handbills. These public surveys necessitated no prior appointment and were well attended, no less than 23,281 (15,486) persons having passed through the Unit.

Results

During the period 44,849 (32,387) persons were examined by the Unit. These include 1,079 (849) inmates of Dovenby Hall and Garlands Hospital. Excluding the mental patients 43,770 (31,538) civilians were examined, of whom 22,816 (16,022) were males and 20,954 (15,516) were females. These examinations are set out in the Ministry of Health age groups in Table 27.

TABLE 27

Age.	14 & Under.	15-24.	25-34.	35-44.	45-59.	60 & over.	Total all ages.
Male	... 1834 ... (1305)	... 5289 ... (3441)	... 5156 ... (3554)	... 4407 ... (3158)	... 4860 ... (3652)	... 1270 ... (912)	... 22816 ... (16022)
Female	... 1893 ... (1339)	... 6867 ... (5362)	... 4180 ... (3129)	... 3545 ... (2543)	... 3617 ... (2673)	... 852 ... (470)	... 20954 ... (15516)
Totals	... 3727 ... (2644)	... 12156 ... (8803)	... 9336 ... (6683)	... 7952 ... (5701)	... 8477 ... (6385)	... 2122 ... (1382)	... 43770 ... (31538)

Number recalled for full sized X-ray film—

1665—3.71% of total examined.
(1512)—(4.67%)

Number referred for clinical examination—

600—1.34% of total examined.
(423)—(1.30%)

Number failing to attend for full-sized X-ray film—

93—5.58% of those recalled.
(69)—(4.56%)

The detailed results of the X-ray examinations are shown in Table 28.

TABLE 28

	Males.	Females.	Total.	Percentage of total examined.
ABNORMALITIES REVEALED.				
(i) Non-tuberculous conditions:				
(1) Abnormalities of ribs, etc.	201	221	422 (395)	.94 (1.22)
(2) Bronchitis and Emphysema	365	348	713 (15)	1.59 (.05)
(3) Bronchiectasis	64	30	94 (102)	.21 (.31)
(4) Pneumoconiosis	130	—	130 (126)	.29 (.39)
(5) Pleural thickening	245	113	358 (202)	.3 (.62)
(6) Intrathoracic Neoplasms	6	5	11 (12)	.02 (.04)
(7) Cardiovascular lesions				
(a) congenital	—	2	2 (10)	.004 (.03)
(b) acquired	161	229	390 (249)	.87 (.77)
(8) Miscellaneous	109	54	163 (152)	.36 (.47)
(ii) Suspected pulmonary tuberculosis—				
Previously known—				
1. Active	12	8	20 (17)	.04 (.05)
2. Inactive	8	11	19 (14)	.04 (.04)
Newly discovered—				
1. Active	56	75	131 (114)	.29 (.35)
2. Inactive primary	240	218	458 (403)	1.02 (1.24)
3. Inactive post-primary	394	264	658 (715)	1.47 (2.21)

The number recalled for clinical examination included all persons presenting radiological evidence of possible active pulmonary tuberculosis, cases of bronchiectasis, particularly those in the under 35 age groups, all neoplasms, and many of the persons presenting iron ore and pneumoconiotic changes in the X-ray pictures. Clinical examinations were carried out at the Chest Centres.

Table 29 gives a detailed analysis of the work of the Unit divided into the East and West Cumberland areas.

Comments

Because of advances in chemotherapy and thoracic surgery, the main emphasis on chest disease tends to centre on the treatment of the new case. Mass radiography examination of individuals however is a sure indication that the epidemiology of disease is not being over-looked and that prevention is as vitally important as treatment. I would again emphasise that the results of the mass radiography service cannot be assessed on the number of abnormalities found, and especially on the number of new cases of active tuberculosis discovered. Important though these figures are, it is not less important to be able to give an assurance that so large a proportion of the general public have normal chest X-rays. Once again I would emphasise that even in spite of a normal X-ray report, should chest symptoms develop later, the person concerned should seek further medical advice, preferably from his own doctor.

In 1951, the statistical data suggested that there was a larger incidence of tuberculous disease in the Workington and Maryport areas than elsewhere in the Special Area. The figures for 1952 tend to emphasise this, and it is logical to suggest that as soon as full Chest Centre facilities are available in the West Cumberland area, more time should be spent by the Unit in this area than hitherto.

Unfortunately, the response of both the general public and the personnel of many factories to mass radiography examination is not as good as it is in East Cumberland.

ACKNOWLEDGMENTS

Once again it is a pleasure to acknowledge the valuable help received in the Chest Centre work as a whole from the staff of the Public Health Department, and particularly I would express my sincere thanks to Dr. Rennie, the City Medical Officer of Health for his continued valuable co-operation.

W. HUGH MORTON,

Consultant Chest Physician.

SERVICES PROVIDED UNDER PART III OF THE
NATIONAL HEALTH SERVICE ACT, 1946

SECTION V.

**SERVICES PROVIDED UNDER PART III OF THE
NATIONAL HEALTH SERVICE ACT, 1946**

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH

SECTION V

SERVICES PROVIDED UNDER PART III OF THE
NATIONAL HEALTH SERVICE ACT, 1962

SERVICES PROVIDED UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946

It is now four and a half years since the National Health Service Act, 1946, came into force. Sufficient time has, therefore, elapsed to enable a comprehensive view to be taken of the results brought about by this Act and the associated social legislation. The Minister of Health has, moreover, requested Medical Officers of Health to review, in their Annual Reports, not only the progress during these years but the co-operation which has been established between the different bodies responsible for the provision of services under the Act.

The National Health Service Act, 1946, was intended to establish a comprehensive medical and dental service for the whole country as from the "appointed day," 5th July, 1948. It is unfortunate that the Act laid little stress on the promotion of health—except in its title—and that it legislated for the provision of a comprehensive service by at least three different bodies (and five bodies if the Boards of Governors of Teaching Hospitals and the Public Health Laboratory Service be regarded as two distinct entities). These bodies, although all financed by the community, receive their money by different channels, the Local Authority getting the major portion of its finance from local rates. It is appreciated that in view of conflicting interests it would undoubtedly have been difficult to frame an Act where there was not some splitting up of the comprehensive service, but nevertheless it must be appreciated that this division was a weakness, as a result of which the patient might suffer or the service be provided at an excessive cost to the country.

Carlisle is fortunate in being of such a size that its Officers can get to know and be known by their colleagues working in other sections of the National Health Service. Personal approach and local co-operation can, therefore, be achieved to a much greater extent than could possibly be expected by the best intentioned set of regulations.

The Executive Council set up in accordance with the 1946 Act is responsible for providing general medical practitioner services, dental services, etc., within an area co-terminous with the Borough boundary, and the City Medical Officer of Health serves as a member on the Local Medical Committee which is an advisory Committee of the Council. Before embarking on schemes which would affect general practitioners in any way I have found it advantageous to have the matter discussed at the Local Medical Committee and in this way the practitioners can be informed of

what is taking place and given an opportunity to make criticisms and suggestions. The result has been that most measures have been introduced in a feeling of friendliness and understanding and there has been good co-operation between general practitioners and the Health Department. When the Medical Officer of Health is a member of the Local Medical Committee he can bring to the notice of practitioners methods by which they can get help from the Local Health Authority and although the agenda of such Committees may not on every occasion show items of direct interest to the Medical Officer of Health I feel that it is right and proper that he should make every endeavour to attend. In some areas practitioners have been averse to Consultants sending information directly to the Medical Officer of Health or School Medical Officer. In Carlisle, I am pleased to say, the practitioners have adopted the view that where the patient can be helped by sending such information to the Medical Officer of Health this should be done, provided the action has the approval of the patient or his parent or guardian.

During the year 1952 it was suggested by one of the members of the Local Medical Committee that the establishment of an information bureau for local medical practitioners would be a boon. With the difficulty of obtaining, and the cost of, domestic help it had become exceedingly difficult for practitioners, especially those not in partnerships, to have the telephone manned round the 24 hours. He, therefore, suggested that if the doctors united and each paid a subscription it would be possible to run a service such as this economically. After the details had been examined by the medical profession of the City a meeting was held with Local Authority representatives and it was decided that if the local medical practitioners paid for an additional line into the Fire Brigade and Ambulance Control the operator on that Control, which is manned 24 hours a day throughout the year, would carry out certain work on behalf of the doctors.

The scheme which comes into operation on 1st April, 1953, is as follows:—

Each doctor will have an index card of his own at the Fire Brigade and Ambulance Control. If he has to leave his telephone unattended he will ring up the Control Centre, indicate when he will be out and what arrangements have been made for dealing with any urgent requests for his services. The operator will take out the practitioner's index card and mark on it the necessary information. If, during his absence a patient rings his house and gets no reply the patient will know to ring the Control number when information can be given which will enable the

doctor or his deputy to be contacted. No arrangement has been made for the Report and Control Centre to be responsible for finding a doctor for the individual, it is merely an information centre. At the time of going to print 28 General Practitioners and 4 Consultants in Carlisle and neighbourhood have joined the scheme. Since the inauguration of the scheme the average number of calls that have been made each week is 4.

The Local Authority is only responsible for priority dental services but on account of shortage of dental staff it was not possible for the City Council to meet its obligations in full. Every effort has been made, however, to treat those pre-school children who were referred for treatment and expectant and nursing mothers having domiciliary confinements. It has, of course, always been made clear to the mothers that they have a right to determine themselves whether they wish treatment from their private dental practitioner or through the priority dental services provided by the Council. The demand by expectant and nursing mothers for treatment has been undoubtedly small but in view of the accumulated arrears of dental work in the School Health Service, due to lack of staff, it has been deemed advisable to encourage expectant and nursing mothers to go to their private dental practitioners.

Carlisle is in the No. 1, Newcastle Regional Hospital Board, Area. On account of the geographical position, Cumberland North Westmorland and Carlisle were regarded as a Special Area and the hospital services are managed by the "Special Area Committee" which is virtually a Sub Board. The establishment of such a local body of management was fortunate as local interests in the Special Area can have reasonable representation on this Committee even though they cannot have the representation they might desire on the main Board at Newcastle. Two members of the City Council serve on the Special Area Committee and one of these also serves on the Board. Although the Medical Officer of Health of the City is not a member of the Special Area Committee he has been invited to attend any meetings he desires as an observer. One member of the City Council and the Medical Officer of Health are members of the East Cumberland Hospital Management Committee, which is responsible for the general and infectious diseases hospitals in this area. Members of the Local Authority serve on the Garlands (Mental) Hospital and the Dovenby (Mental Deficiency) Hospital Management Committees.

The Regional Hospital Board provides specialists for the Ear, Nose and Throat, Eye, Orthopædic and Child Guidance Clinics which, although held in Local Authority premises, are not confined to children attending maintained schools and, therefore, serve a wider field.

It is much better that the child should attend the clinic on school premises rather than at a hospital. The experience is not so frightening to the child who has probably already been at the clinic many times and it is possible for the specialist at such a clinic to be informed by people with first-hand knowledge as to the child's home conditions and progress at school. The removal of such clinics to a hospital would not only put a greater strain on the already over-burdened hospital out-patient departments but would, in my opinion, be a definite retrograde step. Certain officers of the Board have, of course, advocated that all those clinics should eventually come to the Board and be conducted on Board premises and it would appear that only lack of funds from the Central Government would prevent them pressing such a course of action. This is unfortunate as obviously Local Authorities cannot be expected to take steps to increase their services under the Education Act if the removal of such clinics was not going to allow them to reap the benefit of the invested capital. A firm understanding of these matters would almost certainly improve confidence and increase the value of such clinics. Apart from the specialists and the part-time services of a Psychiatric Social Worker all the staff is provided by the City Council.

On 5th July, 1948, the City General Hospital (the former Fusehill Institution) vested in the Regional Hospital Board and in August, 1951, the City Council removed all Part III residents from the Hospital to the new Home at Lime House, Wetheral, which had been leased to the Council by the Regional Hospital Board. The withdrawal of all Part III cases from the Hospital has enabled the Board to carry out certain projects at the hospital with a view to its "up-grading" but it has one distinct disadvantage and that is that the Carlisle City Council has no institutional accommodation under the National Assistance Act and, as is well known, many cases occur which, while not fit for an Aged Persons' Home, are not exactly ill enough to justify their occupying a valuable hospital bed. This is a difficult problem which not only affects hospitals in Carlisle but in other places and much might have been achieved to help it had both hospitals and Part III accommodation, under the National Assistance Act, been the responsibility of one body. At present the only hope would seem to be the establishment of joint user homes or institutions but this is fraught with many difficulties, especially in the direction of capital investment and upkeep.

There have been many excellent improvements carried out at the City General Hospital. It is only true to say, however, that in providing better hospital accommodation for the treatment of acute disease, the facilities which were available prior to 1948 for

the treatment of the aged and chronic sick have been diminished. Formerly a needy person could be admitted from the City within an hour—now with the greatest goodwill from the many officers of the Board it is hard work to get the most needy case in the same day as application is made and in general there is a considerable waiting list.

The picture as regards infectious disease has, of course, changed in recent years and there is no longer the large number of admissions for the more simple conditions. The hospital authority is using its beds for the purpose of treating the more severe cases rather than the old method of using beds for the isolation of infective cases. The Medical Officer of Health has, of course, power to demand the admission of a case, but I have never had to use this power as the hospital authorities have always been co-operative if I telephoned and explained the need.

The divided control of the treatment and prevention of tuberculosis was probably more unfortunate than even the divided control for other infectious diseases, but in Carlisle we are blessed with co-operative staff and the Local Health Authorities in the Special Area enhanced this by agreeing without delay to pay their portion of the Chest Physician's salary at the full Consultant rate. Within the limits of their resources the Hospital Board staff give every possible service they can to the preventive side of their work.

The Special Area Committee has established a Tuberculosis Sub-Committee which is largely professional in composition and at which all medical staff involved in the treatment and control of tuberculosis may discuss their problems and make recommendations to the Special Area Committee and, if need be, to the Local Health and Sanitary Authorities, for the better prevention and treatment of this, our most important, infectious disease.

Housing plays an important part in the spread of infectious disease and the Housing Management Committee has been most generous in affording priority re-housing in cases recommended by me to prevent the spread of tuberculosis. With the advent of modern anti-biotics the Chest Physician has been able to treat at home, where the housing and home nursing facilities were suitable, many patients who would in former days have had to go to the hospital. It is much better that finance and manpower should go to the building of adequate houses for the people rather than to the provision of ever increasing hospital beds and clinics.

At the time of writing the waiting list for the admission of City patients to Sanatoria and hospitals has been practically exhausted. This is indeed most gratifying, but it is with regret that I have to record that the position regarding the admission of

tuberculous patients for Chest Surgery is no better than it was last year.

Early after the Act became Law I arranged a meeting of Almoners, Health Visitors, etc., at the Town Hall and this proved a great success. It enabled the Hospital and Local Authority staffs to become acquainted and to exchange views. Very friendly co-operation exists in this sphere though sometimes we may poach on each others territory.

More recently the Medical Advisory Committee of the Cumberland Infirmary arranged a meeting with the Medical Officers of Local Health Authorities and representatives of the General Practitioners. The primary purpose of this meeting was to discuss the transmission of information from hospitals to Local Authorities and, as indicated on page 56 the Consultants were informed by the General Practitioners from the City that they had no objection to the transmission of information provided that the patient or parent or guardian concurred. There have, of course, been official meetings on co-operation in accordance with the Report on Co-operation between Hospital, Local Authority and General Practitioner Services by the Central Health Services Council, but these meetings can never achieve the co-operation which can result from the personal and friendly relations of the officers.

I should like to say that we have always had the utmost co-operation from the Physician Superintendents and staffs of the Mental Hospital and the Mental Deficiency Hospital serving Carlisle. One great difficulty has been the overcrowding of these hospitals and, from the point of view of the City, the overcrowding of the Mental Deficiency Hospital has really been a very serious matter. A number of patients, particularly girls, ascertained to be dealt with under the Mental Deficiency Acts are living with community care when they would be far better dealt with by having a period in hospital. In many of these cases a period in a Mental Deficiency Hospital, where they could have adequate supervision and training, would have fitted them to lead respectable, if lowly, lives on being sent out on licence or discharged. It is, however, a continual nightmare for those responsible to have girls who are almost certainly in moral danger and for whom neither adequate guardians nor vacancies in hospital can be found. It is, therefore, with great relief that I have learned of the extensions now taking place at Dovenby Hall Hospital. I trust that these extensions will enable us to bring more speedy treatment to the adolescent, high and medium grade, defectives who may thus be sheltered and trained during the most vulnerable period of their lives.

The introduction of so much medico-social legislation un-

doubtedly made the task of co-ordination and administration a very difficult one indeed and it says much for the good-will of all that there was not more trouble than there has been. I consider that as those working in the different sections of the National Health Service become more aware of the responsibilities and difficulties of the other so will co-operation develop.

The Council has not issued a Guide to the Local Health Services. Information is, of course, readily available to the public through their own general practitioners, the Health Visitors, School Nurses, Domiciliary Midwives, District Nurses, Mental Health Workers, and the Almoner's staff of the Hospital Service. In special cases, such as the visit of the Mass Miniature Radiography Unit, and the opening of Infant Welfare Clinics, bills and press publicity have also been employed.

In concluding this part of the report I would like to say to my colleagues in other branches that prevention is much better and cheaper than cure and that it is up to all in the National Health Service to do what they can as regards preventive medicine and not regard it in its general sense as exclusively the province of one or two people who have taken up preventive medicine as a speciality.

HEALTH CENTRES

The City of Carlisle has not at the present juncture a housing estate large enough to justify a Health Centre, although in the new neighbourhood units I have, in conjunction with the City Engineer, earmarked sites for such development if and when the need arises.

CARE OF MOTHERS AND YOUNG CHILDREN

The Council managed to secure the services of an Assistant Dental Surgeon in the month of February, but, unfortunately, the party appointed had to leave on account of domestic reasons after only four months service. Another Assistant Dental Surgeon, however, was appointed and took up his duties in September. Although the routine work was obviously very much behind schedule the dental section of the department was, at the end of the year, in a position to offer a better priority service than has been possible in previous years.

There were 1,730 births notified during the year, a decrease of 100 compared with the figure of 1,830 for 1951. 1,685 of these were live births and 45 stillbirths. The notifications were all received from midwives.

Ante-Natal Clinics

Most mothers who were having domiciliary confinements, and only 249 of the total confinements were of this nature, engaged a General Practitioner Obstetrician. These women generally attended the Midwives' Ante-Natal Clinics and obviously the Ante-Natal Clinics held by the Assistant Medical Officer of Health had a relatively poor attendance. It is, however, customary in Carlisle, for expectant mothers to have blood taken for Wasserman test and grouping. Unless the General Practitioner Obstetrician intimates to the midwife that he wishes to do this himself the blood is taken by the Council's Medical Officer early in their attendance at the Clinic. It should be pointed out that it is a great advantage to have the blood taken early in the pregnancy so that, if necessary, treatment can be instituted when it is of most value. The policy still continues of referring any mother with Rh antibodies to the City Maternity Hospital for her confinement and the Consultant Obstetricians at this hospital are readily available to give specialist advice.

The number of patients who attended the Ante-Natal clinic was 327 and of this number 269 attended for the first time. The total number of attendances by expectant mothers was 997.

Post-Natal Clinics

A combined Ante-Natal and Post-Natal Clinic was held each week and during the year 10 mothers attended for Post-Natal examination.

No advice is given at this clinic on contraceptive measures.

The Voluntary Clinic which is run under the auspices of the Family Planning Association continued in the premises at Eildon Lodge. A Clinic was held once a fortnight.

Patients who have had their confinement at Hospital are invited to attend the post-natal clinic held at the hospital. General practitioners, whose patients fail to avail themselves of the facilities for post-natal examination can, on reporting to the Health Department, have the particular patients visited by members of the Health Department staff with a view to inducing them to accept this examination; and, if required, midwives can attend with the doctors at the time of such examination.

Provision of Maternity Outfits

The number of maternity outfits issued during the year was 223. This is slightly more than in 1951 and is attributable to a slight increase in the number of domiciliary confinements. As in the past additional dressings, when necessary, were provided by the Council.

Care of Premature Babies

As in the past, all infants whose birth-weight was $5\frac{1}{2}$ lbs. or less were classified as premature. The arrangement whereby premature infants requiring special treatment can be admitted to the City Maternity Hospital continues, and the Council has not, therefore, had to provide special equipment for use in patients' homes. Close liaison has been maintained with the hospitals and premature babies discharged are regularly visited on their return home. In all, 65 notifications of premature births were received, 16 being in domiciliary practice and 49 from hospitals or nursing homes. 2 of the domiciliary cases had to be admitted to hospital.

Child Welfare Clinics

The policy of the Committee to encourage peripheral Infant Welfare Clinics was continued and, arrangements having been made with the Managers of the Harraby Methodist Church, it was at last possible to establish a peripheral Infant Welfare Clinic in the Harraby neighbourhood. This clinic was opened on 26th February, and has been very popular. The following sessions were in force at the end of the year:—

- | | | |
|------------------------------|--------|--|
| (1) Eildon Lodge Clinic | ... | Monday afternoons and Thursday afternoons, weekly. |
| (2) Currock Community Centre | | Tuesday afternoons, weekly.
(Doctor present alternate weeks). |
| (3) Harraby Church Hall | ... | Alternate Tuesday afternoons. |
| (4) Raffles Community Centre | | Wednesday afternoons, weekly.
(Doctor present alternate weeks). |
| (5) Etterby Mission Hall | ... | Alternate Wednesday afternoons. |

At the time of writing arrangements are being made to hold the Harraby Clinic every Tuesday, but the doctor will attend alternate weeks only. It would not be possible, with the present medical staff, to offer weekly doctor's sessions at the peripheral clinics. The following is a summary of the attendances of children at the above clinics:—

No. of children who attended Centres during the year ... 2127

No. of children who first attended during the year and on the date of their first attendance were:—

Under one year of age	...	...	807
Over one year of age	...	...	178

No. of children who attended the Centres and at the end of the year were:—

Under one year of age ...	...	...	665
Over one year of age ...	...	...	1462

Total number of attendances made by children who attended the Centres—11,536.

There is no specialist Pædiatrician appointed in Carlisle but the Consultant Physicians in charge at the Cumberland Infirmary see any case referred to them. Cases are not, of course, referred without the knowledge of the patient's medical practitioner.

Supplies of Welfare Foods

Facilities were available at the main clinic at Eildon Lodge and at all the peripheral clinics for the purchase of orange juice, cod liver oil, National Dried milk and vitamin products. The foods were distributed by the clerk on duty, together with a member of the staff of the Food Office or a member of the W.V.S.

In addition to the National Dried Milk various other foods and dietary adjuncts are held in stock and, subject to their being ordered by the Clinic Doctor are available for purchase at all clinic sessions.

Dental Treatment Provided for Expectant and Nursing Mothers and Pre-School Children

Report by Dr. T. W. GREGORY, Senior Dental Surgeon

Complete dental treatment was available during the year under review for those women under the domiciliary scheme. Of the eight expectant or nursing mothers referred for examination, seven were made dentally fit. The eighth failed twice to keep the appointment offered to her. Three of the above were referred for radiological reports, and the treatment consisted mainly of extractions, but four had scaling or gum treatment carried out, and one partial denture and four complete dentures were provided.

Nominal as this service has been, it nevertheless represents an increase on the previous year's figures, and now that I have the assistance of a colleague, it is hoped that more use will be made of our staff in the coming year without seriously interfering with the inspection and treatment of school children, still a major problem.

With regard to the pre-school children, here again there is an increase in the number treated and made dentally fit. 283 extractions were carried out under a general anæsthetic and 89 fillings were inserted. A few had their teeth treated with silver nitrate.

Most of these children were either referred by the Child Welfare medical staff, or were examined at the request of a parent. The majority were suffering from toothache but, where necessary, the opportunity was taken of pointing out the desirability of conservative treatment as well, and further appointments made for that purpose.

In considering the dental health of the community, it is patent that research into the cause and methods of avoiding dental caries should be the first line of attack. The practical problem, however, that faces the administrator and the dental profession is how best to deal with a widespread disease both now and in the foreseeable future.

Early examination and treatment of pre-school children and sufficiently regular visits from them throughout school life would not only benefit the health of the future citizens, but would also promote working capacity, and would progressively diminish the vast amount and cost of the dental treatment required for the adult population. Along these lines, therefore, together with a policy of dental health education, must we proceed.

The complete figures concerning Dental Treatment provided for those Priority Classes for which the Health Committee is responsible are given in Table 30.

A Consultant Anæsthetist attends at one extraction session per week and the more difficult cases are dealt with at this time. This officer is paid on a sessional basis by the Local Authority and the sessions in question do not come within his contract with the Regional Board. At other extraction sessions the Assistant Medical Officers administer the gas and oxygen.

TABLE 30
Numbers provided with dental care.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers ...	8	8	7	7
Children under Five ...	193	190	189	138

Forms of dental treatment provided.

	Extractions.	Anæsth.		Fillings.	Scalings or Scaling & Gum Treatment.	Silver Nitr. Treatment.	Dressings	Radio-graphs.	Dentures Provided.	
		L.	G.						Comp.	Part.
Expectant and Nursing Mothers ...	43	3	6	—	4	—	—	3	4	1
Children under Five	283	—	158	89	—	18	4	—	—	—

Day Nurseries

At the beginning of the year the City Council had two Day Nurseries, one at Currock, providing places for 40 children between 2 and 5 years of age and one at Raffles, providing 10 places for children under 2 years of age and 40 places for children between 2—5 years. It was decided by the Council that the Nursery at Currock should be closed at the end of March and, from 1st April, only Raffles Day Nursery has been in use and this Nursery was allowed to accept 60 children on the roll.

There has been, since 1948, a priority system of admission and the places in Raffles Nursery were allocated primarily on the grounds of need and secondly on length of application. During the year the number of children attending on a priority basis has varied between 34 and 38 and at the end of the year 35 of the children on the roll were such admissions.

The Council has not exercised its right, under the National Health Service (Amendment) Act, 1952, to impose charges at the Nursery for service other than articles supplied, and throughout the year the charge has remained at 7/6d. for a five-day week at the Nursery. It is interesting to note that there has been a decrease in the number of children awaiting admission to the Nursery—at 1st April it was 127 and at 31st December it was 79.

At the time of writing the Council is considering the advisability of reviewing their policy as to charges at the Nursery.

Mother and Baby Homes

The City Council has not established directly any Mother and Baby Homes. Prior to the introduction of the National Health Service Act, unmarried mothers and their babies were catered for by the Carlisle Diocesan Council for Social and Moral Welfare and, in the case of Roman Catholics, by the Lancaster Diocesan Protection and Rescue Society who have continued to act as agents for the Local Authority. The detailed arrangements which have only been subject to slight modification since the introduction of the National Health Service Act are as follows:—

The Carlisle body rents, from the City Council, Coledale Hall and Cottage and Local Authority cases can be admitted thereto at an agreed standard charge. The City guarantees this Home a minimum of £75 per annum. Confinements cannot be conducted at Coledale Hall, but the mothers admitted thereto are confined in the City Maternity Hospital or George Street Maternity Home and are able to return to the Cottage with their babies, on discharge. In addition the Welfare Services Committee contributes the sum of £75 towards the work of the Council in respect of the periodic housing of girls within this establishment who require care and protection.

The Council also contributes a sum towards the salary of Mrs. Bush, resident Superintendent of Coledale Hall, who acts as Welfare Worker on behalf of the Council for the care and protection of illegitimate children. During the year this officer dealt with the following cases:—

Married women expecting illegitimate children ...	9
Unmarried women expecting illegitimate children...	18
Couples advised re adoption	3
Problems concerning illegitimate children ...	21
Matrimonial troubles	4

The Diocesan Council also maintains St. Monica's Home, Kendal, which is a Mother and Baby Home. The various Local Authorities who use this Home contribute an agreed annual sum and in addition pay per capita rates for unmarried mothers admitted thereto.

The Lancaster Society provides Brettargh Holt Maternity Home, Nr. Kendal, and here again the charge is made on a per capita basis with a grant of £50.

The work carried out on behalf of the City in these three Voluntary Homes during the period 1948-1952, inclusive, is set out in Table 31.

TABLE 31

	Coledale Hall.	St. Monica's.	Brettargh Holt.
1948.			
No. of mothers ...	12	4	—
No. of weeks residence	66	37	—
1949.			
No. of mothers ...	4	1	1
No. of weeks residence	43	7	9
1950.			
No. of mothers ...	3	3	1
No. of weeks residence	43	38	12
1951.			
No. of mothers ...	1	—	—
No. of weeks residence	12	—	—
1952.			
No. of mothers ...	—	8	1
No. of weeks residence	—	84	12

MIDWIFERY SERVICES

There was a slight increase in the number of domiciliary confinements which was, at least in part, due to the policy of the Hospital Board in restricting the number of hospital confinements when there was no medical indication for admission.

The investigation for admissions to maternity hospitals on social grounds was undertaken by the domiciliary midwives and the reports were submitted to the Consultant Obstetrician. It has to be pointed out, however, that in Carlisle the provision of maternity beds is on a generous scale and, therefore, the selection for admission on social grounds has not been fraught with much difficulty.

The ante-natal and post-natal clinics were held by the four Council midwives at Eildon Lodge as already reported on page 62.

During the year the domiciliary midwives attended 249 women in childbirth within the City; 3 of the cases were normally resident in the County of Cumberland but had come in to stay with parents for their confinement. In 196 instances the staff acted as midwives and in the remaining 53 as maternity nurses. All are qualified to administer analgesics in accordance with the regulations of the Central Midwives' Board and are supplied with Minnitt's apparatus. This form of analgesia was administered in 156 cases and pethidine in 134 cases.

The midwives summoned medical aid under Section 14 (1) of the Midwives' Act, 1951, in 87 cases. It should be noted that it is the midwives' duty to summon medical aid in accordance with the Midwives' Act even though the doctor called is already booked as a General Practitioner Obstetrician by the patient.

The Council's midwives have all been in practice in Carlisle for a considerable time and are well-known by all the medical practitioners of the town. Very active co-operation has always existed between the local doctors and the midwives.

All midwives use their own cars during the course of their work and are classified as essential users under the Council's scheme for car allowances.

Supervision of Midwives

Dr. Christine Anderson (Assistant Medical Officer of Health) has continued to act as Supervisor of Midwives. She periodically visits the Nursing Homes where midwives are employed and visits the hospitals at least once each quarter.

In previous years the Superintendent of the District Midwives' Home has acted as Non-Medical Supervisor of Midwives, but, with the discontinuance of the Part II Training School (see below) and the reduced number of midwives practising on the district, it was decided that there was no necessity to appoint a Non-Medical Supervisor of Midwives when the holder of that appointment left in September. The Council, therefore, submitted to the Minister of Health an amendment of their proposals under Section

23 of the National Health Service Act, and since September there has been no Non-Medical Supervisor of Midwives.

The following is a summary of the number of midwives who notified their intention to practise during the year:—

In Domiciliary Practice.

No. who notified intention to practise as Midwives	5
No. " " " " Maternity Nurses	5

In Nursing Homes.

No. who notified intention to practise as Midwives	5
No. " " " " Maternity Nurses	7

In Hospitals.

No. who notified intention to practise as Midwives	32
No. " " " " Maternity Nurses	5

Midwifery Training

As outlined in my last Annual Report, the number of domiciliary confinements was so small that the Part II Training of Midwives could only be undertaken with the greatest difficulty. It was therefore decided to close the school and the closure took place as from November.

General Practitioner Obstetricians

At the end of the year 23 local practitioners were on the list of General Practitioner Obstetricians of the Carlisle Executive Council.

HEALTH VISITING

The recruiting position as regards Health Visitors eased a little during the year and two Student Health Visitors were engaged. Arrangements were made for Students to have a recognised course of training at suitable centres, the Student being allowed so far as possible, a choice of which centre she wished to attend. From the date of appointment until the commencement of the course, Students have been employed within the Department and paid as State Registered Nurses. During the course of training they are paid 75% of the Health Visitors commencing salary, namely at the rate of £277 10s. 0d. per annum, plus £10 towards fees. Students have entered into a contract to stay with this Local Authority for two years after completion of training and are then paid the national scale for Health Visitors. At the end of the year there were in the Department three Health Visitors trained under this scheme and two undergoing training.

The same facilities for training are available to those members of the nursing staff who do not possess the Health Visitors' Certificate. All members of the Health Visiting staff go, in their

turn, to refresher courses at the expense of the Council. As far as is possible the Health Visitors are allowed to select a course they would prefer to attend.

Since the coming into operation of the National Health Service Act, the City has never had its full complement of Health Visitors but the position in 1952 was better than it had been since 1948 and it was, therefore, possible to expand the scope of the work of the Health Visitors in accordance with the provisions of the proposals under the National Health Service Act. The visiting of aged and handicapped patients brought to our attention is carried out. There is constant exchange of information between the Almoner's Department at the local hospitals and the Health Department in respect of the follow-up of ex-patients.

As indicated on pages 55 and 56 every endeavour has been made to offer the best service available to the public and with this in view I brought up at the Local Medical Committee various ways by which the Health Visitors can co-operate with general practitioners and I am setting out below a copy of a letter which was circulated to all general practitioners by the Secretary of the Local Medical Committee.

Public Health Department,
22 Fisher Street,
Carlisle.
May, 1952.

Dear Doctor,

HEALTH VISITORS.

Mr. Parker is circulating this letter to you with the approval and blessing of the Local Medical Committee.

Since 1948, the scope of the duties of Health Visitors has been extended to cover the whole population. If the best results are to be obtained for patients it is obvious that officers of the Local Authority and the General Practitioners must work in very close co-operation. For some time now I have been anxious to improve such liaison, but the staffing position as regards Health Visitors has been such that I did not wish to offer General Practitioners a service on paper which could not be provided on request.

Many people have visualised Health Centres where each practitioner would have the services of a Health Visitor, but even if money were available for this the woman-power situation would preclude it. "The Registrar-General estimates that in 1938 the number of girls of 18 years of age was 400,000 and in 1948 it was 297,000, a reduction of 25 per cent." (Dr. Hugh Paul at the Royal Sanitary Institute Congress, April, 1952.)

From this fact alone it is obvious that there will not be an adequate number of women to meet the requirements of all the professions, including health visiting, and we must use the staff we have to the best advantage.

The Health Visitor is a trained medico-social worker who has specialised in health education, particularly in regard to infant health, and is in an exceptionally good position to explain points of difficulty to people and give demonstrations in their own homes. Most doctors meet with patients, young and old, who could benefit from instruction by the Health Visitor. Such visits would tend to ensure that the doctors' instructions were carried out, and close liaison between doctor and Health Visitor would make for unity of purpose as well as saving doctors' time. Each Health Visitor is responsible for a particular section of the City and if you wish to speak with one you can usually do so at the Health Department (Carlisle 1893/4) before 9-30 a.m. any day. All you have to do is ring the department and ask to speak to the Health Visitor who would visit the particular address. Should she be out you can speak with the Senior Health Visitor, Miss Smith, who would make the necessary arrangements for visiting or for the Visitor calling on you by appointment.

The Health Visitors would have welcomed a meeting with local practitioners, but I felt that the demands on your time were such that it would be exceedingly difficult to arrange one at present.

I am sure that such co-operation will prove of value to patients, doctors and this department.

Yours sincerely,

(Signed) JAMES L. RENNIE,

Medical Officer of Health.

The following is a summary of the work done by the Health Visitors:—

Visits to expectant mothers:—				
First visits	...	...	...	224
Total visits	...	...	...	474
Visits to children under 1 year of age:—				
First visits	...	...	...	1075
Total visits	...	...	...	8563
Visits to children between the ages of 1 and 5:—				
First visits	...	...	...	2
Total visits	...	...	...	14322

Visits to other cases:—

First visits	...	...	...	...	1480
Total visits	...	...	...	...	1709

Visits in connection with:—

Death of children under 1 year	...	...	...	23
Ophthalmia Neonatorum	...	...	...	3
Pemphigus Neonatorum	...	...	...	—
Measles—				
Under 5 years	...	...	...	322
Over 5 years	...	...	...	245
Whooping Cough—				
Under 5 years	...	...	...	139
Over 5 years	...	...	...	57
Pneumonia	...	...	...	24
Chicken Pox	...	...	...	20
V.D. Cases (at request of Almoner, Cumberland Infirmary)	...	...	...	3
Housing problems	...	...	...	6
Visits to Child Welfare Centres	...	...	...	528
Visits to Day Nurseries	...	...	...	3
Attendance at Immunisation Clinic	...	...	...	22
Mental Health visits	...	...	...	47
Care and After-Care	...	...	...	304

As in the previous year the Senior Health Visitor has made the visiting of problem families being re-habilitated her special care.

HOME NURSING

The Home Nursing Service in Carlisle was, for many years, carried out by the Carlisle District Nursing Association and with the advent of the National Health Service Act this body acted as agent for the Corporation. As reported in my Annual Report for 1951, this Voluntary Body handed over their assets to the Corporation in 1st January of that year. Since then the Corporation has been affiliated to the Queen's Institute of District Nursing and recently recruited staff, including one male nurse, have been given training in training homes affiliated to the Institute. As in the case of Health Visitors arrangements have been made for District Nurses to be given facilities for attending refresher courses.

The general practitioners in Carlisle have always been in the habit of dealing directly with the District Nurses Home and there was always good co-operation. This method of approach has been continued.

The hospitals may communicate directly with the Superintendent of the District Nurses and arrange for the after-care of patients, but it is a strictly observed rule that the District Nurses do not carry on without notifying the general practitioner in charge of the case that they are visiting. This system works very well. I have definitely discouraged the hospitals from notifying their requirements of District Nurses to the Public Health Department as it is obviously much more satisfactory for the message to be given directly to the Superintendent or the nurse who may do the visit. By this direct approach there is much less chance of mistakes occurring.

The employment, in 1951, of a male nurse has been fully justified.

At the end of the year there were 5 full-time, including the male, and 4 part-time nurses employed, equivalent to a total of 7 full-time nurses.

The District Nurses are not paid car allowances but three cars and a number of cycles are available for their use.

During 1952 the District Nurses attended 1,789 patients and paid to them 27,345 visits. The following are the type of cases attended:—

Medical	...	...	...	...	...	1363
Surgical	...	...	...	...	...	253
Infectious Diseases	...	...	...	...	...	27
Tuberculosis	...	...	...	...	...	119
Maternal Complications	...	...	...	...	...	27

VACCINATION AND IMMUNISATION

Vaccination

The scheme for vaccination continued to operate as in previous years. A letter is sent out by the Medical Officer of Health to the parents of every child whose birth is notified in the City advising vaccination. On the reverse side of the letter in question the parents are given the names and addresses of all practitioners in the town who are taking part in the scheme for vaccination. At the foot of the letter is appended an acceptance form for those who wish their children vaccinated at the Local Authority Clinic. The Health Visitors during their rounds stress the value of vaccination. 31 medical practitioners took part in the scheme and the following is a summary of work done by them and at the Local Authority Clinic:—

By Private Practitioners—

Primary Vaccinations	...	...	...	506
Re-Vaccinations	...	...	...	165

At Local Authority Clinic—			
Primary Vaccinations	...	...	288
Re-Vaccinations	...	...	35
		Total Primary	794
		Total Re-Vaccinations	200

The numbers indicate a very slight increase in the total number of primary and re-vaccinations over the figures for the previous year.

Diphtheria Immunisation

The scheme for diphtheria immunisation has been operated in a similar manner and 33 medical practitioners took part in it. In addition to general publicity with posters, etc., the main propaganda for infants has been by the Health Visitors and the patients' own practitioners. For children of school age, both as regards primary immunisation and re-inforcing doses, this has been to a large extent carried out through the School Health Service at the time of routine and special inspections. The following is a summary of the work done during the year:—

<i>By private practitioners</i>		<i>Under 5 years</i>	<i>Five years and over.</i>
Complete Course	...	361	10
Re-inforcing dose	...	4	17

At Clinics

Complete Course	...	536	66
Partial Course	...	64	6
Re-inforcing dose	...	52	1370

At the end of the year 65.3 per cent. of children under 5 years and 93.8 per cent. of children of school age had been immunised.. Table 32 shows the number of children known to have completed a full course of immunisation at any time up to 31st December, 1952.

TABLE 32

Age at 31/12/51 i.e. Born in Year ...	Under					5 to 9	10 to 14	Total under 15.
	1 1952.	1 1951.	2 1950.	3 1949.	4 1948.	1943- 1947.	1938- 1942-	
Number Immunised	134	787	792	911	929	4564	3937	12054
Estimated mid-year child population 1952 ...	Children under five 5440					Children 5-14 9060		14500

AMBULANCE SERVICE

When the Act came into operation the Ambulance Service ran as a separate unit but the Local Authority having reserved the right to present a revised scheme for the amalgamation of the Fire and Ambulance Scheme did so and in April, 1949, the service began to operate as a joint one.

In 1949 the mileage run by the ambulances had increased to 111,348 from 61,748 in 1948.

The coming into force of the National Health Service (Amendment) Act in 1949 removed from the City the financial responsibility of returning to other areas from hospitals within the City patients where there was a continuing need. The City Council agreed with the Cumberland County Council that that Authority should be allowed to transport their own cases back to the County and, therefore, there was a drop in total mileage to 93,288 in 1950, after which there was a rise to 97,665 miles in 1951 and 101,993 in 1952. In 1951 when a sitting-case coach was acquired one of the old pre-war ambulances was taken out of service and has been used for Civil Defence training. During 1952, a small vehicle built on an Austin taxi chassis and capable of taking 3 sitting cases and one stretcher (or 6 sitting cases) was acquired.

The personnel engaged at the end of the year was as follows:—

- 1 Chief Fire and Ambulance Officer.
- 1 Chief Ambulance Officer.
- 6 Ambulance Drivers.
- 9 Firemen/Ambulance Drivers.

At the end of the year the following vehicles were in commission:—

- 5 Ambulances.
- 1 Sitting-case Coach (12 seats).
- 1 Sitting-case Utility Vehicle (6 seats).
- 2 Sitting-case Cars (3 seats).

The calls attended, journeys completed and patients conveyed, together with the mileage recorded during 1952 is shown in Table 33.

From time to time the question of abuse of the Ambulance Service has been raised. It is certain that the local medical practitioners do not abuse the service by calling it out unnecessarily, but it is obviously extremely difficult in certain cases, and especially in cases attending the Rehabilitation Department, to ensure that abuse of the service does not take place. The Ambulance Drivers are aware of the situation and when they think there is some degree of abuse the matter has been taken up with the appropriate officers at the hospital with a view to effecting

economies. The Ambulance Service is a relatively expensive service, but while the City has the liability of making provision for immediate attendance on accidents it is difficult to see how substantial economies can be effected.

TABLE 33

	<i>Patients.</i>	<i>Journeys.</i>	<i>Mileage.</i>
City Removals to Local Hospitals...	8641	7521	21768
City Cases to distant locations ...	378	327	17561
Other Cases	243	230	6687
Hospitals to Home (City) ...	8197	6995	19577
City Hospitals to County Areas ...	411	303	18764
County Cases to Local Hospitals ...	21	15	581
Hospital Transfers:—			
(a) City Patients	842	611	1787
(b) Non-City Patients	442	389	1305
Schools	4219	565	5786
Other Journeys	1964	1236	5777
Emergencies	665	642	2400
	26023	18834	101993

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Tuberculosis

The Council set up a special Tuberculosis After-Care Subcommittee which consists of 7 members of the Council, a representative of Employers, a representative of Trade Unions, a representative of the Soldiers', Sailors' and Airmen's Families Association, and the Disablement Resettlement Officer of the Ministry of Labour. The Medical Officer of Health, the Chest Physician, the senior Tuberculosis Visitor and the clerk in charge of tuberculosis work at this office attend each meeting. The Committee meets at least quarterly and all members and officers are given an opportunity of having any matter placed on the agenda for consideration. The City Council allots an annual sum to this Committee for use at its discretion for the following purposes:—

- (a) The supply of extra nourishment to deserving cases.
- (b) Help where appropriate with defraying the hire charges on nursing requisites supplied.
- (c) Financial relief in respect of the Home Help Service.

In addition to this, further financial aid is given to meet the costs of sending suitable patients to tuberculosis colonies. During the year one such patient was sent to Preston Hall, near Maidstone.

Other Diseases

All members of the staff co-operated with the hospitals and general practitioners in the work of prevention and in care and after-care in respect of suitable cases brought to the notice of Department. A large number of the cases in question were referred by the Hospital Almoner's Department. 304 visits were made by the Health Visitors during the year. The District Nurses continued to make provision for the after-care and treatment when so requested by the general practitioner in charge, or the Hospital Authority.

The follow up of V.D. cases in the City was undertaken by Miss Buck, Head Almoner of the Cumberland Infirmary. Close liaison was maintained between her and the Health Visitors, who gave assistance with cases of special difficulty.

Provision of Nursing Equipment and Apparatus

Since 5th July, 1948, the Council has provided nursing requisites for patients where a request was made for this by the doctor, nurse or midwife. The number of articles loaned since the inauguration of the service in July, 1948, is as follows:—

For six months ending December, 1948	...	20
During 1949	... ..	279
During 1950	... ..	426
During 1951	... ..	505
During 1952	... ..	511

On each article a loan charge is made, the amount varying with the value of the article. Generally speaking, patients having the loan of nursing requisites return them promptly when the need no longer exists, but in a few cases articles have been retained longer than was absolutely necessary.

Convalescent Treatment

Commencing in 1950, the Council provided facilities for convalescent treatment. During 1950, 12 patients were sent for convalescent treatment and in 1951, 20 patients were sent. In 1952, however, only 8 patients availed themselves of this service; the drop in numbers was, of course, largely due to the closure of the local Convalescent Home for certain structural adaptations. Each person going for convalescent treatment is assessed, by the Home Help Organiser, as to his or her ability to pay.

Health Education

Health Education by individual instruction by Health Visitors and Sanitary Inspectors has continued as in previous years. The

City Council contributes to the funds of the Central Council for Health Education and that body has provided appropriate literature, equipment, etc., when necessary.

HOME HELP SERVICE

The Home Help Service in the City commenced on 1st July, 1948. The Service was launched by a special meeting in the Town Hall in October of that year, as reported in my Annual Report for 1948. This Service has expanded throughout the years under review and could have expanded still further but, naturally, the service had to be limited within the financial ceiling set by the Council. Table 34 shows the number of full-time, part-time, and the total equivalent of full-time personnel as at 31st December in each year since 1948, together with the total number of households served during the year in question.

TABLE 34

	Full-time.	Part-time.	Equivalent Full-time.	No. of Households Served.
1948	3	8	6	15
1949	7	21	19	134
1950	6	39	26	170
1951	5	41	27	209
1952	6	39	27	252

The day to day management is in the hands of the Home Help Organiser who has one Assistant. In addition to visiting the homes the Organiser and Assistant Organiser are responsible for the collection of monies and the preparation of time-sheets, etc.

A large proportion (56.6%) of the time of Home Helps is spent in providing service to elderly people and while the cost of the Home Help Service per thousand of the population in Carlisle is above the average for County Boroughs for the financial year 1951/52, it has to be pointed out that our average cost per thousand of the population in the provision of Part III Accommodation under the National Assistance Act is well below the average for County Boroughs. I consider that the spending of money on Home Helps, thus allowing old people to stay in their own homes is definitely preferable to the provision of extensive Part III Accommodation.

As in past years a Sub-Committee dealt with cases of special hardship and during the year the charges were reduced or remitted in 12 cases.

MENTAL HEALTH SERVICES

Administration

The Mental Health Sub-Committee, consisting of 8 members of the Council meets at least once a quarter. The Council has delegated to this Sub-Committee power to deal with cases. The general direction of the Mental Health Services is in the hands of the Medical Officer of Health and he is advised by:—

One Psychiatrist (Mental Illness) M.B., Ch.B., D.P.M. Part-time.	}	Both from Regional Hospital Board.
One Psychiatrist (Mental Deficiency) L.R.C.P.E., etc., Part-time.		

He also has the assistance of—

- One Assistant Medical Officer of Health, M.B., Ch.B., D.P.H.
- One Educational Psychologist, M.A., Ed.B.
- One Part-time Psychiatric Social Worker (from the Regional Hospital Board).
- One Mental Health Worker.
- Three- Part-time Duly Authorised Officers (members of the City Ambulance Service).

Close liaison has always existed in the service between the officers of the Board and this Authority. Advice has always been most willingly given, and, within the resources of their respective hospitals, the maximum help has always been afforded to the City's officers in the placement of cases. It is unfortunate that the Mental Hospital and the Mental Deficiency Hospital are both grossly over-crowded and, as noted elsewhere in this report, there is very great difficulty in dealing with many adolescent mentally defective patients.

In 1948, when the Act came into operation, the Carlisle and Cumberland Voluntary Association for Mental Health acted as agent on behalf of the Authority for the community care of mentally defective patients. When that Association was wound up in November, 1949, this function became the direct responsibility of the Local Authority and the Mental Health Worker carried out the supervision. In the absence of a Mental Health Worker during the latter part of 1952, the visiting was carried out by the Health Visitors. At the time of writing, however, the vacancy has been filled.

No arrangements have been made for the training of staff.

Community Care

The care and after-care of the mentally ill was carried out to a large extent by the Psychiatric Social Worker of the Regional Hospital Board, but this Authority's officers co-operated in all

cases where possible and elderly patients who had completed treatment in a mental hospital, but who had no satisfactory home to go to were admitted to Part III Accommodation on the advice of the Psychiatrist.

The care and after-care work in respect of mentally defective patients was carried out by the officers of the Authority and in cases of special difficulty were visited by the Regional Hospital Board's Psychiatrist, so that his advice could be obtained.

Mental Illness

During the year the Duly Authorised Officers dealt with 105 patients, as shown in Table 35.

TABLE 35

(1) No. who consented to go as voluntary patients	...	58
(2) No. who were admitted on a Three Day Order	...	8
(3) No. dealt with by Summary Reception Orders (including 3 cases shown in (2) above)	... ..	29
(4) No. who were admitted as temporary patients	...	5
(5) No. considered unsuitable for admission to a Mental Hospital	... ..	8

Mental Deficiency

Table 36 shows details of cases recorded during 1952 and the action taken.

TABLE 36

1. ASCERTAINMENT.	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
(a) Cases reported by Local Education Authority under Section 57 Education Act, 1944.			
(1) Subsection 3—Ineducable Children	5	2	7
(2) Subsection 5—In need of Supervision on leaving School	5	6	11
(b) Other defectives found to be "subject to be dealt with"	2	1	3
TOTAL NUMBER OF CASES REPORTED	12	9	21

2. DISPOSAL OF CASES REPORTED DURING YEAR.

(a) Ascertained defectives found to be "subject to be dealt with"—	Male.	Female.	Total.
(1) Admitted to Hospitals...	2	1	3
(2) Placed under Guardianship	—	—	—
(3) Placed under Statutory Supervision	9	8	17
(4) Action not yet taken ...	1	—	1
	<hr/> 12	<hr/> 9	<hr/> 21

Table 37 gives particulars of the total ascertained mental defectives as at the 31st December, 1952.

TABLE 37

(1) In Hospitals (including cases on licence therefrom)			
Under 16 years of age ...	9	5	14
Aged 16 years and over ...	43	44	87
(2) Under Guardianship.			
Under 16 years of age ...	—	—	—
Aged 16 years and over ...	3	6	9
(3) Under Statutory Supervision			
Under 16 years of age ...	8	7	15
Aged 16 years and over ...	32	35	67
(4) Action not yet taken ...	—	—	—
	<hr/> TOTAL	<hr/> 97	<hr/> 192
No. of cases included in (2) to (4) above awaiting hospital treatment	2	7	9
No. of Mental Defectives not at present subject to be dealt with but over whom some form of voluntary supervision is maintained			
Under 16 years of age ...	4	2	6
Aged 16 years and over ...	7	21	28
	<hr/> 11	<hr/> 23	<hr/> 34

The Mental Health Worker paid 186 visits during the year and 80 home circumstances reports were supplied to Hospital Authorities in respect of patients on licence, contemplated licence or holiday.

On the 28th April, 1952, a 24 place Occupation Centre was opened at No. 5 Site, Kingstown. The staff at this Centre consists of:—

The Supervisor (a qualified school teacher with special training in the teaching of backward children).

The Assistant Supervisor (a State Registered Nurse with Day Nursery Training who has received a special short course on work among mental defectives conducted by the National Association for Mental Health).

A part-time Caretaker—who resides in a bungalow on the site.

The Centre consists of a wooden building which was formerly a R.A.F. sick-bay and it has been converted to provide:—

- (1) A large hall which can be used for indoor activities by all patients;
- (2) A smaller hall which is of use for the younger age group;
- (3) Two occupation rooms (one could be used as a dining-room if necessary).
- (4) One small staff-room.
- (5) Stores;
- (6) Male and female Cloakrooms—and usual offices.

Although near the main road and 'bus service, the Centre is on a site which is not overlooked and there is sufficient ground for outdoor activities, including gardening.

The meals are provided by the School Meals Service at a nearby kitchen/dining room and while this necessitates the patients crossing the road, the Supervisor and her Assistant have been able to achieve a fine degree of discipline among the patients going to and coming from the dining room. The following activities are employed in the training of the patients:—

Communal Activities; Dancing; Painting; Plain Sewing; Embroidery; Rug-making; Basketry (Cane, Raffia and Rush); Weaving; Gardening.

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SECTION VI.

GENERAL PROVISION OF HEALTH SERVICES, ETC.

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GENERAL PROVISIONS OF HEALTH SERVICES, ETC.
SECTION VI.

GENERAL PROVISION OF HEALTH SERVICES, ETC.

PUBLIC HEALTH LABORATORY SERVICE

There is no separate Public Health Laboratory in Carlisle and the work is carried out jointly with the hospital work at the Cumberland Infirmary by Dr. J. Steven Faulds and his staff. Very close liaison is maintained between the Laboratory staff and this Department and Dr. Faulds and his staff are always most anxious to give all help and co-operation; this was abundantly evident during the outbreak of food poisoning.

PUBLIC ANALYST SERVICE

Cyril J. H. Stock, Esq., B.Sc., F.I.C., etc., of Darlington, is Public Analyst to the Council, and samples of water, foods, etc., were examined at his laboratory.

REGISTRATION OF NURSING HOMES

There were no new registrations during the year. The number of Homes on the Register at the end of the year was 3, and these were periodically inspected and conditions generally were found to be satisfactory.

NATIONAL ASSISTANCE ACT, 1948

Action Under Section 47

During the year no action was taken under Section 47 of the National Assistance Act (this section deals with the compulsory removal of persons incapable of looking after themselves).

The City Council designated the Medical Officer of Health as an appropriate officer and delegated to him the power to take action in suitable cases in accordance with the National Assistance (Amendment) Act, 1951.

Administration

A special Committee, the Welfare Services Committee, is responsible for the administration of those sections of the National Assistance Act which are the province of County Boroughs. The Medical Officer of Health is the Chief Officer of this Committee. He is assisted by one lay Administrative Officer who also holds the post of Superintendent-Registrar and an Administrative Assistant (Welfare Services) who is on the regular staff of the Health Department.

Residential Accommodation

The Local Authority has two Homes, Barn Close, Stanwix, which accommodates 23 ladies, and Lime House, Wetheral, which officially has 29 places but can accommodate more than this number. The Council receives no grant from the Ministry in respect of Barn Close as this property was acquired just prior to 31st

October, 1947. It does receive a grant for the 29 official beds at Lime House. Lime House belongs to the Hospital Board and was leased to the Local Authority in order that the Part III residents might be withdrawn from the City General Hospital.

The Council has now, therefore, no institutional accommodation and this has proved a distinct handicap. Not all people who require admission to Part III Accommodation are temperamentally suitable for the modern Eventide Home and it is not desirable that a Local Authority should be completely bereft of all "ward-type" accommodation although naturally the amount of such need only be small. It is manifestly unfair to put those who suffer from slight mental derangement into a mental hospital, but it is equally unfair to penalise the ordinary old people by having such persons and others of unsuitable type lodged in Eventide Homes.

In addition to these two Homes the Local Authority had to make use of other Part III Establishments for the accommodation of those who require special care. Table 38 gives the number of persons admitted and discharged and the average daily occupancy during the year for the Homes in question and for the places occupied in other establishments.

TABLE 38

	Total at 31/12/51.		Admitted during Year.		Discharged During Year.		Total at 31/12/52.		Average Daily Occupancy.
	M.	F.	M.	F.	M.	F.	M.	F.	
Barn Close ...	—	20	—	15	—	17	—	18	20.93
Lime House ...	21	12	13	8	16	6	18	14	33.16
Homes for Blind ...	—	2	—	—	—	2	—	—	1.03
Homes for Epileptics ...	1	—	—	—	1	—	—	—	0.34
Part III Accom- modation pro- vided by other Local Authorities ...	11	—	1	—	6	—	6	—	9.36

Temporary Accommodation

The Council does not own any accommodation for this purpose.

Reception Centre

The Council has continued to act as agent for the National Assistance Board in respect of the Reception Centre at the City General Hospital.

In view of the undesirability of housing persons of no settled way of living within hospital precincts this Authority has been on the look-out for suitable alternative accommodation since shortly

after the introduction of the Act. Different properties have been suggested by the City Officers and the Council but either on account of location or expense have not been acceptable to the National Assistance Board. The Reception Centre continues to be within the grounds of the City General Hospital but there is no accommodation for female wayfarers.

Welfare of the Blind

At the end of the year there were 102 registered blind persons and 2 partially sighted persons residing within the City. Table 39 shows the number on both Registers at the beginning of the year, those removed therefrom by death, change of residence, etc., those added by ascertainment and immigration, and the number on the Registers at the end of the year.

TABLE 39

	Blind.		Partially Sighted.	
	M.	F.	M.	F.
On Register at 31st December, 1951	44	60	1	2
Removed from Register during year	5	10	—	1
Admitted to Register during year	7	6	—	—
On Register at 31st December, 1952	46	56	1	1

The arrangements for the ascertainment of blind persons are made by the Medical Officer of Health.

The distribution of cases on the Registers at 31st December, 1952, by age and sex is shown in Table 40 and the occupation of those aged 5 years and over is shown in Table 41.

TABLE 40

Age Group.	M.	F.
0—1	—	—
1—5	—	—
5—16	1	1
16—21	2	1
21—40	6	10
40—50	1	5
50—65	7	12
65—70	8	8
70+	21	19
Total	46	56

TABLE 41

Occupation.	M.	F.
Children aged 5—15.		
Educable—		
Attending Special Schools for the Blind ...	—	1
Ineducable—		
At home—blind with multiple defects ...	1	—
16 years and upwards.		
At school ...	—	—
Employed in Workshops for the Blind ...	6	4
Employed elsewhere including open industry ...	2	2
Home Workers ...	—	—
Trained but unemployed for Open Employment	1	—
Not training but trainable ...	—	—
Not available for employment—		
16—59 ...	—	13
60—64 ...	1	1
Not capable of work—		
16—59 ...	4	4
60—64 ...	2	3
Undergoing training for sheltered employment...	—	1
Not employed over 65 years ...	29	27
	<hr/>	<hr/>
Total ...	46	56
	<hr/>	<hr/>

The Cumberland and Westmorland Home and Workshops for the Blind acted as agents for the Corporation as regards workshop employment, sale of produce and welfare services for the blind.

One of the Home Teachers on the staff of the Home and Workshops for the Blind is employed solely on City cases and the major portion of her salary is paid by the City Council.

Welfare of the Deaf and Dumb

The Local Authority's scheme under Section 29 of the National Assistance Act, 1948, came into operation during the year.

The City Council, after negotiation with adjacent Local Authorities and the Carlisle Diocesan Association for the Deaf and Dumb, has appointed the latter body as agents for the purpose of the welfare of these people. The Association has central premises in Carlisle which are available for religious, cultural and social purposes. It has in addition put accommodation at the disposal of the Local Hard of Hearing Club.

There were in the City 55 deaf and dumb persons at the 31st December, 1952.

Other Handicapped Persons

The Council has not submitted an official scheme to the Ministry in connection with the care of other handicapped persons.

Homes Registered Under Section 37

There are 3 Homes registered under Section 37 of the Act whose main function is the reception of elderly or handicapped people. Two of these Homes provide accommodation for ladies only. The third is run by the Little Sisters of the Poor and has accommodation for both male and female residents. These premises were inspected at intervals during the year and found to be satisfactory.

General

The W.V.S. conducted one Old People's Dining Club and three other clubs for old people in the City. The Council provided premises for the dining club free of charge and made a contribution towards the cost of the Meals on Wheels Service which was also run by this Voluntary Body.

Old, Handwritten Manuscript

The first part of the manuscript is devoted to a description of the various parts of the human body, and is written in a very simple and plain style.

Of the Bones of the Human Body

The bones of the human body are of two kinds, the hard and the soft. The hard bones are those which are covered with a thin layer of cartilage, and are of a yellowish color. The soft bones are those which are covered with a thin layer of cartilage, and are of a reddish color.

Of the Muscles of the Human Body

The muscles of the human body are of two kinds, the voluntary and the involuntary. The voluntary muscles are those which are under the control of the will, and are of a reddish color. The involuntary muscles are those which are not under the control of the will, and are of a yellowish color.

ANNUAL REPORT

CHIEF SANITARY INSPECTOR
FIRST DEPARTMENT, U.S. ARMY

SECTION VII.

**ANNUAL REPORT OF THE
CHIEF SANITARY INSPECTOR**

SECTION VII.
ANNUAL REPORT OF THE
CHIEF SANITARY INSPECTOR

ANNUAL REPORT

OF THE

CHIEF SANITARY INSPECTOR,

ERNEST BOADEN, A.M.I.San.E.

GENERAL OBSERVATIONS.

Early in 1952, it was found necessary to increase from two to three the number of inspectors engaged whole-time on meat inspection duties. Out of a total of five assistants this represented an extraordinarily high percentage of the available manpower and, aggravated from time to time by absences due to sickness and holidays, resulted in the general inspection and supervision of the area having to be conducted with only one assistant for something like one-third of the year.

An additional appointment was made early in the financial year, only to be closely followed by a resignation, and it was not until December that more favourable conditions were restored. It is worth recording that the reaction of the assistant inspectors to the additional work and hours of duty which resulted, was both prompt and uncomplaining.

Another effect was that the plan of campaign started early in the previous year had to be curtailed, and the reduced resources employed in consolidating the position as it then was, rather than in following the normal course of progressive development as had been intended.

The response by owners to notices calling upon them to carry out essential repairs to their properties has been remarkably good, considering the continued high costs involved, and only one prosecution was found necessary under this heading.

The two most pressing day-to-day problems are still Housing and Food Hygiene. In the case of the former, there must be some arresting of the rot that is taking place in tenanted property, and this could probably best be done by a more realistic relating of the rent to the cost of repairs. The initiative in this respect can only come from a high level. With regard to food hygiene, it would seem that the time has now come for the public themselves to take more positive action directly with the shopkeeper or restaurateur by persistent and vociferous refusal to accept dirty food and service, and also in the manner in which they (the customers) conduct themselves when in food premises.

by refraining from handling foodstuffs, leaving dogs outside and keeping bags and other personal property off the counters and fittings.

Last year's record number of pigs slaughtered at the Bacon Factory has been broken and the animals examined this year by the meat inspectors numbered 167,258. This is both an arduous and responsible undertaking, helped in no small degree by the readiness with which the factory co-operates in any suggestion by this Department for alteration or modification to the plant and methods, calculated to ease the burden of inspection.

The Pet Animals Act, 1951, came into force on the 1st day of April of this year. Its effect is to prohibit the keeping of a pet shop except under the authority of a licence granted by the local authority.

WATER SUPPLY.

Four samples of water taken from the City's mains were submitted for chemical analysis and bacteriological examination. The analyst's observations confirmed the satisfactory standard at which the town's supply is being maintained.

RIVER POLLUTION.

No serious pollution of watercourses in the district was discovered. Nuisance from improper dumping of refuse by the public still continues and the natural flow in a lot of ditches is impeded by overgrowth.

DRAINAGE AND SEWERAGE.

438 inspections have been made in respect of drainage defects or reconstructions.

STORAGE OF HOUSEHOLD REFUSE.

The practice of kerbside collection in non-standard containers continues to be not only an eyesore but also an attraction to flies and scavenging dogs, and an additional source of dust.

COMMON LODGING HOUSES.

There are now only two registered common lodging houses in the City, one of which is municipally owned. In both of these the majority of occupants are of long standing, and the standard of cleanliness and comfort is maintained at a satisfactory level.

Mr. Hunter retired on 10th October, 1952, having completed 22 years service as manager of Lowther House. He was succeeded by Mr. S. Moir.

The available accommodation is as follows:—

<i>Situation.</i>	<i>No. of Beds.</i>	<i>Accommodation available for.</i>
Lowther House	84	Males only.
Lindisfarne Street	17	Males only.
Total No. of beds	101	

TENTS, VANS AND SHEDS.

Licences were renewed for four living vans at the Sands. These are occupied by show people and are structurally and in their maintenance, of a high standard.

The temporary dwellings at Greymoorhill, mentioned in my last report, are now vacated. Occasionally mobile dwellings appear in various outlying parts of the City, but their stay is of such short duration as not to warrant any official action being taken by this Department.

STABLE PREMISES.

The small number of stables in the City were inspected at regular intervals for cleanliness and to ensure the frequent removal of manure. No nuisances arose during the year.

RODENT CONTROL.

The organisation set up in June of last year is now well under way. Various systems and modifications of systems have been tried until a well established routine has been evolved. The primary concern of a local authority's rodent control organisation is to wage constant war against the reservoir of rats in the sewers, from which nearly all subsidiary infestations emanate. Any occupier of property can be called upon to deal with infestations on his own land and buildings and in a manner which may be laid down by the Council. He may, as a result of this, elect to employ one of the private firms who undertake rat exterminations or he may invite the services of the Council's exterminators on terms to be agreed. On occasion the two services work side by side in order to attain the most satisfactory results.

There is indication that the rat population in the sewers is falling slightly.

Surface Treatments.

Complaints or reports received and investigated—170.

	<i>Dwelling Houses.</i>	<i>Business Premises.</i>	<i>Local Authority Premises.</i>	<i>Agri- cultural Properties.</i>
Premises inspected for presence of rats or mice	396	487	44	5
Premises in which evidence of the presence of rats or mice was found.	177	100	34	5
Visits of inspection and treatment.	1386	1466	356	40

Number of pre-bait, test and post baits laid	10,259
Number of poison baits laid	3,255
Total baits laid, sewer and surface	16,348

No attempt has been made to estimate the number of rats destroyed. To give a figure would be purely speculative and would have no real value.

Sewer Treatments.

Two maintenance treatments were carried out in the older portions of the City's sewers, the first during the months May to June and the second during the period September to December. A percentage of test baiting of the remainder of the sewerage system was also undertaken to ascertain the movements, if any, of the colonies.

No. of pre-baits laid	2,040
No. of poison baits laid	794

SMOKE ABATEMENT.

During the winter a course for boilermen in the scientific use of fuel was held at the Technical School under the auspices of the N.W. Fuel Efficiency Advisory Committee. This was well attended and the knowledge gained should reflect in improved stoking at various points. Such excess smoke as there is, on occasions, in the City does not result as an accumulation from all the chimneys, so much as the neglect or inability of one or two persistent offenders, to obviate the nuisance they are causing.

Strong representations have been made to these persistent offenders, two of whom have under consideration plans for installing new plant.

OFFENSIVE TRADES.

Regular inspections have been carried out at premises where offensive trades are conducted. One dealer in bags, rags and scrap metals persisted in causing a nuisance to the residents in some adjoining property by shaking out bags which had previously contained fertilisers. By negotiations with the landlord he was given notice to quit and has vacated the premises.

Number of inspections ...	...	23
Number of notices served ...	...	1

INFECTIOUS DISEASES.

252 visits were made by the Sanitary Inspectors for the purpose of inquiring into and control of cases of infectious diseases, particularly with regard to Tuberculosis and Housing accommodation, suspected food poisoning and food hygiene.

CINEMAS, THEATRES, DANCE HALLS, ETC.

Every place of public entertainment is visited during the year and for this purpose, 25 inspections were made. Any condition of ventilation, cleanliness or sanitary accommodation found to be sub-standard was immediately brought to the notice of the management.

No. of premises modernised ...	...	1
No. of premises decorated ...	...	2

PUBLIC CONVENIENCES.

A good deal of destruction and thieving took place in the urinals in the outlying districts at the beginning of the year, but this diminished considerably as the year drew on. Some of the conveniences in the City are of considerable age and are beginning to show the ravages of time. Most of them are, as yet, capable of being kept reasonably clean, but the day is not far off when provision will have to be made for the remodelling of one or two each year, until they are all modernised.

The Council has under consideration a plan for abolishing the underground conveniences at the Town Hall, which have now outlived their useful life, and for re-siting them in some more appropriate place.

It was decided, as an experiment, to keep the underground lavatories at Town Hall and Court Square open the whole twenty-four hours of the day. They are without attendants during the night and in view of the opening sentence to this section, some apprehension was felt. It gives me considerable pleasure to record that in no instance has this added convenience to the public been

abused. This must be one of the very few towns in Britain where this practice is carried out, and is a silent testimony to the good behaviour and sense of responsibility of its citizens.

SHOPS INSPECTED.

46 inspections were made under the provisions of the Shops Act, 1950, relating to hours of closing and welfare of assistants. 5 contraventions of the Act were found which were the subject of 5 notices served.

PET ANIMALS ACT.

The three pet shops operating in the City were examined with a view to ascertaining their suitability for licensing under the above Act. One was found to be satisfactory and was, in due course, licensed. Of the other two, one sells only animal feeding stuffs and accessories, the third has changed the nature of its business to something entirely different.

SANITARY INSPECTION OF THE DISTRICT.

1. Number and Nature of Inspections.

During the year 1952, the following inspections were made by the Sanitary Inspectors to the premises detailed:—

DWELLING HOUSES—Total Visits	...	1,169
Re Courts and Yards	...	70
„ Dustbins	...	6
„ Drain Inspection and Repairs	...	402
„ Drain Tests	...	21
„ Waterclosets	...	145
„ Sewers	...	9
„ Water Supply	...	14
„ Other structural defects	...	832
„ Dirty houses	...	43
Animals—poultry, etc.	...	25
Accumulations—offensive	...	79
Re Bugs (private houses)	...	15
„ Others (private houses)	...	47
Houses let in lodgings	...	4
MISCELLANEOUS PREMISES.		
Common lodging-houses	...	12
Tents, vans, sheds, fairs, etc.	...	50
Schools	...	5
Infectious diseases	...	109
Food poisoning (suspected)	...	143
Factories (mechanical)	...	202
Factories (non-mechanical)	...	139
Workplaces	...	127
Outworkers	...	4
Smoke observations	...	65
Visits to boiler plants	...	25
Cinemas and theatres	...	25

Premises licensed for singing and dancing	...	25
Dangerous structures	...	18
Other drainage inspections and repairs	...	36
Cowsheds	...	5
Dairies	...	54
Stables	...	11
Piggeries	...	12
Slaughterhouses	...	74
Bacon factory	...	31
Offensive trades	...	23
Public conveniences, etc.	...	137
Open spaces, tips, etc.	...	46
Swimming baths and pools	...	4
Watercourses	...	46
Sewage Works	...	3

FOOD HANDLING AND PREPARATION PREMISES.

Re Ice-cream	...	187
Bakehouses	...	190
Fried fish shops	...	97
Butchers and meat prep. premises	...	141
Market stalls	...	230
Restaurants and cafes	...	157
Public houses, etc.	...	3
Street vendors, barrows, etc.	...	37
Other food premises	...	230
Fertilisers and feeding stuffs	...	1
Pharmacy and Poisons Act	...	4
Shops Act, 1950	...	46
Merchandise Marks Act	...	270
Rag Flock Act	...	25
Pet Animals Act	...	5

SAMPLING.

Milk (bacteriological)	...	314
" (chemical)	...	28
Water sampling (bacteriological)	...	2
" (chemical)	...	2
Other sampling (bacteriological)	...	11
" (chemical)	...	6
Food and Drugs sampling	...	119
Ice-cream sampling	...	92

MEAT AND FOOD INSPECTION.

At Slaughterhouse	...	294
" Bacon factory	...	453
" Shops, etc.	...	338

HOUSING.

Re Houses inspected and recorded	...	16
" Repairs (Secs. 9, 10 and 16)	...	31
" Demolitions (Secs. 11 and 13)	...	204
" Closing (Sec. 12)	...	57
" Visits in connection with Permitted Numbers	...	30
" Overcrowding	...	32
" Land Charges Forms	...	89

RODENT CONTROL.

At Dwelling-houses	...	...	...	105
„ Other premises	...	...	...	62
„ Tips, open spaces, etc.	...	...	...	21
„ Sewers, etc.	...	...	...	12
Disinfestation (other than dwelling-houses)	...	...	...	1
Miscellaneous	...	...	...	472
Interviews	...	...	...	629
Tips, etc.	...	...	...	9
Salvage	...	...	...	4

LIST OF CONTRAVENTIONS.

PUBLIC HEALTH ACT.

Sec.		Found.	Abated.
39	Provisions as to drainage, etc., of existing buildings	65	55
45	Buildings having defective closets capable of repair	29	23
46	Provision of sanitary conveniences in workplaces	2	1
56	Surface drainage of yards and passages	4	2
79	Mandatory removal of accumulations of obnoxious matter	1	1
83	Cleansing of filthy or verminous premises	4	2
92a	Premises in such a state as to be prejudicial to health or a nuisance	88	55
92c	Any accumulation or deposit which is prejudicial to health or a nuisance	1	1
92d	Dust or effluvia nuisances caused by any trade, etc.	1	1
101	Smoke nuisances	1	1
269	Controlling use of moveable dwellings	2	2
TOTALS		198	144

HOUSING ACT.

Sec.		Found.	Abated.
4	Information to be given to tenants of working class houses	1	—
62	Entries in rent books, information and certificates with respect to the permitted numbers	10	3
TOTALS		11	3

FOOD AND DRUGS ACT.

Sec.		Found.	Abated.
13c	Repair of walls, floors, ceilings, etc. ...	10	7
13d	Cleansing and painting of walls, floors, etc. ...	29	15
13f	Provision and maintenance of adequate ventilation ...	1	1
13g	Accumulation of refuse, filth, etc., cleansing of floors ...	1	—
13i	Provision of wash-hand basin, soap, hot and cold water and towels ...	51	28

BYELAWS.

4a	Food protected from contamination (flies, dust, rodents) ...	18	7
4c	Cleansing of surfaces with which food may come into contact ...	2	—
5c	Deposit of refuse near food at risk of contamination ...	1	—
6a	Provision of suitable receptacles for refuse ...	10	5
6b	Provision of adequate lighting to room ...	1	1
6c	Suitability of surfaces with which food is likely to come into contact ...	40	22
6d	Fixture of notices requesting employees to wash hands ...	2	1
TOTALS ...		166	87

SHOPS ACT.

Sec.		Found.	Abated.
17 (2)	Notice re statutory half-holiday for shop assistants ...	2	—
37 (1)	Seats to be made available for female shop workers ...	1	—
37 (2)	Notice informing female shop workers to make use of seats ...	1	—
38 (4)	Suitable and sufficient washing facilities ...	1	—
TOTALS ...		5	—

FACTORIES ACT.

Sec.		Found.	Abated.
1	Want of cleanliness ...	5	5
3	Unreasonable temperature ...	5	5
4	Inadequate ventilation ...	1	—
7	Sanitary conveniences ...	37	24
TOTALS ...		48	34

MISCELLANEOUS ...	3	1
TOTALS ...	3	1

SUMMARY OF COMPLAINTS, CONTRAVENTIONS and NOTICES SERVED.

	Complaints received.	CONTRAVENTIONS.		NOTICES.		STAT. NOTICES.	
		Found.	Abated.	Served.	Abated.	Served.	Abated.
Public Health ...	263	198	144	198	144	29	21
Food and Drugs ...	3	166	87	66	33	—	—
Shops ...	2	5	—	2	—	—	—
Factories ...	—	48	34	45	30	—	—
Housing ...	—	11	3	—	—	—	—
Miscellaneous ...	102	3	1	—	—	—	—
Rodent Control ...	170	—	—	—	—	—	—

HOUSING.

This year's allocation of Council houses for slum replacement purposes was used almost entirely in completing the re-housing of those families living in houses which were the subject of action under the Housing Acts and which had been initiated prior to 1939. This will enable the Health Committee the more clearly to fix its policy with regard to the post-war slum clearance problem as the field will be clear at the end of 1952.

The Health Statistics relative to housing are as follows:—

Number of new houses erected in the Borough during the year:—

1. Erected by the Local Authority.	Temporary	...	Nil
	Permanent	...	400
2. Erected by other Persons, or bodies	...	...	45
3. Houses Demolished	...	...	15

HOUSING STATISTICS.

Inspection of Dwelling-houses during the Year.

1. (a) Total number of dwelling-houses inspected for housing defects (under the Public Health or Housing Acts)	...	...	...	...	339
(b) Number of inspections made for the purpose	...	...	...	...	1,179
2. (a) Number of dwelling-houses (included under Sub-head 1 (a) above) which were inspected and recorded under the Housing Consolidated Regulations, 1926	...	...	...	...	3
(b) Number of inspections made for the purpose	...	...	...	...	10
3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	3
4. Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	...	...	198

Remedy of Defects during the Year without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	...	...	...	...	223
Number of back-to-back houses made into through houses	...	...	...	...	2
Number of houses demolished	...	...	...	...	3

Action under Statutory Powers during the Year.

A. Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—			
1.	Number of dwelling-houses in respect of which notices were served requiring repairs	... ..	Nil
2.	Number of dwelling-houses which were rendered fit after service of formal notices:—		
	(a) by owners	... ..	Nil
	(b) by Local Authority in default of owners	... ..	Nil
B. Proceedings under Public Health Acts:—			
1.	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	... ..	55
2.	Number of dwelling-houses in which defects were remedied after service of formal notices:—		
	(a) by owners	... ..	40
	(b) by Local Authority in default of owners	... ..	Nil
C. Proceedings under Sections 11 and 13 of the Housing Act, 1936:—			
1.	Number of dwelling-houses in respect of which Demolition Orders were made	... ..	3
2.	Number of dwelling-houses demolished in pursuance of Demolition Orders	... ..	12
3.	Number of dwelling-houses in respect of which an undertaking was accepted under Sub-Section (2) of Section 11	... ..	2
D. Proceedings under Section 12 of the Housing Act, 1936:—			
1.	Number of separate tenements or underground rooms in respect of which Closing Orders were made	... ..	Nil
2.	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	... ..	Nil

FACTORIES ACTS, 1937 and 1948.

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

PREMISES.	Number on Register.	NUMBER OF		Occupiers Prosecuted.
		Inspections.	Written Notices.	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority.	109	202	11	Nil
(ii) Factories not included in (i) in which Sec. 7 is enforced by the Local Authority.	322	139	23	Nil
(iii) Other Premises in which Section 7 is enforced by the Local Authority.	6	—	—	Nil
TOTAL	437	341	34	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. Inspec.	by H.M. Inspec.	
Want of Cleanliness (Sec. 1)	5	5	—	3	—
Overcrowding (Sec. 2)	—	—	—	—	—
Unreasonable Temp. (Sec. 3)	5	5	—	—	—
Inadequate Ventilation (Sec. 4)	1	—	—	1	—
Insufficient Drainage (Sec. 6)	—	—	—	—	—
Sanitary Conveniences (Sec. 7)					
(a) Insufficient	2	1	—	—	—
(b) Unsuitable or defective	34	22	1	3	—
(c) Not separate for sexes	1	1	—	—	—
Other offences against Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	48	34	1	7	—

OUTWORKERS.

There were 4 outworkers registered within the City during the year.

INSPECTION AND SUPERVISION OF FOOD.**MILK SUPPLY.**

In no instance has there been a positive result in the tests carried out for the presence of tubercle in the milk supply. A comparison between the results of tests carried out on samples of heat treated and non-heat treated milks is interesting. For example, in the methylene blue or keeping quality test, the figures of failures are 2.58% for heat treated milks as against 36.91% for raw milk.

Milk and Dairies Regulations, 1949.

No. of milk distributors on the Register ...	...	10
No. of Dairies on the Register ...	...	5

The Milk (Special Designations) (Raw Milk) Regulations, 1949.

No. of Dealers licensed to use the designation "Tuberculin Tested"	9
---	-----	---

The Milk (Special Designations) (Pasteurised and Sterilised) Regulations, 1949.

No. of Dealers (Pasteurisers) licences ...	...	5
No. of Dealers licensed to use the designation Pasteurised ...	...	18

381 samples of milk were submitted for bacteriological examination. 354 were samples of designated milk, and of these 51 failed to pass the tests prescribed by the Milk (Special Designations) Regulations 1936-49. 27 undesignated milks were also submitted and 10 were found to be unsatisfactory.

The following tables give the information in detail:—

HEAT TREATED MILK.

DESIGNATION.	No. of Samples.	PASSED.		FAILED.		Unsatis. Samples Percentage.	
		Meth. Blue.	Phos.	Meth. Blue.	Phos.	Meth. Blue.	Phos.
T.T. Pasteurised	74	70	73	4	1	5.4%	1.3%
T.T. Pasteurised (School)	28	28	28	—	—	—	—
Pasteurised	102	100	100	2	2	1.9%	1.9%
Pasteurised (School)	28	28	28	—	—	—	—
TOTAL	232	226	229	6	3	2.5%	1.3%

All the samples taken were not submitted to both the Methylene Blue and Phosphatase Tests as in some instances the overnight atmospheric shade temperature exceeded 65° F.

MILK OTHER THAN HEAT TREATED.

DESIGNATION.	No. of Samples.	PASSED. Meth. Blue.	FAILED. Meth. Blue.	Unsatisfactory Samples Percentage.
Tuberculin Tested	119	75	44	36%
T.T. Jersey ...	3	2	1	33%
Undesignated ...	27	17	10	37%
TOTALS	149	94	55	36%

Of the number of unsatisfactory samples of unpasteurised milks, 31 were from 3 producers and 12 from 4 farmers supplying 1 bottling plant, whose places of production are outside the City. Notification of these results and requests for investigation were made to the County Milk Production Officer.

EXAMINATION OF TUBERCLE BACILLI.

23 samples of milk were submitted for biological examination. None was positive.

The yearly quantities of milk dealt with and sold in the City are as follows:—

	<i>Dealt With.</i>		<i>Sold.</i>	
	<i>Gallons.</i>		<i>Gallons.</i>	
Tuberculin Tested	...	2,339,632	...	110,632
T.T. (Pasteurised)	...	646,000	...	115,800
Pasteurised	...	2,880,266	...	1,517,220
Undesignated	...	12,370,962	...	3,650
		<hr/>		<hr/>
TOTAL		18,236,860	...	1,747,302
		<hr/>		<hr/>

62,360 gallons of Pasteurised Milk included in the above were supplied to Schools and School Canteens.

93.4% of all milk consumed is Heat Treated.

INSPECTION OF FOOD PREMISES.

Within the limitations imposed by staffing problems the policy of educating food handlers in hygienic methods was continued. The work started last year is now beginning to show results. Two unsatisfactory food premises closed as a result of pressure from this Department and considerable improvements, in some instances of an extensive character, have been carried out in a large number of instances. One new bakehouse has been built and the old one closed, and a large wholesale food firm has moved to newly built premises on one of the City's industrial estates.

MERCHANDISE MARKS ACT.

A better appreciation of the requirements of this Act now seems to be common among shopkeepers in the City. This, together with the propaganda which has emanated from this Department has resulted in satisfactory observance of the necessary marking being now the rule rather than the exception.

ICE-CREAM PREMISES.

The keeping quality standard of certain ice-cream manufactured and retailed in the City is somewhat disappointing. Ice-cream is particularly suitable for the growth of organisms and to achieve a reasonable standard in the finished article calls for a constant and knowledgeable supervision of the plant and the process through all its stages. So very little can cause a sample to fail that it requires only the slightest relaxation from the most stringent rules to take place for this to come about. An unsatisfactory sample does not necessarily indicate gross careless-

ness or even indifference on the part of the producer. In fact it has been the experience of this Department that the greatest concern is shown by the members of this trade at unsatisfactory results.

The following table indicates the number of ice-cream premises registered at December, 1952.

Number of Wholesale Manufacturers ...	6
Number of Manufacturing Retailers ...	19
Number of Retail Vendors ...	145

In the case of retailers, 118 or 81% deal exclusively in the pre-packed article.

187 visits were made to premises concerned.

Details of samples taken during the year are as follows:—

BACTERIOLOGICAL RESULTS.

No. of Samples of Ice-cream.	Methylene Blue.		B. Coli.		Ministry of Health Provisional Grades.			
	Sat.	Unsat.	Sat.	Unsat.	1	2	3	4
109	60	49	62	47	39	23	18	29

CHEMICAL ANALYSIS.

7 formal samples of ice-cream were submitted to the Public Analyst. 5 samples were found to be genuine and 2 below the minimum in fat content.

The fat content varied from 2.86% to 8.61%, the average being 5.37%.

INSPECTION OF OTHER FOODS.

The following table shows the amount of food declared to be unfit for human consumption during 1952.

	T.	C.	Q.	lbs.	T.	C.	Q.	lbs.
Meat and Meat Products	—	6	1	2				
Fish and Poultry	...	—	10	2	13			
Canned Meat	...	1	15	—	18			
Flour and Cereals	...	—	19	2	6			
Vegetables	...	4	15	3	10			
Miscellaneous	...	—	12	2	18			
Frozen Egg	...	—	13	—	7			

TOTAL

9 13 — 18

Other Canned Foods: 4,798 cans.

MEAT INSPECTION.

The following tables give the number of animals killed annually during the past three years:—

PUBLIC ABATTOIR.

Year.	Cattle.	Sheep and Lambs.	Calves.	Pigs.	Total.
1950	5,060	17,282	3,106	398	25,846
1951	5,600	14,954	2,332	904	23,790
1952	4,839	21,038	2,926	1,475	30,278

HARRABY BACON FACTORY.

1950	—	—	—	98,479	98,479
1951	—	—	—	104,120	104,120
1952	—	—	—	167,258	167,258

Amount of Imported Meat received at W.M.S.A. Depot at the Abattoir during 1952:—

<i>Quarters of Beef.</i>	<i>Carcases of Mutton and Lamb.</i>	<i>Carcases of Pork.</i>	<i>Boxes and Bags of Offal.</i>	<i>Calves.</i>	<i>Bags of Meat.</i>
2,158	26,779	1,907 sides	1,839	142	1,066

Number of carcasses examined at the Abattoir after emergency slaughter was 2,266.

7 cases were suspected to be affected with localised cysticercus bovis. These carcasses were subjected to cold storage treatment under the direction of the Ministry of Food after the infected organs had been condemned as being unfit for human consumption.

PUBLIC SLAUGHTERHOUSES.

Carcases Inspected including those Condemned.

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed	3404	1435	2926	21038	1475
Number inspected ...	3404	1435	2926	21038	1475
ALL DISEASES EXCEPT TUBERCULOSIS.					
Whole carcasses con- demned	16	68	320	269	33
Carcase of which some part or organ was con- demned	1448	1227	15	2262	409
Percentage of the num- ber inspected affected with disease other than tuberculosis ...	43.0	89.1	11.4	12.0	29.9
TUBERCULOSIS ONLY.					
Whole carcass con- demned	13	25	4	—	4
Carcase of which some part or organ was con- demned	219	254	—	—	83
Percentage of the num- ber inspected affected with tuberculosis ...	6.8	19.4	0.13	—	5.8

Table showing number of Carcasses and Part Carcasses condemned for diseases other than Tuberculosis.

DISEASE OR CONDITION	Whole Carcasses.				Part Carcasses.			
	Cattle.	Sheep.	Pigs.	Calves.	Cattle.	Sheep.	Pigs.	Calves.
Abscesses and Suppurative Conditions	—	2	1	—	3	23	1	—
Actinomycosis	—	—	—	—	4	—	—	—
Anæmia	—	1	—	—	—	—	—	—
Arthritis, Atrophy	—	25	—	—	4	32	12	—
Cancer	1	1	—	—	—	—	—	—
Emaciation, Ill-set	13	23	5	3	—	—	—	—
Enteritis	1	—	—	—	—	—	—	—
Extensive Injuries	3	13	—	3	115	74	29	7
Febrile Condition, Ill-bled ...	7	14	3	6	1	1	—	—
Gangrene	4	6	1	—	—	—	—	—
Inmaturity	—	1	13	174	—	—	—	—
Inflammatory diseases:— Pneumonia, Pleurisy, etc.	—	9	1	6	2	29	—	—
Jaundice	1	1	—	—	—	—	—	—
Johne's Disease	17	—	—	—	—	—	—	—
Malnutrition	8	25	—	72	—	—	—	—
Mastitis	1	2	—	—	21	10	22	—
Odour (Drugs, etc.)	2	—	—	—	—	—	—	—
Oedema	12	21	1	19	15	24	1	—
Post-mortem putrefaction ...	3	117	—	2	—	12	3	—
Pyæmia, Joint Ill, Navel Ill	1	3	—	34	—	—	—	—
Septic Pericarditis	3	1	—	—	—	—	—	—
Septic Metritis	2	1	—	—	—	—	—	—
Septic Peritonitis	2	2	—	—	—	—	—	—
Swine Erysipelas	—	—	4	—	—	—	4	—
Swine Fever	—	—	3	—	—	—	—	—
Toxaemia	1	—	—	—	—	—	—	—
Tumours	1	—	1	—	—	—	—	—
Uraemia	1	1	—	—	—	—	—	—
White Scour	—	—	—	1	—	—	—	—
Whole Carcasses	84	269	33	320				
Part Carcasses					165	205	72	7

DISEASED AND UNSOUND FOOD

The following table shows the amount of food declared to be unfit for human consumption during 1952.

PUBLIC SLAUGHTERHOUSES.

	T.	C.	Q.	lbs.	T.	C.	Q.	lbs
Beef	26	10	1	26				
„ Offals	29	5	2	1				
Mutton	5	1	2	10				
„ Offals	2	11	—	26				
Veal	4	17	2	4				
„ Offals	1	12	1	25				
Pork	2	8	—	12				
„ Offals	—	12	2	25				
Imported Meat	—	2	—	20				
„ Offals	—	4	1	—				
					73	6	—	9

HARRABY BACON FACTORY.

Pork	20	3	2	13				
Offals	11	1	1	10				
					31	4	3	23

Tuberculosis Order.

3 cows notified by Veterinary Officers of the Ministry of Agriculture and Fisheries under the provisions of the Order were slaughtered at the Public Abattoir.

One was found to be affected with localised tuberculosis and portions of the offal were condemned. In 2 cases the disease was found to be generalised and the carcasses and offal condemned as unfit for human consumption.

FOOD AND DRUGS ACT—ADULTERATION.

During the year 44 formal and 45 informal samples of foods and drugs, purchased under the provisions of the Food and Drugs Act, 1938, were submitted to the Public Analyst.

Table 42 shows the number and results of the analyses of samples obtained.

Table 43 shows the average composition of milk examined during the year.

Table 44 shows the action taken in respect of samples reported by the Public Analyst as not being genuine or otherwise irregular.

TABLE 42

ARTICLES.	No. of Samples.		No. Genuine.		No. Adulterated.	
	Formal.	Informal.	Formal.	Informal.	Formal.	Informal.
Apple						
Sweetener ...	—	1	—	1	—	—
Apricot Pulp	—	1	—	—	—	1
Baking Powder ...	—	2	—	2	—	—
Bicarbonate of Soda ...	—	1	—	1	—	—
Coffee and Chicory ...	—	1	—	1	—	—
Condiments, Colouring, Flavouring, etc. ...	—	13	—	13	—	—
Cough Mixture ...	—	1	—	1	—	—
Cream of Tartar ...	—	2	—	2	—	—
Distilled Glycerine ...	—	1	—	1	—	—
Fat ...	—	1	—	1	—	—
Fig Paste ...	—	1	—	1	—	—
Fruit Bars ...	—	2	—	2	—	—
Ice-cream ...	7	—	5	—	2	—
Jellies ...	—	2	—	2	—	—
Meat & Fish Products ...	3	3	3	3	—	—
Milk ...	28	—	24	—	4	—
Miscellaneous	—	8	—	8	—	—
Mineral Waters	—	4	—	4	—	—
Salts ...	—	1	—	1	—	—
Sausage ...	6	—	6	—	—	—
TOTALS	44	45	38	44	6	1

TABLE 43

Average Percentage Composition of Milk examined during the year.

PERIOD.	No. of Samples.	Milk Fat %	Solids not Fat %
1st Quarter	8	3.34	8.66
2nd Quarter	8	3.53	8.91
3rd Quarter	—	—	—
4th Quarter	12	3.99	8.79
Year ending 31st December, 1952.	28	3.62	8.78

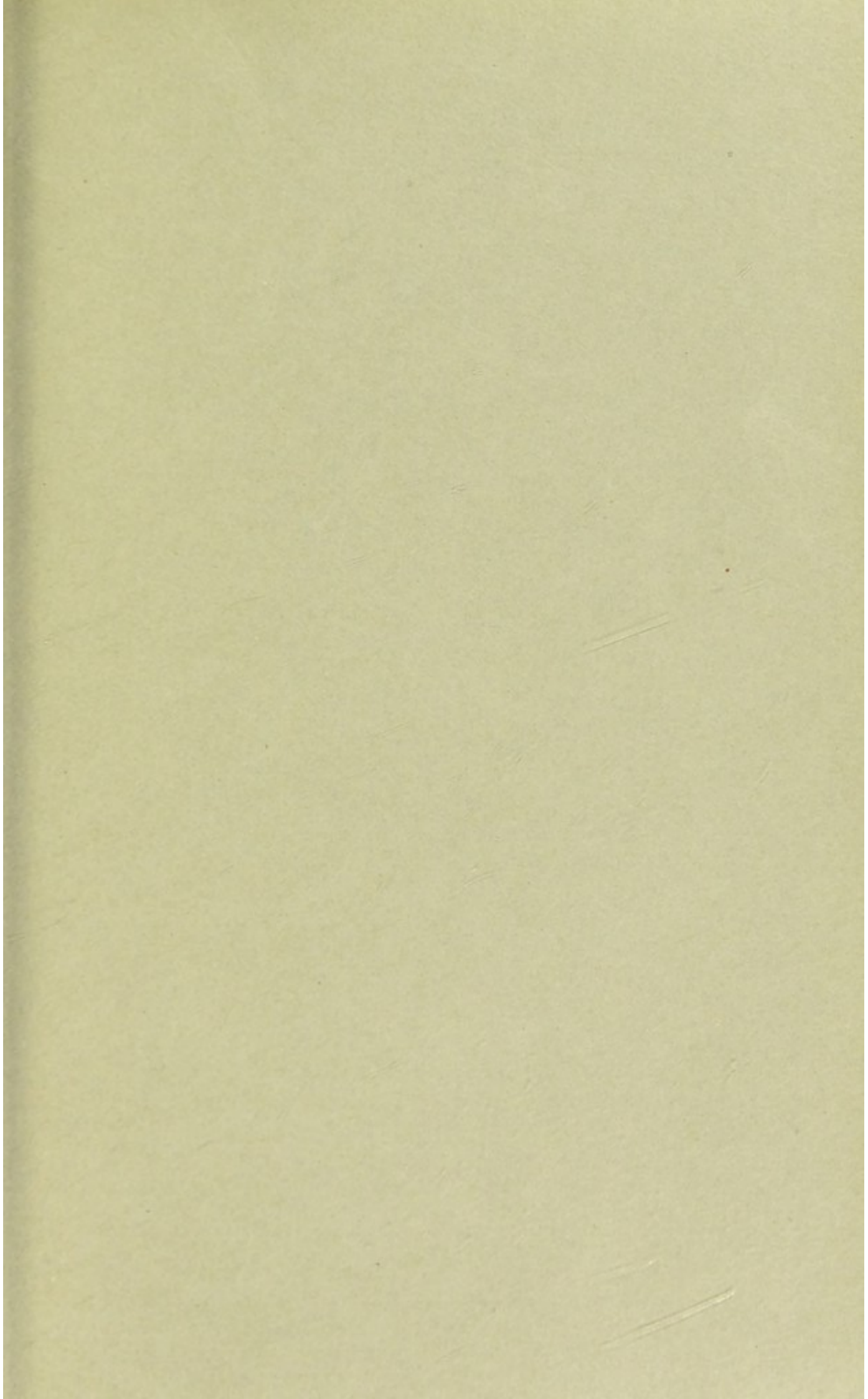
TABLE 44

Action taken in respect of samples reported by the Public Analyst not to be genuine or otherwise irregular.

<i>Sample No.</i>		<i>Article.</i>	<i>Nature of Adulteration.</i>	<i>Action Taken.</i>
<i>Informal</i>	<i>Formal.</i>			
	3	Milk	Deficient of 24.5% of its fat and contained not less than 5.00% of added water.	Follow-up samples No. 7 and 8 taken.
	7	Milk	Deficient of 5.4% of its fat.	"Appeal to Cow" Sample. Referred to County Milk Production Officer.
	8	Milk	Deficient of 3.6% of its solids not fat.	"Appeal to Cow" Sample. Referred to County Milk Production Officer.
	24	Ice-cream	Deficient in fat to the extent of 14.8%.	Reported to Health Committee. Warning letter sent to vendor.
	48	Ice-cream	Deficient in fat to the extent of 28.5%.	Vendor prosecuted and convicted. Fine of £5 and costs.
51		Apricot Pulp	Infected by Beetle of Red Ant Type.	Stocks of Apricot Pulp destroyed. Information passed to M.O.H. at place of importation.
	82	Milk	Contained not less than 5.00% added water.	Reported to Health Committee. Warning letter sent to vendor.

The following table is intended to show the results of the various experiments conducted in the course of the investigation.

Experiment No.	Material	Temperature	Time	Result
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Name of the Company	Capital	Reserves
The British Electric Traction Co. Ltd.	£1,000,000	£1,200,000
The London & North Western Railway Co.	£1,500,000	£1,800,000
The Great Northern Railway Co.	£1,200,000	£1,500,000
The Great Eastern Railway Co.	£1,000,000	£1,200,000
The London & South Western Railway Co.	£1,200,000	£1,500,000

TEXT IN
GUTTERS

TIGHT
GUTTERS

