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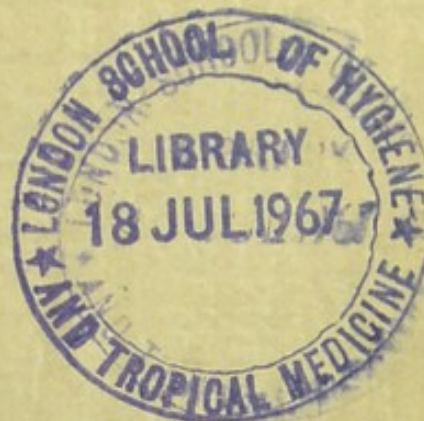
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CITY OF CARLISLE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1956

JAMES L. RENNIE.

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

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Health Committee, 1956-57

Chairman—Councillor BARRETT

Deputy Chairman—Councillor Miss WELSH

Alderman BOWMAN

Alderman Mrs. SHEPHERD

Alderman Mrs. THOMSON

Councillor COOGAN

Councillor DERRY

Councillor KEENAN

Councillor MATTHEWS

Councillor SMITH

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. - CHRISTINA 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	- Miss P. L. ROTHWELL, B.D.S., L.D.S. (Manchester) (to 30-4-56)
Chief Public Health Inspector	- ERNEST BOADEN, A.M.I.San.E.
Chief Clerk	- L. OATES.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report on the health of the City for the year 1956.

The vital statistics show little change from previous years though it is unfortunate that we have to record one maternal death and no decrease in infantile mortality.

The notoriously wet summer of 1956 prevented a severe water shortage such as we experienced in 1955 and as is threatened at the time of writing this report. Once again the lack of Public Health Inspectors has materially hampered the housing programme.

From the point of view of infectious disease 1956 was a remarkable year in that in spite of quite an epidemic of poliomyelitis in the nearby County there was not a single notification in the City, and notification of infectious diseases in general struck an all record low level. This year saw the beginning, although on a small scale, of vaccination against Poliomyelitis.

I am indebted to Dr. Morton once again for the section on tuberculosis, from which it will be seen that there is still much work to be done before this disease can be brought under full control.

It is gratifying to note that every woman having a domiciliary confinement during the year had booked a general practitioner and it would appear that the part played by the Local Authority in providing a Medical Officer at the Ante-Natal Clinic may no longer be required in the future. It is undoubtedly in the patient's best interests that one doctor should be responsible for all ante-natal care and deal with any emergencies which may arise during a domiciliary confinement. This does not mean, of course, that we would have to dispense with the midwives' clinic which will still be an essential part of the service.

The Welfare Services continued to be administered from the Health and Welfare Department. There has been a progressive increase in the demand for Part III Accommodation and as will be seen from the report on the Old People's Homes, these were overcrowded at the end of the year.

I desire to record my thanks to all members of the staff of this department for their willing service and to acknowledge the help and co-operation received from other officers of the Corporation and Government Departments and Boards, general practitioners and hospital staff. 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

SUMMARY OF VITAL STATISTICS

Area (acres)	...	...	...	...	...	6092
Population (1956) Estimate of Registrar General	...	...	...	...	...	68450
Rateable Value	...	...	...	...	...	£762000
Sum represented by a Penny Rate	...	...	...	...	...	£3200

The rates given in 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	... 1149	562	587	
Illegitimate	... 62	34	28	
				Birth Rate, 17.69 (16.82) per 1000 population.

Birth Rate per thousand of the population as corrected by Area comparability factor of 0.95 is 16.81.

Still-births—	35	15	20	
				Rate 28.09 (25.40) per 1000 total births.
Deaths—	862	454	408	
				Death Rate 12.59 (12.15) per 1000 population.

Death Rate per 1000 of the population as corrected by Area Comparability factor of 1.10 is 13.85.

Deaths from diseases and accidents of pregnancy and childbirth	1
--	-----	-----	-----	-----	---

Death Rate of Infants under one year of age per 1000 live births—

Legitimate	...	...	...	27.85
Illegitimate	...	...	...	32.26
				Total 28.07 (28.67)

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

POPULATION

It will be noted that the Registrar General's estimate of the mid-year population has fallen by 250 from 68700 in 1955 to 68450 in the year under consideration.

BIRTHS

Live Births

The total number of live births credited to the City during the year was 1211, giving a birth rate of 17.69 per thousand of the population. It should be borne in mind that 60 of these were children of Scottish mothers who had their confinements in Carlisle.

Illegitimate Live Births

62 (including 2 Scottish) of the above births were illegitimate, so that the illegitimacy rate was 51.20 per thousand of the total live births.

Still-births

There were 35 (including 5 Scottish) still-births during the year; that is a decrease of 4 on the 1955 figure. The still-birth rate was 28.09 per 1000 total births, compared with 32.28 during 1955.

DEATHS

The total number of deaths credited to the City was 862 (including 30 Scottish), producing a death rate of 12.59 per thousand of the population.

Table 1 shows the cause of death and the age at death of the 862 persons mentioned above.

Maternal Mortality

One woman died as a result of complications of pregnancy and child-birth during the year.

Infantile Mortality

There were 34 deaths of children under one year of age (including one Scottish) credited to the City, giving an infantile mortality rate of 28.08 per thousand live births. The number of deaths in 1955 was 32 and the rate was 27.37 per thousand live births.

Table 2 shows the causes of deaths of all the children. It will be noted that practically one-third of the deaths was due to prematurity while another third of the total deaths in children was due to pneumonia. Congenital malformations played only a minor roll in the causation of infant deaths during the year under review.

TABLE 1.

CAUSE OF DEATHS	Deaths within subjoined Age Groups credited to the City as a result of Condition shown									Total Deaths Whether "Resident" or "Non- resident" in the City
	All Ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and up- wards	
1	2	3	4	5	6	7	8	9	10	11
All Causes { Certified	802	28	5	3	6	26	186	226	322	530
Uncertified	60	6	...	...	...	5	17	16	16	355
Tuberculosis, respiratory	7	...	...	...	...	2	1	4	...	4
Tuberculosis, other	3	...	...	...	...	1	1	1	...	2
Syphilitic Disease ...	6	...	...	...	...	...	2	2	2	3
Diphtheria ...	—	...	...	...	...	...	...	...	...	...
Whooping Cough ...	1	...	1	...	...	...	...	...	...	1
Meningococcal Infections	—	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis ...	—	...	...	...	...	...	...	...	...	1
Measles ...	—	...	...	...	...	...	...	...	...	...
Other infective and para- sitic diseases ...	1	...	...	...	...	1	...	...	...	1
Malignant neoplasm —										
.. Stomach	18	...	...	...	...	...	3	10	5	10
.. Lungs & Bronchus	24	...	...	...	...	1	18	5	...	9
.. Breast	11	...	...	...	...	1	7	2	1	6
.. Uterus	2	...	...	...	...	...	1	1	...	3
Other Malignant and lymphatic Neoplasms	77	...	...	...	1	3	28	22	23	70
Leukaemia, Aleukaemia	—	...	...	...	...	...	...	...	...	6
Diabetes ...	5	...	...	...	...	...	...	2	3	2
Vascular lesions of nervous system ...	145	...	...	...	...	...	23	42	80	62
Coronary disease, angina	148	...	...	...	...	3	49	55	41	57
Hypertension with heart disease ...	18	...	...	...	...	...	6	5	7	12
Other heart disease ...	148	...	...	...	...	4	14	36	94	86
Other circulatory disease	32	...	...	...	...	...	6	6	20	20
Influenza ...	7	1	...	...	...	1	1	4	...	...
Pneumonia ...	29	12	1	...	1	...	3	5	7	11
Bronchitis ...	33	...	...	...	...	...	8	12	13	16
Other diseases of res- piratory system ...	4	...	...	...	...	1	...	2	1	2
Ulcer of the Stomach and duodenum ...	10	...	...	...	...	2	2	3	3	8
Gastritis Enteritis and diarrhoea ...	4	1	...	...	...	1	...	2	...	5
Nephritis and Nephrosis	10	...	...	1	1	1	7	...	...	7
Hyperplasia of prostate	6	...	...	...	...	...	...	...	6	5
Pregnancy, childbirth, abortion ...	1	...	...	...	...	1	...	...	...	1
Congenital malforma'tns	6	4	...	1	...	1	...	...	...	7
Other defined and ill- defined diseases ...	69	15	...	...	...	3	12	13	26	104
Motor vehicle accidents	17	...	3	...	2	3	5	2	2	20
Suicide ...	3	...	...	...	...	...	1	2	..	2
Homicide and operations of war ...	—	...	...	...	...	...	...	...	...	...
All other accidents ...	17	1	...	1	1	1	5	4	4	22
TOTALS ...	862	34	5	3	6	31	203	242	338	565

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 & under 3 months	3 months and under 6 months	6 months and under 9 months	9 months & under 12 months	January	February	March	April	May	June	July	August	September	October	November		December
All Causes { Certified Uncertified	20	1	1	1	23	—	2	2	1	4	1	3	3	4	4	1	3	1	2	1	1	28 6
*Prematurity ...	11	—	—	—	11	—	—	—	—	1	—	—	3	1	2	1	2	—	1	—	—	11
Congenital Malformation	—	—	1	1	2	—	—	1	1	—	—	1	—	1	1	—	—	—	1	—	—	4
Pneumonia ...	5	1	—	—	6	3	2	1	—	3	1	—	—	2	—	—	—	2	2	1	1	12
Influenza ...	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Gastro-Enteritis ...	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Asphyxia (Inhalation of Vomit)	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Haemolytic Disease of Newborn	2	—	—	—	2	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2
Cerebral Haemorrhage	1	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Birth Injury ...	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
TOTALS	20	1	1	1	23	3	4	3	1	4	2	3	3	5	4	1	3	2	4	1	2	34

*Includes 1 Scottish.

Deaths due to Cancer

Table 3 sets out the deaths from Cancer from 1947-1956.

TABLE 3.

1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
...111	...121	...118	...124	...127	...106	...124	...141	...121	...132

Of the 132 deaths which occurred in 1956 only 6 were under the age of 45 and 57 were between the ages of 45 and 65.

Inquests

During the year the City Coroner held 52 inquests. Of this number 28 related to deaths of persons who resided within the City and 24 to persons who resided in other districts but who died within the City.

Uncertified Deaths

74 deaths were registered in which no certificate was given by a medical practitioner, and in which no inquest was held. 59 of these were in respect of City residents.

During 1955 the number of such deaths registered was 74.

Mortuary

28 bodies were removed to the Public Mortuary, post-mortem examinations being made in 22 instances.

SECTION II.

SANITARY CIRCUMSTANCES

SANITARY CIRCUMSTANCES

WATER SUPPLY

I am indebted to the City Engineer and Surveyor for the reports on Water Supply and Sewerage and Sewage Disposal.

The rainfall for the year ending March, 1957, was 43.34 inches as against 27.84 inches the year before. The rainfall in August was 11.4 inches which represents some 26% of the year's total. There was no period of absolute drought, the longest period without rain being 8 days in April. The rainfall during the year provided a welcome relief to the water shortages which occurred the previous year. Following the drought of 1955 it was not possible to fill the reservoir before the end of January.

Consulting Engineers have been commissioned to prepare the details of the River Eden Abstraction Scheme to enable it to be advertised for contract and it is hoped that a contract will be let, at least for the abstraction part of the scheme next year.

Regular bacteriological examinations have been made of the water in its various stages of treatment at Castle Carrock Works. In all, 40 samples were taken during the year of the fully treated water, and have been examined bacteriologically and all showed the water leaving the treatment plant to be highly satisfactory.

My Sewage Works Manager and Chemist continued to carry out experiments with a view to determining whether the tendency occasionally for the water to be plumbo-solvent can be cured or reduced. A great deal of work has been done, but unfortunately, the Sewage Works Manager and Chemist secured another appointment and there must, inevitably, be a break in this work.

Samples have been taken regularly at Botcherby Dairy and all have proved satisfactory. The unsatisfactory sample reported by the Area Chemist for the Co-operative Society on the 19th December last year has not re-occurred and no reason has been discovered for this particular sample. I am continuing to take samples, for although an odd unsatisfactory sample such as this is no cause for worry, it is unsatisfactory not to have some explanation or reason. In this connection it is hoped that the Council as Fire Authority will be permitted to resume its programme of replacing ball hydrants at an early date.

During the year 7 miles of water main were laid in connection with new housing estates, etc., including a 12" dia. main between Dalston Road and Wigton Road across the new Morton Residential Neighbourhood.

Table 4 shows the total quantity of water supplied and the quantity per head per day for the last three years.

TABLE 4.

			No. of Galls.	Galls. per head per day
1954	..	...	1,261,000,000	43.18
1955	...	...	1,291,000,000	44.21
1956	...	...	1,245,000,000	42.5

SEWERAGE AND SEWAGE DISPOSAL

The past year has again been an active one so far as extreme staff shortages would permit.

Development has proceeded at Morton Neighbourhood and 5 miles of sewers have been constructed in the second stage of this development since my last report. A scheme for the advance preparation involving 6 miles of sewers for Stage III has been prepared, tenders invited and it is anticipated, will be well in hand by the time this report is published.

The Minister of Health and Local Government has now approved the remainder of the Morton Outfall Sewer from Skiddaw Road to Willow Holme Sewage Works. Tenders have been invited for this work and it should be commenced at an early date. This scheme which consists of laying pipes from 30 ins. to 72 ins. diameter has presented some intricate engineering problems, such as the construction of a 30ins. diameter sewer in tunnel under the railway, a 51ins. diameter pipe under the bed of the mill race, and a 72ins. diameter pipe under the bed of the River Caldew just above Holme Head Bay.

The schemes for relief sewers for the area of the City north of the River Eden and for the Blackwell area have been delayed owing to staff shortages, but now that I have a full complement of engineering staff they will be submitted to the Health Committee and the Ministry at an early date.

The completed work at Willow Holme Sewage Disposal Works continued to produce good results. The design for the second stage is well in hand and preliminary quotations and designs have been received for the mechanical sludge scraping and de-scumming apparatus.

Normal maintenance works have proceeded throughout 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 was collected from all domestic premises twice weekly and from the central shopping area four times weekly, except Bank Holidays. Salvage collections were made from all premises each Wednesday. As in the previous year, 38 refuse collectors and 13 motor drivers were employed on this work, but the development of the Morton estate during the second half of the year necessitated continuous revision of collection arrangements in other areas and the resources of the Department were strained to provide the full frequency of collection to all newly occupied houses without increase in the labour force. The limit of absorption has now been reached and further building development will require increased refuse collection staff.

During the year a further Karrier "Bantam" refuse collecting vehicle of the side loading type was placed in operation to replace one of the old-type freighter vehicles. The policy of replacing the old and comparatively slow-moving freighter type vehicles with modern wheel-steered vehicles is making steady progress, and the

fleet of 15 vehicles is made up of 4 Karrier "Bantam" refuse collectors ; 3 large S. & D. refuse collectors ; 7 S. & D. freighter type refuse collectors and 1 Karrier "Bantam" open type salvage lorry.

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

Number of loads.	Estimated weight.
15,683	23,118 tons.

Refuse Disposal. Controlled Tipping.

Refuse was disposed of by fully controlled tipping at Botcherby, Upperby and the Viaduct Car Park Tips.

The tip at Botcherby which is very limited in area was restricted to the reception of the many types of industrial refuse which are unsuitable for burning at the destructor works.

Work on the construction of school playing fields at Upperby by controlled tipping was continued. This tip absorbed the entire collection of house refuse for the first three months of the year, and, upon the opening of the Viaduct Car Park Tip, continued to accept one half of the domestic refuse collected.

The project of raising the level of the old gasworks site to that of the Nelson Bridge by the use of controlled tipping of house refuse was commenced at the end of March. The final depth of the tipped refuse will average 14 feet and after careful consideration it was decided to carry out the scheme by tipping three layers of refuse, each 5ft. 6ins. deep, in such a manner that the site could be used for car parking during the entire operation. The central location of the site and the need for complete stability of the three layers for car parking made it essential that there should be close supervision and the fullest possible control of the deposit of refuse. Temperature tests have been taken regularly and reveal that a temperature of 145 to 150 degrees is achieved within three weeks of tipping refuse. The high temperatures accelerate decomposition, avoid nuisance from flies and vermin, and speed up the final settlement, and they have played a considerable part in ensuring that the work has been carried out without complaints of any kind.

Refuse Disposal. Destructor Works.

The small two-cell destructor works which is operated for the burning of putrescible refuse was operated throughout the year with the exception of one month when the plant was undergoing an extensive overhaul. Inspection of the cells had revealed that the usual maintenance work of patching the linings would be inadequate and that a considerable amount of work would be essential. It was decided to engage the makers of the plant, Messrs. Heenan &

Froude, to carry out a complete re-lining of the cells, including top arches, and re-lining of the combustion chamber and flues as required. After the work had been completed the efficiency of the plant was considerably increased. The following statistics indicate the amount of material disposed of by destruction :

Vegetable and miscellaneous	...	...	372 tons
Fish Offal	...	...	11 tons
Eggs and chickens	...	...	984 bins
Animal Carcases	...	...	1,785

Salvage Disposal.

The general salvage work of the Department was carried on in the normal manner, but the demand for wastepaper showed an increasing tendency to decline as the year progressed and this was, of course, reflected in the total sales and in the income obtained. Other salvage materials continued in normal demand, and the following statistics record the amount and nature of salvage recovered and sold during the year :—

				Tons.	Cwts.	Qrs.
Waste Paper	...	...	...	855	1	3
Iron	...	...	...	4	0	2
Tins	...	...	...	84	0	0
Other Metals	...	...	...		17	1
Textiles	...	...	...	5	0	1
String	...	...	...	3	3	3
Bottles	...	...	...	3	16	0

SECTION III.
OCCURRENCE AND CONTROL OF
INFECTIOUS DISEASES

SECTION III.
INFECTIOUS DISEASES
OCCURRENCE AND CONTROL OF INFECTIOUS DISEASES

Infectious disease is always subject to epidemic variation and in 1956 we were lucky enough to strike a record low level of 330 notified cases, with only 327 of them confirmed. Perusal of the records since 1914 shows that the previous record low was in 1936 when the figure was 383 confirmed cases. At the time of writing, however, I can state that the figures for 1957 will be quite the reverse of this, as there have been already 2,000 cases of measles notified.

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	10	...	10	...	3	7	...	...	...	...	...
Whooping Cough	32	...	32	8	17	6	...	1	...	...	3
Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...	...
Measles	39	...	39	...	25	12	1	...	1	...	...
Pneumonia	37	...	37	2	4	6	3	6	10	6	7
ACUTE POLIOMYELITIS—											
Paralytic ... ..	...	...	...	...	...	...	...	...	...	...	...
Non-Paralytic ... ..	...	...	...	...	...	...	...	...	...	...	...
Acute Encephalitis ... ..	...	...	...	...	...	...	...	...	...	...	...
Dysentery	19	...	19	1	4	10	1	2	...	1	3
Ophthalmia Neonatorum	2	...	2	2	...	...	...	...	...	...	...
Puerperal Pyrexia	80	1	79	...	...	...	35	44	...	...	11
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...	...
Paratyphoid Fever ... ..	...	...	...	...	...	...	...	...	...	...	...
Enteric or Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	5	...	5	...	...	...	...	1	3	1	1
Malaria (contracted abroad) ... ..	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis Respiratory	65	...	65	...	2	2	11	28	21	1	...
Meninges ... ..	...	...	...	...	...	...	...	...	...	...	...
Other	8	...	8	...	...	4	1	2	1	...	...
Food Poisoning	31	1	30	...	1	3	1	9	14	2	4
Meningococcal Infection	2	1	1	...	...	1	...	...	...	...	1
Totals	330	3	327	13	56	51	53	93	50	11	30

During the year no notification of diphtheria, poliomyelitis, typhoid, para-typhoid, smallpox or malaria was received.

SCARLET FEVER

10 cases of this disease were notified during the year, none of which was admitted to hospital.

WHOOPIING COUGH

Thirty-two confirmed cases of whooping cough were notified as compared with 311 in 1955. There was one death from this disease.

MEASLES

The immunity lasting from the epidemic of 1953/4 was apparently still in evidence and only 39 cases of measles were notified during the year.

PNEUMONIA

37 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 29 deaths due to pneumonia which were not notified. It seems doubtful whether the continuation of the notification of this disease is serving any practical purpose.

INFLUENZA

There was no epidemic of influenza during the year. 7 deaths were registered due to this cause.

FOOD POISONING

There were 30 cases of food poisoning notified during 1956. 23 of these cases, in two outbreaks, were due to staphylococcal food poisoning. 3 of the remaining 7 cases were due to infection with *Salmonella typhi-murium* and the causes of the other 4 cases were not determined.

DYSENTERY

The number of confirmed cases of Sonne Dysentery during the year was 19. No case of any other form of dysentery was notified.

MENINGOCOCCAL INFECTION

One case of meningococcal infection, which recovered, was notified.

PUERPERAL PYREXIA

79 notifications of this condition were received ; 45 were City residents and 34 were women from other parts, having their confinements in City Hospitals.

OPHTHALMIA NEONATORUM

Two City children were notified as suffering from this disease during the year.

NOTIFICATION FEES

The total amount paid in fees to medical practitioners for the notification of all notifiable diseases during the financial year 1955-56 was £288/16/6d.

VENEREAL DISEASES

Venereal Diseases are now playing a much less important part in the Public Health Service than they formerly occupied. During the year under review no new case of Syphilis attended for the first time at the Centre, while the total number of new cases of Gonorrhoea attending for the first time was 38. 22 cases of non-Gonorrhoeal Urethritis attended for the first time and 50 other patients attending for the first time required treatment for other conditions. As pointed out by Dr. Bell last year, the incidence of diseases at the clinic is no longer a true reflection of the number of cases in the community as many are treated by their private practitioners now that modern anti-biotics are available.

SECTION IV.

TUBERCULOSIS AND OTHER CHEST CONDITIONS AND MASS RADIOGRAPHY

INTRODUCTION

Our statistics for 1956 reveal that it is in the field of treatment that we have most grounds for satisfaction.

The number of cases remaining at the end of the year who were in an infectious state again showed an appreciable decrease.

The decrease in the number of new cases of pulmonary tuberculosis noted in previous years has been halted, and statistics for 1957, up to the time of writing this report, even suggest that this figure will again rise.

Tuberculosis as a problem is not yet solved. It is merely wishful thinking to believe that the disease is at last fully controlled and the view of some Regional Hospital Boards that the disease has ceased to be a problem of the future, and that no money should be spent on further developments in the chest service must be strongly condemned. The new problems facing us are such that, if we are to cope with these satisfactorily, the chest centre facilities will have to be increased.

Whilst waiting lists for admission to hospital of cases of tuberculosis remain at a low level, the small number of beds available for the investigation and treatment of non-tuberculous pulmonary conditions becomes more acute from year to year. The demand for urgent admissions for acute non-tuberculous pulmonary disease is very much greater than it is for tuberculosis itself.

As in previous years a short section on non-tuberculous diseases of the chest is appended, but the brevity of this section must not be interpreted as an indication of its relative unimportance. Chest disease, other than tuberculosis, is responsible for both a higher morbidity and a higher mortality in the community than tuberculosis, and the investigation and treatment of these diseases continues to take up the biggest proportion of our time and facilities.

NOTIFICATIONS

In the East Cumberland area in 1956 notifications for the pulmonary type of the disease dropped from 139 to 125, and the notifications of non-pulmonary disease dropped from 31 to 19. The decrease was general throughout the area; in the Carlisle City area the new pulmonary cases fell from 74 to 63; whilst in the County of Cumberland Eastern area the corresponding figures were 56 and 54; and in the North Westmorland Area 9 and 8.

It will be noted that this decrease is much less than noted previously in 1954, when the total number of new pulmonary cases for the whole area was 170. At the time of writing this report—May, 1957—the number of new cases seen to date during 1957 shows an appreciable increase on any similar period during the past five years; and indeed one wonders whether one has not reached the position of stalemate as far as this figure goes. There is no doubt that many of our new cases have failed to avail themselves in the past of either consulting their own doctors, or of visiting the mass radiography unit, and we all know there is a considerable infective pool in the community still undetected and unrecognised.

The mass radiography unit allotted to the Special Area has continued its operation throughout the year. One short period was spent in co-operation with other Newcastle units in the Gateshead

area in the Spring and somewhat interrupted our programme locally, but its value as a case-finding measure remains unimpaired. Regular and intensive factory and public session surveys have continued and have contributed much to allaying the fears of patients and to breaking down their hospital complex. Many of our new cases would have otherwise remained undetected had they not passed through the unit.

Now that therapeutic methods of greater efficiency are known, the obligation to detect tuberculosis wherever it may be, whether in the lungs, or in the bones, or in the cervical glands, and to restore the diseased person to health, and thus prevent infection to other people is more binding than ever. Much of this obligation is borne by our profession. Where a patient does not consult his doctor and fails to take advantage of a mass radiography examination, the disease will spread.

There is still much ignorance amongst the general public about tuberculosis. In spite of quite extensive propaganda many sections of the public, particularly in the older age groups, remain largely apathetic.

There is still a considerable unknown pool of infectious disease in the community. Although modern diagnostic methods have contributed largely to the finding of early disease, experienced chest physicians, particularly those concerned in the running of mass radiography units, cannot fail to be impressed by the frequency with which one finds cases of extensive chronic disease previously unrecognised. There is no doubt that the value of any mass miniature radiography survey lies partly in offering all such persons prompt and adequate therapy, and removing them as a source of infection from the local community. In spite of all our efforts the number of new cases remains at much too high a level. In this area a graphic record of these cases over the past five years suggests that this level will remain stationary unless there is reorientation of outlook in responsible quarters.

The assessment of cases of pulmonary tuberculosis as active continues to be a major part of our chest centre work. When asymptomatic bacteriologically negative lesions are detected by X-ray examination, and when the X-ray appearances are consistent with inactive disease the clinician cannot dismiss the findings as of no consequence. A formal schedule of periodic examinations must be carried out and continued so long as a lesion remains which is thought to be capable of re-activation.

Pleurisy with effusion is in many cases of tuberculous aetiology even though a parenchymal lesion cannot be demonstrated after the effusion has disappeared. As pulmonary tuberculosis is now appearing more often in the older age groups thorough investigation of all pleural effusions, including paracentesis, is more necessary than ever so as to distinguish those of tuberculous aetiology, particularly from the increasing number of effusions associated with neoplasms. A certain number of cases of erythema nodosum are regarded in this country as evidence of a tuberculous infection. Probably the most frequent cause of this condition is sarcoidosis, but whether the aetiology be tuberculous or sarcoid, full investigation of the chest is required. Diabetes Mellitus definitely predisposes to tuberculosis—hence special care to exclude tuberculosis in all such patients is necessary. The administration of Cortisone and its derivatives, especially for prolonged periods is an important item of history, because such treatment may re-activate a latent lesion.

I must, unfortunately, again stress the importance of notifying cases of active non-pulmonary tuberculosis when these are first seen. I called attention to this in 1954 and again last year, but cases of pulmonary tuberculosis still crop up where we find a relative with a non-notified non-pulmonary tuberculosis lesion who has been already under treatment. Bone and joint tuberculosis must in this area be largely due to the human type of bacillus, and when we have no knowledge of such a case we are unable to track down the person responsible for the infection.

Table 6 gives the number of notifications throughout England and Wales for the years 1951 to 1955:—

TABLE 6.
Notifications in England and Wales

Year	Pulmonary	Non-Pulmonary
1951	42,696	6,744
1952	41,904	6,189
1953	40,917	5,629
1954	36,973	5,375
1955	33,580	4,554

Table 7 shows the number of primary notifications in the Carlisle City area for 1956 and the preceding five years:—

TABLE 7.

Year	Pulmonary	Non-Pulmonary
1951	92	22
1952	89	11
1953	67	13
1954	90	10
1955	71	7
1956	65	8

Table 8 shows the number of primary notifications of tuberculosis by age, sex and type received during the year.

TABLE 8.

Age Periods	Number of Primary Notifications of new cases of Tuberculosis											Total (all ages)
	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & upwards	
Pulmonary—												
Males ...	—	2	—	—	1	5	7	12	10	8	1	46
Females...	—	—	2	—	4	1	7	2	2	1	—	19
Non-Pulmonary—												
Males ...	—	—	2	—	—	—	—	—	—	—	—	2
Females..	—	—	2	—	—	1	2	—	1	—	—	6
Totals	—	2	6	—	5	7	16	14	13	9	1	73

The sex and age distribution of cases seen in 1956 are set out in Table 9 and apply to the Carlisle City area only, the figures in the parenthesis being for the whole of the East Cumberland Hospital Management Committee area, including the County of Cumberland (Eastern Division) and North Westmorland.

TABLE 9.

Respiratory		under							
Aged		5	5-15	15-25	25-35	35-45	45-55	55-65	65 plus
Males		1 (3)	1 (3)	4 (9)	10 (11)	9 (17)	10 (15)	8 (15)	1 (9)
Females		- (-)	2 (2)	5 (11)	7 (15)	1 (5)	3 (8)	1 (1)	— (1)
Non-Respiratory									
Males		— (-)	1 (1)	— (-)	— (-)	— (-)	— (-)	— (-)	— (-)
Females		— (1)	2 (3)	1 (4)	2 (3)	— (2)	1 (3)	— (-)	— (2)

Once again the number of new female cases of tuberculosis in the whole area has dropped and this has involved all age groups, except the 45-55 group. The incidence of the disease in elderly males has, however, risen, a fact which raises new problems, particularly in therapy.

No less than 8 new cases were found in the under 15 age group and one expects to continue to find cases in this group unless the serious gaps in our preventative service—mentioned elsewhere in this report—are corrected.

Recent new cases of tuberculosis in the Special Area have included two school teachers, one nursery assistant and two industrial canteen workers. All staff associated with schools, both teaching and non-teaching should have at least one annual X-ray examination, and it is depressing to repeat this year after year. Surely the staff themselves would be the first to appreciate the value of such an examination. The danger to the largely unprotected groups of our child population is very great, and such an annual examination should be an integral and compulsory requirement for anyone coming in close contact with infants and children in schools and nurseries.

Today the prevalence of active and infectious tuberculosis has so diminished that many people reach adult life without being infected, and the Mantoux test assumes very great significance. A positive test in children merits very careful observation for years. If an infant is found to be Mantoux positive, then there is undoubtedly a strong argument for notification and for recommending a course of specific chemotherapy, even in the absence of recognisable tuberculous disease.

Table 10 gives the pulmonary notifications for 1956, 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 Carlisle City area whilst the figures in parenthesis again refer to the whole of the East Cumberland area.

TABLE 10.**RESPIRATORY**

	R.A.1	R.A.2	R.A.3	R.B.1	R.B.2	R.B.3
Males	17 (32)	9 (18)	3 (7)	1 (1)	6 (10)	8 (14)
Females	6 (16)	5 (9)	2 (4)	— (1)	1 (5)	5 (8)
No. of above respiratory cases referred by M.M.R.						
Males	7 (14)	3 (8)	1 (2)	1 (1)	2 (3)	2 (2)
Females	1 (6)	1 (2)	— (—)	— (—)	— (1)	— (—)

DEATHS

The number of people whose names were on the Tuberculosis register for the Carlisle City area, and who have died during the year are set out in Table 11 for the years 1951 to 1956 :—

TABLE 11.

Year	Number of Deaths	
	Pulmonary	Non-Pulmonary
1951	22	3
1952	14	3
1953	13	2
1954	14	2
1955	13	2
1956	7	3

Table 12 gives the number of deaths from tuberculosis throughout England and Wales from 1951 to 1956 :—

TABLE 12.

Year	Number of Deaths	
	Pulmonary	Non-Pulmonary
1951	12,031	1,775
1952	9,335	1,250
1953	7,913	989
1954	7,069	828
1955	5,838	655
1956	4,849	519

As I have indicated in previous years these tables only give the number of people dying whose names were on the Tuberculosis registers, and do not indicate that they actually died from the disease. Most of our cases did in fact die from conditions other than their tuberculosis, and detailed analysis of the 26 deaths which occurred in 1956 shows that only five out of 26 died from their tuberculosis. By far the most common cause of death was emphysema with cor pulmonale; in three cases congestive cardiac failure was the actual cause of death; two cases died from carcinoma, one of which was in the colon; two others died from cerebral embolism and two from non-tuberculous pneumonia.

Table 13 shows the number of deaths of patients on the Tuberculosis register in 1956 divided into age groups:—

TABLE 13.

Under							
5	5-15	15-25	25-35	35-45	45-55	55-65	65 plus
—	—	—	3	3	4	7	9

As the older age groups account for an increasing percentage of the new cases seen each year it is only to be expected that in a majority of such cases these patients will die from some condition other than their tuberculosis.

The problem is indeed a very acute one. Active disease in elderly people does often result from the breaking down of a lesion contracted many years earlier, a lesion perhaps which may have been fully investigated and found to be healed and inactive. In other cases, however, there is a strong suspicion that the positive Mantoux test associated with a healed adolescent primary complex has reverted to negative and suggests that in a certain and probably increasing proportion of cases in elderly people active disease may be in the nature of an entirely new infection from without.

CHEST CENTRE STATISTICS

Table 14 gives the number of cases of pulmonary and non-pulmonary tuberculosis on the Carlisle City Register for 1956. The figures in parenthesis in the grand total relate to corresponding figures for 1955.

TABLE 14.

	Respiratory			Non-Respiratory			Total			Grand Totals
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Cases on Clinic Register on 1st January, 1956 ...	248	293	43	20	34	21	268	327	64	659 (613)
Additions to Register during 1956 ...	49	22	4	1	5	4	50	27	8	85 (99)
Removals from Register during 1956 ...	297	315	47	21	39	25	318	354	72	744 (712)
	15	26	—	7	3	1	22	29	1	52 (53)
Number of cases on register on 31st Dec., 1956...	284	291	43	14	37	23	298	328	66	692 (659)
Number known to have had a positive sputum within the preceding 6 months	22	8	—	—	—	—	22	8	—	30 (38)

One should note the steady increase in the number of cases of tuberculosis which are under regular supervision. The number of cases with a positive sputum, and therefore infectious, has reached a new low level. It is very satisfying to know that this decrease of infectivity has also occurred in the North Westmorland area and in the Eastern Division of the County of Cumberland. Out of a total number of 1,306 cases on the Tuberculosis register at the end of the year, only 47 had a positive sputum within the previous six months.

Table 15 gives the statistical summary of work done at the chest centre during the year.

TABLE 15.

CHEST CENTRE STATISTICS

R. = Respiratory. N.R. = Non-Respiratory.

	East Cumberland		Carlisle City		North Westm'd.		Total		Total figures for 1955	
	R.	N.R.	R.	N.R.	R.	N.R.	R.	N.R.		
1 No. of NEW cases seen :—										
Adult male	385	....	432	....	58	....	875	....	} 2021	1927
Adult female	329	12	450	5	48	....	827	17		
Male child	72	1	74	5	9	....	155	6		
Female child	72	1	64	1	2	1	138	3		
2 No. of OLD cases seen :—										
Adult male	830	18	1081	16	120	10	2031	44	} 5333	5076
Adult female	911	89	1282	80	96	17	2289	186		
Male child	160	7	264	2	28	9	452	17		
Female child	125	4	162	12	6	5	293	21		
3 No. of NEW contacts seen :—										
Adult male	233	....	267	....	44	....	544	....	} 2280	2705
Adult female	263	....	334	....	63	....	660	....	
Male child	240	....	283	....	39	....	562	....	
Female child	184	....	296	....	34	....	514	....	
4 No. of OLD contacts seen :—										
Adult male	29	....	50	....	4	....	83	....	} 1069	1555
Adult female	60	....	82	....	13	....	155	....	
Male child	141	....	242	....	11	....	394	....	
Female child	134	....	286	....	17	....	437	....	
5 No. of cases seen by physiotherapist :—										
Adult male	225	....	418	....	1	....	644	....	} 2313	854
Adult female	202	....	307	....	14	....	523	....	
Male child	215	....	445	....	10	....	670	....	
Female child	180	....	296	....	....	....	476	....	
6 No. of A.P. refills given	*169	....	268	....	1	....	438	....		1635
7 No. of P.P. refills given	961	....	1533	....	62	....	2556	....		4280
8 No. of E.P. refills given	179	....	251	....	50	....	480	....		481
9 Screenings only	70	....	149	....	3	....	222	....		376
10 Aspiration	6	10	3	16	2	3	11	29		99
11 Domiciliary visits							292			314
12 Total attendances	6375	142	9319	137	735	44	16721	323	=	17044 19302

* includes Blencathra out-patients refills = 32

These statistics show that there has been an increase in both the number of new cases seen and the number of old cases examined. The drop shown last year in the number of cases attending for collapse therapy has continued. As indicated last year the number of new cases requiring this form of treatment has greatly diminished; on the other hand the number of cases attending for physiotherapy has greatly increased. The smaller number of contacts examined was largely due to our inability to make use of the mass radiography unit for their examination, owing to its stay for one month in Gateshead.

CONTACT EXAMINATIONS

Contact work has been carried out at the chest centre on the same lines as in previous years, and the net continues to be spread as widely as possible. In the cases of working patients we have been able to examine their fellow workers and we have received very considerable help from employers and welfare personnel of the works concerned.

The number of contacts found to be tuberculous in the whole of the East Cumberland area, and notified during the year total 8, compared to 7 in 1955.

All Mantoux negative contacts are offered B.C.G. vaccination and once again no case of active tuberculous disease has occurred in a contact who had been previously vaccinated.

HOSPITAL FACILITIES AND WAITING LISTS

Table 16 gives the number of beds available for the treatment of tuberculosis.

TABLE 16.

Institution	No. of beds
Blencathra	74
City General Hospital	19
Longtown Hospital	24
Ormside Sanatorium	22

Table 17 gives the number of cases from the City of Carlisle admitted to institutions for treatment during 1956.

TABLE 17.

Institution	Adults	Children
Blencathra	65	—
Longtown	32	—
City General Hospital	27	7
Cumberland Infirmary	4	—
Ormside Sanatorium	24	—

As from the middle of December the bed situation in the Carlisle area further deteriorated; we had to give up Ward 18, a ward of 10 beds in the Cumberland Infirmary to the geriatric department, and as a result the pressure on our beds locally has been and continues to be, very great.

The waiting lists at the end of the year for all diseases of the chest is set out in Table 18—

TABLE 18.

Waiting Lists as at 31/12/56

	Males	Females	Total
(a) For admission to hospital or sanatorium ...	3	12	15
(b) For admission to Thoracic Units	7	—	7
(c) Non-tuberculous conditions ...	26	18	44

This lack of beds in the Carlisle area does seriously handicap our work, both in tuberculosis and in non-tuberculous diseases. Indeed, pulmonary disease other than tuberculosis usually calls for more urgent admission and it is a sad reflection on our hospital service when we are unable to admit such patients.

In tuberculosis the extent of the pulmonary lesion, whether minimal, intermediate or advanced, is not as important as the age of the lesion when contemplating treatment. Old lesions, large or small, are likely to have produced destructive changes, whereas a lesion of recent origin, even if extensive, may be reversible. Frequent histological appraisal of the results of treatment following resection makes it clear that destructive lesions are likely to require surgery, whereas non-destructive lesions may be arrested and often cured by medical means alone. It is therefore of vital importance in making a diagnosis of active pulmonary tuberculosis to determine which pulmonary segments are diseased and what is the nature of the disease in each. It is much easier to determine this early in the course of the disease while the radiological appearances are prominent. One has to have in mind the probability of resolution of an area of disease; whether collapse therapy can profitably be employed along with chemotherapy; or whether final pulmonary resection may be required later.

Having determined this, the programme of treatment is designed not merely to relieve symptoms, if these are present, but also to protect a patient from the eventualities of progressive tuberculosis for a life time.

Few clinical problems are so complicated, and in former decades few diseases were so illusive and frustrating; now the outlook has altered—there are few diseases which can be treated by so many and varied approaches successfully, when these are combined wisely. We still regard bed rest as necessary during the period of active disease, but since adequate chemotherapy shortens the period of activity, rest therapy can also often be abbreviated and modified in many cases. The amount of bed rest required is determined as the minimum amount needed for a particular patient and this will of necessity vary.

Hospital treatment continues to be recommended for the initial phase of treatment in all cases. Not only does this allow a better opportunity to institute the therapeutic programme, but—and this is most important—it allows for the examination of all home contacts and their protection with B.C.G. vaccine. All patients with active tuberculosis receive specific drug therapy. We prefer Streptomycin along with Isoniazid. However successful the early results of drug therapy may seem we now recommend that it must be continued for a comparatively long period to ensure its full bacteriostatic use. As far as chronic disease is concerned, this will necessitate drug therapy in some form or other for at least 12 months after the sputum has been converted.

The programme of drug therapy as used in pulmonary tuberculosis is in general carried out also in extra-pulmonary tuberculosis. Enlarged tuberculous cervical glands are still common, and relapses following treatment have occurred in one or two cases, and we now feel that therapy in the past has been of too short duration.

We have seen little new non-pulmonary tuberculosis during 1956. Here too specific drug treatment has revolutionised treatment and indeed the treatment of such lesions as renal tuberculosis, endo-metrial tuberculosis, salpingitis, etc., has become largely medical, the surgeon being called in just as in pulmonary disease when gross residual cavitating disease, or abscess, remains after drug therapy.

I would comment briefly on the diminishing number of patients who attended at the chest centre for collapse therapy refills. Collapse therapy is essentially a means of providing additional rest to the diseased lung, and in choosing the type of collapse therapy needed one takes the method which (a) entails least risk of complication; (b) which compromises the pulmonary function to the least degree; and (c) which will lead to the desired goal, either a final lasting result in itself, or as an intermediate step towards eventual pulmonary resection. One of the principal objects of collapse therapy has been, and is, the closure of cavities. A good pneumothorax will only collapse the diseased segment, and if it has not attained the object of cavity closure and a negative sputum one would consider pulmonary resection or another type of collapse therapy for a patient still not fit for surgery. Now that we have excellent surgical facilities we recognise that in many cases resection will be necessary, and therefore the number of cases for which we would consider pneumothorax therapy has diminished. Pneumoperitoneum is a relatively safe operation, and whilst it is often used as the only form of collapse to be maintained until a cure is obtained, we still carry it out as a temporary expedient when the pulmonary disease is considered too acute for pulmonary resection—the latter being anticipated at a later date.

We do not now continue a pneumothorax for longer than 12 months and indeed many of our recent inductions have only been continued for half this period. We also no longer have the phrenic nerve crushed after the induction of a pneumoperitoneum, as we now recognise that although we get a spectacular 'collapse' result, there is considerable loss of respiratory function and pulmonary resection yields results which are more predictable. The complete reversibility and control of a pneumoperitoneum permits its use in patients with marginal respiratory function, whether due to previous collapse, resection, or extensive destructive lesions. One advantage of a pneumoperitoneum is that a patient with an effective pneumoperitoneum can tolerate more physical activity than if he had none, and can in fact remain at work.

One should also mention the treatment of the persistent chronic cavity by postural retention. Unfortunately, this type of treatment takes many months. In one case a patient was in our ward for 2½ years on this treatment before she was fit for resection.

The operation of thoracoplasty has markedly declined in popularity and it is very infrequently used today. This operation produces a considerable permanent reduction in the respiratory capacity and we now recognise that any procedure designed purely and simply to reduce respiratory movement is bad treatment.

Selective collapse on an upper lobe lesion by extra-pleural pneumothorax has been done on several of our cases. Minimal impairment of pulmonary function is produced and it is usually selected for patients with limited respiratory reserve. There is no difficulty in continuing such a pneumothorax, but the difficulties arise when termination is considered advisable. The decision to terminate in such a case is not an easy one and the question of further surgery is likely to arise. Our view is that one individual patient should only have one major thoracic operation in his life time and hence we seldom now recommend an extra-pleural pneumothorax.

Chemotherapy alone, chemotherapy with collapse therapy, or chemotherapy with pulmonary resection, depending on the stage of the disease, offers the nearest approach to complete cure. Careful evaluation of the respiratory and circulatory functions is necessary beforehand. The prospective life span during which relapses occur is so long in young persons that radical treatment should be undertaken. A patient of 65 years of age not only faces a shorter life expectancy than one of 20 but he often faces a more secure leisurely existence. Chronological age and physiological age are not consistent in many patients, and in diabetics every effort is made to remove destructive lesions.

Whenever pulmonary resection is contemplated one has to remember that in most cases the disease has been more widespread initially than can be demonstrated radiologically at the time of operation. The value, therefore, of radiological examination, especially in relation to the individual pulmonary segments, at the start of treatment will therefore be appreciated. Although clinically the disease may be confined to one area of the lung, tuberculosis is a generalised infection, and one cannot disregard foci which may be present elsewhere in the lungs and in other organs. Following operation therefore, medical treatment adequate enough to deal with any residual disease, and consisting of bed rest, specific drug therapy, and sometimes even collapse therapy, is essential to consolidate the spectacular gains of pulmonary resection. Inadequate medical treatment following operation may have permanent disastrous results.

REHABILITATION

Rehabilitation Panels continue to be held monthly at the chest centre. This problem exists for many of our patients and we must assist them in procuring any advice and training for a life free from stress and strain, and yet adequately productive.

The need for rehabilitation is in direct proportion, not so much to the extent of the disease which a patient has, but to the length of time that patient has had the disease, and successful rehabilitation depends largely, therefore, on early diagnosis.

Modern treatment today often continues after a patient has been discharged from hospital, and indeed, even after he is considered fit to resume work. In some cases we would consider it inadequate if we did not insist on drug therapy for 12 months after a patient's discharge from hospital. Some patients too attend for collapse therapy at weekly intervals, thus allowing them to return to work with a greater margin of safety than if they had no artificial collapse. All patients are re-examined at approximately three monthly intervals, and in this way an attempt is made to detect any relapse as early as possible.

During the first five years after discharge from hospital energy expenditures of patients are carefully budgetted and adequate physical rest advised. Placing a patient in suitable employment is undoubtedly one method of minimising any tendency to relapse.

The vast majority of our patients who have recovered from tuberculosis are so comparatively slightly handicapped physically that they are able to return to their previous employment, if that employment is considered by us as suitable. To a patient who has been in hospital for some months, return to work acts as a vigorous tonic, and if he can return to his old job there is much less stress and strain associated with it. It is most important, however, that the nature of the work a patient does fits in with his physical condition. His old job may be entirely suited to his mental and physical capacity, but long daily 'bus journeys to and from work may not only lengthen his working day but may make serious inroads into the daily food budget, so much so that alternative employment has to be considered. In a few cases work previously carried out by a patient is quite unsuitable, as for example, heavy manual work, or underground work in dusty conditions.

It is therefore only in a comparatively small number of cases in which the necessity arises for us to advise a complete change of employment. The choice of alternative work appears to be much easier for women than for men. During the last six years a large number of female patients have been successfully recruited to the nursing staffs of our hospitals and many of these girls have acquitted themselves with distinction. Some women, however, have no bent for nursing and in these cases training for a commercial career in shorthand, typing and book-keeping has often proved attractive.

In men, however, the problem is much more difficult. Although we have had many male patients trained in alternative occupations it would appear to be becoming increasingly difficult to give such patients a reasonable guarantee that jobs will be found for them locally after their period of training has been completed. For many of the older type of patients, not suitable because of age for training, but all able and eager to work, no work is available on the open market because their physical condition cannot cope and keep up with the pressure of industry. In some cases where the intelligence is low the prospects of employment are greatly determined by the mental condition of the patient rather than by his physical capacity.

One must emphasise that the health of patients is governed not only by the working conditions within the factory or store, but also by his living conditions outside the factory. In this area every effort is made by the responsible local authorities to secure better housing for our patients, and, indeed, one has the impression that a larger percentage of the new housing programme has been allotted to our patients than in any other chest area.

OTHER CHEST DISEASES

Neoplasm.

The number of cases of pulmonary cancer seen and investigated during 1956 increased by 40% compared to 1955. This increase has been steady since 1951, and as our diagnostic facilities in 1956 were exactly as they were in 1951 one must accept it that this is a true increase in the incidence of neoplasm. The number of cases considered fit for surgery was 31%.

Many of the cases when first seen presented evidence of an extensive lesion, often associated with abscess and sometimes with disease in the peripheral glands, making it impossible for surgery to be carried out. In the vast majority of cases, however, surgery was contra-indicated because of evidence of gross cardio-vascular degeneration. Indeed, one has the impression that at least in the over 40 age group the incidence of gross cardio-vascular degeneration is higher in persons with pulmonary neoplasm than in patients attending the chest centre with other pulmonary conditions.

Unfortunately, a large number of patients with neoplasm only consult their doctors after symptoms have been present for some considerable time. In this area there would appear to be a high incidence of bronchitis and emphysema, particularly in the over 50 male population, and any exacerbation of pulmonary symptoms is attributed by the patient to these conditions.

Our patients seen for the first time in 1956 can be divided into two distinct categories as far as medical history is concerned. Firstly, in slightly over half of our cases the average length of symptoms before being first seen at the chest centre was three weeks, and in these cases the most common symptom necessitating their seeking medical advice was undoubtedly haemoptysis. Two of this group were mass radiography pick-ups and had no symptoms, and the longest period with symptoms was seven months, which referred to one patient. The second group involved rather less than half our total number of cases, and symptoms varied in duration from a minimum of eighteen months to two or more years, the average being $3\frac{1}{2}$ years. Most of our cases had a history of chronic bronchitis, and in no less than eight of this group there was a minimal history lasting ten years. In the second group there is no question but that exacerbation of symptoms which had been present for some considerable time, or even a change in their character, often leads a patient to feel that it is only his bronchitis which is the cause and he fails to secure medical advice.

In 1956, 18% of the total number of new cases were discovered on routine mass radiography examination, and 20% of these were considered fit for surgery. The number discovered by mass radiography would be greater still if persons over 45 submitted to an annual X-ray examination as a matter of routine. Many of our cases gave a history of having passed through the mass radiography unit three years previously but had not bothered to go again.

The ages of the patients seen vary from 34 to 71, the overall average being 57. The average age of the male patients was 59, but in the female patients it was 48. The proportion of males to females in the whole group was rather less than 6 to 1, an incidence approximately the same as for the previous year. At the time of writing this report, however, 1957 figures suggest that the incidence in women has increased. In four cases, all men, definite neoplasm was accompanied by definite evidence of active tuberculous disease.

In the East Cumberland area there does not appear to be any significant statistical relationship between the incidence of neoplasm and industry. Carlisle is a railway town, and although 20% of our cases were railwaymen, the nature of their work in each case varied enormously—clerks, engine drivers, firemen, joiners, etc.

As before, all cases seen are dealt with promptly and have complete investigations, including bronchoscopic examination, carried out usually within ten days of first being seen. The most

common type of growth found is the squamous cell carcinoma; this type undoubtedly carries a better prognosis, as regards survival, than any of the others, but unfortunately in women the other types predominate and hence the outlook is much worse than in men.

A case considered suitable for surgery is invariably transferred to the thoracic unit within two weeks of first being seen. I mention these facts specifically as there has quite recently been considerable criticism in the London area of the average delay between the first attendance of a patient at the chest centre and his being seen by the thoracic surgeon; indeed, one surgeon, whose article has received wide publicity, puts the average delay in his unit at three to eight months and expresses the opinion that 'although these delays are not really a matter of surprise, they are a matter of great concern'. I thoroughly agree that an average delay of three to eight months would be of great concern to us, if it occurred in this area. I would say however, that this particular surgeon is most unfortunate in the chest clinic facilities available in his area.

The diagnosis of pulmonary neoplasm is not an easy matter and often demands time consuming and concentrated investigations. Whilst bronchoscopic examination with biopsy will confirm the diagnosis in a large percentage of cases, other investigations such as tomography, bronchography and examination of sputum for malignant cells are carried out at the same time.

I would particularly draw attention to the laboratory examinations of specimens of sputum for malignant cells. This type of investigation demands a very high degree of technical skill and the interpretation of the microscopic appearances of any cells found requires very special training. Indeed, in some parts of the world, for example in the United States, special laboratories have been set up which only undertake this type of work. We are particularly fortunate in our laboratory facilities in this area and the increasing number of sputums positive for malignant cells in doubtful cases of pulmonary neoplasm which we are getting is undoubtedly an index of the very expert investigation of these specimens in the laboratory. Too often are we inclined to take sputum examinations for granted, and it is a pleasure to be able to pay this tribute to our colleagues in the Laboratory.

Where surgical treatment has been contra-indicated radiotherapy has been used, chiefly to relieve symptoms. Lung tumours show wide variation in their sensitivity to radiotherapy and only in a few is this treatment justified by the relief afforded. There is, unfortunately, no evidence that even with radiotherapy the duration of life is prolonged.

The number of cases of neoplasm surviving the three year period after diagnosis remains very small. Pneumonectomy affords the only reasonable hope of survival. We must continue to emphasise to the general public the necessity to consult their doctors at the earliest opportunity after warning symptoms appear. Such symptoms are unaccustomed cough, increasing dyspnoea, haemoptysis, pain in the chest and loss of weight, all of which merit immediate investigation.

Bronchiectasis, Etc.

The following table shows the number of cases of bronchiectasis on our active register at the end of 1956.

	East Cumberland			Carlisle City			North Westmorland		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Cases on register, 31/12/55 ...	41	31	28	51	30	25	16	5	4
New cases during 1956 ...	6	7	6	10	3	5	—	1	—
Total on Register, 31/12/56 ...	47	38	32	54	32	27	15	6	4
No. of attendances for physiotherapy ...	225	202	395	418	307	741	1	14	10

Treatment consists of physiotherapy and antibiotics, and in general, provided we have the full co-operation of the patient, or in the case of a child of his parents, the results have been good. In only a few cases have we submitted a patient to the thoracic surgeon for surgical treatment.

Pulmonary atelectasis is of frequent occurrence in children apart from bronchiectasis, and is often associated with exanthemata, particularly measles and whooping cough. It is found frequently with upper respiratory catarrhal infections, and here again full use is made of our physiotherapy facilities. Four cases of atelectasis occurred in one week following the inhalation of a peanut in a young child. As distinct from the first type of atelectasis mentioned, peanut atelectasis means immediate bronchoscopy with removal of the foreign body, and these children were transferred immediately to the thoracic unit for this.

Many young children have asthma and bronchitis; these children all greatly benefitted by breathing exercises. Altogether our demands on the physiotherapist have greatly increased; we have now six sessions per week, and the pressure of work is such that a full time appointment cannot be long delayed.

Chronic bronchitis and emphysema is a disease of the older age groups and causes considerable morbidity in this area. Considerable investigation is necessary, and in the small number of patients we have been able to admit for investigation and treatment some alleviation of their symptoms has been obtained.

In this area bronchial infection is possibly the biggest factor in the development of chronic bronchitis, and unlike the larger cities atmospheric pollution must be relatively unimportant. It should be noted that smoking exerts a very irritant effect on the bronchi in these cases and abstinence does help.

Sarcoidosis

An increasing number of cases of sarcoidosis have been seen during the past year. The aetiology of this disease is still doubtful but in most cases the primary site of the disease is found either in the lungs or in the mediastinal lymph nodes. The disease often affects the eye and an increasing number of cases of erythema nodosum have been found to be associated with it.

MASS RADIOGRAPHY

(Note:—Figures given in brackets throughout the report relate to the corresponding figures for 1955).

Our programme in 1956 was arranged so that rather more time would be spent in West Cumberland than in East Cumberland.

It was also intended because of the shortage of technical staff that we would close down the Unit for a full month in July/August to allow of the necessary holiday leave to the staff. Unfortunately, however, our local programme was seriously interrupted when our Unit was taken across to take part in a survey in Gateshead in May. As this period of four weeks was a vital period so far as our own programme was concerned we decided to continue operations throughout the summer but even so the programme in West Cumberland had to be drastically curtailed. This was unfortunate but the current programme in 1957 will largely correct this.

Groups Examined.

In addition to carrying out surveys at works and factories, surveys of the general public were carried out on 30 occasions. 2675 (3814) contact cases were X-rayed, 1545 from the East Cumberland area and 1130 from West Cumberland.

Facilities for X-ray examination were again made available for all school children over the age of 13, these examinations being complementary to the Mantoux testing and B.C.G. vaccination schemes of the local authorities. 8775 (9757) children of these age groups passed through the unit.

Sessions were held for members of the general public in 24(29) towns and villages in the Special Area and 20,397 (20,125) persons passed through the unit.

The full co-operation of the general practitioners was again invited in the areas visited as in previous years. The number of persons referred directly by general medical practitioners did, however, diminish as did also the number of ante-natal cases referred.

During the survey in Gateshead 2014 persons were X-rayed by the unit and 9 persons were found to be suffering from active tuberculosis. These figures are not included in the tables which follow.

Results.

Excluding the Gateshead survey 48,420 (49,629) persons were examined by the unit during the year. These included 1223 (1177) inmates of Dovenby Hall and Garlands Hospitals. Excluding the mental patients 47,197 (48,451) civilians were examined.

Number recalled for full-sized X-ray film—

2236—4.62% of total examined.
(2214—4.46%)

Number referred for clinical examination—

550—1.14% of total examined.
(521—1.05%)

Number failing to attend for full-sized film—

170—7.6% of those recalled.
(193—8.72%)

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, many cases of cardio-vascular abnormalities, cases of pneumoconiosis and other cases where the radiological picture suggested sarcoidosis or one of the collagen diseases.

It will be noted that the number of persons failing to attend for large film examination at the unit has decreased. The vast majority of these non-attenders have taken advantage of further appointments at the local chest centres. In the East Cumberland area for example 93% of those failing to attend for recall exam-

ination at the mass radiography unit subsequently attended the chest centre. In practically all such cases the person recalled had been unable to keep the first appointment because of difficulties at work or some domestic incident or more often because he had been on holiday.

The detailed results of the X-ray examinations are shown in Table 19.

TABLE 19.

ABNORMALITIES REVEALED—

	No. of cases found	Percentage of total examined
(1) Non-tuberculous conditions :		
(a) Bronchiectasis	52 (63)	.10 (.13)
(b) Pneumoconiosis	64 (83)	.13 (.17)
(c) Neoplasms	10 (11)	.02 (.02)
(d) Cardiovascular conditions	413 (433)	.92 (.87)
(e) Miscellaneous	822 (398)	1.69 (.80)
(2) Pulmonary tuberculosis :		
(a) Active	82 (94)	.17 (.19)
(b) Inactive	596 (757)	1.23 (1.53)
(c) Active (previously known)	20 (17)	.04 (.03)

Disposal

1. Pulmonary Tuberculosis

Mass radiography surveys are essentially part of the case-finding measures in a properly instituted tuberculosis control scheme. The elementary fact is often lost sight of by those who appear to regard a survey as an end in itself. To be complete, surveys should list the final number of true positive cases identified and also the effectiveness of the tuberculosis programme in terms of cure or control at the end of a 5 or 10 year period. Even when a finding of pulmonary tuberculosis has been made on radiological grounds, deciding whether a lesion is active or inactive is often a more difficult problem. Frequent large film and clinical examinations may be necessary, sometimes over a period of months. In borderline cases there may often be considerable variation recorded in the findings of individual observers. One should therefore, in Table 20, note not only the figures for new cases of active tuberculosis but also those where an inactive lesion was found. Added together East Cumberland there were 384 cases of active and inactive tuberculosis and in West Cumberland there were 314 cases. It is suggested that these composite figures give a truer picture of the tuberculosis problem as it exists in both areas.

The final number of sputum positive cases identified is also most important and Table 21 which refers solely to East Cumberland shows this as a percentage since the unit started operating in 1951. The only comparable figures I have seen relating to West Cumberland refer to 1955 when the new cases of pulmonary tuberculosis discovered numbered 214 and of these 14% had a positive sputum.

TABLE 20.

EAST CUMBERLAND										WEST CUMBERLAND								
Miniature Films	Large Films	Clinical Exams	Active T.B.	Inactive T.B.	Bronchiectasis	Neoplasms	Pneumoconiosis	Cardiac Conditions	Source of Examination	Miniature Films	Large Films	Clinical Exams.	Active T.B.	Inactive T.B.	Bronchiectasis	Neoplasms	Pneumoconiosis	Cardiac Conditions
146	38	10	2	6	2	1		9	Doctors' cases	106	13	7	2	3	1		1	1
94	3	1		1					Ante-Natal cases	17	1	1						
1545	83	18	2	32	3		19	19	Contact cases	1130	58	17	5	46			7	1
5209	161	18		12	2		2	2	Scholars	3566	78	23	3	20	3			4
351	19	2		6			4	4	School staff									
13559	833	192	25	165	19	5	235	3	General Public	6838	275	100	22	105	6		48	32
6889	325	80	3	77	9	2	57		Surveys	7747	253	75	21	81	4	2	5	15
884	77		14	39	2		34		Mentally defective patients	339	19	6	3	3	1			
28677	1539	321	46	338	37	8	360	3	TOTALS	19743	697	229	56	258	15	2	61	53

TABLE 21.

Year			Total No. of new cases of Pulmonary Tuberculosis	Total No with positive sputum	Percentage of new cases with positive sputum	Percentage positive sputum found by MMR
1951	...	...	148	57	39%	23%
1952	...	...	221	91	41%	22%
1953	...	...	140	45	32%	20%
1954	...	...	170	56	33%	13%
1955	...	...	139	42	30%	21%
1956	...	...	125	39	31%	18%

2. Bronchiectasis

All cases of bronchiectasis were fully investigated at the chest centres. Full use is made of the physiotherapy facilities and in suitable cases treatment is carried out in collaboration with the Thoracic Surgeon.

3. Cardiovascular conditions

The investigation of cardiovascular abnormalities takes up an increasing quota of the time spent in investigating pulmonary disease. The vast majority of these cases are associated with hypertension but an increasing number of congenital cardiac defects have been found during the year.

4. Neoplasms

The number of pulmonary neoplasms discovered by the mass radiography unit remains steady, the total being 10 with 8 in East Cumberland and 2 in West Cumberland. In East Cumberland a total of 29 cases were seen at the chest centre and investigated. There is no delay either in their investigation or in their treatment and admission to Shotley Bridge Hospital in operable cases usually takes place within 10 days of the patient first being seen.

5. Pneumoconiosis

As in previous years practically all the cases found are located in the West Cumberland area and most of these are in iron ore industry. The three cases seen in East Cumberland were in coal miners.

6. Other conditions

Many other abnormal conditions were discovered some of which merited considerable investigation either at the chest centre or in other departments of the hospital service.

COMMENTS

As already indicated, the four weeks spent in Gateshead disorganised our programme in the Special Area. Survey timetables require to be prepared many months in advance and it is not an easy matter to alter a timetable at comparatively short notice, particularly in factory surveys. Some factories can only co-operate in

our surveys during their slack periods. Contact examinations require considerable planning beforehand in order to avoid any duplication of work either at the unit or the chest centre. The Gateshead survey interfered particularly with these two groups.

It is generally agreed that mass radiography surveys are not now of significant value as a case finding measure in children but we have continued these surveys of school children as we have felt that their educational value is important. It is too, particularly valuable as a concomitant part of the measures leading to B.C.G. vaccination in school leavers. The position as far as school staff is concerned is still most unsatisfactory, the only local authority which appears to give any encouragement to school staff passing through the unit as school staff is the City of Carlisle. As I have indicated in previous reports I feel very strongly that all school staff, both teaching and non-teaching, should avail themselves of regular mass X-ray examinations and pass through the unit at the same time as the pupils so that the latter are impressed with the importance of such examination.

The tuberculosis problem in this area is not yet solved. 82 new cases of active pulmonary tuberculosis were discovered by the mass radiography unit in this area out of approximately 50,000 examinations and as long as this high rate continues we must continue our mass radiography surveys regularly and persistently. In the United States of America a mass radiography survey is considered well worth while if 40 new cases of tuberculosis are found per 100,000 examinations.

The incidence of pulmonary cancer has again risen during the year as it has done throughout the country and it is vitally important that all adults avail themselves of annual X-ray facilities so that as early a diagnosis as possible is made.

We had provisionally arranged to carry out an extensive survey in one of the biggest housing estates in the area during the current summer but have been unable to plan this in detail and will probably have to cancel the whole idea for this year at any rate because of a likely shortage of technical staff.

The technical staff problem becomes more acute from year to year. There is a very marked shortage of radiographers throughout the country and it is becoming increasingly difficult to fill vacant posts.

ACKNOWLEDGEMENTS

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.

W. HUGH MORTON,
Consultant Chest Physician.

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

CARE OF MOTHERS AND YOUNG CHILDREN

Changes in the staff of Health Visitors have made it more difficult than usual to meet the needs of the care of mothers and young children during the year. There are constant and expanding demands being made on the Health Visiting staff and care has to be taken that in meeting these demands sight is not lost of the younger section of the community who still require much of the time of the Health Visitors.

1833 births were notified in accordance with the Public Health Act, 1936, compared with 1881 in 1955. 1776 were live and 57 were still-births. 1144 of these children were born to parents normally resident in the City.

Ante-natal Clinics

During the year 245 mothers had domiciliary confinements and almost all attended the Ante-Natal Clinic. As will be seen in the section on midwifery, no woman was delivered at home during the year under review who had not booked a general practitioner for her confinement. The number of patients who attended the Ante-Natal Clinic was 317 and of this number 250 attended for the first time. The total number of attendances by expectant mothers was 1006.

Prior to 1948 the Local Authority Clinic played an important part in the maternity services in the town as many mothers were examined ante-natally only by the Clinic Medical Officer. The development of the National Health Service has, however, considerably altered the picture. Those mothers having their confinements in hospital now attend the hospital ante-natal clinic while, as indicated above, the mothers who have their confinements at home are now booking general practitioners who undertake the ante-natal care as well as the necessary attendance during confinement, and post-natal examinations.

During the past 8½ years it has been necessary to continue the Ante-Natal Clinic of the Local Authority at which there is a Medical Officer, because all mothers did not necessarily book a general practitioner for their confinement. This Officer, however, has confined her activities to the examination of patients who have not booked a doctor, and to the taking of blood samples for examination from those patients and from doctors' patients where the doctor wished this done. Now that all patients are booking general practitioners it would appear that a medical ante-natal clinic is not serving a useful purpose and in fact it may be the reverse because it can only result in creating divided responsibility for the patient. Whatever happens, however, the midwives will still require to have the clinic premises for interviewing, booking and examining their patients. In view of the fact, however, that the whole question of maternity services is being reconsidered at national level, it is probably inadvisable to effect radical alteration until the national policy has been formulated.

Post-natal Clinics

It has been customary to combine a post-natal clinic with the ante-natal clinic which was held each week but during this year no post-natal examination was carried out by your Medical Officer.

During 1955 there were only 9 such examinations and in 1954 there were 25. It is obvious, as I pointed out last year, that as more mothers engage general practitioner obstetricians for their home confinements the need for such post-natal examinations conducted by your Medical Officer will steadily decline. As they have now reached the zero level it would appear that there is no purpose in carrying on a post-natal clinic as such by the Local Authority since those women have their post-natal examinations performed by the general practitioner while those who have their confinements in hospital return there for this examination. The district Midwives and Health Visitors advise all women to have a post-natal examination and where patients have not responded to requests from the general practitioner or the hospital arrangements are made for them to be visited by a member of your staff to explain the necessity for such examinations.

No advice was given at the post-natal 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 throughout the year.

Provision of Maternity Outfits

The number of maternity outfits issued during the year was 244. 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, 91 notifications of City premature live births were received, 23 being in domiciliary practice and 63 from hospitals. Two of the domiciliary cases had to be admitted to hospital. There were 22 City premature still-births, 19 born in hospital and 3 at home.

Child Welfare Clinics

The following Child Welfare Clinics were held during the year :—

- (1) Eildon Lodge Clinic—Monday & Thursday afternoons—weekly.
- (2) St. Herbert's Church Hall—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) St. Mark's Church Hall—Alternate Wednesday afternoons.

The following is a summary of the attendance of children at the above clinics :—

No. of children who attended Centres during the year ...	1870
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	780
No. of children who attended the Centres and were born during :—	

1956	...	...	...	...	...	642
1955	...	...	...	...	...	568
1951-54	...	...	...	...	...	660

Total number of attendances made by children who attended the Centres—10,926.

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

The central distribution centre is located in the Y.W.C.A. Hut, Fisher Street. These premises are also used as a store-house for the foods, and the peripheral clinics are supplied from this depot. The central premises are staffed by a full-time officer who was appointed when the scheme came into operation, and the distribution at the peripheral clinics is in the main carried out by W.V.S. personnel. The central premises are not ideal and occupancy is only on a temporary basis, but up to the present a suitable alternative has not been found.

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.

In spite of reduced staff the returns for the year show an increase in the numbers of the above priority classes treated, and a general increase in the forms of dental treatment provided. This merely indicates that a greater number of expectant and nursing mothers were referred for examination, and a larger number of pre-school children were inspected.

In dealing with small numbers it is perhaps dangerous to generalise, but looking over the last few years the mothers dealt with appear to fall into two main groups. The first, a few with fairly good natural teeth who wish or are willing to have all necessary conservative treatment, and the second who probably have several badly septic teeth, and a few others of no practical use to them, for whom extraction and dentures are the indication.

Of the children under five what can be said? For most of them, an appointment is sought because of toothache, and while no accurate survey has been undertaken in this area recently, one ventures the opinion that the caries incidence is certainly not decreasing in the last decade. As with the school children, however, there are the small but increasing number of parents who appreciate early and regular supervision.

Of the 29 expectant and nursing mothers examined, 28 received treatment. Of the 156 children under five, examined, 145 were considered to require treatment, and 144 were indeed treated.

Conservative treatment, extractions, and the number of dentures provided all show an increase on the preceding year, the time spent on treatment for the Health Committee being approximately equivalent to 32 sessions.

Full details of the annual returns will be found in tabular form on page 46.

(a) Numbers provided with dental care

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ...	29	29	28	14
Children under Five ...	156	145	144	101

(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 ...	2	25	...	...	120	22	10	14	1
Children under Five ...	...	56	7	...	280	146	...	...	...

Day Nursery

The Raffles Day Nursery continued to provide for the care of up to 50 pre-school children, including 10 places for children under 2 years of age. The nursery was not quite full at any time throughout the year and there was, therefore, no need to employ the priority system for 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 the 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.

1956	Coledale Hall	St. Monica's	Brettargh Holt
Number of mothers ...	5	3	4
Number of weeks residence ...	54	15	32

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 the cases shown in Table 23 were dealt with.

TABLE 23.

Married women expecting illegitimate children ...	4
Unmarried women expecting children ...	11
Couples advised re adoption ...	7
Problems concerning illegitimate children ...	4
Matrimonial troubles ...	6

MIDWIFERY SERVICES

There was a slight increase in the number of domiciliary confinements. It is gratifying to note that all mothers attended by the domiciliary midwives had engaged a doctor as well as a midwife.

As indicated in a previous section of this report (see page 43) it is doubtful whether it is any longer necessary for the local authority to maintain an ante-natal clinic as such and it would probably be an advantage if the district midwives worked with the general practitioners directly as do the district nurses.

Table 24 shows the number of deliveries attended by the district 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	73	171	244	....
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	1532
Midwives in Private Practice (including Midwives employed in Nursing Homes)	24
TOTALS	73	171	244	1556

All the domiciliary midwives are qualified to administer analgesics in accordance with the regulations of the Central Midwives' Board and are supplied with Minnitts apparatus. This form of analgesia was administered in 212 cases and pethedine in 170.

The midwives summoned medical aid under Section 14 (1) of the Midwives' Act, 1951, on 30 occasions. 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 has already been booked as a General Practitioner Obstetrician by the patient.

Supervision of Midwives

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

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

In Domiciliary Practice

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

In Nursing Homes

No. who notified intention to practise as Midwives ...	2
No. „ „ „ „ Maternity Nurses	2

In Hospitals

No. who notified intention to practise as Midwives ...	40
No. „ „ „ „ Maternity Nurses	6

General Practitioner Obstetricians

At the end of the year 29 local practitioners were on the list of General Practitioner Obstetricians of the Carlisle Executive Council.

HEALTH VISITING

There have been changes during the year in the Health Visiting staff owing to resignations. The sphere of activity of your Health Visitors is constantly increasing and there are regular requests for visits and reports from the hospitals and requests from general practitioners. Many of these calls are in respect of older people and this expansion of work, while increasing the interest to the Health Visitors, takes up a considerable amount of time. It will be appreciated that when doing routine visits to children a Health Visitor can progress steadily along a section of her area and pay a fair number of visits, whereas when she is called upon to pay isolated special visits much travelling may be involved and the number of visits she can pay is reduced. It is, therefore, evident that consideration will have to be given to the stream-lining of the work of these officers if they are to carry out their duties in the best interests of the public. Even if it were possible to recruit additional Health Visitors the cost would be very considerable. The following is a summary of the work done by the Health Visitors.

Visits to expectant mothers—

First visits	...	...	...	...	...	...	...	216
Total Visits	...	...	...	...	...	...	...	442

Visits to children under 1 year of age—

First visits paid by a H.V. after birth of child	...	...	...	...	...	...	...	1121
Total visits	7229

Visits to children between the ages of 1 and 5—

Total visits	11012
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Visits to Other Cases in respect of—

Still-births	22
Measles over the age of 5	12
Whooping Cough over the age of 5	...	...	...	...	...	...	...	8
Pneumonia over the age of 5	...	...	...	...	...	...	...	19
Chickenpox over the age of 5	...	...	...	...	...	...	...	9
Mumps over the age of 5	...	...	...	...	...	...	...	5
Hospital After-Care Requests	...	...	...	...	...	...	...	547
Old People (Care and After-Care)	...	...	...	...	...	...	...	405
Housing Problems	..	...	...	...	...	...	...	3

1030

Of the visits to Children under the age of 5,			
26	were in respect of	Measles	
19	"	"	Whooping Cough
5	"	"	Pneumonia
14	"	"	Chicken-pox
34	"	"	Infant Deaths
5	"	"	Ophthalmia Neonatorum

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

To Child Welfare Clinics	...	...	...	...	...	556
„ Day Nurseries	...	...	...	...	...	4

HOME NURSING

The Home Nursing Service continued to operate from the Nurses' Home and Headquarters at 5, Brunswick Street.

Hospitals and doctors communicated directly with the Superintendent in regard to their patients' requirements.

The evening nursing service established in 1955 has continued and one nurse is on duty each evening until 9 o'clock. There is no all night service.

The district nurses are not paid car allowances but three cars were available for their use during the year.

During 1956 the district nurses attended 1,542 patients and paid to them 27,593 visits. The following are the types of cases attended:—

Medical	...	...	...	...	...	1391
Surgical	...	...	...	...	...	114
Infectious Diseases	...	...	...	...	...	3
Tuberculosis	...	...	...	...	...	24
Maternal Complications	...	...	...	...	...	10

The ages of the patients were :—

Under 5 years	...	...	...	...	...	51
Over 65 years	...	...	...	...	...	575
Others	...	...	...	...	...	916

Many of the acute cases were given, on request, injections. The types of injections given were Penicillin, Streptomycin, Insulin, Injections for Blood Diseases, etc.

VACCINATION AND IMMUNISATION

Smallpox Vaccination

As in previous years the Medical Officer of Health has sent out a letter to the parents of every child whose birth was notified in the City, advising vaccination against smallpox. On the reverse side of the letter in question the parents are given the names and addresses of all practitioners in the town who take part in the scheme for vaccination, and an acceptance form is appended for those who wish their children to be vaccinated at your clinic. 32 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 Practitioners :

Primary Vaccinations	...	...	...	...	724
Re-Vaccinations	...	...	...	...	105

At Local Authority Clinic :

Primary Vaccinations	...	...	...	...	110
Re-Vaccinations	...	...	...	...	10

Total Primary ... 834

Total Re-Vaccinations ... 115

The acceptance rate for vaccinations of children under 1 year of age in the City during the year was 62.6 per cent.

Diphtheria Immunisation

In addition to your own medical staff 35 general medical practitioners took part in the scheme. With regard to general publicity the main propaganda for immunisation of infants has been by the Health Visitors and the patients' own practitioners. For children of school age, the contact with parents during routine and special inspections has afforded an opportunity for advocating immunisation and reinforcing doses where necessary. The following is a summary of the work done during the year.

By Private Practitioners		Under 5 years	Five years and over
Complete Course	...	661	8
Re-inforcing Dose	...	8	82
At Clinics			
Complete Course	...	72	56
Partial Course	...	—	8
Re-inforcing Dose	...	20	1549

At the end of the year 56.6 per cent. of children under 5 years and 93.6 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 December, 1956.

TABLE 25

Age at 31/12/56 i.e. Born in year	Under 1 1956	1—4 1955-52	5—9 1951-47	10—14 1946-42	Under 15 Total
Last complete course of injections (whether primary or booster) 1952—1956	86	2914	4565	3073	10638
1951 or earlier	—	—	502	1316	1818
Estimated mid-year child population 1956	1160	4140	10100		15400

B.C.G. Vaccination

In Section IV. page 29 Dr. Morton reports on the B.C.G. vaccination of contacts of cases of tuberculosis. Vaccination of children aged 13-14 years was carried out at your clinics by Drs. Anderson and Craig. The number of children dealt with is given below.

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

(i) No. whose parents wished B.C.G. vaccination ...	642
(ii) No. of above who gave positive reaction to Mantoux Test (1/1,000 O.T.) ...	100
(iii) No. who gave positive reaction to second Mantoux Test (1/100 O.T.) ...	116
(iv) No. not requiring B.C.G., i.e. (ii) plus (iii) ...	216
(v) No. who received B.C.G. ...	396
(vi) No. who had not completed treatment at end of year	30

Vaccination Against Poliomyelitis

The City Council decided that it would participate in the scheme for poliomyelitis vaccination and appropriate advertisements were issued in the local press, and publicity was carried out through the clinics and through Head Teachers in schools where children were of the appropriate age groups. As a result 3628 children born between 1947 and 1954 were registered for poliomyelitis vaccination but vaccine sufficient to vaccinate only 415 was received and these children were given the necessary treatment. At the time of writing progress is being made with the vaccination of the remaining registered children. These vaccinations are practically all being undertaken by the Local Authority's Medical Officers as the general medical practitioners in Carlisle decided that in view of the scarcity of vaccine it would be in the best interests of the children if the practitioners abstained from taking part until such time as the vaccine was freely available.

AMBULANCE SERVICE

The Ambulance Service in the City is combined with the Fire Brigade and under the direction of the Chief Fire and Ambulance Officer.

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 Ambulance/Sitting-Case Cars (10 seats).

The calls attended, journeys completed, and patients conveyed, together with the mileage recorded during 1956 are shown in Table 26

TABLE 26

	Patients.	Journeys.	Mileage.
City Removals to Local Hospitals	12,440	9,166	25,852
City Cases to Distant Locations ...	431	402	16,367
Other Cases ...	266	255	6,704
Hospitals to Home (City) ...	12,118	8,907	23,608
City Hospitals to County Areas ...	450	313	18,780

Hospital Transfers :—

(a) City Patients	...	...	617	414	1,314
(b) Non-City patients	...	...	733	594	1642
Schools	...	...	6,494	633	6,090
Other Journeys	...	...	9	290	1,308
Emergencies	...	...	648	628	2,327
Miscellaneous	...	...	—	387	885
			<hr/> 34,206	<hr/> 21,989	<hr/> 104,877

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.

The School Medical Officers who are also Assistant Medical Officers of Health continued the survey of infant school children started in 1954.

Tuberculin (Mantoux) tests were offered to children aged 6 years of age. 641 children were, with their parents' consent, tested in this manner and 25 of them gave a positive reaction to the test and were referred to the Chest Clinic for full investigation; their intimate contacts were likewise followed up at the Chest Clinic. No new and unsuspected case of tuberculosis was, however, brought to light through this testing during the year under review.

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 cases brought to the notice of the department. The Health Visitors during the year paid 952 visits, including 405 to aged persons, in connection with this work. It will be noted that this is an increase of 219 visits, many of which had to be made by special journeys. The district nurses continued to make provision for the after-care and treatment when so requested by the medical 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.

Provision of Nursing Equipment and Apparatus

The number of articles loaned to patients on the request of a doctor, nurse or midwife was 660.

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

Convalescent Treatment

Twenty-four 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 treatment.

Health Education

Health Education by individual instruction was continued by the Health Visitors and Public Health Inspectors; the latter, however, were in such short supply that by the time they attended to urgent complaints there was little time left for health education. The City Council contributes to the funds of the Central Council for Health Education and that body has provided literature, etc., when necessary.

HEALTH OF CHILDREN

Prevention of Break-up of Families

The work for the prevention of the break-up of families was continued by this department as in previous years.

In the case where a mother of young children is taken ill priority is given to this family to have the service of a Home Help; if the mother is admitted to hospital the children may be admitted temporarily to a Children's Home, or if satisfactory arrangements can be made for the children to be cared for at home by night they are offered admission to the Day Nursery. If it is known that the parents of a young child are of low intelligence the Health Visitor or Mental Health Worker or both visit the home regularly and give advice on how to overcome domestic problems as they arise.

Within the department there is very close co-operation between the Health Visitor, Mental Health Worker, Home Help Organiser and Superintendent of the District Nurses and outside the Department there is equally close liaison with family doctors, head teachers, Children's Officer, Housing Manager, almoners and workers of voluntary organisations.

In connection with problem families there is a scheme in operation where a Family Case Worker appointed by the National Society for the Prevention of Cruelty to Children gives assistance in selected homes and instructs and works with the mother, and in this way assists in the rehabilitation of the family. The City Council, the Cumberland County Council, and the National Society for the Prevention of Cruelty to Children contribute to the salary of this worker.

HOME HELP SERVICE

The Home Help Service continued to operate as in previous years but the demands made on the service are constantly increasing. With the ageing of the population more and more people are living to an age when they are not fit to do for themselves and unless their families realise their social responsibilities to their parents there must be an ever-increasing demand for the social services provided by the Local Authority. In addition to those with families there are other old people who have simply no relatives or whose only available relatives are too old and frail to be of any material assistance to them. In their case it is usually essential to supply regular help if they are to avoid being admitted to residential accommodation or hospital. At 31st December, 1956, there were on the staff two full-time and 52 part-time personnel equivalent to a total of 35 full-time workers, in addition to the Organiser and her Assistant. It has been found easier to recruit part-time personnel and also part-time personnel are extremely valuable because where householders are getting a few hours a day they usually prefer to have the Home Help in the morning and if there were a large staff of full-time workers some of these people would have to accept their services in the afternoon when the help would be of less value to them. During the year service was provided in 292 households.

68 per cent. of the time of the Home Helps was devoted to the elderly and chronic sick and for the most part these households received long-term help from the Service.

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 and Duly Authorised Officer, M.A., Diploma in Social Science.
- Three Part-time Duly Authorised Officers.

Close liaison has always existed in the service between the officers of the Hospital 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 130 patients, as shown below.

(1) No. who consented to go as voluntary patients	77
(2) No. who were admitted on a Three Day Order	22
(3) No. dealt with by Summary Reception Orders (including 7 cases also shown in (2) above)	22
(4) No. who were admitted as temporary patients	8
(5) No. considered unsuitable for admission to a Mental Hospital	8

Mental Deficiency

Table 27 shows details of cases recorded during 1956 and the action taken.

TABLE 27

1. Ascertainment.	Male.	Female.	Total.
Cases reported by Local Education Authority under Section 57 Education Act, 1944.			
(1) Sub-section 3—Ineducable Children	3	2	5
(2) Sub-Section 5—In need of Supervision on leaving School	9	8	17
Total number of cases reported ...	12	10	22
2. Disposal of Cases Reported During Year			
(a) Ascertained defectives found to be "subject to be dealt with"—Placed under Statutory Supervision	Male.	Female.	Total.
	12	10	22
3. Cases Discharged During Year.			
	Male.	Female.	Total.
Hospital Patients	2	—	2
Statutory Supervision Cases ...	1	6	7
Total ...	3	6	9

Table 28 gives particulars of the total ascertained mental defectives as at the 31st December, 1956.

TABLE 28

	Male.	Female.	Total.
(1) In Hospitals (including cases on licence therefrom)			
Under 16 years of age	10	2	12
Aged 16 years and over	49	52	101
(2) Under Guardianship.			
Under 16 years of age	—	1	1
Aged 16 years and over	4	7	11
(3) Under Statutory Supervision.			
Under 16 years of age	16	10	26
Aged 16 years and over	43	34	77
Total ...	122	106	228
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	—	4	4
Aged 16 years and over	4	10	14
	4	14	18

The Mental Health Worker paid 1442 visits during the year and 90 home circumstances reports were supplied to the Hospital Authorities in respect of patients on licence, contemplated licence, or holiday. The increasing number of persons under Statutory Supervision undoubtedly places a strain on the Mental Health Worker whose visits to individual houses occupy a considerable time. The planning of her work is not dictated by geographical considerations but by the needs of the individual patients, and much travelling has to be undertaken. It is possible that you will need to consider the appointment of further staff for this purpose, at a later date.

Occupation Centre

The number of pupils attending this Centre has increased and during the year rose to 26. You decided that there should be 3 members of staff and made arrangements accordingly. At the time of writing there are 3 full-time members of staff who look after these young people. You also considered the question of extending the Occupation Centre and arrangements are now in progress for an extension on the westward side of the building.

As in previous years, an Open Day was held during the summer months, when the parents and members of the City Council were invited to view an exhibition of the work done by the pupils. This event was opened by His Worship the Mayor, Councillor Ritson Graham, J.P.

The usual activities of dancing, painting, sewing, embroidery, rug-making, basketry, weaving and gardening were continued. With the increasing number of pupils in attendance at the Centre it was found necessary to split up the ambulance run which brought the young people to the Centre and from 24th Sept. there have been two vehicles used, one belonging to the City Ambulance Service and the other a small 'bus belonging to a private contractor.

Mental Health

Co-operation with hospitals, other Authorities and departments was maintained during the year and this Authority provided supervision over mental defectives on licence or holidays from hospitals and over cases recently discharged from Orders. Thanks are due to the Officers of the Ministry of Labour, the Youth Employment Bureau and the many co-operative employers who gave help in the placement of defectives in employment in the face of many difficulties.

SECTION VI.

GENERAL PROVISION OF HEALTH SERVICES, etc.

GENERAL PROVISION OF HEALTH SERVICES, ETC.

PUBLIC HEALTH LABORATORY SERVICE

The Public Health Laboratory Service continued to be provided from the Laboratory of the Cumberland Infirmary. Dr. Faulds is the Consultant Pathologist in charge of the Laboratory and Dr. D. G. Davies is the officer appointed by the medical Research Council as Public Health Bacteriologist.

As in past years excellent co-operation was given by the laboratory staff in the investigation of outbreaks of infectious disease and in notifying me of the incidence of communicable diseases. At the time of writing the laboratories for virological examinations have been completed and the Local Authority is collaborating with Dr. Davits in an investigation into the incidence of poliomyelitis virus in the community.

PUBLIC ANALYST SERVICE

Cyril J. H. Stock, Esq., B.Sc., F.I.C., etc., of Darlington, is Public Analyst to the Council, and during the year samples of water, food, etc., were sent to him for examination.

REGISTRATION OF NURSING HOMES

During the year one of the Nursing Homes which was registered as a Maternity Home closed and at the end of the year there were two Homes on the register. At the time of writing one of these has closed so there is now only one registered Nursing Home in the City. This was periodically inspected and found to be satisfactory.

NATIONAL ASSISTANCE ACT, 1948

Action Under Section 47

I am pleased to report that on no occasion during the year was it necessary for me to invoke the powers under this section of the Act for the compulsory removal of any person from his or her home to a hospital or residential accommodation.

Administration

The Welfare Services Committee of the City Council is responsible for the administration of those sections of the National Assistance Act, 1948, which are the province of County Borough Councils. The Medical Officer of Health is the Chief Officer of this Committee.

The administration of the Health and Welfare Department as a combined unit has continued throughout the year.

Residential Accommodation

There has been no alteration in the residential accommodation provided by the Council during the year. The absence of any institutional type of accommodation in the City continues to cause embarrassment. The demand for Part III Accommodation increased greatly during the year, by the end of which the bed state had been increased at Barn Close from 28 to 31 and at Lime House from 33 to 40. This overcrowding was necessary to accommodate urgent admissions. The Welfare Services Committee, in view of the need for increased accommodation, and the restriction on capital expenditure, investigated the possibility of buying and converting large houses for additional Homes for old people and 3 properties were examined, 2 of which were seen by members of the Committee. In view of the fact, however, that it seemed likely that Ministerial approval would be given at an early date to the extensions to Barn Close, it was decided not to purchase old property but to press forward with these extensions which will result in a 50 place Home.

To meet the future needs of the Welfare Services Committee, sites are being earmarked in housing estates for eventual development as Old People's Homes.

Table 29 shows 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 29

TABLE 29										
		Total at 31.12.55		Admitted During Year		Discharged During Year		Total at 31.12.56		Average Daily Occupancy
		M	F	M	F	M	F	M	F	
Barn Close	...	5	23	4	6	4	5	5	24	29.36
Lime House	...	23	10	16	13	14	10	25	13	37.09
Home for the Blind		1	—	—	—	—	—	1	—	1.00
Homes for Epileptics		1	—	—	—	1	—	—	—	0.28
Part III accommodation by other										
Local Authorities		4	—	1	—	1	—	4	—	3.31
Voluntary Homes		—	—	1	—	1	—	—	—	0.30

Temporary Accommodation

The Council does not own any accommodation for this purpose. It is seldom that applications are made by persons who are without housing accommodation through circumstances which could not have been foreseen. The majority of applicants are people who have voluntarily left their own homes elsewhere and wandered to Carlisle, or people who after repeated warnings for non-payment of rent, have been evicted from houses in the City.

Welfare of the Blind

Ascertainment. During the year 19 cases were referred to the Consultant Ophthalmologist. 12 cases were classified blind and 7 partially sighted. In addition the re-examination took place of two partially sighted persons, who were originally examined in 1955. There was no change in the classification.

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

Table 30 shows the recommendations so made and the result.

TABLE 30

Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends	Cause of Disability			
	Cataract	Glaucoma	Retrolen- tal Fibro- plasia	Others
1 (a) No treatment	—	—	—	7
(b) Treatment (Medical, optical or surgical)	6	3	—	3
2. Number of cases at 1(b) above which on follow- up action have received treatment.	3	3	—	2

When an application is received from a person for inclusion in the Blind Register his General Practitioner is informed of our intention to refer his patient to an Ophthalmologist. When the form B.D.8 is completed, the General Practitioner is informed by letter of the findings and recommendations.

Social Rehabilitation. The City Council continues to keep in mind the recommendations of the Ministry that all cases of newly ascertained blind under the age of 60 should be considered for a course of social rehabilitation. A young blind girl aged 21 who after a period of training in a Residential School and the Local Workshops had been considered incapable of work and withdrawn from training, was at the suggestion of the Ministry of Labour offered a course of Social Rehabilitation at America Lodge. Although she gained some benefit from her twelve week stay there the original contention of the Committee was confirmed in that she was found unsuitable for further training.

Ophthalmia Neonatorum

As indicated on page 19 two cases of ophthalmia neonatorum were notified, both of which were in respect of City Children.

Total number of cases notified during the year was 2 (both City).

Number of cases in which—

(a) Vision lost	...	...	...	...	Nil.
(b) Vision impaired	...	...	...	...	Nil.
(c) Treatment continued at end of year					Nil.

Register of Blind and Partially Sighted

At the end of the year there were 108 registered blind persons and 21 partially sighted persons residing within the City. Table 31 shows the numbers 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 numbers on the Registers at the end of the year.

TABLE 31

	Blind		Partially Sighted	
	M.	F.	M.	F.
On register at 31st December, 1955	48	59	11	5
Removed from Register during the year	9	4	2	—
Admitted to Register during the year	10	4	4	3
On Register at 31st December, 1956	49	59	13	8

The distribution of cases on the Register at 31st December, 1956, by age and sex is shown in Table 32 and the occupations shown in Table 33.

TABLE 32

Age Group	Blind		Partially Sighted	
	M.	F.	M.	F.
0—4	1	—	—	—
5—10	—	1	—	—
11—15	1	1	1	—

TABLE 32—continued

16—20	...	...	...	...	...	1	1	1	1
21—30	...	...	...	...	...	2	4	2	—
31—39	...	...	...	...	...	2	3	1	—
40—49	...	...	...	...	...	4	7	—	—
50—59	...	...	...	...	...	2	5	1	2
60—64	...	...	...	...	...	6	5	—	—
65—69	...	...	...	...	...	6	3	2	—
70 plus	...	...	...	...	...	24	29	5	5
Unknown	...	...	...	...	...	—	—	—	—
						49	59	13	8

TABLE 33

Children Aged 2—4								M.	F.
Educable—at home or elsewhere								1	—
Children aged 5—15									
Educable—attending special school for the Blind								—	2
Ineducable—in Mental Deficiency Institutions								1	—
								2	2
16 years and upwards									
At School 16—20								—	—
Employed—									
In Workshops for the Blind								7	4
Employed elsewhere								2	2
As Approved Home Workers								—	—
Undergoing Training—									
For sheltered employment								1	—
For open employment								—	—
Profession 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								—	—
(d) Subject to being trained for open employment								—	—
(e) Without training in sheltered employment								—	—
(f) Without training in open employment								—	—
(2) Not available for work—									
16—59								—	12
60—64								—	1
(3) Not capable of work—									
16—59								2	2
60—64								5	4
(4) Not working—65 and over								30	32
								47	57

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

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

Sheltered Employment.

The City is very fortunate in having within its boundaries one of the most modern Workshops for the Blind in the country. It is administered by the Cumberland and Westmorland Home and Workshops for the Blind, on whose executive Committee the City Council has representation. In common with most other Workshops throughout the country the Carlisle Workshops are experiencing trading difficulties, but steps to overcome these are at present under active consideration.

All newly-ascertained blind persons of working age, and who are unsuitable for placement in open industry, if they so wish are considered for training in the Workshops. Those considered unsuitable for specialised training either because of age or because of limited ability are offered unskilled workshop employment. The City Council has borne in mind the advantage of early training to the partially sighted person who is likely to become blind within the next four years, and in this respect has admitted such persons to the Workshops for training. It will shortly be difficult to justify the admission of further trainees or employees to the Workshops, unless there is increased trading.

Table 34 shows the number of City Blind and Partially Sighted Persons in the Petteril Bank Workshops at 31st December, 1956.

TABLE 34

	BLIND				PARTIALLY SIGHTED			
	Employed		Undergoing Training		Employed		Undergoing Training	
	M	F	M	F	M	F	M	F
Chair Seater	1	—	—	—	—	—	—	—
Basket Worker	1	—	—	—	—	—	1	—
Brush Maker	1	—	1	—	—	—	—	—
Firewood Workers	3	—	—	—	—	—	—	—
Bedding								
Mattress Making	1	—	—	—	—	—	—	—
Machinists ...	—	1	—	—	—	—	—	—
Knitting Machine	—	2	—	—	—	—	—	—
	7	3	1	—	—	—	1	—

Welfare of the Deaf and Dumb

The Carlisle Diocesan Association for the Deaf and Dumb acted as agents for the Welfare of these people. The Association has central premises in Carlisle which are available for religious, cultural and social purposes. It has in addition put accommodation at the disposal of the local Hard of Hearing Club.

There were in the City at the 31st December, 1956, 59 deaf persons. Table 35 shows the classification by age and sex :

TABLE 35

	M.	F.
Children under 16 years ...	7	3
Persons aged 16-64 ...	22	18
Persons aged 65 and over ...	3	6

The Deaf World does not always attract the public attention that is associated with other fields of Welfare, but nevertheless the work is essential and rewarding, but although there is little to report on the activities of the deaf during the year the work of the Association has been nevertheless untiring.

Other Handicapped Persons

At the end of the year there were 22 persons registered under the Council's Scheme for Other Handicapped Persons, and close liaison has been maintained with the Disablement Resettlement Officer.

Table 36 shows the number on the Register at the 31st December, 1956, by age and sex.

	M.	F.
Children under 16 years ...	—	1
Persons aged 16-64 ...	9	9
Persons aged 65 and over ...	—	3

Of the 22 persons registered :—

3 are suffering from cerebral palsy

2 are epileptics

and 2 are the victims of poliomyelitis.

Financial agreement has been entered into with the East Cumberland Hospital Management Committee whereby the part-time services of an occupational therapist in the employ of the Hospital Authorities was made available to handicapped persons registered under the Scheme. Those who were mobile attended the Occupational Therapy Department at the Cumberland Infirmary, Carlisle, on one morning and one afternoon each week. The occupational therapist visited the homes of those who could not attend the centre. During the year 12 handicapped persons received occupational therapy, 3 of whom were visited in their own homes.

Epileptics. Adult epileptics have not so far constituted a major social problem in the City. The adult male in an epileptic colony has at the suggestion of the Medical Superintendent in charge been removed therefrom.

Spastics. One young woman suffering from cerebral palsy still continues to be occupied in the Workshops for the Blind and her earnings augmented in accordance with the Council's Other Handicapped Persons Scheme. There are, altogether, three adult spastics registered in accordance with the Act, two of whom receive occupational therapy and the other is the young lady in sheltered employment.

Homes Registered under Section 37.

There are 3 Homes registered under Section 37 of the National Assistance Act, 1948, whose main function is the reception of elderly or handicapped persons. One of the Homes changed ownership during the year and was re-registered.

All are regularly inspected to ensure that the necessary standard for registration is maintained.

Action under Section 48—Temporary Protection of Moveable Property.

During the year it was necessary for the City Council to provide temporary protection for the moveable property of a lady admitted to hospital.

Action under Section 50—Burial or Cremation of the Dead

The City Council was responsible for the burial of the bodies of six persons who had died and in respect of whom no suitable arrangements for the disposal of the bodies had been made. These included three residents of Lime House. In three of the cases the full cost of burial was recovered, and part cost in the three remaining cases.

General

The W.V.S. conducts one old people's dining 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 16 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 the 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.

During the year the Carlisle Old People's Welfare Council, to whose general funds the City Council make a grant, inaugurated a Chiropody Scheme for the Old Age Pensioners. A number of local Chiropodists agreed to provide treatment at their own premises, on presentation of a card obtained from the Old People's Welfare Council, by the patient who pays 2/6d. per treatment. On completion of treatment the card is returned to the Old People's Welfare Council by the Chiropodist who is then paid the balance of fees. The Scheme came into operation on the 19th November, 1956, and up to the end of the year 98 persons had been issued with treatment cards.

CARLISLE CREMATORIUM

In October the Cemeteries Department opened the new Carlisle Crematorium which serves the region around Carlisle.

On the recommendation of the City Council your Medical Officer and your two Assistant Medical Officers were appointed Referee and Deputy Referees to the Crematorium.

SECTION VII.
ANNUAL REPORT OF THE
CHIEF PUBLIC HEALTH INSPECTOR.

ANNUAL REPORT

OF THE

CHIEF PUBLIC HEALTH INSPECTOR,

ERNEST BOADEN, A.M.I.P.H.Eng.

This is the third successive year when I have felt it my duty, in my Report to comment upon the effect which the continued shortage of staff is having upon the Public Health Inspector's section of the department. There is no substitute for frequent, regular inspection and investigation by knowledgeable and sympathetic officers and their absence inevitably results in a general lowering of standards in those activities over which they exercise a certain supervisory responsibility.

Whilst this problem in man-power shortage is being reported from almost all local authorities it probably hits hardest those areas whose size and establishment of inspectors is such that each individual inspector must bear the responsibility for certain essential duties and where in times of shortage there is no one to fill the gap.

To meet the ever increasing commitments of the department the establishment of inspectors has from time to time been increased but existing vacancies have never been filled since 1951. At the commencement of the year under review there was 66 per cent. strength in the establishment of meat inspectors and 80 per cent. strength in that of the district inspectors. By October this had become 100 per cent. and 40 per cent. respectively, and whilst this undoubtedly relieved the strain associated with maintaining 100 per cent. inspection of animals slaughtered for human consumption, the position with regard to the multiple other duties of the department became precarious. It has been constantly a question of directing the limited resources towards those matters in which there lay the probability as opposed to the possibility of risk to public health, and, at the same time foregoing certain work which, while devolving upon the public health inspector, is really outside the orbit of public health.

On the basis that there is no help like self help the Council decided to increase the establishment still further to allow for the recruitment of two pupil inspectors. One has already been engaged.

In the meantime the staff set about making the best of its depleted resources. All complaints were investigated with the least possible delay whilst every opportunity presenting itself was seized for excursions into the fields of housing, food hygiene, pest control and shops inspection.

It must be acknowledged, however, that most of the department activities were taken up in response to appeals for assistance and the work on the whole was that of curing or investigating existing adverse conditions rather than the much more desirable and satisfying task of working to prevent conditions arising which would be likely to lead to danger to health.

The number of reported cases of food poisoning within the City has been relatively low and in each case a full investigation has been carried out with particular reference to tracing the source of infection and also controlling the activities of any member of the household whose line of employment is connected with food handling and who might be a potential means of spreading the infection still

further. From information coming to the department from time to time there is good reason to suspect that many cases of gastro-intestinal upset occur which are never officially reported. No doubt some, but not all of these, arise from carelessness in the home. The Food Hygiene Regulations, 1955, came into effect in 1956 and the occasion was made an opportunity for circularising every shop in the City with copies of summaries of the requirements of the Shops Act, Merchandise Marks Acts and the Food Hygiene Regulations according to the type of business transacted. This was but a poor substitute for personal contact between employees, employers and the inspectors of this department but the staffing position did not allow for anything more ambitious.

An increasing number of persons desiring to buy houses, mainly in the lower price category, are first making preliminary enquiries at the Health Department regarding the probable future of such houses. This is a prudent thing to do as anyone will appreciate who has had the unpleasant task of breaking to a house owner the news that his recently acquired property is likely to be more of a liability than an asset.

Arising from the Beaver Report on Air Pollution the necessary statutory instrument was provided in the form of the Clean Air Act, 1956, in July of this year. It is hoped thereby in the course of the next 10 to 15 years to reduce to a very great extent throughout the country the total smoke in all heavily polluted areas. Various appointed days are to be made when the different provisions of the Act are to come into effect. The first of these appointed days relating to smoke control areas, and the prior approval of new furnaces was 31st December, 1956. The sections dealing with industrial pollution will not, however, become operative for some two years. When fully operative the Act seeks to reduce industrial smoke to a maximum permissible density of a light grey character whilst domestic smoke may be dealt with by the creation of smoke control areas. Carlisle is fortunate in that it has relatively few chimneys, nevertheless some of them are guilty from time to time of putting forth more black smoke than is acceptable. To attain the "Industrial Standard" will call for the provision of efficient and properly instrumented plant operated by skilled stokers. Carlisle is a very large railway centre and a fair proportion of such atmospheric pollution as is suffered in the City emanates from them many marshalling yards and sidings. Provision is made in the Act specifically to include railway locomotives. By far the greatest contributor in this respect, however, is the domestic chimney, for not only is the average household fire a most inefficient instrument for the combustion of coal but the resulting smoke is emitted at a relatively low level. The answer to this will be in the creation, by this authority, of smoke control areas.

The reconditioning of the suburban conveniences at the rate of one or two each financial year is continuing but the problem of the obsolete and uneconomic underground conveniences in the centre of English Street has not yet been resolved.

The Public Slaughterhouse is another building which has become outdated and when the government policy regarding the future of slaughtering and slaughterhouses is finally clarified it is a matter to which the authority should direct its attention.

The back to back house of sound structure which would appear to be suitable for conversion is yet another problem to be faced. It might be a worthwhile effort for the Council to acquire several of these properties and carry out model conversion which could be thrown open for inspection by property owners and other

interested persons. These houses might well be manned by Corporation officials able to answer questions on-the-spot and to distribute literature describing the scheme and the grants of financial assistance which are available by way of encouragement to similar undertakings.

INSPECTION OF THE DISTRICT

1. Number and Nature of Inspections

During the year 1956 the following inspections were made by the Public Health Inspectors to the premises detailed:—

DWELLING HOUSES—Total Visits 593

Public Health Act, 1936

Sec.	Visits
39 Provisions as to drainage, etc., of existing buildings ...	364
40 Provisions as to soilpipes and ventilation shafts ...	1
44 Insufficient or requiring reconstruction of sanitary accommodation	5
45 Buildings having defective closets capable of repair ...	61
46 Sanitary conveniences in workplaces, etc. ...	3
56 Yards, passages, to be paved and drained ...	27
58 Dangerous buildings	2
73 Removal of trade refuse	10
75 Dustbin provision	4
79 Mandatory removal of accumulations of noxious matter	—
80 Removal of Manure, etc.	8
83a Cleansing filthy premises	33
83b Cleansing verminous premises	22
92a Premises in such a condition as to be prejudicial to health or a nuisance	324
92b Animals kept in such a manner as to be prejudicial to health or a nuisance	28
92c Accumulation of deposit prejudicial to health or a nuisance	41
92d Dust or effluvia prejudicial to health or a nuisance ...	12
92e Overcrowded and ill-ventilated workplaces ...	54
101 Any installation or chimney emitting smoke (observations)	16
Visit to boiler plants	11
107—Offensive trades	10
138 Provision of water supplies	6
154 Prohibition of sales by rag dealers	—
89 Inns, refreshment houses, etc.	6
Cinemas, Theatres, etc.	16
240 Provision of common lodging houses	14
Houses let in lodgings	30
259 Nuisances from watercourses, etc.	24
268 Nuisances from tents, van, sheds	20

INFECTIOUS DISEASE

Food Poisoning investigations	35
Other investigations	29

FOOD AND DRUGS ACT, 1955, ETC.

Bakers and Bakehouses	91
Butchers	186
Fish Friers	20
Grocers	81
Greengrocers	60
Ice Cream	15
Licensed premises	6
Meat preparation premises	159
Restaurant kitchens	83

Other kitchens and canteens	...	...	...	...	...	30
Sugar confectionery	...	...	...	...	...	10
Street vendors	...	...	...	...	...	6
Wet Fish Merchants	...	...	...	...	...	19
Other food manufacturers	...	...	...	...	...	10
Dairies	...	...	...	...	...	28
Public slaughterhouses	...	...	...	...	...	65
Bacon Factory	...	...	...	...	...	48

MEAT AND FOOD INSPECTION

Shops, etc.	...	...	...	...	...	326
Slaughterhouses	...	...	...	...	...	336
Bacon factory	604

HOUSING ACTS, 1936-1954, ETC.

Houses inspected and recorded, 1936 Act	120
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Sec.

9, 10, 16 re Repairs	—
11, 13 „ Demolitions	42
12 „ Closing	20
25 „ Clearance and Re-development Areas	343
4 „ Information to be given to tenants	...	...	...	...	...	4
62 „ Permitted nos. in rent books	...	...	...	...	...	2
66 „ Overcrowding	...	...	...	...	...	2
1949 Act—Improvement Grants	...	...	...	...	...	19
1954 Act—Certificates of Disrepair	...	...	...	...	...	20

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Inspection of Local Authority Premises	...	...	...	...	6
Inspection of Agricultural premises	...	...	...	...	1
Inspection of Business Premises	...	...	...	...	22
Inspection of Dwelling Houses	...	...	...	...	46

FACTORIES ACT, 1937

Sec.

7 Factories with mechanical power	...	...	...	...	63
1, 2, 3, 4, 6, 7 Factories without mechanical power	...	...	...	...	27
110 Outworkers	...	...	...	...	1

OTHER INSPECTIONS :—

Stables	...	...	...	...	...	1
Piggeries	...	...	...	...	...	1
Public Conveniences, etc.	...	...	...	...	...	97
Swimming baths and pools	...	...	...	...	...	4
Refuse Tips, etc.	...	...	...	...	...	15
Fertilisers and Feedingstuffs Act, 1926	...	...	...	...	...	—
Agric. produce, grading and marking	...	...	...	...	...	—
Pharmacy and Poisons Act, 1933	...	...	...	...	...	3
Shops Act, 1950	...	...	...	...	...	139
Merchandise Marks Act, 1926	...	...	...	...	...	54
Land Charges inspections	...	...	...	...	...	12
Pet Animals Act, 1951	...	...	...	...	...	4
Miscellaneous	...	...	...	...	...	91
Interviews	...	...	...	...	...	362

LIST OF CONTRAVENTIONS

PUBLIC HEALTH ACT, 1936

Sec.		Found	Abated.
23	Maintenance and clearing of public sewers ...	1	2
39	Provisions as to drainage, etc., of existing buildings	103	85
40	Provisions as to soil pipes and ventilating shafts	1	—
44	Buildings having insufficient closet accommodation, or closets requiring reconstruction	1	1
45	Buildings having defective closets capable of repair	18	10
46	Provision of sanitary conveniences in workplaces	—	—
56	Surface drainage of yards and passages	2	4
58	Dangerous structures	—	—
75	Provision of regulation dustbins	1	1
83	Cleansing of filthy or verminous premises	4	1
84	Cleansing of filthy or verminous articles	1	—
92a	Premises in such a state as to be prejudicial to health or a nuisance	108	81
92b	Any animal kept in such a place or manner as to be prejudicial to health or a nuisance	—	—
92e	Ventilation of workplaces	2	1
101	Smoke nuisances	2	3
	Provision of water supply to houses	2	2
259	Nuisances, Ponds, Ditches, etc.	3	2
268	(2) (a) Tents, vans and sheds, overcrowding	—	—
268	(2) (b) Lack of proper sanitary accommdtn.	—	—
269	Controlling use of moveable dwellings	1	1
Totals ...		250	194

HOUSING ACT.

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

FOOD AND DRUGS ACT.

Sec.		Found.	Abated.
13a	Situation of sanitary accommodation	—	1
13c	Repair of walls, floors, ceilings, etc.	—	4
13d	Cleansing and painting of walls, floors, etc.	—	8
13f	Provision and maintenance of adequate ventilation	—	1
13g	Accumulation of refuse, filth, etc., cleansing of floors	—	2
13h	Cleanliness of persons, room, articles, etc.	—	1
13i	Provision of wash-hand basin, soap, hot and cold water and towels	—	5

Bye-laws.

4a Food protected from contamination (flies, dust, rodents)	1	6
4c Cleansing of surfaces with which food may come into contact	1	1
6a (i) Provision of suitable receptacles for refuse	2	3
6a (ii) Daily refuse removal	—	2
6c Suitability of surfaces with which food is likely to come into contact	—	6
6d Fixture of notices requesting employees to wash hands	—	2

Food Hygiene Regulations.

5 Food business not to be carried on at unsatisfactory premises, etc.	2	—
6 (i) Cleanliness of equipment, etc	2	—
8 Food to be protected from risk of contamination	4	—
9 Personal cleanliness and use of tobacco	3	2
14 Situation and cleanliness of sanitary conveniences	3	—
Notices re washing of hands to be affixed	4	—
16 Wash-hand basins, etc., to be provided	5	—
17 First-aid materials to be provided	1	—
18 Accommodation for clothing, etc.	3	—
19 Facilities for washing food & equipment	1	—
20 Lighting of food rooms	1	—
21 Ventilation of food rooms	1	—
23 Cleanliness and repair, etc., of food rooms	5	—
24 Accumulation of refuse, etc.	2	—
25 Temperature at which certain foods to be kept	2	—
Totals ...	43	44

SHOPS ACT, 1950.

	Found.	Abated.
38 1 (a) Suitable and sufficient means of ventilation	2	3
1 (b) Suitable and sufficient means of providing reasonable temperature	1	1
2 Suitable and sufficient sanitary conveniences	5	3
4 Suitable and sufficient washing facilities	2	1
5 Facilities for taking meals	1	—
Totals ...	11	8

FACTORIES ACT, 1937.

	Found.	Abated.
Sanitary Accommodation—		
7 Insufficient provided	2	3
Not provided separate for sexes	—	—
Maintenance	3	—
Cleanliness	5	1
Adequate lighting	5	3
Adequate ventilation	5	4
Reg.		
6 Privacy, doors, etc.	2	2
Accessibility	1	—
Totals ...	23	13

SUMMARY OF COMPLAINTS, CONTRAVENTIONS and NOTICES SERVED

	Complaints Received	CONTRAVENTIONS		NOTICES		STAT. NOTICES	
		Found	Abated	Served	Abated	Served	Abated
Public Health ...	334	250	194	175	134	17	11
Food and Drugs ...	11	43	44	14	13	—	—
Shops ...	3	11	8	7	5	—	—
Factories ...	2	23	13	15	8	—	—
Housing ...	15	1	—	—	—	—	—
Rodent Control ...	237	7	5	7	5	—	—
Pharmacy & Poisons	—	—	—	—	—	—	—

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Sec.		Found.	Abated.
4	Notice requiring execution of works	7	5

PHARMACY AND POISONS ACT, 1933

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

MERCHANDISE MARKS ACT, 1926.

Failure to bear indication of origin	26	26
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SLUM CLEARANCE

The slow progress which has been made in dealing with the unfit dwelling-houses in the City has been one of the most unsatisfactory and disappointing features of the year.

The sub-standard houses are unquestionably there and a reasonable ratio of accommodation has been allocated for re-housing purposes but the staff to provide the information necessary to put the machinery of the Housing Acts into motion is just not available, and it is virtually impossible to preserve the balance between condemnations and re-housing allocations.

The Housing Acts are exceedingly complicated in their operation and the rights of all persons involved must be safeguarded at every stage of the procedure. This is time consuming and the streamlining which in certain other circumstances can be employed is thereby ruled out. Furthermore the Department's activities have been pared to the very bone and beyond and there are no more matters which can be sacrificed to allow of a more concentrated effort on slum clearance.

Re-housing of the occupants of the King Street clearance Area was completed during the year and most of the property demolished. The St. Martin's Lane Clearance Order which also became operative in 1955 was vacated during 1956. Displacement of the tenants in houses comprised in the South John Street and Robert Street Compulsory Purchase Order was begun, and although the Devonshire Walk Unfitness Order was confirmed in May the protracted negotiations and consequent delay resulting over the inability of the owners to agree the terms of compensation prevented any tenants being moved during 1956.

Clearance of a fairly large area of property to the north of Caldewgate followed the making of Demolition Orders against the houses. This land is to be developed privately for industrial purposes.

A beginning was made on the collection of detailed information on houses lying in an area between Caldewgate and Shaddongate with a view to submitting at a later date a scheme involving the clearance of a sizeable portion of that area with a view to its future re-development.

HOUSING STATISTICS

Houses Demolished.

In Clearance Areas :

Houses unfit for human habitation	35
Houses included by reason of bad arrangement, etc.	Nil
Houses on land acquired under Section 27, Housing Act, 1936	Nil

Not in Clearance Areas :

As a result of formal or informal procedure, under Section 11, Housing Act, 1936 11

Unfit Houses Closed.

Under Section 11, Housing Act, 1936, and Sections 10 (1) and 11 (2), Local Government (Misc. Prov.) Act, 1953 9
 Under Sections 3 (1) and 3 (2) Housing Act, 1949 Nil
 Parts of Buildings closed under Section 12, Housing Act, 1936 7
 Total number of Families displaced 44
 Total number of Persons displaced 150

Unfit Houses made fit and Houses in which Defects were Remedied.

After informal action by Local Authority 137
 After formal notice under—
 Public Health Acts 13
 Housing Act, 1936 1
 Unfit Houses in Temporary Use Nil
 (Housing Repairs and Rents Act, 1954)
 Purchase of Houses by Agreement Nil
 Number of Houses Inspected and Recorded 120
 (Section 5, Housing Act, 1936)
 Official Representations during the year 10
 Houses included in Orders and Undertakings made during the year 17

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.	63	27	1	—
(ii) Factories not included in (i) in which Sec. 7 is enforced by the Local Authority.	344	58	15	—
(iii) Other Premises in which Sec. 7 is enforced by the Local Authority.	20	5	—	—
TOTAL	427	90	16	—

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)	—	—	—	—	—
Overcrowding (Sec. 2)	—	—	—	—	—
Unreasonable Temp. (Sec. 3)	—	—	—	—	—
Inadequate Ventilation (Sec. 4)	—	—	—	—	—
Insufficient Drainage (Sec. 6)	—	—	—	—	—
Sanitary Conveniences (Sec. 7)					
(a) Insufficient	2	3	—	1	—
(b) Unsuitable or defective	21	10	—	3	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against Act (not including offences relating to Outwork)	—	—	—	—	—
TOTALS	23	13	—	4	—

OUTWORKERS

There was 1 outworker registered within the City during the year.

RODENT CONTROL

Surface Treatment.

Complaints or reports received and investigated — 237.

	Dwelling Houses	Business Premises	Local Authority Premises	Agricultural Properties
Premises inspected for presence of rats or mice	247	155	54	5
Premises in which evidence of the presence of rats or mice was found. ...	146	117	27	3
Visits of inspection and treatment to all types of premises. ...	939			
Number of baits laid	2602			

Sewer Treatment.

During the year special attention was directed to the eradication of rats in the older sections of the City's sewers. These sewers were divided into 7 sectors, comprising a total of 780 manholes, and as a preliminary the manhole covers were loosened and an extra 72 baiting trays installed.

A first maintenance treatment was carried out during April and May, when pre-bait takes occurred and poison baits were laid in 186 manholes. An additional special treatment followed, during the period June to August, when it was found necessary to lay poison baits in 145 manholes. Before continuing with the normal second maintenance treatment, test baits were laid in 178 manholes, approximately 10% of a total of 1,638, contained in 4 large testing areas. These areas cover most of the outskirts of the City and the Corporation housing estates and were found to be entirely free of rats. The second maintenance treatment was continued during October to December, with a still further reduction to 62 of manholes in the older sectors showing pre-bait takes.

FOOD CONTROL

This Department has the dual responsibility of guarding both the health and the pocket of the purchaser and consumer of food-stuffs.

The health of the consumer must not be jeopardised by the addition of dangerous substances under the guise of so-called "improvers" or of harmful dyes or flavourings or by bacterial or chemical contamination. His pocket must be protected by ensuring that the article purchased does not contain an undue proportion of some cheaper substitute of the article asked for or lay claim to some property or virtue which it does not possess.

All this calls for a strict and regular supervision which in turn is dependent upon manpower.

The following tables show the number and types of food premises within the City and the inspections and visits made therein. In some cases there is a discrepancy between the number of a certain type of business known to exist and those which have been registered as such with the local authority. Originally a list of the various types of businesses was kept which was deemed to be the register. These premises are being critically examined as time permits and are then submitted with a recommendation for registration to the Health Committee.

The organised systematic inspection of food premises for conformity under the Food Hygiene and other Regulations was continued for the first part of the year but this had to be abandoned on the resignation of two members of the staff in the late summer.

All condemned food is disposed of under the supervision of the Department's Inspectors. Condemned material from the public slaughterhouse is sold to a specialist firm who convert it into animal feeding stuffs and organic fertilisers. Waste from the bacon factory is disposed of either to the same firm or by treatment in the factory's own plant. Surrendered foodstuff is checked by the Inspectors and directed to the Corporation destructor and a condemnation certificate subsequently issued on production of the destructor attendant's receipt for the articles.

Only nine samples of foodstuffs were obtained under the Food and Drugs Act during the year, and unless there is some considerable alteration for the better in the staffing position in the near future I cannot see the possibility of much improvement taking place in this most unsatisfactory state of affairs.

INSPECTION AND REGISTRATION OF FOOD PREMISES

Type of Premises	No. in Area	Number Reg.	No. of Inspections
Registerable Premises.			
Ice Cream—			
Wholesale Manufacture	1	1	
Manufacture and Retail Sale ...	14	3	15
Wholesale Storage for Sale ...	2	2	
Retail Sale—mainly prepacked ...	154	147	
Preparation or Manufacture of Sausages or potted, pressed, pickled or preserved food	65	55	159
Fish Friers	31	13	20
Dairies (including 3 pasteurising plants)	7	7	28
Other Food Premises.			
Bakehouses	65	—	
Bakers and Confectioners Shops ...	75	—	91
Butchers	84	—	186
Fruiterers and Greengrocers Shops ...	57	—	
Wholesale Merchants	5	—	60
Grocers and Provision Merchants			
Shops	193	—	
Wholesale Merchants	10	—	81
Licensed Premises			
Inns and Public Houses	49	—	6
Hotels	4	—	
Off Licences	5	—	
Clubs	12	—	
Restaurant Kitchens	43	—	83
Other Kitchens and Canteens	64	—	30
Sugar Confectionery			
Manufacture	1	—	
Wholesale Merchants	6	—	10
Retail Shops (principal trade) ...	56	—	
Wet Fish			
Shops	13	—	
Van Sales	6	—	19
Wholesale Merchants	2	—	
Street Vendors, Barrows, etc.	2	—	6
Other Food or Drink Manufacturies ...	7	—	10
Public Slaughterhouses	1	—	65
Bacon Factory	1	—	48

MILK SUPPLY

Milk and Dairies Regulations, 1949-54

No. of milk distributors on the Register	13
No. of Dairies on the Register	7

The Milk (Special Designations) (Raw Milk) Regulations, 1949-54

No. of Dealers licensed to use the designation "Tuberculin Tested"	21
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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	18
No. of Dealers licensed to use the designation Sterilised	3

67 samples of milk were submitted for bacteriological examination. All were samples of designated milk, of which 8 failed to pass the tests prescribed by the Milk (Special Designations) Regulations, 1936-49.

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. Past'ised	17	17	...	17	...	...	...	...
T.T. Past'ised (Schools) ...	...	...	...	...	...	...	...	...
Pasteurised	21	21	...	21	...	...	...	...
Pasteurised (Schools) ...	...	...	...	...	...	...	...	...
Sterilised	...	...	...	...	...	...	...	...
TOTAL	38	38	...	38	...	...	...	...

MILK OTHER THAN HEAT TREATED

DESIGNATION	No. of Samples	PASSED Meth. Blue	FAILED Meth. Blue	Unsatisfactory Samples Percentage
Tuberculin Tested	20	13	7	35%
T.T. Jersey	9	8	1	11.11
TOTALS	29	21	8	27.58

Of the number of unsatisfactory samples of Tuberculin Tested milks, 7 were from 2 producers and 5 were mixed milks from one bottling plant. All this milk was produced 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.

INSPECTION OF OTHER FOODS

The following table shows the amount of food declared to be unfit for human consumption during 1956 :—

	T.	C.	Q.	lb.	T.	C.	Q.	lb.
Meat and Meat Products	—	8	1	9				
Vegetables	—	9	2	16				
Canned Meat	1	—	—	20				
Miscellaneous	—	12	2	26				
TOTAL					2	10	3	15

Other Canned Foods : 2,482 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
1953	4,314	17,466	4,961	2,767	29,508
1954	4,782	26,046	4,061	6,388	41,277
1955	5,784	21,294	563	6,710	34,351
1956	7,047	24,908	374	6,995	39,324

HARRABY BACON FACTORY

1953	....	....	....	173,566	173,566
1954	....	....	....	174,150	174,150
1955	....	....	....	143,199	143,199
1956	....	....	....	108,630	108,630

Number of carcasses examined at the Abattoir after emergency slaughter was 1,888.

PUBLIC SLAUGHTERHOUSES

Carcases Inspected including those Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	6,032	1,015	374	24,908	6,995	....
Number inspected	6,032	1,015	374	24,908	6,995	....
ALL DISEASES EXCEPT TUBERCULOSIS						
Whole carcases con- demned	12	40	56	109	18	....
Carcase of which some part or organ was condemned	1,879	565	27	1,113	398	....
Percentage of the num- ber inspected affected with disease other than tuberculosis ...	31.35	59.6	22.2	4.9	5.94	....
TUBERCULOSIS ONLY						
Whole carcases con- demned	3	12	2	....	4	....
Carcase of which some part or organ was condemned	65	60	2	....	111	....
Percentage of the num- ber inspected affected with tuberculosis ...	1.12	7.09	1.07	....	1.64	....
CYSTICERCOSIS						
Carcases of which some part or organ was condemned	14	....	....	....	....	....
Carcases submitted to treatment by refrig- eration	14	....	....	....	....	....
Generalised and totally condemned ... ..	....	....	....	....	....	....

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

DISEASE or CONDITION	Whole Carcasses				Part Carcasses			
	Cattle	Sheep	Pigs	Calves	Cattle	Sheep	Pigs	Calves
Abscesses and Suppurative Conditions	2	1	...	...	15	9	15	...
Acetonaemia ... ..	...	2	2	...	1	28	12	...
Arthritis and Atrophy	1	3	...	...	...	...	...	...
Anaemia ... ..	...	1	...	...	...	...	...	...
Anasarca	9	24	...	1	...	...	...	...
Emaciation—Ill-set ... ..	...	...	...	1	...	...	...	...
Enteritis (Acute) ... ..	...	...	1	...	...	...	...	...
Erysipelas ... ..	...	...	2	...	...	...	...	...
Febrile Condition—Ill bled	1	7	...	...	...	...	45	...
Fibrosis ... ..	...	...	...	...	...	...	...	...
Gangrene	2	4	1	1	...	...	...	...
Haemorrhagic ... ..	...	...	1	...	...	...	...	...
Icterus ... ..	...	2	...	1	...	...	...	...
Immaturity ... ..	...	1	...	28	...	...	...	...
Inflammatory diseases :—								
Pneumonia, Pleurisy,								
Peritonitis ... ..	...	1	...	4	1	27	2	...
Injuries and bruising	3	9	1	1	74	62	41	3
Johne's Disease	2	...	...	...	...	...	...	...
Mastitis ... ..	...	2	...	...	2	1	25	...
Milk Fever	1	...	...	...	...	...	...	...
Moribund ... ..	...	10	...	...	...	...	...	...
Nephritis ... ..	...	...	...	1	2	...	...	...
Oedema	18	18	4	8	8	16	5	...
Odour	1	...	...	...	...	...	...	...
Post-mortem Putrefaction	1	7	2	3	...	3	...	...
Post-mortem Contamination ... ..	...	2	...	...	...	...	...	...
Pyæmia, Joint Ill, Naval Ill ... ..	...	2	1	4	...	...	...	...
Pyrexia ... ..	...	3	...	1	...	...	...	...
Septic Pericarditis	4	...	2	...	...	...	...	...
Septic Peritonitis	6	1	...	...	...	...	...	...
Septic Pneumonia ... ..	...	7	1	1	...	...	...	...
Toxaemia	1	...	...	...	...	...	...	...
Tumours ... ..	...	1	...	1	...	1	...	...
Uraemia ... ..	...	1	...	...	...	...	...	...
Urticaria ... ..	...	...	...	...	...	...	12	...
Whole Carcasses	52	109	18	56	...	...	...	...
Part Carcasses ... ..	...	...	...	...	103	147	157	3

DISEASED AND UNSOUND FOOD

The following table shows the amount of food declared to be unfit for human consumption during 1956 :—

PUBLIC SLAUGHTERHOUSES :

	T.	C.	Q.	lb.	T.	C.	Q.	lb.
Beef	13	1	3	14				
Beef Offals	18	5	3	5				
Mutton	20	10	1	15				
Mutton Offals	1	14	1	19				
Veal	1	1	3	4				
Veal Offals	—	16	3	16				
Pork	2	10	2	26				
Pork Offals	—	13	3	11				
					40	15	2	26

HARRABY BACON FACTORY :

Pork	23	6	1	25				
Offals	35	10	2	2				
					58	16	2	27

FOOD AND DRUGS ACT—ADULTERATION

During the year 6 formal and 3 informal samples of foods and drugs, purchased under the provisions of the Food and Drugs Act, 1955, were submitted to the Public Analyst.

Table 36 shows the number and results of the analyses of samples obtained.

Table 37 shows the average composition of milk examined during the year.

Table 38 shows the action taken in respect of samples reported by the Public Analyst as not being genuine or otherwise irregular.

TABLE 36

ARTICLES	No. of Samples		No. Genuine		No. NOT Genuine	
	Formal	Informal	Formal	Informal	Formal	Informa
Milk	9	....	6	....	3	....
TOTALS	9	....	6	....	3	....

TABLE 37

Average Percentage Composition of Milk examined during the year.

PERIOD	No. of Samples	Milk Fat %	Solids not Fat %
1st Quarter... ..	....	....	....
2nd Quarter	9	3.31	8.77
3rd Quarter ... ..	....	....	....
4th Quarter ... ..	....	....	....
Year ending 31st December, 1956 ...	9	3.31	8.77

TABLE 38.

**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			
50	Milk	Deficient in fat to extent of 2.7%	A pint bottle of T.T. milk purchased from a milk retailer who receives his supplies ready bottled from a farmer producer.
56	Milk	Deficient in fat to extent of 6.7%	A similar sample taken 3 days later from the same distributor.
57	Milk	Slightly deficient in fat	<p>On the second sample proving deficient in fat content, attention was transferred to the farm where a sample was taken from the bulked milk of one morning's milking carried out in the presence of Inspectors of the Health Department.</p> <p>This sample also proved deficient in milk fat.</p> <p>The matter was referred to the Milk Production Officer, Ministry of Agriculture, Fisheries and Food, as the representative of the licensing authority.</p>



