CITY OF CARLISLE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1958

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

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Health Committee 1958–59

Chairman—Councillor BARRETT

Deputy Chairman—Alderman Miss WELSH

Councillor ATKINSON

Councillor BROWN

Councillor CAVEN

Councillor DERRY

Councillor LONG

Councillor MATTHEWS

Councillor Miss SIBSON

Councillor STITT

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	- JAMES C. B. CRAIG, M.D., Ch.B., D.P.H.
School Medical Officers.	- CHRISTINA M. ANDERSON, M.B., Ch.B., D.P.H.
Principal Dental Officer—Education and Health	- THOMAS W. GREGORY, L.D.S. (Ed.), L.R.C.P., etc.
Dental Officer, Education and Health	- MARTIN L. PATERSON, L.D.S.
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 1958.

The outstanding features of the year were the Octo-Centenary Celebrations with the two Royal Visits. The Health Department was responsible for the transport to and from the Cathedral of aged and handicapped persons on the occasion of both Royal Visits. I am indebted to the Voluntary Bodies and the Churches who helped with this work as well as to the members of my own staff, Civil Defence workers and Fire and Ambulance Services, who expended much voluntary effort in making these days memorable to the persons concerned. Messrs. Binns kindly loaned window space on the 8th July for handicapped children, and the facilities provided were greatly appreciated. Later in the year the Health and Welfare Department played its part with others in staging a most memorable Local Government Exhibition.

It is regrettable that we were not able to maintain the low Infantile Mortality Rate experienced in 1957, and, as I predicted in my Report last year, the figure for 1958 is higher, though not such as should cause anxiety.

The inability to recruit a full establishment of Public Health Inspectors has throughout the year engaged close attention and is a cause for disquiet. A Clearance Area and Compulsory Purchase Order for Queen Street was confirmed by the Ministry of Health during the year, and a further Clearance Area adjacent to it—Rigg Street and Broadguards—was the subject of an enquiry. The Clearance Area and Compulsory Purchase Order for the latter has now been confirmed by the Ministry of Health. Both areas involve a total of 71 houses. Although the total number of notifications of infectious disease was not as great as in 1957, the amount of work involved on cases of Dysentery and Salmonella Food Poisoning was exceedingly great, and much of the time of the depleted staff of the Public Health Inspectors had to be devoted to it.

I am indebted to Dr. Morton for his Section on Tuberculosis and the work of the Mass Miniature Radiography Unit.

Poliomyelitis Vaccination again absorbed a large amount of time and energy of the Department. During the year the giving of this vaccine was extended to young people of the 15 - 25 age group, but it is disappointing to record that their response to this valuable form of protection was most unsatisfactory, although at the time of writing, as the result of the death from this disease of a well-known footballer, there has been a very large number of such young people vaccinated.

Requests for Residential Accommodation for elderly people continue to increase, as is to be expected with an ageing population. It is certain that the demand would be still greater were it not for the Home Help Service, which now spends almost 90 per cent. of the working time of the staff on helping the aged and chronic sick. Early in the year the work on the extensions to Barn Close was commenced, and at the time of writing this extension is nearing completion, though it must be pointed out that even when this is opened it will not clear the waiting list for such accommodation.

Homeless families who turn up in Carlisle continue to present a problem to the Welfare Section of this Department, and it is disappointing that negotiations for the lease of a suitable building for their accommodation have not borne fruit.

I desire to record my thanks to all members of the staff of the Department for their willing service, and to acknowledge the help and co-operation received from other officers of the Corporation, Government Departments, 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 given me throughout the year.

I am, Mr. Mayor, Ladies, and Gentlemen,

Your obedient Servant,

JAMES L. RENNIE,

Medical Officer of Health.

SECTION 1
VITAL STATISTICS

SUMMARY OF VITAL STATISTICS

Area (acres)	6092
Population (1958) Estimate of Registrar-General	69400
Rateable Value	£757344
Sum represented by a Penny Rate	£3153

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	1272	655	617
Illegitimate	48	26	22

Live Birth Rate per 1,000 population — 19.02 (18.36).

Live Birth Rate per 1,000 of the population as corrected by the Area comparability factor of 0.95 is 18.07.

Still Births	26	12	14

Still Birth Rate per 1,000 live and still-births—19.32 (18.49).

Live and Still Births	1346	693	653
Infant Deaths	46	24	22

Infantile Mortality Rate per 1,000 live births—34.85 (35.32).

Infantile Mortality Rate per 1,000 live births—Legitimate: 35.38 (35.83).

Infantile Mortality Rate per 1,000 live births—Illegitimate: 20.83 (20.83).

Neo Natal Mortality Rate (first four weeks) per 1,000 live births—30.30 (30.61).

Illegitimate live births per cent. of total live births—3.63 (3.61).

There were no maternal deaths (including abortion) during the year.

Deaths—Total 898. Male 407. Female 491.

Death Rate—12.94 (12.55) per 1,000 population.

Death Rate per 1,000 of the population as corrected by Area Comparability Factor of 1.11 is 14.36.

POPULATION

The Registrar General's estimate of the mid-year population is 69,400, an increase of 200 on the previous year.

BIRTHS

Live Births

The total number of live births credited to the City in 1958 was 1,320, giving a birth rate of 19.02 per thousand of the population. Of this number 46 were children of Scottish mothers who had their confinements in Carlisle.

Illegitimate Live Births

48 (including 2 Scottish) of the above births were illegitimate, giving an illegitimacy rate of 3.63 per cent. of the total live births.

Still-births

There were 26 (including 2 Scottish) still-births during the year; that is a decrease of 2 on the 1957 figure. The still-birth rate was 19.32 per 1,000 total births, compared with 21.98 during 1957.

DEATHS

The total number of deaths credited to the City was 898 (including 27 Scottish), giving a death rate of 12.94 per thousand of the population.

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

It will be noted that Coronary Artery disease was responsible for the greatest number of deaths (163) and exceeded that of all forms of malignant disease, from which there was a total of 138 deaths. Cardiovascular disease in all its forms, including lesions of the Central Nervous System, was responsible for almost 59 per cent. of the City deaths. None of these deaths took place in children and 80 per cent. of them occurred in persons aged 65 years and over. An increasing number of deaths due to cardio-vascular disease is to be expected in an ageing population, but the frequency of coronary disease in persons aged 45 years and over gives cause for anxiety. Until more is known regarding the causation of this disease, proper preventative measures cannot be instituted.

Maternal Mortality

There were no maternal deaths during 1958.

Infantile Mortality

There were 46 deaths of children under one year of age (including one Scottish) credited to the City, giving an infantile mortality rate of 34.85 per thousand live births. The number of deaths in 1957 was 21 and the rate was 16.85 per thousand live births. Table 2 shows the causes of death of the children.

Deaths Due to Cancer

Table 3 sets out the deaths from Cancer from 1949-1958.

TABLE 3

1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
118	124	127	106	124	141	121	132	146	138

Of the 138 deaths which occurred in 1958 only 10 were under the age of 45 and 62 were between the ages of 45 and 65.

Cancer of the lung still claims too many victims in the 45 - 65 age group. In this disease we know at least one of the contributory factors—cigarette smoking—but in spite of national and local propaganda the public would apparently prefer an early death to abstinence. There is little use preaching to the young not to smoke when they see their elders and heroes constantly indulging in the habit.

TABLE I

USE OF DEATH	Deaths within subjoined Age Groups credited to the City as a result of Conditions shown									Total Deaths whether of "Residents" or "Non-residents" in Institutions in the City
	All Ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and upwards	
1	2	3	4	5	6	7	8	9	10	11
uses { Certified	851	44	4	6	4	41	188	209	355	597
uses { Uncertified	47	2	—	—	1	2	15	15	12	25
culosis respiratory	4	—	—	1	—	—	2	—	1	2
culosis, other	2	—	—	—	—	1	—	1	—	—
tic Disease ...	2	—	—	—	—	—	1	1	—	—
heria	—	—	—	—	—	—	—	—	—	—
ping Cough ...	—	—	—	—	—	—	—	—	—	—
gococcal Infections	—	—	—	—	—	—	—	—	—	—
Poliomyelitis ...	1	—	—	—	—	1	—	—	—	1
s	—	—	—	—	—	—	—	—	—	—
infective and para- diseases ...	3	—	—	—	—	1	1	1	—	—
ant neoplasm — Stomach	29	—	—	—	—	1	14	7	7	19
Lungs & Bronchus	29	—	—	—	—	1	21	2	5	18
Breast	9	—	—	—	—	1	4	2	2	5
Uterus	9	—	—	—	—	1	6	2	—	5
malignant and phatic Neoplasms	62	—	1	1	—	4	17	18	21	67
emia, Aleukaemia	1	—	—	—	—	—	1	—	—	1
es	3	—	—	—	—	2	1	—	—	2
ar lesions of ous system ...	152	—	—	—	—	3	16	49	84	71
ary disease, angina	163	—	—	—	—	3	54	54	52	59
tension with heart ase	32	—	—	—	—	—	5	10	17	11
heart disease ...	150	—	—	—	—	7	14	31	98	94
circulatory disease	32	—	—	—	—	—	3	9	20	23
za	—	—	—	—	—	—	—	—	—	1
onia	27	10	—	—	—	—	5	4	8	11
itis	25	—	—	—	—	—	6	10	9	10
diseases of res- ory system ...	4	—	—	—	—	—	3	—	1	8
of the stomach and denum	12	—	—	—	—	—	6	3	3	13
is Enteritis and rhoea	5	1	—	—	—	—	1	—	3	3
itis and Nephrosis	9	—	—	—	1	1	2	1	4	9
plasia of prostate	7	—	—	—	—	—	—	2	5	11
ncy, childbirth, tion	—	—	—	—	—	—	—	—	—	—
nital malf'rmations	10	7	2	—	1	—	—	—	—	10
defined and ill- ed diseases ...	67	27	1	—	1	7	10	10	11	112
vehicle accidents	13	—	—	2	—	4	5	2	—	18
... ...	8	—	—	—	—	2	3	1	2	2
de and operations ur	—	—	—	—	—	—	—	—	—	—
er accidents ...	28	1	—	2	2	3	2	4	14	36
TALS	898	46	4	6	5	43	203	224	367	622

TABLE 2

CAUSE OF DEATH	AGE									MONTH												Total Deaths under one Year
	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 4 Weeks	4 Weeks and under 3 Months	3 Months and under 6 Months	6 Months and under 9 Months	9 Months and under 12 Months	January	February	March	April	May	June	July	August	September	October	November	December	
All Causes — Certified	33	3	1	2	39	1	2	1	1	5	1	2	5	4	10	—	4	4	1	5	3	44
All Causes — Uncertified	—	—	1	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	2
*Prematurity	12	—	—	—	12	—	—	—	—	2	—	1	1	—	4	—	2	1	1	—	—	12
Pneumonia	4	1	1	1	7	—	1	1	1	1	—	1	3	1	2	—	—	—	—	—	2	10
Congenital Malformations	5	1	—	1	7	—	—	—	—	—	—	—	1	1	1	—	—	2	—	—	2	7
Intracranial Haemorrage	7	—	1	—	8	—	—	—	—	—	—	—	—	1	3	—	1	1	—	2	—	8
Anoxia	2	—	—	—	2	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	2
Gastro-Enteritis	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Acute Bronchitis with Mongol'm	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	1
Liver Failure	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Hydronephrosis	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Peritonitis	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Erythroblastosis Foetalis	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Accidents	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1

when the atmosphere in the home, public transport and cinema lies in a pall of smoke and the habit is extolled on the television screen.

Inquests

During the year the City Coroner held 75 inquests. Of this number 39 related to deaths of persons who resided within the City and 36 to persons who resided in other districts but who died within the City.

Uncertified Deaths

63 deaths were registered in which no certificate was given by a medical practitioner, and in which no inquest was held. 46 of these were in respect of City residents.

During 1957 the number of such deaths registered was 83.

Mortuary

36 bodies were removed to the Public Mortuary, post-mortem examinations being made in 28 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 recorded at Geltsdale for the year ending 31st March, 1959, was 35.72 inches, as against 38.26 inches the year before. There was one period of absolute drought, the 15 days from November 16th to 30th, with a further dry period of 14 days from January 31st to February 13th, 1959. The heaviest daily rainfall was 1.30 inches on 13th July.

In October work commenced on the intake works of Stage One of the River Eden Abstraction Scheme. This stage comprised, in addition to the River Intake, a Pumping Main and Treatment Works. Work has now commenced on the main-laying and construction of the Treatment Works, whilst the tenders for supplying and installing Filters and Pumping Machinery have been let. It is hoped that this stage will be nearing completion in the spring of 1960.

Stage Two of the River Eden Scheme, comprising Trunk Mains round the south and west of the City, together with a Booster Station at Harraby and a Service Reservoir at High Brownelson, has been approved in principle by the Ministry of Housing and Local Government, and permission to invite tenders is expected when progress has been made with the acquisition of land.

During the year the Sewage Works Manager and Chemist has had samples of water for analysis on 41 occasions. In addition, samples have been sent to the Pathological Laboratory of the Cumberland Infirmary on 14 occasions. Altogether 36 samples of raw or partially treated water were taken from Geltsdale, whilst 153 samples of fully treated water were taken from Castle Carrock and the distribution system.

Whilst samples of treated water leaving Castle Carrock and Cumwhinton have always been entirely satisfactory, those taken from the distribution system have indicated from time to time the presence of bacteria, which, although not faecal in origin, are nevertheless undesirable in a public water supply. The Chemist has remarked in several of his reports that there was definite evidence of foreign matters gaining access to the water main system.

The probable source of this pollution is from the numerous ball hydrants still sited on the water mains. The Markets, Water and Baths Committee approached the Fire Brigade Committee with a view to replacing or removing the 1,660 ball hydrants within the City area. Nearly 500 of these ball hydrants were replaced with British Standard screw-down hydrants or removed entirely by March 31st, 1959. This work should be completed within the City by the autumn of 1960.

During the year 3.2 miles of water main were laid. This was confined to 3-in., 4-in., and 6-in. diameter mains on housing estates, together with a short length of 8-in. diameter main providing an alternative feed to the Morton Estate.

The table below shows the total quantity of water supplied and the quantity per head per day for the past three years.

Year ending 31st March	No. of Gallons	Gallons per head per day
1957	1,234,000,000	42.25
1958	1,281,000,000	43.84
1959	1,299,000,000	44.49

SEWERAGE AND SEWAGE DISPOSAL

During the year under review appreciable progress has been made in the provision of both trunk and estate sewers, both for Council and private development.

Good progress has been made on the construction of the Morton Outfall Sewer, which should be completed early in 1959. The Ministry of Housing and Local Government has held an enquiry into the proposals for the Stanwix Relief Sewer, and, subject to final details being approved, this scheme should be ready for commencement next year.

The scheme for Blackwell Relief Sewer has reached an advanced stage and will be submitted to the Ministry for approval as soon as negotiations with the County and Border Rural District Councils have been completed.

Further estate sewers, totalling about six miles, have been completed at Morton and these are being continuously extended as development proceeds.

A new main sewer is about to be laid to provide drainage facilities for some 300 houses which will be erected by private developers on land between London Road and Cumwhinton Road.

Further progress has been made with the design of the second stage of Willow Holme Sewage Works; mechanical desludging machines have been inspected at other works and the manufacturers are now working on a modified design which I have suggested. When this design is received work can proceed on the final design for sedimentation and storm tanks with a view to early submission to the Ministry for approval and loan sanction.

New compressors and motors have been installed at Stoneyholme Ejector Station and new switch and starter gear at Lime Street Pumping Station.

Maintenance work has proceeded on the sewers in the City and the main outfall sewer for its entire length has been cleaned.

REFUSE COLLECTION AND DISPOSAL

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

REFUSE COLLECTION

Collections are made four times weekly from the central shopping area, twice weekly from all domestic premises, and a separate weekly collection of salvage is made from all premises. This frequency of collection is higher than the general practice throughout

the country. From the public health aspect there is considerable benefit deriving from the fact that, generally, refuse need not be stored for more than four days, and by the co-operation of householders in making refuse available for kerbside or forecourt collection the cost of the service compares favourably with the average cost for County Boroughs in England and Wales.

The continued expansion of the Morton housing estate and the development of private housing projects resulted in an increased tonnage of refuse collected. Over the year this increase averaged approximately 15 tons per week, but by re-adjustment of areas the additional refuse was collected without any increase in the number of collectors and motor vehicles employed, namely, 41 refuse collectors and 14 motor drivers.

No new vehicles were purchased during the year and the fleet of 16 vehicles consisted of 10 S. & D. side-loading refuse collectors, 5 Karrier "Bantam" side-loading refuse collectors, and 1 Karrier "Bantam" open-type salvage lorry.

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

No. of loads	Estimated weight
16,895	25,344 tons

REFUSE DISPOSAL: CONTROLLED TIPPING

In June the work of construction of a permanent car park on the old Gasworks site, adjacent to the Victoria Viaduct, was completed. The scheme consisted in the deposit of house refuse in three layers, each 5ft. 6in. deep. Particular attention was paid to obtaining maximum consolidation of each layer at the time of deposit. Work was commenced in April, 1956, and throughout the two and a quarter years of construction at least one half of the site was continuously in use for car parking purposes. During construction 15,142 loads of house refuse were tipped on the site, representing almost 25,000 tons.

On completion of the Viaduct Car Park work was commenced on the formation of a playing field in the Belah housing estate. This site, where gravel excavations had taken place, required one layer of refuse of varying depth to form a playing area large enough for a full-sized football field. The close proximity of houses on three sides of the site called for the most rigorous control to avoid complaint of nuisance.

Following the policy of past years, one half of the available refuse of the City was used in the formation of playing fields on the site near to the new York School at Upperby, and almost 12,500 tons of refuse was disposed of in this way.

REFUSE DISPOSAL: DESTRUCTOR WORKS

The small, two-cell destructor works continued to serve a very useful purpose throughout the year. In a town such as Carlisle facilities are required for the disposal of a fairly large quantity of putrescible and animal matter, including material from local egg hatcheries, etc. This refuse is not suitable for disposal by controlled tipping, particularly in such operations as are outlined in the pre-

ceding section, and is most satisfactorily dealt with by burning. The destructor was kept in operation for six days weekly during the whole year, and the material disposed of is shown below:—

Vegetable and miscellaneous ...	420 tons
Fish offal	13 tons
Eggs and chickens	1,120 bins
Animal carcases	1,764 carcases

SALVAGE DISPOSAL

The salvage and disposal of all saleable materials continued throughout the year, although the market for scrap metals and textiles tended to weaken. The disposal of materials through this channel has a hidden value other than that of the income derived from sales. Where controlled tipping is used for the construction of car parks and playing fields it is beneficial that large metal containers, paper and cardboard should be kept to minimum quantities, and the hidden value referred to is the benefit obtained from improved consolidation and the conservation of tipping space.

The following statistics record the amount and nature of salvage recovered and sold during the year:—

	Tons	Cwts.	Qrs.
Waste paper	790	10	0
Iron and baled tins	77	3	2
Other metals	1	1	0
Textiles	8	18	2
String	—	10	0
Cullet (broken glass) ...	7	12	0
Bottles	3	5	0

SANITARY INSPECTION, ETC.

Details regarding the sanitary inspection of the district, housing, etc., will be found in the report of the Chief Public Health Inspector in Section VII.

SECTION III.

OCCURRENCE AND CONTROL OF INFECTIOUS DISEASES

OCCURRENCE AND CONTROL OF INFECTIOUS DISEASES

As was expected after the outbreak of measles and whooping cough in 1957 the incidence of infectious disease fell in 1958, and had it not been for the presence of dysentery the amount of notifiable disease would have been small.

Table 4 gives the details of notification by disease and age.

TABLE 4

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	1-4 years	5-14 years	15-24 years	25-44 years	45-64 years	65 and upwards	
Scarlet Fever	29	—	29	—	5	21	1	1	1	—	1
Whooping Cough ...	10	—	10	1	7	2	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Measles	18	—	18	2	7	7	2	—	—	—	2
Pneumonia	16	—	16	—	—	2	2	4	8	—	—
ACUTE POLIOMYELITIS—											
Paralytic	2	—	2	—	2	—	—	—	—	—	1
Non-Paralytic ..	2	—	2	—	1	1	—	—	—	—	1
Acute Encephalitis ...	—	—	—	—	—	—	—	—	—	—	—
Dysentery	245	1	244	6	80	99	12	34	10	3	4
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ...	9	—	9	—	—	—	3	6	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever ...	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	1	—	1	—	—	1	—	—	—	—	—
Malaria (contracted abroad)	1	—	1	—	—	—	1	—	—	—	—
Tuberculosis Respiratory	63	—	63	—	1	3	11	22	22	4	—
Meninges	1	1	—	—	—	—	—	—	—	—	—
Other	17	—	17	—	—	3	1	6	4	3	—
Food Poisoning... ...	28	3	25	1	6	4	1	8	3	2	2
Meningococcal Infection	1	—	1	—	—	—	—	1	—	—	1
Totals	443	5	438	10	109	143	34	82	48	12	12

SCARLET FEVER

29 cases of this disease were notified during the year, one of which was admitted to hospital.

WHOOPING COUGH

10 confirmed cases of whooping cough were notified as compared with 259 in 1957. There was no death from this disease.

MEASLES

18 cases were notified this year as compared with 2,550 in 1957.

PNEUMONIA

16 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 27 deaths due to pneumonia which were not notified. The notification of this disease no longer serves a useful purpose.

INFLUENZA

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

ACUTE POLIOMYELITIS

There were 4 cases of Poliomyelitis during the year, 2 being paralytic and 2 non-paralytic. Neither of the paralytic cases had received poliomyelitis vaccination.

DYSENTERY

244 cases of Sonne Dysentery occurred in the City. The outbreak commenced in November in the Harraby area. Mainly children were affected, though in some instances whole households suffered. The disease affected principally the Harraby district and the Raffles area, though no part of the town was free. Not all who suffer from the disease consult a doctor, and during the outbreak cases were so widespread that it was impossible to trace the sources of infection. Advice was given to all Head Teachers, and appropriate literature was distributed to parents through schools where the infection was prevalent.

PUERPERAL PYREXIA

9 notifications of this condition were received; 4 were City residents and 5 were women from other parts, having their confinements in City hospitals.

MALARIA (CONTRACTED ABROAD)

There was one case of malaria (contracted abroad) notified during the year.

FOOD POISONING

During the year 25 cases of Food Poisoning were notified. There were 2 outbreaks comprising 4 cases in one family and 6 in another, all being infected with Salmonella typhi-murium. Of the remaining individual cases, 11 were due to Salmonella typhi-murium, 2 to Salmonella thompson, while in one instance the cause was not determined.

There was one other Salmonella typhi-murium infection which was not food-borne.

NOTIFICATION FEES

The total amount paid in fees to medical practitioners for the notification of all notifiable diseases during the financial year 1958-59 was £77 10s. 6d.

VENEREAL DISEASES

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

In 1957 the numbers of new cases from Carlisle showed an increase over the figures for the previous year of 10 per cent. This was largely accounted for by a rise of gonorrhoea patients, and represents only a mild reflection of the increased incidence of this disease over the whole country. The Ministry of Health's statistics revealed a marked rise in 1957, and an even sharper rise in 1958. The change has shown itself first in the large cities and industrial centres and it may be some time before it becomes of importance in more agricultural areas such as our own. Likewise, although the gonococcus is showing an increased resistance to penicillin elsewhere —especially in London—this resistance has not yet been noted in Carlisle to any great extent.

The over-all picture of infection in Carlisle need cause no concern. If the figures of the clinic may be taken as a guide, there has been a period of stability since 1953 and the incidence of infection remains low. The trends shown are those of the country as a whole, with a continuing slow fall in the numbers of patients suffering from late syphilis, the disappearance of infectious syphilis as an endemic disease, and the rarity of early congenital syphilis. By contrast, there has been a steady increase in the numbers of patients suffering from non-specific urethritis and gonorrhoea, although, once again, gonorrhoea is met with more frequently than urethritis.

SECTION IV.

TUBERCULOSIS AND OTHER CHEST CONDITIONS AND MASS RADIOGRAPHY

INTRODUCTION

Statistics for 1958 again show an increase in the number of new patients seen at the Chest Centre, and the total volume of out-patient work remains at a high level.

The number of cases of tuberculosis discovered during the year has not diminished, but, as indicated in previous reports, this figure is now stationary. Even so, an average of 140 new cases a year is still a serious problem. Not only does it entail no relaxation in our diagnostic and preventative measures, but it also indicates that for some years to come the demand for tuberculosis beds will remain. Work in connection with pulmonary tuberculosis, therefore, still continues, and I would not infer that we regard this work of less importance than we formerly did. The diagnosis and treatment of tuberculosis therefore remains as one of the essentials of the Chest Service.

The vast majority of the new cases seen at the Chest Centre suffer from non-tuberculous pulmonary diseases, and the diagnosis and treatment of these conditions takes up approximately 80 per cent. of the total time we spend on investigation and treatment.

Much that has been written on the future of the Chest Service appears to complicate the situation unnecessarily. One would feel that as pulmonary tuberculosis declined the proportion of new cases requiring full Chest Centre facilities would also decline. This is so, as far as tuberculosis is concerned. No longer have we 150 - 200 patients attending for artificial pneumothorax and pneumoperitoneum refills. Indeed, the decrease in the total attendances at the Chest Centre is entirely the result of this change in therapy. In other diseases, however, such as carcinoma and bronchiectasis, the investigation required, and often their therapy, demands more patience and more time proportionately than did the average case of tuberculosis.

The Chest Centre must remain an integral part of the hospital service. The suggestion that it should be further integrated into the general medical out-patient department is still a debatable question, but it would certainly be retrograde to carry this out before the average medical out-patient department had been raised to a higher level of medical practice as far as ancillary services are concerned.

I would emphasise here the question of treatment of non-tuberculous pulmonary disease. Undoubtedly the vast majority of cases referred to us are sent to obtain a specialist's advice regarding their treatment. Not only is a report given, which in the majority of such cases excludes tuberculosis and neoplasm and suggests a regimen of treatment for any pathological condition found, but our reports are received by the general medical practitioners, on an average, two days after the patient is seen. As requests for new appointments are invariably answered with a definite appointment within seven days, there is no waiting list for new out-patients. In many cases where urgent treatment is required the general practitioner is informed of the diagnosis and suggested regimen of treatment on the same day as the patient is seen. Such a service is only possible where x-ray facilities form an integral part of the clinic building. Delay in giving appointments and in general practitioners receiving reports as the result of such appointments in many medical out-patients departments does not appeal to general practitioners who are anxious to get early advice on a sick patient.

NOTIFICATIONS AND DEATHS

In the East Cumberland Hospital Management Committee area notifications for the pulmonary type of the disease showed a decrease of 8, the number of new cases brought to our notice being 117; on the other hand, the number of new cases of non-pulmonary tuberculosis coming under our care increased by 12 to a figure of 33. The only local authority area showing a decrease in the total notification rate was Cumberland County. Once again the majority of our new cases occurred in the first quarter of 1958.

The mass radiography unit alloted to the Special Area has continued in operation throughout the year. and remains a valuable case-finding measure in tuberculosis. During the year an intensive community survey in the Ennerdale Rural District of the County of Cumberland was carried out, and a similar survey is being conducted in the Botcherby-Harraby areas of the City of Carlisle at the time of writing this report.

Table 5 gives the number of notifications throughout England and Wales for 1958, and the preceding five years:—

TABLE 5

Year	Pulmonary	Non-Pulmonary
1953	40,917	5,629
1954	36,973	5,375
1955	33,580	4,554
1956	31,642	4,173
1957	29,310	3,807
1958	26,595	3,493

Table 6 shows the notifications for the same period for the three local authority divisions of the East Cumberland area:—

TABLE 6

	Carlisle City		Cumberland Eastern Div.		North Westmorland		Totals	
Year	Pulm.	Non Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
1953	67	13	63	18	8	6	138	37
1954	90	10	66	19	6	5	162	34
1955	71	7	56	20	9	4	136	31
1956	65	8	54	10	8	2	127	20
1957	68	8	54	12	3	1	125	21
1958	66	17	47	15	4	1	117	33

Table 7 shows the number of primary notifications of tuberculosis by age, sex and type received by the Medical Officer of Health during the year.

TABLE 7

Age Periods	Number of Primary Notifications of new cases of Tuberculosis											
	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & upwards	Total (all ages)
Pulmonary— Males	—	—	1	—	1	3	8	3	6	11	4	37
Females	—	1	2	—	1	6	8	3	2	3	—	26
Non-Pulmonary— Males	—	—	1	—	1	—	2	1	—	—	1	6
Females	—	1	1	—	—	—	2	1	1	3	2	11
Totals	—	2	5	—	3	9	20	8	9	17	7	80

There were 4 further cases of pulmonary tuberculosis and 1 further case of non-pulmonary tuberculosis brought to the knowledge of the Medical Officer of Health otherwise than by normal notification.

Pulmonary—

M. 45 - 55 Age Group.
M. 55 - 65 Age Group.
M. 65 - 75 Age Group.
F. 75 and over Age Group.

Non-Pulmonary—

65 - 75 Age Group.

The sex and age distribution of new cases seen in 1958 are set out in Table 8, and apply to the Carlisle City area, the figures in parenthesis being for the whole of the East Cumberland Hospital Management Committee area, including the Eastern Division of the County of Cumberland and North Westmorland.

TABLE 8

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

Table 9 gives the pulmonary notifications for 1958, and these are further classified as to whether they are infectious or non-infectious and also the extent of the disease they have on first examination. The figures in parenthesis are again for the whole of the East Cumberland Hospital Management Committee area.

TABLE 9

	R.A.1	R.A.2	R.A.3	R.B.1	R.B.2	R.B.3
Respiratory						
Males	13 (17)	10 (19)	2 (8)	4 (6)	3 (6)	8 (13)
Females	19 (25)	2 (9)	2 (7)	- (-)	2 (4)	1 (3)
No. of above respiratory cases referred from M.M.R. Unit						
Males	5 (6)	5 (8)	- (1)	- (-)	- (1)	1 (1)
Females	4 (6)	- (5)	- (-)	- (-)	1 (1)	- (-)

DEATHS

Tuberculosis is still an important cause of death; this is particularly so today with the increasing incidence of active tuberculosis in elderly patients, especially males. The diagnosis of geriatric tubercle can be a difficult problem. In some cases the disease is so severe and acute that the patient may die before the investigations are complete, and it is undoubtedly true that quite a number of sputum positive cases remain undiagnosed before death.

These elderly patients, in most cases dependent on others, are therefore more liable to infect other people and thus sustain the present level of new cases of pulmonary tuberculosis. The routine x-ray examination of all in-patients in hospital must be stressed. Geriatric patients are invariably reluctant to have their chests x-rayed, often particularly noted when carrying out mass radiography surveys, and for the vast majority of geriatric patients admission to hospital will mean their first chest x-ray.

The number of patients whose names were on the tuberculosis register and who have died during the year are set out in Table 10, the figures representing both pulmonary and non-pulmonary cases of tuberculosis.

TABLE 10

Year	Carlisle City	Cumberland Eastern Div.	North Westl'd	Totals
1953	15	8	2	25
1954	16	4	—	20
1955	15	14	2	31
1956	10	7	5	22
1957	13	10	3	26
1958	10	12	—	22

Table 11 gives the number of deaths from tuberculosis in England and Wales for 1958, and the preceding five years:—

TABLE 11

Year	Pulmonary	Non-Pulmonary
1953	7,913	989
1954	7,069	828
1955	5,837	655
1956	4,853	522
1957	4,249	534
1958	3,999	481

Whereas deaths from tuberculosis 20 years ago were roughly 25,000, today these are under 5,000. On the other hand, the death rate in pulmonary cancer has increased from 4,500 to over 19,000. Chronic bronchitis and emphysema are still responsible for much of the morbidity from chest diseases in this country and remain by far the most killing pulmonary diseases, now accounting for something like 30,000 deaths annually.

CHEST CENTRE STATISTICS

Table 12 gives the number of pulmonary and non-pulmonary cases on the Carlisle City Register for 1958. The figures in parenthesis in the grand total relate to the corresponding figures for 1957. The last column of this table gives the total number for the whole of the East Cumberland Hospital Management Committee area, which includes the Eastern Division of the County of Cumberland and North Westmorland.

During the past year intensive therapy has resulted in a considerable degree of sputum conversion in pulmonary cases. At the same time we are now in a position to enumerate the number of sputum positive cases who remain on our Register, and who have unfortunately become resistant to specific antibiotic therapy. Table 13 is therefore introduced. and this table applies to the whole of the East Cumberland Hospital Management Committee area. You will note that the total number of cases with a positive sputum at home at the end of the year is 10, and of these five must be considered as harbouring bacilli which are so far resistant to therapeutic measures.

TABLE 12

Clinic Register as at the end of 1958

	Respiratory			Non-Respiratory			Totals			Grand Total	Total for whole of East Cumb. H.M.C.
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.		
Cases on Clinic Register on 1st January, 1958	290	313	40	17	40	19	307	353	59	719 (692)	1396
Additions to Register during 1958	51	32	7	5	9	3	56	41	10	107 (95)	201
	341	345	47	22	49	22	363	394	69	826 (787)	1652
Removals from Register during 1958	29	23	2	2	6	5	31	29	7	67 (68)	161
Number of cases on Register on 31st Dec., 1958....	315	324	40	20	43	17	335	367	57	759 (719)	1491

TABLE 13

No. of active pulmonary cases in hospital	85
No. of active cases at home—Positive	10
" " " Negative	40
Total number of active pulmonary cases	135
No. of resistant cases at home	10
No. of notified respiratory cases not attending Chest Centre	Nil

Table 14 gives the statistical summary of the work done at the Chest Centre throughout the year.

TABLE 14
CHEST CENTRE STATISTICS

R. = Respiratory N.R. = Non Respiratory

		East Cumberland		Carlisle City		North W'land		Total		Total figures for 1957
		R.	N.R.	R.	N.R.	R.	N.R.	R.	N.R.	
1	Number of NEW cases seen :—									
	Adult male	442	2	459	5	71	1	972	8	
	Adult female	304	14	448	8	60	1	812	23	1891
	Male child	86	5	102	4	6	—	194	9	
	Female child	57	1	79	6	11	—	147	7	
2	Number of OLD cases seen :—									
	Adult male	1092	10	1539	18	159	11	2790	39	
	Adult female	1063	94	1626	58	111	11	2800	163	6569
	Male child	170	7	313	5	26	2	509	14	
	Female child	142	2	197	6	12	—	351	8	
3	Number of NEW contacts seen :—									
	Adult male	200	—	274	—	46	—	520	—	
	Adult female	283	—	366	—	72	—	721	—	2760
	Male child	257	—	351	—	31	—	619	—	
	Female child	249	—	317	—	38	—	604	—	
4	Number of OLD contacts seen :—									
	Adult male	50	—	60	—	4	—	114	—	
	Adult female	52	—	97	—	25	—	174	—	1359
	Male child	154	—	352	—	17	—	523	—	
	Female child	172	—	276	—	12	—	460	—	
5	Number of cases seen by physiotherapist :—									
	Adult male	322	—	796	—	3	—	1121	—	
	Adult female	525	—	587	—	3	—	1115	—	
	Male child	389	—	832	—	3	—	1224	—	4573
	Female child	458	—	498	—	10	—	966	—	
6	Number of A.P. refills given	—	—	—	—	—	—	—	—	70
7	Number of P.P. refills given	103	—	646	—	19	—	768	—	1719
8	Number of E.P. refills given	—	—	—	—	—	—	—	—	208
9	Number of Screenings only	29	—	36	—	4	—	69	—	47
10	Number of Aspirations	15	8	12	4	11	1	38	13	49
	Total attendances	6614	143	10243	114	754	27	17611	284	19345

CONTACT EXAMINATIONS

Contact work has been continued as in previous years, and the term "contact" is employed in its widest sense and covers anyone who has come in contact with a case of tuberculosis.

Table 15 gives the number of new contacts examined and the number diagnosed as tuberculous for 1958 and the preceding five years. These figures apply to the area covered by the East Cumberland Hospital Management Committee.

All contacts found to be Mantoux negative continue to be offered B.C.G.; it is worth while again recording that no case considered suitable for B.C.G. vaccination has refused this. I have to report, however, that one case of a tuberculous pleural effusion occurred in a young woman who was vaccinated with B.C.G. vaccine in 1952. Follow-up Mantoux tests in this case following B.C.G. were, however, most ambiguous, and it is a moot point whether this patient had been successfully vaccinated.

TABLE 15

	No. of NEW contacts seen			No. of contacts diagnosed as tubercle		
Year	Carlisle City	Cumbl'd Eastern Div.	North Westl'd	Carlisle City	Cumbl'd Eastern Div.	North Westl'd
1953	368	286	47	4	1	—
1954	1177	761	72	16	9	1
1955	1383	1126	186	3	5	—
1956	1180	920	180	4	4	—
1957	1522	1126	112	9	5	—
1958	1277	986	187	11	3	—

HOSPITAL FACILITIES AND WAITING LISTS

There is no waiting list for cases of tuberculosis either to hospital or the Thoracic Unit. With pulmonary disease other than tubercle, however, there is always a steady waiting list. As the vast majority of these cases are emergencies and requiring urgent and constant medical supervision, the City General Hospital Chest Unit of 21 beds has been used to its fullest capacity.

Table 16 shows the number of beds available in the Chest Service and the average monthly bed occupancy throughout the year.

TABLE 16

Unit	No. of beds available	No discharged during the year	Average stay of patients	Average monthly bed occupancy
Blencathra	32	84	218.3	43.53
Longtown	23	66	160.9	23.84
Ormside	22	66	100.5	20.26
Chest Unit, City General Hospital	21	298	30.5	19.59

There has been no radical alteration in the programme of treatment since this was described in my 1956 report, but it would not be out of place to comment on one or two minor facets of the therapeutic programme.

The need for long-term therapy in tuberculosis is now an accepted view, and in this area we have continued ambulant therapy for approximately 12 months after a patient's discharge from hospital; in certain cases this period has been extended to 18 months. We have continued to admit all cases of active tuberculosis to hospital initially but in general the programme of rest therapy has been curtailed. Throughout the whole period of therapy, i.e., the part carried out in hospital and the portion carried out after discharge, the specific drugs have been given combined, and cases of drug resistance have been comparatively few and far between. Many patients on ambulant therapy, following their discharge, develop gastro-intestinal symptoms, as most combinations of drugs given for ambulant therapy contain Paramisan. The symptoms produced may become severe, but usually disappear on temporarily stopping all drugs, and we feel that it is good therapy in cases who are prone to digestive symptoms to allow either a short break in therapy, or else to authorise one day per week during which no therapy is taken, analogous to Digitalis therapy in cardiac conditions.

On the other hand, one questions whether such long continued post-hospital therapy is necessary. It is easy to assume when a patient's progress is satisfactory that this is the result of therapy. Many of the quiescent cases on our Register had no ambulant therapy following their discharge from hospital and have remained fit and well.

Resection remains the surgical treatment of choice in tuberculosis and very close association is maintained between the Chest Centre and the Department of Thoracic Surgery. During the past year we have carried out no artificial pneumorthorax inductions, and the management of intra-pleural pressures is largely a thing of the past. A pneumoperitoneum has been induced twice and has been maintained.

Today pleural biopsy is assuming increasing importance in cases of pleural effusion. Where a biopsy is correctly timed a diagnosis by this method is often available before the ordinary sputum examination result has been received. Other centres have reported that in 80 per cent. of pleural effusions the actiology can be diagnosed correctly by this method and that something like 60 per cent. of malignant effusions are thus diagnosed. We ourselves have no figures available for this yet, as we are just starting to use this method. If our future work confirms these promising results it will mean that pleural biopsy, although it will not entirely eliminate the need for surgical biopsy, will in many cases dispense with this uncomfortable procedure.

Bronchography remains important as the effectiveness of properly managed long term chemotherapy becomes more effective. The number of cases requiring major surgery has diminished for the same reason. Persistent tubercle bacilli in the sputum, with or without a resistant cavity, is obviously one indication for surgery following chemotherapy. In many cases, however, the indications are not clear cut, and one is tempted to advise resection in order to render a patient free from any future breakdown.

Until we have a clearer and more accurate assessment of the long term results of combined chemotherapy it is probably good treatment to advise resection at present in many cases of doubt.

Preliminary intensive combined therapy shows a progressively high sterilisation rate in resectable lesions, but when one considers the increasing notification rate in geriatric patients one feels safer when resection has been carried out. The almost uniformly good results of combined chemotherapy, however, now means that resection, if it is to be carried out, will be carried out at a somewhat later date than it was, say, two years ago.

Disease in geriatric patients also tends to require more prolonged chemotherapy than it does in a young adolescent. For this, amongst other reasons, there is an undoubted tendency for the average in-patient period per patient to increase slightly from previous years. Table 16 bears out this statement, but still compares favourably with recent American statistics where the average period of stay in hospital of tuberculous patients was 139 days. A re-activation rate of 10 per cent. in the American series suggested that the initial programme of in-patient treatment had been too drastically curtailed, and we must guard against a similar mistake.

OTHER CHEST DISEASES—CARCINOMA, BRONCHIECTASIS, ETC.

In previous reports it has been customary to add a short section on chest diseases other than tuberculosis seen at the Chest Centre.

Regrettably, the incidence of pulmonary carcinoma is still rising, and the number of new cases found fit for surgery on first examination remains low. Unfortunately there has been no recent advance in therapy. Table 17 shows the number of cases of carcinoma attending at the Chest Centre during the year.

TABLE 17

	M.	W.	Ch.	Total	Total for 1957
East Cumberland					
No. of new cases seen	23	4	—	27	11
No. admitted for investigation	2	1	—	3	3
No. found unfit for surgery ...	21	3	—	24	8
Carlisle City					
No. of new cases seen	21	6	—	27	24
No. admitted for investigation	5	1	—	6	3
No. found unfit for surgery ...	16	5	—	21	19
North Westmorland					
No. of new cases seen	4	1	—	5	3
No. admitted for investigation	—	—	—	—	—
No. found unfit for surgery ...	4	1	—	5	3

Table 18 shows the number of cases of bronchiectasis on the active Register of the Chest Centre and attending for physiotherapy.

TABLE 18

	M.	W.	Ch.	Total	Total for 1957
East Cumberland					
Cases on Register at 1.1.59 ...	53	52	27	132	133
New cases diagnosed from 1.1.58 - 31.12.58	6	10	3	19	18
No. of cases which have had surgical treatment to 31st December, 1958	5	11	3	19	18
Attendances for physiotherapy	322	525	847	1694	1555
Carlisle City					
Cases on Register at 1.1.59 ...	69	40	34	143	126
New cases diagnosed from 1.1.58 - 31.12.58	13	5	5	23	23
No. of cases which have had surgical treatment to 31st December, 1958	6	8	3	17	15
Attendances for physiotherapy	796	587	1330	2713	3004
North Westmorland					
Cases on Register at 1.1.59 ...	14	7	3	24	28
New cases diagnosed from 1.1.58 - 31.12.58	—	2	—	2	5
No. of cases which have had surgical treatment to 31st December, 1958	3	1	—	4	5
Attendances for physiotherapy	3	3	13	19	16

MASS RADIOGRAPHY

(NOTE: Figures given in brackets throughout the report relate to the corresponding figures for 1957.)

The Unit spent approximately the same time in East and West Cumberland. Once again, owing to technical staff shortage, we had to close the Unit during the month of August. Instead of having the Unit vehicles overhauled locally, as in previous years, the vehicles are now overhauled by the Ministry of Supply at a depot in Blackpool, and this, fortunately, we were able to arrange during the month of August. We shall not, however, be so fortunate in future. This year (1959) the overhaul takes place in June, and during this period of overhaul we have arranged for the Unit to operate at the base in Brunswick Street, Carlisle.

Groups Examined

In addition to carrying out surveys at works and factories, surveys of the general public were carried out on 40 occasions. 2,140 (2,847) contact cases were x-rayed, 1,008 from the East Cumberland area and 1,132 from West Cumberland.

Facilities for mass miniature x-ray examination of children on the Unit have been drastically curtailed, as such examinations are much less suitable for children than for adults. During 1958 the number of children under school leaving age showed a very considerable reduction as we limited such examinations to one per child before the age of 15. 3,758 (7,851) school children passed through the Unit.

The full co-operation of the general practitioners in the area was again invited as in previous years.

Results

38,272 (44,073) persons were examined by the Unit during the year. These included 1,133 (1,189) inmates of Dovenby Hall and Garlands Hospitals. Excluding the mental patients, 37,139 (42,884) persons were examined.

Number recalled for full sized x-ray film:—

2,308 — 6.03% of total examined
(2,095 — 4.75%)

Number referred for clinical examination:—

562 — 1.47% of total examined
(542 — 1.23%)

Number failing to attend for full sized film:—

137 — 5.94% of those recalled
(154 — 7.35%)

Table 19 shows the number of abnormalities revealed during 1958 throughout the whole of the Special Area.

TABLE 19

ABNORMALITIES REVEALED	No. of Cases found	Perc'ntage of total Examined
(1) Non-tuberculous conditions :		
(a) Bronchiectasis	43 (42)	.11 (.10)
(b) Pneumoconiosis	127 (94)	.33 (.21)
(c) Neoplasms	14 (11)	.04 (.02)
(d) Cardiovascular conditions	411 (440)	1.07 (1.0)
(e) Miscellaneous	364 (777)	.95 (1.76)
(2) Pulmonary Tuberculosis		
(a) Active	46 (53)	.12 (.12)
(b) Inactive	234 (537)	.61 (1.22)
(c) Active (Previously known)	10 (8)	.03 (.02)

Table 20 gives a detailed analysis of the work of the Unit divided into the East and West Cumberland areas.

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
168	51	27	1	1	2	2	—	9	Doctors' cases	112	55	8	2	14	3	—	8	—
36	—	—	—	—	—	—	—	—	Ante-natal cases	—	—	—	—	—	—	—	—	—
1008	53	9	—	6	—	—	—	24	Contact cases	1132	76	24	2	19	3	1	5	—
2482	72	17	—	—	2	—	—	7	Scholars	1276	25	6	—	2	1	—	—	—
123	15	4	—	1	2	—	—	1	School Staff	—	—	—	—	—	—	—	—	—
10686	726	200	21	63	14	6	—	200	General Public	12037	717	144	10	40	9	3	112	90
7686	399	117	10	50	4	1	2	59	Surveys	393	22	2	—	1	—	—	—	—
810	78	3	8	32	3	1	—	21	Mentally Defective Patients....	323	19	1	2	5	—	—	—	—
22999	1394	377	40	153	27	10	2	321	TOTALS	15273	914	185	16	81	16	4	125	90

Table 21 is introduced and gives the relative figures as between East and West Cumberland for the past seven years.

TABLE 21

Year	EAST CUMBERLAND						WEST CUMBERLAND					
	Active Tuberculosis	Inactive Tuberculosis	Neoplasm	Cardiac Conditions	Bronchiectasis	Pneumoconiosis	Active Tuberculosis	Inactive Tuberculosis	Neoplasm	Cardiac Conditions	Bronchiectasis	Pneumoconiosis
1952	71	707	9	245	68	13	80	423	2	148	26	117
1953	56	506	5	243	64	6	78	341	4	95	29	84
1954	49	438	6	217	39	1	100	381	6	101	22	133
1955	51	455	10	363	38	3	60	302	1	70	25	80
1956	46	338	8	360	37	3	56	258	2	53	15	61
1957	37	312	7	368	18	2	24	226	4	72	24	92
1958	40	153	10	321	27	2	16	81	4	90	16	125

This table shows several interesting features. The number of cases of active pulmonary tuberculosis discovered by mass radiography has fallen quite appreciably in both East and West Cumberland, the rate is still dropping in the West while in the East the rate has tended to become stationary. More neoplasms have been discovered on mass radiography examination in East Cumberland than in West Cumberland. There would appear to be far more cardiac abnormalities in East Cumberland than in West Cumberland and analysis of the East Cumberland cases shows that a considerably higher proportion of these are found in the Penrith, Alston and Keswick areas. The number of cases of bronchiectasis found shows a steady decline, as would be anticipated from the widespread and rational use of antibiotics. Pneumoconiosis remains almost entirely a West Cumberland prorogative.

Table 22 is included and refers solely to new cases of pulmonary tuberculosis seen in East Cumberland. One should note that in East Cumberland, while the number of new cases of pulmonary disease is falling, the over-all picture as far as tuberculosis is concerned is stationary. Of the total number of new cases of pulmonary tuberculosis seen at the Chest Centre in East Cumberland 32 had a positive sputum and of these 9 per cent. were found by mass radiography examination.

TABLE 22

Year	No. of new cases of Tuberculosis			Number with positive sputum	Percentage of new cases with positive sputum	Percentage positive sputum cases found by M.M.R.
	Non Pulmonary	Pulmonary	Total			
1951		148		57	39%	23%
1952	33	221	254	91	41%	22%
1953	42	140	182	45	32%	20%
1954	34	170	204	56	33%	13%
1955	31	139	170	42	30%	21%
1956	19	125	144	39	31%	18%
1957	21	125	146	42	34%	29%
1958	33	117	150	32	27%	9%

The number of new cases of pulmonary neoplasm coming to our notice during 1958 again shows an increase, and of these one-sixth were discovered by mass radiography examination initially.

Table 23 again applies to East Cumberland.

TABLE 23

	1954	1955	1956	1957	1958
No. of cases of Neoplasm seen at Chest Centre	16	21	29	38	59
No. discovered by M.M.R.	6	10	8	7	10

STREET SURVEYS

During 1958 a two-month street by street survey was carried out in certain areas in the Ennerdale Rural District and early in 1959 a similar survey lasting one month was undertaken in the Botcherby and Harraby areas in Carlisle.

The results of both surveys are shown in Table 24, which facilitates comparison.

TABLE 24

	Ennerdale	Carlisle
Estimated adult population	14000	10000
No. of persons x-rayed	5917	3481
No. not previously x-rayed	2186	1210
No. recalled for large film examination	385	227
No. recalled for clinical examination	74	55
ABNORMALITIES REVEALED		
Cases of active tuberculosis	5	6
inactive tuberculosis	21	25
pneumoconiosis	87	—
cardiac disease	69	70
neoplasm	—	1

COMMENTS

As I indicated in a previous report, mass surveys are not of significant value in the examination of children, but it is a very different matter in the examination of adults where the yield of new cases both of tubercle and of neoplasm is sufficient to warrant the effort and expense involved. This is particularly so in the older age groups over 50, amongst whom we find the highest percentage of active tubercle today. It also applies equally to women in the younger age group between 20 and 40. Although the number of new cases found by mass radiography has declined slightly it is still too high, and we have a long way to go yet before we reach the basal productive figure of 40 per 100,000.

The number of new cases of neoplasm is also high. The problems of the two diseases are, of course, quite different, and as far as neoplasm is concerned one must stress that the value of a single survey examination has distinct limitations, as a bronchial carcinoma may easily be manifest radiologically within two months of a negative x-ray film. To secure early diagnosis, therefore, it would be necessary to x-ray the total population every three months, and this is quite impracticable. Apart from any possible radiation hazard involved, it would also attract an undue amount of attention of apparently healthy people to their chest, which is not desirable.

Our efforts, therefore, tend to be concentrated more and more on the older age groups of the population. The number of persons under the age of 15 passing through the Unit shows a very striking decline in 1958, and this figure will be further appreciably lessened in 1959.

Although x-ray examination in the under 15 age group is not of significant value generally, it is of tremendous clinical value when specialised groups of children such as contacts and positive Mantoux children are examined. In these groups we have always had a comparatively high incidence of active tuberculosis, and the benefit of periodic x-ray examination is undoubted. Large film examination, however, is much more suited to the under 15 age group than small film examination, and in 1959 we are proposing to carry out large film examinations where such examinations are indicated on children under the age of 15 instead of mass miniature examinations.

We no longer carry out x-ray examinations of pregnant women by miniature film, and ante-natal cases who attend the Unit are referred to the appropriate hospital department. In cases of emergency where no hospital is readily accessible a full size film examination would be carried out.

A balanced view of the value of diagnostic radiology must prevail, and this is borne out by the conclusions of the recent Interim Report of the Adrian Committee. This report is most reassuring, and the general conclusion is that mass miniature radiography, properly conducted, makes a negligible contribution to the total radiation to which the population is daily exposed, and its general use should not therefore be curtailed. They do recommend, however, that children should not be x-rayed on miniature film.

During 1958 a serious effort was made to extend our surveys to smaller groups who had not previously been x-rayed, and this was particularly done in West Cumberland. This entailed considerable effort on the part of the team, for more frequent moves of the Unit were made as less populous areas were surveyed. The general result

as far as a case finding measure is concerned was disappointing. Not only did it diminish considerably the total number of persons examined by the Unit for the year, but the number of new cases of tuberculosis found by the Unit decreased. The street by street surveys, however, come into a different category, and we feel that the two surveys of this nature carried out by the Unit have been worth while. In both surveys 35 per cent. of the persons x-rayed were having a chest x-ray for the first time.

Unfortunately, although the static unit equipment has arrived at Brunswick Street it has not been found possible to staff this unit and allow it to start operating.

ACKNOWLEDGMENTS

It is a pleasure to acknowledge once more the valuable help received in arranging these surveys from the Medical Officers of Health concerned in the area and from the Managements' and Workers' Organisations of the factories visited.

We are particularly grateful to the efforts, publicity and varied help given during the two street by street surveys both by the members and officers and Medical Officers of Health of the Ennerdale Rural District Council and the Corporation of Carlisle. Such surveys would be impossible without adequate voluntary help, and we should like to thank specifically the numerous volunteers from many organisations who so willingly gave their services during the two surveys.

The interpretation of films and disposal of abnormalities is no easy task, and would be impossible without the friendly co-operation of my colleagues on the hospital staff, and to all I tender my sincere thanks. I would specially mention the very great help received from Dr. Scott Harden, Radiologist to the Unit.

I would also like to thank the numerous organisations who have in any way helped us, including the Police, who continue to advise with regard to the traffic problems inherent in our surveys.

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 City Public Health Department, and particularly I would express my sincere thanks to Dr. Rennie, the Medical Officer of Health, for his continued valuable co-operation.

W. HUGH MORTON,

Consultant Chest Physician.

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

During 1958 2,000 births were notified in accordance with the Public Health Act, 1936, compared with 1871 in 1957. 1942 were live and 58 were still-births. 1276 of these children were born to parents normally resident in the City.

Ante-Natal Clinics

During the year 279 mothers had domiciliary confinements and almost all attended the Ante-Natal Clinic. The number of patients who attended the Ante-Natal Clinic was 438, and of this number 365 attended for the first time. The total number of attendances by expectant mothers was 1,517.

During the past 10 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.

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.

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 286. 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, 86 notifications of City premature live births were received, 9 being in domiciliary practice and 77 from hospitals. Two of the domiciliary cases had to be admitted to hospital. There were 5 City premature still-births, all born in hospital.

Child Welfare Clinics

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

(1) Eildon Lodge Clinics—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	1946
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	890
No. of children who attended the Centres and were born during:—	
1958	735
1957	607
1952-56	604

Total number of attendances made by children who attended the Centres—11,721.

Distribution of Welfare Foods

In March the main distribution office for Welfare Foods was transferred from the Y.M.C.A. Hut in Fisher Street to more suitable premises at 28 Victoria Place. 1958 was the Octo-Centenary of the City and commemorative mugs were given to all children under five years of age. Distribution was effected through the Welfare Food Office.

Welfare Foods were also distributed from the peripheral clinics, where various other foods and dietary adjuncts were available for purchase on the recommendation of the Clinic Medical Officer.

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

Report by Dr. T. W. Gregory, Principal Dental Officer

The National Health Service Act of 1946 made it the duty of the Local Authority to provide for the needs of the above classes. Arrangements were made, therefore, to utilise the services and part of the time of the school dental officers for this purpose. It has been estimated that with one dental officer to 2,000 school children he should be able to meet the needs of the pre-school children and mothers who are likely in the near future to be presented for dental care. With a school population of over 11,000 and only two dental officers, one reason why the service has remained only a token service will be realised. This is not to under-estimate its value to the

(a) Numbers provided with dental care

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	31	30	28	15
Children under Five	153	96	90	35

(b) Forms of dental treatment provided

	Scalings and Gum Treat-ment	Fillings	Silver Nitrate Treat-ment	Crowns or Inlays	Extrac-tions	General Anaes-thetics	Dentures Provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	7	22	—	—	142	18	23	4	1
Children under Five	—	37	—	—	189	97	—	—	—

small number who have sought or been referred for treatment, but it is a very long way from meeting the known needs.

One would wish that every expectant mother, as soon as her condition became known, had a routine examination by a dentist, advice given, and treatment made available when required. In the same way, if every pre-school child had a similar inspection say between 2½ - 3 years of age, there would be an opportunity of explaining what was best for the child and of offering treatment when indicated. The notion that the milk teeth are " just her baby teeth " and don't matter much, is still widely held.

Let us hope that before long there is some prospect of obtaining dental staff to deal adequately with present demand, that with research, fluoridation of the domestic water supplies, and other means, and with a much more enlightened public on dental matters, the Centenary Review will present a much more improved picture.

The numbers provided with dental care and the forms of dental treatment provided during the year will be found in tabular form on page 47. 31 expectant and nursing mothers were examined and 28 treated. 153 children under five were examined and 90 treated. The treatment consisted largely of extractions, but a small amount of conservative work was done. Dentures were also provided for a number of mothers. In all, the equivalent of about 35 sessions was devoted to this work.

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.

Nurseries and Child Minders Regulations, 1948

There are three registrations in operation within the City under the above Act: one is in respect of premises used as a nursery, accommodating 24 children, and two in respect of persons who are each authorised to receive into their own homes 8 children under the age of 5. These premises have been periodically visited during the year and found to be satisfactory.

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~~ is shown in Table 25.

TABLE 25

1958	Coledale Hall	St. Monica's	Brettargh Holt
Number of mothers	2	4	1
Number of weeks' residence ...	12	59	9

In addition, one mother was accommodated for 27 weeks 5 days in a Salvation Army maternity home.

The Social Workers of the Carlisle Diocesan Council act as Welfare Workers on behalf of the City Council for the care and protection of illegitimate children. During the year the cases shown in Table 26 were dealt with

TABLE 26

Married women expecting illegitimate children ...	4
Unmarried women expecting children	24
Couples advised re adoption	20
Problems concerning illegitimate children	6
Matrimonial troubles	18

MIDWIFERY SERVICES

There was a slight increase in the number of domiciliary confinements.

Table 27 shows the number of deliveries attended by the district midwives during the year.

TABLE 27

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	—	—	37	241	278	—
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	1686
Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	—	1	—	1	—
TOTALS ...	—	—	38	241	279	1686

All the domiciliary midwives are qualified to administer analgesics in accordance with the regulations of the Central Midwives' Board and are supplied with Minnitts gas and air apparatus. This form of analgesia was administered in 243 cases and pethedine in 147 cases.

The midwives summoned medical aid under Section 14 (1) of the Midwives' Act, 1951, on 55 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 visits the hospitals at least once each quarter. There are now no nursing homes admitting maternity cases in the City.

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

In Domiciliary Practice

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

In Hospitals

No. who notified intention to practise as Midwives ...	39
No. „ „ „ „ Maternity Nurses	5

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

The work of the Health Visitor has continued to expand and to change in character.

Children suffering from Measles, Whooping Cough, etc., are with very few exceptions under the care of a general medical practitioner, and the routine visitation of such children by the Health Visitor during the currency of the illness has been discontinued. The following is a summary of the work undertaken by the Health Visitors.

Visits to expectant mothers—	
First visits	210
Total visits	382
Visits to children under 1 year of age—	
First visits paid by a H.V. after birth of child	1224
Total visits	6925
Visits to children between the ages of 1 and 5—	
Total visits	9766
Visits to Other Cases in respect of—	
Still-births	14
Hospital After-Care Requests	376
Old People (Care and After-Care)	371
Handicapped Children	57
Miscellaneous Visits	436
	1254
Special reason for visits to children under the age of 5—	
Measles	1
In addition, the Health Visitors paid visits as under:—	
To Child Welfare Clinics	555
„ Day Nurseries	5

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 four cars were available for their use during the year.

During 1958 the district nurses attended 1,571 patients and paid to them 32,784 visits. The following are the types of cases attended:—

Medical	1445
Surgical	104
Infectious Diseases	3
Tuberculosis	16
Maternal Complications	3

The ages of the patients were:—

Under 5 years	51
Over 65 years	601
Others	919

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 our clinic. 31 medical practitioners took part in the scheme and the following is a summary of work done by them and at the Local Authority Clinic:—

By Practitioners:—	
Primary Vaccinations	887
Re-Vaccinations	196
At Local Authority Clinic:—	
Primary Vaccinations	167
Re-Vaccinations	—
Total Primary	1054
Total Re-Vaccinations	196

The acceptance rate for vaccinations of children under 1 year of age in the City during the year was 73.07 per cent.

Diphtheria Immunisation

In addition to your own medical staff 33 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 ...	975 ...	13
Re-inforcing Dose ...	17 ...	61
At Clinics		
Complete Course ...	71 ...	81
Partial Course ...	4 ...	4
Re-inforcing Dose ...	69 ...	1729

At the end of the year 57.2 per cent. of children under 5 years and 92.8 per cent. of children of school age had been immunised at some time. Table 28 shows the number of children known to have completed a full course of immunisation at any time up to December, 1958.

TABLE 28

Age at 31/12/58 i.e., Born in Year	Under 1 1958	1-4 1957-54	5-9 1953-49	10-14 1948-44	Under 15 Total
Last complete course of injections (whether primary or booster) 1954—1958	161	2929	4259	3689	11038
1953 or earlier	—	—	447	1252	1699
Estimated mid-year child population 1958	1270	4130	10400		15800

B.C.G. Vaccination

In Section IV., page 30, 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. of children skin tested	725
(ii) No. of above who gave positive reaction to Mantoux Test (1/1,000 O.T.)	113
(iii) No. who received B.C.G.	590

Vaccination Against Poliomyelitis

This vaccination programme was responsible for a marked increase in pressure of work within the Department. The programme was extended as supplies of vaccine became more plentiful. The supply, early in the year, of Salk Vaccine tested in the country of origin only involved us in much additional clerical work, as those on our waiting lists had given consent for British Vaccine or for Salk Vaccine tested in this country. Nevertheless, the staff surmounted these difficulties and the programme went forward.

In September the vaccine was made available to young people in the 15-25 age group. Evening and Saturday morning sessions were arranged, and publicity measures employed included newspaper advertisements and articles, slides on cinema screens, and posters displayed in clinics, factories, shops and youth clubs. In spite of this the response was poor in this age group with the exception of young persons employed in certain factories, business firms and Government Departments, where the management played an active part in promoting the publicity.

It was also in September that we were authorised to give third injections of poliomyelitis vaccine, not earlier than seven months after the second injection.

When the supply of vaccine improved a number of general practitioners participated in the scheme. In their case a fee of 5s. is payable for a record for the first two injections and a further fee of 5s. for a record of the third injection. During 1958 fees amounting to £356 15s. were paid under this heading.

Table 29 sets forth the work done in connection with poliomyelitis vaccination during the year. It includes persons treated by general practitioners.

TABLE 29

Children born between 1943 - 1958	
No. who received two injections	9085
*No. who received one injection	250
Young Persons born between 1933 - 1942	
No. who received two injections	636
*No. who received one injection	520
Priority Classes	
No. who received two injections	870
*No. who received one injection	57
Third Injections Administered	3482

*Most of these had second injection in 1959.

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:

4 Ambulances.
1 Sitting-Case Coach (12 seats).
1 Sitting-Case Utility Vehicle (6 seats).
3 Ambulance/Sitting-Case Cars (10 seats).

The calls attended, journeys completed, and patients conveyed, together with the mileage recorded during 1958, are shown in Table 30.

TABLE 30

	Patients	Journeys	Mileage
City Removals to Local Hospitals	13608	10179	27998
City Cases to Distant Locations	532	481	21805
Other Cases	276	258	6936
Hospitals to Home (City)	13097	9637	25066
City Hospitals to County Areas	385	318	17888
County to Local Hospitals	6	6	289
Hospital Transfers:—			
(a) City Patients	475	458	1385
(b) Non-City Patients	732	660	1705
Schools	5737	565	4751
Other Journeys	—	212	851
Emergencies	691	665	2634
Miscellaneous	—	376	869
	35539	23815	112177

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The Tuberculosis Care and After-Care Sub-Committee continued to function on the lines indicated in previous reports. 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.

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. 583 children were, with their parents' consent, tested in this manner, and 16 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.

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 747 visits, including 371 to aged persons, in connection with this work. 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, Group 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 661.

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

Convalescent Treatment

Twenty-three 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 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.

HOME HELP SERVICE

The Home Help Service continued to operate as in previous years, but the demands made on the service are constantly increasing. At 31st December, 1958, there were on the staff 2 full-time and 55 part-time personnel, equivalent to a total of 36 full-time workers, in addition to the Organiser and her Assistant. During the year service was provided in 312 households.

89 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. One Psychiatrist (Mental Deficiency), L.R.C.P.E., etc., Part-time.	Both from Regional Hospital Board

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 Mental Health Worker and Duly Authorised Officer, M.A., Diploma in Social Science.

Three Part-time Duly Authorised Officers.

The Council adopted a scheme for the training of staff for the Occupation Centre. No one was undergoing training during 1958 but at the time of writing there is one student-assistant-supervisor undergoing training.

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.

In accordance with Ministry of Health Circular 2/58, a review of all the cases under guardianship was undertaken, and as a result only one case remains under this form of care. The remaining cases are now under statutory supervision.

Mental Illness

During the year the Duly Authorised Officers dealt with 112 patients, as shown below.

(1) No. who consented to go as voluntary patients	41
(2) No. who were admitted on a Three Day Order	44
(3) No. dealt with by Summary Reception Orders (including 6 cases also shown in (2) above)	15
(4) No. who were admitted as temporary patients (including 2 cases also shown in (2) above)	4
(5) No. admitted on Magistrates' Court Order	2
(6) No. considered unsuitable for admission to a Mental Hospital	14

Mental Deficiency

Table 31 shows details of cases recorded during 1958 and the action taken.

TABLE 31

1. Ascertainment.

	Male.	Female.	Total
Cases reported by Local Education Authority under Section 57 Education Act, 1944.			
(1) Sub-section 3 — Ineducable Children	1	2	3
(2) Sub-section 5 — In need of supervision on leaving school	8	4	12
Other cases reported	—	—	—
Total number of cases reported	9	6	15

2. Disposal of Cases Reported During Year.

(a) Ascertained defectives found to be "subject to be dealt with":—

	Male.	Female.	Total
Placed under Statutory Supervision	9	6	15
Placed in Hospital	—	—	—
No action necessary ...	—	—	—
Total	9	6	15

3. Cases Discharged During Year.

	Male.	Female.	Total
Hospital Patients	1	1	2
Statutory Supervision Cases ...	4	6	10
Total	5	7	12

Table 32 gives particulars of the total ascertained mental defectives as at the 31st December, 1958.

TABLE 32

	Male.	Female.	Total
(1) In Hospitals (including cases on licence therefrom).			
Under 16 years of age	7	1	8
Aged 16 years and over	47	54	101
(2) Under Guardianship.			
Under 16 years of age	—	—	—
Aged 16 years and over	1	—	1
(3) Under Statutory Supervision.			
Under 16 years of age	14	11	25
Aged 16 years and over	53	49	102
Total	122	115	237
No. of Cases included in (2) and (3) above awaiting hospital treatment	1	1	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	7	2	9
Aged 16 years and over	2	10	12
	9	12	21

The Mental Health Worker paid 1,400 visits during the year and 72 home circumstances reports were supplied to the hospital Authorities in respect of patients on licence, contemplated licence, or holiday.

Occupation Centre

The number of pupils attending the Centre has increased, and at the end of the year there were 36 on the register. The additional accommodation which has been in use from the beginning of the year made it possible to cope with the increasing number of pupils.

The annual Open Day was held in July, when parents and members of the City Council were invited to view an exhibition of work done by the pupils. The official opening ceremony was performed by His Worship the Mayor, Councillor Mr. Irving Burrow.

The usual activities were continued during the year, and included rug-making, basketry, weaving, sewing, embroidery, painting, dancing and gardening. A limited number of elementary education work was attempted with a number of the younger children.

Mental Health

Throughout the year close co-operation was maintained with hospitals and also with other local authorities. Supervision was provided over patients on licence or holidays from hospital and cases recently discharged. Close liaison with the officers of the Ministry of Labour and the Youth Employment Bureau enabled the placement of defectives in employment, and the co-operation of employers was greatly appreciated. With the implementation of the new Mental Health legislation the number of defectives for placement in employment will increase, and it is hoped that employers will continue to give their invaluable assistance.

SECTION VI.

GENERAL PROVISION OF HEALTH AND WELFARE SERVICES, etc.

GENERAL PROVISION OF HEALTH AND WELFARE SERVICES, etc.

WELFARE SERVICES

Administration

The Welfare Services Committee of the City Council is responsible for all appropriate services provided under the National Assistance Act, 1948. Your Medical Officer of Health is the Chief Officer to this Committee.

Action Under Section 47 of the National Assistance Act, 1948

In September a gentleman, aged 72, who was both ill and living in insanitary conditions, had to be removed under a Magistrate's Order in accordance with the National Assistance (Amendment) Act, 1951. This gentleman was subsequently certified and transferred to a mental hospital, where he died. It was necessary for the Local Authority to take steps to protect his moveable property.

Residential Accommodation—Sec. 21 (1) (a)

During the year Stanwix House was brought into use as additional Part III. Accommodation, mainly to accommodate those persons displaced by the building operations at Barn Close which commenced in April, and partly to provide additional accommodation.

The first residents were admitted to Stanwix House on the 14th April, 1958.

In pursuance of its policy to provide for the City's aged, the Council later in the year decided in principle to build a new, modern home on a site at the post-war housing estate of Harraby, which is on the south side of the City. Furthermore, the Council decided that until this Home is brought into use, Stanwix House would be retained as an Aged Persons' Home.

Many of the residents are now requiring considerable care and attention and some require nursing care. Chiropody and occupational therapy services are provided at all the Homes.

Table 33 shows the number of persons admitted and discharged and the average daily occupancy during the year for the Council's Homes and for the places occupied in other establishments.

TABLE 33

	Total at 31-12-57		Admitted during Year		Discharged during Year		Total at 31-12-58		Average Daily Occupancy
	M.	F.	M.	F.	M.	F.	M.	F.	
Barn Close ...	5	24	—	15	5	17	—	22	22.81
Lime House ...	27	14	24	8	21	10	30	12	40.17
Stanwix House	—	—	15	11	8	3	7	8	12.74
Homes for Blind	1	—	—	—	—	—	1	—	1.00
Homes for Epileptics ...	—	—	1	—	1	—	—	—	0.51
Part III Accommodation provided by other Local Authorities ...	5	—	1	2	2	—	4	2	6.18
	38	38	41	36	37	30	42	44	83.41

Temporary Accommodation—Sec. 21 (1) (b)

The demand for temporary accommodation continued to increase during the year. The Council does not own any such accommodation and negotiations were entered into for the tenancy of one suitable property, but at the time of writing it has been learned that the negotiations have been unsuccessful.

Table 34 shows the number of admissions to and discharges from temporary accommodation during the year and the average daily occupancy.

TABLE 34

	Total at 31-12-57		Admitted during year.		Dischg'd during year.		Total at 31-12-58		Average daily oc'pancy
	W.	Ch.	W.	Ch.	W.	Ch.	W.	Ch.	
Meadow View House, Whitehaven	—	—	3	9	3	9	—	—	0.87
Coledale Hall	2	—	19	6	21	6	—	—	1.23
Total	2	—	22	15	24	15	—	—	2.10

WELFARE OF THE BLIND

Ascertainment

During the year 12 cases were referred to the Consultant Ophthalmologist. Six cases were classified blind and six partially sighted. Four of the persons classified partially sighted are likely to go blind within the next four years.

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 35 shows the recommendations so made and the result.

TABLE 35

Number of cases registered during the year in respect of which Section F of Form B. D.8 recommends	Cause of disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
1 (a) No treatment	—	—	—	1
(b) Treatment (Medical, surgical or optical)	2	4	—	5
2 Number of cases at (1) (b) above which on follow-up action have received treatment.	—	3	—	5

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 persons under the age of 60 should be considered for a course of Social Rehabilitation. A man aged 54 attended such a course at Alwyn House, Ceres, run by the Society for the Welfare and Teaching of the Blind, Edinburgh.

Ophthalmia Neonatorum

Once again I am pleased to report that there were no cases of ophthalmia neonatorum notified during the year.

Register of the Blind and Partially Sighted

At the end of the year there were 101 registered blind persons and 24 partially sighted persons residing within the City. Table 36 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 36

	Blind		Partially Sighted	
	M.	F.	M.	F.
On Register at 31st Dec., 1957	49	57	14	7
Removed from Register during year	7	6	1	1
Admitted to Register during year	4	4	2	3
On Register at 31st Dec., 1958	46	55	15	9

The distribution of cases on the Register at 31st December, 1958, by age and sex is shown in Table 37 and the occupations shown in Table 38.

TABLE 37

	Blind		Partially Sighted	
Age Group	M.	F.	M.	F.
0 — 4	1	—	—	—
5 — 10	—	—	—	1
11 — 15	—	1	1	—
16 — 20	2	2	1	1
21 — 29	2	3	1	—
30 — 39	1	3	1	—
40 — 49	4	5	1	—
50 — 59	4	7	2	1
60 — 64	5	5	—	1
65 — 69	5	5	1	—
70 — 79	14	14	3	1
80 — 84	7	6	1	3
85 — 89	1	3	3	1
90 and over	—	1	—	—
Age unknown ...	—	—	—	—
	46	55	15	9

TABLE 38

	M.	F.
Children aged 2 - 4		
Educable at home or elsewhere	1	—
Children aged 5 - 15		
Educable—attending special school for the blind ...	—	1
	1	1
16 years and upwards		
At school 16 - 20	—	—
Employed—		
In Workshops for the Blind	8	1
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) In sheltered employment (already trained)	—	—
(b) In open employment (already trained) ...	—	—
(c) In sheltered employment (subject to being trained)	—	—
(d) In open employment (subject to being trained)	1	—
(e) In sheltered employment (without training)	—	—
(f) In open employment (without training) ...	—	—
(2) Not available for work—		
16 - 59	—	12
60 - 64	—	2
(3) Not capable of work—		
16 - 59	3	4
60 - 64	4	3
(4) Not Working—65 and over	27	29
	45	54

The Cumberland and Westmorland Home and Workshops for the Blind acted as agents for the Corporation as regards 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 whole of her salary is paid by the City Council.

Sheltered Employment

The Cumberland and Westmorland Home and Workshops for the Blind continue to provide sheltered employment for City Blind persons in the Workshops at Petteril Bank Road, Carlisle. Although the Workshops are experiencing a difficult period of trading, it has nevertheless been possible to provide employment for all blind workers. The setting up of a stall in the Covered Market has helped to increase sales. Considerable financial aid from the Local Authorities is, however, still necessary, and has been continued.

Table 39 shows the number of City Blind and Partially Sighted Persons in the Petteril Bank Workshops at 31st December, 1958.

TABLE 39

	Blind				Partially Sighted			
	Employed		Undergoing Training		Employed		Undergoing Training	
	M.	F.	M.	F.	M.	F.	M.	F.
Chair Caner	—	—	—	1	—	—	—	—
Chair Seater	1	—	—	—	—	—	—	—
Basket Worker	1	—	—	—	—	—	—	—
Brush Maker	2	—	—	—	—	—	—	—
Firewood Workers	3	—	—	—	—	—	—	—
Bedding Mattress Making	1	—	—	—	—	—	—	—
Knitting Machine	—	1	—	—	—	—	—	—
	8	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, 1958, 63 deaf persons. Table 40 shows the classification by age and sex:—

TABLE 40

	M.	F.
Children under 16 years	7	4
Persons aged 16 - 64	26	17
Persons aged 65 and over	3	6

OTHER HANDICAPPED PERSONS

At the end of the year there were 58 persons registered under the Council's Scheme for Other Handicapped Persons.

Table 41 shows the number on the Register at the 31st December, 1958, by age and sex.

TABLE 41

	M.	F.
Children under 16 years	—	1
Persons aged 16 - 64	24	23
Persons aged 65 and over	2	8

Of the 58 persons registered:—

5 are suffering from cerebral palsy,
5 are epileptics, and
5 are the victims of poliomyelitis.

In further implementation of its scheme, the City Council appointed a qualified Social Worker for work amongst the handicapped, and this lady took up her duties on the 14th October, 1958.

Occupational therapy for the handicapped continues to be carried out on an agency basis by the East Cumberland Hospital Management Committee. Those who are unable to attend the classes at the Cumberland Infirmary are visited in their own homes. During the year 15 handicapped persons received occupational therapy, two of whom were visited in their own homes.

Epileptics.

Adult epileptics have not so far constituted a major social problem in the City.

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, four adult spastics registered in accordance with the Act, three of whom receive occupational therapy.

Homes Registered under Section 37

There are three Homes registered under Section 37 of the National Assistance Act, 1948, whose main function is the reception of elderly or handicapped persons.

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 gentleman who had to be compulsorily removed to hospital on the authority of a Magistrate's Order made under the National Assistance (Amendment) Act, 1951.

Action under Section 50—Burial or Cremation of the Dead

The City Council was responsible for the burial of the bodies of two persons who had died and in respect of whom no suitable arrangements for the disposal of the bodies had been made. One of the persons was a resident of Lime House at the time of his death.

General

The City Council co-operates closely with the Carlisle Old People's Welfare Council, which continues to play an important role in the welfare of the aged. This year in particular the voluntary organisation undertook added responsibility when they were asked by the City Council to arrange for the distribution of tea to the old people of Carlisle, which was a gift to mark the occasion of the Octo-Centenary Celebrations, and also to assist in the arrangements for the aged and handicapped people who attended the Cathedral on the occasions of the two Royal Visits.

The Chiropody Service provided by the Old People's Welfare Council continued to flourish during the year. 478 patients received 3,158 treatments.

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

I am pleased to report that there are now 17 Old People's Clubs in the City which meet weekly, and all of these are affiliated to the Old People's Welfare Council, to whose general funds the City Council made its usual annual grant.

Financial aid was again given to the Carlisle Council of Social Service, which continues to perform welfare work generally in the City and provides a Citizens' Advice Service. There were 8,176 callers at the Citizens' Advice Bureau during the year.

Probably one of the most important and appreciated services performed by a voluntary body is the "Meals on Wheels" service for old people. The Carlisle County Borough Branch of the W.V.S. operates this service within the City and conducts an old people's Dining Club once a week. To assist the W.V.S. in carrying out this work the City Council makes a grant to their funds.

It is interesting to report that the Infantile Paralysis Fellowship recently established a branch locally and they were given the free use of one pool at the Corporation Baths for one session of one and a half hours per week. The session is well attended.

The Welfare Services Committee was allocated a stand at the Local Government Exhibition held during November as part of the Octo-Centenary Celebrations, and all aspects of the work of the Committee were covered.

HEALTH SERVICES

PUBLIC HEALTH LABORATORY SERVICE

The Public Health Laboratory Service continued to be provided from the Laboratory of the Cumberland Infirmary. Dr. J. S. 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.

PUBLIC ANALYST SERVICE

During the year Cyril J. H. Stock, Esq., B.Sc., F.I.C., etc., of Darlington, resigned his post as Public Analyst to the City on account of ill-health, and J. G. Sherratt, Esq., B.Sc., F.R.I.C., of Warrington, was appointed as his successor from the 1st November.

REGISTRATION OF NURSING HOMES

There is one registered nursing home in the City, and it was periodically inspected and found to be satisfactory.

CARLISLE CREMATORIUM

Your Medical Officer of Health and your two Assistant Medical Officers continued to act as Referee and Deputy Referees of 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.

There was some improvement in the rate of slum clearance during the year. The Queen Street Compulsory Purchase Order became operative and the public enquiry was held into the Milan Terrace and Artisans Dwellings Compulsory Purchase Orders, which consisted of 59 dwelling houses, one building not being a dwelling house, and a parcel of vacant land included for the purpose of securing an area more capable of satisfactory re-development. Thirty-seven houses were also dealt with by individual representation.

An outbreak of dysentery occurred in the City and cases reported or discovered in the course of investigation were in fair number. The peak was reached in the fourth quarter of the year and continued, with a gradual falling off, over the winter months. Fortunately it was of a mild nature, but created a great nuisance factor by spreading rapidly amongst members of families and from one family to another, causing discomfort in varying degrees.

Concurrent with the direct investigations made into the many cases of dysentery which occurred, numerous investigations were made of retail food shops, dairies, food and ice-cream manufacturing premises, mobile shops and canteens, both in an attempt to discover a possible reservoir of infection and in the control of contacts and symptomless excretors of the causative organism.

Arising from the inspection of mobile shops mentioned above, it was found that a considerable increase in this form of trading has taken place and that the standards ranged from excellent to poor. At about this time a number of complaints were received from various sources of mobile shops trading well outside normal shop closing hours. The interception and inspection of a great number of mobile shops is a time-consuming occupation, and it is on these occasions that the continued shortage of staff is felt in all its significance. Of the two problems, hygiene or extended hours of trading, the former is in my opinion by far the more important, but to be done properly means isolating an inspector for long periods of time in one place to the detriment of his many commitments in other parts of his district and the adjoining district which force of circumstances require him to cover.

Complaints and other urgent matters have been dealt with as they arise with a minimum of delay, largely due to the co-operation of a willing staff and the preservation of the utmost flexibility in their activities. Incursions of a token nature have been made into the accumulating debit of systematic routine inspection, but the solution can only lie in the recruitment of additional inspectors and 1958 has seen no improvement in this direction, notwithstanding a great deal of advertising in the appropriate journals. The Department continues to function as best it can with half of its establishment of district inspectors.

The following Government Circulars and Statutory Instruments were published during the year:—

C. FSH 1; 2; 7; 20/58—Milk and Dairies Regulations, 1949-1954. Approved Oxidising and Preservative Agents.

C. 6/58. 33/58 and S.I. 167/1958—The Clean Air Act, 1956 (Appointed Day) Order, 1958.

C. 24/58 and S.I. 498/1958—Clean Air Act, 1956. The Dark Smoke (Permitted Periods) Regulations, 1958.

C. FSH 3/58—Slaughter of Animals Acts—Electric Stunning.

C. FSH 5/58 and S.I. 717/1958—Food and Drugs. The Labelling of Food (Amendment) Regulations, 1958.

C. FSH 11/58—Slaughterhouses Act, 1958.

C. FSH 12/58 and S.I. 1319/1958—The Public Health (Preservatives, etc., in Food) (Amendment) Regulations.

S.I. 1958 No. 1454—The Antioxidant in Food Regulations, 1958.

C. FSH 15/58 and S.I. 1606/1958—The Slaughterhouses (Meat Inspection Grant) Regulations, 1958.

C. FSH 17/58 and S.I. 1971/1958—The Slaughter of Pigs (Anaesthesia) Regulations, 1958.

C. FSH 18/58 and S.I. 2168/1958—Slaughterhouses (Hygiene) Regulations, 1958.

C. FSH 18/58 and S.I. 2166/1958—Slaughter of Animals (Prevention of Cruelty) Regulations, 1958.

C. FSH 19/58 and S.I. 2167/1958—Public Health (Preservatives, etc., in Food) (Amendment No. 2) Regulations, 1958.

INSPECTION OF THE DISTRICT

1. Number and Nature of Inspections.

During the year 1958 the following inspections were made by the Public Health Inspectors to the premises detailed:—

PUBLIC HEALTH ACT, 1936.	Visits
DWELLING HOUSES—Re Housing defects	528
" " Other visits	1012
Visits to ALL PREMISES for purposes of:—	
Sec.	
23 Maintenance of public sewers	38
39 Provisions as to drainage, etc., of existing buildings ...	510
40 Provisions as to soilpipes and ventilation shafts	3
44 Sanitary accommodation insufficient or requiring reconstruction	10
45 Buildings having defective closets capable of repair ...	47
46 Sanitary conveniences in workplaces, etc.	12
51 Care of closets by occupiers	3
52 Care of sanitary conveniences used in common	24
56 Paving and drainage of yards and passages	15

		Visits
58	Dangerous buildings	8
75	Provision of dustbins	3
79	Mandatory removal of accumulations of noxious matter ...	7
80	Removal of manure, etc.	1
83	Cleansing of filthy or verminous premises	21
84	Cleansing or destruction of filthy or verminous articles ...	2
89	Sanitary conveniences at inns, etc., and places of public entertainment	61
92a	Premises in such a condition as to be prejudicial to health or a nuisance	263
92b	Animals kept in such a manner as to be prejudicial to health or a nuisance	11
92c	Accumulation or deposit prejudicial to health or a nuisance	53
92d	Dust and effluvia caused by trade, business, etc.	3
92e	Overcrowded and ill-ventilated workplaces	—
108	Bye-laws—Fish frying	2
	,, Offensive trades	—
138	Provision of water supplies	—
154	Prohibition of sales by rag dealers	—
240	Bye-laws—Common lodging houses	4
259	Nuisances—Watercourses, etc.	25
268	,, Tents, vans, sheds, etc.	3
269	Regulating moveable dwellings	8

INFECTIOUS DISEASE

Investigating infectious disease	599
Investigating food poisoning	121

CLEAN AIR ACT, 1956

Smoke abatement observations	26
Premises, furnaces, etc., visited	17

FOOD AND DRUGS ACT, 1955, Etc.

Total visits re Food Hygiene Regulations	813
Total visits re Milk and Dairies Regulations	40
Public slaughterhouses and bacon factory	45

MEAT AND FOOD INSPECTION

At Shops, etc.	289
At Slaughterhouses	331
At Bacon factory	552

HOUSING AND SLUM CLEARANCE.
HOUSING ACT, 1957.

Sec.		
4	re Standard of Fitness	282
9-10-16	,, Repair and reconstruction of unfit houses	10
17	,, Demolition and closure of unfit houses	134
18	,, Closing of parts of buildings	15
36	,, Houses let in lodgings	8
Part 3	,, Clearance and re-development areas	150
Part 4	,, Abatement of overcrowding	1
Part 4	,, Permitted numbers	2

HOUSING ACT, 1949.

re Improvement Grants	16

RENT ACT, 1957.

re Certificates of Disrepair	195

SMALL DWELLINGS ACQUISITION ACTS.

Inspections and Enquiries	14

LAND CHARGES ACT, 1925.

	Visits
Inspections re Search Forms	25
No. of Search Forms completed	941

FACTORIES ACT, 1937.

Sec.		
7	Factories with mechanical power	51
1, 2, 3, 4, 6, 7	Factories without mechanical power	27
7	Other premises, sites of building and engineering works	5
54	Basement Bakehouses	1
110	re Outworkers	—

SHOPS ACT, 1950.

re Hours, Sunday Trading, Young Persons, etc. ...	87
re Welfare Provisions	55

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Local Authority properties	10
Dwelling-houses	53
All other, including business premises	51
Agricultural properties	4

INSECT PEST CONTROL.

Dwelling-houses	16
Other premises	6

DRAINAGE INSPECTIONS.

Drains opened out for inspection	30
Water, colour, and other tests	25

OTHER INSPECTIONS AND VISITS.

Non-industrial premises, Offices, etc.	15
Schools	5
Public Conveniences, etc.	95
Swimming baths and pools	2
Refuse Tips, Salvage Depots, etc.	60
re Fertilisers and Feedingstuffs Act, 1926	16
,, Agric. Produce, grading and marking	—
,, Pharmacy and Poisons Act, 1933	6
,, Merchandise Marks Act, 1926	60
,, Rag, Flock and other filling materials Act, 1951 ...	6
,, Pet Animals Act, 1951	6
Miscellaneous	240
Interviews	623

LIST OF CONTRAVENTIONS AND WORKS EXECUTED

PUBLIC HEALTH ACT, 1936

Sec.		Found	Abated
23	Maintenance and Cleansing of certain public sewers	4	4
39	Drainage, etc., of existing buildings	86	89
45	Buildings having defective closets, capable of repair	10	12
46	Provision of sanitary conveniences in work-places	—	1
56	Paving and draining of yards and passages	2	2
75	Provision of regulation dustbins	1	1
79	Removal of accumulation of noxious matter	1	—
80	Removal of manure, etc.	1	—
83	Cleansing of filthy or verminous premises ...	2	—

		Found	Abated
84	Cleansing or destruction of filthy or verminous articles	1	—
92(a)	Premises in such a state as to be prejudicial to health or a nuisance	34	44
92(c)	Accumulation or deposit prejudicial to health or a nuisance	3	3
259	Nuisances from ponds, ditches, etc.	—	1
269	Controlling use of moveable dwellings ...	—	1
		145	158

FOOD AND DRUGS ACT.

FOOD HYGIENE REGULATIONS.

Reg.			
5	Food business not to be carried on at unsatisfactory premises, etc.	2	3
6(1)	Cleansing and maintenance of articles and equipment used in food business ...	15	6
6(2)	Cleanliness of food containers	1	—
8	Protection of food from risk of contamination	11	4
8(a)	Placing of food so as to involve risk of contamination	20	12
9(e)	Use of tobacco by food handlers	15	13
10(b)	Newspaper wrapping allowed to come into contact with food	1	1
14(1a)	Cleansing and maintenance of sanitary conveniences	7	2
14(1b)	Situation of sanitary conveniences in relation to food rooms	3	1
14(2)	Lighting and ventilation of sanitary conveniences	3	3
14(4)	Use of rooms communicating with room containing sanitary convenience	—	3
14(5)	Fixing of notices re washing of hands ...	14	3
15	Supply of water to food premises	—	2
16(1)	Provision of wash hand basins	8	3
16(2)	Provision of hot and cold water to W.H.B.	10	6
16(3)	Provision of soap, nail brushes, towels, etc.	14	8
16(4)	Cleansing and maintenance of W.H.B.s...	1	1
17	Provision of first-aid materials	1	—
18	Provision of accommodation for outdoor clothing	2	1
19(1a)	Provision of sinks not being W.H.B.s for washing food and equipment	4	1
19(1b)	Provision of hot and cold water to sinks	2	—
19(1c)	Cleansing and maintenance of wash-up sinks	1	—
20	Lighting of food rooms	1	—
21	Ventilation of food rooms	4	1
23	Cleanliness and repair, etc., of food rooms	28	13
23	Prevention of infestation by rodents, insects, etc.	5	—
24	Accumulation of refuse, etc., in food rooms	8	4
25(2)	Maintenance of stipulated temperatures of certain foods	3	1

		Found	Abated
26(1b)	Cleanliness and repair of food stalls ...	1	—
28(1a)	Provision of water for stalls supplying food for immediate consumption	1	—
28(1b)	Provision of soap, nail brushes, towels, etc., for above food businesses	1	—
FOOD BYE-LAWS.			
6(a)(i)	Provision of suitable receptacles for refuse	11	5
6(a)(ii)	Daily removal of refuse or filth ...	1	—
MILK AND DAIRIES REGULATIONS		3	—
		202	97
SHOPS ACT, 1950.			
Sec.			
1	Closing of shops on weekly half-holidays	10	8
2	General Closing Hours	1	—
13	Closing of shops with several trades ...	2	—
47	Sunday trading	1	—
50	Sunday trading from shops with several trades	1	—
38(2)	Provision of sanitary conveniences ...	1	1
38(4)	„ „ washing facilities	1	—
		17	9
FACTORIES ACT, 1937.			
Sec.			
1	Want of cleanliness	1	3
Sanitary Accommodation:—			
7	Insufficient provided	1	—
	Not provided separate for sexes	1	—
	Maintenance	2	1
	Cleanliness	4	3
	Adequate lighting	2	1
Reg.			
5	Ventilation	3	2
6	Privacy, doors, etc.	1	—
7	Accessibility	—	—
8	Screening	1	1
		16	11
CLEAN AIR ACT, 1956.			
Sec.			
1	Emission of dark smoke from chimneys .	1	1
PREVENTION OF DAMAGE BY PESTS ACT, 1949.			
Sec.			
4	Notice requiring execution of works ...	14	10
MERCHANDISE MARKS ACT, 1926.			
	Failure to bear indication of origin ...	19	19

SUMMARY OF COMPLAINTS, CONTRAVENTIONS and NOTICES SERVED

	Complaints and Information Received	CONTRAVENTIONS		NOTICES		STAT. NOTICES	
		Found	Abated	Served	Abated	Served	Abated
Public Health	280	145	159	108	123	6	6
Food and Drugs Unsound Food	259	—	—	—	—	—	—
Food and Drugs	28	200	96	62	35	—	—
Shops	7	17	9	11	9	—	—
Factories	9	16	11	7	6	—	—
Housing	13	—	—	—	—	—	—
Rodent Control ...	272	14	10	14	10	—	—
Pharmacy and Poisons	—	—	—	—	—	—	—
Clean Air	1	1	1	1	1	—	—

HOUSING AND SLUM CLEARANCE

A more substantial contribution towards the solution of the Council's slum clearance programme was evident during the year, and whilst only 37 houses were represented as being unfit for human habitation, some 96 Orders were actually made. Housing tables and statistics can be confusing in that the number of houses represented, the number of Orders made, and the number of families re-housed rarely, if ever, correspond during any one calendar year. Represented houses are those submitted by its technical officers to the Council for their consideration. Orders are made by the Council only after careful consideration of the facts, arguments and proposals propounded by the Council's technical officers and the owners of the properties. Re-housing takes place only when an Order has been made. Not only is it possible for represented houses to be excluded by Council from the finality of demolition, but legal and humanitarian principles lead to the passage of much time, and there is often a carry-over from one calendar year to the next. Furthermore, there are factors outside the control of the Council. The holding of Public Enquiries and valuation for compulsory purchase are all subject to the celerity or otherwise with which the appropriate Government Departments can fit in their commitments with those of local authorities throughout the length and breadth of the country.

For example, the Public Enquiry into the Milan Terrace and Artisans Dwellings Compulsory Purchase Orders was not held until July of this year, although the Order was made by the City Council in January. Confirmation of the Order was received on the 30th December. The Order will not become operative until February or March of next year.

Preliminary inspections have already commenced on two new areas at Denton Crescent and William Street.

HOUSING SUBSIDIES ACT, 1956

The provisions of this Act allow for the payment of subsidy in respect of each family re-housed as a result of action completed under the Housing Act. Orders, however, cannot be made against unfit houses owned by the Corporation, but the Minister will accept in lieu of an Order a Certificate of Unfitness. One such certificate was issued in respect of No. 15 Milbourne Street, thus completing action on a block of unsatisfactory property in this area.

RENT ACT, 1957

The provisions of the Rents Acts with regard to the issue of Certificates of Disrepair and Cancellation, and the acceptance of Owners' Undertakings, etc., have worked quite smoothly, despite the plethora of forms involved in each transaction.

HOUSING STATISTICS

HOUSES DEMOLISHED.

In Clearance Areas:	
Houses unfit for human habitation	14
Houses included by reason of bad arrangement, etc.	Nil
Houses on land acquired under Section 43(2), Housing Act, 1957	Nil
Not in Clearance Areas:	
As a result of formal or informal procedure under Section 17 (1), Housing Act, 1957	26
Local Authority owned houses certified unfit by the Medical Officer of Health	4

UNFIT HOUSES CLOSED.

Under Sections 16(4), 17(1), and 35(1), Housing Act, 1957 ...	6
Under Sections 17(3) and 26, Housing Act, 1957	Nil
Parts of buildings closed under Section 18, Housing Act, 1957	2

UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED.

After informal action by local authority	91
After formal notice under:—	
Public Health Acts	4
Section 9 and 16, Housing Act, 1957	1
Under Section 24, Housing Act, 1957	Nil

UNFIT HOUSES IN TEMPORARY USE	Nil
PURCHASE OF HOUSES BY AGREEMENT	Nil

DISPLACEMENT TO COUNCIL HOUSES.

Total number of families displaced	58
Total number of persons displaced	144
Official Representations during the year	37
Houses included in Orders and Undertakings made during the year	96

RENT ACT, 1957

CERTIFICATES OF DISREPAIR

Number of applications for certificates	40
Number of decisions not to issue certificates	—
Number of decisions to issue certificates:—	
(a) In respect of some but not all defects	27
(b) In respect of all defects	24
Number of undertakings given by landlords	29
Number of undertakings refused by local authority	1
Number of certificates issued	32
Applications by landlords to local authority, for cancellations of certificates	21
Objection by tenants to cancellations of certificates	5
Decisions by local authority to cancel in spite of tenant's objection	2
Certificates cancelled by local authority	17

FACTORIES ACTS, 1937 and 1948

1. Inspection for purposes of provisions as to health (including inspections made by Public Health 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.	61	51	2	—
(ii) Factories not included in (i) in which Sec. 7 is enforced by the Local Authority.	343	27	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority.	18	5	—	—
TOTAL	422	83	4	—

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.	Referred by H.M. Inspec.	
Want of Cleanliness (Sec. 1)	1	3	—	1	—
Overcrowding (Sec. 2)	—	—	—	—	—
Unreasonable Temp. (Sec. 3)	—	—	—	—	—
Inadequate Ventilation (Sec. 4)	—	—	—	—	—
Insufficient Drainage (Sec. 6)	—	—	—	—	—
Sanitary Conveniences (Sec. 7)					
(a) Insufficient	1	—	—	—	—
(b) Unsuitable or defective	5	4	—	4	—
(c) Not separate for sexes	2	1	—	1	—
Other offences against Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	9	8	—	6	—

OUTWORKERS

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

CONTROL OF INFECTIOUS DISEASE AND FOOD POISONING

An outbreak of Sonne Dysentery occurred during the fourth quarter of the year, and in addition to the official notifications there must have been many more who suffered discomfort in varying degrees without being placed on official record. Whereas there were only 27 cases notified during the first three-quarters of the year the figure suddenly jumped to some 217 notifications during the last quarter. 603 specimens of faeces were submitted for bacteriological examination, of which approximately 25 per cent. were reported positive.

The aim of the Public Health Department is to break the chain of infection as soon as possible, and in this the co-operation of the local physicians, head teachers and the Public Health Laboratory Service is invaluable.

Usually the first indications come to the Department via the junior or nursery schools, and it is there that efforts to isolate the cases must be made before the dissemination of secondary and home contact cases occur.

Outbreaks often assume considerable proportions before notification is made, as there is a tendency for people to treat gastro-intestinal upsets lightly until the discomfort becomes sufficiently acute to require the assistance of their medical practitioners. This delay in notification, together with the fact that for each notified case it is often found on investigation that there are several additional unreported cases, all contribute to make the task of stemming the outbreak one of considerable magnitude.

Numerous investigations were made into potential local sources of infection, and mobile shops, ice cream vendors, and all food shops in the principle areas affected were visited without anything positive being discovered.

After the turn of the year the number of fresh cases began to diminish, and eventually the situation returned to normal, leaving in its wake that feeling of frustration and dissatisfaction which follows all unsolved mysteries.

The following suspected food poisoning cases were notified during the year:—

1st quarter	1
2nd ,, ...	2
3rd ,, ...	19
4th ,, ...	3

106 visits in connection with the above were made and 130 specimens of faeces, vomit or food were taken and submitted for bacteriological examination. 68 of these specimens were found to be positive to one or other of the organisms causing food poisoning and 62 negative.

There were 4 cases of Brucellosis reported during the year, and as very little raw milk is sold in Carlisle careful investigation is called for into the milk drinking habits and locale of the sufferers. In 2 cases the source of infection was pinned down fairly conclusively to the consumption of milk outside Carlisle and originating from over the Scottish border. In the third case milk had been consumed at various places outside the City, and in the fourth case the sufferer was a non-consumer of milk employed by a dairy in the delivery of milk.

RODENT CONTROL

Surface Treatment

Complaints or reports received and investigated — 272.

	Dwelling Houses	Business Premises	Local Authority Premises	Agricultural Properties
Premises inspected for presence of rats or mice.	188	153	63	2
Premises in which evidence of the presence of rats or mice was found.	98	107	53	—
Visits of inspection and treatment of all types of premises.	1314			
No. of baits laid	4132			

Sewer Treatment

During the year the normal maintenance treatments were carried out on the older sections of the sewers with satisfactory results. While the second treatment showed a substantial increase in the number of "takes" recorded as compared with earlier occasions, this did not necessarily indicate a proportionate increase in the rat population, but was more likely to be the result of altered methods of pre-baiting which were introduced on that occasion.

A 10 per cent. check was also carried out in the newer systems in the outlying districts. These were found to be free of rats.

TENTS, VANS AND SHEDS

Licences were again renewed for four living vans situate at The Sands, a site owned by the Authority and provided with water supply and sanitary conveniences. This land is also used for temporary housing of the Showground and members of the Showmen's Guild, many of whom spend most of the winter on this site.

One temporary licence for occupation of a living van was issued to assist with the security of a commercial site in course of development.

For part of the year a further van was sited on agricultural land and used by persons employed in farming operations on that land. On bacteriological examination the water supply by land spring was found to be unsatisfactory, and the users were advised to boil all water for cooking and drinking.

WATER SUPPLY

In addition to the routine sampling carried out by the Water Department, four check samples of water from the City's mains were taken by the Public Health Inspectors and submitted to the Public Analyst for chemical analysis and two samples were sent to the Public Health Laboratory for bacteriological examination. All but one sample were reported as being satisfactory. One sample, taken in August of this year, was reported as containing a few micro-organisms, an unusual feature in samples drawn from the City supply. It was suggested that the mains in the area be flushed. A copy of the report was submitted to the Water and Baths Committee and a subsequent sample was reported upon as being satisfactory.

SWIMMING BATHS

A sample of water taken from the Corporation Swimming Baths and examined bacteriologically proved to be of satisfactory standard.

PHARMACY AND POISONS ACT, 1933

71 Certificates were issued to shopkeepers and other persons entered or retained on the list of persons entitled to sell poisons included in Part 2 of the Poisons List.

DISEASES OF ANIMALS ACT

The Diseases of Animals (Waste Foods) Order, 1957, requires that all waste food intended for use as animal and poultry feeding shall be sterilised by boiling for one hour in a plant licensed by the Local Authority. 8 such plants are situated within the City.

During the year a survey of all premises from which waste foods are uplifted was carried out and arrangements were generally found to be satisfactory. The survey was carried out in conjunction with the local inspector under the Diseases of Animals Act, 1950. An opportunity was also taken at this time to advise the management of numerous catering establishments, etc., on the hygienic storage of waste materials and general matters relating to food hygiene.

FOOD CONTROL

Educational Activities

Consequent upon the high incidence of dysentery and gastro-intestinal upsets of uncertain origin that occurred during the year, a large number of visits were made to food shops and catering establishments, nurseries and schools, not only in the course of the normal investigations which accompany such an outbreak but also for the express purpose of educating the staffs in the need for maintaining the highest possible standard of personal hygiene and exercising the greatest care in their handling of all food at all times. This instruction was extended into the many private houses visited during the outbreak and was undoubtedly received with closer attention than is normally given.

Short courses of instruction followed by oral and written examination were given to several Youth Organisations.

Speedy attention is given to all complaints of unsatisfactory and unhygienic food handling reported by the public, and when these complaints are found to be of substance the complainant is not only encouraged to take the matter up personally with the offender but is given the full support of the Department in so doing. They are also kept informed of the action the Department is taking and the outcome of such action. In this way it is hoped to increase the public

interest in the handling of its food, for there is nothing more calculated to bring about improved food handling than increased public interest in and criticism of the methods employed.

Special Examination of Foodstuffs

At the request of the Ministry of Health five samples of potatoes were taken from local wholesalers in connection with an investigation into the possible effect on potatoes of the practice of killing haulms prior to gathering by the use of an arsenical spray. The Public Analyst reported that four samples grown locally contained no arsenic whatsoever. The fifth sample, of Dutch origin, contained no arsenic in the flesh and only the relatively negligible amount of 0.25 parts per million in the skin.

Following a complaint from the Education Department, samples of dried milk were taken from several school canteens and found on analysis to have an acid reaction considerably in excess of the normal.

At the request of the Navy, Army and Air Force Institutes Headquarters, milk supplied in bulk to the cookhouse at Durranhill Camp was sampled at the point of delivery. On analysis it was found to be genuine milk.

As a result of a complaint received, a bottle of soda water was submitted to the Public Analyst, who reported its contamination with phenolic bodies to the extent of imparting a strong and objectionable taste, though not in sufficient concentration as to be regarded as dangerous to health. The plant concerned was inspected and found to be unsatisfactory in several respects. Considerable structural improvements were carried out following the service of informal notice upon the occupier, and on the recommendation of the Inspector some modifications to the system of checking and inspection of the bottles were adopted.

At the request of the Ministry of Health a fairly extensive investigation was carried out in connection with the breaking out for commercial purposes of liquid egg at local collecting depots and hatcheries, in order to gain some first-hand knowledge of the conditions under which this is produced and also the quality of the product. In collaboration with the Public Health Laboratory Service 88 samples were taken, and the results, together with the observations of this Department, were conveyed to the Ministry.

Food Hygiene Regulations

The number of inspections made, together with the number of contraventions found, show an appreciable increase over last year, though still much below the numbers necessary to secure compliance with the Regulations at all food premises in the City.

A survey of premises was commenced, dealing first with bakehouses and catering establishments, and though many were found to be functioning more or less satisfactorily, despite the infrequency of inspections over recent years, others had fallen well below modern hygienic standards. As many of the inspections took place towards the close of the year there is a great disparity between the number of contraventions found (202) and the number rectified (97).

The plans of all shops, whether for food handling or not, are carefully examined by the Department prior to approval, and this has resulted in much more thought being given to the adequacy of storage and refrigerator space and hygienic equipment in food shops and has ensured the provision of sufficient ventilation and other matters which are frequently overlooked by the designers when they commit their ideas to paper.

One successful prosecution was instituted against a food handler on three counts under Regulation 9 (e), one for smoking while handling open food, and two for smoking in a food room, also one count under Regulation 10 (b) for wrapping food in newspaper.

INSPECTION AND REGISTRATION OF FOOD PREMISES

Registerable Premises	No. in Area	No. of Inspect'ns
Ice Cream—		
Wholesale manufacture	1	3
Manufacture and Retail Sale	11	22
Wholesale Storage for Sale	3	3
Retail Sale—Mainly pre-packed	163	31
Preparation or manufacture of Sausage, or Potted, Pressed, Pickled, or Preserved Food	70	35
Fish Friers	26	4
Other Food Premises		
Bakehouses	61	126
Bakers and Confectioners' Shops	80	88
Butchers' Shops	84	33
Catering Establishments—		
Hotels, Restaurants, Cafes, etc.	57	75
Industrial and Commercial Canteens	32	32
School Canteens	35	33
Residential Hospitals, Institutions	19	3
Non-res. Inst., Clubs, Halls, etc.	21	8
Boarding and Guest Houses, etc.	23	7
Fruiterers and Greengrocers' Shops	59	15
Wholesale Merchants	5	13
Grocers and Provision Merchants—		
Shops	188	49
Wholesale Merchants	10	5
Licensed Premises—Inns, Hotels, etc.	77	11
Sugar Confectionery—Shops	57	4
,, ,, Wholesale	6	1
Wet Fish—Shops	14	9
,, ,, Wholesale	2	1
Food or Drink Manufactories	11	37
Public Slaughterhouses	1	25
Bacon Factory	1	20
Mobile Shops, Vans, Canteens	—	162
Temporary Market Stalls	—	104

MILK SUPPLY

Milk and Dairies Regulations, 1949-54

No. of milk distributors on the Register	22
No. of Dairies on the Register	6

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

No. of Dealers licensed to use the designation "Tuberculin Tested"	8

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

No. of Dealers (Pasteurised) licences 3
No. of Dealers licensed to use the designation Pasteurised 14
No. of Dealers licensed to use the designation Sterilised ... 2

131 samples of milk were submitted for bacteriological examination. All were samples of designated milk, of which 5 failed to pass the tests prescribed by the Milk (Special Designations) Regulations, 1949-54.

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'rised	54	54	—	53	1	—	—	1.88
T.T. Past'rised (Schools)	—	—	—	—	—	—	—	—
Pasteurised ...	55	55	—	53	2	—	—	3.63
Pasteurised (Schools)	1	1	—	—	1	—	—	1.00
Sterilised	8	—	—	—	—	8	—	—
Totals	118	110	—	106	4	8	—	3.54

MILK OTHER THAN HEAT TREATED

Designation	No. of Samples	PASSED Meth. Blue	FAILED Meth. Blue	Unsatisfactory Samples Percentage
Tuberculin Tested	6	5	1	16.66
T.T. Jersey	7	7	—	—
Totals	13	12	1	7.69

EXAMINATION FOR TUBERCLE BACILLI

6 samples of milk were submitted for bacteriological examination. None was positive.

EXAMINATION FOR BRUCELLA

1 sample of milk was submitted for bacteriological examination and was reported on as being negative.

BACTERIOLOGICAL EXAMINATION OF MILK BOTTLES

Six sample batches of clean milk bottles were taken from the bottling plants and submitted to the Public Health Laboratory for bacteriological examination. All were reported as being satisfactory.

From time to time complaints are received of milk being delivered to the consumer in bottles which are not clean or in which foreign bodies are present. Having regard to the number of bottles handled yearly, and this must run into several millions, the number complained of is relatively few. This reflects creditably upon the dairy industry as a whole, which takes its obligations to the public very seriously, which is, of course, the only possible attitude in handling such a vulnerable commodity. Whilst the responsibility must rest with the concern which handles the milk commercially, a better result would be obtained, as in most things, by the fullest co-operation on both sides. If the public would only be more considerate in its use or misuse of milk bottles, and in particular rinse them out with cold water immediately they are emptied, they would find that the expensive bottle washing machinery used by the dairymen would be adequate to deal with any bottle normally used.

Orange Drinks

Four samples of orange drinks sold by milk distributors were submitted to the Public Health Laboratory for bacteriological examination and were reported upon as being of such high acidity that further examination was not necessary.

ICE CREAM (HEAT TREATMENT) REGULATIONS, 1947-52

During the year a start was made on an investigation into the efficiency of plant at the 11 small units manufacturing ice cream for retail sale either from adjacent retail premises or from vehicles. Samples of ice cream on retail sale were obtained and submitted for bacteriological examination, and, where unsatisfactory, advice tendered and improvement sought.

Unfortunately, the staff shortage is aggravated by holidays and holiday relief at the time when ice cream sales are at a maximum, and the work of supervision and further sampling of the mix at varying stages of manufacture had to be curtailed.

BACTERIOLOGICAL EXAMINATION OF ICE CREAM

Nature of Sample	No. of Samples	Methylene Blue		Ministry of Health Provisional Grade			
		Satis.	Unsatis.	1	2	3	4
HEAT TREATED							
Local Manufacture							
—Retail Sale	24	10	14	6	4	4	10
—Bulk Storage	5	2	3	1	1	2	1
Prepacked							
—Retail Sale	4	4	—	4	—	—	—
COLD MIX							
Local Manufacture							
—Retail Sale	5	5	—	4	1	—	—
Totals	38	21	17	15	6	6	11

INSPECTION OF MEAT AND OTHER FOODS

Meat Inspection

With the introduction into the area of the Attested Herd Scheme a greater number of reactors to the tuberculin test have been finding their way to the slaughterhouse.

140 animals were slaughtered under the Tuberculosis (Slaughter of Reactors) Order, 1950, and each one was subjected to a detailed examination and assessment of its fitness or otherwise for human consumption.

Steers	36
Heifers	25
Cows	62
Bulls	1
Calves	16

At regular intervals over a period of three months batches of pigs from one breeding establishment in Lancashire were released to the Bacon Factory. These pigs were exceptional in that they were swine fever contacts and they were released subject to the necessary safeguards under the Swine Fever Order, 1938. Again each animal was subjected to a detailed examination before being released for bacon curing purposes.

9 carcases affected to a minor extent with cysticecus bovis were refrigerated in accordance with the recommendations suggested for such cases.

Under the Slaughter of Animals Acts, 1933-1954, 68 applicants had a licence issued or their existing licences renewed entitling them to stun and dress specified animals with specified instruments.

Applicants for first licences can only operate under the instructions of an experienced slaughterman, and this is in turn carefully supervised by the Meat Inspectors and the Slaughterhouse Manager.

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
1955	5,784	21,294	563	6,710	34,351
1956	7,047	24,908	374	6,995	39,324
1957	6,923	24,969	358	6,433	38,683
1958	6,939	23,540	273	7,319	37,871

HARRABY BACON FACTORY

1955	—	—	—	143,199	143,199
1956	—	—	—	108,630	108,630
1957	—	—	—	102,658	102,658
1958	—	—	—	95,482	95,482

Number of carcases examined at the Abattoir after emergency slaughter was 1,150.

PUBLIC SLAUGHTERHOUSES

Carcases Inspected including those Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	5707	1032	273	23540	7319	—
Number inspected	5707	1032	273	23540	7319	—
ALL DISEASES EXCEPT TUBERCULOSIS						
Whole carcases condemned	4	30	48	120	6	—
Carcase of which some part or organ was condemned	1250	406	49	1006	471	—
Percentage of the number inspected affected with disease other than tuberculosis	21.97	42.24	35.53	4.78	6.51	—
TUBERCULOSIS ONLY						
Whole carcases condemned	2	1	1	—	—	—
Carcase of which some part or organ was condemned	53	39	11	—	73	—
Percentage of the number inspected affected with tuberculosis	0.96	3.87	4.39	—	0.99	—
CYSTICERCOSIS						
Carcases of which some part or organ was condemned	8	1	—	—	—	—
Carcases submitted to treatment by refrigeration	8	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

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

Disease or Condition	Whole Carcases				Part Carcases			
	Cattle	Sheep	Calves	Pigs	Cattle	Sheep	Calves	Pigs
Abscesses (and Suppurative Conditions)	—	—	—	—	27	12	—	34
Acetonaemia	1	1	—	—	—	—	—	—
Actinobacillosis	—	—	—	—	—	—	—	13
Arthritis and Atrophy	—	5	1	—	5	21	1	28
Anasarca....	—	4	—	—	—	—	—	—
Emaciation	17	25	3	2	—	—	—	—
Febrile Condition—Ill-bled ...	—	8	—	—	—	—	—	—
Fibrosis	—	—	—	—	—	—	—	41
Gangrene	2	6	—	1	—	—	—	—
Icterus	1	—	—	—	—	—	—	—
Immaturity	—	—	18	1	—	—	—	—
Injuries	4	10	6	—	46	52	2	20
Mastitis	—	1	—	—	4	3	—	53
Moribund	—	7	—	—	—	—	—	—
Oedema	5	24	6	—	6	36	—	—
Post-mortem Putrefaction ...	1	6	—	1	—	—	—	9
Contamination ...	—	—	—	—	1	2	—	—
Pyaemia, Joint Ill: Navel Ill ...	1	1	5	—	—	—	—	—
Pyrexia	—	8	4	—	—	—	—	—
Pericarditis	1	—	—	—	—	—	—	—
Pneumonia	—	8	—	1	5	19	—	2
Peritonitis	—	—	—	1	1	2	—	5
Tumours	—	3	—	—	2	—	—	—
Toxaemia	—	1	1	—	—	—	—	—
Uraemia	—	2	2	—	—	—	—	—
Urticaria	—	—	—	—	—	—	—	42
Whole Carcases	33	120	46	7				
Part Carcases					97	147	3	247

DISEASED AND UNSOUND FOOD

The following table shows the amount of food declared to be unfit for human consumption during 1958:—

	T.	C.	Q.	lb	T.	C.	Q.	lb.
PUBLIC SLAUGHERHOUSES:								
Beef	6	15	2	8				
Beef Offals	11	2	2	3				
Mutton	2	12	2	7				
Mutton Offals	1	12	0	2				
Veal		19	3	5				
Veal Offals		4	3	9				
Pork	1	6	0	17				
Pork Offals		10	3	3	25	4	—	26
HARRABY BACON FACTORY:								
Pork	22	11	3	22				
Offals	19	17	3	20	42	9	3	14
OTHER SOURCES:								
Tinned Meat	1	17	3	18				
Bacon, Ham and Meat Products		6	—	13				
Fish & Fish Products		3	3	22				
Cheese		6	2	24				
Cereals		18	3	12				
Potatoes	11	8	1	1				
Miscellaneous Foodstuffs ...		14	1	9	15	16	—	15
Total ...					83	10	—	27

Other Canned Foods: 3,324 cans.

Disposal of Condemned Food

The method adopted in the City for the reporting, discovery, examination and disposal of food unfit for human consumption has been well tried and found to work satisfactorily.

All shopkeepers, warehousemen, and transport undertakings are encouraged to report any suspect food coming to their notice, and no request for assistance is considered too trivial to warrant the aid of the Department. A receipt from the attendant at the refuse disposal incinerator is required to be produced before a condemnation certificate is issued.

All condemned meat at the Public Slaughterhouse and Bacon Factory is strictly under the control of the Meat Inspectors.

There is still, however, the need for legislation to cover the sale of meat from doubtful sources as dog and cat food, which should not be allowed to be exposed for sale unless it has previously been sterilised.

FOOD AND DRUGS ACT—ADULTERATION

Very few samples were taken during the year for the purpose of quantitative analysis. Mr. C. J. H. Stock, who has been Public Analyst to the City for many years, retired on the grounds of ill-health, and was replaced by the appointment of Mr. J. G. Sherratt, B.Sc., F.R.I.C., of Warrington.

There is a need for some fresh thinking in the selection of articles of food and household drugs for examination if the consumer is to be adequately protected in the future. Instead of the deliberate substitution in whole or part of sub-standard or impure materials which took place in the early days of food sampling, there has arisen, with the same object in mind, more cleverly conceived adulteration, and in particular offences relating to misleading descriptions and false statements.

Watering of milk, the detection of which at one time accounted for a large part of the activities of all sampling officers, has decreased substantially with the virtual disappearance of the producer-retailer. The large, central milk depots of today have played an important part in this improvement by keeping a constant check on the incoming milk and, in collaboration with their local Health Department, arranging for sampling in course of delivery of milk from any suspect producer.

On the other hand, there has been a considerable growth in the number of food processing and manufacturing firms, not all of which are equipped with the necessary laboratory control to ensure that sub-standard or impure materials are not being used, and there are also those who, either inadvertently or wilfully, make false and exaggerated claims for their products.

Big strides in the control of weeds and pests by chemical spraying have been made in post-war years, and there is here a public health significance.

The repetitive sampling which takes place by a great number of sampling officers all over the country of the same article, often from firms with names of nation-wide repute, would seem to be an unnecessary duplication, and could probably be more effectively done at the place of production by the local sampling officer, or by a sampling plan arranged on an area basis rather than the present free-for-all system.

On the subject of misrepresentation, claims are often made by manufacturers in efforts to promote the sale of their wares. Up to a point this is permissible, but there comes a stage when the ordinary latitude allowed by law is exceeded. Some advertisers are remarkably clever in exploiting the intricacies of the law in this respect, and statutory control of food descriptions, labels and advertisements could with advantage be tightened.

During the year 12 formal and 1 informal samples of foods and drugs, purchased under the provisions of the Food and Drugs Act, 1955, were submitted to the Public Analyst.

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

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

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

TABLE 42

ARTICLE	No. of Samples		No. Genuine		No. NOT Genuine	
	Formal	Informal	Formal	Informal	Formal	Informal
Milk	6	1	6	1	—	—
Sausage, Beef	3	—	2	—	1	—
Sausage, Pork	3	—	2	—	1	—

TABLE 43

Average Percentage Composition of Milk examined during the year.

PERIOD	*No. of Samples*	*Milk Fat %*	*Solids not Fat %*
1st Quarter	—	—	—
2nd Quarter	—	—	—
3rd Quarter	6	3.70	8.93
4th Quarter	—	—	—
Year ending 31st December, 1958 ...	6	3.70	8.93

TABLE 44

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*			
15	—	Beef Sausage	Contained undeclared preservative namely Sulp ur Dio xide	Warning letter sent to Vendor
14	—	Pork Sausage	Contained undeclared preservative, namely Sulphur Dioxide	Warning letter sent to Vendor

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