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CITY OF CARLISLE

ANNUAL REPORT

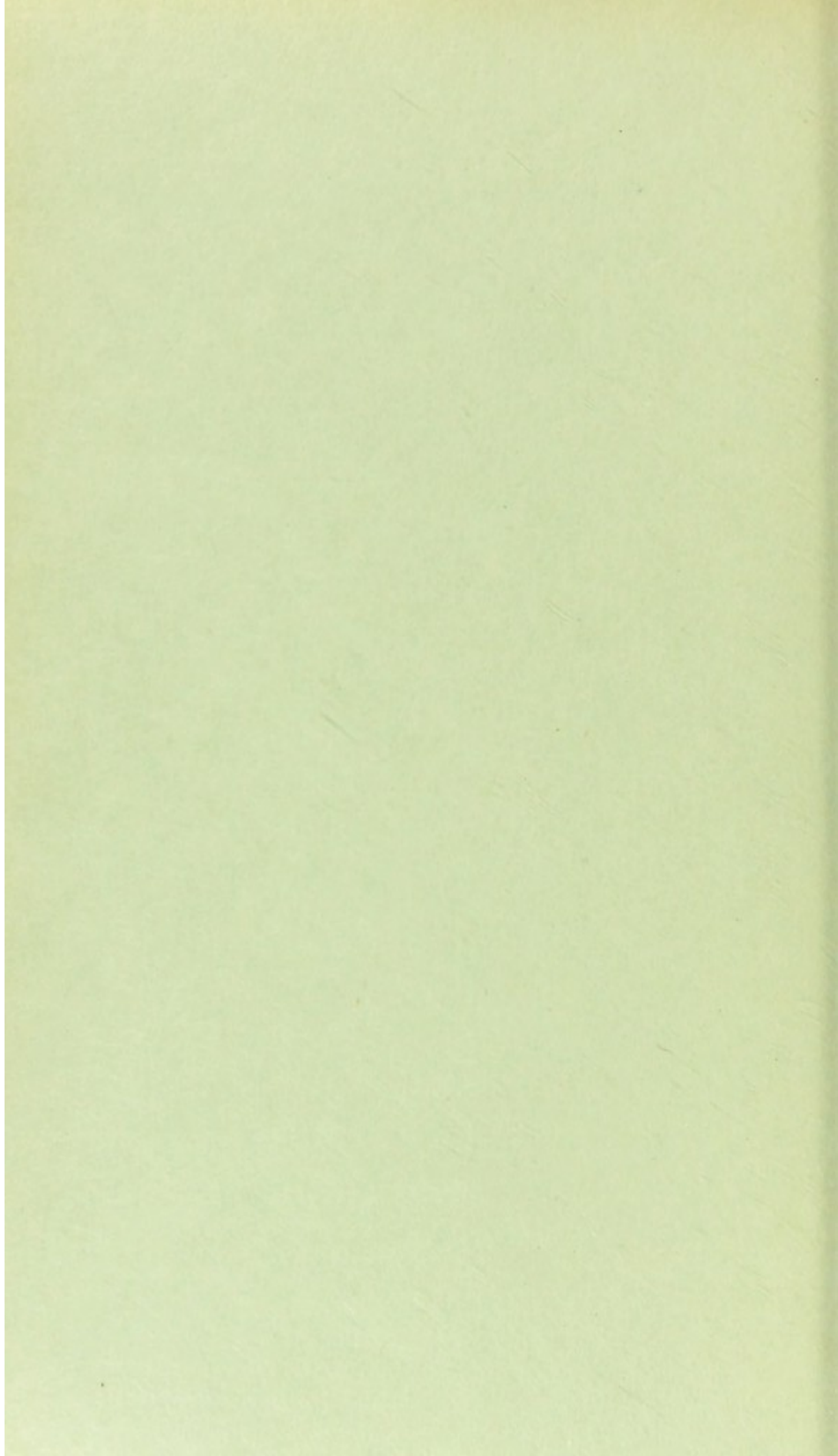
OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1953

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





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Deputy Chairman—Councillor Miss SIBSON

Alderman Mrs. SHEPHERD

Alderman Mrs. THOMSON

Councillor ALMOND

Councillor BARRETT

Councillor Mrs. BOOTHMAN

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Councillor Miss WELSH

OTHER COMMITTEES CONCERNED WITH PUBLIC HEALTH MATTERS


Education Committee—School Health Service.

Welfare Services Committee—Administration of the appropriate Sections of the National Assistance Act, 1948.

Water and Baths Committee—Water Supply.

SENIOR PUBLIC HEALTH OFFICERS

Medical Officer of Health,	- JAMES L. RENNIE,
Principal School Medical Officer, and Chief Welfare Service Officer	M.D., Ch.B., F.R.F.P.S. (Glas.), D.P.H.
Assistant Medical Officers of Health and	- JAMES C. B. CRAIG, M.D., Ch.B., D.P.H.
School Medical Officers	- CHRISTINE M. ANDERSON, M.B., Ch.B., D.P.H.
Principal Dental Officer — Educa- tion and Health	- THOMAS W. GREGORY, L.D.S. (Ed.), L.R.C.P., etc.
Dental Officer — Education and Health	- H. R. SONI, L.D.S. (Ed.). L.D.S. (Ed.).
Chief Sanitary Inspector	- ERNEST BOADEN, A.M.I.San.E.



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To His Worship the Mayor, and to the Aldermen and Councillors of the City and County Borough of Carlisle.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report on the health of the City for the year 1953.

It was not an eventful year. The work carried out was largely routine and the consolidation of progress made in previous years.

There has recently been controversy about the number of Carlisle mothers having their babies in hospital and somewhat misleading rates for hospital confinements have been quoted. I have, therefore, considered it opportune to explain in the body of this report the source and method of handling the statistics in Sections I and V.

The water supply of the City has been causing concern in dry weather and I trust that the projected schemes for the augmentation of the supply will not be subjected to any delays.

Further unfit houses were represented during the year. Action was started under the Town and Country Planning Act, 1947, to deal with one block of unfit property. As business premises were also concerned it was deemed advisable to use Town and Country Planning powers rather than to declare a Clearance Area under the Housing Act, 1936, and follow this by action under the Town and Country Planning Act within a short space of time.

Apart from an increase in the incidence of measles and one moderate outbreak of food poisoning, the high incidence of poliomyelitis during the summer months was the main epidemiological feature of the year. This was the most severe outbreak of poliomyelitis which Carlisle has so far experienced, but in spite of this there was only one death, compared with 10 deaths from road accidents and 19 from accidents of other types.

Tuberculosis continues to receive close attention, as will be seen from Section IV, which has been contributed by Dr. W. H. Morton, the Consultant Chest Physician. It is gratifying to know that the position as regards Chest Surgery has materially improved since my last Report.

The staff engaged on duties in connection with the National Health Service Act, as outlined in Section V of the Report, remained stable; this enabled the service so provided to be adequately maintained and developed.

Welfare services provided under the National Assistance Act, 1948, are administered largely by the Health Department, and this makes great demands on the time of the staff. It has, of course, been possible to integrate the work of the Welfare Services with that of the Care and After Care Service under the National Health Service Act to a considerable degree.

The final section of the Report deals as usual with the work of the Chief Sanitary Inspector, and I should like to draw members' attention in particular to the investigation carried out regarding milk supplies coming into the City. This investigation was initiated by the County Borough Group of the Society of Medical Officers on information which had come to its knowledge, and the results obtained were given to the medical members of the Public Health Committee of the Association of Municipal Corporations in order that action on a national scale might be taken to procure a milk supply as satisfactory as possible.

I am indebted to Dr. Faulds and his staff of the Cumberland Infirmary Laboratory for their enthusiastic co-operation in this investigation, as in all other work they have undertaken for this Department, and also the managements of the large milk depots in the City, who did everything possible to help the staff of the Health Department in this work.

As usual, a considerable amount of the Sanitary Inspectors' time was devoted to work at the Public Abattoir and the Bacon Factory.

It is with regret that I have to record the death on 1st August, 1953, of Mr. H. Readman, who had been on the staff of the department for 23 years and held the post of Ambulance and Disinfecting Officer from 1947.

I desire to record my sincere thanks and appreciation to all members of the staff of the Department for their willing service. 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 their willing co-operation and assistance.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

JAMES L. RENNIE,

Medical Officer of Health.

SECTION I

VITAL STATISTICS

The first section of the report deals with the general conditions of the country, and the second section deals with the details of the survey. The third section deals with the results of the survey, and the fourth section deals with the conclusions of the survey.

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TABLE I

Summary of the Survey

VITAL STATISTICS

Area (acres)	6,092
Population (1953) Estimate of Registrar-General	68,100
Rateable Value	...	...	...	...	...	...	£472,340
Sum Represented by a Penny Rate	...	...	...	...	...	...	£1,906

Experience has shown that from time to time misunderstandings arise regarding certain vital statistics given in this section of the Report and others dealt with in Section V. It would not be inappropriate, therefore, if some explanation were given as to the source and handling of the figures before embarking on their detailed consideration.

The Medical Officer of Health obtains statistical information regarding births, deaths, etc., from three principal sources. Firstly, he is notified of all births and still-births taking place in the City within 36 hours of the occurrence by the father of the child, the Doctor or the Midwife in attendance upon the mother in accordance with the Public Health Act, 1936. Secondly, from the Local Registrar of Births and Deaths he receives weekly returns of all births, stillbirths and deaths registered. Thirdly the Registrar-General supplies him with the estimate of the mid-year population of the City and the number of births, still-births and deaths credited by him to the City. It should be noted that a parent has up to six weeks in which to register a birth, and as the Registrar-General deals with the number of births registered within a calendar year his figure cannot be expected to be exactly the same as the one obtained by the Medical Officer of Health as a result of the notifications under the Public Health Act, 1936.

The registration figures as obtained by the Local Registrar are known as crude figures. They deal with all who are born or who may die in the City without reference to their place of normal residence. It would however be manifestly unfair to charge the deaths in a large hospital against a relatively small population and therefore the Registrar-General transfers deaths to the place of normal residence of deceased and births to the place of normal residence of the parent. It should be noted that deaths in Mental Hospitals, Mental Deficiency Institutions and old people's homes (public and private) are not transferable. Moreover, the Registrar-General cannot transfer out of or into England and Wales, and therefore if a person from Gretna dies in Carlisle his death is charged to the City, and the same holds good for births. As many people are brought from South Scotland to Carlisle for hospital treatment and for confinements and as the population in Carlisle is relatively small, the rates calculated from the Registrar-General's figures may be somewhat

misleading. The statistics relative to births will be more fully considered in Section V, page 63. In the following statistical summary the figure which would have resulted had both Scottish births and deaths been excluded will be given where appropriate in square brackets.

It will be noted that the birth rate and death rate are adjusted by an Area Comparability Factor. This is only applied to the Registrar-General's figures and is intended to compensate for the age and sex distribution of the population.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR (Registrar-General's Returns)

Live Births--	Total.	M.	F.	
Legitimate ...	1107	581	526	
Illegitimate ...	67	34	33	
				Birth rate, 17.24 [15.73] per 1,000 population.

Birth rate per thousand of the population as corrected by Area Comparability factor of 1.03 is 17.76.

Still-births	...	33	17	16	
				Rate 27.34 [25.48]	per 1,000 total births.
Deaths	...	836	414	422	
				Death rate 12.28 [11.79] per 1,000 population.	

Death rate per 1,000 of the population as corrected by Area Comparability factor of 1.09 is 13.38.

Deaths from diseases and accidents of pregnancy
and childbirth—

From Sepsis	...	...	...	...	...	—
From other causes	...	...	...	...	...	1

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

Legitimate	...	...	...	28.91	
Illegitimate	...	...	...	14.93	
				Total, 28.11 [28.01]	

Deaths from Whooping Cough (all ages)	...	...	...	1
„ Diarrhoea (under 2 years of age)	...	...	...	—

POPULATION

The estimate of the population at mid-year 1953 supplied by the Registrar-General was 68,100. 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 1,174, giving a birth rate of 17.24 per thousand of the population. It should be borne in mind that 70 of these were children of Scottish mothers who had their confinements in Carlisle.

Illegitimate Live Births

67 (including 5 Scottish) of the above births were illegitimate, so that the illegitimacy rate was 57.07 per thousand of the total live births.

Still-Births

In 1952 the number of still-births reached a record low level but unfortunately this was not maintained in 1953. Thirty-three (including 5 Scottish) were recorded, compared with 17 in 1952. The still-birth rate per 1,000 births was 27.34 compared with 14.68 in 1952 and 37.46 in 1951.

DEATHS

The total number of deaths credited to the City was 836, producing a death rate of 12.28 per thousand of the population. As in the case of births, the City deaths included thirty-three 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 836 persons mentioned above.

Maternal Mortality

One woman died as a direct result of child-birth during the year.

Infantile Mortality

There were 33 deaths of children under one year of age (including 3 Scottish) credited to the City, giving an infantile mortality rate of 28.11 per thousand live births. The number of deaths in 1952 was 31 and the rate was 27.17 per thousand live births. It is unfortunate that the total number of young lives lost by still-births and deaths rose from 48 in 1952 to 66 in 1953. Details are given in Table 2.

TABLE 1

CAUSE OF DEATH	Deaths within subjoined Age Groups credited to the City as a result of Conditions shown									Total Deaths whether "Residents" or "Non-Residents" 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 upwards	
1	2	3	4	5	6	7	8	9	10	11
All Causes { Certified	764	29	10	7	2	32	193	202	289	496
{ Uncertified	72	4	—	—	—	3	23	28	14	25
Tuberculosis respiratory	13	—	—	—	—	5	5	2	1	—
Tuberculosis, other	2	—	1	1	—	—	—	—	—	3
Syphilitic Disease ...	4	—	—	—	—	—	2	2	—	2
Diphtheria ...	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	1	1	—	—	—	—	—	—	—	—
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ...	1	—	1	—	—	—	—	—	—	2
Measles ...	2	—	2	—	—	—	—	—	—	2
Other infective and parasitic diseases ...	2	—	—	—	—	—	2	—	—	2
Malignant neoplasm —	—	—	—	—	—	—	—	—	—	—
.. Stomach	13	—	—	—	—	—	7	6	—	14
.. Lungs & Bronchus	18	—	—	—	—	1	10	4	3	11
.. Breast	8	—	—	—	—	—	4	2	2	6
.. Uterus	6	—	—	—	—	2	2	1	1	3
Other malignant and lymphatic Neoplasms	79	—	—	—	—	3	37	18	21	61
Leukaemia, Aleukaemia	5	—	1	—	—	2	2	—	—	3
Diabetes ...	3	—	1	—	—	—	2	—	—	5
Vascular lesions of nervous system ...	131	—	—	—	—	2	31	40	58	33
Coronary disease, angina	116	—	—	—	—	2	35	49	30	30
Hypertension with heart disease ...	11	—	—	—	—	—	1	4	6	2
Other heart disease ...	159	—	—	—	—	3	27	37	92	72
Other circulatory disease	45	—	—	—	—	2	6	9	28	45
Influenza ...	5	—	—	—	—	—	3	—	2	—
Pneumonia ...	34	6	—	1	—	1	3	10	13	21
Bronchitis ...	29	—	—	—	—	—	4	14	11	13
Other diseases of respiratory system ...	8	—	—	—	—	—	4	4	—	5
Ulcer of the stomach and duodenum ...	8	—	—	—	—	—	5	1	2	19
Gastritis Enteritis and Diarrhoea ...	5	3	—	—	—	—	—	1	1	5
Nephritis and Nephrosis	11	—	—	—	—	1	3	3	4	6
Hyperplasia of prostate	5	—	—	—	—	—	—	1	4	7
Pregnancy, childbirth, abortion ...	1	—	—	—	—	1	—	—	—	3
Congenital malformations	3	1	2	—	—	—	—	—	—	4
Other defined and ill-defined diseases ...	70	21	—	2	1	4	10	17	15	100
Motor vehicle accidents	10	—	—	2	—	2	2	2	2	11
All other accidents ...	19	1	2	1	1	3	5	1	5	24
Suicide ...	9	—	—	—	—	1	4	2	2	7
Homicide and operations of war ...	—	—	—	—	—	—	—	—	—	—
TOTALS ...	836	33	10	7	2	35	216	230	303	521

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 Weeks and under 3 Months	3 Months and under 6 Months	6 Months and under 9 Months	9 Months and under 12 Months	January	February	March	April	May	June	July	August	September		October	November	December	
All Causes { Certified Uncertified	22 1	— —	— —	1 —	23 1	2 1	3 1	1 1	— —	1 —	4 1	1 —	2 —	3 1	2 —	1 —	3 —	3 —	3 —	4 —	2 —	3 2	29 4
Prematurity	7	—	—	—	7	—	—	—	—	1	1	—	—	1	—	—	1	—	—	1	—	1	7
Prematurity and Asphyxia	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2
Prematurity and Broncho Pneumonia	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
*Prematurity and Atelectasis	3	—	—	—	3	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	3	
Haemolytic Diseases of Newborn	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	
Intra Cranial Haemorrhage	3	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	3	
†Congenital Malformation	1	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	
Aspiration Pneumonia	3	—	—	—	3	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	3	
Intrauterine Asphyxia	2	—	—	—	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	2	
Accidental Asphyxia	—	—	—	—	—	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Broncho Pneumonia	—	—	—	—	—	—	3	2	—	—	1	—	—	—	—	—	1	—	—	—	—	5	
Gastro Enteritis	3	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	
TOTALS	23	—	—	1	24	3	4	2	—	1	5	1	2	4	1	2	3	3	4	2	5	33	

* Includes one Scottish.

† Scottish.

DEATHS DUE TO CANCER

Table 3 shows the age and sex distribution of the 124 persons who died from cancer of various organs during the year under review. The mortality rate of this disease was 1.8 per thousand of the population.

SITE OF DISEASE	AGE GROUPS											
	Under 1 Year		1-25		25-35		35-45		45-55		55-65	
	M	F	M	F	M	F	M	F	M	F	M	F
Buccal Cavity and Pharynx	—	—	—	—	—	—	1	—	2	—	4	—
Digestive Organs and Peritoneum	—	—	—	—	—	—	2	—	5	3	6	6
Respiratory System	—	—	—	—	—	—	1	—	5	—	3	1
Uterus	—	—	—	1	—	—	1	—	1	—	—	1
Other Female Genital Organs	—	—	—	—	—	—	—	—	2	2	—	—
Breast	—	—	—	—	—	—	—	—	—	—	—	2
Male Genital Organs	—	—	—	—	—	—	—	—	—	—	1	—
Urinary Organs	—	—	—	—	—	—	—	—	1	—	1	—
Skin	—	—	—	—	—	—	—	—	—	—	—	—
Brain and Nervous System	—	—	—	—	—	—	—	1	—	—	—	—
Other Organs	—	—	—	—	—	—	—	5	1	2	1	—
Totals	—	—	—	1	—	4	1	18	8	17	16	54

Table 4 sets out the deaths from Cancer from 1944-53.

TABLE 4

Deaths from Cancer, 1944-53

1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
113	...128	...115	...111	...121	...118	...124	...127	...106	...124

Inquests

During the year the City Coroner held 58 inquests. Of this number 36 related to deaths of persons who resided within the City, and 22 to persons who resided in other districts but who died within the City. 5 related to children under five years of age, 4 of whom normally resided in the City.

Uncertified Deaths

74 deaths were registered in which no certificate was given by a medical practitioner, and in which no inquest was held. 68 of these were in respect of City residents.

During 1952 the same number of such deaths were registered.

Mortuary

67 bodies were removed to the Public Mortuary, post-mortem examinations being made in 55 instances.

TABLE 1

Summary of the results of the investigation of the effect of the administration of the vaccine on the development of the disease in the experimental animals.

Experiment 1

The results of the investigation of the effect of the administration of the vaccine on the development of the disease in the experimental animals are summarized in Table 1. The results show that the administration of the vaccine had a marked effect on the development of the disease in the experimental animals.

Experiment 2

The results of the investigation of the effect of the administration of the vaccine on the development of the disease in the experimental animals are summarized in Table 2. The results show that the administration of the vaccine had a marked effect on the development of the disease in the experimental animals.

Experiment 3

The results of the investigation of the effect of the administration of the vaccine on the development of the disease in the experimental animals are summarized in Table 3. The results show that the administration of the vaccine had a marked effect on the development of the disease in the experimental animals.

SECTION II

SANITARY CIRCUMSTANCES

SECTION II
SANITARY CIRCUMSTANCES

SANITARY CIRCUMSTANCES

WATER SUPPLY

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

“The Water Supply in the area was maintained satisfactorily during the year, although a ban on the use of hosepipes had to be imposed between 6th July and 25th September owing to the consumption exceeding the capacity of the trunk supply mains and the filters. This condition is likely to become progressively worse each year until the augmentation scheme comes into being. Drought conditions could create considerable difficulty. Some difficulty was experienced in maintaining the pressure in certain areas at times of peak demand.

Regular bacteriological examinations have been made of the water in its various stages of treatment. In all, 17 samples of the fully treated water have been examined bacteriologically, and all showed the water leaving the treatment plant to be highly satisfactory.

The chemical analyses of the water afford no evidence of pollution by undesirable drainage, and it is of good and wholesome quality for human consumption. 8 samples were subjected to chemical analyses during the year. The test for plumbo-solvency carried out as part of the analysis showed the following results :—

Lead eroded or dissolved after 24 hours :

Sample taken 23/ 9/53—0.4 p.p.m.

Sample taken 21/10/53—0.3 p.p.m.

Sample taken 3/12/53—0.18 p.p.m.

Two other samples showed a trace and three samples a nil result.”

Water was supplied to householders as follows :—

(a) Direct to the houses :

No. of houses supplied	20,513
------------------------	-----	-----	-----	-----	--------

Estimated population supplied	67,212
-------------------------------	-----	-----	-----	-----	--------

(b) By means of standpipes :

No. of houses supplied	355
------------------------	-----	-----	-----	-----	-----

Estimated population	888
----------------------	-----	-----	-----	-----	-----

Table 5 shows the total quantity of water supplied and the quantity per head per day for the years 1952 and 1953 :—

TABLE 5

				No. of Gallons.	Gallons per head per day.	
1952	...	...	...	1,252,090,000	...	42.75
1953	...	...	...	1,246,565,000	...	42.69

SEWERAGE AND SEWAGE DISPOSAL

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

“During the past twelve months approximately $4\frac{3}{4}$ miles of new sewers were laid, mainly on the Harraby Neighbourhood to deal with the discharge from some additional 600 houses erected there. In addition, schemes were prepared for a further $5\frac{1}{2}$ miles of sewer for further development at Harraby and the opening up of the new Neighbourhood at Morton.

Work on the first stage of the reconstruction of Willow Holme Sewage Works, comprising the construction of constant flow detritus tanks, flumes, syphons and weirs, was completed during this year. Delivery was taken of rotary distributors for the filters and other mechanical plant, and these will be installed during the ensuing year. Normal maintenance, repair and flushing of sewers has been proceeded with.”

REFUSE COLLECTION AND DISPOSAL

The collection and disposal of refuse, but not street sweeping, is the direct responsibility of the Health Department, and I am indebted to Mr. Sheldon, the Director of Public Cleansing, for the following report on the work of his section :—

Refuse and Salvage Collection

The re-organised refuse collection rounds which were put into operation in October, 1952, following complete mechanisation of the service, have now been worked for a full year. Apart from minor revision to two rounds the areas have proved well balanced and no variation of the system has been required. Refuse was collected from all domestic premises twice weekly and from the central shopping area four times weekly, except on Bank Holidays. Salvage collections were made from all premises each Wednesday. A kerbside collection is in general operation and the frequency of this service has proved adequate.

In October delivery was taken of one S. & D. 9 cubic yard refuse collector, and this vehicle, of larger capacity than most of the other vehicles in use, was placed into immediate operation in the Harraby area. This procedure enabled us to collect the refuse from this district without additional manpower, but the area is growing very rapidly and further revision will undoubtedly be necessary in the near future.

In November a new Karrier “Bantam” salvage lorry was placed in operation to replace the old (ex-W.D.) Austin lorry, which had become unserviceable.

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

Number of Loads.	Estimated Weight.
	Tons.
13,934	21,945

Refuse Disposal. Controlled Tipping

Refuse was disposed of by controlled tipping at Botcherby and at Upperby Tips. The depth of tipping at Botcherby Tip is restricted to a single 6ft. layer of house refuse along with considerable quantities of materials of all kinds delivered by contractors and tradesmen. Approximately 5 acres of the site have been raised to the final level. The topsoil which was removed before the refuse was deposited is now being returned and spread on part of the completed portion, and it is intended to make an experiment in the growing of various crops on this land with a view to ascertaining whether, and to what extent, the land has been improved for agricultural purposes.

Tipping on the site at Upperby has been restricted to house and trade refuse collected by the Department's vehicles only. This course has been taken in order to ensure even consolidation and settlement of the whole area, an important consideration where school playing fields are under construction. As a result of a consultation with the Chairman of the Education Committee and the Director of Education on the site in November, it was agreed that work should be concentrated on the central part of the area, and that a second 6ft. layer of refuse should be deposited on this portion of land in order to provide a limited area of playing fields for use in the shortest possible time.

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 :—

Vegetable and miscellaneous...	...	...	294 tons
Fish Offal	...	...	37 tons
Eggs and Chickens	...	...	748 bins
Animal carcasses	...	...	1,934

Salvage Disposal

A small but worth-while increase in the amount of materials salvaged (other than waste paper) was achieved, but these results can be materially improved when suitable handling and storage facilities are available. Government sanction to commence the scheme of alterations at the Cleansing Depot was obtained at the end of the year, and when these are completed it will be possible to enlarge the sphere of salvage activities in all directions.

The market for waste paper remained steady throughout the year and it is gratifying to be able to report that the tonnage of waste paper baled and sold exceeded the amount disposed of during the previous year by 96 tons.

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

				Tons.	Cwts.	Qrs.
Waste paper	...	...	...	667	14	2
Iron	...	...	...	4	10	3
Tins	...	...	...	63	5	0
Other metals	...	...	...	0	14	3
Textiles	...	...	...	3	15	0
String	...	...	...	1	3	2
Bottles	...	...	...	3	10	3

SECTION III
OCCURRENCE AND CONTROL OF
INFECTIOUS DISEASES

SECTION III
OCCURRENCE AND CONTROL OF
INFECTIOUS DISEASES

OCCURRENCE AND CONTROL OF INFECTIOUS DISEASES INCIDENCE

The incidence of infectious disease is now greatly altered from that obtaining in the twenties and thirties. No longer does diphtheria occur in epidemics and claim many of our children. That this is in great measure due to immunisation cannot be disputed, but nevertheless one must also remember that natural phenomena may also play an important role in such changes. The severity and incidence of scarlet fever has likewise declined. On the other hand, diseases such as poliomyelitis and food poisoning have shown marked increases.

During the year under review there was an increase in notifications of 281, compared with those received in 1952; this was largely accounted for by 262 additional measles notifications. Table 6 sets forth the details of notifications by disease and age.

TABLE 6

DISEASES	Total number of cases notified	Number of cases incorrectly 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	80	—	80	—	27	52	—	—	1	—	6
Whooping Cough	265	1	264	26	171	67	—	—	—	—	6
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Measles	1057	—	1057	50	639	358	6	3	1	—	6
Pneumonia	26	—	26	2	2	11	1	3	5	2	4
ACUTE POLIOMYELITIS—											
Paralytic	20	—	20	1	10	5	1	3	—	—	18
Non-Paralytic	13	—	13	—	6	6	1	—	—	—	13
Acute Encephalitis	1	1	—	—	—	—	—	—	—	—	—
Dysentery	26	1	25	1	—	14	3	5	1	1	—
Ophthalmia Neonatorum	4	—	4	4	—	—	—	—	—	—	—
Puerperal Pyrexia	88	—	88	—	—	—	36	52	—	—	5
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	11	—	11	—	—	—	1	4	2	4	3
Malaria (contracted abroad)	1	—	1	—	—	—	—	1	—	—	—
Pulmonary Tuberculosis	67	—	67	1	3	2	10	29	19	3	—
Other forms of Tuberculosis	13	—	13	1	2	3	2	3	1	1	—
Food Poisoning	20	2	18	—	—	—	1	8	6	3	2
Meningococcal Infection	5	—	5	3	1	1	—	—	—	—	5
Totals	1697	5	1692	89	861	519	62	111	36	14	68

SCARLET FEVER

80 cases of this disease were notified during the year, only 6 of which had to be admitted to hospital.

DIPHTHERIA

For the fourth 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

One notification of this disease, contracted abroad, was received.

WHOOPING COUGH

There were 264 confirmed cases of whooping cough, an increase of 26 over the figure for 1952. There was one death from whooping cough in a child under one year in addition to those notified above. This information was supplied by the Registrar-General.

MEASLES

The number of confirmed cases of measles was 1,057, compared with 794 in 1952. Although measles has not now a high mortality it can nevertheless be a very serious disease and should be regarded with respect.

PNEUMONIA

26 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 34 deaths due to pneumonia which were not notified. As far as this disease is concerned, there seems little point in continuing notification.

INFLUENZA

There was no epidemic of influenza in the City during the year. 5 deaths were registered as due to this cause.

FOOD POISONING

Throughout the year there were 18 cases of food poisoning; 12 of these cases constituted one particular outbreak which occurred between 25th and 27th June, 1953. The symptoms, consisting of headache followed by vomiting and diarrhoea, occurred just over 3

hours after the ingestion of baked or soured herring, and lasted from 12 to 24 hours. In 3 of the cases there was some degree of collapse. Five of the cases were notified by doctors and the remaining ones were ascertained with the help of one of the fishmongers who had sold the fish.

It was found that the fish had been prepared in another town and sent in sealed containers to a wholesaler in Carlisle who distributed them to the various fishmongers who supplied the 12 people in question. Bacteriological examination of samples of the fish showed gross contamination with various organisms but none of the food poisoning group. Specimens of stool obtained from the patients failed to reveal any organism and the symptoms cleared up without untoward result.

In the first quarter of the year a small outbreak of 3 cases occurred in one family, but the cause of this was not determined.

DYSENTERY

During the month of August Sonne Dysentery made its appearance in the town. There were a few cases found among children attending a particular school. Investigation showed that not all had school meals. Bacteriological examination of specimens from all staff in any way connected with the school canteen failed to reveal any infective person. There were in all 25 cases confirmed but undoubtedly many mild cases escaped notice.

MENINGOCOCCAL INFECTION

5 cases of meningococcal infection were notified; all recovered.

ACUTE POLIOMYELITIS

During the summer of 1953 the City had its worst visitation of poliomyelitis. In the 1947 epidemic, although numerous cases were treated in Carlisle, only 7 cases occurred among normal City residents. In the year under review there were in all 33 confirmed cases of poliomyelitis (20 paralytic and 13 non-paralytic). The City, for its population, had one of the highest incidences in the country during the year under review. All but 2 of the paralytic cases were treated in hospital. One death occurred in a patient at home and a post-mortem diagnosis of poliomyelitis was made. It is noteworthy that the majority of the patients lived under reasonably good housing conditions and were fairly well scattered throughout the City, though there was a slight preponderance in the West. In one household of children there was one paralytic and 2 non-paralytic cases and in another instance a narrow path of infection was able to be established between the original case and a secondary case. Apart from this no connection could be established of direct spread of the disease.

Of the 18 paralytic cases admitted to hospital 14 were discharged directly to their homes and 4 had to be admitted to long-stay orthopaedic hospitals.

When poliomyelitis appears in the community it causes much worry to many people. For their consolation I should point out that during the year in question there were 10 deaths of City residents from road accidents and 19 deaths from other forms of accidents—totally apart from crippling from such causes—while in this epidemic of poliomyelitis there was only one death. This does not mean that we should relax in any way the preventive measures which are taken to combat the spread of poliomyelitis, but it is only right that the public should view this disease in its correct perspective.

The preventive measures which were employed in the City during the occurrence were as follows :—

All child contacts were excluded from school for 21 days; persons who worked with children were excluded from their work for a similar period. This period of exclusion should be practised by Sunday Schools and other places where children assemble. Operations and dental extractions of election were suspended during the currency of the epidemic. School teachers and others who have control of young people were advised regarding the curtailment of organised strenuous games and physical training, as these may tend to induce paralysis in a person who might be incubating the disease. Apart from ensuring that there was adequate chlorine contained in the swimming bath water and that observations as regards strenuous exercise were taken into account, no curtailment of swimming activities was imposed. There is no proof that swimming bath water does, in fact, spread the disease. The baths should, of course, be avoided at busy times.

Clean food handling was, as always, emphasised. Research has now shown that the virus of poliomyelitis is present in the bowel of persons who are developing or have developed the disease, and it is, therefore, vitally important that the principles of clean food handling and thorough washing of the hands after visiting the lavatory should always be practised.

PUERPERAL PYREXIA

88 cases of this condition, but no true case of puerperal fever, were notified during the year.

42 were City residents and 46 were women from other parts having their confinements in City hospitals.

OPHTHALMIA NEONATORUM

There were 4 cases of this disease notified during the year, a drop of five compared with the previous year.

TYPHOID AND PARATYPHOID FEVER

There was no case of either of these fevers in the City.

NOTIFICATION FEES

The total amount paid in fees to medical practitioners for the notification of all notifiable diseases during 1953 was £85 18s. 3d.

VENEREAL DISEASE

Arrangements for the treatment of Venereal Diseases were under the control of Dr. Herbert J. Bell, to whom I am indebted for the following report :—

The prevalence of Venereal Disease in Carlisle is lower than at any time before. If this statement applied to gonorrhoea alone, it would be most encouraging, but it applies even more so to syphilis.

Gonorrhoea has become a simple disease, since it is easy to cure and since complications are rare. Nearly all the modern antibiotics will cure the infection. As a result, many patients do not come to the Clinic at all, but seek help from their own general practitioners.

Early syphilis has become almost a rarity in the City. This experience of a rapid decline in syphilis infection has been paralleled in all European countries and in America during the last few years.

War brings with it many new problems and the dissemination of venereal disease is but one of them. War gives rise to conditions of social instability and traditional ideals of conduct and morality are apt to go by the board. This last war was no exception, and from 1940 onwards the morbidity of venereal disease increased to a high peak incidence in 1946. Since that year the decline has been phenomenal. The use of penicillin has been responsible for this, but in what way is not known precisely. Numerically, cases of gonorrhoea have always been greater than cases of syphilis, but the decline in the one has been parallel with the other : at least, this was true until 1952, when gonorrhoea began to show again an upward trend which still continues. The puzzle is to understand why the two diseases should behave differently, since both are conditioned by the same epidemiological background, and since they are both susceptible to penicillin therapy. Until this apparent paradox is solved, it would be unwise to predict how syphilis will behave in the next few years.

The most distressing feature of venereal disease in any population is the incidence of congenital syphilis among children. During the last five years the numbers of cases admitted for treatment to this Unit has steadily declined, and no case of infantile congenital syphilis has been discovered. This is a reflection of the enthusiastic co-operation between the public health service, the maternity hospital and this department. Congenital syphilis is a condition which is preventable and I hope to see it eradicated in the local population altogether.

Troublesome developments in the work of the Special Treatment Clinic are concerned with—

- (1) the appearance in increasing numbers of cases of abacterial urethritis, and
- (2) the increase in patients suffering from syphilis of the heart and nervous system.

Abacterial urethritis is usually of venereal origin : sometimes, however, it occurs in the case of married couples wherein there cannot be any suspicion of extra-marital infidelity. Thus, it is a disease which causes distress out of all proportion to its true importance. Two or three years ago, clinicians were confident that it was the result of infection by a virus or the organism of bovine pleuro-pneumonia : now opinion is against this theory of the origin of the disease. In truth, we don't know what the aetiology is. It is fortunate that the infection is readily susceptible to a variety of the modern antibiotics.

Many cases of syphilis, infected in the early years of the war, received inadequate treatment or no treatment at all. It is these unfortunates who are presenting themselves in increasing numbers with lesions of the cardiovascular system and the nervous system.

The number of City residents known to have been treated during the year for Venereal Diseases was 132. The conditions treated were as follows :—

Syphilis	...	...	...	...	...	...	9
Gonorrhoea	...	...	...	...	...	...	6
Other Conditions	...	...	...	...	...	...	117

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

SECTION IV
TUBERCULOSIS AND OTHER CHEST CONDITIONS
AND MASS RADIOGRAPHY

the first of these is the fact that the
disease is not a true infection, but
is a result of a metabolic defect in the
body. The second is that the disease is
not a true infection, but is a result of
a metabolic defect in the body. The third
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eighth is that the disease is not a true
infection, but is a result of a metabolic
defect in the body. The ninth is that
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is a result of a metabolic defect in the
body. The tenth is that the disease is
not a true infection, but is a result of
a metabolic defect in the body.

SECTION IV TUBERCULOSIS AND OTHER PEST AND MASS RADIOGRAPHY

TUBERCULOSIS

INTRODUCTION

Chest disease needs little introduction in a Public Health Report. Not only is pulmonary tuberculosis one of the most common serious diseases of the lungs, but it is an infectious one.

Other lung disease such as bronchiectasis, chronic bronchitis in the aged, and pneumoconiosis can result in as much disability and crippling as pulmonary tuberculosis, and can entail serious economic problems to the individual and the factory where he is working, and to the community.

Pulmonary cancer, previously relatively uncommon, has recently been the subject of considerable publicity, even in the lay press.

NOTIFICATIONS

The notifications for Carlisle City dropped to a new low level during 1953. You will recall that last year I hinted that the peak notification rate had been reached for this area, and that our figures would, in future, tend to fall into line with the lower notification rates generally throughout the country.

I would again stress the value of periodic chest x-ray examination of the ordinary individual, as there is still undoubtedly a reservoir of unsuspected cases infecting other members of the community. During the past year a larger proportion of our new cases have been comparatively early and amenable to treatment, and in spite of exhaustive enquiries no family history of tubercle has been discovered in more than 80 per cent. of these. The mass radiography unit continues to prove an asset in discovering such cases, but I believe that, in spite of our reasonably intensive propaganda, there is still a considerable lack of appreciation of the value of a periodic chest examination by a comparatively small, though not unimportant, percentage of the community.

The fear that he has the disease may in itself make the patient postpone a consultation with his own doctor until it is too late. A recent survey in London suggested that this might be the vital factor in our inability to check the spread of the disease more rapidly, and this factor in itself emphasises that our propaganda must be still more vigorous. Not only must we continue to press for frequent chest x-ray examinations but we must also press forward with all methods of therapy, both medical and surgical, so that the fact that more and more patients are made well and restored to normal working life, will convince the ordinary individual in the street of our methods, both diagnostic and therapeutic. No matter how successful we may be, however, in treatment, the importance of everyone in the community being able to appreciate the value of periodic chest overhaul must be emphasised.

Not only must an individual realise that the early discovery of the disease means cure and a quick return to normal working life, but he should also appreciate that by neglecting to consult his doctor

or have a periodic chest examination he is, by spreading the disease, inflicting grave damage on his fellow citizens.

Co-operation between the general medical practitioners and ourselves continues to be of a very high standard.

Table 7 gives the number of formal notifications throughout England and Wales for the years 1947 to 1952.

TABLE 7

Year.	Number of Notifications.			
1947	51,725
1948	52,576
1949	52,041
1950	49,358
1951	49,440
1952	48,093

Table 8 shows the notifications in Carlisle City for 1953 and the preceding five years.

TABLE 8

Year.	Pulmonary.		Non-pulmonary.	
1948	...	69	...	22
1949	...	65	...	11
1950	...	83	...	7
1951	...	92	...	22
1952	...	89	...	11
1953	...	67	...	13

Table 9 shows the number of primary notifications of tuberculosis by age, sex and type received during the year.

TABLE 9

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	1	1	1	1	—	3	7	5	11	5	2	37
Females ...	—	2	—	—	1	6	10	7	3	—	1	30
Non-Pulmonary—												
Males ...	—	—	1	—	—	1	—	—	—	—	—	2
Females ...	1	2	—	2	—	1	2	1	1	—	1	11
Totals	2	5	2	3	1	11	19	13	15	5	4	80

There were two further cases of tuberculosis brought to the knowledge of the Medical Officer of Health otherwise than by formal notification. One of these was a pulmonary case and the other had renal tuberculosis.

- (a) Posthumous (Pulmonary) ... M. 55-65 age group
 (b) Local Registrar's Death Returns M. 10-15 age group

MORBIDITY AND MORTALITY

The number of deaths has remained stationary in this area for 1953. This is not unexpected and I anticipate that this number will continue to be at the same level for a further two years yet.

Modern anti-biotics, whilst they make a valuable contribution to the cure of patients, also result in what must, unfortunately, be only temporary improvement in patients who are suffering from very extensive and incurable disease. The result is that the lives of such patients are prolonged, and one would say that in the absence of modern anti-biotics many of the deaths which occurred in 1953 would have occurred in earlier years.

Fortunately, the proportion of new cases coming to our notice and classified as advanced, and also the proportion of cases still in an infectious state on completion of treatment both show a steady decline.

Last year I commented on the mortality rates in both sexes. The new known morbidity for 1953 in Carlisle City is set out in Tables 10 and 11.

TABLE 10
Number of new cases for 1953, showing sex and aged period distinction.

		under							
EAST CUMBERLAND		5	5-15	15-25	25-35	35-45	45-55	55-65	65 plus
Respiratory	Males	1	—	7	6	7	6	4	3
	Females	—	—	10	5	4	7	3	—
Non-Respiratory	Males	1	1	4	1	—	1	—	—
	Females	—	1	3	2	—	2	1	—
CARLISLE CITY									
Respiratory	Males	2	2	2	7	8	9	5	1
	Females	2	—	7	10	7	4	—	1
Non-Respiratory	Males	—	1	1	1	—	—	2	—
	Females	3	3	1	3	1	—	—	1
NORTH WESTMORLAND									
Respiratory	Males	—	—	—	2	1	2	—	—
	Females	—	—	2	—	—	1	1	1
Non-Respiratory	Males	—	1	—	—	—	—	—	—
	Females	1	1	2	2	1	1	—	—

TABLE 11

Number of new cases for 1953 showing distinction of early and advanced disease.

EAST CUMBERLAND.		R.A. 1	R.A. 2	R.A. 3	R.B. 1	R.B. 2	R.B. 3
Respiratory	Males	5	12	5	2	2	8
	Females	14	5	4	2	1	3
No. of above respiratory cases referred by M.M.R.							
	Males	1	5	3	—	—	1
	Females	7	1	2	1	—	1
CARLISLE CITY							
Respiratory	Males	13	7	3	4	4	5
	Females	16	5	2	1	3	4
No. of above respiratory cases referred by M.M.R.							
	Males	9	2	1	1	1	1
	Females	7	2	—	1	—	—
NORTH WESTMORLAND							
Respiratory	Males	—	—	1	2	—	2
	Females	1	2	—	—	1	1
No. of above Respiratory cases referred by M.M.R.							
	Males	—	—	—	—	—	—
	Females	—	2	—	—	1	1

NOTE 'B' cases refer to cases where the organism has been isolated

I would point out (1) the large number of cases found to have minimal or early disease after passing through the mass radiography unit; (2) that the morbidity rate is higher at a later period of life in males than it is in females; and (3) the comparatively large number of males who have been found to have a positive sputum and are thus infectious. These points emphasise (i) the importance of periodic mass x-ray overhaul, and (ii) the ignorance shown, particularly by males, in estimating the relative importance of early diagnosis and probable cure, and late diagnosis and chronic invalidism, with its relative economic problems both affecting the individual and the community in general.

Table 12 shows the deaths from tuberculosis throughout England and Wales, and Table 13 shows the death rate from pulmonary and non-pulmonary tuberculosis in Carlisle City for 1953 and the preceding five years.

TABLE 12

Year.					No. of Deaths.
1948	...	...	...	...	21,993
1949	...	...	...	...	19,908
1950	...	...	...	...	15,969
1951	...	...	...	...	13,806
1952	...	...	...	...	10,585
1953	...	...	...	...	8,902

TABLE 13

Deaths from pulmonary and non-pulmonary tuberculosis in Carlisle City for 1953 and the preceding five years :

Year.					Pulmonary.	Non-pulmonary.
1948	...	...	...	...	30	2
1949	...	...	...	...	46	3
1950	...	...	...	...	24	6
1951	...	...	...	...	22	3
1952	...	...	...	...	14	3
1953	...	...	...	...	13	2

Table 14 shows the total tuberculosis and pulmonary tuberculosis death rate per 1,000 of the population for the last 10 years :

TABLE 14

Year	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Total T.B. Death Rate	0.8	0.68	0.77	0.74	0.48	0.74	0.44	0.38	0.25	0.22
Pulm. T.B. Death Rate	0.79	0.53	0.71	0.60	0.45	0.69	0.35	0.34	0.21	0.19

STATISTICS

Table 15 gives the total number of notified cases of tuberculosis, both pulmonary and non-pulmonary, on the Carlisle City Register for 1953.

I would again comment on the number of cases known to have had a positive sputum within the last six months of the year. From Table 11 it will be noted that 21 cases, approximately one-third of the total number of new cases coming to our notice in the last year, were discovered to have a positive sputum. At the end of 1952 there were 96 cases on our register recorded as having had a positive sputum within the last six months of the year; this figure has decreased in 1953 to 79. About two-thirds of these cases come into the category of chronic advanced cases for whom little permanent benefit can be expected from treatment. The remaining third would probably have become non-infectious had full surgical facilities been available. As the new Thoracic Unit at Seaham Hall only opened in September, the full effect of the work done there will not be seen in this table until the end of the current year—1954, when one would expect that this figure will have fallen very much further.

The percentage of new cases with a positive sputum leaves no room for complacency as this percentage merely reflects the operations of our mass radiography unit and intensive diagnostic Chest Centre work. There is undoubtedly, and I must again emphasise this, a large reservoir of unknown infectious cases in this community.

TABLE 15

Cases on Clinic Register during 1953 — Carlisle City

	Respiratory			Non-Respiratory			Totals			Grand Total
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Number of cases on Clinic Register as at 1st January, 1953	180	209	34	14	21	40	194	230	74	498
Additions to Register during 1953	41	33	5	5	7	7	46	40	12	98
	221	242	39	19	28	47	240	270	86	596
Removals from Register during 1953	19	20	4	5	3	10	24	23	14	61
	204	226	32	17	24	32	221	250	64	535
Number of above known to have had a positive sputum within the preceding 6 months	43	36	—	—	—	—	43	36	—	79

TABLE 16

Statement of attendances at Chest Centre, Carlisle, during 1953

R. = Respiratory

N.R. = Non Respiratory

	East Cumberland		Carlisle City		North W'land		Total		
	R.	N.R.	R.	N.R.	R.	N.R.	R.	N.R.	
1 Number of NEW cases seen :—									
Adult male	249	1	282	—	50	—	581	1	
Adult female	224	—	324	1	46	2	594	3	
Male child	67	2	87	2	16	—	170	4	
Female child	55	1	65	2	10	1	130	4	1487
2 Number of OLD cases seen :—									
Adult male	588	9	770	15	103	12	1461	36	
Adult female	647	32	1035	30	107	26	1789	88	
Male child	89	8	191	13	31	2	311	23	
Female child	98	7	162	24	14	4	274	35	4017
*3 Number of NEW contacts seen :—									
Adult male	136	—	167	—	33	—	336	—	
Adult female	231	—	247	—	46	—	524	—	
Male child	192	—	190	—	36	—	418	—	
Female child	188	—	220	—	36	—	444	—	1722
*4 Number of OLD contacts seen :—									
Adult male	14	—	26	—	8	—	48	—	
Adult female	25	—	37	—	5	—	67	—	
Male child	122	—	282	—	25	—	429	—	
Female child	120	—	312	—	16	—	448	—	992
5 Number of cases seen by physiotherapist :—									
Adult male	50	—	125	—	6	—	181	—	
Adult female	168	—	145	—	4	—	317	—	
Male child	69	—	214	—	20	—	303	—	
Female child	140	—	109	—	6	—	255	—	1056
6 Number of cases of pneumoconiosis	42	—	—	—	2	—	44	—	44
7 Number of A.P. refills given	1220	—	1737	—	62	—	3019	—	
8 Number of P.P. refills given	1529	—	2858	—	220	—	4607	—	
9 Number of E.P. refills given	54	—	75	—	—	—	129	—	7755
10 Screen examinations only	169	—	177	—	3	—	349	—	349
11 Aspirations	—	—	—	—	—	—	132	—	132
12 Domiciliary visits	—	—	—	—	—	—	341	—	341
Total attendances									17895

* The number of old and new contacts in sections 3 and 4 include 1079 old and new contacts who passed through the mass radiography unit, and are included to complete the contact figures.

CONTACT EXAMINATIONS

The examination of contacts in its widest sense takes up considerable time at the Chest Centre. Tables 16 and 17 give the total number of contact examinations for the year.

TABLE 17
Summary of Contact Examinations during 1953

	East Cumberland			Carlisle City			North Westmorland			Total
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
(a) Total number of new contacts examined in 1953 either at Chest Centre or M.M.R.	136 ...	231 ...	380	167 ...	247 ...	410	35 ...	46 ...	72	1722
(b) Total number of new contacts attending Chest Centre only	286			368			47			701
(c) No. of old contacts examined during 1953	281			657			54			992
(d) No. of contacts examined through the M.M.R.	—			—			—			1079
(e) Total No. diagnosed as Tuberculous	— ...	— ...	1	— ...	2 ...	2	— ...	— ...	—	5
(f) No. of Mantoux tests carried out	296			609			69			974
(g) No. of contacts vaccinated with B.C.G. during 1953 ...	48			97			9			154

As before, all contacts under the age of 15 are Mantoux tested and those negative after two intradermal tests are given B.C.G. The latter was not refused in any single case during the year.

It was found impossible to extend Mantoux testing to adults apart from nursing and hospital staffs, because of the otherwise heavy demands on the limited personnel at the Chest Centre. It is, however, desirable that contacts of all ages should be Mantoux tested, as even at the age of 20 at least 35 per cent. of this age group and perhaps a larger percentage in this area, will have no reaction to the Mantoux test; and as tuberculosis tends to decline the Mantoux test will become increasingly important. Should pulmonary tuberculosis become a rarity, then a positive Mantoux test in a member of the community will be of extreme diagnostic importance and lead us to our cases of tuberculosis.

It is impossible to estimate the percentage of positive reactors in this community, as, of course, the people whom we test are a selected group and have already been in fairly close contact with known cases of tubercle. Considerable information will doubtless come to light when the medical staffs of the local authorities commence large-scale tuberculin tests in school children.

All contacts are examined radiologically, either at the Chest Centre or through the mass radiography unit, and are kept under periodic supervision, and are given appointments to attend every four to six months. This is most important, particularly in the strongly positive Mantoux reactors, and I hope it will be possible to pass through the mass radiography unit all school children who are tested later by the local authorities' medical officers.

The expression "contact" is used in its widest sense and during the past year the number of contacts of each notified case has varied enormously. Not only are the immediate family contacts examined but neighbours, and where the case is a school child even the whole school. One such case involved the staff and pupils amounting to 591 and occurred in January, just after the end of the year under review.

All contacts of cases of tuberculosis, both pulmonary and non-pulmonary, notified after death, are investigated in the same way and are retained under supervision.

B.C.G. VACCINATION

B.C.G. vaccination continues to be given wherever possible and evidence continues to accumulate of its value in preventing active tuberculous disease. Until now, contacts of definite cases of tubercle and nursing and medical staffs in hospitals have been the only members of the community to whom vaccination has been offered. The current year, however, will see this scheme extended to school children between the ages of 13 and 14, and it is to be hoped that the scheme will also apply in the very near future to infants and children under 5. Not only is routine B.C.G. vaccination in infants less time consuming, in that one can dispense with the preliminary Mantoux

test and vaccinate right away, but such vaccination of infants would go a long way to reducing the incidence of acute forms of tubercle, such as meningitis, etc., in the under 5's.

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 18.

TABLE 18

Institution.	No. of Beds.
Meathop	10
Blencathra	31 (temporary allocation)
City General Hospital ...	14
Longtown	23
Cumberland Infirmary ...	10
Ormside	20

Table 19 gives a summary of the Hospital Return for the year 1953 in respect of beds under the East Cumberland Hospital Management Committee.

This table shows the scope of the work done with the beds under our control. There are two points I would bring to your notice. The first is that Streptomycin is no longer used alone in chemotherapy, because, if it is so used, resistance to the tubercle bacilli rapidly develops. Secondly, minor collapse therapy, with its ancillary minor surgery, such as adhesiotomy and phrenic evulsion, continues to play an important part in treatment. Whilst in selected cases this treatment is excellent, the number of cases so treated will undoubtedly decline as the increasing availability of major surgery facilities will be used in preference. This is not only our experience but would appear to be general throughout the country; indeed, in one area, viz., South Wales Region, no A.P. or P.P. inductions have been done for two years.

Table 20 gives the total number of cases from the Carlisle City area admitted to institutions for treatment during 1953.

TABLE 20

Sanatorium.	Adults.	Children.
Blencathra	33	—
Meathop	15	—
Longtown	56	—
City General Hospital ...	43	9
Cumberland Infirmary ...	15	—
Ormside	19	—
Poole	—	1

TABLE 19

Summary of Hospital return for the area covered by the East Cumberland Hospital Management Committee

	Blencathra Sanatorium	Ormside Sanatorium	City General Hospital	Cumberland Infirmary	Longtown Hospital
No. of patients given :—					
(a) Streptomycin	—	—	—	—	—
(b) Streptomycin and Paramisan	—	28	39	13	37
(c) Isoniazide	—	—	—	—	16
(d) Isoniazide and Streptomycin	—	6	23	14	—
(e) Paramisan	—	—	—	—	—
(f) Adhesion Section	—	—	33	—	—
(g) Phrenic Crush	—	—	52	6	3
(h) P. P. inductions	48	—	40	—	—
(i) A. P. Inductions	26	—	15	—	—
(j) Aspirations	—	—	11	—	—
(k) I.N.H/P.A.S/Strepto.	—	14	12	3	23
No. of patients discharged during 1953 :—					
R.A. Cases-Quiescent	52	25	43	9	36
Non-quiescent	5	11	20	—	3
R.B. Cases-Quiescent	54	13	51	9	37
Non-Quiescent	57	—	48	12	20
No. of patients—Died	8	—	—	—	1
Non-Tuberculous	—	—	4	—	1

NOTE—Figures in this table relate to in-patients in these hospitals

Table 21 shows the waiting list for the whole of the area covered by the East Cumberland Hospital Management Committee :

TABLE 21

Section (a) **Sanatorium waiting list as on the 31st December, 1953.**

Males	Females	Children	Total
8	9	—	17

Section (b) **Major surgical waiting list as on 31st December, 1953.**

Males	Females	Total
20	23	43

You will note that the waiting list for the ordinary sanatorium admissions is now at a low level, but I would again comment on the lack of beds for the investigation and treatment of non-tuberculous conditions, such as bronchiectasis and neoplasm.

There is no waiting list for minor surgery, as all cases arising are dealt with routinely within a week or two.

You will note, however, the considerable waiting list of cases for major surgery. The new Thoracic Unit at Seaham Hall Hospital opened at the beginning of September, and I append herewith in Table 22 the number of cases done there from the date it opened up to the time of writing this report—27th April, 1954.

TABLE 22

			East Cumberland		Carlisle City		North Westmorland	
			M.	F.	M.	F.	M.	F.
Thoracoplasty	...		4	8	4	7	—	2
Resection	...		—	—	—	1	—	1
Decortication	...		—	—	1	—	—	—
Extra-Pleural								
Pneumothorax	.		1	—	2	1	—	—
Pneumectomy	.		—	—	—	1	—	—

It will be noted that in spite of this excellent turnover there is still a comparatively big waiting list for major surgery, and I am afraid it will tend to keep about its present level as modern chemotherapy and other methods of treatment are undoubtedly rendering more and more patients fit for major surgery. I would particularly comment on the very excellent results following both thoracoplasty and extra-pleural pneumothorax at Seaham Hall. Whilst there is no doubt that resection in certain cases of advanced tuberculous disease, e.g., destroyed lung or stricture of the larger bronchi, is the treatment of choice, thoracoplasty and extra pleural pneumothorax give good results in most lesions limited to upper lobes, and both these latter procedures have a great advantage over partial resection in that the complication of over-extension of the remaining lung tissue does not arise. These operations, however, are only one stage in the treatment of pulmonary tuberculosis, although a life-saving one as far as many of our patients are concerned.

CARE AND AFTER-CARE, INCLUDING REHABILITATION

In addition to the very full contact examinations carried out when a case is notified, every effort is made to advise a patient on the hygiene and other measures necessary to prevent the spread of infection. Contacts are supervised regularly and the patient is admitted to hospital as soon as there is a vacancy, usually within a week or two. Close co-operation is maintained with the local health authority in the matter of disinfection and alternative housing.

On completion of treatment a patient in this area is not allowed to return to work until we are satisfied that he is (i) fit for work, and (ii) non-infectious and consequently not a danger to others. Although every effort is made to make a patient fit to return to his former employment, obviously some types of work are grossly unsuited to a patient who has had pulmonary tuberculosis. Work in the milk and milk products industry is contra-indicated from the Public Health point of view, while such work as quarrying and long distance transport driving is physically unsuitable. Such patients are interviewed by a Rehabilitation Panel consisting of representatives from the Ministry of Labour and chest physicians, which continues to meet at the Chest Centre monthly; at these sessions the full problem is discussed with the patient. Suitable work is either provided or in the case of a patient in the under 40 age group a course of industrial rehabilitation may be provided at one of the Ministry's residential colleges. The cost of such a course is defrayed by the Ministry of Labour, and every effort is made to place patients in industry locally when their course is completed.

I would particularly comment here on the number of patients who have decided to go in for nursing, and there is at the present time a considerable number of these training in the major hospitals in the East Cumberland area.

On the patient's return to work very close supervision is exercised, particularly during the first six months; at the training centres this is carried out by the Ministry of Labour medical officers, but the bulk of the patients return to work locally and this supervision is undertaken at the Chest Centre.

AMBULANCE SERVICE

Our calls on the ambulance service remain high largely because we continue to send patients home before their full periods of graduated bed rest and exercise have been completed, thus enabling us to have a larger turnover in our beds.

OTHER CHEST DISEASES

BRONCHIECTASIS

The following table shows the number of bronchiectasis cases on our register at the end of 1953; the number of new cases coming to our notice during the year, and the number of attendances for physiotherapy made by patients suffering from this disease.

	East Cumberland			Carlisle City			North Westmorland		
On Register,	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
31-12-52 ...	21	13	22	27	16	8	9	3	4
New Cases									
during 1953 ...	12	10	6	21	9	7	5	1	1
Total on Register									
on 31-12-53 ...	33	23	28	48	25	15	14	4	5
No. of attendances									
for physiotherapy	50	168	209	125	145	323	6	4	26

The results of treatment by physiotherapy continue to be excellent, particularly in those cases, be it adult or child, who regularly carry out their exercises at home at least four to six times daily. The patient who does not do well is the one who does not take the trouble to do these exercises at home and whose clinical and radiological condition shows no improvement after six months.

The following table shows the age and sex distribution of the cases of bronchiectasis at present under investigation and attending here for treatment.

	Under 5		5-10		10-15		15-25		25-45		45 and over		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Carlisle City	-	2	7	5	1	1	6	9	20	8	20	6	85
East Cum'land	1	-	4	12	4	5	10	12	12	5	15	8	88
North West'land	-	-	-	-	3	1	4	1	5	1	7	1	23

We still only have the services of a physiotherapist for two sessions weekly, but I am hoping that when the physiotherapy service is further extended we shall have a considerable increase in the physiotherapy time at the Chest Centre. Bronchiectasis is a condition which, particularly in children, requires very frequent supervision by qualified staff. The average child requires supervision at least twice weekly and no more than two children can satisfactorily be supervised at the same time. With intelligent adults treatment should be supervised twice weekly for the first fortnight, and thereafter they need only be supervised once each fortnight. This supervision is essential as postural coughing is a skilled measure and results from close consultation between the physiotherapist and the chest physician.

ASTHMA AND BRONCHITIS

Large numbers of children continue to be seen suffering from asthma and bronchitis and full use is again being made of the physiotherapy facilities in their treatment. In contra-distinction to the treatment of bronchiectasis, the same close supervision by the physiotherapist is not required here; children with asthma and bronchitis can best be treated successfully in classes of not more than 8 children after preliminary instructions of the child and parent at the commencement of treatment. These children should attend their classes once weekly and also continue to regularly carry out their breathing exercises at home.

Bearing in mind the essential difference in the treatment of bronchiectasis and chronic bronchitis and asthma, the accommodation required is also very different. At the Chest Centre here we are very handicapped so far as space is concerned, but use is made of a small room for the treatment of bronchiectasis; we really require a further room of about the same size, as, when the physiotherapy time at the Chest Centre is increased, other demands on this room will make it very difficult to fit in extra sessions. With regard, however, to the treatment of bronchitis, where children can be treated satisfactorily in classes of not more than eight children this is more easily carried out in the Rehabilitation Department at the Cumberland Infirmary, where they have a big enough room for this purpose.

Many older people have also been seen and have been fully investigated. Chronic bronchitis can be quite incapacitating in adults; it is often associated with emphysema and the sum total is the considerable loss of much functional lung tissue entailing shortness of breath and interference with the individual's working capacity. Both in chronic bronchitis and bronchiectasis the individual is liable to acute inflammatory attacks, and much can be done in impressing ordinary hygienic measures on these patients with a view to preventing the acute respiratory infections which exacerbate their symptoms.

During the past 12 months much work has been done in various centres in the country on the bacteriology of these infections and on the value of the modern anti-biotics in their prevention. As far as treatment of the acute pulmonary infection is concerned, both in chronic bronchitis and bronchiectasis Penicillin in adequate dosage, parenterally, is probably our most valuable drug. In the prevention, however, of the acute respiratory infections which pre-dispose to the localised inflammation in the lungs, it would appear that an antibiotic such as aureomycin is of some value when given in relatively small doses for a comparatively long period, but work on this subject is still going on.

NEOPLASM

The number of cases of neoplasm seen and investigated during the year, although comparatively small, has necessitated considerable investigation.

As before, cases considered suitable for major surgery have been admitted to Shotley Bridge Hospital without any delay, and other cases have been referred to the Radio-Therapy Department.

The death rate from cancer of all kinds abates very little, and recent figures have shown a rise in over-all cancer mortality in males by 6 per cent., and for women a fall of approximately the same amount. The resultant small disparity between the sexes is accounted for largely by the mortality from pulmonary cancer in males. Indeed, at one of the large general hospitals in London with 800 autopsies a year, pulmonary neoplasm accounts for 30 per cent. of all neoplasm examinations.

Much effort has been expended throughout the country to try to get early diagnosis in such cases, but, even where such an early diagnosis has been made on clinical and radiological grounds, there would appear to be much more important factors influencing the treatment of these cases. The growth rate of the tumour itself would appear to be of overwhelming importance. When first noted, radiologically, even the size of the abnormality on the x-ray film is not a guide, as some cancers, when first seen, may be slowly growing ones, and others when first seen may be of the rapid invasive metastatic type. One is inclined to assume that cancer spreads generally by lymphatics, but some investigators with equal evidence feel that there is some spread at one stage via the blood stream itself.

A recent investigation into gastric cancer even showed that the greater the delay and the longer the symptoms the greater was the survival rate. It is well known that a patient with an untreated cancer of the breast may survive for a long period.

Our cases of lung cancer are so small that it would not be wise to draw any conclusions from them, but my own personal records, all of pulmonary neoplasms seen since 1934, and now numbering approximately 160 cases, show little difference in the survival rates between those who have been treated surgically and those who have been considered inoperable; even in such a small series as this, however, it is unfair to draw conclusions. Recent investigations elsewhere have suggested indeed that by the time a definite abnormality is noted radiologically most cases of pulmonary neoplasm have progressed too far to permit of successful surgery.

The recent publicity given to tobacco smoking and cancer, both in the medical and lay press, has prompted persons other than those suffering from neoplasm to ask, "Should I give up smoking?" a question which is not easy to answer. The evidence in support of a relationship between tobacco smoking and cancer is not in my view

conclusive, and in the absence of more definite evidence it would, I feel, be quite wrong for one to be dogmatic on this issue. I feel it is safe, however, to advise all young people to stop smoking, and this is probably good advice. In the case of smokers over the age of 40 I doubt very much whether any cessation of the habit then would affect in any way the incidence of pulmonary neoplasm.

In spite of the conflicting evidence which accumulates year by year we must in our present state of knowledge continue to make as early a diagnosis as possible.

MASS RADIOGRAPHY

(NOTE.—Figures given in brackets throughout the Report relate to the corresponding figures for 1952)

Groups Examined

During 1953 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 29 (24) occasions. 1,407 (2,033) contact cases were x-rayed, 1,079 from the East Cumberland area and 328 from West Cumberland. 677 (938) National Service Recruits were examined; 4 were found to be suffering from active tuberculosis, 2 from bronchiectasis and 2 from heart disease.

Facilities for chest x-ray examination continue 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 4,707 (4,642) children of these age groups passed through the unit. It is to be noted that examination of schoolchildren 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, but unfortunately the number of persons referred by general practitioners declined from 355 in 1952 to 267 in 1953.

Sessions were held for members of the general public in 24 (20) towns and villages 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, 20,090 (23,281) persons having passed through the unit.

RESULTS

During the year 41,532 (44,849) persons were examined by the unit. These included 1,069 (1,079) inmates of Dovenby Hall and Garlands Hospitals. Excluding the mental patients 40,463 (43,770) civilians were examined, of whom 20,731 (22,816) were males and 19,732 (20,954) were females. These examinations are set out in the Ministry of Health age groups in Table 23.

TABLE 23

Age.	14 & Under.	15-24.	25-34.	35-44.	45-59.	60 & over.	Total all ages.
Male	1715 (1834)	4715 (5289)	5039 (5156)	3876 (4407)	4200 (4860)	1186 (1270)	20731 (22816)
Female	1648 (1893)	7196 (6867)	4072 (4180)	2995 (3545)	3065 (3617)	756 (852)	19732 (20954)
Totals	3363 (3727)	11911 (12156)	9111 (9336)	6871 (7952)	7265 (8477)	1942 (2122)	40463 (43770)

Number recalled for full-sized x-ray film—

1832—4.41% of total examined.

(1665—3.71%)

Number referred for clinical examination—

593—1.43% of total examined.

(600—1.34%)

Number failing to attend for full-sized film—

104—5.68% of those recalled

(93—5.58%)

The detailed results of the x-ray examinations are shown in Table 24.

TABLE 24

	Male	Female	Total	Percentage of total examined
ABNORMALITIES REVEALED				
(i) Non-tuberculous conditions :				
(1) Abnormalities of ribs	170	187	357 (422)	.86 (.94)
(2) Bronchitis and Emphysema	426	552	978 (713)	2.11 (1.59)
(3) Bronchiectasis	62	31	93 (94)	.22 (.21)
(4) Pneumoconiosis	90	—	90 (130)	.22 (.29)
(5) Pleural thickening	274	105	379 (358)	.91 (.80)
(6) Intrathoracic neoplasms	7	2	9 (11)	.02 (.02)
(7) Cardiovascular lesions				
(a) congenital	2	1	3 (2)	.007 (.004)
(b) acquired	134	201	335 (390)	.81 (.87)
(8) Miscellaneous	102	71	173 (163)	.42 (.36)
(ii) Suspected pulmonary tuberculosis—				
Previously known—				
1. Active	4	9	13 (20)	.03 (.04)
2. Inactive	8	9	17 (19)	.04 (.04)
Newly discovered—				
1. Active	59	62	121 (131)	.29 (.29)
2. Inactive primary	249	167	416 (458)	1.00 (1.02)
3. Inactive post-primary	244	170	414 (658)	1.00 (1.47)

TABLE 25

WEST CUMBERLAND									
Miniature films	Large films	Clinical exams.	Active T.B.	Inactive T.B.	Bronchiectasis	Neoplasms	Pneumoconiosis	Cardiac conditions	Source of examination
177	42	20	2	4	5	—	—	4	Doctors' cases
10	—	—	—	—	—	—	—	1	Ante-natal cases
1079	39	17	—	28	—	—	—	8	Contact cases
667	40	17	4	9	2	—	—	2	National Service Recruits
3015	65	15	2	19	4	—	—	2	Scholars
202	14	—	—	4	—	—	—	—	School Staff
12788	640	200	30	256	37	4	6	138	General Public
7443	314	83	10	152	14	1	—	64	Surveys
791	48	24	8	34	2	—	—	24	Mentally Defective Patients
26172	1202	376	56	506	64	5	6	243	TOTAL
EAST CUMBERLAND									
Miniature films	Large films	Clinical exams.	Active T.B.	Inactive T.B.	Bronchiectasis	Neoplasms	Pneumoconiosis	Cardiac conditions	Source of examination
90	16	3	2	9	—	—	—	—	Doctors' cases
2	—	—	—	—	—	—	—	—	Ante-natal cases
328	24	6	2	20	—	—	—	—	Contact cases
—	—	—	—	—	—	—	—	—	National Service Recruits
1692	35	14	6	21	1	—	—	—	Scholars
—	—	—	—	—	—	—	—	—	School Staff
7302	347	134	41	175	21	3	73	67	General Public
5668	194	60	23	112	5	1	7	21	Surveys
278	14	—	4	4	2	—	—	1	Mentally Defective Patients
15360	630	217	78	341	29	4	84	95	TOTAL

Table 25 gives a detailed analysis of the work of the Unit divided into the East and West Cumberland areas.

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.

All cases of pulmonary tuberculosis, bronchiectasis, pulmonary neoplasm and pneumoconiosis which were found were further investigated at the Chest Centres and treatment where practicable was started immediately.

Many other abnormal conditions were discovered, some meriting considerable investigation, and occasionally necessitating a short period in hospital. Those requiring treatment were referred to the appropriate medical and surgical department.

COMMENTS

The number of persons passing through our unit has declined during 1953, the result chiefly of our policy in examining smaller communities in the area who had not previously been examined. Mass radiography will continue to play a vital part in the war against tuberculosis and the very nature of this struggle will inevitably entail a smaller number of persons examined annually because it will increasingly be made available to certain smaller groups of the population selected chiefly by their exposure to infection. You will recall that the statistical data for 1951 and 1952 suggested that there was a larger incidence of active tuberculosis disease in certain parts of the West Cumberland area. This would appear to be borne out by the 1953 figure. As a result of this, in the Spring of last year we had arranged to devote an increasing part of the time to survey work in West Cumberland, but the full effects of this will not be known until the figures for the current (1954) year appear.

1954 will also see a considerable increase of the scheme for B.C.G. vaccination; namely in its extension to school children between 13 and 14 years of age. I hope that the co-operation already existing between the local health authorities and ourselves will permit of mass radiography examination being made available to all those children at about the same time as their Mantoux testing is done. It might, and should, be possible for all the family contacts of the Mantoux positive reactors to pass through the unit at a following mass radiography session.

Once again I would emphasise that the results of the 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.

Again, 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.

I would, however, plead for a bigger response from factory workers when our unit is doing a factory survey. The unit can and will cope just as easily if 100 per cent. of the factory staff pass through as with 50 or 60 percent.

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 Medical Officer of Health, for his continued valuable co-operation.

W. HUGH MORTON,

Consultant Chest Physician.

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

HEALTH CENTRES
The following provisions apply to health centres and to the services provided at such centres.

HEALTH CENTRES AND HEALTH CENTRE CLERKS
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SECTION V
SERVICES PROVIDED UNDER PART III
OF THE NATIONAL HEALTH SERVICE ACT, 1946

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

In the report for 1952 much space was devoted, at the request of the Minister of Health, to a review of the first four and a half years' experience of the working of the National Health Service Act. This has been omitted from the present report.

HEALTH CENTRES

No Health Centres are at present contemplated but sites on new estates have been earmarked for this purpose.

CARE OF MOTHERS AND YOUNG CHILDREN

The staff of this section of the department remained unchanged throughout the year.

1,759 births were notified in accordance with the Public Health Act, 1936 (1,757 by midwives), compared with 1,730 in 1952. 1,701 were live and 58 were still-births. 1,106 of these children were born to parents normally resident in the City. Fuller details are given on page 63.

Ante-Natal Clinics

Of the 287 mothers who had domiciliary confinements, most had the service of a general practitioner obstetrician. The ante-natal clinic conducted by the Assistant Medical Officer has, therefore, greatly diminished in size, though the Midwives' clinics continue to be well attended. Samples of blood from expectant mothers were taken for grouping and other tests as in previous years.

The number of patients who attended the Ante-Natal Clinic was 313 and of this number 273 attended for the first time. The total number of attendances by expectant mothers was 806.

Post-Natal Clinics

A combined Ante-Natal and Post-Natal Clinic was held each week and during the year 33 mothers attended for Post-Natal examination.

No advice was 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.

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 283. This is slightly more than in 1952 and is attributable to the 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, 88 notifications of City premature live births were received, 16 being in domiciliary practice and 72 from hospitals. There were none in nursing homes. 2 of the domiciliary cases had to be admitted to hospital. There were 13 City premature still-births, all born in hospital.

Child Welfare Clinics

The following Child Welfare Clinics were held throughout 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—Tuesday afternoons, weekly.
(Doctor present alternate weeks.)
- (4) Raffles Community Centre—Wednesday afternoons, weekly.
(Doctor present alternate weeks.)
- (5) Etterby Mission Hall—Alternate Wednesday afternoons.

It is necessary to point out that no further expansion of this service is possible without an increase in staff unless other sections of the service are to suffer. The following is a summary of the attendance of children at the above clinics :—

No. of children who attended Centres during the year ... 2044

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

Under one year of age ... 776

No. of children who attended the Centres and were born during :—

1953 ... 667

1952 ... 526

1948-51 ... 851

Total number of attendances made by children who attended the Centres—10,385.

There is no specialist Paediatrician 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, Principal School Dental Officer

In last year's report the hope was expressed that more use might be made of the resources of the dental services for the priority classes for which this Committee is responsible. Such has been the case, and the figures indicate an encouraging increase in the numbers treated as well as the forms of treatment provided.

In 1952 there was only one dentist for one-third of the year—two were available the remainder of the year. This year two full-time dental officers are on the staff. The great bulk of their time is necessarily spent on the school children and no special sessions are set aside for the mothers and pre-school children, but out of a total of 924 sessions the time devoted to the latter was equivalent to approximately 56 sessions.

That only eleven of the Mothers were considered to be made dentally fit out of a total of twenty treated is disappointing, and is largely due to the fact that they did not avail themselves of the full treatment offered.

The high percentage of Pre-School children made dentally fit is, I fear, rather suspect, and calls for greater accuracy in inspection and recording in future. Sometimes, for example, one is glad enough to successfully extract an abscessed tooth from an obstreperous infant without carrying out a detailed examination of the whole dentition.

There is, and will be, it seems, for many years to come, a wide gap between the need and the demand for dental treatment. Considerable progress has been made in the "acceptance rate" in the school dental service, largely because it is an organised service and the individual more readily accepts the group routine. Some progress could be made with the other priority classes along these lines, always provided that there are sufficient and adequately trained

(a) Numbers provided with dental care

	Examined	Needing Treatment	Treated	Made Dentally Fit	
Expectant and Nursing Mothers	20	20	20	11	
Children under Five	265	201	198	153	

(b) Forms of dental treatment provided

	Extractions	Anæsth		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitr. Treatment	Dressings	Radio-graphs	Dentures Provided	
		L.	G.						Comp.	Part.
Expectant and Nursing Mothers	71	5	14	39	13	4	8	3	4	10
Children under Five	309	—	167	100	1	12	20	—	—	—

Treatment given—equivalent to approximately 56 sessions of 3 hours.

dental officers for the task ahead. An increase of one-third in their total number throughout the country should be practicable and well worth-while.

The complete figures for dental treatment provided will be found on page 60. It will be observed that more conservative treatment has been possible, and the general picture is one of improvement on previous years.

In conclusion, I should like to acknowledge with gratitude the able services and co-operation of a specialist anaesthetist, your medical officers, a part-time technician, and our two dental attendants.

Day Nurseries

The Raffles Day Nursery is now the only such establishment in the City. It has always had places for 50 children (including 10 places for those under 2 years), but could admit 60 if there was a great demand. The priority system of admission established in 1948 continues to operate when necessary. Under this scheme certain priorities of admission approved by the Council are granted in the interests of the child.

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 the 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	...	...	1
Unmarried women expecting illegitimate children	...	...	22
Couples advised re adoption	...	...	2
Problems concerning illegitimate children	...	...	3
Matrimonial troubles	...	...	8

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, near 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 1953 is set out in Table 26.

TABLE 26

	Coledale Hall.	St. Monica's.	Brettargh Holt.
1953.			
No. of mothers	4 ...	6 ...	1
No. of weeks' residence ...	25 4/7 ...	62 4/7 ...	8

MIDWIFERY SERVICES

There was a further 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 57.

During the year the domiciliary midwives attended 285 women in childbirth within the City; 4 of the cases were normally resident in the County of Cumberland but had come in to stay with parents for their confinement. In 170 instances the staff acted as midwives and in the remaining 115 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 208 cases and pethedine in 159 cases.

The midwives summoned medical aid under Section 14 (1) of the Midwives' Act, 1951, in 33 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.

Some confusion has arisen as indicated on pages 9 and 10 regarding certain statistics relative to births in the City, and misleading statements have been made which might have resulted in the closure of George Street Maternity Home. The City Council prior to 1948 made a liberal provision of maternity beds in the City Maternity Hospital and George Street Maternity Home, and naturally the women of the City have availed themselves of this service and had their babies in hospital instead of at home, many of the homes being inadequate for the purpose. This took place before there was a "free" hospital service, and naturally the removal of charges has done nothing to deter the citizens' desire to continue this practice.

In Table 27 is set out the details of the total number of births taking place within the City in Hospital, Nursing Homes and Domiciliary practice, irrespective of the normal place of residence of the parents, as notified under the Public Health Act, 1936.

TABLE 27

Total Births which took place in the City

		<i>In City Hospitals</i>		<i>In Private Nursing Homes</i>		<i>Domiciliary</i>		<i>Total</i>
		<i>Actual No.</i>	<i>%</i>	<i>Actual No.</i>	<i>%</i>	<i>Actual No.</i>	<i>%</i>	
1951	...	1470	80.3	171	9.4	189	10.3	1830
1952	...	1363	78.8	118	6.8	249	14.4	1730
1953	...	1371	77.9	98	5.6	290	16.5	1759

In Table 28 is set forth all **City** births, as ascertained by notification under the Public Health Act, after the exclusion of all non-city residents whether from England or Scotland. It will be noted that the percentage of City mothers having babies in hospital during the past three years never reached 80 per cent., although this is a figure frequently mentioned as applicable to the City.

TABLE 28

Number of City Births after excluding all Non-City Residents

		<i>In City Hospitals</i>		<i>In Private Nursing Homes</i>		<i>Domiciliary</i>		<i>Total</i>
		<i>Actual No.</i>	<i>%</i>	<i>Actual No.</i>	<i>%</i>	<i>Actual No.</i>	<i>%</i>	
1951	...	884	77.1	76	6.6	186	16.3	1146
1952	...	768	72.0	52	4.9	246	23.1	1066
1953	...	784	70.9	36	3.2	286	25.9	1106

In Table 29 is given the births credited to the City by the Registrar-General. It will be noted that these are in excess of those shown in Table 28. The reason for this is that he cannot transfer

out the Scottish births, which amounted to 68, 77 and 70 in the three years under review, and he would have to add any births to Carlisle mothers which took place outside the City.

TABLE 29

Total Number of Births Credited to the City by the Registrar-General

					Excess over total in Table 28	
1951	...	...	...	...	1228	82
1952	...	...	...	...	1158	92
1953	...	...	...	...	1207	101

Finally, in Table 30 is set forth the number of Scottish births which took place in the City.

TABLE 30

		<i>In City Hospitals</i>		<i>In Private Nursing Homes</i>		<i>Domiciliary</i>		<i>Total</i>
		<i>Actual No.</i>	<i>%</i>	<i>Actual No.</i>	<i>%</i>	<i>Actual No.</i>	<i>%</i>	
1951	...	58	85.3	9	13.2	1	1.5	68
1952	...	75	97.4	2	2.6	—	—	77
1953	...	69	98.6	1	1.4	—	—	70

It is obvious that residents in the South of Scotland must look to Carlisle for certain specialised services, but it is only right that when reviewing maternity bed occupancy a small City like Carlisle should not be charged with an occupancy of an annual average of 670 or more patient days for which it is not responsible.

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.

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	6

In Nursing Homes.

No. who notified intention to practise as Midwives ...	3
No. " " " " Maternity Nurses	7

In Hospitals.

No. who notified intention to practise as Midwives ...	38
No. " " " " Maternity Nurses	6

General Practitioner Obstetricians

At the end of the year 25 local practitioners were on the list of General Practitioner Obstetricians of the Carlisle Executive Council.

HEALTH VISITING

The staff of this section of the Department remained constant though not quite up to full establishment. Health Visitors were, therefore, able to work largely within their own districts except for emergency visits and during holiday periods. This has been of great benefit to the service. As indicated in my last report, co-operation between General Practitioners and Health Visitors is good and is improving. It will be noted from the information given below that the number of visits in connection with care and after-care has been increased. In addition, by arrangement with the Hospitals concerned, Health Visitors call on patients in the local maternity hospitals so that they can see young mothers prior to their discharge.

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

Visits to expectant mothers :—

First visits	...	...	...	...	...	...	...	204
Total visits	...	...	...	...	...	...	...	493

Visits to children under 1 year of age :—

First visits paid by a H.V. after birth of child	...	...	...	...	...	...	1100
Total visits	...	...	...	...	...	...	8266

Visits to children between the ages of 1 and 5 :—

Total visits	14700
--------------	-----	-----	-----	-----	-----	-----	-------

Visits to Other Cases in respect of :—

Still-births	...	...	...	...	...	...	10
Measles over the age of 5	...	...	...	...	...	...	275
Whooping Cough over the age of 5	...	...	...	...	...	...	42
Pneumonia over the age of 5	...	...	...	...	...	...	14
Chickenpox over the age of 5	...	...	...	...	...	...	3
V.D. Cases	...	...	...	...	...	...	2
Hospital After-Care Requests	...	...	...	...	...	...	410
Old People (Care and After-Care)	...	...	...	...	...	...	134
Housing Problems	...	...	...	...	...	...	26
Poliomyelitis over the age of 5	...	...	...	...	...	...	14
							<hr/> 930 <hr/>

Of the visits to Children under the age of 5

477 were in respect of Measles

185	"	"	Whooping Cough
4	"	"	Pneumonia
6	"	"	Chicken-pox
4	"	"	Poliomyelitis
26	"	"	Infant Deaths
3	"	"	Ophthalmia Neonatorum

In addition, the Health Visitors paid visits as under :—

To Child Welfare Clinics	...	...	...	...	553
" Day Nurseries	...	...	...	...	4
" Immunisation Clinics	...	...	...	...	12

HOME NURSING

Home Nursing was continued as in previous years from the Nurses' Home and Headquarters at 5 Brunswick Street.

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.

At the end of the year there were 5 full time, including the male, and 3 part-time nurses employed, equivalent to a total of 6½ full-time nurses. At the time of writing this number has been increased by 1 full-time nurse.

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

During 1953 the District Nurses attended 1,599 patients and paid to them 27,975 visits. The following are the type of cases attended :

Medical	...	...	...	...	...	...	1337
Surgical	...	...	...	...	...	...	165
Infectious Diseases	...	...	...	...	...	...	10
Tuberculosis	...	...	...	...	...	...	79
Maternal Complications	...	...	...	...	...	...	8

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. 29 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	...	...	...	...	...	510
Re-Vaccinations	...	...	...	...	...	134

At Local Authority Clinic—

Primary Vaccinations	...	...	...	...	...	172
Re-Vaccinations	...	...	...	...	...	8
Total Primary	...	...	...	...	...	682
Total Re-Vaccinations	...	...	...	...	...	142

Diphtheria Immunisation

The scheme for diphtheria immunisation has been operated in a similar manner and 31 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 :—

By Private Practitioners.		Under 5 years.	Five years and over.
Complete Course	...	345	12
Re-inforcing Dose	...	8	43
At Clinics.			
Complete Course	...	251	31
Partial Course	...	137	3
Re-inforcing dose	...	29	1542

At the end of the year 60.9 per cent. of children under 5 years and 91.8 per cent. of children of school age had been immunised. Table 31 shows the number of children known to have completed a full course of immunisation at any time up to 31st December, 1953.

TABLE 31

Age at 31/12/53 i.e., Born in Year	Under 1 1953	1-4 1952-49	5-9 1948-44	10-14 1943-39	Under 15 Total
Last complete course of injections (whether primary or booster) 1949—1953	23	3268	4212	2217	9720
1948 or earlier	—	—	452	1660	2112
Estimated mid-year child population 1953	1150	4250	9300		14700

B.C.G. Vaccination

Details of this are given in Section IV., pages 41 to 42.

AMBULANCE SERVICE

The calls on the Ambulance Service continue to increase. One new Ambulance was added to the fleet to replace an obsolete one which was taken out of service.

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

- 1 Chief Fire and Ambulance Officer.
- 1 Sub-Officer.
- 5 Ambulance Drivers.
- 11 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 1953, is shown in Table 32.

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 32

	Patients.	Journeys.	Mileage.
City Removals to Local Hospitals ...	12344	9035	25006
City Cases to Distant Locations ...	389	357	19965
Other Cases	237	230	6083
Hospitals to Home (City)	11821	8648	23085
City Hospitals to County Areas ...	400	272	17476
County Cases to Local Hospitals ...	14	11	321
Hospital Transfers :—			
(a) City Patients	1194	710	2062
(b) Non-City Patients	550	455	1424
Schools	6100	562	6165
Other Journeys	9	603	3272
Emergencies	640	664	2503
	33698	21547	107362

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The special Sub-Committee continued to function as in previous years. It gave the following assistance in appropriate cases :—

- (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.

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 the Department. This work has increased recently and 544 visits (including 134 to aged persons) 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
During 1953	... ..	603

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

Nine persons were assisted with convalescent treatment during the year under review. Each person was assessed by the Home Help Organiser as to his or her ability to pay for the treatment.

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 continued to operate as in previous years. At 31st December, 1953, there were on the staff 5 full-time and 41 part-time personnel, equivalent to a total of 28 full-time workers, in addition to the Organiser and her Assistant, and 247 households were served.

Miss Crawford, who had been Organiser since the inception of the Service, left during the year and was succeeded by Mrs. Reay.

Almost 63 per cent. of the time of Home Helps is devoted to elderly people, and while this is highly desirable and in the long run more economic than admitting such people to Eventide Homes, it means that the majority of Home Helps are restricted to giving long-term assistance in a restricted number of homes.

As in past years, a Sub-Committee has dealt with cases of special hardship, and during the year the charges were reduced in 3 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.

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 100 patients, as shown in Table 33.

TABLE 33

(1) No. who consented to go as voluntary patients ...	69
(2) No. who were admitted on a Three Day Order ...	10
(3) No. dealt with by Summary Reception Orders (including 6 cases shown in (2) above) ...	22
(4) No. who were admitted as temporary patients ...	—
(5) No. considered unsuitable for admission to a Mental Hospital ...	5

Mental Deficiency

Table 34 shows details of cases recorded during 1953 and the action taken.

TABLE 34

1. Ascertainment.	Male.	Female.	Total.
(a) Cases reported by Local Education Authority under Section 57 Education Act, 1944.			
(1) Sub-section 3—Ineducable Children ...	4	2	6
(2) Sub-section 5—In need of Supervision on leaving School ...	3	5	8
(b) Other defectives found to be "subject to be dealt with" ...	3	—	3
Total Number of Cases Reported ...	10	7	17
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 ...	3	—	3
(2) Placed under Guardianship ...	2	—	2
(3) Placed under Statutory Supervision ...	5	7	12
	10	7	17

Table 35 gives particulars of the total ascertained mental defectives as at the 31st December, 1953.

TABLE 35

(1) In Hospitals (including cases on licence therefrom)					
Under 16 years of age ...	...	...	8	4	12
Aged 16 years and over ...	...	...	47	45	92
(2) Under Guardianship.					
Under 16 years of age ...	...	...	1	—	1
Aged 16 years and over ...	...	...	5	6	11
(3) Under Statutory Supervision.					
Under 16 years of age ...	...	...	10	11	21
Aged 16 years and over ...	...	...	32	32	64
(4) Action not yet taken ...					
			—	—	—
Total ...			103	98	201
No. of cases included in (2) to (4) above awaiting hospital treatment ...					
			5	6	11
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 ...	...	...	3	3	6
Aged 16 years and over ...	...	...	5	20	25
			8	23	31

The Mental Health Worker paid 1,204 visits during the year and 76 home circumstances reports were supplied to Hospital Authorities in respect of patients on licence, contemplated licence, or holiday.

Occupation Centre

The Occupation Centre at Kingstown continues to fill a very great need in the City. It provides occupation and training for 24 mentally defective persons who would otherwise be without education or occupation. The Centre is open during the normal school term. In the summer of 1953 an "Open Day" was held, when parents and members of the City Council had an opportunity of inspecting the Centre and viewing the work done by the patients. The function was opened by His Worship the Mayor, Councillor A. C. R. Punnett, J.P.

The following activities are undertaken at the Centre :—Communal Activities, Dancing, Painting, Plain Sewing, Embroidery, Rug-making, Basketry (Cané, Raffia and Rush), Weaving, and Gardening.

GENERAL PROVISION OF HEALTH SERVICES, ETC. PUBLIC HEALTH LABORATORY SERVICE

The Department of Health and Human Services, through the Centers for Disease Control and Prevention, is responsible for the development and implementation of public health laboratory services. This includes the establishment of standards for the operation of public health laboratories, the provision of technical assistance to state and local health departments, and the coordination of research and development efforts in the field of public health laboratory services.

PUBLIC HEALTH LABORATORY SERVICE

The Department of Health and Human Services, through the Centers for Disease Control and Prevention, is responsible for the development and implementation of public health laboratory services. This includes the establishment of standards for the operation of public health laboratories, the provision of technical assistance to state and local health departments, and the coordination of research and development efforts in the field of public health laboratory services.

REGISTRATION OF NURSING HOMES

The Department of Health and Human Services, through the Centers for Disease Control and Prevention, is responsible for the development and implementation of public health laboratory services. This includes the establishment of standards for the operation of public health laboratories, the provision of technical assistance to state and local health departments, and the coordination of research and development efforts in the field of public health laboratory services.

SECTION VI

GENERAL PROVISION OF HEALTH SERVICES, Etc.

GENERAL PROVISION OF HEALTH SERVICES, ETC.

PUBLIC HEALTH LABORATORY SERVICE

As in past years, bacteriological work has been undertaken by Dr. J. Steven Faulds and his staff at the Cumberland Infirmary. Very close liaison is maintained between the laboratory and this department. I cannot speak too highly of the co-operation we receive from the laboratory. Special investigations are pursued by the bacteriologists with enthusiasm, much to the benefit of the public who probably know little of the work done for them in this sphere.

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

On 31st January, 1953, an infirm lady, aged 84 years, who was living alone and in insanitary conditions in a back to back house, had to be removed to the City General Hospital, Carlisle, in accordance with the provisions of the National Assistance (Amendment) Act, 1951. She had no known relatives. On the 20th day of February, 1953, an order was granted detaining the lady up to 3 months in the City General Hospital, Carlisle, in accordance with Section 47 of the National Assistance Act, 1948.

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

There was no alteration in the Residential Accommodation provided by the Council throughout the year except that arrangements were made for a limited number of gentlemen to be admitted to Barn Close, which had formerly housed ladies only. The absence of any institutional accommodation in the City has continued to cause embarrassment as not all applicants for Part III Accommodation are suited for modern Residential Homes.

The scarcity of hospital beds for aged and chronic sick has led to applications being made for admission to Residential Homes of persons who really required the nursing care which can only be provided in hospital. Applications were made by doctors for my assistance in obtaining hospital beds for their patients where there was a social need. All such cases were visited by Health Visitors and reports by telephone or letter were made to the hospital authorities. The scarcity of hospital beds also affected the transference of residents requiring nursing care from Residential Homes to hospital. I am pleased to be able to report that while not having surplus accommodation we were able to offer beds to all those aged people suitable for our Residential Homes. The problem was not whether a bed was immediately available but rather was this person really fit to be in a Home which provided no regular nursing facilities.

While the existing Part III Accommodation was adequate in 1953, the increasing number of aged persons in the community (and heightened demand for places during the early part of 1954) may necessitate the Council's having to consider at a future date the advisability of increasing such accommodation.

The blame for the increasing demand for hospital beds is often placed on the relatives of aged persons, but many of the persons dealt with by this Department have simply been without any near relatives in the City and have been dependent on the Home Help Service and neighbours for all their wants.

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 36 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 36

	Total at 31-12-52		Admitted during Year		Discharged during Year		Total at 31-12-53		Average Daily Occupancy
	M	F	M	F	M	F	M	F	
Barn Close	—	18	3	16	1	16	2	18	20.29
Lime House	18	14	18	6	16	9	20	11	32.82
Homes for Blind	—	—	1	—	—	—	1	—	0.68
Homes for Epileptics	—	—	1	—	—	—	1	—	0.27
Part III Accommo- dation provided by other Local Authorities	6	—	7	2	7	2	6	—	7.03

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. It is manifestly undesirable to cater for persons of no settled way of living within hospital precincts, but so far the National Assistance Board have not definitely agreed to any alternative suggestion.

Welfare of the Blind

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

A follow-up has been made of patients seen during the year where the Consulting Ophthalmologist recommended treatment which might restore sight or prevent blindness.

Table 37 shows the recommendations so made and the result.

TABLE 37

Follow-up of Registered Blind and Partially-sighted persons*

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

As indicated on page 28, four cases of ophthalmia neonatorum were notified and Table 38 shows the results of treatment.

TABLE 38

Ophthalmia Neonatorum

Total number of cases notified during year	4
Number of cases in which :—	
(a) Vision lost	—
(b) Vision Impaired	—
(c) Treatment continuing at the end of the year	—

At the end of the year there were 104 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, 1952 ...	46	56	1	1
Removed from Register during year ...	6	7	—	—
Admitted to Register during year ...	6	9	—	—
On Register at 31st December, 1953 ...	46	58	1	1

The distribution of cases on the Register at 31st December, 1953, 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	3
16 — 21	1	1
21 — 40	7	9
40 — 50	1	5
50 — 65	7	9
65 — 70	7	9
70 +	22	22
Total ...	46	58

TABLE 41

Occupation.	M.	F.
Children aged 5—15.		
Educable—		
Attending Special Schools for the Blind	—	2
Attending other Schools	—	1
Ineducable—		
At home—blind with multiple defects	1	—

16 years and upwards.	M.	F.
At school	—	—
Employed in Workshops for the Blind	6	4
Employed elsewhere, including open industry	3	3
Home Workers	—	—
Trained by unemployed for Open Employment	—	—
Not training but trainable	—	—
Not available for employment—		
16 — 59	—	11
60 — 64	—	1
Not capable of work—		
16 — 59	4	3
60 — 64	3	1
Undergoing training for sheltered employment	—	1
Not employed over 65 years	29	31
Total ...	46	58

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 Carlisle Diocesan Association for the Deaf and Dumb acted 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 54 deaf and dumb persons at the 31st December, 1953.

Other Handicapped Persons

The Council decided in December, 1953, to submit an official scheme for this purpose. At the time of writing approval to the scheme has been obtained. In accordance with the request contained in Ministry of Health Circular No. 1/54 I have to report specially on the following matters:—

Epileptics. Adult epileptics have not constituted a great problem in the City. At present there is one male adult in an Epileptic Colony and for whose maintenance the City Council is responsible. It may well be that under the new scheme for the handicapped other cases will be brought to light.

Spastics. It is not possible to give an accurate figure of those above school age for whom provision is necessary. The Local Education Authority has established a special scheme for the ascertainment and treatment of such people and it is considered that in the future as a result of this scheme and that made under Sections 29 and 30 of the National Assistance Act, 1948, a fairly accurate picture of the needs of spastics in the City will be obtained.

Homes Registered Under Section 37

There are 3 Homes registered under Section 37 of the National Assistance Act, 1948, 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 provided a "Meals on Wheels" Service to old people, especially those living alone. A grant was given by the City Council for this purpose.

Visiting, by invitation, of the aged sick and bedridden is undertaken by the W.V.S.

There are 14 Old People's Clubs in existence in the City; all of these Clubs are affiliated to the Old People's Welfare Council, and during the year that Council inaugurated five of these Clubs. The remainder were already in existence, three being run by the W.V.S., one by the Salvation Army, and five by other voluntary associations. All the Clubs meet weekly.

During the year a comprehensive list of all old people in the City was compiled by the Old People's Welfare Council and 3,146 names were registered.

ANNUAL REPORT

OF THE

CHIEF SANITARY INSPECTOR

FOR THE YEAR 1911

GENERAL OBSERVATIONS

The following is a summary of the work of the Chief Sanitary Inspector for the year 1911. The work has been carried out in accordance with the provisions of the Sanitary Act, 1889, and the Sanitary Act, 1902, and the various orders and regulations made thereunder. The work has been carried out in accordance with the provisions of the Sanitary Act, 1889, and the Sanitary Act, 1902, and the various orders and regulations made thereunder.

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SECTION VII

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR

The following is a summary of the work of the Chief Sanitary Inspector for the year 1911. The work has been carried out in accordance with the provisions of the Sanitary Act, 1889, and the Sanitary Act, 1902, and the various orders and regulations made thereunder. The work has been carried out in accordance with the provisions of the Sanitary Act, 1889, and the Sanitary Act, 1902, and the various orders and regulations made thereunder.

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ANNUAL REPORT

OF THE

CHIEF SANITARY INSPECTOR,
ERNEST BOADEN, A.M.I.San.E.

GENERAL OBSERVATIONS

It was not found possible to effect any substantial improvement in the plan of campaign for 1953, as compared with the previous year. Once again it became apparent that to make a special drive in any one section of the Sanitary Department's work had, inevitably, to be accompanied by a recession of activity in other directions.

Whilst shifts of emphasis on the different sections of the work of the Department is, under certain circumstances, a desirable feature, indicating a flexible and economical organisation, it must not be necessary for it to have to be practised to an extent which would result in the neglect of any sphere in which the existing standards are appreciably below the recognised minimum.

Meat inspection continued to make the biggest single demand upon the manpower resources of the Department. It absorbs the full-time services of three inspectors and is carried out by the two meat inspectors, assisted by one of the four district inspectors, each of whom takes a weekly turn of duty on a rota system. Consequently, at no time are there more than three district inspectors available to cover the four districts into which, for administrative purposes, the city is divided.

To attain a position where the necessary attention can be directed to all spheres simultaneously depends largely upon manpower. A glance into the fairly near future gives indication of early additional commitments in the realm of environmental health, consequently there would seem to be a case for equating finance to health and some flexibility of thought with regard to departmental establishment.

Repair to house property is still being secured largely by notice under the Public Health Act rather than by what is really the more satisfactory medium, the Housing Act, 1936. It has been impossible to resume the inspection of houses with a view to the service of notices under Section 9 of the Housing Act, and thereby bring about comprehensive repair and lasting improvement. The unbalanced system under which the district inspectors are having to work denies them the time to do other than secure that such houses shall be kept reasonably dry and weatherproof.

In order, so far as possible, to preserve a proper balance in the standards of premises in which food is prepared, and premises in which it is displayed and sold, more inspections were carried out to retail shops, whilst in no way relaxing the attention given to food workshops. This has necessitated a reduction in the number of inspections in other directions where the standards so far attained are reasonably good and may be expected to remain so for a limited period without constant supervision.

The number of pigs slaughtered at the Bacon Factory during the year reached the highest yet figure of 173,566. There was no great change in the number of animals passing through the Public Slaughterhouse, the total being 29,508, of which 2,104 were admitted for emergency slaughter. Examination of these 2,104 carcasses must be carried out in great detail, and fluctuations in this figure indicate more than anything else the work devolving upon the meat inspectors.

WATER SUPPLY

In addition to the routine sampling and analysing carried out by the staff of the Water Department, three samples were taken from the City's mains by sanitary inspectors and submitted for chemical analysis, and two samples for bacteriological examination. The reports were in all cases satisfactory.

Several complaints were received from the London Road district of inadequate pressure at the taps. There is undoubtedly a considerable increase in the amount of water being used, not only as a result of expansion in the services, but also as a result of the public consciousness of the need for improved hygiene and the consequent greater use of water.

RIVER POLLUTION

No serious pollution of watercourses in the area was reported or discovered. An isolated case occurred in the Dalston Road district, where faecal matter was being carried down a ditch which crossed the boundary into the City. The source of this nuisance was outside the area and the matter was taken up with the adjoining authority.

The position is, however, not so satisfactory in terms of natural drainage. Improper dumping of refuse still continues unabated and the flow in a number of ditches is impeded by overgrowth.

DRAINAGE AND SEWERAGE

415 inspections have been made in respect of drainage defects or reconstructions. The discovery of defects in drainage systems arises largely from investigations into likely sources of rat infestation. The rodent operators are well equipped in this respect and drain inspections are carried out as a matter of routine in most cases in which their services are called for.

STORAGE OF HOUSEHOLD AND TRADE REFUSE

So long as the practice of kerbside collection in non-standard containers persists, the unpleasant sight of overflowing boxes, baths, oil drums, lining the kerbsides of Carlisle will continue. Not only is this an eyesore but also a potential menace to health, being an attraction to flies and scavenging dogs. On days when there is a high wind it all but cancels out the work of the street sweepers.

COMMON LODGING HOUSES

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

Every effort is made at Lowther House (the municipal Lodging House) to create a reasonable standard of amenity. Books are provided by the Libraries Committee and a radio set is installed. Tables, chairs and lockers are all adequate and a sensible interpretation of the rules and regulations all conduces in a small way to the added comfort of the inmates.

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.

A rally was held by the Caravan Club of Great Britain (Northern Section) in a field at Morton. Water supply and refuse collection services were laid on by the Corporation for the occasion. The conduct of the seventy or eighty caravanners who visited the site during the week was of the very high standard typical of members of this organisation.

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. A long-standing recommendation to re-site one group of stables situated in the centre of the town was acted upon by the firm concerned. The horses have been moved out to new and more suitable premises.

RODENT CONTROL

Much more use is being made of the Council's pest destruction service, both by traders and the public. This does not necessarily mean an increase in the rat population, but rather an awareness of the existence of an efficient and reasonably cheap organisation, built up in many instances by recommendations from one trader to another.

The decrease in the number of baits laid is due to the new technique followed on the greater use of Warfarin as a rodenticide. In this system effective baits in larger quantities are laid from the start and left for longer periods, whereas previously several pre-baits were laid followed by poison and possibly a final test bait.

Warfarin is the name given to a complex chemical compound ingestion of which over a period gradually and gently induces haemorrhage. It is claimed to raise no poison prejudice, suspicion or bait shyness, and rats continue to feed until they die.

Surface Treatments

Complaints or reports received and investigated—229.

	<i>Dwelling Houses</i>	<i>Business Premises</i>	<i>Local Authority Premises</i>	<i>Agricultural Properties</i>
Premises inspected for presence of rats or mice ...	493	858	66	7
Premises in which evidence of the presence of rats or mice was found	237	203	55	1
Visits of inspection and treatment to all types of premises	4895			
Number of baits laid ...	9833			

Sewer Treatments

Two maintenance treatments were carried out in the older portions of the City's sewers, the first during the months of 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	...	...	...	...	1,571
No. of poison baits laid	...	...	...	...	488

Stream and Ditch Treatments

A comprehensive treatment of streams and watercourses is being pursued throughout the area. Figures are not yet available but it is hoped to give an overall picture of the extent of infestation and the results of the treatment in a future report.

OFFENSIVE TRADES

No new offensive trades have been established in the City during the past twelve months. One dealer in bags, rags and scrap metals who was causing a nuisance to the residents in dwelling-houses adjoining his premises has ceased to operate. This is another of the facets of the work of the Sanitary Department whose effectiveness can only be gauged by an absence of complaint.

Number of Inspections	12
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INFECTIOUS DISEASES

A total of 167 visits were made by the Sanitary Inspectors for the purpose of enquiring into and the control of infectious diseases. Of these, 95 were in connection with suspected food poisoning and food hygiene, the balance being mainly investigations into housing accommodation in its relation to Tuberculosis, Scarlet Fever, and other notifiable infections.

CINEMAS, THEATRES, DANCE HALLS, Etc.

Only 11 visits were made to these premises during the year, due to other commitments.

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

PUBLIC CONVENIENCES

A certain amount of deliberate destruction took place in the urinals in the outlying districts during the year, but from reports of similar happenings in other towns it would appear that Carlisle is relatively fortunate.

The policy of keeping the underground lavatories at the Town Hall and Court Square open unattended at night was continued. It is difficult to estimate the value of this practice, and it is not known whether the reasonable cleanliness and tidyness which continues during these unattended hours is due to lack of use or a standard of behaviour by the users, indicating appreciation of the service provided.

SHOPS INSPECTED

The number of shops inspected under the Shops Act, 1950, relating to hours of closing and welfare of assistants, rose appreciably

during 1953. This was due largely to the added attention given to shops in which foodstuffs are sold, and is carried out simultaneously.

Regular Sunday inspection has been undertaken during the year because of an increase in the sale of prohibited articles on that day. Much ignorance of the regulations was expressed by a number of traders, and to aid in overcoming this instructive pamphlets on the whole question of Sunday trading and hours of closing were prepared and widely distributed by the Inspectors.

PET ANIMALS ACT

Arising out of a successful prosecution instituted by the R.S.P.C.A. the licence of the single pet shop operating in the City was renewed subject to the condition that no adult or puppy dogs be kept on the premises. The business is now largely confined to the sale of ornamental fish, cats, pet mice and accessories.

SANITARY INSPECTION OF THE DISTRICT

1. Number and Nature of Inspections

During the year 1953 the following inspections were made by the Sanitary Inspectors to the premises detailed :—

DWELLING HOUSES—Total Visits	887
Re Courts and Yards	32
„ Dust and Effluvia	8
„ Drain Inspection and Repairs	265
„ Drain Tests	28
„ Waterclosets	105
„ Sewers	10
„ Water Supply	11
„ Other Structural Defects	498
„ Dirty Houses	27
Animals—Poultry, etc.	13
Accumulations—Offensive	58
Re Bugs (private houses)	13
„ Others (private houses)	22
Houses let in lodgings	6

MISCELLANEOUS PREMISES.

Common lodging-houses	14
Tents, vans, sheds, fairs, etc.	67
Schools	10
Infectious diseases	167
Food poisoning (suspected)	95

Factories (mechanical)	92
Factories (non-mechanical)	35
Workplaces	19
Outworkers	2
Smoke observations	32
Visits to boiler plants	10
Cinemas and theatres	11
Dangerous structures	9
Other drainage inspections and repairs ...	112
Cowsheds	3
Dairies	29
Piggeries	6
Slaughterhouses	46
Bacon factory	137
Offensive trades	12
Public conveniences, etc.	99
Open spaces, tips, etc.	24
Watercourses	14
Rag Flock Act	6
Pet Animals Act	8

FOOD HANDLING AND PREPARATION PREMISES

Re Ice cream	128
Bakehouses	98
Fried fish shops	43
Butchers and meat prep. premises	182
Market stalls	155
Restaurants and cafes	89
Public houses, etc.	5
Street vendors, barrows, etc.	14
Other food premises	302
Fertilisers and feeding stuffs	3
Pharmacy and Poisons Act	92
Shops Act, 1950	405
Merchandise Marks Act	50
Pasteurising plants	6
School canteens	5

SAMPLING.

Milk (bacteriological)	167
Water sampling (bacteriological)	3
" " (chemical)	3
Other sampling (bacteriological)	10
" " (chemical)	8
Food and Drugs sampling	75
Ice cream sampling	84

MEAT AND FOOD INSPECTION.

At Slaughterhouse	388
" Bacon factory	623
" Shops, etc.	328

HOUSING.

Re Houses inspected and recorded	...	...	2
„ Repairs (Secs. 9, 10 and 16)	...	...	1
„ Demolitions (Secs. 11 and 13)	...	...	150
„ Closing (Sec. 12)	...	...	36
„ Visits in connection with Permitted			
Numbers	...	...	19
„ Overcrowding	...	...	27
„ Miscellaneous—Grants	...	...	12
„ Rent Restrictions Acts	...	...	1

RODENT CONTROL.

At Dwelling-houses	...	...	...	27
„ Other premises	...	...	...	40
„ Tips, open spaces, etc.	...	...	...	7
„ Sewers, etc.	...	...	...	3
Miscellaneous	...	...	...	415
Interviews	...	...	...	570
Tips, etc.	...	...	...	7

LIST OF CONTRAVENTIONS

PUBLIC HEALTH ACT.

Sec.		Found.	Abated.
39	Provisions as to drainage, etc., of existing buildings	60	55
45	Buildings having defective closets capable of repair	21	27
46	Provision of sanitary conveniences in work-places	—	—
56	Surface drainage of yards and passages	3	5
79	Mandatory removal of accumulations of obnoxious matter	—	—
83	Cleansing of filthy or verminous premises	1	1
92a	Premises in such a state as to be prejudicial to health or a nuisance	87	82
92b	Any animal kept in such a place or manner as to be prejudicial to health or a nuisance	1	—
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
101	Smoke nuisances	2	1
269	Controlling use of moveable dwellings	—	—
Totals		176	173

HOUSING ACT.

Sec.	Found.	Abated.
4 Information to be given to tenants of working class houses	1	1
62 Entries in rent books, information and certificates with respect to the permitted numbers	13	15
Totals ...	14	16

FOOD AND DRUGS ACT.

Sec.	Found.	Abated.
13a Situation of sanitary accommodation ...	5	1
13b Drainage within room	2	—
13c Repair of walls, floors, ceilings, etc. ...	23	16
13d Cleansing and painting of walls, floors, etc. .	50	28
13e Room used as sleeping place	1	1
13f Provision and maintenance of adequate ventilation	2	2
13g Accumulation of refuse, filth, etc., cleansing of floors	16	8
13h Cleanliness of persons, room, articles, etc. ...	12	4
13i Provision of wash-hand basin, soap, hot and cold water and towels	88	39

Bye-Laws.

4a Food protected from contamination (flies, dust, rodents)	42	30
4b Protection of food during delivery	—	1
4c Cleansing of surfaces with which food may come into contact	7	4
5a Unclean wrapping material	1	—
5c Deposit of refuse near food at risk of contamination	2	—
5d Insufficient lighting to ensure compliance with bye-laws	5	—
6a (1) Provision of suitable receptacles for refuse	25	26
6a (2) Removal of refuse	1	1
6b Provision of adequate lighting to room ...	1	7
6c Suitability of surfaces with which food is likely to come into contact	40	31
6d Fixture of notices requesting employees to wash hands	35	14
Ice Cream (Heat Treatment) Regulations, 1951.		
Provision of control thermometers	4	—
Totals ...	362	213

SHOPS ACT.

Sec.		Found.	Abated.
38 1 (a)	Suitable and sufficient means of ventilation	8	1
1 (b)	Suitable and sufficient means of providing reasonable temperature ...	6	1
2	Suitable and sufficient sanitary conveniences	20	7
4	Suitable and sufficient washing facilities ...	7	3
1	Closing of shops on weekly half-holidays ...	16	3
2 1 (b)	General closing hours	3	—
6	Closing hours (special provisions re (Confectionery, etc.))	3	—
13 1	Shops with several trades open (after general closing hours)	18	3
2	Shops with several trades open (after closing hour fixed by Closing Order) ...	5	1
17 1	Shops assistants' weekly half-holiday ...	1	—
2	Notice re statutory half-holidays for shop assistants	45	14
22 3	Record of Sunday employment by persons employed	2	—
32 2	Records of Young Persons' Employment (Forms F and G)	11	1
3	Record of Young Persons' Employment (Form H)	10	1
37 1	Seats for female shop workers	6	2
2	Notice re seats for female shop workers ...	39	12
50	Sunday trading	19	2
Totals ...		219	51

FACTORIES ACT.

Sec.		Found.	Abated.
1	Want of Cleanliness	2	2
Sanitary Accommodation.			
7	Maintenance	2	2
	Cleanliness	8	10
	Adequate lighting	5	2
Reg.			
5	Ventilation	5	1
6	Privacy, doors, etc.	3	1
7	Accessibility	1	—
8	Screening and notices	1	1
Totals ...		27	19

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Sec.		Found.	Abated.
4	Notice requiring execution of works	4	4

SUMMARY OF COMPLAINTS, CONTRAVENTIONS and NOTICES SERVED

	Complaints received	CONTRAVENTIONS		NOTICES		STAT. NOTICES	
		Found	Abated	Served	Abated	Served	Abated
Public Health	293	176	173	146	147	15	21
Food and Drugs ..	10	362	213	156	65	—	—
Shops	5	219	51	108	27	—	—
Factories	12	27	19	16	14	—	—
Housing	17	11	3	—	—	—	—
Rodent Control	229	—	—	4	4	—	—

HOUSING.

Houses represented for action under the Housing Acts were limited to the number of dwellings made available as alternative accommodation. This number, in accordance with the policy of the Council, was some 10 per cent. of the total number of new Council houses erected during the year.

It is not always easy to time housing action to coincide with the availability of houses under the building programme in present circumstances, and matters are often further complicated by the inability or willingness of tenants in condemned properties to pay the higher rents for new houses.

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 ...	634
2. Erected by other persons, or bodies		44
3. Houses demolished		62

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)	320
(b) Number of inspections made for the purpose ...	860
2. (a) Number of dwelling-houses (included under Sub-head 1 (a) above which were inspected and recorded under the Housing Consolidated Regulations, 1926	78
(b) Number of inspections made for the purpose	240
3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	78
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 ...	168

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	117
Number of back-to-back houses made into through houses	—
Number of houses demolished	40

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 ... 16
2. Number of dwelling-houses in which defects were remedied after service of formal notices :—
 - (a) by owners ... 37
 - (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 ... 28
2. Number of dwelling-houses demolished in pursuance of Demolition Orders ... 22
3. Number of dwelling-houses in respect of which an undertaking was accepted under Sub-Section (2) of Section 11 ... 1

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 ... 3
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. Inspection 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.	85	23	3	Nil
(ii) Factories not included in (i) in which Sec. 7 is enforced by the Local Authority.	362	111	13	Nil
(iii) Other Premises in which Section 7 is enforced by the Local Authority.	6	—	—	Nil
TOTAL	453	134	16	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)	2	2	—	2	—
Overcrowding (Sec. 2)	—	—	—	—	—
Unreasonable Temp. (Sec. 3)	—	—	—	—	—
Inadequate Ventilation (Sec. 4)	—	—	—	—	—
Insufficient Drainage (Sec. 6)	—	—	—	—	—
Sanitary Conveniences (Sec. 7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	24	16	—	9	—
(c) Not separate for sexes	1	1	—	—	—
Other offences against Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	27	19	—	11	—

OUTWORKERS

There were 2 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 0.7% for heat treated milks as against 20.4% for raw milk.

Consequently it will be seen that heat treatment serves the dual purpose of destroying not only the pathogens present but also most of the organisms responsible for souring milk.

The processor of pasteurised milk is in a somewhat unenviable position. He receives on the one hand a mixture of T.T. milk and undesignated milk and for the latter there is no bacterial or "keeping quality" standard fixed by law. He may reject milk which appears to him to be unsound as a result of physical examination, but a milk may have a high bacterial content and yet to all appearance seem quite sound.

Once the dealer has heat treated this milk he is responsible for it subscribing to a "keeping quality" standard fixed by law.

During the month of August the Sanitary Department sampled milk at one of three large receiving depots in the City and these samples were submitted to the Pathologist at the Cumberland Infirmary for examination. At the same time a second large depot undertook themselves to sample and analyse a comparable number of producers' milk at the time of delivery to their depot. It was thought that by comparison a useful check on both sampling and testing techniques would thereby be secured. The results were as follows:

Public Health Department Samples

		20th Aug.	25th Aug.	27th Aug.
		1st Sample	2nd Sample	3rd Sample
Producers Sampled	...	107	99	89
" Passed	...	5	5	5
" Failed	...	102	94	84
" Missed	...	—	3	8
Taken 3rd, Missed 2nd	...	—	—	3

Producers' Results

Producers Passed 1st Test	...	...	...	5
Producers Passed after 1 failure	...	...	...	5
Producers Passed after 2 failures	...	...	...	5
Producers Passed with 3 failures	...	...	...	81
Producers Missed on 2nd or 3rd samples	...	...	...	11
Total Producers sampled	...	...	...	107

Number of Failures in Methylene Blue Test

		20th Aug.	25th Aug.	27th Aug.
0 - $\frac{1}{2}$ hr.	...	62	49	30
$\frac{1}{2}$ - 1 hr.	...	25	18	28
1 - $1\frac{1}{2}$ hr.	...	10	10	13
$1\frac{1}{2}$ - 2 hr.	...	—	4	2
2 - $2\frac{1}{2}$ hr.	...	1	5	1
$2\frac{1}{2}$ - 3 hr.	...	2	1	2
3 - $3\frac{1}{2}$ hr.	...	—	7	8
$3\frac{1}{2}$ - 4 hr.	...	2	—	—
4 - $4\frac{1}{2}$ hr.	...	—	—	—

Samples from Depot in City

		20th Aug.
Producers Sampled	...	89
" Passed	...	4
" Failed	...	85

Number of Failures in Methylene Blue Test.

0 - $\frac{1}{2}$ hr.	...	...	...	...	20
$\frac{1}{2}$ - 1 hr.	...	...	...	...	31
1 - $1\frac{1}{2}$ hr.	...	...	...	...	1
$1\frac{1}{2}$ - 2 hr.	...	...	...	...	17
2 - $2\frac{1}{2}$ hr.	...	...	...	...	5
$2\frac{1}{2}$ - 3 hr.	...	...	...	...	7
3 - $3\frac{1}{2}$ hr.	...	...	...	...	1
$3\frac{1}{2}$ - 4 hr.	...	...	...	...	2
4 - $4\frac{1}{2}$ hr.	...	...	...	...	1

It is appreciated that whilst there is no legal "keeping quality" standard insofar as undesignated milk is concerned, it is not unreasonable to expect that the standard of cleanliness in undesignated milk should come within measureable distance of that which applies to a designated milk. The number of failures in this test is not only extraordinarily high but it is also noteworthy for the number of failures within the first hour of the test commencing.

Unfortunately, supervision over the producer has passed from the local authority to the Ministry of Agriculture and Fisheries. The above results, together with the views of Health Committee on the subject, were conveyed with some vigour to the appropriate authority and to the A.M.C.

Milk and Dairies Regulations, 1949.

No. of milk distributors on the Register	...	...	...	...	13
No. of Dairies on the Register	...	...	...	...	4

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

No. of Dealers licensed to use the designation "Tuberculin Tested"	14
--	-----	-----	-----	-----	-----	----

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

No. of Dealers (Pasteurisers) licences	...	...	...	...	3
No. of Dealers licensed to use the designation Pasteurised	...	...	...	...	13
No. of Dealers licensed to use the designation Sterilised	...	...	...	...	3

226 samples of milk were submitted for bacteriological examination. 215 were samples of designated milk, and of these 51 failed to pass the tests prescribed by the Milk (Special Designations) Regulations 1936-49. 11 undesignated milks were also submitted and 3 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	48	48	48	—	—	—	—
T.T. Pasteurised (School)	11	11	11	—	—	—	—
Pasteurised	68	67	68	1	—	1.4%	—
Pasteurised (School)	11	11	11	—	—	—	—
TOTALS	138	137	138	1	—	.7%	—

MILK OTHER THAN HEAT TREATED

DESIGNATION	No. of Samples	PASSED Meth. Blue	FAILED Meth. Blue	Unsatisfactory Samples Percentage
Tuberculin Tested	77	62	15	19.4%
T.T. Jersey	—	—	—	—
Undesignated	11	8	3	27.2%
TOTALS	88	70	18	20.4%

Of the number of unsatisfactory samples of Tuberculin Tested milks, 13 were from 3 producers and 2 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 FOR TUBERCLE BACILLI.

21 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 :—

	Dealt with. Gallons.	Sold. Gallons.
Tuberculin Tested	5,432,935	144,390
T.T. (Pasteurised)	492,924	109,972
Pasteurised	2,949,065	1,394,015
Undesignated	9,084,861	730
Sterilised	—	5,800
TOTAL ...	17,959,785	1,654,907

67,227 gallons of Pasteurised Milk included in the above were supplied to Schools and School Canteens.

91.2% of all milk consumed in the City is Heat Treated.

INSPECTION OF FOOD PREMISES

A list of retailers selling foodstuffs is given in Table No. 42. The category having by far the greatest number is that of General Dealer, whose primary business is that of Grocer. This category is also one of the most difficult over which to exercise reasonable control. Such a business is usually started in a modest way and to be still in existence has obviously prospered, the volume of business having in some instances increased enormously over a period of years. With very few exceptions the area of the premises has remained static until a state of congestion has been reached, rendering it exceedingly difficult, if not impossible, to undertake the ordinary routine measures necessary to preserve a reasonable standard of cleanliness. There may come a day, not far distant, when it will be necessary to attempt to restrict the expansion of these businesses to that which can conveniently be accommodated within the limits of their floor space, or alternatively press the owners to sacrifice some of their living space in order to give additional accommodation to their shops.

The policy of personal contact with owners and assistants on the spot, whilst they are actually doing the job, has been continued, as has the giving of talks to groups of owners and workers in the food manufacturing and distributing trades. Of the two, the former is considered to be the more effective, as faults in technique and mishandling can be brought immediately to the notice of those responsible. Furthermore, the inspector in the workshop or retail shop can contact both the interested and the disinterested employee, whereas an invitation to a talk attracts only those whose interest is already aroused and misses entirely the very person most in need of guidance and instruction.

Improvement to the food handling premises and an awareness of personal responsibility in the workers is not a thing which happens overnight, but is a thing which goes on continuously, promoted in part by public insistence, in part by gentle or not so gentle prods from the Sanitary Department, and partly by fear of the consequences.

TABLE 42
FOOD BUSINESSES EXISTING IN THE CITY

Bakers—Shops and Bakehouses	...	...	...	...	91
Butchers	...	...	...	...	83
Fish Shops	...	...	...	...	13
Fruit and Vegetables	...	...	...	...	46
General Dealers whose primary business is that of Grocer					222
Sweet Shops	...	...	...	...	55
Licensed Premises — Inns	...	49)		
Hotels	...	4	)	...	53
Hotels	...	...	...	...	9
Restaurants and Cafes	...	...	...	...	32
Food Manufacturing Premises	...	...	...	...	13
Chemists	...	...	...	...	27
School Canteens	...	...	...	...	13
Dining Centres	...	...	...	...	13
Nursery School Kitchen	...	...	...	...	1
Fried Fish Shops	...	...	...	...	36

MERCHANDISE MARKS ACT.

On the whole the requirements of the above Act were fairly well observed. Non-compliance has been found to arise from neglect rather than a deliberate attempt to mislead. More pressing commitments have made it impossible to devote as much attention to this work as one would have liked.

ICE CREAM PREMISES.

As with other food shops, the improvement to ice cream premises, particularly on the manufacturing side, has been steady and progressive. Manufacture of ice cream in the City appears to have consolidated into fewer premises of a higher standard, and all seriously attempting to produce an article satisfactory in quality and bacterial standard. Whilst the quality has been consistently good the bacterial standard has not been so satisfactory. The table of results would appear, on first examination, to be most unsatisfactory, but it does not represent a true picture of all ice cream sold in the City. Samples are taken much more frequently from sources with unsatisfactory records, and the figures show rather the results of samples taken from the less successful of the manufacturers. All applications for permission to retail ice cream made during the year have been in respect of the pre-packed article and 85% of all ice cream sold in the City is pre-packed.

The following table indicates the number of ice cream premises registered at December, 1953 :—

Number of Wholesale Manufacturers	...	...	...	1
Number of Wholesale Manufacturers Storage Only	...	...	...	1
Number of Manufacturing Retailers	...	...	...	19
Number of Retail Vendors	...	...	...	113

In the case of retailers, 113 or 85.6% deal exclusively in the pre-packed article.

212 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		Ministry of Health Provisional Grades			
	Sat.	Unsat.	1	2	3	4
84	40	44	22	18	16	28

CHEMICAL ANALYSIS

23 informal samples of ice cream were submitted to the Public Health Laboratory Service, Cumberland Infirmary, for analysis by the Gerber Test.

The fat content varied from 3.2% to 10.0%, the average being 6.1%.

INSPECTION OF OTHER FOODS.

The following table shows the amount of food declared to be unfit for human consumption during 1953 :—

1953							
	T.	C.	Q.	lb.	T.	C.	Q. lb.
Meat and Meat Products	—	19	3	25			
Fish and Poultry ...	—	8	1	12			
Canned Meat ...	1	8	—	—			
Dried Fruit ...	—	14	1	22			
Vegetables ...	—	—	—	—			
Miscellaneous ...	—	16	3	22			
TOTAL					4	7	2 25

Other Canned Foods : 4.576 cans.

MEAT INSPECTION.

The following tables give the number of animals killed annually during the past four 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
1953	4,314	17,466	4,961	2,767	29,508

HARRABY BACON FACTORY

1950	—	—	—	98,479	98,479
1951	—	—	—	104,120	104,120
1952	—	—	—	167,258	167,258
1953	—	—	—	173,566	173,566

Amount of Imported Meat received at W.M.S.A. Depot at the Abattoir during 1953 :—

<i>Quarters of Beef</i>	<i>Carcases of Mutton and Lamb</i>	<i>Carcases of Pork sides</i>	<i>Boxes and Bags of Offal</i>	<i>Calves</i>	<i>Bags of Meat</i>
3,675	31,871	2,296	632	—	684

Number of carcasses examined at the Abattoir after emergency slaughter was 2,104.

20 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	3078	1236	4961	17466	2767
Number inspected	3078	1236	4961	17466	2767
ALL DISEASES EXCEPT TUBERCULOSIS					
Whole carcasses condemned	17	72	437	235	36
Carcase of which some part or organ was condemned	1587	1044	25	2230	331
Percentage of the number inspected affected with disease other than tuberculosis	52.1	90.2	9.3	14.1	13.2
TUBERCULOSIS ONLY					
Whole carcasses condemned	4	12	2	—	2
Carcase of which some part or organ was condemned	230	166	—	—	67
Percentage of the number inspected affected with tuberculosis	7.5	14.4	.04	—	2.4

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	—	4	1	1	9	10	4	—
Arthritis and Atrophy	2	15	—	3	6	40	20	—
Actinobacillosis	1	—	—	—	1	—	—	—
Anæmia	—	2	—	1	—	—	—	—
Bloodsplash (Extensive) ..	—	—	—	—	—	—	6	—
Cancer	—	—	—	1	—	—	—	—
Emaciation—Ill-set	21	78	1	2	—	—	—	—
Enteritis	1	1	1	10	—	—	—	—
Entero-Toxæmia	—	5	—	—	—	—	—	—
Febrile Condition—Ill-bled ...	5	23	9	13	—	—	—	—
Gangrene	4	—	—	—	—	—	—	—
Immaturity	—	1	—	286	—	—	—	—
Inflammatory diseases:—								
Pneumonia, Pleurisy, Peritonitis ..	—	10	—	2	—	33	4	2
Injuries and Bruising	7	4	4	15	168	96	32	2
Jaundice	—	1	—	2	—	—	—	—
Johne's Disease	17	—	—	1	—	—	—	—
Lymphadenitis	—	1	—	—	—	—	—	—
Malnutrition	—	10	—	4	—	—	—	—
Mastitis	3	2	—	—	28	—	31	—
Melanosis	1	—	—	—	—	—	10	—
Nephritis	—	—	—	—	10	—	—	—
Odour (Drugs, etc.)	1	2	—	1	—	—	—	—
Oedema	10	40	—	15	29	45	2	—
Post-mortem Putrefaction ...	—	21	1	1	—	16	1	—
Pyæmia, Joint Ill, Navel Ill ...	2	3	—	65	—	—	—	—
Pyelo-nephrosis	1	—	—	—	—	—	—	—
Septicæmia	—	—	—	2	—	—	—	—
Septic Pericarditis	—	1	—	—	1	12	—	—
Septic Pneumonia	2	15	1	11	—	—	—	—
Septic Peritonitis	5	4	9	—	—	—	2	—
Septic Metritis	2	—	1	—	—	—	—	—
Swine Erysipelas	—	—	7	—	—	—	3	—
Toxaemia	2	—	—	—	—	—	—	—
Tumours	2	2	1	—	—	—	—	—
Urticaria	—	—	—	—	—	—	6	—
White Scour	—	—	—	1	—	—	—	—
WHOLE CARCASSES	89	245	36	437	—	—	—	—
PART CARCASSES	—	—	—	—	252	252	121	4

DISEASED AND UNSOUND FOOD.

The following table shows the amount of food declared to be unfit for human consumption during 1953 :—

PUBLIC SLAUGHTERHOUSES :

				1953							
				T.	C.	Q.	lb.	T.	C.	Q.	lb.
Beef	...	...	...	24	1	2	7				
„	Offals	...	...	25	18	—	25				
Mutton	...	...	...	4	9	3	20				
„	Offals	...	...	2	9	3	14				
Veal	...	...	...	6	—	2	25				
„	Offals	...	...	1	13	2	18				
Pork	...	...	...	2	11	3	5				
„	Offals	...	...	—	10	2	23				
Imported Meat	...	...	...	—	10	3	6				
„	Offals	...	...	—	12	—	7				
				<hr/>				68	19	1	10

HARRABY BACON FACTORY :

Pork	...	...	...	38	1	1	—				
Offals	...	...	...	67	17	—	22				
				<hr/>				105	18	1	22

FOOD AND DRUGS ACT—ADULTERATION

During the year 31 formal and 47 informal samples of foods and drugs, purchased under the provisions of the Food and Drugs Act, 1938, were submitted to the Public Analyst.

Table 43 shows the number and results of the analyses of samples obtained.

Table 44 shows the average composition of milk examined during the year.

Table 45 shows the action taken in respect of samples reported by the Public Analyst as not being genuine or otherwise irregular.

TABLE 43

ARTICLES	No. of Samples		No. Genuine		No. Adulterated	
	Formal	Informal	Formal	Informal	Formal	Informal
Baked Herring	—	1	—	1	—	—
Bicarbonate of Soda ...	—	1	—	1	—	—
Blancmange Powder ...	—	1	—	1	—	—
Butter ...	—	1	—	1	—	—
Chicklets ...	—	1	—	1	—	—
Coffee and Chicory ...	—	1	—	1	—	—
Condiments, Colouring, Flavouring, etc. ...	—	8	—	8	—	—
Condensed Milk ...	—	2	—	2	—	—
Chewing Gum	—	2	—	2	—	—
Crab Paste ..	—	1	—	1	—	—
Cut Mixed Peel	—	1	—	1	—	—
Dessicated Coconut ..	—	1	—	1	—	—
Epsom Salts ...	—	1	—	1	—	—
Fish Cakes ..	—	2	—	2	—	—
Fruit Laxative Syrup ...	—	1	—	1	—	—
Gelatine Powder ...	—	1	—	1	—	—
Glace Cherries	—	1	—	1	—	—
Ground Almonds ...	—	3	—	3	—	—
Ground Ginger	—	1	—	1	—	—
Ground Rice	—	1	—	1	—	—
Lard ...	—	2	—	2	—	—
Macaroni ..	—	1	—	1	—	—
Margarine ..	—	1	—	1	—	—
Malt Vinegar	—	1	—	1	—	—
Milk ...	26	—	25	—	1	—
Mixed Herbs	—	1	—	1	—	—
Olive Oil ...	—	1	—	1	—	—
Raspberry Cream ...	—	1	—	1	—	—
Ruby Flavour Wine ..	—	1	—	1	—	—
Salad Spread...	—	1	—	1	—	—
Sausage ...	5	—	5	—	—	—
Sage ...	—	1	—	1	—	—
Sauce ...	—	2	—	2	—	—
Shredded Beef Suet ...	—	1	—	1	—	—
Xmas Pudding	—	1	—	1	—	—
TOTALS ...	31	47	30	47	1	—

TABLE 44

Average Percentage Composition of Milk examined during the year.

<i>PERIOD</i>	<i>No. of Samples</i>	<i>Milk Fat %</i>	<i>Solids not Fat %</i>
1st Quarter	—	—	—
2nd Quarter	10	3.54	8.69
3rd Quarter	5	3.92	8.85
4th Quarter	11	3.72	8.65
Year ending 31st December, 1953 ...	26	3.72	8.73

TABLE 45Action 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 3.7% of its solids not fat.	Follow-up sample No. 6 taken and found genuine.
56	—	Macaroni	Infested by small beetle.	Last packet of old stock. Warned vendor to thoroughly cleanse whole of premises.
68	—	Ground Almonds	Adulterated by presence of Corn flour to extent of 12.6%.	Follow-up sample No. 1/1954 proved genuine. Warning letter to vendor.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

5 formal samples of Fertilisers were taken during the year. They consisted of a proprietary Vine Manure, Sulphate of Potash, Sulphate of Ammonia, Bone Meal and Basic Slag. All were found to be genuine.

PHARMACY AND MEDICINES ACT, 1941.

3 informal samples of Medicines were taken during the year, and on analysis found to be genuine. They were a Catarrhal Remedy, Cough Syrup and Bronchial Mixture.

PHARMACY AND POISONS ACT, 1933.

During the year the register of persons entitled to sell poisons coming within Part II. of the Poisons list was transferred to this Department for easier administrative control. The purpose of the Act is to exercise a measure of control over the storage and sale of certain disinfectants, hair dyes, horticultural weedkillers and other highly poisonous substances, particularly where they are sold from premises in which foodstuffs are also on sale. The number of persons listed as being registered for the sale of Part. II. poisons is 93.

