

[Report 1954] / Medical Officer of Health, Carlisle City.

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Carlisle (England). City Council.

Publication/Creation

1954

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CITY OF CARLISLE

ANNUAL REPORT

OF THE

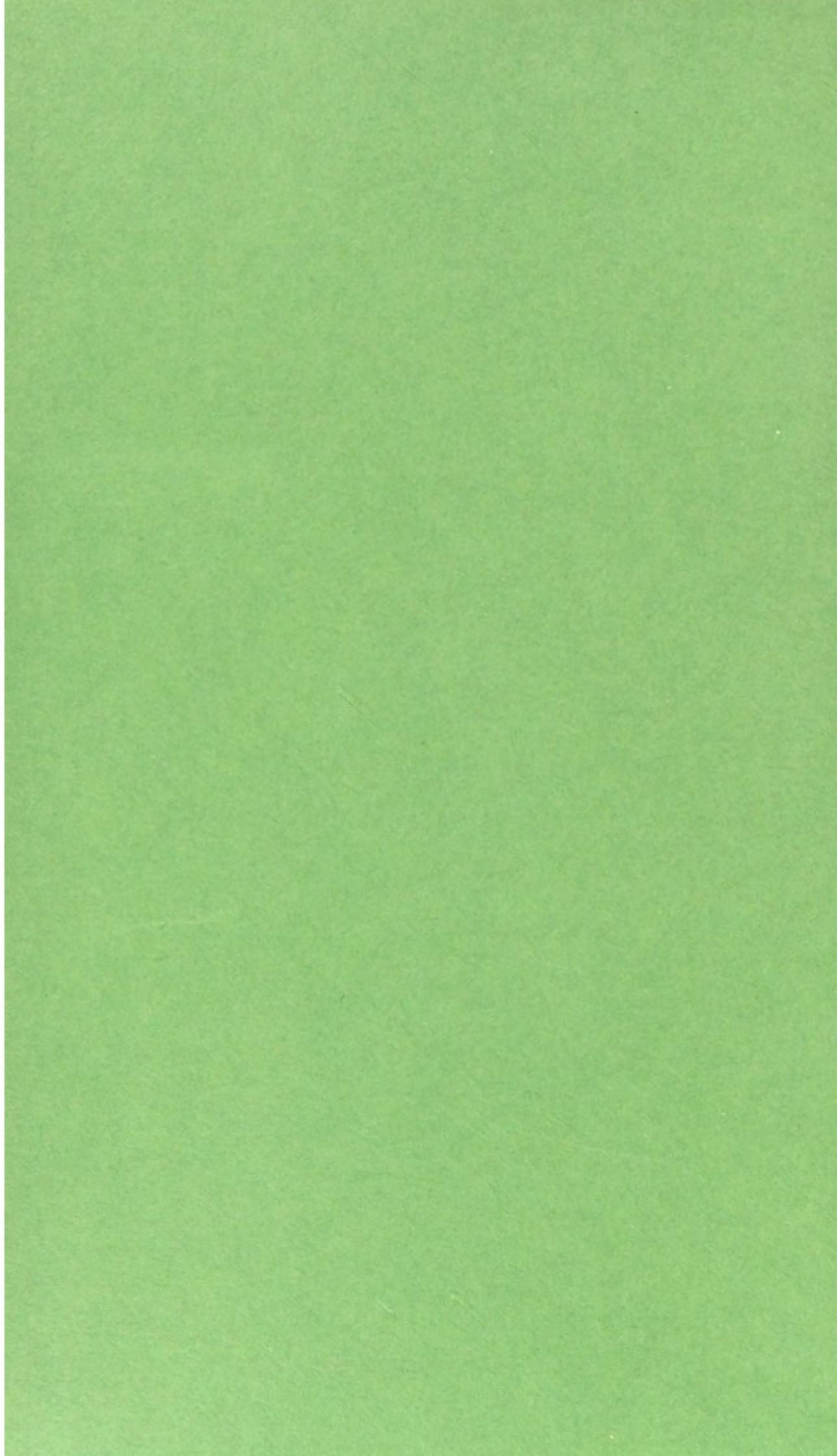
MEDICAL OFFICER OF HEALTH

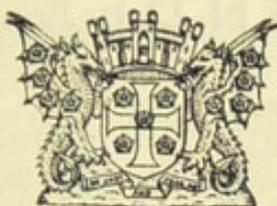
FOR THE YEAR

1954

JAMES L. RENNIE,

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





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ANNUAL REPORT

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INDEX

	Page		Page
Ambulance Service	44, 62, 63	Midwives, Supervision of	59
Ante-Natal Clinics	53	Milk Supplies	93-95
Bacon Factory, Harraby	97, 100	Mortuary	11
B.C.G. Vaccination	49, 62	Mother and Baby Homes	57
Births	6, 7, 53	National Assistance Act	71-76
Blind, Welfare of	72-75	Nursing Equipment	64
Cancer	10	Nursing Homes	71-75
Care of Mothers and Young Children	53	Offensive Trades	84
Child Welfare Clinics	54	Old People's Club	76
Cinemas, etc.	84	Ophthalmia Neona- torum	25, 73
Cleansing Depot	19	Pet Animals Act	85
Convalescent Treatment	64	Pharmacy and Poisons Act	104
Day Nurseries	57	Pneumonia	24
Deaf and Dumb, Welfare of	75	Poliomyelitis	25
Deaths	6, 7, 8-11	Population	6
Dental Services	55-56	Post-Natal Clinics	53
Diphtheria	24	Premature Babies	54
Drainage	82	Prevention of Illness, Care and After-Care	63-64
Dysentery	25	Public Conveniences	84
Factory Acts	92-93	Puerperal Pyrexia	25
Fertiliser and Feeding Stuffs Act	104	Reception Centre	72
Food and Drugs Act	100-103	Refuse Collection and Disposal	17-19, 82
Food Poisoning	24	Residential Accom- modation	71-72
Food Premises	95-96	River Pollution	82
General Practitioners Obstetricians	59	Rodent Control	81-82
Handicapped Persons	75	Salvage Disposal	18
Health Centres	53	Sanitary Circumstances	15
Health Committee	3	Sanitary Inspector's Report	79-104
Health Education	64	Sanitary Inspections	85-90
Health Visiting	59-60	Scarlet Fever	23
Home Help Service	64	Sewerage and Sewage Disposal	16-17
Home Nursing	60	Shops Act, 1950	84
Housing	91-92	Slaughterhouses	97-100
Ice Cream Premises	96	Smallpox	24
Immunisation	61-62	Stable Premises	83
Infantile Mortality	4, 7, 9	Staff	3
Infectious Diseases	23-26, 84	Statistics, Vital	6
Influenza	24	Stillbirths	6, 7
Inquests	10	Temporary Accom- modation	72
Lodging-Houses	82-83	Tents, Vans, Sheds	83
Malaria	24	Tuberculosis	4, 29-50, 63
Mass Radiography	46-50	Typhoid Fever	25
Maternal Mortality	7	Vaccination	60-61
Maternity Outfits	54	Venereal Diseases	25-26
Measles	24	Water Supply	4, 15-16, 82
Meat Inspection	79-80, 97-100	Welfare Foods	4, 55
Meningococcal Infection	25	Whooping Cough	24
Mental Health Services	65-68		
Midwifery Services	57-58		

Health Committee, 1954-55

Chairman—Councillor BARRETT

Deputy Chairman—Councillor Miss WELSH

Alderman BOWMAN

Alderman PUNNETT

Alderman Mrs. SHEPHERD

Alderman Mrs. THOMSON

Councillor ALMOND

Councillor MATTHEWS

Councillor SMITH

Councillor SOUNESS

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, Principal School Medical Officer, and Chief Welfare Service Officer	- JAMES L. RENNIE, M.D., Ch.B., F.R.F.P.S. (Glas.), D.P.H.
Assistant Medical Officers of Health and School Medical Officers	- JAMES C. B. CRAIG, M.D., Ch.B., D.P.H. - 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.). (To 28-9-1954)
Dental Officer, Education and Health	- Miss C. M. BARRETT, L.D.S. (Dundee) (From 1-10-54)
Chief Sanitary Inspector	- ERNEST BOADEN, A.M.I.San.E.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report on the health of the City for the year 1954.

The low infantile mortality rate of recent years has unfortunately not been maintained, but as will be seen from the body of the report a full consideration of the facts does not show cause for alarm.

It will be observed from the City Engineer's report on the water undertaking that progress with the schemes to maintain and augment the City's supply are well under way.

Progress in relation to unfit houses continued during the year and one Clearance Area consisting of 37 houses was declared.

The incidence of notifiable infectious disease was generally low and no major outbreak occurred. The fight against tuberculosis continued. A full description of the work is given by Dr. W. H. Morton, Consultant Chest Physician, in Section IV. One of the major advances was the inauguration of the Authority's scheme for B.C.G. vaccination of school children between the ages of 13 and 14 years, which came into operation in October. Details of this work will be found in Section V. of the report.

An added duty which the Department had to undertake was the distribution of Welfare Foods after the offices of the Ministry of Food closed in June.

The Welfare Services have to an increasing degree been undertaken by the staff of the Health Department and the close integration of this work with that of the Care and After-care Service under the National Health Service Act has continued.

The final section of the report is contributed, as in previous years, by the Chief Sanitary Inspector. Since the de-rationing of meat there has been an increase in the number of animals slaughtered, both at the Bacon Factory and the Public Abattoir. This has placed an increased strain on the staff engaged on meat inspection. Difficulty in recruiting Sanitary Inspectors has prevented the natural expansion of the work of that section of the Department, and, in fact, it is feared that the shortage of staff may delay the slum clearance programme.

I desire to record my sincere thanks and appreciation to all members of the staff of the Department for their willing service. Likewise I have to thank medical practitioners, hospital staffs and other officers of the Corporation for their willing co-operation and assistance which have gone far to help with the work of the Department.

To the Chairman and Members of the Health Committee I desire to express my thanks for the help, encouragement and support they have given me throughout the year.

I am, Mr. Mayor, Ladies and Gentlemen,
Your obedient Servant,

JAMES L. RENNIE,
Medical Officer of Health.

SECTION I
VITAL STATISTICS

VITAL STATISTICS

Area (acres)	6092
Population (1954) Estimate of Registrar-General	68500
Rateable Value	£502,374
Sum Represented by a Penny Rate	£2,025

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

The rates given in square brackets are those which would have applied had it been possible to transfer out Scottish births and deaths as explained in my Annual Report for 1953.

Live Births—	Total.	M.	F.	
Legitimate ...	1075	558	517	
Illegitimate ...	48	19	29	
				Birth rate, 16.39 [15.30] per 1,000 population.

Birth rate per thousand of the population as corrected by Area Comparability factor of 0.95 is 15.57.

Still-births ...	35	22	13	
				Rate 30.22 [27.83] per 1,000 total births.
Deaths	898	440	458	
				Death rate 13.11 [12.58] per 1,000 population.

Death rate per 1,000 of the population as corrected by Area Comparability factor of 1.06 is 13.90.

Deaths from diseases and accidents of pregnancy and childbirth—

From Sepsis	—
From other causes	2

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

Legitimate	36.28
Illegitimate	20.83
Total, 35.62 [34.35]	

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

POPULATION

The estimate of the population at mid-year 1954 supplied by the Registrar-General was 68,500. 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 fell to 1,123, giving a birth rate of 16.39 per thousand of the population. It should be borne in mind that 75 of these were children of Scottish mothers who had their confinements in Carlisle.

Illegitimate Live Births

48 (including 7 Scottish) of the above births were illegitimate, so that the illegitimacy rate was 42.74 per thousand of the total live births.

Still-births

There were 35 (including 5 Scottish) still-births during the year; that is an increase of 2 on the 1953 figure. The still-birth rate was 30.22 per 1,000 total births, compared with 27.34 during 1953.

DEATHS

The total number of deaths credited to the City was 898 (including 36 Scottish), producing a death rate of 13.11 per thousand of the population.

Table 1 shows the cause of death and the age at death of the 898 persons mentioned above.

Maternal Mortality

Two women died as a result of complications of pregnancy and child-birth during the year.

Infantile Mortality

There were 40 deaths of children under one year of age (including 4 Scottish) credited to the City, giving an infantile mortality rate of 35.62 per thousand live births. The number of deaths in 1953 was 33 and the rate was 28.11 per thousand live births. Not only is the infantile mortality rate for Carlisle higher than in recent years, but it is higher than the national average of 1954, namely, 25.5 per thousand live births. The matter has been very carefully considered by your Medical Officers in collaboration with the two consultant obstetricians, and it is felt that the position may not be as bad as the crude figures would suggest. Table 2 sets forth the causes of death of all the children. It will be noted that the great majority of deaths were neo-natal deaths, i.e., they took place in the first month of life, and many in the first hours or days thereof. Of the 33 infants who died during the neo-natal period 29 had been born in hospital and 4 at home. Fifteen of the deaths were attributable to prematurity. Normally we accept as premature any child of 5½ lbs. or less birth weight. Though premature a child is considered viable if it is born after 28 weeks gestation: a foetus of less than 28 weeks gestation is not considered viable and these are frequently born dead, regarded as miscarriages and not even returned as stillbirths.

TABLE 1

CAUSE OF DEATH	Deaths within subjoined Age Groups credited to the City as a result of Conditions shown									Total Deaths whether "Resident 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	833	39	5	1	5	28	195	210	350	596
	65	1	—	—	2	5	16	19	22	26
Tuberculosis, respiratory	14	—	—	—	2	1	7	4	—	4
Tuberculosis, other	2	—	—	—	—	1	—	1	—	2
Syphilitic Disease ...	—	—	—	—	—	—	—	—	—	3
Diphtheria ...	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ...	2	—	—	—	—	—	1	1	—	2
Malignant neoplasm —										
.. Stomach	29	—	—	—	—	—	12	12	5	12
.. Lungs & Bronchus	16	—	—	—	—	—	11	5	—	15
.. Breast	11	—	—	—	—	—	4	6	1	3
.. Uterus	9	—	—	—	—	—	5	3	1	9
Other malignant and lymphatic Neoplasms	76	—	—	—	—	1	27	20	28	61
Leukaemia, Aleukaemia	5	1	1	—	1	1	—	1	—	3
Diabetes ...	8	—	—	—	—	—	1	2	5	8
Vascular lesions of nervous system ...	127	—	—	—	—	1	22	43	61	57
Coronary disease, angina	124	—	—	—	—	3	42	42	37	49
Hypertension with heart disease ...	7	—	—	—	—	—	—	4	3	1
Other heart disease ...	199	—	—	—	1	4	30	37	127	66
Other circulatory disease	40	—	—	—	—	1	3	7	29	45
Influenza ...	8	—	—	—	—	2	1	1	4	3
Pneumonia ...	30	4	1	—	—	—	5	7	13	30
Bronchitis ...	36	—	—	—	—	1	12	10	13	20
Other diseases of respiratory system ...	7	—	—	—	—	1	2	2	2	5
Ulcer of the stomach and duodenum ...	11	—	—	—	—	1	4	3	3	9
Gastritis Enteritis and Diarrhoea ...	—	—	—	—	—	—	—	—	—	1
Nephritis and Nephrosis	5	—	—	—	—	2	1	—	2	7
Hyperplasia of prostate	6	—	—	—	—	—	—	2	4	4
Pregnancy, childbirth, abortion ...	2	—	—	—	—	2	—	—	—	3
Congenital malformations	12	10	1	—	—	—	1	—	—	12
Other defined and ill-defined diseases ...	81	24	1	—	1	5	14	12	24	141
Motor vehicle accidents	10	—	—	—	1	2	3	2	2	16
All other accidents ...	15	1	1	1	1	3	—	2	6	29
Suicide ...	6	—	—	—	—	1	3	—	2	2
Homicide and operations of war ...	—	—	—	—	—	—	—	—	—	—
TOTALS ...	898	40	5	1	7	33	211	229	372	622

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	27 1	2 —	2 —	1 —	32 1	2 —	1 —	2 —	1 1	5 —	4 1	5 —	7 —	5 1	1 —	3 —	3 —	1 —	— —	— —	— —	4 —	38 2
*Prematurity	14	1	—	—	15	—	—	—	—	1	3	1	1	3	—	2	1	—	—	—	—	3	15
Congenital Malformations	4	1	2	1	8	2	1	—	—	1	—	2	4	1	—	1	2	—	—	—	—	—	11
†Cerebral Haemorrhage	8	—	—	—	8	—	—	—	—	3	1	2	—	1	—	—	—	1	—	—	—	—	8
Pneumonia	1	—	—	—	1	—	—	1	—	—	—	—	1	1	—	—	—	—	—	—	—	1	3
Leukaemia	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
‡Erythroblastosis	1	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Accidental Burns	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
TOTALS	28	2	2	1	33	2	1	2	2	5	5	5	7	6	1	3	3	1	—	—	—	4	40

* Includes one Scottish.

† Includes two Scottish.

‡ Scottish

On going over the premature deaths it is found that 7 of these children were of less than 28 weeks gestation, and, in fact, one foetus weighed only 7 ozs. These would normally have been counted as miscarriages and not even as stillbirths but for the fact that in each case the foetus on being born showed some signs of life and the hospital doctors, in accordance with the law, regarded them as births and issued death certificates when the infants died. Some might, therefore consider it unfair to count these children as neo-natal deaths in the proper sense of the word. If they are taken from the total of 40 deaths we obtain a neo-natal death rate of 23.15 and an infantile mortality rate of 29.39 per thousand live births. In this year an increase in the number of children with congenital abnormalities has been noticed. As will be seen from Table 2 there were 11 children who died during the year from such defects which were incompatible with life at all, or incompatible with prolonged living. Fluctuations in the number of infant deaths due to such abnormalities have been considerable during the past 10 years, and on two previous occasions in 1946 and 1947 a figure of 11 was reached. Eight of the 1954 deaths occurred in the neo-natal period and the Obstetrician and your Officers considered them unavoidable. The loss of these children does not, therefore, reflect on the obstetric practice of the doctors or midwives who attended the confinements, but one is still faced with the difficult task of trying to find the cause of the congenital abnormalities. Abnormalities have always occurred and abortion has been one of nature's methods of getting rid of an abnormal foetus. It has been suggested that the ante-natal care and teaching in recent years has resulted in many mothers resting when they felt indisposed or there was any slight bleeding. Such action may have the effect of reducing the number of miscarriages (which have never been officially recorded) at the expense of raising the infantile mortality rate due to the survival of weakly or abnormal foetuses. This, of course, can only at the present juncture be speculation, and much patient research will be necessary to determine the true causes of such abnormalities and fluctuations in neo-natal and infantile mortality.

Deaths Due to Cancer

Table 3 sets out the deaths from Cancer from 1945-54.

TABLE 3

1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
128	...115	...111	...121	...118	...124	...127	...106	...124	...141

Inquests

During the year the City Coroner held 57 inquests. Of this number 28 related to deaths of persons who resided within the City, and 29 to persons who resided in other districts but who died within the City. 2 related to children under five years of age, both of whom normally resided in the City.

Uncertified Deaths

70 deaths were registered in which no certificate was given by a medical practitioner, and in which no inquest was held. 63 of these were in respect of City residents.

During 1953 the number of such deaths registered was 74.

Mortuary

85 bodies were removed to the Public Mortuary, post-mortem examinations being made in 51 instances.

SECTION II
SANITARY CIRCUMSTANCES

SANITARY CIRCUMSTANCES

WATER SUPPLY

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

The high consumption of water during the months of March and April, which were very dry, together with the experience of the previous summer, when consumption exceeded the capacity of the pipeline supplying the Service Reservoir, led to the necessity for imposing restrictions on the use of water throughout the area of supply.

The use of hosepipes was prohibited from 1st May until 31st October, and the rate at which domestic consumers were able to draw water was severely restricted. In addition, the major industrial consumers were circularised and urged to make the fullest use of alternative supplies and to use the Corporation supply as sparingly as possible.

Preparations are in hand for laying 1½ miles of 16-inch main during the spring of 1955 to increase the capacity of the supply pipeline, and it is hoped that this work will be completed in time to ensure that full supplies can be maintained this summer. It will be essential, however, that the greatest care in the use of water be exercised at least until the end of May, 1955.

The River Eden Augmentation Scheme designed for use in drought conditions is now near the stage when it can be submitted formally to the Minister. Consultations have taken place with the various interests affected and negotiations are proceeding with land owners.

Regular bacteriological examinations have been made of the water in its various stages of treatment. In all, 31 samples of the fully treated water have been examined bacteriologically, and all showed the water leaving the treatment plant to be highly satisfactory.

From July onwards these analyses and the chemical examination have been carried out by the Pathological Laboratory at the Cumberland Infirmary.

The results of plumbo-solvency tests were similar to those obtained in previous years and a special sample submitted to the Pathological Laboratory for this test was reported as being "plumbo-solvent to some extent."

During the year an additional chlorinator was installed at the works to enable the effluents from the slow sand and the pressure filters to be separately sterilised.

Water was supplied to householders as follows:—

(a) Direct to houses:			
No. of houses supplied ... ..	...	...	21,275
Estimated population supplied .	...	...	67,642
(b) By means of standpipes:			
No. of houses supplied ... ..	...	...	343
Estimated population supplied .	...	...	858

Table 4 shows the total quantity of water supplied and the quantity per head per day for the years 1953 and 1954 :

TABLE 4

		No. of galls.	Gallons per head per day.
1953	... ..	1,246,565,000	42.69
1954	... ..	1,261,000,000	43.18

SEWERAGE AND SEWAGE DISPOSAL

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

Considerable attention has been paid to sewerage during the last twelve months. 6 miles of new sewers have been laid on the Harraby Neighbourhood and work has commenced on the sewerage system of the Morton Neighbourhood.

A scheme for the provision of a new sewer has been prepared to drain the whole of the Morton area and adjoining areas to Willow Holme Sewage Works, and this scheme will be submitted to the Ministry for approval at an early date. The length of the proposed sewer is approximately 2 miles and will range in size from 18-inch to 51-inch diameter and is estimated to cost £120,000.

Attention has also been given to the preparation of a scheme for the relief of all sewers north of the River Eden. In this case 1½ miles will be laid in pipes ranging in size from 9-inch to 42-inch, including 110 yards of twin cast iron pipes under the River Eden, to convey the sewage to Willow Holme, thus relieving the Stainton Works, which are at present considerably overloaded. This scheme, which is estimated to cost £90,000, will soon be submitted to the Ministry.

A third scheme, upon which work of design has only just begun, is for a Relief Sewer for the Blackwell area. This sewer will be designed to intercept and relieve all sewers on the Blackwell and Upperby Housing Estates, which now become surcharged in very wet weather.

Owing to delays in delivery of plant the reconstruction of Willow Holme Sewage Works (Stage 1) is not so far forward as it should be.

Practically all new machinery is now on the site, however, and good progress is being made with its erection. Two of the six new pumps are installed, the new switchboard is erected, and work is proceeding with the erection of the rotary filters and installation of the remaining new pumps. The Civil Engineering Work is proceeding well and should be completed by the time the new plant is ready for operation.

Normal maintenance, repair and flushing of sewers has been carried out during the year.

Refuse Collection and Disposal

I am indebted to Mr. Sheldon, the Director of Public Cleansing, for the following Report on the work of his section:—

REFUSE COLLECTION AND DISPOSAL

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. Twelve refuse collecting vehicles of the side loading type and one open type salvage lorry, together with 38 refuse and salvage collectors, were continuously engaged on this work.

The twice-weekly collection of refuse and a salvage collection would be economically impossible without the co-operation of all residents in placing material for collection outside their premises, but in any cases brought to the notice of the Department where persons find difficulty in co-operating in this manner due to sickness or old age, arrangements are made for collection direct from the premises.

During the year a further Karrier "Bantam" refuse collecting vehicle was placed in operation to replace one of the old-type freighter vehicles. The superior speed and efficiency of these modern vehicles has made possible the collection of an additional load of refuse daily in several areas without increase in manpower, and it is largely due to this factor that it has been possible so far to maintain service from the rapidly developing housing estates without increase of staff.

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

	Estimated weight.
Number of loads.	Tons.
14,672	21,869

Refuse Disposal. Controlled Tipping.

Refuse was disposed of by fully controlled tipping at Botcherby and at Upperby Tips, and on land adjoining Harold Street School.

A very interesting experiment was carried out during the year at Botcherby tip with the co-operation of Mr. Clark, the farmer at Botcherby who previously rented the land for rough grazing. The

topsoil, which had been stripped and stored whilst tipping operations progressed, was spread over some 3 to 4 acres of tipped land where settlement and consolidation was almost completed. At the end of April this land was ploughed, cultivated and sown with oats. Mr. Clark expressed himself as more than satisfied at the excellent yield obtained, which compared very favourably with that from normal agricultural land in the vicinity, but unfortunately the very bad weather prevented the full ripening of the crop, in common with similar crops throughout the North of England. Although it is somewhat disappointing that weather conditions prevented us from obtaining the comparative statistics which would have been desirable, the experiment proved beyond doubt that poor quality agricultural land can be greatly improved by controlled tipping.

At Upperby tip, where school playing fields are under construction, the first layer of tipping on the central portion of the site was completed and the second layer commenced during the month of November.

At the request of the Governors of Currock Secondary Modern School a small gravel pit in the land adjoining Harold Street School was raised to the surrounding level during April and May by the deposit of about 580 tons of refuse.

Refuse Disposal. Destructor Works

A small two-cell Heenan and Froude destructor works is operated for the burning of putrescible refuse. During the year an inspection of the plant was carried out by the makers with a view to necessary reconstruction work and modernisation being carried out during next financial year. The following statistics indicate the amount of material disposed of in this manner:—

Vegetable and miscellaneous	362 tons
Fish Offal	13 tons
Eggs and chickens	831 bins
Animal carcasses	1,786

Salvage Disposal

The baling and sorting of waste paper continued at the Willow Holme baling depot, where, despite serious inconvenience and loss of stocks when the depot was flooded to a depth of 2 ft. during the month of October, the tonnage of waste paper handled exceeded the amount baled during the previous year by 85 tons.

The completion of work at the Cleansing Depot, to which fuller reference is made in the next paragraph, made it possible to extend previous efforts in relation to the salvage of materials other than waste paper, and some reflection of that increased effort is shown in the following statistics, which record the amount and nature of salvage recovered and sold during the year.

				Tons.	Cwts.	Qrs.
Waste Paper	...	...	...	753	—	—
Iron	...	...	...	7	6	2
Tins	...	...	...	58	16	0
Other metals	...	...	...	1	2	1
Textiles	...	...	...	7	6	3
String	...	...	...	1	2	3
Bottles	...	...	...	3	18	2

Cleansing Depot, Boustead's Grassing

Work on the scheme of alterations to the Cleansing Depot was commenced in January, 1954, and completed in July of that year.

The work carried out has greatly improved the facilities available for the efficient operation of the Department and has provided much-needed modern amenities such as messroom, washing facilities, drying room, etc., for the employees. The space available for handling and storage of salvage has been greatly increased; ten individual garages have been formed from the old cart sheds; office and storage accommodation has been much improved; and in general it may be said that the old stable buildings have been transformed into an up-to-date and well equipped Cleansing Depot.

The official opening of the completed depot was carried out by His Worship the Mayor, Councillor T. D. Lancaster, J.P., on 8th November, 1954.

INFORMATION

The Department of Health and Human Services is pleased to announce the publication of this report. It is the result of a study conducted by the National Center for Infectious Diseases, Centers for Disease Control and Prevention, and the National Institute of Health.

TABLE I

Section	Page
Introduction	1
Section I	10
Section II	20
Section III	30
Section IV	40
Section V	50
Section VI	60
Section VII	70
Section VIII	80
Section IX	90
Section X	100
Section XI	110
Section XII	120
Section XIII	130
Section XIV	140
Section XV	150
Section XVI	160
Section XVII	170
Section XVIII	180
Section XIX	190
Section XX	200

**SECTION III
OCCURRENCE AND CONTROL OF
INFECTIOUS DISEASES**

Introduction	1
Section I	10
Section II	20
Section III	30
Section IV	40
Section V	50
Section VI	60
Section VII	70
Section VIII	80
Section IX	90
Section X	100
Section XI	110
Section XII	120
Section XIII	130
Section XIV	140
Section XV	150
Section XVI	160
Section XVII	170
Section XVIII	180
Section XIX	190
Section XX	200

APPENDIX

This report is available in the following languages: English, Spanish, and French. For more information, contact the National Center for Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, Atlanta, Georgia 30333.

OCCURRENCE AND CONTROL OF INFECTIOUS DISEASES

INCIDENCE

The total number of notifications of infectious disease fell from 1,697 in 1953 to 1,315. Part of this fall is undoubtedly due to the natural variations in the incidence of such diseases. In Table 5 are given the details of notifications by disease and age.

TABLE 5

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	35	—	35	1	14	20	—	—	—	—	1
Whooping Cough	198	—	198	18	121	59	—	—	—	—	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Measles	783	—	783	27	420	333	1	—	1	1	2
Pneumonia	28	—	28	—	—	—	4	6	13	5	—
ACUTE POLIOMYELITIS —											
Paralytic	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—
Dysentery	33	6	27	1	3	11	6	5	1	—	2
Ophthalmia Neonatorum	7	—	7	7	—	—	—	—	—	—	—
Puerperal Pyrexia	84	—	84	—	—	—	33	51	—	—	1
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	10	—	10	—	—	—	—	1	8	1	—
Malaria (contracted abroad)	1	—	1	—	—	—	—	1	—	—	—
Tuberculosis Respiratory	92	2	90	1	2	5	21	38	19	4	—
Meninges	1	—	1	—	—	—	1	—	—	—	—
Other	9	—	9	—	1	—	2	4	2	—	—
Food Poisoning... ..	31	—	31	—	—	1	27	1	1	1	1
Meningococcal Infection	3	—	3	1	1	1	—	—	—	—	3
Totals	1315	8	1307	56	562	430	95	107	45	12	11

SCARLET FEVER

35 cases of this disease were notified during the year, only 1 of which had to be admitted to hospital.

DIPHTHERIA

For the fifth 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 198 confirmed cases of whooping cough, a decrease of 66 on the figure for 1953. There were no deaths from this disease.

MEASLES

The number of confirmed cases of measles was 783, compared with 1,057 in 1953. Although measles has not now a high mortality it can nevertheless be a very serious disease and should be treated with respect.

PNEUMONIA

28 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 30 deaths due to pneumonia which were not notified.

INFLUENZA

There was no epidemic of influenza in the City during the year. 8 deaths were registered as due to this cause.

FOOD POISONING

There were 31 cases of food poisoning notified during the year. 27 of these constituted an outbreak in a military establishment which was fully investigated, but the cause was not accurately determined. The remaining 4 cases were sporadic; one case was due to Salmonella Thompson and the cause of the other 3 cases was unknown.

DYSENTERY

The number of confirmed cases of Sonne Dysentery notified during the year was 27.

MENINGOCOCCAL INFECTION

3 cases of meningococcal infection were notified; all recovered.

ACUTE POLIOMYELITIS

Fortunately there were no cases of Poliomyelitis during the year.

PUERPERAL PYREXIA

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

44 were City residents and 40 were women from other parts having their confinements in City hospitals.

OPHTHALMIA NEONATORUM

There were 7 cases of this disease notified during the year, an increase of three compared with the previous year. Only two were City children.

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 the financial year 1954-1955 was £159 19s. 6d.

VENEREAL DISEASE

I am indebted to Dr. H. J. Bell, Consultant Venereologist, for the following report: —

The number of new patients reporting to the Clinic from Carlisle and its immediate vicinity are given in Table 6.

TABLE 6

Year	1950	1951	1952	1953	1954
Syphilis	17	24	11	9	10
Gonorrhoea	14	17	10	6	11
Other Conditions	101	106	129	117	99
Totals	132	147	150	132	120

It illustrates that, since 1950, there has been remarkably little change in the total of new patients reporting from the City itself; by contrast, the numbers coming from country districts to the Clinic have declined markedly. The inference is that general practitioners working outside Carlisle prefer to treat their own cases where they can, whereas City practitioners find it more convenient and suitable to continue to refer their patients direct to the Clinic, which is so near at hand. This trend is reflected throughout the whole country. City Clinics have noted very little difference in their statistics over the past five years or so, whereas rural V.D. Clinics have experienced a very serious decrease in numbers of new patients.

Taking England and Wales together, statistics for 1954 show that cases of early syphilis are still decreasing rapidly, male cases of gonorrhoea decreasing slowly, while non-specific urethritis is still on the increase. Until 1954 the numbers of female gonorrhoea had begun to show a marked rise, but this development has now been halted.

It is interesting to note that, for the second year in succession, I have seen no early syphilis from Carlisle, and no case of congenital syphilis in babies. Patients under treatment for syphilis are suffering from the late stages of the disease and, for the most part, the condition is that of neuro-syphilis. As I pointed out in last year's Report, such patients are a heritage of the war years, and were treated inadequately at that time or received no treatment at all. On the average, neuro-syphilis tends to develop about the fifteenth year after initial infection; so that the increase in neuro-syphilis had been anticipated and it is likely that this state of affairs will continue for the next five years or so.

The number of male patients presenting with an abacterial urethritis is greater than ever, and the condition is more common in Carlisle than gonorrhoea. Fortunately, the complications of the disease are not seen so often as was the case a few years ago, and a variety of modern antibiotics can be used to cure the infection.

SECTION IV
TUBERCULOSIS AND OTHER CHEST CONDITIONS
AND MASS RADIOGRAPHY

TUBERCULOSIS

INTRODUCTION

This report for 1954 records a considerable measure of progress in our campaign against tuberculosis. Not only has there been a most decided decline in the total number of new cases found to have extensive disease, but the number of cases found to be infectious at the end of the year has also declined.

The waiting lists have reached a new low level and, indeed, at the time of writing this report (May, 1955) these are practically at zero.

Such results must not cause complacency; whilst it is highly satisfactory to feel that the number of infectious cases in this community shows a steady decline it must not be forgotten that the absence of infection means a larger number of susceptible persons who are not only non-infectious but are completely unprotected.

Pulmonary diseases other than tuberculosis account for the vast majority of cases seen and investigated at the chest centre, and a short section on these is appended as in previous years.

NOTIFICATIONS

In the East Cumberland area in 1954 notifications for the pulmonary type of the disease rose from 140 to 170 and the notifications of non-pulmonary disease dropped from 43 to 34. The increased number of pulmonary notifications undoubtedly reflects not only the high standard of co-operation which exists between the general practitioners and the Chest Centre but also the increased effort made during the year to discover new cases. Most of the increase in the notifications came from the Carlisle City area, the County area only being responsible for an additional three cases.

The notification of new cases of pulmonary tuberculosis is only made when we are satisfied that there is indeed some degree of **active** disease. Many patients, when first seen, present undoubted radiological evidence of old disease and clinical signs confirming this, but, if we are satisfied that the disease is well healed, such cases are not notified although they remain under chest centre supervision for months or even years. I feel that the supervision of such cases is most important as anything likely to lower the patient's general resistance, such as an inter-current non-tuberculous inflammatory episode, may easily result in re-activation of the old tuberculous disease, and if such patients are under supervision appropriate treatment for the tuberculosis can be instituted almost immediately. Only then would such a case be notified.

Although notification of a patient as suffering from tuberculosis does not carry the same stigma as it did 15 or 20 years ago, some

lesser degree still remains. The conscientious patient taking out an insurance policy to cover house purchase may find that the compulsory disclosure of his having been notified as a case of tuberculosis in the past results in his proposal for insurance being turned down by the Insurance Company with relative domestic hardship. Notification therefore remains a serious matter for the patient and should only be carried out when one is satisfied beyond reasonable doubt that **active** disease is present.

The assessment of cases of pulmonary tuberculosis as active is, however, becoming a most difficult problem. As noted later in this report, we are becoming increasingly familiar with the patient who, after adequate chemotherapy, presents evidence of cavitation but negative bacteriological findings, and the same problem has arisen in new cases who have had no previous treatment for tuberculosis. Increasing emphasis is therefore being placed on exhaustive radiological investigations and particularly tomography and bronchography in the investigation of apparently inactive cases.

On the other hand, I must stress the importance of notifying cases of active non-pulmonary tuberculosis when these are first seen. Many such cases have undoubtedly not been notified in the past, and, as the vast majority of cases of tuberculosis in this area—both pulmonary and non-pulmonary—are of human origin, this failure to notify active non-pulmonary disease allows a potential pulmonary case to remain undiagnosed and so continue to spread infection. A few instances occurred during the past year; in one case a new case of pulmonary tuberculosis was seen for the first time and close enquiry into the family history elicited the fact that a child of this patient had had tuberculous glands removed three years previously and had not been notified.

The mass radiography unit allotted to the Special Area continues to play a vital roll in the discovery of new cases and has been responsible for the finding of no less than 36 of the new cases of pulmonary tuberculosis in the whole of the area covered by the East Cumberland Hospital Management Committee.

Table 7 gives the number of formal notifications throughout England and Wales for the years 1949 to 1954:—

TABLE 7
Notifications in England and Wales

Year.	Pulmonary.	Non-pulmonary.
1949	44,480	7,561
1950	42,435	6,923
1951	42,696	6,744
1952	41,904	6,189
1953	40,917	5,629
1954	36,973	5,375

Table 8 shows the notifications in Carlisle City for 1949 to 1954:—

TABLE 8

Year.	Pulmonary.	Non-pulmonary.
1949	65	11
1950	83	7
1951	92	22
1952	89	11
1953	67	13
1954	90	10

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											
	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & upwards	Total (all ages)
Pulmonary—												
Males ...	1	1	1	—	5	2	5	5	10	3	2	35
Females ...	—	1	2	2	6	8	24	4	6	—	2	55
Non-Pulmonary—												
Males ...	—	—	—	—	—	1	1	—	1	—	—	3
Females ...	—	1	—	—	2	—	3	—	—	1	—	7
Totals	1	3	3	2	13	11	33	9	17	4	4	100

There was one further case of non-pulmonary tuberculosis brought to the knowledge of the Medical Officer of Health otherwise than by formal notification, namely:—

Local Registrar's Death Return. F. 45-55 age group.

The sex and age distribution of new cases seen during 1954 are set out in Table 10 and apply to the City area only, the figures in parenthesis being the number of cases from the whole of the East Cumberland Hospital Management Committee area, including the County, City of Carlisle and North Westmorland. I have added these figures in parenthesis as the larger figures undoubtedly give a truer picture of the sex and age distribution of the disease as it affects the population in the East Cumberland area. I would particularly draw attention to a new feature of this table for 1954—i.e., the marked increase in the number of new cases falling in the 5 to 15 age group, particularly in the county area. Whilst in 1953 no new cases of tubercle in this group were found in the county area, there have been no less than eight cases diagnosed as suffering from tuberculosis in 1954, a most disturbing factor in these days of a Welfare State.

TABLE 10

Respiratory	under							
	5	5-15	15-25	25-35	35-45	45-55	55-65	65 plus
Males	2 (2)	2 (7)	8 (14)	7 (12)	4 (10)	10 (11)	4 (12)	2 (7)
Females	1 (1)	4 (7)	16 (26)	23 (32)	6 (13)	7 (12)	— (2)	2 (2)
Non-Respiratory								
Males	— (—)	— (4)	1 (3)	1 (3)	— (—)	1 (2)	— (—)	— (—)
Females	1 (2)	— (7)	2 (6)	3 (3)	— (1)	— (2)	1 (2)	— (1)

The figures in this table show that as far as the City area is concerned there has been no obvious alteration in the age or sex distribution of the new cases as compared to 1953. The number of cases where tubercle bacilli have been isolated has remained practically stationary. What is striking, however, is the large proportion of new cases who present definite evidence of tuberculous cavitation when first seen (see Table 11a), this number being approximately half of the total number of new notified cases.

Although I still feel that the finding of tubercle bacilli in a patient's sputum is most important not only in diagnosis but also in treatment and prognosis, there is no doubt but that we find an increasing number of new patients with definite radiological evidence of tuberculous cavitation but whose sputum does not contain tubercle bacilli. The examination of sputum is interpreted in its widest sense as including laryngeal swab and gastric lavage examination. Such findings strongly suggest that the present classification of cases of pulmonary tuberculosis into R.A. (negative cases) and R.B. (positive cases) is completely out of date and that the only valid distinction to be made should be between those with cavitation and those without cavitation, the examination being based on the results of tomography and bronchography. I feel this distinction is particularly important in that it explains to a large extent our increasing and steady demands on the Thoracic Unit.

The distinction between those with cavitation and those without cavitation has undoubtedly been appreciated by the Ministry as it is embodied in the recent new classification of tuberculosis for mass radiography purposes.

Similar findings are increasingly found in patients who have already had chemotherapy; a cavity still persists radiologically although tubercle bacilli are no longer found on examination. Here the negative bacteriological findings are easily understood, and,

together with the great improvement in the patient's clinical condition, a normal sedimentation rate and the absence of toxæmia, might lull one into accepting the disease as quiescent. Tomography would, however, reveal cavities in many such cases, and these cavities require in turn to be differentiated into those which are undoubtedly tuberculous and a potential danger to the individual concerned and those which are the end result of successful chemotherapy and are no more than a simple cyst.

It will be appreciated, therefore, that the observation and investigation of apparently healed cases of tuberculosis takes considerable time and may last for many months before a definite diagnosis of active disease is made.

Table 11 (a) gives the pulmonary notifications for 1954 and these are further classified as to whether they are infectious or non-infectious and also the extent of the disease which they have on first examination. The figures given apply to the City area whilst the figures in parenthesis again refer to the whole of the East Cumberland area.

TABLE 11 (a)

RESPIRATORY

	R.A.1	R.A.2	R.A.3	R.B.1	R.B.2	R.B.3
Males ...	12 (21)	10 (20)	— (4)	2 (5)	5 (9)	10 (16)
Females ...	27 (39)	13 (24)	3 (6)	2 (3)	8 (10)	6 (13)
No. of above respiratory cases referred by M.M.R.—						
Males ...	6 (10)	2 (4)	— (—)	— (1)	— (2)	— (—)
Females ...	8 (9)	5 (5)	— (1)	2 (2)	1 (2)	— (—)

Table 11 (b) shows the new cases further classified into those with cavitation on initial examination and those without cavitation.

TABLE 11 (b)

	With cavitation	Without cavitation	Total	Percentage with cavitation
Carlisle City	43	55	98	43.88%
East Cumberland	32	34	66	48.48%
North Westmorland	2	4	6	33.33%
TOTAL	77	93	170	45.29%

DEATHS

There are still unfortunately a small number of patients on our registers who have had extensive and active disease for many years and for whom sanatorium treatment has done little. Even in spite

of the undoubted improvement which has resulted in these cases it is surprising considering their gross respiratory crippling how they have managed to survive for such comparatively long periods.

Tables 12 and 13 show respectively the number of deaths from tuberculosis in England and Wales, and for the City of Carlisle for the years 1949 to 1954.

TABLE 12
Deaths in England and Wales

Year.	No. of Deaths	
	Pulmonary	Non-pulmonary
1949	17,559	2,349
1950	14,079	1,890
1951	12,031	1,775
1952	9,335	1,250
1953	7,913	989
1954	7,069	828

TABLE 13
No. of Deaths in the City of Carlisle

Year.	No. of Deaths	
	Pulmonary.	Non-pulmonary
1949	46	3
1950	24	6
1951	22	3
1952	14	3
1953	13	2
1954	14	2

The number of deaths has dropped to a new low level during 1954, and in the City of Carlisle total 16.

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	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Total T.B. Death Rate	0.68	0.77	0.74	0.48	0.74	0.44	0.38	0.25	0.22	0.23
Pulm. T.B. Death Rate	0.53	0.71	0.60	0.45	0.69	0.35	0.34	0.21	0.19	0.20

CHEST CENTRE STATISTICS

Table 15 gives the number of notified cases of tuberculosis, both pulmonary and non-pulmonary, on the City of Carlisle Register for 1954. The figures in parenthesis in the grand total relate to the corresponding figures for 1953.

Once again it is pleasing to report a decline in the number of cases who at the end of the year were still infectious—a fall of 12 from 79 to 67.

TABLE 15

Cases on Clinic Register During 1954 — Carlisle City

	Respiratory			Non-Respiratory			Totals			Grand Total
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Cases on Clinic Register on 1st January, 1954	204	226	32	17	24	32	221	250	64	535 (498)
Additions to Register during 1954	44	62	13	3	7	1	47	69	14	130 (98)
Removals from Register during 1954	248	288	45	20	31	33	268	319	78	665 (596)
Number of cases on Register on 31st Dec., 1954....	20	24	3	—	2	3	20	26	6	52 (61)
Number of cases on Register on 31st Dec., 1954....	230	265	41	20	30	27	250	295	68	613 (535)
Number known to have had a positive sputum within the preceding 6 months	41	26	—	—	—	—	41	26	—	67 (79)

Table 16 shows the total number of attendances at the Chest Centre during the year.

TABLE 16

Statement of attendances at Chest Centre, Carlisle, during 1954

R. = Respiratory N.R. = Non Respiratory

	East Cumberland		Carlisle City		North W'land		Total		Total figures for 1953	
	R.	N.R.	R.	N.R.	R.	N.R.	R.	N.R.		
	1 Number of NEW cases seen :—									
Adult male	334	3	357	2	37	1	728	6	}	1927 1487
Adult female	199	5	610	5	41	1	850	11		
Male child	84	1	96	1	9	—	189	2		
Female child	56	5	70	—	9	1	135	6		
2 Number of OLD cases seen :—										
Adult male	716	19	891	22	117	11	1724	52	}	4770 4017
Adult female	738	48	1140	50	93	24	1971	122		
Male child	156	11	297	18	36	3	489	32		
Female child	138	18	183	22	11	8	332	48		
3 Number of NEW contacts seen :—										
Adult male	172	—	258	—	8	—	438	—	}	2010 1722
Adult female	239	—	364	—	16	—	619	—		
Male child	195	—	246	—	25	—	466	—		
Female child	155	—	309	—	23	—	487	—		
4 Number of OLD contacts seen :—										
Adult male	36	—	89	—	—	—	125	—	}	1638 992
Adult female	66	—	155	—	2	—	223	—		
Male child	248	—	412	—	27	—	687	—		
Female child	153	—	419	—	31	—	603	—		
5 Number of cases seen by physiotherapist :—										
Adult male	47	—	88	—	5	—	140	—	}	996 1056
Adult female	96	—	123	—	6	—	225	—		
Male child	94	—	261	—	27	—	382	—		
Female child	118	—	130	—	1	—	249	—		
6 Number of cases of pneumoconiosis	—	—	—	—	—	—	45*	—	—	44
7 Number of A.P. refills given	1092	—	1543	—	56	—	2691	—	2691	3019
8 Number of P.P. refills given	1618	—	3209	—	142	—	4969	—	4969	4607
9 Number of E.P. refills given	150	—	246	—	31	—	427	—	427	129
10 Screen examinations only	221	—	229	—	5	—	455	—	455	349
11 Aspirations	37	—	41	—	21	—	99	—	99	132
12 Domiciliary visits	—	—	—	—	—	—	—	—	366	341
Total attendances									20348	17895

* This figure is already included in No. 1 (Adult Males).

CONTACT EXAMINATIONS

All contacts known to us are examined radiologically, and all children and an increasingly large number of adolescents and adults have been Mantoux tested. We continue to vaccinate with B.C.G. all negative re-actors after a double Mantoux test; not only contacts but members of hospital staffs in the East Cumberland area.

Although much work has been done in this direction there is, I am afraid, a very large loop-hole still remaining and one for which I can offer no ready solution. When a new patient suffering from the disease is first seen it is a comparatively easy matter to get his immediate family contacts along for examination. This often includes brothers and sisters who are themselves married and live in different parts of the county or city as the case may be, but in many cases the patient takes our instructions literally to mean his own immediate family, and although in his mind this may include those who have married, one finds that a married sister is not likely to be included in the list of contacts supplied, presumably because she has changed her name.

There is no doubt but that the tuberculisation state of the population is rapidly changing and that re-orientation of thought and outlook is necessary. Many tuberculin surveys have been recently carried out, e.g., in Ireland, Mid Wales, and in two London boroughs, as well as to a limited extent in the City of Carlisle, the survey here being confined to school children of the five, six and seven and thirteen-fourteen age groups. The striking fact about all these surveys is the startlingly low number of children and adolescents found to have a positive Mantoux test. Under 10 years of age the number of children in these surveys found to be Mantoux positive has varied between 5 per cent. and 10 per cent., whilst in adolescents between the ages of 15 and 25 only 25 per cent. to 30 per cent. are Mantoux positive.

There is no doubt that this latter age group is an important one in tuberculosis. Young adolescents are far more likely to develop progressive disease at this age, and whilst it is true that the primary infection in school children usually runs a benign course it is a mistake to assume that progressive disease only occurs when they leave school. I have already quoted the figure of eight new county school children as having been found to be suffering from active disease during 1954.

As suggested earlier in this report the number of new notifications and the number of deaths in the area do not give sufficient indication of the progress made in our anti-tuberculosis measures. The changing rate of the incidence of the primary infection in our community does, however, give some indication. At present positive re-actors in the five to seven age groups have, in co-operation with the School Medical Department, been carefully investigated along with their families, and whilst no new cases of active tuberculosis have been discovered as a result of these investigations the

time is rapidly approaching when positive Mantoux re-actors in school children of five to seven will undoubtedly have much more significance than it even has to-day. Some writers have even suggested that such children will in future be notified and point to the practice in Norway, where only seven per cent. of the school leavers were found to be Mantoux positive in Oslo in 1953.

The extension of B.C.G. vaccination to negative re-actors in the 13 to 14 age groups of school children by the local authority medical staff is warmly welcomed. This measure alone should undoubtedly result in a very considerable decline in the number of new cases of pulmonary tuberculosis amongst adolescents who have just entered industry. I feel, however, that the present rate of progress so far as B.C.G. vaccination goes is much too slow. There is still no protection available for the children below the age of 13 years and none for infants who are prone to develop the acute miliary types of the disease unless they are contacts.

The conversion rate after B.C.G. vaccination remains high; during the year we had no case who failed to convert. I consider the post-B.C.G. Mantoux test most important. Whilst one can assume that practically 100 per cent. of our B.C.G. vaccinations will result in conversion from a Mantoux negative state to a Mantoux positive state, there is always the possibility that through faulty vaccination conversion may not take place, and, should the child develop an active tuberculous lesion later, omission to do a post-B.C.G. Mantoux test would not only have serious repercussions on the B.C.G. scheme but would result in considerable difficulty in diagnosis and assessment.

In contacts so vaccinated, frequent attendances for examination at the chest centre are no longer required or desirable and yearly examinations of such children are at present carried out. It is intended also during the coming year to retest, if possible, all children who were converted five years ago when we first started. It is, however, a very different matter with those children who are Mantoux positive when first seen. The younger the child is who is Mantoux positive the closer should be his supervision during the first year or two, and it is our practice to examine such children at six monthly intervals at least. Children also require closer radiological supervision towards puberty and immediately afterwards.

INSTITUTIONAL TREATMENT

Table 17 gives the number of beds available for the treatment of tuberculosis in the area covered by the East Cumberland Hospital Management Committee.

TABLE 17

Institution	No. of Beds
Meathop	12
Blencathra	48 (temporary allocation)
City General Hospital	15
Longtown Hospital	23
Cumberland Infirmary	10
Ormside Sanatorium	20
Ward 7, City General Hospital . .	2
Ward 8, City General Hospital . .	2

Table 18 gives the number of cases from the City of Carlisle admitted to institutions for treatment during 1954:—

TABLE 18

Sanatorium.	Adults.	Children.
Blencathra	35	—
Meathop	19	—
Longtown	35	—
City General Hospital	36	6
Cumberland Infirmary	19	—
Ormside	33	—

We continue to advise complete bed rest with chemotherapy for all patients. Much has been written recently about the good results of ambulant chemotherapy with the patient even at work. Personally, I feel that any value in this type of treatment must be confined to cases where a diagnosis of active disease is very doubtful, or where the case is a chronic one who has had a recent minimal exacerbation. In such cases I can well appreciate the good psychological result in allowing a patient to continue at work and yet feel that he is being treated. I very definitely feel, however, that a patient who has active disease and who is ill enough to require chemotherapy is also ill enough to be on complete bed rest.

Treatment by chemotherapy is now firmly established and consists of the administration of streptomycin along with one or other of the other anti-biotics; we prefer isoniazide. In the vast majority of cases no ill effects result from this treatment but occasionally a patient has been found to be unduly sensitive to one or other of the anti-biotics, thus necessitating the substitution of another anti-biotic, or even in a few cases desensitising against the offending anti-biotic. In suitable cases minor collapse measures such as artificial pneumothorax and pneumoperitoneum are carried out, and we are now in a position to assess the results in cases who underwent collapse therapy in 1951 and 1952. In most of these the collapse therapy has been terminated during the past nine months and in every case the final result has been a good one. Many of the cases in whom a pneumoperitoneum was induced during these two years have improved so much that major surgery has been possible and has now been carried out again with good results.

Since 1950 at least all patients with pleural effusion and pleurisy considered to be tuberculous have been treated on orthodox lines with chemotherapy, and although a sufficient length of time has not elapsed to judge of our results it is worth while noting that no such case has developed further tuberculous disease to date. Tuberculous pleurisy may seem to the patient to be a mild and short-lived illness, but the pleurisy is undoubtedly a gross manifestation of a minor pulmonary lesion, and whilst these latter lesions may not be demonstrable on the radiograph or tomograph, statistics have in the past shown that, of such patients who are not adequately treated, some 30 per cent. return later during the five years following the pleurisy with further pulmonary disease. Some statisticians have even given the figure of 25 per cent. returning with gross pathology in a period of two years. Chemotherapy given in these cases has averaged three months and paracentesis has been carried out in all cases of effusion for diagnostic purposes and to relieve pressure symptoms. We do not advocate breathing exercises and no degree of respiratory disability has resulted.

The incidence of pulmonary tuberculosis with diabetes in this area merits special mention. During the past year we have treated eight patients suffering from both pulmonary tuberculosis and diabetes; of these four were newly notified during the year. It is estimated that throughout England and Wales there are three diabetics per 1,000 of the population and that of the diabetics about 3 per cent. show radiological and clinical evidence of tuberculosis, facts which make it imperative that all diabetics should have regular periodic chest x-ray examinations. Treatment of both diseases is of necessity to be carried out in hospital or sanatorium, and we have looked upon these cases as emergencies in every sense of the word. Chemotherapy and the application of collapse therapy, including major surgery, has improved the prognosis in these conditions, but the prognosis in the young adolescent is still grave, particularly when, with extensive bilateral pulmonary disease, the diabetic condition necessitates the intake of over 40 units of insulin daily.

I should like to comment on the increase in the number of cases admitted to our wards for treatment of uro-genital lesions. Close co-operation is maintained with the surgical units in the treatment of such cases and our immediate results from chemotherapy have been good. This has been particularly so in disease of the genital tract in the female and follow-up guinea pig tests after treatment have been negative. In renal tuberculosis immediate results are also good and have in suitable cases made it possible for surgical treatment to be carried out. All such cases are closely followed up afterwards as it is fully appreciated that in a certain percentage positive findings recur later necessitating further chemotherapy.

Table 18a shows the waiting lists for the whole of the area covered by the East Cumberland Hospital Management Committee as at the 31st December, 1954, and the waiting list for the whole of the area for admission to one of the Thoracic Units for major surgery.

The comparatively low sanatorium waiting list undoubtedly reflects a considerable measure of success in our fight against tuberculosis and compels us to consider afresh possible further requirements in this area.

At the present moment Blencathra Sanatorium is shared between East and West Cumberland on approximately a 50 per cent., 50 per cent. basis. With the new developments in West Cumberland and the expected early provision of a 40 bed tuberculosis unit at Whitehaven, it is anticipated that the West Cumberland demands on Blencathra Sanatorium will diminish. We have also at present 12 beds taken up by East Cumberland patients at Meathop Sanatorium, which is outwith the Newcastle Region; these beds are urgently required by the Manchester Regional Hospital Board themselves, and I anticipate that when the West Cumberland demands on Blencathra Sanatorium diminish we shall be able to give up these Meathop beds.

It is probably unwise to forecast further developments beyond this. Both Ormside Sanatorium and Longtown Hospital have long since proved their usefulness; Longtown Hospital having acted as an ancillary unit to the chest ward at the City General Hospital and Ormside Sanatorium being our most suitable hospital for the admission of non-infectious female cases, both pulmonary and non-pulmonary. Both these small hospitals have excellent tuberculosis beds. Blencathra Sanatorium itself is, I feel, somewhat overcrowded, and when circumstances permit I should like to see the space allotted to patients there come into the same category as the beds at Ormside and Longtown. This undoubtedly will mean a reduction in the number of beds at Blencathra Sanatorium.

One urgent necessity is the provision of a new chest ward at the City General Hospital; the present tuberculosis ward is well below standard and will require to be replaced by a new ward with facilities for the investigation of both tuberculous and non-tuberculous chest cases. The provision of a ward unit at this hospital is essential and as far as non-tuberculous cases are concerned our work has been, and is, seriously handicapped.

Facilities at the chest centre, good as they are, have become inadequate to cope with the large numbers of patients now attending at the centre and with their investigations, and the Regional Hospital Board have the matter of further accommodation actively in hand.

Much controversy has recently resulted in the medical Press over the future place of the sanatorium in the treatment of cases of tuberculosis. The recent decision to close the Trudeau Sanatorium in the United States started this controversy and it has gained considerable momentum from the fact that so many sanatoria in this country are situated in most inaccessible areas, thus tending to make the sanatorium a distinctly separate unit from the chest centre, besides making it difficult for relatives of patients to visit. There is no doubt that were any sanatoria required today they would have

to be built close to the main centres of population in an area. In East Cumberland, however, the chest centre and all our sanatoria and hospital beds are integrated into one single unit with the medical staff at the sanatorium doing regular duty at the chest centre, and vice-versa, thus ensuring close collaboration and the maximum benefit to the patients concerned.

The low waiting lists both for admission to sanatoria and the Thoracic Unit are indeed gratifying; not only does the individual patient benefit considerably by early admission but it does allow the chest staff to embark on a definite programme of treatment, aiming, if possible, at complete cure. With the low major surgery waiting list one need no longer temporise in minor surgery and the result is that many patients will be able to resume work at a much earlier date than we could promise previously.

Table 19 shows the number of cases dealt with at Seaham Hall Thoracic Unit during the year 1954. This unit opened in September, 1953, and the total number of cases done by the surgical team there from the date of opening until the time of writing—April, 1955,—is given in parenthesis. The results of major surgery continue to be good, even in border-line cases which have been admitted for major surgery as a last resort.

The whole picture of therapy in tuberculosis is changing rapidly and a procedure which might have been advised in an individual case six months ago would today be substituted by another considered as giving better prospects of success. The number of artificial pneumothorax and pneumoperitoneum inductions has greatly declined, but these are still carried out in selected cases. Whereas in 1953 no less than 55 inductions were done in the chest ward here this number had dropped to 33 during 1954.

Our demands on the surgical unit have been heavy but are now likely to remain on a reasonably steady level and may indeed diminish. Until now, one of the indications for major surgery has been the presence of a persistent cavity but pathological and histological examinations of post-operative material has shown that some cavities which were undoubtedly previously tuberculous have become very thick walled and even lined by firm fibrous tissue as a result of medical therapy, and are thus no longer a menace to the patient and his relatives. It is obviously bad treatment to advise surgery where there is no longer any need; one has obviously to assess with reasonable accuracy the state of a cavity before surgery is contemplated. Increasing use is therefore being made of tomography and bronchography, and I can well foresee that some patients may in future be discharged quiescent and able to work even in the presence of radiological demonstratable cavities.

TABLE 18a

WAITING LISTS

(Whole of the East Cumberland Chest Area)

	Males	Females	Children	Total
(a) For admission to hospital or sanatorium ...	13	10	3	26
(b) For admission to Thoracic Surgery Unit ...	9	3	—	12

TABLE 19

	East Cumberland		Carlisle City		North Westmorland	
	M.	F.	M.	F.	M.	F.
Thoracoplasty ...	6 (7)	5 (12)	5 (8)	5 (16)	— (1)	2 (2)
Resection ...	3 (4)	2 (3)	1 (1)	2 (2)	— (—)	1 (1)
Decortication ...	— (—)	— (—)	— (2)	— (1)	— (—)	— (—)
Extra Pleural						
Pneumothorax .	1 (2)	— (—)	1 (2)	1 (2)	— (—)	— (—)
Pneumonectomy .	1 (1)	4 (4)	— (1)	— (1)	— (—)	— (—)
Pleurectomy ...	1 (1)	— (—)	— (—)	— (—)	— (—)	— (—)
Lobectomy	— (2)	2 (2)	— (—)	— (—)	— (—)	— (—)
	12 (17)	13 (21)	7 (14)	8 (22)	— (1)	3 (3)
	25 (38)		15 (36)		3 (4)	

CARE AND AFTER-CARE

The periodic examination of contacts has been continued during 1954 and much advice is given to patients and their families in co-operation with the local authority staff in preventing the spread of the disease. Patients continue to be admitted within a very short period after being first seen, and on completion of treatment careful supervision is carried out until he or she is ready and fit for work.

Rehabilitation Panels continue to be held every month at the chest centre and considerable time is spent in discussion in getting a fit patient into suitable employment. In this area no patient with a positive sputum is advised to return to work. Resettlement of patients who have had tuberculosis is not a difficult matter in this area; as a rule the psychological factor in allowing a patient to return to work is a favourable one, and apart from work involving milk and milk products patients are encouraged to return to their previous employment if their physical disability permits this. In other cases a course of training in a new occupation is instituted in co-operation with the Ministry of Labour and the occupation chosen is always one where the local Ministry of Labour can promise a local vacancy on completion of training. This is a most important factor as many patients, particularly those with family commitments, could not be peripatetic, or in the present housing shortage risk having to seek work in another part of the country.

AMBULANCE SERVICE

Our calls on the ambulance service remain high largely because we continue to send patients home before their full period of graduated bed rest and exercises 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 cases of bronchiectasis on our active register at the end of 1954, the number of new cases coming on our Register during the year, and the number of attendances for physiotherapy made by patients suffering from the disease.

	East Cumberland			Carlisle City			North Westmorland		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
On Register									
31-12-53	33	23	28	48	25	15	14	4	5
New cases									
during 1954	9	5	8	9	10	13	1	—	1
Total on Register									
31-12-54	39	32	28	39	27	22	17	3	4
No. of attendances									
for physiotherapy	47	96	212	88	123	391	5	6	28

Full co-operation in their investigation is maintained with the Thoracic Surgeon and in a small number of cases surgical treatment has been carried out at Shotley Bridge Hospital. The results of treatment by physiotherapy continue to be good, and in many cases where this has been done conscientiously patients have improved so much that they no longer have cough or sputum and remain well.

Asthma and Bronchitis

Full use is again made of the physiotherapy facilities for the large number of children who are seen suffering from asthma and bronchitis. Older patients with chronic bronchitis and emphysema come into a slightly different category; whilst treatment in these cases remains essentially one of controlling the inter-current inflammatory episodes by penicillin or other anti-biotics, some of these cases also appear to be improved as a result of physiotherapy. Patients with asthma particularly appear to respond well as even if there may be emphysema present this would appear to be reversible to some extent in these cases, whereas in chronic bronchitis the accompanying emphysema would appear to be more or less permanent.

Neoplasm

The number of cases of pulmonary cancer seen and investigated during the year has risen and the whole problem here continues to be a most depressing one. Cases considered suitable for pneumonectomy are admitted to Shotley Bridge Hospital without delay, and

whilst our surgical colleagues tell us that 40 per cent. of such cases survive for a five-year period this is a very small figure when judging the total number of cases seen. Only two out of the last 14 cases seen at the chest centre have been considered suitable for surgery.

There is no doubt that cancer of the lung is on the increase; whilst during the last 30 years some of this increase may be explained by better diagnosis and greater longevity of the population, figures in the last decade alone show that there has been an increase of about 160 per cent. One striking feature is that this increase in lung cancer has occurred whilst the incidence of common cancer in other sites, such as the stomach and rectum, shows no change, or has even declined. It is well worth noting in considering the association of tobacco smoking and cancer that there has been a relative decrease in the incidence of cancer of the larynx.

Pulmonary cancer is much more common in men than in women in a ratio of about 6 to 1 and varies considerably in its malignancy. As a general rule the older the patient is the more likely is the lung cancer to be of the squamous cell type of tumour with a relatively good prognosis so far as years of life are concerned.

The high incidence of lung cancer in workers in the chromate industry has been noted elsewhere, and there would also appear to be some increase in the incidence of cancer in iron ore miners. Our cases here are drawn from all over the East Cumberland area and no increased incidence has been noted in any particular industry.

Controversy still exists as to the etiology of lung cancer. All one can say is that there is undoubtedly present some intrinsic carcinogenic factor and that the trigger mechanism firing it off, as it were, could be any irritant or local trauma.

Pneumoconiosis and Silicosis

Panels continue to be held at the chest centre in consultation with the Senior Permanent Member of the Pneumoconiosis Board. Most of these cases come from the West Cumberland area, but a few come from the Patterdale Valley, in Westmorland, and from the Alston and Newcastleton areas, and are also seen. The recent extension of the benefit scheme to workers who have left the industry for some considerable time has resulted in an increase in the number of cases seen. Close collaboration is also maintained with the Pathological Department as not the least interesting or important factor in this work is the study of the post-mortem material.

Other Chest Conditions

During the year an increasing number of cases suffering from sarcoidosis have been investigated and some of these have been admitted for treatment. Confirmation of the diagnosis is usually made by gland biopsy and in certain of the treated cases there has been very considerable improvement.

A considerable number of patients present themselves with acquired diaphragmatic lesions which necessitate extensive radiological investigation and careful assessment as to whether major surgery would be likely to improve their condition.

MASS RADIOGRAPHY

(Note: Figures given in brackets throughout the report relate to the corresponding figures for 1953)

The Unit was fully operational throughout the twelve months. Considerably more time was spent in West Cumberland than in previous years and the opportunity was taken to visit many of the smaller townships and villages in the area which had not previously received a visit from the unit. The scheme whereby National Servicemen passed through the Unit terminated in July, as it was found impossible to arrange for regular weekly examinations of this group, and National Servicemen are now dealt with on the Odelca Unit at the Cumberland Infirmary.

Groups Examined

During 1951 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 41 (29) occasions. 2,413 (1,407) contact cases were x-rayed, 1,839 from the East Cumberland area and 574 from West Cumberland. 314 National Service recruits were examined.

Towards the end of the year, by arrangements with the Medical Officers of Health concerned, facilities for x-ray examination were made available for all school children over the age of 13, this examination being complementary to the Mantoux testing and B.C.G. vaccination schemes of the local authorities. Full advantage was taken of the service as 4,329 (4,707) children of these age groups passed through the Unit. It is to be noted that examination of school children is only carried out after receiving the consent of the parents.

The full co-operation of the general practitioners in the areas visited was invited during each survey and the number of persons referred by general practitioners increased from 267 in 1953 to 422 in 1954. The small number of persons so referred is not unexpected as medical practitioners have a very close liaison now with the chest centre both in East and West Cumberland and they refer such cases direct to the chest centre.

Sessions were held for members of the general public in 33 (24) 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 sessions necessitated no prior appointment and were well attended, 20,217 (20,090) persons having passed through the unit.

Results

During the year 44,471 (41,532) persons were examined by the unit. These included 1,124 (1,069) inmates of Dovenby Hall and Garlands Hospitals. Excluding the mental patients, 43,347 (40,463) civilians were examined, of whom 20,776 (20,731) were males and 22,571 (19,732) were females.

Number recalled for full-sized x-ray film—

1990—4.47% of total examined.
(1832—4.41%)

Number referred for clinical examination—

599—1.35% of total examined.
(593—1.43%)

Number failing to attend for full-sized film—

127—6.40% of those recalled.
(104—5.68%)

The detailed results of the x-ray examination are shown in Table 20.

TABLE 20

	Male	Female	Total	Percentage of total examined
ABNORMALITIES REVEALED				
(i) Non-tuberculous conditions :				
(1) Abnormalities of ribs, etc.	65	80	145 (357)	.33 (.86)
(2) Bronchitis and Emphysema	105	93	198 (978)	.45 (2.11)
(3) Bronchiectasis	27	34	61 (93)	.14 (.22)
(4) Pneumoconiosis	134	—	134 (90)	.30 (.22)
(5) Pleural thickening	149	73	222 (379)	.50 (.91)
(6) Intrathoracic neoplasms	9	3	12 (9)	.03 (.02)
(7) Cardiovascular lesions				
(a) congenital	1	2	3 (3)	.007 (.007)
(b) acquired	124	191	315 (335)	.71 (.81)
(8) Miscellaneous	85	47	132 (173)	.30 (.42)
(ii) Suspected pulmonary tuberculosis—				
Previously known—				
1. Active	14	9	32 (13)	.05 (.03)
2. Inactive	4	6	10 (17)	.02 (.04)
Newly discovered—				
1. Active	52	74	126 (121)	.28 (.29)
2. Inactive primary ...	122	144	266 (416)	.60 (1.00)
3. Inactive post-primary	301	242	543 (414)	1.22 (1.00)

TABLE 21

WEST CUMBERLAND									
Source of examination	Miniature films	Large films	Clinical exams.	Active T.B.	Inactive T.B.	Bronchiectasis	Neoplasms	Pneumoconiosis	Cardiac conditions
Doctors' cases	271	58	34	7	28	4	1	8	5
Ante-natal cases	27	2	2	1	1	—	—	—	—
Contact cases	574	67	19	5	36	1	—	3	3
National Service Recruits	—	—	—	—	—	—	—	—	—
Scholars	1977	52	15	7	20	1	—	—	3
School Staff	43	1	—	—	2	—	—	—	1
General Public	11008	569	220	62	202	14	4	120	78
Surveys	6338	217	57	16	87	1	1	2	8
Mentally Defective Patients....	295	18	2	2	5	1	—	—	3
TOTALS	20533	984	349	100	381	22	6	133	101

EAST CUMBERLAND									
Source of examination	Miniature films	Large films	Clinical exams.	Active T.B.	Inactive T.B.	Bronchiectasis	Neoplasms	Pneumoconiosis	Cardiac conditions
Doctors' cases	151	33	14	3	9	4	—	—	5
Ante-natal cases	247	9	1	—	1	—	—	—	1
Contact cases	1839	64	15	2	36	1	—	—	9
National Service Recruits	314	13	1	—	9	—	—	—	—
Scholars	2352	39	7	—	10	4	—	—	1
School Staff	284	10	—	—	5	—	—	—	—
General Public	9209	409	101	19	162	11	6	1	111
Surveys	8713	360	82	10	181	16	—	—	60
Mentally Defective Patients....	829	69	29	15	25	3	—	—	30
TOTALS	23938	1006	250	49	438	39	6	1	217

Table 21 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.

COMMENTS

The number of persons passing through our unit has increased during 1954. During 1953 a slightly smaller proportion of the unit's time was spent in West Cumberland as the chest centres there were only becoming fully organised; as a result of our findings in 1953 that there appeared to be a greater incidence of tuberculosis in the West Cumberland area, the proportion of time spent in West Cumberland during 1954 was very greatly increased, 139 days being spent there as against 109 days in the East Cumberland area. This increased time in West Cumberland has resulted in a very satisfactory increase in the total number of examinations carried out and it is satisfactory to note that whilst the time in the East Cumberland area has been drastically cut this has not been reflected by a reduction in the number of examinations in this area, the number examined still exceeding those examined in the West Cumberland area. Indeed, an increasing number of groups and individuals in the whole area are coming to look on a mass radiography examination at yearly intervals as a "must," and we are now in the happy position of having difficulty in fitting into the programme certain groups who want to be examined.

During the year the unit took a heavy load off the chest centres by examining a larger number of contacts. 1954 also saw the inception of the B.C.G. scheme in school children by the local authorities and the mass x-ray examination of these children which started towards the end of the year has progressed smoothly in full co-operation with the medical officers concerned.

During the year Mr. Ritchie and I have undertaken a series of intensive propaganda campaigns in the East Cumberland area aimed principally at securing a 100 per cent. response in the factories we visited. Unfortunately, in spite of very careful preparation and highly concentrated effort about a week or ten days before the projected survey the results were most disappointing and the percentage response in the factories visited in this way, while showing a slight increase, did not nearly approach the 100 per cent. mark. There remains a hard core of workers in each factory who are either afraid to or will not pass through the unit during the survey. Two redeeming features of our campaign were noticed, however. On carefully checking our figures we found that in spite of the small increase a large number of the examinees had never passed through the unit before and we also discovered that a proportion of the employees who failed to attend while the unit was operating at the factory attended later at public sessions. Whilst naturally the total number

examined in these factories gave rise to a keen sense of disappointment, the result of closer analysis makes us feel that the policy of carrying out mass radiography surveys in these factories at yearly intervals is fully justified. As the present older age groups retire and younger individuals who have previously passed through the unit whilst at school take their place in industry we should get eventually a 100 per cent. response.

Analysis of persons passing through the unit since it commenced operating in 1951 shows that of the total population of 300,000 in the Special Area, approximately 100,000 have passed through the unit. As very few children under the age of 13 are examined, this means that more than 40 per cent. of the adult population have availed themselves of the mass radiography service at some time during the past four years.

Mass radiography continues to be an integral part of the chest service and in examining large numbers of people is the most potent diagnostic agent at our disposal. I would again emphasize, however, that the results of this service cannot be assessed on the number of abnormalities found nor on the number of new cases of active tuberculosis discovered. Important though these figures are, it is no 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, I must stress that should chest symptoms develop in an individual later, that individual should seek further medical advice from his own doctor. I make no apology for repeating this statement.

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. J. L. Rennie, the Medical Officer of Health, for his continued valuable co-operation.

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

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

The work undertaken under the provisions of this Act is given below under headings corresponding to the appropriate Section of the Act.

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.

1,741 births were notified in accordance with the Public Health Act, 1936 (all by midwives), compared with 1,759 in 1953. 1,677 were live and 64 were still-births. 1,042 of these children were born to parents normally resident in the City.

Ante-Natal Clinics

Of the 207 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 295 and of this number 245 attended for the first time. The total number of attendances by expectant mothers was 792.

This decrease in numbers can be attributed to the falling birth rate and more mothers going to hospital for confinement.

Post-Natal Clinics

A combined Ante-Natal and Post-Natal Clinic was held each week and during the year 25 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 204. This is less than in 1953 and is attributable to the decrease in the number of domiciliary confinements. Additional dressings, when necessary, were provided by the Council.

Care of Premature Babies

As in the past, all infants whose birth-weight was 5½ 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, 73 notifications of City premature live births were received, 14 being in domiciliary practice, 58 from hospitals, and one from a nursing home. None of the domiciliary cases had to be admitted to hospital. There were 19 City premature still-births, 16 born in hospital and three at home.

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 ... 1811

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 733

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

1954 615

1953 511

1949-52 685

Total number of attendances made by children who attended the Centres—9,969.

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.

Distribution of Welfare Foods

For the first six months of the year arrangements for the purchase of Welfare Foods were the same as in the previous year, but from the 28th June, 1954, the Council undertook the distribution of these foods in accordance with a scheme referred to in Ministry of Health Circular 10/54.

The central distribution centre was located in the Y.W.C.A. Hut, Fisher Street. These premises were also used as a store-house for the foods, and the peripheral clinics were supplied from this Depot. The central premises were staffed by a full-time officer who was appointed when the scheme came into operation, and the distribution at the peripheral clinics was in the main carried out by W.V.S. personnel.

In addition to the National Dried Milk, various foods and dietary adjuncts are held in stock at the Clinics, 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

The school dental officers devoted the equivalent of 33 sessions to the inspection and treatment of the above priority classes. This sufficed to carry out all treatment accepted by those who were referred to us, and is satisfactory in that respect, although we are well aware that it falls far short of the ideal.

Actually, more mothers were inspected than last year, but the forms of treatment required were less, and, as in previous years, some mothers did not attend to have their treatment completed. The number of dentures provided was proportionately higher.

No nursery school was inspected during the year, which fact contributes to the smaller number of pre-school children seen. In point of fact, 135 received treatment, and 79 were made dentally fit. 50 fillings were completed and 241 extractions carried out.

Full details of the numbers provided with dental care and the forms of dental treatment provided will be found on page 56.

(a) Numbers provided with dental care

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	23	22	22	12
Children under Five	147	137	135	79

(b) Forms of dental treatment provided

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	5	28	5	1	44	8	5	9	3
Children under Five	—	50	7	—	241	144	—	—	—

Day Nursery

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 number of parents seeking admission for their children has not been such as to necessitate the operation of the priority system of admission.

Mother and Baby Homes

The City Council does not provide such Homes directly. The Carlisle Diocesan Council for Social and Moral Welfare maintains a Home (St. Monica's) near Kendal, where unmarried mothers are admitted for their confinements and stay for a considerable period thereafter. The Lancaster Diocesan and Protection Society have a similar Home (Brettargh Holt) near Kendal for the admission mainly of Roman Catholics. The Carlisle Diocesan Council also maintain a Home at Coledale Hall, Carlisle. This Home provides for the care of mothers before and after their confinement in Hospital. The City Council has appropriate financial arrangements with both these voluntary organisations.

The number of Carlisle cases admitted to these Homes are shown in Table 22.

TABLE 22

1954	Coledale Hall	St. Monica's	Brettargh Holt
Number of mothers	3	2	2
Number of weeks residence ...	26	18	18

In addition, one mother was accommodated for 22 weeks in a Salvation Army Maternity Home.

The Superintendent of Coledale Hall acts as Welfare Worker on behalf of the City Council for the care and protection of illegitimate children. During the year this officer dealt with the cases shown in Table 23.

TABLE 23

Married women expecting illegitimate children	3
Unmarried women expecting illegitimate children	19
Couples advised re adoption	4
Problems concerning illegitimate children	4
Matrimonial troubles	4

MIDWIFERY SERVICES

There was a fall in the number of domiciliary confinements.

The investigation for admissions to maternity hospitals on social grounds was undertaken by the domiciliary midwives as in previous years.

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

The following Table 24 shows the number of deliveries attended by midwives during the year.

TABLE 24

DOMICILIARY CASES						
	Doctor not booked		Doctor booked		Totals	Cases in Institutions
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked Doctor or another)	Doctor not present at time of delivery of child		
Midwives employed by the Authority	3	43	67	94	207	—
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	1400
Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	—	—	—	—	101
TOTALS ...	3	43	67	94	207	1501

All the domiciliary midwives 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 159 cases and pethedine in 120 cases.

The midwives summoned medical aid under Section 14 (1) of the Midwives' Act, 1951, in 12 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.

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 ...	7
No. " " " " Maternity Nurses	7

In Nursing Homes

No. who notified intention to practise as Midwives ...	6
No. " " " " Maternity Nurses	7

In Hospitals

No. who notified intention to practise as Midwives ...	34
No. " " " " Maternity Nurses	5

General Practitioner Obstetricians

At the end of the year 28 local practitioners were on the list of General Practitioner Obstetricians of the Carlisle Executive Council.

HEALTH VISITING

The Health Visitors carried out district visitation and clinics in the usual manner. 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 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	193
Total visits	482

Visits to children under 1 year of age :—

First visits paid by a H.V. after birth of child	946
Total visits	7748

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

Total visits	12709
---------------------	-------

Visits to Other Cases in respect of :—

Still-births	20
Measles over the age of 5	250
Whooping Cough over the age of 5	67
Pneumonia over the age of 5	24
Chickenpox over the age of 5	7
V.D. Cases	1

Hospital After-Care Requests	...	...	...	...	468
Old People (Care and After-Care)	...	...	...	...	130
Housing Problems	...	...	...	...	2
Poliomyelitis over the age of 5	...	...	...	...	—
Mumps over the age of 5	...	...	...	...	4
					973

Of the visits to Children under the age of 5,
399 were in respect of Measles

181	„	„	Whooping Cough
1	„	„	Pneumonia
14	„	„	Chicken-pox
—	„	„	Poliomyelitis
36	„	„	Infant Deaths
4	„	„	Ophthalmia Neonatorum

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

To Child Welfare Clinics	...	...	...	...	587
„ Day Nurseries	...	...	...	...	5
„ Immunisation Clinics	...	...	...	...	16

HOME NURSING

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

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

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

During 1954 the District Nurses attended 1,460 patients and paid to them 27,463 visits. The following are the type of cases attended :

Medical	...	...	...	...	...	1200
Surgical	...	...	...	...	...	146
Infectious Diseases	...	...	...	...	...	3
Tuberculosis	...	...	...	...	...	104
Maternal Complications	...	...	...	...	...	7

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. 30 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	...	...	...	...	...	543
Re-Vaccinations	...	...	...	...	...	90

At Local Authority Clinic—

Primary Vaccinations	...	...	...	...	...	228
Re-Vaccinations	...	...	...	...	...	14
					Total Primary	771
					Total Re-Vaccinations	104

The acceptance rate for vaccinations of children under 1 year of age in the City during the year was 61.3 per cent.

Diphtheria Immunisation

The scheme for diphtheria immunisation has been operated in a similar manner and 32 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 .	...	662	12
Re-inforcing Dose .	...	15	102
At Clinics.			
Complete Course .	...	349	46
Partial Course	...	38	7
Re-inforcing Dose .	...	—	1884

At the end of the year 62.1 per cent. of children under 5 years and 97.8 per cent. of children of school age had been immunised at some time. Table 25 shows the number of children known to have completed a full course of immunisation at any time up to 31st December, 1954.

TABLE 25

Age at 31/12/54 i.e., Born in Year	Under 1 1954	1-4 1953-50	5-9 1949-45	10-14 1944-40	Under 15 Total
Last complete course of injections (whether primary or booster) 1950—1954	94	3198	4556	2922	10770
1949 or earlier	—	—	467	1245	1712
Estimated mid-year child population 1954	1100	4200	9400		14700

B.C.G. Vaccination

In the Section of the Report on Tuberculosis Dr. Morton deals with the B.C.G. Vaccination of contacts at the Chest Clinic. In 1954, however, the vaccination of school children in the 13 to 14 age group was commenced and Table 26, which is also printed as Table 5 in the Principal School Medical Officer's Report for 1954, shows the number of parents who were willing for their children to receive this form of protection and the number of children who actually required the treatment. The acceptance rate for B.C.G. Vaccination has been very gratifying.

TABLE 26

B.C.G. VACCINATION OF 13 - 14 AGE GROUP

(i) No. whose parents wished B.C.G. vaccination	159
(ii) No. of above who gave positive reaction to Mantoux Test (1/1,000 OT)	26
(iii) No. who gave positive reaction to second Mantoux Test (1/100 OT)	28
(iv) No. not requiring B.C.G., i.e. (ii) + (iii)	54
(v) No. who received B.C.G.	96
(vi) No. who had not completed treatment at end of year ...	9

AMBULANCE SERVICE

The calls on the Ambulance Service continue to increase.

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 1954, is shown in Table 27.

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 27

	Patients.	Journeys.	Mileage.
City Removals to Local Hospitals ...	12174	9876	27295
City Cases to Distant Locations ...	415	356	15256
Other Cases	323	282	5425
Hospitals to Home (City) ...	12643	9334	25722
City Hospitals to County Areas ...	427	273	18045
County Cases to Local Hospitals ...	2	2	16
Hospital Transfers :—			
(a) City Patients	1020	640	1919
(b) Non-City Patients	673	566	1691
Schools	5308	566	6230
Other Journeys	5	331	1285
Emergencies	678	672	2462
	34668	22898	105346

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. 598 visits (including 130 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

The number of articles loaned to patients on the request of a doctor, nurse or midwife was 642.

On each article a loan charge is made, the amount varying with the value of the article.

Convalescent Treatment

Eighteen 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, though the acute shortage of Sanitary Inspectors severely limits the amount of such work which they can undertake. 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 and ran a three-day course for the staffs of Local Health Authorities at Eden Youth Club, Swifts Row, from 13th-15th July.

In November the Royal Sanitary Institute held a Sessional Meeting in Carlisle, when papers on the control of Tuberculosis were read by the Chest Physician and your Medical Officer of Health.

HOME HELP SERVICE

The Home Help Service in the City continued to operate as in previous years. At 31st December, 1954, there were on the staff 4 full-time and 47 part-time personnel, equivalent to a total of 32 full-time workers, in addition to the Organiser and her Assistant, and 287 households were served.

In June the Home Help Office was transferred from 14 Spencer Street to the District Nurses' Home at 5 Brunswick Street.

67 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 two cases.

MENTAL HEALTH SERVICES

Administration

The Mental Health Sub-Committee, consisting of 7 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, M.A.

Three Part-time Duly Authorised Officers.

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.

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

Mental Illness

During the year the Duly Authorised Officers dealt with 105 patients, as shown in Table 28.

TABLE 28

(1) No. who consented to go as voluntary patients	62
(2) No. who were admitted on a Three Day Order	8
(3) No. dealt with by Summary Reception Orders (including 2 cases shown in (2) above	23
(4) No. who were admitted as temporary patients	5
(5) No. considered unsuitable for admission to a Mental Hospital	9

Mental Deficiency

Table 29 shows details of cases recorded during 1954 and the action taken.

TABLE 29

1. Ascertainment.	Male.	Female.	Total
Cases reported by Local Education Authority under Section 57 Education Act, 1944.			
(1) Sub-section 3—Ineducable Children	3	1	4
(2) Sub-section 5—In need of Supervision on leaving School	12	11	23
Total number of cases reported	15	12	27

2. **Disposal of Cases Reported During Year.**

(a) Ascertained defectives found to be "subject to be dealt with"—	Male.	Female.	Total
(1) Admitted to Hospitals	—	2	2
(2) Placed under Guardianship	—	—	—
(3) Placed under Statutory Supervision	15	10	25
	15	12	27

Table 30 gives particulars of the total ascertained mental defectives as at the 31st December, 1954.

TABLE 30

	Males.	Females.	Total
(1) In Hospitals (including cases on licence therefrom)			
Under 16 years of age	9	5	14
Aged 16 years and over	46	48	94
(2) Under Guardianship.			
Under 16 years of age	1	1	2
Aged 16 years and over	4	6	10
(3) Under Statutory Supervision.			
Under 16 years of age	21	12	33
Aged 16 years and over	31	29	60
Total	112	101	213

No. of cases included in (2) and (3) above awaiting hospital treatment	2	—	2
--	---	---	---

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	1	1	2
Aged 16 years and over	7	12	19
	<hr/>	<hr/>	<hr/>
	8	13	21

The Mental Health Worker paid 1,377 visits during the year and 60 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 training or occupation. The Centre is open during the normal school term. In the summer of 1954 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 T. D. Lancaster, J.P.

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

MENTAL HEALTH

Every effort is made by co-operation with hospitals, other Authorities, and other Corporation Departments to prevent wasteful overlapping. An endeavour is made in the School Health Service to ascertain all educationally sub-normal children, and when these approach school leaving age they are examined and their parents interviewed to ensure that no child who would benefit by supervision after leaving school is denied this facility. All mental defectives on licence, on holiday, or recently discharged from order are supervised by the City Mental Health Worker. Before proceeding on holiday, licence, etc., reports on the suitability of the home are submitted on request to hospital management committees. Help is also given to find appropriate employment for hospital patients considered fit for licence or discharge. In this respect excellent co-operation is maintained with the Ministry of Labour and the Youth Employment Bureau in addition to many friendly direct contacts with employers. A number of cases under the age of 18 years are also under the care of the Children's Department; in such cases only one officer normally visits but the other department is kept informed (the present Children's Officer was formerly a Health Visitor on the staff of the City Health Department). Supervision is maintained of cases on licence in the City regardless of which Authority is responsible for

their supervision, and similarly other Local Health Authorities supervise Carlisle cases who are placed outside the City boundary.

With regard to patients suffering from mental illness, close liaison is maintained with the staff of the local mental hospital, who always afford any necessary assistance to us, and likewise the Department offers any help which it is capable of giving to them for the supervision of patients.

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 staff. 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 was one cancellation and no new registrations during the year. The number of Homes on the Register at the end of the year was 2, and these were periodically inspected and conditions generally were found to be satisfactory.

NATIONAL ASSISTANCE ACT, 1948

Action Under Section 47

On the 8th January, 1954, an infirm lady, aged 70 years, who was living alone and in insanitary conditions, had to be removed to a Voluntary Home, in accordance with the National Assistance (Amendment) Act, 1951. On the 25th day of January, 1954, an order was granted detaining the lady up to three months in the Voluntary Home in accordance with Section 47 of the National Assistance Act, 1948. On the expiration of this Order the lady was quite prepared to continue to stay in the Home voluntarily.

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. 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 the chronic sick continued to be a major problem for many old people who required hospital treatment.

While the existing Part III. Accommodation was just adequate in 1954, the increasing number of aged persons in the community will necessitate the Council's having to consider at a future date the advisability of increasing such accommodation.

In addition to these two Homes the Local Authority had to make use of other Part III. Establishments for the accommodation of those who required special care. Table 31 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 31

	Total at		Admitted		Discharged		Total		Average Daily Occupancy
	31-12-53		during		during		at		
	M.	F.	M.	F.	M.	F.	M.	F.	
Barn Close ...	2	18	6	6	4	8	4	16	19.65
Lime House ...	20	11	16	10	15	12	21	9	30.99
Homes for Blind	1	—	—	—	—	—	1	—	1.00
Homes for Epileptics ...	1	—	—	—	—	—	1	—	1.00
Part III Accommodation provided by other Local Authorities ...	6	—	—	—	1	—	5	—	5.39

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. At the time of writing it is understood that alternative accommodation will shortly be provided outside the City.

Welfare of the Blind

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

During the year 12 cases were referred to the Consultant Ophthalmologist. Six cases were certified blind, four cases were certified partially sighted, one case de-certified, and one case was found not to be blind or partially sighted.

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 32 shows the recommendations so made and the result.

TABLE 32

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	2	—	—	4
(b) Treatment (Medical, surgical or optical)	1	1	—	2
Number of cases at (1) (b) above which on follow-up action have received treatment.	1	1	—	1

As indicated on page 25, seven cases of ophthalmia neonatorum were notified, of which two were in respect of City children. Table 33 shows the results of treatment of the City cases.

TABLE 33**Ophthalmia Neonatorum**

Total number of cases notified during the year was 7 (2 City)
Number of City 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 97 registered blind persons and 5 partially sighted persons residing within the City. Table 34 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 34

	Blind		Partially Sighted	
	M.	F.	M.	F.
On Register at 31st December, 1953 ...	46	58	1	1
Removed from Register during year ...	4	10	—	1
Admitted to Register during year ...	3	4	2	2
On Register at 31st December, 1954 ...	45	52	3	2

The distribution of cases on the Register at 31st December, 1954, by age and sex is shown in Table 35 and the occupation of those aged 5 years and over is shown in Table 36.

TABLE 35

Age Group	M.	F.
0 — 4	—	—
5 — 10	—	1
11 — 15	2	2
16 — 20	1	1
21 — 30	2	3
31 — 39	4	6
40 — 49	1	5
50 — 59	3	6
60 — 64	4	2
65 — 69	7	6
70 +	21	20
	45	52

TABLE 36

Occupation.	M.	F.
Children aged 5-15		
Educable:—		
Attending Special Schools for the Blind ...	—	2
Attending other Schools ...	—	1
Ineducable:—		
Special School—blind with multiple defects ...	1	—
16 years and upwards		
At School:—16-20	—	—
	M.	F.
Employed—		
In Workshops for the Blind ...	6	5
As approved Home Workers ...	—	—
Employed elsewhere, including open industry	2	2
Undergoing Training—		
For sheltered employment ...	—	1
For open employment ...	—	—
Professional or University ...	—	—
Not employed—		
(1) Unemployed but capable of and available for work—		
(a) For sheltered employment ...	—	—
(b) For open employment ...	—	—
(c) subject to being trained for sheltered employment ...	1	—
(d) Subject to being trained for open employment ...	—	—

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. conducts one old people's club and continues to provide a "Meals on Wheels" service to old people, especially those living alone. The City Council gives a grant for this purpose. Visitation by invitation of the aged sick and bed-ridden continues to be undertaken by the W.V.S.

There are 14 old people's clubs in the City, all of which are affiliated to the Old People's Welfare Council. Three of these clubs are run by the W.V.S., one by the Salvation Army, and five by other voluntary associations. All the clubs meet weekly.

The register of old people compiled by the Old People's Welfare Council was maintained during the year.

SECTION VII
ANNUAL REPORT OF THE
CHIEF SANITARY INSPECTOR

ANNUAL REPORT

OF THE

CHIEF SANITARY INSPECTOR,

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

GENERAL OBSERVATIONS

In October, 1951, I presented to the Health Committee a report on the staffing of the Sanitary Inspector's Department, outlining a proposed plan of action calculated to improve the efficiency of its working in order to cope with the increasing demands on its services. Although increases in the establishment of Sanitary Inspectors have from time to time been authorised owing to the difficulty of obtaining suitable officers at no time has the establishment been up to full strength. Consequently, the plans for improved efficiency have never been implemented—indeed, the department has been struggling for some time now in an effort to keep pace with the more pressing of its obligations.

One assistant inspector resigned during the year and could not be replaced, and this together with instances of sickness amongst the staff began seriously to be felt.

The work of the department can be divided into three categories. Firstly, that which must at all costs be done, e.g., meat and other food inspection and the resolving of urgent public health nuisances. Secondly, that which it is necessary should be done with regularity in order to maintain reasonable standards, e.g., inspection of food handling premises, sampling of certain foodstuffs to ensure reasonable purity and cleanliness and the observation of industrial smoke emission in order to keep it within acceptable limits. Thirdly, that part of the work of the department which, though necessary to complete the overall picture of environmental hygiene, can, where there is no alternative, be held over for a strictly limited period.

During 1954 by confining strictly the department's sphere of operations to relatively narrow channels, all the calls in the first category and about 75 per cent. of these in the second group were met. Nothing could be done regarding the remainder. Though the outcome is neither immediate nor spectacular in its effect, it must result in a gradual deterioration of the standards which have so far been secured and cause to be yet further delayed hopes which were being entertained for securing the higher standards which it is right to expect and to which we are all entitled.

Two significant changes took place during the year—the relinquishing of control by the Ministry of Food of the country's meat supply and the introduction of legislation permitting under certain circumstances landlords to increase rents and tenants to apply to their local Authority for certificates of disrepair where it is considered that the condition of the property does not justify such rent

increases. Up to the end of the year relatively few such applications had been made.

The decontrol of slaughterhouses took place as from midnight on the 29th June. Great difficulty was experienced in attempting to forecast the demand that would arise, and very little assistance could be got from either the local retailer butchers or wholesalers as to their needs, other than the expressed hope that facilities would be available to meet any demands which might arise. The primary concern of this Authority was that there should be no, or at least the minimum, interruption, in the supply of meat to the public. On the other hand, it was necessary to consider with some care demands for extensions to the building and additional equipment which emanated from the traders in the somewhat hysterical atmosphere that prevailed as the date grew nearer. This was particularly important as the whole future of slaughterhouses hung in the balance pending the publication of the report of the Inter-departmental Committee on Slaughterhouses in England and Wales.

The overall slaughtering accommodation was increased slightly by bringing into commission buildings not previously used as such and some new equipment, including electric hoists, was installed with a view to speeding up the rate of kill.

On the first day of private slaughtering the slaughterhouse opened in the early hours of the morning and it was made known that if necessary it would be closed only to allow the staff sufficient time to take rest sufficient to enable them to continue from day to day. In due course the first rush levelled out and the slaughterhouse got into a new rhythm of working which is still being maintained. A good deal of long and hard work was put in by all concerned and it is satisfying to know that the continuity of the meat supply proceeded without interruption.

A start was made on the preliminary stages of a slum clearance programme due for submission to the Minister of Housing and Local Government by August, 1955. This subject will be dealt with more fully in next year's report. It is possible, however, to make certain forecasts based on the survey as far as it had progressed at the year's end.

It was made clear in the White Paper preliminary to the passing of the Housing Rents and Repairs Act, 1954, that the Government would seek to curb so far as is practicable the continued absorption of good agricultural land for housing development by asking local Authorities to give more consideration to the acquisition and re-development of any cores of unfit and obsolete properties within their districts. Furthermore, in order to conserve the national housing pool, owners are to be encouraged to renovate and restore properties which otherwise might in due course fall due for demolition and replacement by new Council houses by making more widely known the housing grant provisions of the 1949 Act. This, of course, will present the almost insuperable problems of getting uniformity of action in rows of deteriorating houses in multiple ownerships, and

may call for wholesale acquisition by the Council in order that something concrete can be achieved.

I should like to have been able to say that the probings and investigations of my assistants have led to the discovery and rectification of the many deficiencies and sub-standard conditions that are known to exist, but I must repeat that the staffing position is such that it has been found impossible to do other than cope with only a part of what is really required; in fact, at the time of writing the condition has further deteriorated and indeed extended to the clerical assistance in the sanitary department, with the result that this report, unlike previous reports, will be restricted largely to the presentation of statistical information.

RODENT CONTROL

The rodent control services of the department are in constant demand and many favourable comments have been received on its efficiency. It is seldom that an infestation is not cleared at the first treatment, and in no case is a treatment abandoned until a complete clearance has been obtained.

Although the number of complaints received remains about the same, this does not mean that no progress is being made in reducing the rat population. The majority of the complaints are in respect of minor infestations, the heavy infestations of a few years back being rarely seen. As much care and time is now devoted to tracing and exterminating two or three rats as would have previously been spent only on a much more serious infestation. This policy is found to be in accordance with the wishes of the public, who are now far less tolerant of mouse and rat infestations than in past years. In fact, the demand on the rodent services for the extermination of small domestic infestations of mice, which could quite well be tackled by the householder, became so heavy that permission to impose a small charge had to be sought to discourage those whom it was felt were abusing the service. The streams and rivers of the town continue to receive regular inspection. No over-all infestation has been found but isolated pockets of heavy infestation have been discovered and prove the value of this work.

There has been a drop in the number of inspections of business premises due to a concentration on the inspection of the more scattered areas of the district, with a consequent fall in the number of inspections which can be made in a day.

It is hoped some day to introduce a system whereby the whole of the district is subjected to systematic inspection at regular intervals—the basis of all work in the field of environmental health.

In addition to the rodent control work of this department the services of the operatives were also used by various firms, private individuals, and other departments of the local Authority for the destruction of a varied assortment of insect pests ranging from wasps to cockroaches, blowflies to fleas. In all, some 21 infestations received the attention of the operatives.

It is perhaps not fully appreciated by various traders of the town and the general public that this department, besides requiring the freedom of their premises from pests, is also prepared to offer the facilities of fully trained operatives using the most up-to-date methods and materials to assist them in keeping their premises free of such pests. This combination of practical help as well as the statutory duty of enforcement is the general policy of the department.

WATER SUPPLY

In addition to the routine sampling and analysing carried out by the staff of the Water Department, two 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.

RIVER POLLUTION

No serious pollution of watercourses in the area was reported or discovered.

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

242 inspections have been made in respect of drainage defects or reconstructions. The discovery of defects in drainage systems arises from investigations into the cause of stoppages and likely sources of rat infestations. By the purchase of new equipment it is now possible to locate the defect, even in a blind drain, within several feet. This is greatly appreciated by those who have to bear the cost, as it is a considerable improvement over the old-fashioned and expensive probing excavation which had hitherto to be undertaken.

STORAGE OF HOUSEHOLD AND TRADE REFUSE

I can only repeat the observations made in last year's report that 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.

There was a change of management at Lowther House. Mr. Moir left to take up another appointment and was succeeded by Mr. Short as from 30th August.

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.

Two temporary licences were issued for caravans during the year. One at a building site for the use of the Clerk of Works and one at a petrol filling station for occupation by the man in charge.

STABLE PREMISES

No complaints in connection with stable premises were received during the year. No routine inspections were carried out to the small number now remaining within the City.

RODENT CONTROL

Surface Treatment

Complaints or reports received and investigated—283.

	<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 ...	429	239	113	20
Premises in which evidence of the presence of rats or mice was found	238	116	64	10
Visits of inspection and treatment to all types of premises	2594			
Number of baits laid	6085			

Sewer Treatments

Two maintenance treatments were carried out in the older portions of the City's sewers, the first commencing in June and the second in November. 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 manholes baited	...	...	...	...	...	1241
No. of manholes showing bait taken	...	...	...	...	...	298

Stream and Ditch Treatments

Streams and ditches are now receiving regular attention. This involves a good deal of investigation and time spent, which cannot be accounted for in terms of premises inspected or baits laid. The result of the investigation showed no over-all infestation but rather isolated pockets fairly heavily populated. These concentrations have been subjected to intensive treatment and good "kills" are reported.

OFFENSIVE TRADES

No new offensive trades have been established in the City during the past twelve months.

Number of Inspections	3
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INFECTIOUS DISEASES

A total of 172 visits were made by the Sanitary Inspectors for the purpose of enquiring into and the control of infectious diseases. Of these, 54 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 18 visits were made to these premises during the year, due to other commitments.

PUBLIC CONVENIENCIES

A certain amount of deliberate destruction took place in the outlying districts during the year. The underground lavatories at the Town Hall Square are now very much in need of renovation and enlargement. To undertake a patching up to last for a year or two would be economically unwise, besides doing nothing to increase the accommodation.

SHOPS INSPECTED

Due to the shortage of staff, the number of inspections of shops under the Shops Act, 1950, had to be confined to cases arising out of complaints. There is unquestionably some evasion of the law going on which would be largely overcome if there were sufficient Inspectors to carry out regular inspections of their districts. The fact that there is a district inspector who might be anywhere at any time

is one of the best methods of ensuring compliance, not only with regulations but in maintaining acceptable standards generally.

PET ANIMALS ACT

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 1954 the following inspections were made by the Sanitary Inspectors to the premises detailed:—

	DWELLING HOUSES—Total Visits	582
	Public Health Act, 1936	Visits
Sec.		
39	Provisions as to drainage, etc., of existing buildings	242
40	Provisions as to soilpipes and ventilation shafts	—
44	Insufficient or requiring reconstruction of sanitary accommodation	—
45	Buildings having defective closets capable of repair	89
46	Sanitary conveniences in workplaces, etc.	4
56	Yards, passages, to be paved and drained	23
58	Dangerous buildings	12
73	Removal of trade refuse	4
75	Dustbin provision	1
79	Mandatory removal of accumulations of noxious matter	1
80	Removal of Manure, etc.	—
83a	Cleansing filthy premises	6
83b	Cleansing verminous premises	12
92a	Premises in such a condition as to be prejudicial to health or a nuisance	269
92b	Animals kept in such a manner as to be prejudicial to health or a nuisance	6
92c	Accumulation of deposit prejudicial to health or a nuisance	24
92d	Dust or effluvia prejudicial to health or a nuisance	19
92e	Overcrowded and ill-ventilated workplaces	9
101	Any installation or chimney emitting smoke (observations)	6
	Visit to boiler plants	7
107	Offensive trades	3
138	Provision of water supplies	14
154	Prohibition of sales by rag dealers	1
89	Inns, refreshment houses, etc.	14
	Cinemas, Theatres, etc.	4
240	Provision of common lodging houses	8
	Houses let in lodgings	

259	Nuisances from watercourses, etc.	21
268	Nuisances from tents, vans, sheds	76

INFECTIOUS DISEASE

Food poisoning investigations	54
Other investigations	118

FOOD AND DRUGS ACT, 1938, ETC.

Premises Visited :

Bakehouses	138
Butchers	64
Fried fish shops	39
Ice cream	107
Meat preparation premises	47
Market Stalls	109
Public houses, inns, etc.	2
Restaurants and cafes	71
Street vendors, barrows, etc.	
School canteens	23
Other food premises (grocers, etc.)	172
Slaughterhouses	26
Bacon Factory	103
Pasteurising plants	23
Dairies	26
Cowsheds	2
Milk Distributors	19

MEAT AND FOOD INSPECTION

Shops, etc.	378
Slaughterhouses	59
Bacon Factory	330

HOUSING ACTS 1936-1954, ETC.

Houses inspected and recorded, 1936 Act	1508	
Sec.		
9, 10, 16	Repairs	—
11, 13	Demolitions	6
12	Closing	—
4	Information to be given to tenants	3
62	Permitted nos. in rent books	3
66	Overcrowding	12
1949 Act—	Improvement Grants	4
1954 Act—	Certificates of Disrepair	16

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Inspection of Local Authority Premises	14
Inspection of Agricultural Premises	—
Inspection of Business Premises	39
Inspection of Dwelling houses	97

FACTORIES ACT, 1937

Sec.

7	Factories with mechanical power	57
1, 2, 3, 4, 6, 7	Factories without mechanical power	4
110	Outworkers	

OTHER INSPECTIONS:—

Stables	2
Piggeries	1
Public Conveniences, etc.	68
Swimming baths and pools	1
Refuse Tips, etc.	3
Fertilisers and Feedingstuffs Act, 1926	6
Agric. produce, grading and marking	
Pharmacy and Poisons Act, 1933	58
Shops Act, 1950	190
Merchandise Marks Act, 1926	56
Land Charges inspections	5
Pet Animals Act, 1951	13
Miscellaneous	227
Interviews	497

LIST OF CONTRAVENTIONS

PUBLIC HEALTH ACT, 1936

Sec.		Found.	Abated.
23	Maintenance and clearing of public sewers...	1	1
39	Provisions as to drainage, etc., of existing buildings	46	35
45	Buildings having defective closets capable of repair	15	13
46	Provision of sanitary conveniences in work-places	1	—
56	Surface drainage of yards and passages ...	1	—
58	Dangerous structures	1	1
83	Cleansing of filthy or verminous premises ...	1	2
92a	Premises in such a state as to be prejudicial to health or a nuisance	56	42
92b	Any animal kept in such a place or manner as to be prejudicial to health or a nuisance	1	2
101	Smoke nuisances	2	2
259	Nuisances, Ponds, Ditches, etc.	1	—
26 (2) (a)	Tents, vans and sheds, overcrowding	2	—
268 (2) (b)	Lack of proper sanitary accommodn.	1	—
269	Controlling use of moveable dwellings ...	2	—
Totals ...		121	98

HOUSING ACT.

Sec.	Found.	Abated.
4 Information to be given to tenants of working class houses	3	2
62 Entries in rent books, information and certificates with respect to the permitted numbers	—	1
Totals ...	3	3

FOOD AND DRUGS ACT.

Sec.	Found.	Abated.
13a Situation of sanitary accommodation	2	3
13b Drainage within room	—	1
13c Repair of walls, floors, ceilings, etc.	7	7
13d Cleansing and painting of walls, floors, etc.	5	22
13f Provision and maintenance of adequate ventilation	—	1
13g Accumulation of refuse, filth, etc., cleansing of floors	3	9
13h Cleanliness of persons, room, articles, etc. ...	1	—
13i Provision of wash-hand basin, soap, hot and cold water and towels	9	34
Bye-Laws.		
4a Food protected from contamination (flies, dust, rodents)	8	13
4c Cleansing of surfaces with which food may come into contact	—	2
5c Deposit of refuse near food at risk of contamination	—	1
6a (1) Provision of suitable receptacles for refuse	—	6
6b Provision of adequate lighting to room ...	1	1
6c Suitability of surfaces with which food is likely to come into contact	5	10
6d Fixture of notices requesting employees to wash hands	3	10
Ice Cream (Heat Treatment) Regulations, 1951.		
Provision of control thermometers	—	1
Totals ...	44	121

SHOPS ACT, 1950.

Sec.	Found.	Abated.
1 Closing of shops on weekly half-holidays ...	3	14
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)	4	13
	2	Shops with several trades open (after closing hour fixed by Closing Order)	—	4
17	1	Shops assistants' weekly half-holiday	—	1
	2	Notice re statutory half-holidays for shop assistants	3	18
32	2	Records of Young Persons' Employment (Forms F and G)	2	7
	3	Record of Young Persons' Employment (Form H)	2	6
37	1	Seats for female shop workers	—	2
	2	Notice re seats for female shop workers	2	15
50		Sunday trading	4	17
38	1	(a) Suitable and sufficient means of ventilation	—	3
	1	(b) Suitable and sufficient means of providing reasonable temperature	—	3
	2	Suitable and sufficient sanitary conveniences	1	6
	4	Suitable and sufficient washing facilities	—	3
Totals ...			21	118

FACTORIES ACT, 1937

Sec.		Found.	Abated.
1	Want of Cleanliness	1	1
3	Temperature	1	1
Sanitary Accommodation.			
7	Maintenance	4	4
	Cleanliness	5	4
	Adequate lighting	2	2
Reg.			
5	Ventilation	—	3
6	Privacy, doors, etc.	5	4
7	Accessibility	—	1
Totals ...			18 20

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Sec.		Found.	Abated.
4	Notice requiring execution of works	4	3

PHARMACY AND POISONS ACT, 1933

Sec.		Found.	Abated.
18	(1) (b) (ii) Unauthorised sale of poisons	3	3

SUMMARY OF COMPLAINTS, CONTRAVENTIONS and NOTICES SERVED

	Complaints received	CONTRAVENTIONS		NOTICES		STAT. NOTICES	
		Found	Abated	Served	Abated	Served	Abated
Public Health ...	280	121	98	100	85	19	8
Food and Drugs ...	3	44	121	22	64	—	—
Shops	5	21	118	11	58	—	—
Factories ...	4	18	20	10	11	—	—
Housing....	5	3	3	—	—	—	—
Rodent Control ...	287	—	—	4	3	—	—
Pharmacy and Poisons	—	3	3	3	3	—	—

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 15 per cent. of the total number of new Council houses erected during the year.

So far as the availability of the Inspectors would permit, a start was made on the preliminary survey in order to obtain up-to-date information sufficient to enable the Council's slum clearance proposals to be submitted to the Minister of Housing and Local Government.

Much more detailed information will have to be obtained before any official representations can be made and the future rate of representation may well be governed by the future manpower position.

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 ...	515
2. Erected by other persons, or bodies	... ..	57
3. Houses demolished	... ..	26

HOUSING STATISTICS

Inspection of Dwelling-houses during the year.

1. (a) Total number of dwelling-houses inspected for housing defects (under the Public Health or Housing Acts)	339
(b) Number of inspections made for the purpose	753
2. (a) Number of dwelling-houses (included under Sub-head 1 (a) above which were inspected and recorded under the Housing Consolidated Regulations, 1926	99
(b) Number of inspections made for the purpose	287
3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	99
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	156

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	149
Number of back-to-back houses made into through houses	—
Number of houses demolished	—

Action under Statutory Powers during the Year.

A. Proceeding 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	23
2.	Number of dwelling-houses in which defects were remedied after service of formal notices:—	
	(a) by owners	24
	(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	52
2.	Number of dwelling-houses demolished in pursuance of Demolition Orders	26
3.	Number of dwelling-houses in respect of which an undertaking was accepted under Sub-Section (2) of Section 11	29
D.	Proceedings under Section 12 of the Housing Act, 1936 :—	
1.	Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
2.	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil

FACTORIES ACTS, 1937 and 1948

1. 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.	83	42	2	Nil
(ii) Factories not included in (i) in which Sec. 7 is enforced by the Local Authority.	351	57	9	Nil
(iii) Other Premises in which Section 7 is enforced by the Local Authority.	14	—	—	Nil
TOTAL	448	99	11	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)	1	1	—	1	—
Overcrowding (Sec. 2)	—	—	—	—	—
Unreasonable Temp (Sec. 3)	1	1	—	1	—
Inadequate Ventilation (Sec. 4)	—	—	—	—	—
Insufficient Drainage (Sec. 6)	—	—	—	—	—
Sanitary Conveniences (Sec. 7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	16	18	—	10	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	18	20	—	12	—

OUTWORKERS

There were 2 outworkers registered within the City during the year.

INSPECTION AND SUPERVISION OF FOOD

MILK SUPPLY

Milk and Dairies Regulations, 1949.

No. of milk distributors on the Register 17

No. of Dairies on the Register 7

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

No. of Dealers licensed to use the designation "Tuberculin Tested" 16

The Milk (Special Designations) (Pasteurised and Sterilised) Regulations, 1949 to 1953.

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

112 samples of milk were submitted for bacteriological examination. 111 were samples of designated milk, and of these 12 failed to pass the tests prescribed by the Milk (Special Designations) Regulations 1936-49. 1 undesignated milk was also submitted and was found to be satisfactory.

The following tables give the information in detail:—

HEAT TREATED MILK

DESIGNATION	No. of Samples	Meth. Blue		Phosphatase		Turbidity Test		Unsatisfactory Samples Percentage
		Pass	Fail	Pass	Fail	Pass	Fail	
T. T. Pasturised	20	20	—	20	—	—	—	Nil.
T. T. Pasturised (Schools)	6	6	—	6	—	—	—	Nil.
Pasturised ...	33	33	—	33	—	—	—	Nil.
Pasturised (Schools)	5	5	—	5	—	—	—	Nil.
Sterilised ...	2	—	—	—	—	2	—	Nil.
TOTALS	66	64	—	64	—	2	—	Nil.

MILK OTHER THAN HEAT TREATED

DESIGNATION	No. of Samples	PASSED Meth. Blue	FAILED Meth. Blue	Unsatisfactory Samples Percentage
Tuberculin Tested	45	33	12	26.6%
T. T. Jersey	—	—	—	—
Undesignated	1	1	—	—
TOTALS	46	34	12	26.0%

Of the number of unsatisfactory samples of Tuberculin Tested milks, 8 were from 2 producers and 4 from 2 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

2 samples of milk were submitted for biological examination. Neither was positive.

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

	<i>Dealt with Gallons</i>	<i>Sold Gallons</i>
Tuberculin Tested	6,685,946	116,000
T.T. (Pasteurised)	409,408	178,080
Pasteurised	4,133,302	1,476,890
Undesignated	7,534,145	—
Sterilised	—	12,440
	<hr/>	<hr/>
TOTAL ...	18,762,801	1,783,410
	<hr/>	<hr/>

66,985 gallons of Pasteurised Milk included in the above were supplied to Schools and School Canteens.

93.5 per cent. of all milk consumed in the City is Heat Treated.

INSPECTION OF FOOD PREMISES

There has been a notable decrease in the number of inspections of food handling premises during the year. Such time as could be devoted to this extremely important section of the Department's work has had to be concerned largely with following up outstanding notices served during 1953. The fruits of the satisfactory efforts which were being put into this side of the work during the previous year are shown in the increased number of unsatisfactory conditions abated.

It is felt that some deterioration in the standards so laboriously built up during 1953 is occurring and I am more than ever convinced that the answer to the problem is continual supervision, multiple visits, on-the-spot education, and, when necessary, admonition. The converted hygienist carries on in the absence of official supervision. The disinterested revels in the absence of authority.

FOOD BUSINESSES EXISTING IN THE CITY

Bakers—Shops and Bakehouses	...	...	...	...	93
Butchers	...	...	...	...	84
Fish Shops	...	...	...	...	14
Fruit and Vegetables	...	...	...	...	47
General Dealers whose primary business is that of Grocer					223
Sweet Shops	...	...	...	...	57
Licensed Premises—Inns	...	49)		
Hotels	...	4	)	...	53
Hotels	...	...	...	...	9
Restaurants and Cafes	...	...	...	...	29
Food Manufacturing Premises	...	...	...	...	13
Chemists	...	...	...	...	28

School Canteens	14
Dining Centres	13
Nursery School Kitchen	1
Fried Fish Shops	34

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

The following table indicates the number of ice cream premises registered at December, 1954 :—

Number of Wholesale Manufacturers	1
Number of Wholesale Manufacturers Storage Only ...	2
Number of Manufacturing Retailers	21
Number of Retail Vendors	140

In the case of retailers, 139 or 86.3 per cent. deal exclusively in the pre-packed article.

107 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
46	32	14	22	10	7	7

INSPECTION OF OTHER FOODS

The following table shows the amount of food declared to be unfit for human consumption during 1954:—

	T.	C.	Q.	lb.	T.	C.	Q.	lb.
Meat and Meat Products	—	6	2	26				
Fish and Poultry	—	4	—	8				
Canned Meat	1	8	3	19				
Dried Fruit	—	7	1	15				
Miscellaneous	—	7	3	12				

TOTAL

2 14 3 24

Other Canned Foods: 3,020 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
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
1954	4,782	26,046	4,061	6,388	41,277

HARRABY BACON FACTORY

1951	—	—	—	104,120	104,120
1952	—	—	—	167,258	167,258
1953	—	—	—	173,566	173,566
1954	—	—	—	174,150	174,150

Amount of Imported Meat received at W.M.S.A. Depot at the Abattoir from 1st January to 30th June, 1954:—

<i>Quarters of Beef</i>	<i>Carcases of Mutton and Lamb</i>	<i>Carcases of Pork</i>	<i>Boxes and Bags of Offal</i>	<i>Calves</i>	<i>Bags of Meat</i>
3,653	17,452	1,374	10	33	217

Number of carcasses examined at the Abattoir after emergency slaughter was 1,429.

19 cases were suspected to be affected with localised cysticercus bovis. These carcasses were subjected to cold storage treatment 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	3577	1205	4061	26046	6388
Number inspected	3577	1205	4061	26046	6388
ALL DISEASES EXCEPT TUBERCULOSIS					
Whole carcasses condemned	20	66	338	194	27
Carcase of which some part or organ was condemned	1129	850	36	1972	443
Percentage of the number inspected affected with disease other than tuberculosis	32.1	76.01	9.2	8.3	7.3
TUBERCULOSIS ONLY					
Whole carcasses condemned	4	13	2	—	4
Carcase of which some part or organ was condemned	176	123	—	—	101
Percentage of the number inspected affected with tuberculosis	5.3	11.2	.04	—	1.6

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

DISEASE OR CONDITION	Whole Carcases				Part Carcases			
	Cattle	Sheep	Pigs	Calves	Cattle	Sheep	Pigs	Calves
Abscesses and Suppurative Conditions	—	13	2	1	7	13	5	—
Arthritis and Atrophy	—	9	—	—	4	30	31	4
Actinobacillosis	—	—	—	—	2	—	—	—
Anæmia	—	3	—	—	—	—	—	—
Bloodsplash	—	—	—	—	—	—	4	—
Cancer	3	—	—	—	—	—	—	—
Emaciation—Ill-set	17	63	1	12	—	—	—	—
Enteritis	—	1	5	1	—	—	—	—
Entero-Toxæmia	—	4	—	—	—	—	—	—
Febrile Condition—Ill-bled	1	5	—	—	—	—	—	—
Gangrene	3	7	1	—	—	—	—	—
Immaturity	—	—	1	233	—	—	—	—
Inflammatory diseases:—								
Pneumonia, Pleurisy, Peritonitis	3	—	—	4	9	18	—	—
Injuries	3	9	1	5	80	72	49	5
Jaundice	—	1	—	—	—	—	—	—
Johne's Disease	14	—	—	—	—	—	—	—
Leukaemia	—	1	—	1	—	—	—	—
Mastitis	—	—	—	—	—	—	12	—
Melanosis	—	—	—	—	1	—	10	—
Moribund	1	10	—	1	—	—	—	—
Nephritis	1	—	—	—	5	11	—	—
Odour (Drugs, etc.)	1	—	—	—	—	—	—	—
Oedema	19	24	5	12	27	40	2	2
Post-mortem Putrefaction	—	25	3	1	—	—	—	—
Pyæmia, Joint Ill, Navel Ill	3	1	1	44	—	—	—	—
Pyelo-nephrosis	1	—	—	—	—	—	—	—
Pyrexia	7	8	2	11	—	—	—	—
Septicæmia	2	—	1	1	—	—	—	—
Septic Pericarditis	1	—	—	—	—	—	—	—
Septic Pneumonia	1	4	2	9	1	17	—	—
Septic Peritonitis	2	6	1	2	—	—	1	—
Septic Metritis	1	—	—	—	—	—	—	—
Swine Erysipelas	—	—	1	—	—	—	3	—
Tumours	—	—	—	—	4	—	—	—
Uraemia	2	—	—	—	—	—	—	—
Urticaria	—	—	—	—	—	—	22	—
WHOLE CARCASES	86	194	27	338	—	—	—	—
PART CARCASES	—	—	—	—	140	201	139	11

DISEASED AND UNSOUND FOOD

The following table shows the amount of food declared to be unfit for human consumption during 1954:—

PUBLIC SLAUGHTERHOUSES:

	T.	C.	Q.	lb.	T.	C.	Q.	lb.
Beef	21	3	1	11				
Beef offals	19	4	2	27				
Mutton	4	1	2	19				
Mutton Offals	2	8	1	23				
Veal	5	2	3	2				
Veal Offals	1	5	2	6				
Pork	2	8	1	23				
Pork Offals	—	15	2	17				
Imported Meat	—	8	2	18				
					56	19	1	6

HARRABY BACON FACTORY:

Pork	33	6	3	26				
Offals	56	16	1	16				
					90	3	1	14

FOOD AND DRUGS ACT—ADULTERATION

During the year 36 formal and 29 informal samples of foods and drugs, purchased under the provisions of the Food and Drugs Act, 1938, were submitted to the Public Analyst.

Table 37 shows the number and results of the analyses of samples obtained.

Table 38 shows the average composition of milk examined during the year.

Table 39 shows the action taken in respect of samples reported by the Public Analyst as not being genuine or otherwise irregular.

TABLE 37

ARTICLES	No. of Samples		No. Genuine		No. NOT Genuine	
	Formal	Informal	Formal	Informal	Formal	Informal
Aspirin ...	—	1	—	1	—	—
Beef Dripping	2	—	2	—	—	—
Beef Sausage	3	1	2	1	1	—
Bread & Butter	2	—	1	—	1	—
Butter ...	—	4	—	4	—	—
Butter Drops	—	1	—	1	—	—
Buttered						
Assortment	—	1	—	1	—	—
Buttered						
Teacakes ...	1	—	—	—	1	—
Camphorated						
Oil ...	—	1	—	1	—	—
Compound						
Syrup of						
Figs... ..	—	1	—	1	—	—
Crab Meat ...	—	2	—	2	—	—
Diabetic Lime						
Juice Cordial	—	1	—	1	—	—
Ground						
Almonds ...	3	—	3	—	—	—
Ground White						
Pepper ...	—	2	—	2	—	—
Glycerine,						
Honey and						
Lemon ...	—	1	—	1	—	—
Ham & Cheese						
Spread ...	—	1	—	1	—	—
Indian Brandee	—	1	—	1	—	—
Lemon						
Flavour						
Pie Filling...	—	1	—	1	—	—
Madeira						
Flavour						
Cake Mix. ...	—	1	—	1	—	—
Malt Vinegar	—	2	—	2	—	—
Milk ...	19	—	18	—	1	—
Mince ...	1	—	1	—	—	—
Mint in						
Vinegar ...	—	1	—	1	—	—
Morning Roll						
Sandwich ...	—	1	—	—	—	1
Palm Kernel						
Oil ...	—	2	—	2	—	—
Pork Sausage	5	—	3	—	2	—
Rum Butter ...	—	2	—	2	—	—
Salmon Spread	—	1	—	1	—	—
TOTALS ...	36	29	30	28	6	1

TABLE 38

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	5	3.51	8.45
2nd Quarter	—	—	—
3rd Quarter	8	4.00	9.07
4th Quarter	6	3.76	8.59
Year ending 31st December, 1954	19	3.80	8.76

TABLE 39

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

Sample No.		Article	Nature of Adulteration	Action Taken
Formal	Informal			
4	—	Milk	Deficient of 8.1% of its solids not fat.	The Analyst's report stated that the "Freezing Point" test showed the deficiency not to be due to added water therefore the sample must be considered genuine but of a low standard. Reported to Milk Production Officer of the Ministry of Agriculture and Fisheries.
—	11	Morning Roll Sandwich	Contained small black object alleged by complainant to be rat dropping.	The Analyst's report stated—substance consisted of charged dough with traces of mineral oil thought to have come in contact with machinery. Warning letter sent.
22	—	Beef Sausage	Deficient in meat content to extent of 70%.	Reported to Health Committee and warning letter sent.
24	—	Pork Sausage	Contained 82 parts per million of Sulphur Dioxide.	Reported to Health Committee and warning letter sent.
25	—	Pork Sausage	Contained 220 parts per million of Sulphur Dioxide.	Reported to Health Committee and warning letter sent.
63	—	Buttered Teacakes	Margarine suppl'd instead of butter.	Vendor prosecuted— Fined £5.
65	—	Bread & Butter	do.	Vendor prosecuted— Fined £5.

FERTILISERS AND FEEDINGSTUFFS ACT, 1926

7 formal and 4 informal samples of fertiliser and feedingstuffs were taken during the year. They consisted of high protein nuts, fish meal, molassine meal, granular fertiliser, nitro-chalk, pig food balancer, hydrated lime, hop manure, vine plant and vegetable manure, autumn turf dressing fertiliser.

PHARMACY AND POISONS ACT, 1933

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 94.

