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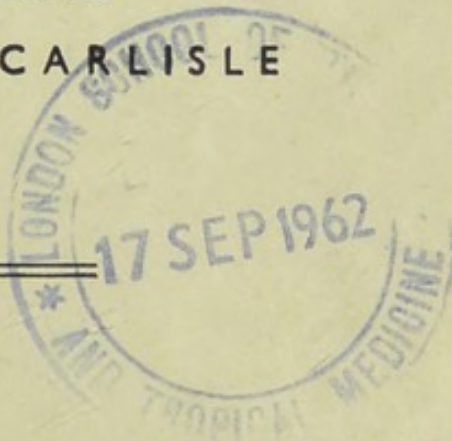


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CITY OF CARLISLE



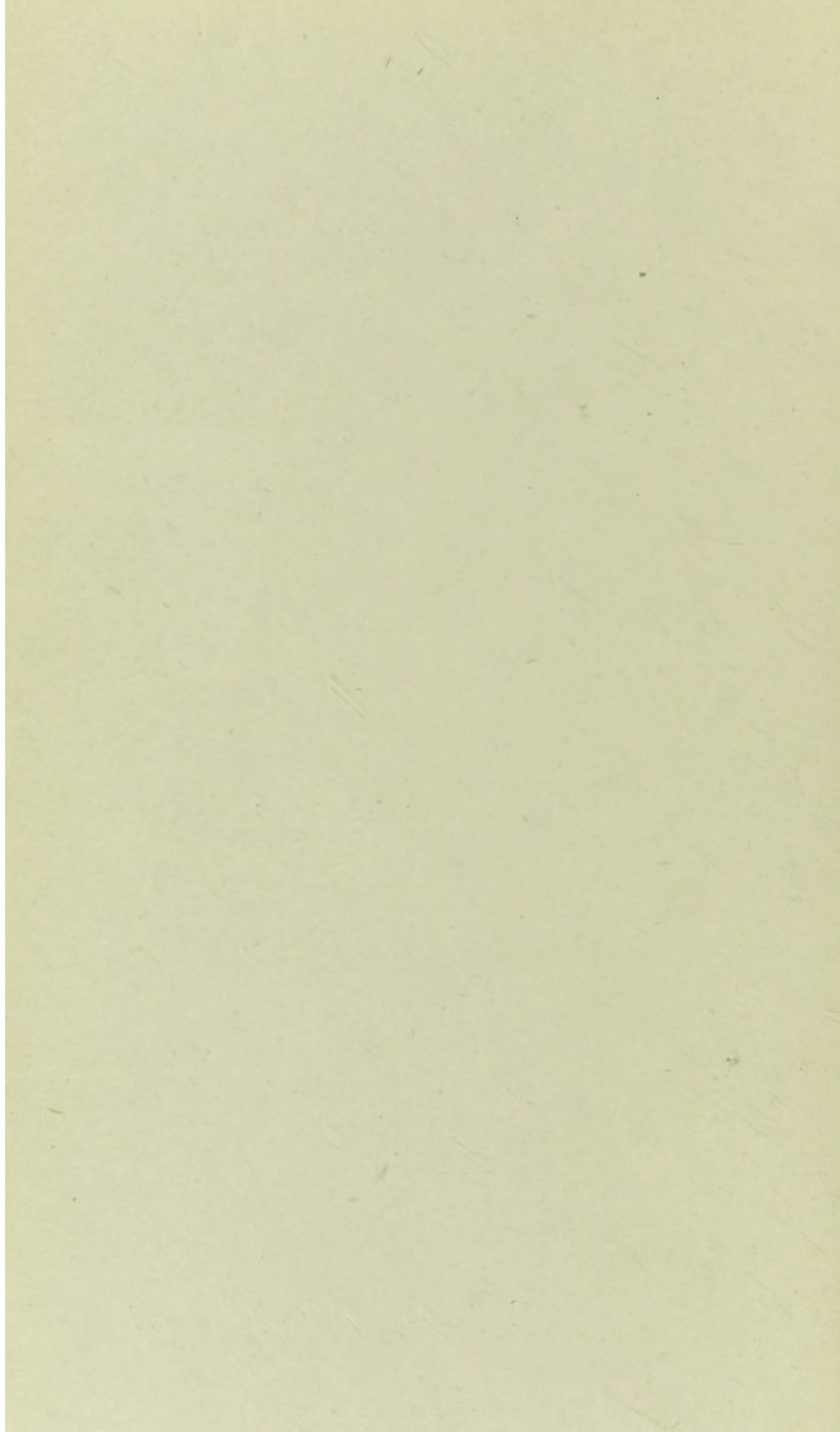
ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR

1960

JAMES L. RENNIE

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





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HEALTH COMMITTEE, 1960-61

Chairman—Councillor BARRETT

Deputy Chairman—Alderman Miss WELSH

Councillor BIRTLES.

Councillor CAVEN

Councillor DERRY

Councillor LITTLE

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 School Medical Officers

- JAMES C. B. CRAIG,
M.D., Ch.B., D.P.H.
- CHRISTINA M. ANDERSON,
M.B., Ch.B., D.P.H. (to 31-5-60).
- DAVID L. WILSON,
M.B., Ch.B., D.T.M. & H.
(From 7-4-60).

Principal Dental Officer—
Education and Health

- THOMAS W. GREGORY,
L.D.S. (Ed.), L.R.C.P., etc.

Dental Officer, Education & 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 for the year 1960.

The estimate of the mid-year population will be seen to have increased to 69,980. The 1961 census shows that the City now has a population of 71,112. The loss of life from stillbirths and infant deaths still gives cause for anxiety in the City. Every effort is being made to reduce the stillbirth rate and the infantile mortality but as will be seen from the text, many of these losses are, in the light of our present knowledge, unavoidable, though from certain of the recently published returns geographical considerations may play a part.

There was little notifiable infectious disease in the City during the year but a number of cases of food poisoning did occur. The fall in the number of cases of pulmonary tuberculosis is gratifying but I should wish to emphasize the plea made by Dr. W. Hugh Morton in his contribution to this report, that all cases of non-pulmonary tuberculosis should be notified as soon as diagnosis is made. By this action it may be possible to trace the source of infection. Now that bovine tubercle is eliminated for all practical purposes, the occurrence of non-pulmonary tuberculosis usually indicates a human source of infection.

During the year the attendance of one of your Medical Officers at the Ante-Natal Clinic was discontinued as all patients attending had booked general practitioners for their confinements. It has always been a weakness of the Local Authority's Ante-Natal Clinic that the doctor who examined the patient was not the doctor who dealt with any emergency which might arise at the confinement. The new system provides for undivided responsibility and continuity of supervision and treatment. The establishment of Health Visitors was increased in accordance with the Jameson Committee's recommendations and provision was made for two Student Health Visitors. Recruitment, however, is by no means easy, and during the year the two posts for Students remained vacant. The appointment of a third Dental Surgeon enabled an increased service to be offered to expectant and nursing mothers and young children and an evening dental clinic was instituted for an experimental period.

The outstanding feature of the year was the coming into force of the Mental Health Act, 1959. This has drastically altered the administrative approach to mental illness and mental subnormality. More emphasis is now being placed on community care but while the Act can come into force overnight it will take Local Authorities some considerable time to build up trained staff and provide the other facilities envisaged. It will probably take much longer to educate the public to accept the mentally deranged in its midst.

The demands on the Home Help Service continue to increase and the proportion of time given to the aged and chronic sick goes up. With an ageing population, smaller sizes of families and the tendency for young people to move to employment in other parts of the country, it is almost certain that this will be one branch of the service which will of necessity have to expand.

Aglionby Grange, a former children's Home, was adapted as a Home for Old People and at the end of the year the Warden and Matron were in post and the Home fully furnished. Since the end of the war you have provided 1.7 beds per thousand of the population but in spite of this and the large number of Aged Persons' Dwellings which have been built, the waiting list for Part III Accommodation continues to grow. It is a noticeable feature over the past ten years that the age and frailty of those seeking admission have increased and this demands a greater staff to resident ratio.

During the year the Minister of Housing and Local Government held two Public Enquiries in respect of Slum Clearance Areas. The rate at which this side of the work has proceeded has not been as fast as one would have liked, but in view of the very acute shortage of Public Health Inspectors in the Department the number of houses represented was not unreasonable.

The Cleansing Section continued the supply of municipal dustbins to further sections of the City and the bin selected is proving satisfactory for the bi-weekly collection which is practised in Carlisle. In January tipping was re-commenced at the clay-pit, Blackwell, in order to raise the level of this former tip and to improve the amenities adjacent to Upperby Park.

In May Dr. Christina Anderson, who had been your Maternity and Child Welfare Medical Officer for 20 years, retired, and I should like to place on record my appreciation of the service which she rendered to the City during her years of office. She was succeeded in the post of Assistant Medical Officer by Dr. D. L. Wilson.

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.

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VITAL STATISTICS

SUMMARY

Area Covered	1,000
Population (1920) - Bureau of Census, Canada	1,000
Population (1920) - Bureau of Census, Canada	1,000
Area Covered by a Census	1,000

The rates given in this report are those which would have applied had a year been taken in which the population was 1,000,000 and the number of deaths 1,000.

Age Group	Rate	Rate	Rate
Infants	1,000	1,000	1,000
Children	1,000	1,000	1,000

Infant Mortality Rate per 1,000 population - 1,000 (1920)

Child Mortality Rate per 1,000 of the population in Canada for the year 1920 - 1,000 (1920)

Adult Mortality Rate per 1,000 of the population in Canada for the year 1920 - 1,000 (1920)

Infant Mortality Rate per 1,000 of the population in Canada for the year 1920 - 1,000 (1920)

Child Mortality Rate per 1,000 of the population in Canada for the year 1920 - 1,000 (1920)

Adult Mortality Rate per 1,000 of the population in Canada for the year 1920 - 1,000 (1920)

Infant Mortality Rate per 1,000 of the population in Canada for the year 1920 - 1,000 (1920)

Child Mortality Rate per 1,000 of the population in Canada for the year 1920 - 1,000 (1920)

SECTION I.

VITAL STATISTICS

The total mortality rate in Canada for the year 1920 was 1,000 per 1,000 population.

The infant mortality rate in Canada for the year 1920 was 1,000 per 1,000 population.

The child mortality rate in Canada for the year 1920 was 1,000 per 1,000 population.

The adult mortality rate in Canada for the year 1920 was 1,000 per 1,000 population.

The total mortality rate in Canada for the year 1920 was 1,000 per 1,000 population.

The infant mortality rate in Canada for the year 1920 was 1,000 per 1,000 population.

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The total mortality rate in Canada for the year 1920 was 1,000 per 1,000 population.

The infant mortality rate in Canada for the year 1920 was 1,000 per 1,000 population.

The child mortality rate in Canada for the year 1920 was 1,000 per 1,000 population.

POPULATION

The population of Canada in 1920 was 1,000,000.

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The population of Canada in 1920 was 1,000,000.

VITAL STATISTICS

SUMMARY

Area (acres)	6,092
Population (1960) Estimate of Registrar General	69,980
Rateable Value	£864,513
Sum represented by a Penny Rate	£3,610

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	1,289	670	619
Illegitimate	61	34	27

Live Birth Rate per 1,000 population — 19.29 (18.29).

Live Birth Rate per 1,000 of the population as corrected by the Area comparability factor of 0.95 is 18.33.

Illegitimate Live Births per cent. of total live births — 4.52 (4.45).

Stillbirths	34	18	16
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Stillbirth Rate per 1,000 total live and stillbirths — 24.57 (24.39).

Total Live and Stillbirths	1,384	722	662
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Infant Deaths (deaths under 1 year)	33	16	17
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Infant Mortality Rates

Total Infant Deaths per 1,000 total live births — 24.44 (23.44).

Legitimate Infant Deaths per 1,000 legitimate live births — 23.27 (24.53).

Illegitimate Infant Deaths per 1,000 Illegitimate live births —
49.18 (52.63).

Neo-natal Mortality Rate (deaths under 4 weeks) per thousand
total live births 18.52 (17.97).

Early Neo-natal Mortality Rate (deaths under 1 week) per
thousand total live births 14.07 (14.06).

Perinatal Mortality Rate (Stillbirths and deaths under 1 week
combined) per thousand total live and stillbirths ... 38.29 (38.11).

There was one maternal death (including abortion) during the year.

	Total	M.	F.
Deaths	910	415	459

Death Rate — 13.00 (12.46) per 1,000 population.

Death Rate per 1,000 of the population as corrected by the Area Comparability Factor of 1.11 is 14.43.

POPULATION

The Registrar General's estimate of the mid-year population of the City for 1960 is 69,980, an increase of 180 on the figure for 1959. The estimated mid-year population for 1951, the last census year, was 67,300 and since then with the exception of 1956 when there was a fall the estimated population has risen by figures varying between 180 and 750 each year. The average increase over all years is 273. The 1961 census figure, just published, gives the City a population of 71,112. The figure of 69,980 is used in calculating the appropriate rates for the year under review.

TABLE 1.

Table showing incidence of deaths by cause and age group in City of Carlisle during 1960.

CAUSE OF DEATH	Deaths within subjoined Age Groups credited to the City as a result of Conditions shown									Total Deaths whether "Resident" or "Non-Resident" in the City
	All Ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and upwards	
1	2	3	4	5	6	7	8	9	10	11
All Causes { Certified Uncertified	840 70	30 3	5 —	5 2	5 —	31 4	186 24	234 21	344 16	678 26
Tuberculosis Respiratory	4	—	—	—	—	1	2	—	1	5
Tuberculosis, other ..	—	—	—	—	—	—	—	—	—	—
Syphilitic disease ..	2	—	—	—	—	—	1	1	—	—
Diphtheria ..	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	1	—	1	—	—	—	—	—	—	2
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—
Measles ..	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ..	2	—	1	—	—	1	—	—	—	1
Malignant neoplasm—										
Stomach ..	30	—	—	—	—	—	10	11	9	18
Lungs and Bronchus ..	31	—	—	—	—	3	12	15	1	24
Breast ..	17	—	—	—	—	1	8	6	2	18
Uterus ..	7	—	—	—	—	1	6	—	—	7
Other malignant and lymphatic Neoplasms	78	—	—	3	—	2	31	23	19	93
Leukaemia, Aleukaemia	4	—	—	—	—	1	1	—	2	5
Diabetes ..	5	—	—	—	—	—	1	3	1	6
Vascular lesions of nervous system ..	155	—	—	1	—	3	18	45	88	92
Coronary disease, angina	169	—	—	—	—	2	65	52	50	70
Hypertension with heart disease ..	13	—	—	—	—	—	—	4	9	8
Other heart disease ..	139	—	—	—	—	2	9	39	89	102
Other circulatory disease	49	—	—	—	—	1	5	10	33	39
Influenza ..	1	—	—	—	—	1	—	—	—	—
Pneumonia ..	16	4	1	—	—	—	—	5	6	11
Bronchitis ..	29	—	—	—	—	3	2	11	13	13
Other diseases of respiratory system ..	9	—	—	—	—	—	5	2	2	4
Ulcer of the stomach and Duodenum ..	9	—	—	—	—	—	3	3	3	14
Gastritis Enteritis and Diarrhoea ..	6	2	—	—	—	1	1	2	—	5
Nephritis & Nephrosis	9	—	—	—	—	—	4	4	1	5
Hyperplasia of prostate	8	—	—	—	—	—	—	3	5	13
Pregnancy, childbirth abortion ..	1	—	—	—	1	—	—	—	—	1
Congenital malformations	11	7	1	1	—	2	—	—	—	11
Other defined & ill-defined diseases ..	54	19	—	1	1	2	8	10	13	85
Motor vehicle accidents	21	—	1	1	2	5	8	1	3	25
Suicide ..	11	—	—	—	—	2	6	2	1	15
Homicide & operations of war ..	1	—	—	—	—	—	1	—	—	—
All other accidents ..	18	1	—	—	1	1	3	3	9	24
TOTALS ..	910	33	5	7	5	35	210	255	360	704

TABLE 2.

Table showing number of infant deaths by primary cause and age and by month of death in Carlisle during 1960.

CAUSE OF DEATH	AGE					MONTH												Total Deaths under one year				
	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	January	February	March	April	May	June	July	August		September	October	November	December
All Causes. { Certified Uncertified	19 —	3 —	2 —	1 —	25 —	3 1	1 1	1 —	— 1	3 —	— 1	5 —	3 —	— —	2 —	2 —	4 1	1 —	3 1	3 —	4 —	30 3
Prematurity ..	11	—	—	—	11	—	—	—	—	2	—	1	1	—	1	—	2	1	—	1	2	11
Intracranial Haemorrhage ..	6	—	—	—	6	—	—	—	—	1	—	—	—	—	—	—	2	—	1	1	1	6
Congenital Malformations ..	—	3	1	—	4	2	—	1	—	—	—	2	1	—	—	1	—	—	1	1	1	7
Pneumonia ..	1	—	1	1	3	—	1	—	—	—	—	—	1	—	—	—	1	—	1	—	—	4
Gastro Enteritis ..	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	1	—	—	1	—	—	2
Intra Uterine Anoxia ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Accidental Inhalation of Vomit ..	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Streptococcal Meningitis ..	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
TOTALS	19	3	2	1	25	4	2	1	1	3	1	5	3	—	2	2	5	1	4	3	4	33

BIRTHS

LIVE BIRTHS

There has been a fall of 40 compared with 1959 giving a total of 1,350 credited to the City. Among these are included 70 children born to Scottish mothers who had their confinements in Carlisle. The live birth rate for the City was 19.29 but if the 70 Scottish children were excluded it would have been 18.29. When allowance is made for age, sex, constitution of the population by the application of the Area Comparability factor (0.95) a rate of 18.33 is obtained.

ILLEGITIMATE LIVE BIRTHS

Of the 1,350 births, 61 (including 4 Scottish) were illegitimate, giving an illegitimacy rate of 4.52 per cent. of the total live births.

STILL-BIRTHS

Stillbirths constitute a considerable loss of child life. Research is taking place on a national basis into the cause of such stillbirths and the City Health Department has actively participated in such work. During 1960 there were 34 stillbirths, an increase of 6 on the figure for 1959. The still-birth rate was 24.57 per 1,000 total births compared with 19.75 in 1959.

DEATHS

The total number of deaths charged to the City was 910, giving a crude death rate of 13.00 per 1,000 of the population. 38 of these were Scots who died in Carlisle and the crude death rate would have been 12.46 had these been discounted. When the death rate is adjusted to take account of age and sex distribution of the population it is found that Carlisle had a mortality rate of 14.43.

Table 1 shows the cause of death and the age at death of the 910 persons.

MATERNAL MORTALITY

One maternal death due to a condition other than pregnancy was investigated as a death which occurred during puerperium. Pregnancy may have been a contributory factor in this case although the ante-natal care was adequate.

INFANTILE MORTALITY

During the year 33 infants under one year of age died giving an infant mortality rate of 24.44 per 1,000 live births. The number of deaths in 1959 was 41, and the infantile mortality rate was 29.50. The primary causes of death as given on death certificates, age at death and the month in which death took place are shown in Table 2. Although there was a fall in the infantile mortality rate the loss of life from this cause was considered too high and a meeting was convened when I met the Consultant Obstetricians, Mr. E. L. Nicolson and Mrs. J. Davidson. The case notes, post mortem findings and all other available information was sifted in each case.

Nineteen of the 33 deaths took place within the first week and 25 within the first four weeks of birth. Fourteen deaths took place during the first day of life; ten of these infants were premature, some being extremely premature. One of the others died of pneumonia, the other 3 had intracranial haemorrhage. Some of the extremely premature infants had really not reached a viable age but having breathed must be included for the purpose of calculating infant mortality. Nine of the 33 children suffered from marked congenital abnormalities, though in two these were not the primary cause of death. One child died of accidental asphyxiation from the inhalation of vomitus; two had gastro-enteritis; two died from lung infections, five from lung infections complicating congenital abnormality or prematurity, and one from streptococcal meningitis.

After reviewing carefully the circumstances of each death it is certain that the great majority were definitely unavoidable and in the light of our present knowledge it is difficult to see how anyone could have anticipated and avoided the fatal outcome in these cases.

Steps are constantly being taken to improve ante-natal care and in conjunction with hospital staffs and general practitioners your staff is endeavouring to ensure that complications of pregnancy are prevented or treated with expedition when they occur and that all facilities possible are mobilised in the care of the premature infant, including the provision of special incubators for the transport of such infants from home to the premature baby unit in the City Maternity Hospital.

DEATHS DUE TO CANCER

There has been a slight increase in the deaths due to cancer as can be seen from Table 3 which shows the number of deaths (excluding leukaemia) which took place each year from 1951 to 1960. It will be noticed that 96 of the 163 deaths took place at age 65 or over.

TABLE 3.

Table showing deaths due to cancer during years from 1951 to 1960 :

1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
127	106	124	141	121	132	146	138	146	163

INQUESTS

The City Coroner held 70 inquests during the year. Of this number 40 related to deaths of persons living within the City and 30 to persons who resided in other districts but died in Carlisle.

UNCERTIFIED DEATHS

81 deaths were registered in which no certificate was given by a medical practitioner and in which no inquest was held. 67 of these were in respect of City residents.

The number of such deaths which occurred in 1959 was 80.

MORTUARY

During the year 30 bodies were removed to the Public Mortuary and post-mortem examinations were made in 23 instances.

SECTION II.

SANITARY CIRCUMSTANCES

SANITARY CIRCUMSTANCES

I am indebted to the City Engineer and Surveyor for the report on Sewerage, Sewage Disposal and Swimming Baths.

SEWERAGE AND SEWAGE DISPOSAL

Once again considerable attention has been given to main drainage and sewage disposal problems in the City.

Work has proceeded steadily on the Stanwix Trunk Sewer and the tunnelling under the main line railway and River Eden has been successfully completed. It is anticipated that this scheme, which will cost in the region of £100,000, will be completed in about six months' time. The completion of this work will, in addition to providing drainage for Kingstown Trading Estate and some 450 acres of land north-east of the City which will in due course be developed as a residential neighbourhood, result in the abolition of the St. Martin's Lane ejector station and the transfer of a considerable flow from Stainton Sewage Works (now considerably overloaded) to Willow Holme Sewage Works.

The main sewer for the drainage of the proposed Kingstown Trading Estate which will discharge into the Stanwix Trunk Sewer has been designed and tenders will be invited at an early date.

The design for Blackwell Relief Sewer, which again will involve tunnelling under the railway, has been completed and approved by the Ministry of Housing and Local Government; tenders have been invited and work will commence early in 1961.

Investigations are now being carried out into the drainage of the Belle Vue area of the City and these will result in a scheme being prepared for a further main trunk sewer from this area to Willow Holme.

Following this, attention will have to be given to the Botcherby and Warwick Road areas of the City where recent development has resulted in this system being overloaded.

The work already carried out at Willow Holme Sewage Disposal Works has resulted in a greatly improved effluent to the River Eden, and the temporary work carried out early this year has proved most satisfactory in that the new pumping plant is now being used to full capacity when needed, thereby considerably reducing the number of times that stormwater has to be discharged directly into the River Eden.

All design work for the second stage of the remodelling of these works is virtually complete and tenders will be invited and work commenced in 1961. On completion of this work, which includes major alterations to the sedimentation tanks and the construction of new stormwater tanks the liquid treatment side of the works will be completely modernised. Attention is next to be given to the treatment and disposal of sludge, and work on this project will follow the above.

Extension of the sewerage system to provide for further development has proceeded throughout the year both for private and Corporation housing, and work will commence early in the New Year on the laying of sewers in the land between London Road and Cumwhinton Road for further private development similar to that recently completed at Morton.

The plant from Stoneyholme Ejector Station has now been installed in the new building consequent upon the demolition of the Old Waterworks at St. Aiden's Road, and is, together with the other ejector stations, working satisfactorily.

Sewer cleaning and maintenance has, as usual, been carried out regularly throughout the year.

SWIMMING BATHS

The Carlisle Swimming Baths were built in 1884 and the accommodation for swimming is substantially as it was when the premises were built. The accommodation consists of two pools, one pool 75' long and 30' wide and the other 60' x 30'. The pools contain 110,000 gallons of water, 5'6" being the maximum depth in both pools.

Filtration of the pools water is carried out by four 8' diameter vertical type filters having a maximum filtering capacity of 33,668 gallons per hour, which allows the contents of the pools to be filtered every $3\frac{1}{2}$ hours. Alumina Sulphate and Sodium Carbonate is used for this purpose.

Sterilisation is by the Marginal system of chlorination, with Chlorine as the agent, using a chlorinator of $\frac{1}{2}$ lb. capacity per hour.

The water content of the pools is changed once each year, when fresh water from the Carlisle Corporation Water Undertaking is used to fill. The filters are backwashed once each week using water from the pools, fresh water is taken from the mains to make up this deficiency.

The samples of water taken for bacteriological examination have proved satisfactory.

WATER SUPPLY

I am obliged to the Water Engineer and Manager for his report on the City's water supply.

The rainfall recorded in Geltsdale for the year ending 31st March, 1961, was 39.13 inches as against 39.85 inches in the previous year. Apart from one dry period in the early summer the rainfall was consistent though not heavy throughout the year. There was no period of absolute drought during the year. The heaviest daily rainfall was 1.40 inches on the 6th July, 1960.

The level of Castle Carrock Reservoir did not fall below the 128 million gallons mark which had been reached by the 5th July, 1960. The continuous wet period throughout the rest of the year meant that the gathering grounds remained saturated maintaining a steady run-off to the river intakes.

During the year the Sewage Works Manager and Chemist had a total of 210 samples, 187 of which were for bacteriological examination. The samples were taken from the raw water at source, the final treated water from the Castle Carrock Works and Cumwhinton Reservoir and also from the distribution system.

The raw water samples showed varying amounts of natural pollution but were of very satisfactory chemical quality. All the samples of final treated water were of consistently good quality by both bacteriological and chemical standards. The samples from the distribution system were also of a very satisfactory standard.

Considerable progress was made during 1960 on the River Eden Scheme. Stage 1 of the scheme was completed during 1960 and the Treatment Works at Cumwhinton was brought into operation on the 29th of January, 1961. The High Brownelson Service Reservoir and the ring main round the South and West of the City which formed the major part of Stage II of the River Eden Scheme were commenced during 1960 and considerable progress was made on both these contracts.

Whereas in 1959 the variation in the water consumption due to the drought was considerable the Summer of 1960 did not bring with it any difficulties. There was throughout 1960 a recovery in the consumption following the strict economies during the 1959 drought. The maximum daily consumption recorded was 4.05 million gallons on 20th June, 1960, whereas the minimum daily consumption recorded was 2.83 million gallons on 18th April, 1960.

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	Galls. per head per day
1959	1,299,000,000	44.49
1960	1,244,000,000	42.49
1961	1,280,000,000	43.83

On the 12th September, 1960, the Minister of Housing & Local Government made the Order to be known as the Carlisle Water Order, 1960, which provided for the Carlisle Statutory Water area to be extended to include the area supplied by the Border Rural District Council. The Order became operative on the 11th October, 1960, and provided for the date of transfer to be the 1st April, 1961. As soon as the Order became operative the Corporation appointed a full time Water Engineer and a separate Water Department was established on 1st January, 1961.

REFUSE COLLECTION AND DISPOSAL

The following is the report of the Director of Public Cleansing on the work of his section of the Health Department during the current year.

REFUSE COLLECTION

Work on the scheme for the provision and maintenance of dustbins to all residential properties in the City was continued throughout the year. 5,843 dustbins were distributed during the year, making a total issue of 10,782 bins since the first delivery was made in August, 1959. The scheme, of course, includes maintenance of the bins in addition to their original supply and during the first 18 months working only one dustbin and six covers were renewed. These renewals were due to accidental damage and there were no reports of loss due to dustbins having been taken from the City by householders removing to other areas or from other causes. It may also be of interest to record that no complaints were received on the grounds of insufficient capacity of the dustbins.

Refuse was collected from all domestic premises twice-weekly and from the central shopping area four times weekly except on Bank Holidays. Salvage collections were made from all premises each Wednesday.

No new vehicles were put into operation during the year and the fleet remained as in the previous year, namely, 5 Karrier side loading refuse collectors; 1 Karrier rear loading refuse collector; 10 S. & D. refuse collectors (including six of the old freighter type vehicles); and 1 Karrier open type salvage lorry.

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

Number of Loads	Estimated Weight
17,232	25,992 tons

REFUSE DISPOSAL. CONTROLLED TIPPING.

Refuse was disposed of by fully controlled tipping at Creighton School Tip, Blackwell Tip and Upperby Tip.

At Creighton School Tip the upper level which required tipping in three 6 ft. layers was completed in September and work was then commenced on the lower level adjacent to the river bank. The lower section will require tipping to be deposited in one or two layers according to the existing contours of the land and when the scheme is completed a considerably increased area of playing field accommodation will have been provided for the use of the schools.

In January tipping was recommenced at the site formerly used as a claypit in Blackwell Road. Although the claypit had been filled in some years ago the final level was a little below the water table and some nuisance was being caused by the presence of stagnant water. It was decided that the level of the whole area should be lifted by about four to five feet in order to obviate the nuisance and improve the general view from the Upperby Park which adjoins the site.

The large area of land at the rear of York Place at Upperby on which tipping operations had been proceeding for the past eight years was completed to its final level in October and work was commenced on the first layer of tipping on the adjacent area.

REFUSE DISPOSAL. DESTRUCTOR WORKS.

The first full year of operation of the improved clinker removal system at the destructor works showed the considerable benefit resulting from the installation. The throughput of the destructor was increased and the working conditions much improved.

The two-cell destructor is maintained in operation six days weekly for the reception of putrescible matter and the following statistics indicate the amount of refuse disposed of in this manner :—

Vegetable and miscellaneous	516 tons
Fish Offal	13 tons
Eggs and chickens	1,400 bins
Animal carcasses	1,560 carcasses

SALVAGE DISPOSAL

The primary aim of the Public Cleansing Section must always be the efficient disposal of all classes of unwanted materials and salvage operations should be regarded as a method of disposing of refuse which may have some commercial value after preparation for sale. One of the major benefits arising from this method of disposal is the conservation of land available for controlled tipping and a further one is the improved quality of playing fields, car parks, etc., when the greater proportion of wastepaper and large metal containers are excluded from the tipping operations.

The quantity of wastepaper available has been steadily increasing and during the year it was found that the waste paper baling depot was inadequate in size to contain the paper collected and that the hand baling presses could not cope with the intake despite considerable overtime working. In April members of the Committee visited Chesterfield to inspect a fully mechanised waste paper baling system and recommended that a similar plant should be installed. Work on the preparation of the foundations for the building was commenced in December.

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

	Tons	Cwts.	Qrs.
Waste paper	1,061	19	3
Iron and baled tins ...	71	3	2
Other Metals		8	3
Textiles	5	11	3
Cullet (broken glass) ...	3	9	3
Bottles	2	18	0

OCCURRENCE AND CONTROL OF INFECTIOUS DISEASES

There was a considerable drop in the number of cases of infectious disease notified in 1960. The total number of confirmed cases this year numbered 373 compared with 1800 in 1959.

Table 4 sets forth the details of cases by disease and age of patient.

TABLE 4.

Table showing the incidence of notifiable infectious disease by age in Carlisle during 1960.

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	72	—	72	2	32	35	2	1	—	—	—
Whooping Cough	115	—	115	12	47	52	2	2	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Measles	49	—	49	8	28	13	—	—	—	—	—
Pneumonia	13	1	12	—	1	3	—	2	3	3	—
Acute Poliomyelitis											
Paralytic	—	—	—	—	—	—	—	—	—	—	—
Non-paralytic	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—
Dysentery	4	—	4	—	2	2	—	—	—	—	—
Ophthalmia Neonatorum	1	—	1	1	—	—	—	—	—	—	—
Puerperal Pyrexia	27	—	27	—	—	—	11	16	—	—	1
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	2	—	2	—	—	—	—	2	—	—	—
Malaria (contracted abroad)	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis Respiratory	49	1	48	—	1	6	5	15	18	3	—
Meninges	—	—	—	—	—	—	—	—	—	—	—
Other	11	—	11	—	1	—	2	5	2	1	—
Food poisoning	30	—	30	2	4	3	3	7	8	3	9
Meningococcal Infection	2	—	2	—	2	—	—	—	—	—	2
TOTALS ..	375	2	373	25	118	114	25	50	31	10	12

SCARLET FEVER

There were 72 cases notified during the year; there were no deaths and none required removal to hospital.

WHOOPING COUGH

This disease had the highest incidence of any infectious disease in the city. 115 cases were notified; there were no deaths and no hospital admissions.

MEASLES

The incidence of this disease fell, as was expected, from 1350 in 1959 to 49 in the year under review. None were admitted to hospital and there were no deaths.

PNEUMONIA

12 cases of this disease were notified during the year. It would appear as I have intimated in previous reports that notification of this disease has served its purpose and should now be stopped.

INFLUENZA

No epidemic of this disease occurred during the year. One death was attributed to it.

ACUTE POLIOMYELITIS

No case of this disease was notified in the City throughout the year.

DYSENTERY

Four cases of Sonne Dysentery were notified. This was a welcome drop from the figure of 231 in 1959. One cannot however be sure that all cases are notified.

PUERPERAL PYREXIA

27 cases of puerperal pyrexia were notified to the department. 17 notifications were in respect of City residents and 10 in respect of women from outside the City having confinements in City Hospitals. It should be pointed out that notification has to take place if the temperature is elevated and many of these women had only mild infections such as colds which did not delay their progress. Only one had to be admitted to the isolation block at the Cumberland Infirmary.

MALARIA (CONTRACTED ABROAD)

No case of malaria (contracted abroad) was notified during the year.

FOOD POISONING

30 notifications were received during the year. Nine patients were admitted to hospital. There were four small outbreaks involving 10 persons. The first involved a mother and her new-born baby. The cause was salmonella typhi murium and it was considered that the mother had been infected before entering hospital for her confinement. The second and third outbreaks each involving three persons, were due to staphylococcal toxin, while in the fourth, involving two persons, no cause was determined.

Of the 20 sporadic cases 10 were due to salmonella typhi murium, one to salmonella enteriditis, 3 to staphylococcal food poisoning and in 5 the agent was never identified. In one case a patient was infected with salmonella typhi murium which was not food borne.

VENEREAL DISEASES

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

At the Special Treatment Centre, Cumberland Infirmary, Carlisle, the staff dealt with 248 new cases during 1960. Of this total, 113 were people from Carlisle City itself, and in this group were 17 cases of gonorrhoea, 11 of non-gonococcal urethritis, and 1 of neurosyphilis. Patients with other conditions, not necessarily venereal, formed the majority of those attending (84). There were no cases of early acquired syphilis and no examples of early congenital syphilis.

The remarkable and continuing increase in Venereal Disease reported from elsewhere in England has not shown itself in this area. The highest incidence of disease — mainly gonorrhoea and non-specific urethritis — has occurred in the larger industrial cities. Other disquieting features are infections among teenagers and among homosexuals. These factors, and others unknown, have produced a situation which gives rise to serious concern. There are more patients attending Venereal Disease Clinics now than there were before the war and the disease appears to be uncontrollable.

By contrast, the figures at the local clinic at Carlisle continue to show only very slight annual increases in the incidence of gonorrhoea and non-specific urethritis ; there has been no influx of foreign labour in the area and teenage infection is practically never seen.

NOTIFICATION FEES

The total amount paid in fees to medical practitioners for the notification of all notifiable diseases during the financial year 1960/61 was £51-4-6d.

TUBERCULOSIS AND OTHER CHEST CONDITIONS AND MASS RADIOGRAPHY

INTRODUCTION

Large scale mass radiography work commenced in the United States in 1944. Although the first studies in tuberculosis were a direct study of tuberculous with lung films, this is the first example of a departure from the practice of using roentgen film for chest radiography. The work has been made of the epidemiological basis of disease and further, through comparing the patients with those from North America and the other mass radiography areas.

The purpose of this study of tuberculosis is to determine the prevalence of this radiologically detectable disease in 1944-1945, the difference depending on age, sex, race, etc. This is especially important in that this is a study of the tuberculous with lung films, which, though depending on the same disease, with a positive reaction, suggests that there is still a long way to go before the disease is entirely under control.

The following study is made of the work of the work in the United States. The number of new cases of pulmonary disease diagnosed during the year, compared the national and the regional figures.

NOTIFICATIONS

In the United States, the National Tuberculosis Association and the American Lung Association, through a network of 44,000 voluntary health workers, have been able to obtain a complete record of all cases of pulmonary tuberculosis diagnosed in 1944-1945.

Table 1 gives the number of notifications throughout England and Wales for 1944 and the percentage of cases.

SECTION IV.

TUBERCULOSIS AND OTHER CHEST CONDITIONS AND MASS RADIOGRAPHY

Table 2 shows the number of people found by the mass radiography for the first time during the course of the first radiography work in 1944.

TABLE 2.

Year	Eastern Area		South Eastern Area		North West		Totals	
	Male	Female	Male	Female	Male	Female	Male	Female
1944	11	5	14	10	5	4	35	24
1945	11	5	14	10	5	4	35	24
1946	11	5	14	10	5	4	35	24
1947	11	5	14	10	5	4	35	24
1948	11	5	14	10	5	4	35	24
1949	11	5	14	10	5	4	35	24
1950	11	5	14	10	5	4	35	24

SECTION IV.
TUBERCULOSIS AND OTHER CHEST
CONDITIONS AND MASS RADIOGRAPHY

TUBERCULOSIS AND OTHER CHEST CONDITIONS AND MASS RADIOGRAPHY

INTRODUCTION

Once again the volume of out-patient work continues at the chest centre at a high level. Although the total number of attendances shows a slight drop as compared with last year, this is due almost entirely to a decrease in the number of cases seen by the physiotherapist. Greater use has been made of the physiotherapists both at Penrith and Kirkby Stephen, particularly for patients coming from North Westmorland and the south-east Cumberland areas.

The number of new cases of tuberculosis discovered during the year shows a very substantial decrease as compared with 1959—the decrease amounting to no less than 38%. This is extremely satisfactory in itself, but a study of the figures later on in this report, particularly those referring to new cases discovered with a positive sputum, suggests that there is still a long way to go before the problem is entirely solved.

Non-tuberculous chest diseases account for most of the work at the chest centre. The number of new cases of pulmonary cancer discovered during the year emphasises the continued need for adequate therapy.

NOTIFICATIONS

In the East Cumberland Hospital Management Committee area notifications of pulmonary tuberculosis showed a decrease of 44, whilst the new cases of non-pulmonary tuberculosis decreased by one to 20.

Table 5 gives the number of notifications throughout England and Wales for 1960 and the preceeding five years :—

TABLE 5.

Year	Pulmonary	Non-Pulmonary
1955	34,209	4,554
1956	31,642	4,173
1957	29,310	3,807
1958	26,595	3,503
1959	24,499	2,880
1960	21,129	2,861

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

TABLE 6.

Year	Carlisle City		Cumberland Eastern Div.		North Westmorland		Totals	
	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
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
1959	59	8	50	11	7	2	116	21
1960	46	12	19	6	7	2	72	20

The County division of this area shows the most striking decline, both in the number of pulmonary and non-pulmonary notifications. The new cases in North Westmorland remain exactly as they were in 1959.

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											Total (all ages)
	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & up-wards	
Pulmonary—												
Males ...	—	—	1	1	—	3	3	1	6	6	3	24
Females...	—	1	—	4	—	2	6	5	4	2	—	24
Non-Pulmonary												
Males ...	—	—	—	—	—	—	—	—	—	1	1	2
Females...	—	1	—	—	—	2	3	2	1	—	—	9

There was 1 further case of pulmonary tuberculosis brought to the knowledge of the Medical Officer of Health otherwise than by formal notification.

Pulmonary — M. 65 plus.

For the first time, in the area served by the East Cumberland Hospital Management Committee, the number of new cases of active pulmonary tuberculosis has fallen below the hundred mark and we hope this fall will continue. At the same time the number of new cases of pulmonary cancer as seen in Table 16 remains at a steady level. Whilst both diseases involve all age groups, men of 45 years of age and upwards are much more frequently involved in both diseases and it is considered that these constitute the population group most likely to benefit from routine chest radiographic examination.

The cases of pulmonary tuberculosis discovered in 1960, involved the sexes in roughly equal proportion, but two-thirds of the males were over 45. In pulmonary cancer males are involved in a ratio of about 6 to 1 female, and also again 75% of the males are over 45. It is most important therefore that any male patients in the age group of 45 and upwards attending a doctor, no matter how trivial or vague his symptoms may be, should be referred for chest x-ray examination. Apparently healthy individuals of this age group should undoubtedly have an annual x-ray examination.

The mass radiography unit allotted to the Special Area continued in operation throughout the year, whilst a static unit has also operated locally at the base in Brunswick Street, Carlisle, since early 1960. The mobile unit continues to play its part in discovering new cases of both pulmonary tuberculosis and pulmonary cancer. The static unit is largely concerned with the examination of patients referred by their own doctors because of symptoms and, as a result, the work of this unit is proportionately more valuable as a case-finding measure.

Table 8 illustrates the usefulness of the static unit as a diagnostic measure as compared with the work of the mobile unit, both in East and West Cumberland.

TABLE 8.

	Mobile Unit		Static Unit
	East Cumberland	West Cumberland	
Miniature Films ..	20,014	16,314	2,418
Large Films	1,209	624	497
Referred for clinical examination ..	179	104	132
Active Tuberculosis ..	12	18	9
Inactive Tuberculosis .. (under supervision)	4	21	7
Bronchiectasis	12	9	7
Neoplasm	5	7	14
Pneumoconiosis ..	2	52	—
Cardiac Disease ..	108	23	12
Sarcoidosis	3	—	2
Other Conditions ..	20	8	4
Not yet diagnosed ..	—	—	—

The sex and age distribution of the new cases in 1960 are set out in Table 9, and apply to the City of Carlisle, the figures in parenthesis being those for the whole of the East Cumberland Hospital Management Committee area, including the eastern division of the County and North Westmorland.

TABLE 9.

	Under 5	5-15	15-25	25-35	35-45	45-55	55-65	65+	TOTAL
RESPIRATORY									
Males - (1)	1 (1)	3 (4)	3 (4)	1 (3)	5 (6)	6 (9)	3 (7)		22 (35)
Females 1 (1)	3 (4)	2 (4)	6 (8)	7 (9)	2 (6)	3 (5)	- (-)		24 (37)
NON-RESPIRATORY									
Males - (-)	1 (3)	- (1)	- (1)	- (-)	- (-)	1 (1)	1 (1)		3 (7)
Females - (1)	- (-)	2 (4)	3 (4)	3 (3)	1 (1)	- (-)	- (-)		9 (13)

Table 10 gives the pulmonary notifications, again for 1960 and classified into those who are infectious and those who are non-infectious at the time of their initial examination; the extent of the disease is also shown. The figures in parenthesis are again for the whole of the East Cumberland Hospital Management Committee area.

TABLE 10.

	R.A. 1	R.A. 2	R.A. 3	R.B. 1	R.B. 2	R.B. 3
RESPIRATORY						
Males	9 (11)	4 (10)	1 (1)	1 (3)	4 (6)	3 (4)
Females	10 (15)	7 (10)	2 (2)	1 (3)	2 (3)	2 (4)
No. of above respiratory cases referred from M.M.R. unit						
Males	4 (4)	2 (2)	1 (1)	- (-)	3 (3)	1 (1)
Females	5 (6)	2 (3)	- (-)	- (1)	- (-)	- (-)

The marked decline in the number of new cases of pulmonary tuberculosis in the county area is probably fortuitous and one expects some variation in this figure from year to year. It is true also that the number of new cases of non-pulmonary tuberculosis still show a decline as with pulmonary tuberculosis, but the low figure for the year together with our experience at the chest centre definitely suggests that not all cases of non-pulmonary tuberculosis are notified. This is particularly applicable to adults with comparatively minor lesions such as tuberculous cervical glands. We feel it is important that notification of such cases should be continued as without this we cannot make any effort to discover the source of the infection.

DEATHS

The number of patients dying from pulmonary tuberculosis during 1960 constitutes a new low record; although 35 patients whose names were on the Tuberculosis Register died during the year, only four patients died from tuberculosis itself; no less than 15 of these cases died as a result of cardio-vascular incidents, whilst carcinoma at various sites was responsible for the death of another six patients.

As death as a result of pulmonary tuberculosis is nowadays unusual the tables formerly incorporated in the report and relating to deaths are now omitted.

CHEST CENTRE STATISTICS

Table 11 gives the number of pulmonary and non-pulmonary cases on the chest centre register at the end of 1960; these figures relate only to the City of Carlisle, but the last column relates to the total number of cases in the three local authority areas.

TABLE 11.

Clinic Register as at the end of 1960 — City of Carlisle.

RESPIRATORY															NON-RESPIRATORY					TOTALS			Grand Total	No. on Register for the whole of the East Cumb. area				
M	W	Ch	M	W	Ch	M	W	Ch	M	W	Ch	M	W	Ch														
A (1) No. of notified cases of T.B. on Register 1-1-60 ...																		323	317	39	16	40	12	339	357	52	748 (759)	1450 (1491)
(2) Transfers in from other areas during the year ...																		8	5	—	—	—	—	8	5	—	13 (13)	42 (34)
(3) Cases lost sight of which returned during the year ...																		—	1	—	—	—	—	—	1	—	1 (—)	6 (—)
B No. of cases diagnosed as T.B. during the year :—																		13	15	5	1	4	1	14	19	6	39 (49)	61 (95)
T.B. minus ...																		8	5	—	1	5	—	9	10	—	19 (18)	31 (42)
T.B. plus ...																		352	343	44	18	49	14	370	392	58	820 (839)	1590 (1662)
Total of A & B ...																												
C No. of cases in A & B written off Register during the year :—																		10	18	1	2	3	3	12	21	4	37 (60)	71 (130)
1. Recovered ...																		16	5	—	—	—	—	16	5	—	21 (12)	35 (28)
2. Died (all causes)																		16	14	1	1	—	2	17	14	3	34 (16)	63 (42)
3. Removed to other areas ...																		3	1	—	—	1	—	3	2	—	5 (3)	8 (12)
4. Other reasons ...																		45	38	2	3	4	5	48	42	7	97 (91)	177 (212)
Totals of C ...																												
D No. of notified cases of T.B. on Clinic Register on 31-12-60																		309	305	40	15	45	9	324	350	49	723 (748)	1413 (1450)

Table 12 relates to pulmonary tuberculosis only and gives respectively the number of new cases, quiescent cases, and the number of resistant cases on the registers at the chest centre at the end of 1960.

TABLE 12.

	In Hospital			At Home						Negative			Total
				Still positive			Formerly positive						
							neg. at end 1960						
	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	
No. of active cases	14	14	1	2	1	—	17	6	—	31	17	5	108
No. of quiescent cases										547	532	53	1132
No. of resistant cases	1	—	—	2	1	—							4

The regimen of treatment remains unaltered. Bed rest initially with intensive combined chemotherapy results in cure in the vast majority of new cases. Resection is reserved for persistent foci which fail to resolve with chemotherapy alone but the numbers referred for surgery show a progressive decline.

Tubercle bacilli are mainly spread by patients with chronic cavitating disease and resection of any such cavities preceded and followed by adequate chemotherapy not only results usually in complete cure of the patient but is very valuable as a public health measure. The small number of cases still positive and resistant to the main antibiotic armamentarium remains a difficult problem. Of the four cases noted in Table 12 three have already had major thoracic surgery and all have had intensive combined chemotherapy. All four are in such a state that further surgery cannot be contemplated and one is forced to persist with a combination of antibiotics which we know are not so potent as Streptomycin with Isoniazide and Paramisan.

One accepts it as a fact today that all strains isolated are of the human type. The whole of England has been an attested area with all herds free from tuberculosis since 1st Oct., 1960, and our local area of Cumberland and Westmorland has been free for a considerably longer period of time. The completion of the eradication plan has undoubtedly been a considerable achievement on the part of the veterinary services.

Chronic cavitating pulmonary disease is either the result of an overwhelming infection or a particularly virulent strain of bacilli. In the East Cumberland area the risk of infection is falling, the population in general is a well-nourished population and it appears that strains of tubercle bacilli of attenuated virulence are unable to establish sufficient chronic cavitating disease to survive.

There is no question but that, clinically, bed rest is of proved value initially in the treatment of pulmonary tuberculosis. It remains a difficult matter to decide on the length of the period of bed rest in each individual

case. In very active tubercle with cavitation it is beneficial and cavities tend to close, just as bed rest tends to promote the rate of healing in cases of peptic ulcer. No hard and fast rule, however, can be given. Venous thrombosis and pulmonary emboli can make lying in bed a hazardous occupation. Each case has therefore to be judged on its own merits.

We continue to use combined chemotherapy, i.e. two or more drugs at the same time because of the risk of developing resistant strains of tubercle bacilli. Recently there has been in the international field considerable advocacy for using Isoniazide alone to control pulmonary tuberculosis; such pressure has been particularly acute in both America and India. There is some evidence to suggest that the use of Isoniazide and Paramisan together in pulmonary lesions of doubtful activity makes the possibility of a relapse less likely than with similar cases who do not receive any therapy. Isoniazide has been used itself in various areas for the treatment of patients whose only evidence of tubercle is a positive Mantoux test, but there is no valid evidence that this procedure is worth while. An impressive series of control studies carried out by the Medical Research Council leaves no doubt as to the value of combined therapy.

As indicated, the need for surgical resection is diminishing in tubercle. This is not surprising; many of the cases submitted to the surgeon during the past five years were patients who first came under treatment prior to 1950/51 when our drug regimen was much less effective than it is today. As a result, many of these patients who also had collapse therapy, had residual foci which failed to resolve, hence the need for resection. Many of these cases too had residual cavitating disease occupying the greater part of a lobe. Today it is unusual, after a reasonable period of satisfactory and intensive combined chemotherapy, for a patient to have a residual active focus occupying more than a small segment of a lobe. The vast majority of the cases referred to the surgeon today only require segmental resection. It is essential to continue with chemotherapy for some time after the completion of hospital treatment, and this specialised aftercare, which may last 15 months or two years is most important in order to prevent any probability of a relapse.

Although the number of new cases of non-pulmonary tuberculosis coming to our notice is small, I should like to draw attention to the fact that of the 20 new cases no less than 6 are cases of genito-urinary tubercle; indeed this figure has not shown any decrease over the past five years. Until intensive combined chemotherapy was introduced the standard treatment for renal tubercle was nephrectomy, and, as in other major operations in tuberculous patients in pre-chemotherapy days, the operation carried a high mortality. Now, with intensive combined chemotherapy the tendency, in the vast majority of these patients, is towards complete cure just as in the treatment of pulmonary tuberculosis. Surgery is resorted to less and less, and is only indicated when there is persistence of tubercle bacilli. The full regimen of combined chemotherapy is therefore carried out for renal tubercle as it is carried out for pulmonary tuberculosis.

CONTACT EXAMINATIONS

Contact work has been continued as in previous years, and Table 13 shows the number of new contact examinations at the chest centre, and the number of these contacts who have been diagnosed as suffering from active tuberculous disease for the past five years.

TABLE 13.

No. of NEW contacts seen				No. of contacts diagnosed as tubercle		
Year	Carlisle City	Cumbl'd East Div.	North Westl'd	Carlisle City	Cumbl'd East Div.	North Westl'd
1955	1383	1126	186	3	5	—
1956	1180	920	180	4	4	—
1957	1522	1126	112	9	5	—
1958	1277	986	187	11	3	—
1959	1474	1152	103	4	6	—
1960	1115	906	166	6	—	3

Table 14 shows the number of contacts and hospital staff who have been vaccinated with B.C.G. vaccine over the same period. Our contacts continue to be routinely examined either at the chest centre or at the mass radiography units, and this is particularly important where the initial Mantoux test has been positive.

TABLE 14.

Year	East Cumberland		Carlisle City		North Westmorland		Hospital Staff	
	M	F	M	F	M	F	M	F
1955	54	51	58	67	5	4	2	24
1956	38	46	40	62	1	5	—	27
1957	74	69	77	84	5	4	—	34
1958	79	76	99	86	7	7	3	45
1959	77	79	86	82	4	4	1	49
1960	43	57	75	75	8	12	14	25

Although at the chest centre we are concerned chiefly with the examination and B.C.G. vaccination of contacts and hospital staff, very close liaison is maintained with the schemes of the three local authorities whereby all school leavers, having a negative Mantoux test, are vaccinated with B.C.G. vaccine; some of these vaccinated children fail to convert and they are referred to the chest centre for retesting and if necessary re-vaccination.

In addition the City of Carlisle commenced to Mantoux test all school entrants aged 5/6 in 1954, and those found to be positive have been referred to the chest centre for full family investigation in order to discover, if possible, the source of the infection.

Table 15 gives the number of school entrants whose parents consented to Mantoux testing, in the City area from 1954, and the number of those children who have been found to be Mantoux positive and referred to the chest centre. The table also shows for each year the number of new cases of pulmonary tuberculosis discovered directly as a result of this enquiry. Twelve new cases of active tuberculosis have been discovered as a result of the investigation of approximately 150 Mantoux positive children and so confirms the suggestion that this is indeed a profitable case finding measure.

TABLE 15.

	1954	1955	1956	1957	1958	1959	1960	Totals
No. of children Mantoux tested ...	263	824	641	701	583	609	592	4213
No. of such children found to have a Pos. Mantoux test ...	13	35	25	26	16	15	28	158
No. of NEW cases of active tubercle discovered after investigation of Mantoux Pos. Children and Families ...	4	1	—	1	2	2	2	12

HOSPITAL FACILITIES, WAITING LISTS AND REHABILITATION

There is no waiting-list for the admission of cases of tuberculosis to hospital or to the thoracic unit.

Rehabilitation panels continue to be held at monthly intervals.

OTHER CHEST DISEASES

NEOPLASMS

Table 16 shows the number of new cases of lung cancer seen at the chest centre in 1960. The small decrease in this figure compared to 1959 gives no reason for optimism as the survival rate from the disease remains poor and the treatment remains inadequate.

TABLE 16.

	City of Carlisle		Cumberland East Div.		North Westmorland		Totals
	M	F	M	F	M	F	
No. of new cases in 1960	27	4	15	5	3	—	54
No. of 1960 cases unfit for surgery	20	4	13	5	3	—	45
No. of new cases :							
1959 ...	22	4	22	9	2	—	59
1958 ...	21	6	23	4	4	1	59
1957 ...	18	5	7	4	3	—	37
1956 ...	16		11		2		29
1955 ...	8		12		1		21

Advanced local disease with or without spread to other areas, or a poor cardio-respiratory reserve excludes surgery for the vast majority of new cases. In those accepted for surgery there is no delay in their admission to the thoracic unit.

The therapy of those not submitted for surgery is largely palliative and symptomatic. Deep x-ray therapy is valuable in that it relieves pain and arrests haemoptysis in approximately 75% of patients. The three-year survival rate of such cases is under 10% and upper lobe lesions seem to do rather better than those situated in lower lobes. The chances of longer survival are also much greater with squamous-celled carcinoma than with anaplastic-celled carcinoma. Some cases submitted to deep x-ray therapy show a very considerable regression of the tumour mass with improvement in the patient's general condition, and, particularly by clearing the bronchi, in the function of the affected lung. On the other hand some patients do not respond at all, partly because the tumour is insensitive and probably more likely because there has been earlier dissemination of the malignant cells to other areas of the body.

Although more effective oral nitrogen-mustard drugs are becoming available for use in bronchial carcinoma, the fact that newer preparations are always being introduced bears out our view that chemotherapy so far in pulmonary cancer has little or no effect on the survival rate. No-one is satisfied with our present drugs. One of the chief difficulties with drugs of the nitrogen-mustard group is that drugs dissociate with release of the active components as soon as the drug is dissolved in water. The problem would be to prepare a compound that would be activated only at the site of the tumour and could be suspended in stable solution if given parentally, and could also be given orally.

BRONCHIECTASIS

Table 17 shows the number of cases of bronchiectasis on the active register at the chest centre and attending for physiotherapy. This table also shows the number of new cases of bronchiectasis seen over the past five years.

TABLE 17.

	City of Carlisle	Cumberland East Div.	North Westmorland	Total
No. of cases of bronchiectasis on Register at 1-1-61	143	132	24	299
New cases diagnosed in :—				
1960	26	16	4	46
1959	16	16	6	38
1958	23	19	2	44
1957	23	18	5	46
1956	18	19	1	38
1955	25	12	2	39

The results of physiotherapy in bronchiectasis are good providing one has the fullest co-operation from the patients or from the patient's parents. The tendency is for fewer cases to be submitted to the surgeon. Minor unilateral cases all do well with physiotherapy alone, and if the latter is adequately carried out patients can become almost symptom free and not require surgery. Bilateral cases on the other hand, if not responding adequately to physiotherapy, would require bilateral surgery with the inevitable risk of respiratory crippling. Indications for surgery, therefore, in bronchiectasis have become narrower and rather more clear cut than they were ten years ago.

BRONCHITIS, ASTHMA, ETC.

Other conditions such as bronchitis, asthma and emphysema require the help of the physiotherapist. In this country chronic bronchitis still causes more unemployment and sickness than any other single condition. In addition, many men continue at work even in spite of considerable disablement, particularly those employed in light sedentary occupations. The problem for the chronic bronchitic over the age of 50 is an acute one. Physiotherapy is of undoubted value; patients feel that something active is being done for them, and if at the same time appropriate medical treatment is given to combat the frequent intercurrent infections which they get, most are able to continue satisfactorily at work.

MASS RADIOGRAPHY

(Note: Figures given in brackets throughout the report relate to the corresponding figures for 1959).

The Mobile Unit was fully operational throughout the twelve months. The Unit vehicles were overhauled by the Ministry of Supply during the month of June and during this period we arranged for the Unit to operate at 1, Brunswick Street, Carlisle. The Static Unit at the M.M.R. Base began operating on the 18th January, 1960, and continued throughout the year with two half day sessions weekly. The figures given in the report relate to the work of both units.

GROUPS EXAMINED

In addition to carrying out surveys at works and factories, surveys of the general public were carried out on 57 occasions. 1,627 (2,104) contact cases were x-rayed, 859 from the East Cumberland area and 768 from West Cumberland.

RESULTS

38,746 (44,554) persons were examined by the Units during the year. These included 276 inmates of Dovenby Hall Hospital. Patients at Garlands Hospital are no longer examined by the Unit. Excluding the mental patients 38,470 (43,482) persons were examined.

Number recalled for full sized x-ray film

— 2,330 — 6.01% of total examined
(2,348 — 5.27%)

Number referred for clinical examination

— 415 — 1.07% of total examined
(499 — 1.12%)

Number failing to attend for full sized film

— 96 — 4.12% of those recalled
(141 — 6.00%)

Table 18 shows the number of abnormalities revealed during 1960 throughout the whole of the Special Area. I would point out that all figures in the tables which follow refer to abnormalities found on large film examination. Many abnormalities are noted on miniature film which either require no further investigation or are consistent with the patient's age and do not require therapy. Many cases of inactive tubercle come within this category. These miniature film abnormalities are not included in the tables.

TABLE 18.

	No. of cases found	Percentage of total examined
ABNORMALITIES REVEALED		
(1) Non tuberculous conditions :		
(a) Bronchiectasis	28 (52)	.07 (.12)
(b) Pneumoconiosis	54 (74)	.14 (.17)
(c) Neoplasm	26 (17)	.07 (.04)
(d) Cardiovascular conditions	140 (280)	.36 (.63)
(e) Miscellaneous requiring investigation	37 (39)	.10 (.09)
(2) Pulmonary Tuberculosis		
(a) Active	39 (45)	.10 (.10)
(b) Inactive requiring supervision	32 (64)	.08 (.14)
(c) Active (Previously known)	— (2)	— (.005)

Table 19 gives a detailed analysis of the work of the Units, with the work of the Mobile Unit divided into the East and West Cumberland areas.

TABLE 19.

Source of Examination	STATIC UNIT CARLISLE				MOBILE UNIT															
					EAST CUMBERLAND				WEST CUMBERLAND											
	Doctors' Cases	Contact Cases	Students 15 years and over	General Public	TOTALS	Doctors' Cases	Contact Cases	Students 15 years and over	School Staff	General Public	Surveys	Mentally Defective patients	TOTALS							
Miniature Films	1,567	196	10	645	2,418	24	663	1,376	200	9,924	7,827	20,014	42	768	994	31	7,262	6,941	276	16,314
Large Films	368	16	—	113	497	5	45	59	5	639	456	1,209	11	74	13	2	326	191	7	624
Clinical Examinations	109	4	—	19	132	4	11	5	1	106	52	179	1	7	2	—	65	28	1	104
Active Tuberculosis	9	—	—	—	9	—	—	1	—	8	3	12	1	3	—	—	11	2	1	18
Inactive Tuberculosis requiring supervision	5	1	—	1	7	—	—	—	—	2	2	4	—	1	—	—	12	7	1	21
Bronchiectasis	6	—	—	1	7	—	1	—	—	4	7	12	1	1	—	—	3	3	1	9
Neoplasms	13	—	—	1	14	1	—	—	—	2	2	5	—	1	—	—	3	3	—	7
Pneumoconiosis	—	—	—	—	—	—	—	—	—	1	1	2	—	9	—	—	40	3	—	52
Cardiac Conditions	8	1	—	3	12	—	1	—	1	84	22	108	—	3	—	—	13	7	—	23

Table 20 gives the relative figures as between East and West Cumberland for the past eight years.

TABLE 20.

Year	EAST CUMBERLAND						WEST CUMBERLAND					
	Active Tuberculosis	Inactive Tuberculosis	Neoplasms	Cardiac Conditions	Bronchiectasis	Pneumoconiosis	Active Tuberculosis	Inactive Tuberculosis	Neoplasms	Cardiac Conditions	Bronchiectasis	Pneumoconiosis
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
1959	33	40£	13	241	37	3	14	24£	4	39	15	71
1960	21	11£	19	120	19	2	18	21£	7	23	9	52

£ Requiring supervision.

Table 21 refers solely to new cases of pulmonary tuberculosis seen in East Cumberland.

TABLE 21.

Year	No. of new cases	Number with positive sputum	Percentage of new cases with positive sputum	No. of new cases referred by M.M.R.	Percentage of new cases referred by M.M.R.	Percentage positive sputum cases found by M.M.R.
1953	140	45	32	52	37	20
1954	170	56	33	36	21	13
1955	139	42	30	43	31	21
1956	125	39	31	39	31	18
1957	125	42	34	33	26	29
1958	117	32	27	29	25	9
1959	116	31	27	28	24	6
1960	72	28	39	21	29	18

The number of new cases of pulmonary neoplasm coming to our notice during 1960 and the preceding years is shown in Table 22 which again refers to East Cumberland.

TABLE 22.

	1954	1955	1956	1957	1958	1959	1960
No. of cases of neoplasm seen at Chest Centre	16	21	29	38	59	59	54
No. discovered by M.M.R.	6	10	8	7	10	13	19

COMMENTS

Mass Radiography continues to be an important facet in our case finding measures both in pulmonary tuberculosis and lung cancer. The static unit is largely concerned with the examination of patients with symptoms referred by their own doctors and as a result the work of this unit is proportionately more valuable.

Both units have operated continuously throughout the year and with its wide coverage one would have expected a much higher response in the communities surveyed than we do actually get. One is indeed lucky to carry out a survey and secure a 75% response.

Even with such a figure, however, there is strong evidence suggesting that the prevalence of both tuberculosis and lung cancer is higher in the 25% who do not accept mass radiography examination. An annual x-ray examination for every adult is surely not unreasonable and would be of invaluable benefit not only to the patient but to his relatives and friends. Unfortunately persistent efforts to get this hard core of non-attenders through the Unit bears little fruit and the final result is not commensurate with the effort and the cost involved. Apathy is difficult to combat and the decline in the reservoir of tuberculous infection in the community probably accentuates the feeling of security in people who consequently do not pass through the Unit.

The high pick-up rate of both tuberculosis and lung cancer in the static unit is to be noted. The majority of the examinees are patients with pulmonary symptoms referred by their own doctors. In view of the marked preponderance of both diseases in males over the age of 45 it is strongly suggested that doctors in the Carlisle area should refer all such persons for at least annual examination no matter how trivial or vague their symptoms may be.

Both units were operated during the latter 6 months of the year with unqualified technical staff and technical standards have been maintained at the usual level. The mobile unit is being converted to a 100 m.m. unit this year and considerable alteration to the van is also anticipated in order to make the mobile unit more fully mobile. We had anticipated carrying out further street surveys during 1960 but as such surveys are very difficult with the van as it is built at present we have delayed carrying out the street surveys until after the modification of the van. Present figures show a larger pick-up rate in the City of Carlisle than elsewhere in the Special Area and it is anticipated that the first of these street surveys will be arranged for a section of the City.

ACKNOWLEDGEMENTS

It is again a pleasure to acknowledge the valuable help in our work from the City Public Health Department, and I would express my sincere thanks to Dr. Rennie and the Health Visitors for their continued valuable co-operation.

W. H. MORTON,

Consultant Chest Physician.

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

SERVICES PROVIDED UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946 AND MENTAL HEALTH ACT, 1959

The services provided by the Local Health Authority under this Act are preventive in nature or aimed at the alleviation of medico-social conditions where prevention is not possible. They, together with the services provided by Executive Councils and Hospital Boards, form the comprehensive medical service envisaged under the Act. Unlike the other two undertakings the Local Health Authority services are financed to a very considerable extent out of local rates and capital monies have for the most part to be obtained on the open market. When new capital works are required for the Local Health Services and the Ministry issues loan sanction, the Authority merely receives permission to raise loans at a specified time and no capital monies are actually provided by the Government. The public frequently loses sight of these financial problems which Local Authorities have constantly to face.

CARE OF MOTHERS AND YOUNG CHILDREN

The total births notified in accordance with Section 203 of the Public Health Act, 1936, was 2,008. This figure included 710 born to parents who normally lived outside the City. Of the 1,298 City births there were 1,266 live births and 32 still births. Reference has already been made to these in Section 1 of this report.

ANTE-NATAL CLINICS

In previous reports it has been stressed that practically every woman having a domiciliary confinement had booked a doctor. The attendance of a Medical Officer at the Council's Clinic was not only redundant but could give rise to misunderstanding as to responsibility in regard to a patient's treatment. With the agreement of local practitioners and consultant obstetricians the Medical Officer was withdrawn from the ante-natal clinic with effect from September, 1960. The clinic thereafter carried on as a midwives clinic. General practitioners were welcome to arrange for the examination of their patients at the clinic but none availed themselves of this facility.

During the year 304 mothers had domiciliary confinements and almost all attended the ante-natal clinic. The number of patients seen at the clinic was 431 and of this number 339 attended for the first time. The total number of attendances made by expectant mothers was 1,488.

POST-NATAL CLINICS

The relinquishment of ante-natal clinics by the Council's Medical Officers has brought in its train the disappearance of the post-natal work. Neither in the year under review nor in 1959 was a single post-natal examination carried out. These are conducted by family doctors at their own surgeries and close co-operation exists between the Council's staff and the general practitioners. Patients who fail to attend for post-natal examinations are visited, advised and encouraged—I might almost say pressed—to have such very necessary examinations.

The voluntary clinic, run under the auspices of the Family Planning Association, continued its sessions at Eildon Lodge throughout the year.

PROVISION OF MATERNITY OUTFITS

During the year 307 expectant mothers booked for domiciliary confinements were issued with maternity outfits. Additional dressings, when necessary, were provided by the midwives.

CARE OF PREMATURE BABIES

For administrative purposes every child with a birth weight of $5\frac{1}{2}$ lbs. or less is regarded as premature. During the year 84 such babies were born, 67 in hospital and 17 at home. Among the latter 3 infants had to be removed to the premature baby unit at the City Maternity Hospital. At the time of writing a special incubator has just been provided jointly with Cumberland County Council and the Hospital Management Committee for the transport of these infants from home or small hospitals to the premature baby unit.

Close liaison is maintained between the Health Visitors, District Midwives, General Practitioners and hospital staff, and all premature babies are regularly visited by the Health Visitor after the midwife ceases attending or the baby is discharged from hospital. There were 20 premature stillbirths all of which took place in hospital.

CHILD WELFARE CLINICS

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

- (1) Eildon Lodge Clinics—Monday and Thursday afternoons—weekly.
- (2) Upperby Church Hall—Tuesday afternoons—weekly.
- (3) Harraby Church Hall—Tuesday afternoons—weekly.
- (4) Wigton Rd. Methodist Church Hall—Wednesday mornings—weekly.
- (5) St. Mark's Church Hall—Alternate Wednesday afternoons.

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

No of children who attended Centres during the year	2,613
---	-----	-----	-------

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	970
-----------------------	-----	-----	-----	-----	-----	-----	-----

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

1960	...	...	...	...	...	...	...	833
1959	...	...	...	...	...	...	...	750
1955-58	...	...	...	...	...	...	...	1,030

Total number of attendances made by children who attended the Centres—13,275.

DISTRIBUTION OF WELFARE FOODS

The main distribution centre for Welfare Foods is 28, Victoria Place, but these foods were also distributed from peripheral clinics, where various other foods and dietary adjuncts were available for purchase on the recommendation of the Clinic Medical Officer. As from September the Central Office was closed on Monday and Thursday afternoons when these products were available at Eildon Lodge Clinic.

DENTAL TREATMENT PROVIDED FOR EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN

Report by DR. T. W. GREGORY, Principal Dental Officer.

The time devoted to the examination and treatment of the above priority classes by your dental officers has more than doubled that of the previous year, as has, broadly speaking, the amount of treatment carried out. Two innovations have contributed towards this end, plus the appointment of a third full-time dental officer to the staff in September.

The first change, concurrent with the addition to the staff, was that every mother attending the Ante-natal Clinic for the first time had an examination by a dental officer, advice was given, and the importance of treatment stressed where necessary. It was found, often, that the type of expectant mother who cared for the conservation of her teeth had visited a dentist of her choice a number of times since leaving school. If another appointment seemed indicated, she was so advised. There were, however, a number of others who were induced to commence treatment, moreover one felt that the educational value was, although intangible, by no means negligible.

The second change was the commencement in November, for a trial period, of an additional weekly session in the evening for the joint use and convenience of mothers and certain school children. As well as providing an extra session this does, at the time of writing, appear to meet a certain demand, but its continuance awaits the Committee's decision at the appropriate time.

Altogether 160 expectant and nursing mothers were examined and 85 received treatment. Full details of the forms of treatment provided will be found in Table 23, as well as the figures relating to pre-school children. This latter class calls for some comment.

Although amounting to a very small total, the conservative treatment of pre-school children has also more than doubled. We cannot pretend, however, to be giving more than token service in this field. Examining school children a few years older, how often one comes across problems of treatment due, many times, to the premature loss of "baby" teeth. There is room for much development here, but nevertheless the year closes with some progress along the right lines.

TABLE 23.

(a) *Numbers provided with dental care*

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ...	160	143	85	38
Children under Five ...	117	91	78	31

(b) *Forms of dental treatment provided*

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers ...	12	111	1	1	277	37	34	10	2
Children under Five ...	—	35	20	—	111	69	—	—	—

DAY NURSERY

There is only one Day Nursery, namely that at Raffles which provides for 50 pre-school children, including 10 places for children under two years of age. The Nursery is very useful for the day care of children where the mother is in social need of the help which such a centre can afford, and in a few cases where a lonely or difficult child may benefit from association with others of his own age.

NURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948

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

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 is shown in Table 24.

TABLE 24.

1960	Coledale Hall	St. Monica's	Brettargh Holt
Number of mothers	1	1	—
Number of weeks residence . .	12	3	—

The Social Workers of 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 25 were dealt with.

TABLE 25.

Married women expecting illegitimate children	3
Unmarried women expecting children	20
Couples advised re adoption	7
Problems concerning illegitimate children	5
Matrimonial troubles	17

MIDWIFERY SERVICE

There was an increase in the number of domiciliary confinements from 301 to 304. In one case no midwife was booked nor was one present at delivery.

Table 26 shows the number of deliveries attended by district midwives during the year.

TABLE 26.

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	—	—	27	276	303	—
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	1677
Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	—	—	—	—	—
TOTALS ..	—	—	27	276	303	1677

All the domiciliary midwives are qualified to administer analgesics in accordance with the regulations of the Central Midwives' Board and are supplied with Minnitt's gas and air apparatus. This form of analgesia was administered in 250 cases and pethedine in 126 cases.

The midwives summoned medical aid under Section 14 (1) of the Midwives' Act, 1951, on 82 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) continued to act as Supervisor of Midwives up to her retirement at the end of May, after which these duties were undertaken by the new Assistant Medical Officer, Dr. David L. Wilson. The Hospitals were visited 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 practice during the year :—

In Domiciliary Practice

No. who notified intention to practice as Midwives	6
--	-----	-----	---

In Hospitals

No. who notified intention to practise as Midwives	39
--	-----	-----	----

GENERAL PRACTITIONER OBSTETRICIANS

At the end of the year 37 local practitioners were on the list of General Practitioner Obstetricians of the Carlisle Executive Council.

HEALTH VISITING

The Council gave consideration to Ministry of Health Circular 26/59 and the Report of the Working Party on Health Visitors. As a result the following establishment was agreed :—

Superintendent Health Visitor	...	...	...	1 (1)
District Health Visitors (to include Tuberculosis Visitors and School Nurses)	...	...	...	16 (13)
Student Health Visitors	...	...	...	2 (2)
Nurses (without Health Visitor's training)	...	...	...	3 (Nil)

(The figures in brackets indicate the previous establishment).

It was further agreed that the full establishment would not be filled immediately but gradually over a period of five years.

The recruitment of Student Health Visitors has been particularly difficult in recent years and during 1960 and at the time of writing we have none. Fortunately we were able to recruit one well trained Health Visitor who had come to reside in this area.

Like other Health Officers of Local Authorities the Health Visitor has a changing role. While she devotes much time to children she now spends relatively more time on health education at clinics and in the homes, while the visitation of the elderly occupies an increasing portion of her time. The introduction of the new Mental Health legislation is also increasing the scope of her work and while specialist officers are employed it is the Health visitor who enters most homes where there are children and who by help and guidance may prevent future mental ill health.

In order to bring together the curative and preventive services still closer, I arranged for a liaison Health Visitor to be attached to any general practitioner or partnership where this was desired. Only a few practitioners decided to avail themselves of this offer and in these cases the practitioner and the particular Health Visitor have a weekly session for the interchange of information. Other practitioners prefer to ring the Department when they wish the services of a Health Visitor and the Health Visitors also telephone family doctors when the need arises. The following is a summary of the work undertaken by the Health Visitors.

Visits to expectant mothers—

First Visits	...	...	...	...	...	...	...	205
Total Visits	...	...	...	...	...	...	...	387

Visits to children under 1 year of age—

First visits paid by a H.V. after birth of child	...	...	...	1,253
Total Visits	8,035

Visits to children between the ages of 1 and 5—

Total Visits	12,408
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Visits to other cases in respect of—	
Still-births	4
Hospital After-Care Requests	245
Old People (Care and After-Care)	498
Handicapped Children	1
Miscellaneous Visits	583
	<hr/> 1,331 <hr/>

Special reason for visits to children under the age of 5—	
Measles	3
In addition, the Health Visitors paid visits as under :—	
To Child Welfare Clinics	611
To Day Nurseries	13

HOME NURSING

There is little new to report on this service. The district nurses continue to operate from the Home at 5 Brunswick Street and work under the direction of family doctors who give their instructions directly to the nurse or the Superintendent. The evening nursing service started in 1955 has been continued but no night nursing is provided. District Nurses are not paid car allowances but there were four cars available for their use and it is hoped to increase this number. Like other members of the staff, new advances in medicine modify the role of the District Nurse while the erection of housing estates lengthens the journeys she has to make.

During 1960 the district nurses attended 1,199 patients and paid to them 30,489 visits. The following are the types of cases attended :—

Medical	1,049
Surgical	138
Infectious Diseases	—
Tuberculosis	7
Maternal Complications	5
The ages of the patients were :—	
Under 5 years	28
Over 65 years	635
Others	536

VACCINATION AND IMMUNISATION

The protection of individuals, particularly children, against communicable disease by vaccination and immunisation is a very important function of the Health Department. Much administrative and professional time is taken up in the execution of this work.

SMALLPOX VACCINATION

The practice of sending a letter to parents of each recently born child advocating smallpox vaccination has been continued. The parents are given the opportunity of having the child vaccinated by the family practitioner or at the Local Authority's clinic. During the year 36 medical practitioners took part in the Local Authority's scheme and a summary of the work undertaken by them and at the clinics is set out below.

By Practitioners :—	
Primary Vaccinations	707
Re-Vaccinations	184
At Local Authority Clinic :—	
Primary Vaccinations	367
Re-Vaccinations	19
Total Primary	1,074
Total Re-Vaccinations	203

The acceptance rate for vaccinations of children under 1 year of age in the City during the year was 76.25 per cent. Taking the country as a whole this is a fairly satisfactory figure and due credit must be given to the family doctors in the City who carried out most of the work. It should be pointed out, however, that this acceptance rate is not high enough when one considers the possibility of smallpox being imported into the country as a result of air travel. Parents should realise that the risk of complications as a result of vaccination is not nearly as great when vaccination takes place in infancy as when an adult has to receive primary vaccination. The increasing tendency for the public to go abroad, particularly to areas where vaccination is essential, makes it more important than ever that all infants, except those in whose case there is a contra-indication, should have smallpox vaccination.

DIPHTHERIA IMMUNISATION

In addition to your own medical staff 36 general medical practitioners took part in the scheme. In the immunisation of young children it is now customary to use triple antigen which protects the child against whooping cough and tetanus (lockjaw) as well as diphtheria. Once again advice on the immunisation of infants has been left to Health Visitors and family practitioners while the parents of children of school age have also been advised during the course of school medical inspections. The following is a summary of the work done during the year.

		Under 5 years	Five years and over
By Private Practitioners			
Complete Course	... ..	709	21
Re-inforcing Dose	... ..	41	38
At Clinics			
Complete Course	... ..	625	81
Re-inforcing Dose	... ..	72	921

At the end of the year 64.6 per cent. of children under 5 years of age and 93.8 per cent. of children of school age had been immunised at some time during their lives. Table 27 shows the number of children known to have completed a full course of immunisation at any time up to December, 1960.

TABLE 27.

Age at 31/12/60 i.e., Born in Year	Under 1 1960	1-4 1959-56	5-9 1955-51	10-14 1950-46	Under 15 Total
Last complete course of injections (whether primary or booster)					
1956—1960 ..	324	3485	4065	3791	11665
1955 or earlier ..	—	—	462	1342	1804
Estimated mid-year child population 1960	1280	4620	10300		16200

PREVENTION OF TETANUS AND WHOOPING COUGH

Vaccination against tetanus and whooping cough apart from the administration of triple antigen was available at the Council's clinics.

B.C.G. VACCINATION

In Section IV. 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 Craig and Wilson. The number of children dealt with is given below.

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

(i) No. of children skin tested	...	...	...	...	895
(ii) No. of above who gave positive reaction to Mantoux Test					118
(iii) No. who received B.C.G.	...	...	...	...	764

VACCINATION AGAINST POLIOMYELITIS

During the year steady progress continued to be made in the vaccination of all groups. In February, vaccination was authorised for all persons under 40 years of age and a number of sessions were held on evenings and Saturday mornings to cater for such people. The response from this group was disappointing despite publicity in the local press and the distribution of circulars and posters to factories, shops, etc.

Table 28 shows the work done in connection with poliomyelitis vaccination during the year. This includes vaccinations done by general practitioners, who were paid fees amounting to £1,110 during 1960.

TABLE 28.

	Two Injections	One Injections
Children born between 1943-60	1306	263
Young persons born between 1933-42	411	56
Persons under 40 years (born 1932 or earlier)	1730	160
Priority classes	323	46
Total third injections administered		5839
Amount of vaccine issued to Hospitals in the area	—	165 c.c.

In December the Minister of Health announced that from the 1st of January, 1961, general practitioners would be authorised to vaccinate persons not included in the groups under arrangements made by the local health authority. Vaccine for these patients is available through the pharmaceutical service, and the local authority is not required to pay fees to general practitioners for records of such vaccinations.

The Department was asked by the Medical Research Council to take part in the trial of live attenuated poliomyelitis virus vaccine. The parents of 26 Carlisle children agreed to participate in the trial. It is anticipated, however, that it will be some time before the results of the whole of the country will be published. The live attenuated vaccine is administered by mouth and if adopted would reduce materially the number of injections which have to be given to children.

YELLOW FEVER VACCINATION

The clinic premises at 2 George Street were designated by the Minister of Health as a Yellow Fever Vaccination Centre and this service was operated from July. Vaccinations arranged by appointment were carried out at 11 a.m. on Mondays and Thursdays or, in special circumstances, on other days. A charge of twelve shillings and sixpence is made in respect of each vaccination carried out. During the year 43 persons received Yellow Fever Vaccination at the clinic.

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).
- 3 Ambulance/Sitting-case cars (10 seats).
- 1 Ambulance/Sitting-case car (12 seats).

The calls attended, journeys completed and patients conveyed together with the mileage recorded during 1960 are shown in Table 29.

TABLE 29.

	Patients	Journeys	Mileage
City removals to local hospitals	15,542	11,247	30,358
City cases to Distant Locations	607	537	24,345
Other cases to Distant Locations	255	214	6,220
Hospitals to Home (City)	14,633	10,611	27,708
City Hospitals to County Areas	114	93	5,937
County to Local Hospitals	1	1	2
Hospitals Transfers			
(a) City patients	964	741	2,364
(b) Non-City patients	443	344	987
Schools	5,419	550	4,143
Other Journeys	4,680	342	3,593
Emergencies	822	761	3,120
Miscellaneous	4	635	1,344
	43,484	26,076	110,121

PREVENTION OF ILLNESS AND AFTER-CARE

TUBERCULOSIS

Although the Tuberculosis problem is diminishing there is still a considerable amount of after-care to be carried out and the After-Care Sub-Committee met quarterly as in previous years. Assistance was afforded to needy cases under the following headings :—

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

There was not during the year any person who was suitable for and willing to go to special rehabilitation centres.

The School Medical Officers continued the survey of infant school children started in 1954. With the consent of their parents 592 children received Tuberculin (Mantoux) tests. Of these 28 gave a positive reaction and were referred to the Chest Physician for full investigation and a follow-up of their intimate contacts with a view to ascertaining the source of their infection. Further details about this survey are set out by Dr. Morton in Section IV of this report (see page 36).

OTHER DISEASES

The staff of the Department co-operated with hospitals and general practitioners in this work. There is constant liaison between the Health Visitors and the hospital staff in regard to geriatric cases seeking admission to hospital, while the District Nurses made provision for the after-care and treatment when requested to do so by the general practitioner or hospital authority. The Health Visitors paid 743 visits, including 498 to aged persons, in respect of this work.

The follow-up of Venereal Diseases cases in the City was undertaken by Miss Buck, the Group Almoner of the Cumberland Infirmary.

PROVISION OF NURSING EQUIPMENT AND APPARATUS

The number of articles loaned to patients on the request of a doctor, nurse or midwife was 630. A small charge, varying with the value of the article, is made in respect of each piece of equipment issued. There is a number of wheel-chairs which are in great demand during the summer months and there is usually a waiting list, but these are generally returned in the winter and are a cause of difficulty in regard to storage.

CONVALESCENT TREATMENT

Convalescent treatment is provided for persons who have been ill and would benefit by a short holiday. For the most part such people go to Silloth Convalescent Home on the recommendation of their doctor and many of those who seek admission are elderly. Each person is assessed by the Home Help Organiser as to his or her ability to pay for the stay at the Convalescent Home. During 1960, 22 persons were sent for this treatment under the scheme.

HEALTH EDUCATION

The instruction of the public in ways to better health is an important function of the department. Formal lectures have not been a prominent feature of the scheme in Carlisle as this very often attracts the converted rather than those who need the education. Nevertheless talks have been given by members of the staff to Parent/Teachers Associations and other bodies. Courses have been run for food handlers, particularly butchers, at the Technical College and one of your Public Health Inspectors is the instructor. Your staff have helped the teaching staff in regard to hygiene classes run in certain secondary schools.

Individual instruction has been carried out by the Health Visitors at Ante-Natal Clinics, Infant Welfare Clinics and in the homes of the people, while your Medical Officers have used the occasions of routine medical inspections in schools to further this work. The depleted staff of Public Health Inspectors did their best as occasion permitted to promote health education.

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

PREVENTION OF BREAK-UP OF FAMILIES

Any action which prevents the break-up of families and which promotes their harmonious living is a direct contribution to the preventive aspect of mental health. It is very difficult to estimate in concrete terms the achievement of any measures which may be taken in this direction. Your Health Visitors, Social Workers and others all play a part in co-operation with other officers and voluntary bodies to keep family units together, and where a mother takes ill the provision of a full-time Home Help and the admission of young children to the Day Nursery on a priority basis if the father or other relatives can possibly manage with them at home at night is always preferred to having to ask the Children's Department to take them into care.

HOME HELP SERVICE

This is one of the most appreciated services run by the Local Authority. While at first sight it may appear to be a supporting service rather than a preventive one it in fact makes a very considerable contribution to prevention in so far as it enables many old people to attain a degree of independence in their own homes which would otherwise not be possible and in some cases where a mother is stricken with illness or has to enter hospital, the services of an understanding Home Help can keep the family together.

The demands on the Home Help Service continue to increase and at the 31st December, 1960, there were on the staff 3 full-time and 60 part-time personnel, equivalent to a total of 37 full-time workers in addition to the Organiser and her assistant. The number of households helped in 1960 rose to 341. Eighty-six per cent. of the time of the Home Helps was devoted to helping the elderly and the chronic sick and at the time of writing this percentage is going up. These people generally require long term assistance and it is not surprising therefore that with the ageing population there is a steady increase in the demand for the Home Help Service.

MENTAL HEALTH SERVICES

In recent years the importance of mental health has been receiving more and more attention and the Mental Health Act of 1959 is an expression of modern thought on the prevention of mental illness and the care of the mentally ill or subnormal. This Act became fully operative on the 1st November, 1960, and this report will therefore be concerned mainly with the service provided under former legislation and the introduction of the new provisions.

ADMINISTRATION

The City Council's proposals in accordance with the Mental Health Act 1959 were approved during the year and came into operation on the 1st November. These make provision for adequate staff for the community care of the mentally disordered, the development of Junior and Adult Training Centres and Hostels. During the year a Medical Advisory Committee at Garlands Hospital was set up and your Medical Officer of Health and one of the Assistants serve on this Committee. The staff of Garlands Hospital have provided in-post training for your existing Social Workers who now attend the Out-Patients Psychiatric Clinics held at the Cumberland Infirmary.

During the year the Mental Health Sub-Committee, consisting of seven members of the Council, met at least once a quarter. The Council delegated to this Sub-Committee certain functions in regard to patients under the Mental Health Act, 1959, three members of which were to constitute a quorum for these purposes. The Medical Officer of Health and the two Assistant Medical Officers were authorised to receive documents and to sign transfer and other documents in accordance with the Mental Health (Hospital and Guardianship) Regulations, 1960. These officers were also appointed responsible medical officers and were permitted to act as nominated medical practitioners under the Mental Health Act if requested to do so. After receiving guidance from the Consultative Panel set up by the Regional Hospital Board the City Council appointed eleven medical practitioners as Approved Medical Officers under Section 28(2) of the Mental Health Act, 1959; this number included the Council's own full-time medical staff.

The general direction of the Mental Health Service was in the hands of the Medical Officer of Health who had the advice of one Psychiatrist for mental illness and one for mental subnormality when the need arose. He had also the assistance of two full-time Assistant Medical Officers of Health, one Educational Psychologist, one full-time and five part-time Mental Welfare Officers.

The establishment of Social Workers in the department was increased during the year by the provision of a post for a Psychiatric Social Worker. At the time of writing this post has been filled. During the year one Student Assistant Supervisor for the Junior Training Centre attended and successfully completed her training with the National Association for Mental Health and obtained the Association's Diploma. Members of the Health Visiting staff have attended courses on mental health work conducted by the Royal College of Nursing.

MENTAL SUBNORMALITY

The advent of the Mental Health Act, 1959, did not produce over-night any revolutionary change in the service which was provided for the sub-normal.

Table 30 shows details of cases recorded during the period 1st January to 31st October, 1960.

TABLE 30.

1. ASCERTAINMENT.

	Male.	Female.	Total.
Cases reported by Local Education Authority on children :			
1. While at School or liable to attend School	4	2	6
2. On leaving special Schools	1	1	2
3. On leaving ordinary Schools	3	—	3
Total number of cases reported	8	3	11

2. DISPOSAL OF CASES REPORTED

	Male.	Female.	Total.
Cases ascertained as "subject to be dealt with" placed under Statutory Supervision	8	3	11

Statutory supervision came to an end on the 31st October but voluntary or informal supervision has been continued in respect of all patients. During the year the Mental Welfare Officers (formerly Mental Health Workers) paid 1,785 visits and 38 home circumstances reports were supplied to hospital authorities in respect of patients on licence, contemplated licence or holiday.

MENTAL ILLNESS

The nomenclature of mental illness was changed and the procedures for admission to hospital were greatly altered as from the 1st November. Between 1st January and 31st October the Duly Authorised Officers dealt with 83 patients as shown below.

1. Number who consented to go as voluntary patients	45
2. Number admitted on a Three Day Order	25
3. Number dealt with by a Summary Reception Order (including 4 cases also shown in 2. above)	13
4. Number considered unsuitable for admission to hospital	4

From 1st November to the end of the year the Mental Welfare Officers (part-time) dealt with 4 informal admissions to hospital. Although the number of patients they attend has fallen experience shows that the time occupied in arranging the admission of individual patients has increased.

Before the end of the year the Social Workers of the Department had begun to take over some of the after-care work in respect of the mentally ill but it will be some time yet before the impact of the new legislation is fully felt in the department.

Table 31 shows the cases of all classes of mental disorder under supervision by the Authority's staff at the end of the year.

TABLE 31.

[illegible]

TRAINING CENTRES FOR THE SUBNORMAL & SEVERELY SUBNORMAL

In 1952 you opened a Training Centre which was primarily concerned with children under 16 years of age but which accepted young adults. It flourished and eventually catered for people of all ages.

During 1960 it was decided to develop an adult Training Centre and to this end a Male Supervisor was appointed and took up duty in September. From then onwards the adult males were given instruction in carpentry, brick-laying and gardening in addition to the usual pursuits of rug-making, basketry, etc. In October the hours of work for the adults were extended to be more in line with industrial practice and they no longer had school holidays. The Adult Centre was and still is conducted within the buildings of the Junior Centre, both centres working harmoniously together. At the end of the year there were 53 persons attending the Centres. It is realised that this joint use of a temporary building cannot possibly cater for this expanding service and plans are being made to erect Centres.

An "Open Day" was held in July when members of the City Council and parents had an opportunity of viewing an exhibition of the work done by the trainees. The official opening was performed by His Worship the Mayor, Alderman T. Souness.

In December the Supervisor of the Junior Centre, which included the adult women, Mrs. Ruth J. Treacher, resigned and at the time of writing Miss Elizabeth Margaret Scott has been appointed to this post. It is with regret that I have to record the death in December of Mrs. Elizabeth H. Dand, the original Supervisor. Mrs. Dand, who was a trained teacher, commenced duty on 1st January, 1950, as a peripatetic instructor and was responsible for organising the Training Centre when it first opened. Most of the success attained in the Centre must be ascribed to her ability and enthusiasm.

The Training Centres not only provide instruction in the art of living for the subnormal but offer craft instruction for those able to profit thereby and in the case of young children suffering from severe subnormality afford a very great measure of relief to parents who might find supervision all day and every day an almost intolerable burden.

PLACEMENT IN WORK

The placement of subnormal adults, where at all possible, in open industry, has been one of the most important lines of policy adopted in the department. Your Mental Welfare Officer who is specially responsible for the subnormal has at all times used her best endeavours to place young people in the most suitable employment though in recent times placement has been more difficult. In December I wrote to a number of the principal employers of labour in the City requesting them to receive the Mental Welfare Officer and a number of visits were paid and at the time of writing several employers of labour or Personnel Officers have visited the Training Centre to see the work carried out there. As a result several young people have been placed in employment in open industry. The successful placement of the subnormal in employment contributes materially to their self-esteem and forms a not unimportant part of their supervision. It is, incidentally, of considerable financial benefit to the community.

WELFARE SERVICES, etc.

GENERAL PROVISION OF HEALTH AND WELFARE SERVICES, Etc.

WELFARE SERVICES

ADMINISTRATION

The City Welfare Services are run in the combined Health and Welfare Services Department, the Medical Officer of Health being the Chief Welfare Officer. Apart from the fact that he is responsible to the Welfare Services Committee for this work there is no distinction within the department as regards services provided under the National Assistance Act and those provided under the National Service Act of 1946 and the Mental Health Act of 1959. This close integration of work and staff undoubtedly effects saving in man-power and money to the Corporation although the multiplicity of duties, while providing variety, does place a strain on the staff.

ACTION UNDER SECTION 47 OF THE NATIONAL ASSISTANCE ACT, 1948 AND THE NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

In January an elderly lady was found to be living in insanitary conditions and was not able to devote to herself, nor was she receiving, adequate care and attention. She refused to enter residential accommodation of her own volition and it was necessary to remove her compulsorily in accordance with the National Assistance (Amendment) Act, 1951, to Part III Accommodation at Barn Close. A further Order under the 1948 Act was made but before the expiry of this Order the lady was transferred to Garlands Hospital.

RESIDENTIAL ACCOMMODATION

The demand for residential accommodation for the aged, and particularly those with senile symptoms who did not require hospital treatment, continued to rise. Aglionby Grange, a former residential children's nursery, became surplus to requirements and the Welfare Services Committee took it over from the Children's Committee and adapted it as a Home for 23 aged persons of both sexes. By the end of the year furnishing had been completed and a Warden and Matron had taken up their duties.

The Local Authority by the end of the year had the following Homes :—

Barn Close—with modern adaptations which could accommodate 50 persons.

Lime House—which has an official capacity for 29 persons but which has frequently 34 residents.

Stanwix House—held on a temporary basis, which can at the most take 20 residents. This house is run in liaison with Barn Close, adjacent to which it is situate.

Aglionby Grange—for 23 handicapped aged persons of both sexes.

By the end of the year the City Council had, since the end of the War, provided 1.7 places per 1,000 of the population in residential homes for the aged.

Table 32 shows the number of persons admitted and discharged and the average daily occupancy during the year of the Council's Homes and of establishments of other Authorities which are providing accommodation for City cases.

TABLE 32.

	Total at 31/12/59		Admitted during Year		Discharged during Year		Total at 31/12/60		Average Daily Occupancy
	M.	F.	M.	F.	M.	F.	M.	F.	
Barn Close ...	11	34	15	34	14	29	12	39	48.63
Lime House ...	28	12	7	8	12	6	23	14	37.25
Stanwix House ...	—	—	29	13	17	4	12	9	18.78
Home for the Blind ...	1	—	—	—	—	—	1	—	1.00
Part III Accommodation provided by Other Local Authorities ...	5	3	—	1	—	3	5	1	7.07
	45	49	51	56	43	42	53	63	112.73

TEMPORARY ACCOMMODATION

The demand for temporary accommodation continued during the year but I regret to report that it was not possible to acquire a suitable property for this purpose.

Table 33 shows the number of admissions to and discharges from temporary accommodation during the year and the average daily occupancy.

TABLE 33.

	Total at 31-12-59			Admitted during year			Discharged during year			Total at 31-12-60			Average Daily Occu- pancy
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Coledale Hall	—	1	2	—	20	7	—	21	9	—	—	—	0.61
Stanwix House	—	—	—	—	1	3	—	1	3	—	—	—	0.68
Lime House	—	—	—	—	1	—	—	1	—	—	—	—	0.001

It will be noted that a mother and three children were admitted to Stanwix House, a Home for aged people. This would appear to require some explanation. The mother and three boys, including one handicapped child, lived in a house adjacent to one which was demolished under the Housing Acts. As a result of the demolition cracks developed in the family's house and during a spell of bad weather it became impossible to remain in the house. The family were admitted to Stanwix House until the Local Authority provided them with a Council House. The children were housed in a room in part of the building away from that occupied by the old people.

WELFARE OF THE BLIND

ASCERTAINMENT

During the year 13 cases were referred to the Consultant Ophthalmologist. Eleven cases were classified blind and two partially sighted.

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 34 shows the recommendation so made and the result.

TABLE 34.

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	5	—	5
(b) Treatment (Medical, surgical or optical)	1	—	—	1
2 Number of cases at (1) (b) above which on follow-up action have received treatment	—	—	—	—

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

Although 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, there were no newly registered blind cases during the year who qualified for such a course.

OPHTHALMIA NEONATORUM

As indicated on page 23 one case of ophthalmia neonatorum in a City child was notified. The condition cleared up satisfactorily without any impairment of vision.

REGISTER OF THE BLIND AND PARTIALLY SIGHTED

At the end of the year there were 105 registered blind persons and 20 partially sighted persons residing within the City. Table 35 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 35.

	<i>Blind</i>		<i>Partially Sighted</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
On Register at 31st Dec., 1959 . . .	43	58	15	9
Removed from Register during year	6	4	3	1
Admitted to Register during year . . .	7	7	—	—
On Register at 31st Dec., 1960 . . .	44	61	12	8

The distribution of cases on the Register at 31st December, 1960, by age and sex is shown in Table 36 and the occupations shown in Table 37.

TABLE 36.

Age Group	Blind		Partially Sighted	
	M.	F.	M.	F.
0 — 4	—	—	—	—
5 — 10	1	—	—	1
11 — 15	—	1	—	—
16 — 20	1	1	2	—
21 — 29	3	4	—	1
30 — 39	1	1	1	—
40 — 49	5	7	2	—
50 — 59	3	7	3	1
60 — 64	—	3	—	—
65 — 69	7	8	—	1
70 — 79	14	13	2	2
80 — 84	7	8	—	2
85 — 89	2	5	2	—
90 and over	—	3	—	—
Age unknown	—	—	—	—
	44	61	12	8

TABLE 37.

	M.	F.
Children aged 2—4		
Educable at home or elsewhere	—	—
Children aged 5—15		
Educable—attending special school for the blind	1	1
16 years and upwards		
At school 16—20	—	—
Employed—		
In Workshops for the Blind	9	2
Employed elsewhere	2	1
As Approved Home Workers	—	—
Undergoing Training—		
For sheltered employment	—	—
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)	—	—
(e) In sheltered employment (without training)	—	—
(f) In open employment (without training)	—	—
(2) Not available for work—		
16—59	—	14
60—64	—	3
(3) Not capable of work—		
16—59	2	3
60—64	—	—
(4) Not working—65 and over	30	37
	32	57

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 continued to provide sheltered employment for City Blind persons in the Workshops at Petteril Bank Road, Carlisle. Difficulty in trading was once again experienced by the Workshops which resulted in a further loss. Financial aid was given by the City Council.

Table 38 shows the number of City Blind and Partially Sighted Persons in the Petteril Bank Workshops at 31st December, 1960.

TABLE 38.

	<i>Blind</i>				<i>Partially Sighted</i>			
	<i>Employed</i>		<i>Undergoing Training</i>		<i>Employed</i>		<i>Undergoing Training</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Chair Caner	—	—	—	—	—	—	—	—
Chair Seater	1	—	—	—	—	—	—	—
Basket Worker	1	—	—	—	—	—	—	—
Brush Maker	2	—	—	—	—	—	—	—
Firewood Workers	4	—	—	—	—	—	—	—
Bedding								
Mattress Making	1	—	—	—	—	—	—	—
Knitting Machine	—	2	—	—	—	—	—	—
	9	2	—	—	—	—	—	—

WELFARE OF THE DEAF

The Carlisle Diocesan Association for the Deaf 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, 1960, 61 deaf persons. Table 39 shows the classification by age and sex.

TABLE 39.

	<i>M.</i>	<i>F.</i>
Children under 16 years	7	3
Persons aged 16-64 years	23	20
Persons aged 65 years and over	22	6

OTHER HANDICAPPED PERSONS

At the end of the year there were 99 persons registered under the Council's Scheme for Other Handicapped Persons.

Table 40 shows the number on the Register at the 31st December, 1960, by age and sex.

TABLE 40.

	<i>M.</i>	<i>F.</i>
Children under 16 years	—	—
Persons aged 16-64 years	37	47
Persons aged 65 years and over ...	5	10

Of the persons registered—

9 are suffering from cerebral palsy.

5 are epileptics, and

7 are the victims of poliomyelitis.

In accordance with the Council's scheme the Handicapped Persons' Club established in 1958 continued its weekly meetings. Theatre visits, outings and a Christmas Party were arranged by the Social Worker. A system for the exchange of library books was introduced and proved popular with handicapped persons. A new innovation was a diversional therapy class which was held once a week in the Y.M.C.A. building, Fisher Street. This class provided material and instruction for those handicapped people requiring diversion rather than specific occupational therapy. Although the numbers were small this new innovation has satisfied another need. Particular mention must be made of help afforded by many local voluntary bodies.

During the year a number of requests from handicapped persons were dealt with in respect of the supply of aids and help with adaptations in their homes. The Council arranged for and carried out works of adaptation to one house to enable the erection of a garage to accommodate an invalid carriage. In two instances internal adaptations were arranged and carried out by the Council, while ramps were provided by the Council to three houses. Persons receiving such assistance are expected to contribute to or pay for the adaptations if they have adequate means and to this end the Council has adopted a special scale for the assessment of individual persons.

Occupational Therapy services continued to be provided by the East Cumberland Hospital Management Committee on an Agency basis. During the year 12 handicapped persons received occupational therapy, one of whom was visited in his own home.

SHELTERED EMPLOYMENT AND TRAINING

The training of one man in basket making at the local Workshops for the Blind continued during the year and a young woman continued her employment in that establishment.

EPILEPTICS

Adult epileptics once again did not constitute a major social problem in the City.

SPASTICS

One young woman suffering from cerebral palsy continues to be occupied in the Workshops for the Blind and her earnings are augmented in accordance with the Council's Other Handicapped Persons' Scheme. There are altogether 9 adult spastics registered in accordance with the Act, 3 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 aged persons. One Home ceased to function during the year and the ownership of another was transferred.

ACTION UNDER SECTION 48—TEMPORARY PROTECTION OF MOVEABLE PROPERTY

No action was necessary.

ACTION UNDER SECTION 50—BURIAL OR CREMATION OF THE DEAD

The City Council arranged for the burial of the bodies of three 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 in a Council Old People's Home and another was a resident in the Council's Common Lodging House.

GENERAL

Local voluntary bodies continued to play a vital role in the welfare of the aged and handicapped and the co-operation between such bodies and the City Council continues to be excellent. Financial assistance has continued to be given to these organisations to enable them to carry on with their work.

THE CARLISLE OLD PEOPLE'S WELFARE COUNCIL

The City Council has again been represented on the Executive Committee of this body, which provides a most necessary chiropody service for old people. During the year 4,283 treatments were given to 591 patients.

During the Old People's Week which was held from 30th October, 1960, to 5th November, 1960, the old people themselves took an active part in the events. Two new Clubs were opened and the new club premises in St. James Park built with grants from the King George VI Foundation (Old People's Club Development Scheme) and the Carlisle Corporation was officially opened on the 1st November. The Register of Old People in the City was maintained during the year.

THE CARLISLE COUNCIL OF SOCIAL SERVICE

The Corporation continued its grant to and representations on that Executive Committee. The Citizen's Advice Bureau provided by this body dealt with 1774 callers during the year.

THE W.V.S. (CARLISLE COUNTY BOROUGH BRANCH)

The Meals on Wheels Service and the Old People's Dining Club were continued during the year by the W.V.S. This is a most important service which fills a real need in the City. On average 54 old people were served and a total of 108 meals per week were provided. The City Council makes a grant to the W.V.S. for this work.

INFANTILE PARALYSIS FELLOWSHIP

The City Council again allowed the local branch the full use of the Corporation's Swimming Baths for one session each week.

HEALTH SERVICES

LABORATORY SERVICE

The days are now gone when the Medical Officer of Health or an Assistant could undertake the laboratory work in a clinic side-room. Techniques have advanced greatly in recent times and to carry out proper investigations requires a large laboratory with expert medical and other staff. The City is fortunate in having both a Pathological Laboratory at the Cumberland Infirmary under the direction of Dr. J. Steven Faulds and his staff and the Public Health Laboratory, which can undertake virological studies in the same building. Dr. D. G. Davies is the Director of the Public Health Laboratory. Your staff get the greatest possible co-operation from all members of the laboratory staff in investigation of disease, etc., and in research projects.

PUBLIC ANALYST

J. G. Sherratt, Esq., B.Sc., F.I.C., of Warrington, acted as City Analyst. Details of the work he undertook are included in the Chief Public Health Inspector's Report which follows.

REGISTRATION OF NURSING HOMES

There is now only one registered Nursing Home in the City. The difficulties in recruiting adequate nursing staff and the cost thereof, together with the high costs of furnishings, etc., make it extremely difficult for such establishments to operate at charges which members of the Public are prepared to pay. It is not surprising that in recent years such Homes have closed and that there is now only one in the City.

CARLISLE CREMATORIUM

Your Medical Officer of Health and the two Assistants continued to act as Referee and Deputy Referees to the Municipal Crematorium.

SECTION VII

ANNUAL REPORT OF THE

CHIEF PUBLIC HEALTH INSPECTOR

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ANNUAL REPORT

OF THE

CHIEF PUBLIC HEALTH INSPECTOR.

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

The work of the public health inspection service during 1960 has been concentrated mainly in an endeavour to reduce to a minimum delay in attending to public health and housing complaints. Priority at all times was given to incidents in which foodstuffs were involved.

One of the major problems associated with staffing difficulties is to maintain 100% inspection of animal carcasses for human consumption at the Public Slaughterhouse and the Bacon Factory, and I am glad to report that this was achieved.

With the assistance of two very willing and industrious Pupil Public Health Inspectors it was possible to maintain the regular sampling of milk for bacteriological examination. Twelve samples of Fertilisers and Feeding Stuffs were submitted to the Public Analyst but the number of samples of mixed foodstuffs for similar examination had, of necessity, drastically to be curtailed.

The reduced number of qualified inspectors actually employed by the Council had repercussions in another direction and for some time it was doubtful whether the Public Health Inspector's Examination Board would accept this Authority as a training centre for more than one pupil. In anticipation of some improvement in the position however a special dispensation was secured and the future of the pupils' training thereby assured.

One other effect which may not readily be appreciated is the time absorbed in interviewing members of the public who quite properly seek guidance from the appropriate officers of the Corporations in a solution of their problems and difficulties. This may account for say 10% of each officer's time based on a full establishment, but when this duty has to be shared between only two officers it can absorb something like 50% of their working day which of course results in a further reduction of their effectiveness in the field.

The value to my section of the Department of the close co-operation which exists between it and the various sections of the City Engineer and Surveyor's Department cannot be assessed too highly. A foresight of plans submitted for Town Planning and Bye-Law approval is invaluable in securing not only the highest practicable standard of sanitation and hygiene but is also a service greatly appreciated by the proposers.

The number of unfit houses officially represented under the Council's slum clearance programme was, unfortunately, the lowest for many years. A period of stagnation seemed to set in because of the protracted negotiations associated with the two Compulsory Purchase Orders—William Street and Denton Crescent—the former being the subject of a public enquiry in April and the latter in July. The Minister's decision on either Order had not been promulgated at the close of the year. Detailed inspections however of over 50 houses in the 'Wapping' area of the city were made with a view to action being instituted early in the new year.

The transition from tenant occupier to owner occupier seems to be continuing steadily and there may come a day when the only landlord will be the Council or private owners of large blocks of flats. The lack of response to landlords to the grant earning provisions of the Housing Acts designed to arrest the further deterioration of ageing property or to bring about some improvement in the amenities of low standard houses must on current evidence be said to have failed. Such applications for grant as are being made at the present time come almost exclusively from owner occupiers. Time may prove the grant earning scheme to have been saved from total extinction only because of this transfer of ownership.

The following Acts were published during the year :—

Noise Abatement Act, 1960.
Caravan Sites and Control of Development Act, 1960.
Offices Act, 1960 (1st Jan., 1962).
Clean Rivers (Estuaries & Tidal Waters) Act, 1960.

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

C. FSH 7/60 and S.I. 1542—Milk (Special Designations) Regulations, 1960.
C. FSH 19/60 and S.I. 1601—Food Hygiene (General) Regulations, 1960.
C. FSH 20/60 & S.I. 1602—Food Hygiene (Docks, Carriers, etc.) Regs., 1960.
C. FSH 12/60 and S.I. 2261—The Arsenic in Food (Amendment) Regs. 1960.
C. FSH 5/60 and S.I. 1268—Meat (Staining & Sterilisation) Regs. 1960.
C. FSH 13/60 and S.I. 2331—Skimmed Milk with non-milk Fat Regs. 1960.
C. FSH 8/60 and S.I. 1411—Authorised Officers (Meat Inspection) Regs. 1960
C. MHLG 28/60—Clean Air Act, 1956.
C. MHLG 38/60—Clean Air Act (Smoke Control Areas) 1956.
C. MHLG 42/60—Caravan Sites and Control of Development Act.
C. MHLG 45/60—Means of escape in case of fire.
C. MHLG 58/60—Noise Abatement Act, 1960.
C. MHLG 2/60—Slum Clearance.
C. FSH 1/60—Slaughterhouse (Reports) Direction, 1959.
C. FSH 2/60—Slaughterhouse (Meat Inspection Grant) Regulation, 1958.
C. FSH 4/60—Slaughter of Animals Act—Calf Slaughter.
C. MH 24/60—Anthrax.
S.I. 1214—Washing Facilities (Misc. Industries) Regs. 1960.
S.I. 1474—The Caravan Sites (Licence Applications) Order, 1960.
S.I. 1475—Town & Country Planning (General Amendment) Regs. 1960.
S.I. 1028—The Factories Act, 1959 (Commencement No. 2) Order 1960.
S.I. 1611—The Factories Act, 1959 (Commencement No. 3) Order, 1960.
S.I. 1989—The Public Health (Infectious Diseases) Amendment Regs. 1960.
S.I. 911—Slaughter of Animals (Prevention of Cruelty) Regs.
(Appointed Day No. 1) Order.
S.I. 912—Slaughterhouses (Hygiene) (Appointed Day No. 2) Order.
S.I. 2154—The Slaughter of Animals (Prevention of Cruelty) Regs.
(Appointed Day No. 3) Order, 1960.
S.I. 2155—The Slaughterhouses (Hygiene) Regs. (Appointed Day No. 3)
Order, 1960
S.I. 1165—Fertilisers & Feeding Stuffs Regs. 1960.
S.I. 1794—Factories (Cleanliness of Walls and Ceilings) Order, 1960.

INSPECTION OF THE DISTRICT

1. Number and Nature of Inspections.

During the year 1960 the following inspections were made by the Public Health Inspectors to the premises detailed :—

PUBLIC HEALTH ACT, 1936.						Visits
DWELLING HOUSES—Re Housing defects	...	...	...	...	...	325
" " Other visits	...	...	...	...	...	210
Visits to ALL PREMISES for purposes of :—						
Sec.						
23 Maintenance of Public Sewers	...	...	...	...	...	42
39 Provisions as to drainage, etc., of existing buildings	...	...	...	...	...	267
40 Provisions as to soilpipes and ventilation shafts	...	...	...	...	...	—
44 Sanitary accommodation insufficient or requiring reconstruction	...	...	...	...	...	12
45 Buildings having defective closets capable of repairs	...	...	...	...	...	41

46	Sanitary conveniences in workplaces, etc.	...	...	...	...	...	...	...	11
51	Care of Closets by occupiers	...	...	...	...	...	...	...	8
52	Care of sanitary conveniences used in common	...	...	...	...	...	...	...	15
56	Paving and drainage of yards and passages	...	...	...	...	...	...	...	34
58	Dangerous Buildings	...	...	...	...	...	...	...	—
75	Provision of dustbins	...	...	...	...	...	...	...	5
79	Mandatory removal of accumulations of noxious matter	...	...	...	...	...	...	...	7
80	Removal of manure, etc.	...	...	...	...	...	...	...	62
83	Cleansing of filthy or verminous premises	...	...	...	...	...	...	...	11
84	Cleansing or destruction of filthy or verminous articles	...	...	...	...	...	...	...	35
89	Sanitary conveniences at inns, etc., and places of public entertainment	...	...	...	...	...	...	...	301
92a	Premises in such a condition as to be prejudicial to health or a nuisance	...	...	...	...	...	...	...	8
92b	Animals kept in such a manner as to be prejudicial to health or a nuisance	...	...	...	...	...	...	...	101
92c	Accumulation or deposit prejudicial to health or a nuisance	...	...	...	...	...	...	...	4
92d	Dust and effluvia caused by trade, business, etc.	...	...	...	...	...	...	...	—
92e	Overcrowded and ill-ventilated workplaces	...	...	...	...	...	...	...	6
108	Bye-laws—Fish Frying	...	...	...	...	...	...	...	4
	„ Offensive trades	...	...	...	...	...	...	...	4
138	Provision of water supplies	...	...	...	...	...	...	...	—
154	Prohibition of sales by rag dealers	...	...	...	...	...	...	...	16
240	Bye-laws—Common lodging houses	...	...	...	...	...	...	...	12
259	Nuisances—Watercourses, etc.	...	...	...	...	...	...	...	26
268	„ Tents, vans, sheds, etc.	...	...	...	...	...	...	...	29
269	Regulating moveable dwellings	...	...	...	...	...	...	...
INFECTIOUS DISEASE									
	Investigating infectious disease	...	...	...	...	...	...	...	62
	Investigating food poisoning	...	...	...	...	...	...	...	92
CLEAN AIR ACT, 1956									
	Smoke abatement observations	...	...	...	...	...	...	...	26
	Premises, furnaces, etc., visited	...	...	...	...	...	...	...	9
FOOD AND DRUGS ACT, 1955, Etc.									
	Total visits re Food Hygiene Regulations	...	...	...	...	...	...	...	319
	Total visits re Milk and Dairies Regulations	...	...	...	...	...	...	...	95
	Public slaughterhouses and bacon factory	...	...	...	...	...	...	...	44
MEAT AND FOOD INSPECTION									
	At Shops, etc.	...	...	...	...	...	...	...	266
	At Slaughterhouses	...	...	...	...	...	...	...	311
	At Bacon Factory	...	...	...	...	...	...	...	525
HOUSING AND SLUM CLEARANCE.									
HOUSING ACT, 1957.									
Sec.									Visits
4	re Standard of Fitness	...	...	...	...	...	...	...	392
9-10-16	„ Repair and reconstruction of unfit houses	...	...	...	...	...	...	...	17
17	„ Demolition and closure of unfit houses	...	...	...	...	...	...	...	69
18	„ Closing of parts of buildings	...	...	...	...	...	...	...	6
36	„ Houses let in lodgings	...	...	...	...	...	...	...	24
Part 3	„ Clearance and re-development areas	...	...	...	...	...	...	...	55
Part 4	„ Abatement of overcrowding	...	...	...	...	...	...	...	12
Part 4	„ Permitted numbers	...	...	...	...	...	...	...	17
HOUSING ACT, 1949.									
	re Improvement Grants	...	...	...	...	...	...	...	84
RENT ACT, 1957.									
	re Certificate of Disrepair	...	...	...	...	...	...	...	55
SMALL DWELLINGS ACQUISITION ACTS.									
	Inspections and Enquiries	...	...	...	...	...	...	...	2

							Visits
LAND CHARGES ACT, 1925.							
Inspections re Search Forms							24
No. of Search Forms completed							1263
FACTORIES ACT, 1937.							
Sec.							
7	Factories with mechanical power						24
1, 2, 3, 4, 6, 7	Factories without mechanical power						12
7	Other premises, sites of building and engineering works						8
54	Basement Bakehouses						—
110	re Outworkers						—
SHOPS ACT, 1950.							
re Hours, Sunday Trading, Young Persons, etc.							82
re Welfare Provisions							23
PREVENTION OF DAMAGE BY PESTS ACT, 1949.							
Local Authority properties							31
Dwelling-houses							56
All other, including business premises							55
Agricultural properties							5
INSECT PEST CONTROL.							
Dwelling-houses							48
Other premises							44
DRAINAGE INSPECTIONS AND VISITS.							
Drains opened out for inspection							24
Water, colour, and other tests							50
OTHER INSPECTIONS AND VISITS.							
Non-industrial premises, Offices, etc.							30
Schools							5
Public Conveniences, etc.							70
Swimming baths and pools							1
Refuse Tips, Salvage Depots, etc.							36
re Fertilisers and Feedingstuffs Act, 1926							14
,, Agric. Produce, grading and marking							4
,, Pharmacy and Poisons Act, 1933							10
,, Merchandise Marks Act, 1926							41
,, Rag, Flock and other filling materials Act, 1951							12
,, Pet Animals Act, 1951							4
Miscellaneous							149
Interviews							602

LIST OF CONTRAVENTIONS AND WORKS EXECUTED

PUBLIC HEALTH ACT, 1936.

Sec.		Found	Abated
23	Maintenance and Cleansing of certain public sewers	2	2
24	Recovery of cost of maintaining sewers ...	1	1
39	Drainage, etc., of existing buildings ...	45	39
45	Buildings having defective closets, capable of repair	13	12
46	Provision of sanitary conveniences in workplaces ...	—	—
56	Paving and drainage of yards and passages ...	2	1
75	Provision of Regulation dustbins	—	—
79	Removal of accumulation of noxious matter ...	—	—
80	Removal of manure, etc.	1	1
83	Cleansing of filthy or verminous premises	1	—
84	Cleansing or destruction of filthy or verminous articles	—	—
92(a)	Premises in such a state as to be prejudicial to health or a nuisance	28	23
92(b)	Animals kept in such a place or manner as to be prejudicial to health or a nuisance	1	1

92(c)	Accumulation or deposit prejudicial to health or a nuisance	...	...	...	3	2
138	Provision of water supply	...	...	...	1	—
269	Controlling use of moveable dwellings	...	...	...	4	4
					<hr/> 102	<hr/> 86

FOOD AND DRUGS ACT.

FOOD HYGIENE REGULATIONS.

Regulation	Found	Abated
5 Food business not to be carried on at unsatisfactory premises, etc.	3	1
6(1) Cleansing and maintenance of articles and equipment used in food business	6	3
6(2) Cleanliness of food containers	—	—
7(1) Preparation or packing of food in or about domestic premises	1	—
8 Protection of food from risk of contamination	8	—
8(a) Placing of food so as to involve risk of contamination	—	2
8(b) Placing food lower than 18" from ground unless adequately protected	1	2
9(a) Personal Cleanliness of food handlers	1	—
9(b) Cleanliness of clothing and overalls	—	—
9(e) Use of tobacco by food handlers	4	—
14(1a) Cleansing and maintenance of sanitary conveniences	3	3
14(5) Fixing of notices re washing of hands	1	—
15 Supply of water to food premises	—	—
16(1) Provision of wash hand basins	15	9
16(2) Provision of hot and cold water to W.H.B.	11	5
16(3) Provision of soap, nail brushes, towels, etc.	15	8
16(4) Cleansing and maintenance of W.H.Bs.	4	1
17 Provision of first-aid materials	2	—
18 Provision of accommodation for outdoor clothing	—	—
19(1a) Provision of sinks not being W.H.Bs. for washing food and equipment	1	—
19(1b) Provision of hot and cold water to sinks	2	—
19(1c) Cleansing and maintenance of wash-up sinks	—	—
19(1d) Provision of cleaning and drying materials	2	—
20 Lighting of food rooms	—	—
21 Ventilation of food rooms	2	1
22(1b) Sleeping place used as a food room	—	—
23(1a) Cleanliness and repair, etc., of food rooms	9	6
23(1b) Prevention of infestation by rodents, insects, etc.	1	—
24 Accumulation of refuse, etc., in food rooms	2	1
25 Maintenance of stipulated temperatures of certain foods	—	—
26(1a) Name and address on food stalls	—	—
27(1a) Covering and screening of certain stalls	1	—
27(1b) Provision of waste receptacles for stalls	1	—
28(1a) Provision of water for stalls	1	—
28(1b) Provision of soap, nail brushes, towels, etc.	1	—
MILK AND DAIRIES REGULATIONS	1	4
	<hr/> 101	<hr/> 46

SHOPS ACT, 1950.

Sec.		Found	Abated
1	Closing of shops on weekly half-holidays ...	17	12
13(1)	Shops with several trades open (after general closing hours)	3	1
13(2)	Shops with several trades open (after closing hour fixed by closing order)	—	1
38(2)	Provision of sanitary conveniences	—	5
38(4)	Provision of washing facilities	—	1
47	Closing of shops on Sunday	1	1
50	Sunday mixed trading	2	1
		<hr/> 23	<hr/> 22

FACTORIES ACT, 1937.

Sec.							Found	Abated
	Sanitary Accommodation :—							
7	Insufficient provided	...	...	...	...	...	—	—
	Maintenance	...	...	...	...	...	—	—
	Cleanliness	...	...	...	...	...	1	—
	Adequate lighting	...	...	...	...	...	1	1
							<hr/> 2	<hr/> 1

CLEAN AIR ACT, 1956.

Sec.		Found	Abated
1	Emission of dark smoke from chimneys	2	1

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Sec.		Found	Abated
4	Notice requiring execution of works	10	4

MERCHANDISE MARKS ACT, 1926.

	Failure to bear indication of origin	1	—
--	---	---	---

SUMMARY OF COMPLAINTS, CONTRAVENTIONS & NOTICES SERVED

	Complaints and Information Received	CONTRAVENTIONS		NOTICES		STAT. NOTICES	
		Found	Abated	Served	Abated	Served	Abated
Public Health ...	283	103	86	80	64	—	—
Food and Drugs Unsound Food ...	217						
Food and Drugs ...	17	70	32	20	6	—	—
Shops ...	3	23	22	17	13	—	—
Factories ...	1	2	1	2	1	—	—
Housing ...	21	1	—	1	—	—	—
Rodent Control ...	328	10	4	10	4	—	—
Clean Air ...	11	2	1	2	1	—	—
Rent Act ...	3	—	—	—	—	—	—
Milk and Dairies (General) Regs. ...	1	1	4	1	4	—	—
Merchandise Marks Act	—	15	15	15	15	—	—

HOUSING STATISTICS

HOUSES DEMOLISHED.

In Clearance Areas :

Houses unfit for human habitation	21
Houses included by reason of bad arrangement, etc.	—
Houses on land acquired under Section 43(2), Housing Act, 1957	2

Not in Clearance Areas :

As a result of formal or informal procedure under Section 17(1), Housing Act, 1957	9
Local Authority owned houses certified unfit by the Medical Officer of Health	—
Unfit houses included in unfitness orders	—

UNFIT HOUSES CLOSED.

Under Sections 16(4), 17(1) and 35(1), Housing Act, 1957	33
Under Sections 17(3) and 26, Housing Act, 1957	—
Parts of buildings closed under Section 18, Housing Act, 1957	3

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

After informal action by local authority	182
After formal notice under :—	
Public Health Acts	1
Section 9 and 16, Housing Act, 1957	—
Under Section 24, Housing Act, 1957	—
UNFIT HOUSES IN TEMPORARY USE	—
PURCHASE OF HOUSES BY AGREEMENT	—
DISPLACEMENT TO COUNCIL HOUSES.	
Total number of families displaced	54
Total number of persons displaced	136
Official Representations during the year	10
Houses included in Orders and Undertakings made during the year	18

RENT ACT, 1957

CERTIFICATES OF REPAIR

Number of application for certificates	3
Number of decisions not to issue certificates	—
Number of decisions to issue certificates :—	
(a) In respect of some but not all defects	2
(b) In respect of all defects	1
Number of undertakings given by landlords	2
Number of undertakings refused by local authority	—
Number of certificates issued	—
Applications by landlords to local authority, for cancellations of certificates	—
Objection by tenants to cancellations of certificates	—
Decisions by local authority to cancel in spite of tenant's objection	—
Certificates cancelled by local authority	—

TENTS, VANS AND SHEDS

Licences were again renewed for four living vans situate at The Sands, a site owned by the Authority and ill equipped for such a purpose. This land is also used for temporary housing of the Show-ground and members of the Showmen's Guild, many of whom spend most of the winter on this site.

1960 saw the introduction of the 'Caravan Sites and Control of Development Act'. Applications were received for extension of an existing licence to site a caravan and also for a new licence. Both were refused on the grounds that the sites were unsatisfactory.

FACTORIES ACTS, 1937 to 1959

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.	80	12	—	—
(ii) Factories not included in (i) in which Sec. 7 is enforced by Local Authority.	444	24	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority.	12	8	—	—
TOTAL	536	44	2	—

2. Cases in which defects were found.

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			to H.M. Inspec.	by H.M. Inspec.	
Want of Cleanliness (Sec. 1)	1	—	—	1	—
Overcrowding (Sec. 2)	—	—	—	—	—
Unreasonable Temp. (Sec. 3)	—	—	—	—	—
Inadequate Ventilation (Sec. 4)	—	—	—	—	—
Ineffective drainage of floors (Sec. 6)	—	—	—	—	—
Sanitary Conveniences (Sec. 7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	1	1	—	1	—
TOTAL	2	1	—	2	—

OUTWORKERS

NATURE OF WORK	SECTION 110			SECTION III.		
	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of Prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices served	Prosecutions
The Making, etc. of Wearing Apparel ..	1	—	—	—	—	—

WATER SAMPLING

In addition to the routine sampling carried out by the Water Engineer of raw, partially treated, and fully treated water, a series of four samples were taken by the Public Health Inspectors of mains water from domestic premises within the City and submitted to both the Public Analyst and the Public Health Laboratory. The Public Analyst certified all of the samples to be satisfactory. All four samples submitted to the Public Health Laboratory for bacteriological examination showed a complete absence of coliform bacilli and faecal coli per 100 ml. and received the classification—Excellent.

RODENT AND INSECT PEST CONTROL

Surface Treatment—Rodent Control.

Complaints or reports received and investigated — 328.

	Dwelling Houses	Business Premises	Local Authority Premises	Agricultural Properties
Premises inspected for presence of rats or mice.	339	563	86	12
Premises in which evidence of the presence of rats or mice was found.	226	104	34	—
Visits of inspection and treatment of all types of premises.	2190			
No. of baits laid.	4121			

Although the number of visits paid by the Public Health Inspectors under the Prevention of Damage by Pests Act amount to 147, a much greater number of visits were made by the two Rodent Operatives, who made 2,190 visits, of which 1,390 were to confirmed infestations and the remainder being surveys of properties.

The Rodent Operatives are being used increasingly on insect pest control of various types and also in following up action initiated by the Public Health Inspectors on drainage and proofing works connected with rodent control.

Pests other than Rodents.

74 complaints concerning pests other than rodents were received and investigated during the year, and consisted of :—

19 concerning Cockroaches.	2 concerning Bees.
27 " Ants.	4 " Pigeons.
12 " Flies.	1 each concerning Hens,
3 " Beetles.	Lizards, Fleas & Woodworm.
2 " Wasps.	

FOOD CONTROL

Complaint No.

- 1031 1-3-60. Purchaser submitted a milk bottle in the bottom of which was adhering a milk token. The dairy concerned had noticed similar occurrences and on investigation found that the plastic from which these tokens were made when wet became extremely tacky. Orders had already been placed for a different type of token.
- 1277 10-6-60. Purchaser submitted a meat pasty alleging it to be sour. On examination including a tasting test it was considered to be fit for human consumption.
- 1285 13-6-60. Pre-packed joint of shoulder bacon 3 lbs. in weight. Purchased Thursday cooked on Saturday and brought to this office on the following Monday alleging a peculiar smell. Examined and considered normal and fit for human consumption.
- 1313 20-6-60. Chuck steak supplied to a catering establishment on Monday was refrigerated overnight and found next day to have undergone a slight change in colour. It was also alleged to be tainted. A cooking test was carried out and the steak was considered to be fit for human consumption. The methods of storage & refrigeration were suspect and advice was given to the manager of the catering premises.
- 1441 10-8-60. Purchaser submitted on Monday part of an original 1 lb. salted farm butter procured the previous Saturday. Both the taste and smell were satisfactory on the day of purchase but by Monday the butter had it was alleged developed a "fishy" smell. Examined and tasted by several members of the staff it was considered to have no more than the strong smell typical of many farm butters.
- 1457 16-8-60. Purchaser submitted one of several fishcakes bought and cooked the previous day, and to the surface of which was attached a threadlike worm. This was a nematode probably *Filaria Dicolor* a parasite fairly common in white fish. The premises and methods of the fishmonger were investigated when it was found the fishcakes were being prepared in a part of the premises where domestic work was also being conducted. A subsequent application for registration for the preparation of fishcakes was refused and the firm ceased business.
- 1467 18-8-60. Purchaser submitted a 1 lb. walnut and fruit iced loaf containing a nail just under 2 inches long. The nail was situated under the surface crust and showed every evidence of having been baked in the loaf. The managing director of the firm when interviewed agreed to incorporate in plans already approved for modifications and improvements to the bakehouse further provision to cover a better system of screening all ingredients used in the preparation of their goods.

- 1492 29-8-60. Purchaser submitted a small sliced wholemeal wrapped loaf on which there were five wrappings and the loaf being heavily contaminated with mould. It was agreed by a director and the manager of the bakery concerned that the loaf was several weeks old. Stock is actually sold to the firm's driver-salesman at a discount, the difference between this and the full retail price obtained being a bonus to promote sales. A possible explanation is that an unsold loaf had been repeatedly re-wrapped as the previous wrapping became soiled in an attempt to pass it off as a fresh loaf. Formal assurance was received from the management that re-wrapping has been forbidden.
- 1557 23-9-60. At the request of the branch manager of a large multiple chain store an examination was made of a consignment of butter in half pound packets alleged to have a suspiciously strong smell. While it was confirmed that the butter had a strong smell it was nevertheless sound and had no unpleasant or tainted taste. The manager was advised to return it to the supplier or dispose of it for manufacturing purposes.
- 1707 10-11-60. Purchaser submitted two dessert apples being the last of a larger quantity bought some days previously. On two separate occasions he and his wife had shared an apple from the same batch. Both apples had been peeled and quartered, and on both occasions their consumption had been followed by enteritis and colic in a matter of hours. The apples were alleged to be the only common factor in the food consumed by the complainants. Analysis showed the presence of both lead and arsenic on the skin in non-toxic quantities. The samples were also tested with experimental animals (daphnia) which are known to be sensitive to all the common poisons. It was concluded that the peeled apples were non toxic. The firm who sold the apples to the complainant also submitted sample apples from the same consignment to an independent analyst whose findings confirmed the conclusions of the City Public Analyst.
- 1708 12-11-60. Samples of Spanish tomatoes were submitted showing on the skin evidence of a residual spray. The Public Health Laboratory reported an amorphous powder containing sulphur. The firm selling these tomatoes instructed their suppliers in future not to pack for them any fruit with excessive spray residues.
- 18-3-60. School Meals Service submitted an aluminium vessel in which gravy browning had been kept and which was showing considerable corrosion as a result. It had also been observed that the tins in which the browning is normally supplied tended to corrode at the seams. Sample scrapings from the affected aluminium can together with a sample of the gravy browning were submitted to the Public Analyst who reported:
- The scrapings consisted of a mixture of aluminium metal and and hydroxide, together with some basic aluminium chloride and traces of iron impurity. The gravy browning had an acid reaction derived from a small quantity of organic acid and it contained 3.9% of sodium chloride. The Analyst was in no doubt that gravy browning of this nature must be expected to attack an aluminium canister and consequently would best be stored in a glass or similar resistant vessel.

FOOD POISONING

During the year 30 cases of food poisoning were notified to the Department. In the investigations which followed specimens were taken from patients, contacts and food handlers who were in any way connected with the occurrences.

4 cases of dysentery were notified to the Department and investigated, food handlers being excluded from work to check the spread of infection.

Scarlet Fever.

72 cases were notified and investigated during the year.

Total visits in connection with all infectious diseases	...	...	62
Total visits in connection with notified cases of food poisoning	...	...	92

INSPECTION AND REGISTRATION OF FOOD PREMISES

	No. in Area	No. of Inspect'ns
Registerable Premises		
Ice Cream—		
Wholesale manufacture	—	6
Manufacture and Retail Sale	11	4
Wholesale Storage for Sale	3	—
Retail Sale—Mainly pre-packed	173	34
Preparation or manufacture of Sausage, or Potted, Pressed, Pickled or Preserved Food	70	41
Fish Friers	26	12
Other Food Premises		
Bakehouses	74	23
Bakers' and Confectioners' Shops	79	23
Butchers' Shops	84	83
Catering Establishments—		
Hotels, Restaurants, Cafes, etc.	48	15
Industrial and Commercial Canteens	33	6
School Canteens	34	14
Residential Hospitals, Institutions	19	3
Non-res. Inst., Clubs, Halls, etc.	21	4
Boarding and Guest Houses, etc.	32	29
Fruiterers' and Greengrocers' Shops	59	12
Wholesale Merchants	5	2
Grocers and Provision Merchants—		
Shops	188	46
Wholesale Merchants	10	6
Licensed Premises—Inns, Hotels, etc.	78	14
Sugar Confectionery—Shops	78	8
Wholesale	7	1
Wet Fish—Shops	14	6
Wholesale	2	—
Food or Drinks Manufactories	11	9
Public Slaughterhouses	1	20
Bacon Factory	1	53
Mobile Shops, Vans, Canteens	115	70
Temporary Market Stalls	—	247

MILK SUPPLY

Milk and Dairies (General) Regulations, 1959.

No. of Milk distributors on the Register	...	...	...	...	...	73
No of Dairies on the Register	...	...	...	...	...	7

Milk (Special Designation) Regulations, 1960.

No. of Dealers licensed to use the designation "Tuberculin Tested"	9
No. of Dealers (Pasteuriser's) licences	3
No. of Dealers licensed to use the designation "Pasteurised"	83
No. of Dealers licensed to use the designation "Sterilised"	29

168 samples of milk were submitted for bacteriological examination. All were samples of designated milk, of which 19 failed to pass the tests prescribed by the Milk (Special Designations) Regulations, 1949-54 and the Milk (Special Designations) Regulations, 1960, which came into operation on 1st October, 1960, replacing the first-mentioned Regulations.

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. Pasteurised	41	41	—	37	4	—	—	9.75
Pasteurised	41	41	—	37	4	—	—	9.75
Pasteurised (Schools)	2	2	—	2	—	—	—	—
Sterilised	1	—	—	—	—	1	—	—
TOTALS	85	84	—	76	8	1	—	9.41

MILK OTHER THAN HEAT TREATED

DESIGNATION	No. of Samples	PASSED Meth. Blue	FAILED Meth. Blue	Unsatisfactory Samples Percentage
Tuberculin Tested	54	47	7	12.96
T.T. Jersey	29	25	4	13.79
TOTALS	83	72	11	13.25

BACTERIOLOGICAL EXAMINATION OF MILK BOTTLES

Eight 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.

BACTERIOLOGICAL EXAMINATION

The 168 samples of milk obtained for bacteriological examination during the year were divided almost equally between raw and heat treated milks. There were 11 failures on the Methylene Blue or keeping quality tests for the raw milks and no failures for the heat treated milks. Almost half of these failures were from one particular source of farm bottled T.T. Jersey milk and the retailer, on request, changed his supplier. It is reasonably clear that not all producers are capable of producing consistently a bacteriologically satisfactory standard of milk and that the process of heat treatment does destroy a large number of souring organisms in milk.

All samples of raw milk were subjected to the Milk Ring Test a positive reaction to which suggests only that it may have resulted from the presence of the organism *Brucella abortus*. Positive M.R.T's. are then subjected to a confirmatory test. Positive identification was made in respect of one supply of farm bottled T.T. Jersey milk and the Authority for the area in which the milk was produced was notified immediately. Sale of milk direct for human consumption was forthwith banned and the milk in question directed to a heat treatment depot for manufacture into milk products.

The test for the efficient heat treatment of milk is the Phosphatase Test to which all appropriate samples are subjected. Of the 8 samples which failed this test four failed owing to an unavoidable technical complication arising during the course of examination and the remaining failures were ascribed to possible chemical contamination. Repeat samples from all 8 sources have subsequently been satisfactory.

PUBLIC SLAUGHTERHOUSES

Carcases Inspected including those Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	6121	312	226	27034	6759	—
Number inspected	6121	312	226	27034	6759	—
ALL DISEASES EXCEPT TUBERCULOSIS						
Whole carcases condemned	4	11	30	105	9	—
Carcase of which some part or organ was condemned	2322	157	41	1799	436	—
Percentage of the number inspected affected with disease other than tuberculosis	38.00	53.8	31.4	7.04	6.58	—
TUBERCULOSIS ONLY						
Whole carcases condemned	—	—	—	—	—	—
Carcase of which some part or organ was condemned	9	2	—	—	79	—
Percentage of the number inspected affected with tuberculosis	0.15	0.64	—	—	1.19	—
CYSTICERCOSIS						
Carcase of which some part or organ was condemned	18	—	—	—	—	—
Carcases submitted to treatment by refrigeration	18	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

MEAT INSPECTION

Tuberculosis (Slaughter of Reactors) Order, 1950

Arising out of the attested herd scheme in operation in the area 36 animals were sent for slaughter under the above Order, being reactors to the tuberculin test. The carcase and offal of each animal was subjected to detailed examination in order to assess its fitness or otherwise in total or in part for human consumption.

Steers	...	...	...	19
Heifers	...	...	...	9
Cows	...	...	...	10
Calves	...	...	...	1
				<hr/>
				39
				<hr/>

Analysis of Inspection.

19 Steers—1 carcase condemned for actinobacillosis.

9 Heifers—1 part carcase condemned for T.B.

10 Cows—3 total condemnation—oedema, emaciation and ill-set.

3 Heifers were home bred.

19 Steers, 6 Heifers, 10 Cows and 1 Calf were imported—Ireland.

During the year 24 glands from pig heads were submitted for typing to the Ministry of Agriculture, Fisheries and Food Research Laboratory at Weybridge.

23 were classified as Avian T.B.

1 was classified as Bovine T.B.

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

PUBLIC SLAUGHTERHOUSES

Year	Cattle	Sheep and Lambs	Calves	Pigs	Total
1957	6923	24969	358	6433	38683
1958	6939	23540	273	7319	37871
1959	6039	29919	250	7047	43255
1960	6433	27034	226	6759	40452

HARRABY BACON FACTORY

1957				102658	102658
1958				95482	95482
1959				112716	112716
1960				106259	106259

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

DISEASE OR CONDITION	Whole Carcasses				Part Carcasses			
	Cattle	Sheep	Calves	Pigs	Cattle	Sheep	Calves	Pigs
Abscesses and Suppurative Conditions	—	2	—	—	23	23	1	11
Actinobacillosis	2	—	—	—	—	—	—	—
Anaemia	—	1	—	—	—	—	—	—
Anasarca	—	4	—	—	—	—	—	—
Arthritis	—	1	—	—	2	18	—	6
Emaciation	1	16	1	—	—	—	—	—
Enteritis	—	—	—	1	—	—	—	—
Febrile Condition—Ill Bled ...	2	6	1	—	—	—	—	—
Gangrene	—	6	—	—	—	—	—	—
Immaturity	—	—	8	—	—	—	—	—
Injuries and Bruising	2	4	3	—	32	32	2	14
Johnes Disease	1	—	—	—	—	—	—	—
Malformation	—	—	—	—	—	—	1	—
Mastitis	1	1	—	—	1	—	—	33
Moribund	1	7	—	—	—	—	—	—
Odour, Abnormal	—	3	—	1	—	—	—	—
Oedema	5	21	6	2	5	24	—	3
Pyelo-Nephrosis	2	—	—	—	—	—	—	—
Peritonitis	—	2	—	—	—	—	—	7
Pleurisy	—	—	—	1	—	2	—	1
Post Mortem Contamination ...	—	—	—	—	—	—	—	1
Post Mortem Putrefaction ...	—	7	—	1	—	1	—	—
Pneumonia	—	2	1	—	—	—	—	—
Pyæmia, Naval Ill, Joint Ill ...	—	3	5	1	—	—	—	—
Pyrexia	—	2	—	—	—	—	—	—
Nephritis	—	1	—	—	—	—	—	1
Septic Pneumonia	—	5	3	—	—	16	—	—
Toxaemia	—	—	1	—	—	—	—	—
Tumours	—	—	—	—	—	1	—	—
Uraemia	—	2	—	—	—	1	—	—
Urticaria	—	—	—	—	—	—	—	5

DISEASED AND UNSOUND FOOD

The following table shows the amount of food declared to be unfit for human consumption during 1960 :—

PUBLIC SLAUGHTERHOUSES :				T.	C.	Q.	Lb.
Beef	...	...	...	3	8	0	17
Beef Offals	...	...	...	13	6	3	13
Mutton	...	...	...	2	3	3	7
Mutton Offals	...	...	...	2	0	1	22
Veal	...	...	...		10	2	4
Veal Offals	...	...	...		2	3	21
Pork	...	...	...	1	4	1	3
Pork Offals	...	...	...		14	2	4
				23	11	3	7
HARRABY BACON FACTORY :							
Pork	...	...	...	20	1	2	20
Offals	...	...	...	27	3	2	21
				47	5	1	13
OTHER SOURCES :							
Tinned Meat	...	...	...	1	7	1	4
Bacon, Ham & Meat Products	...	...	...	13	2		16
Fish & Fish Products	...	...	...		1	1	18
Potatoes	...	...	...	2	2	2	0
Miscellaneous Foodstuffs	...	...	...			1	7
				4	5	0	17
Total				75	2	1	9

3114 Tins Miscellaneous Foodstuffs.

DISPOSAL OF CONDEMNED FOOD

The policy of the Department has been and continues to be that the detection and destruction of food unfit for human consumption is of paramount importance. All retailers, wholesalers and transporters of food are given every encouragement to report suspect food in their possession and no complaint goes unanswered. The system by which traders receive credit from suppliers on receipt of a local authority condemnation certificate, encourages the traders to set aside any suspect food for inspection by the Health Department. Certificates of condemnation are given only on receipt of goods by the Inspector or the incinerator attendant.

A close control is kept over all condemned meat at the Public Slaughterhouse and the Bacon Factory by the Meat Inspectors and it is disposed of only to approved, authorised collectors.

FOOD AND DRUGS ACT — ADULTERATION

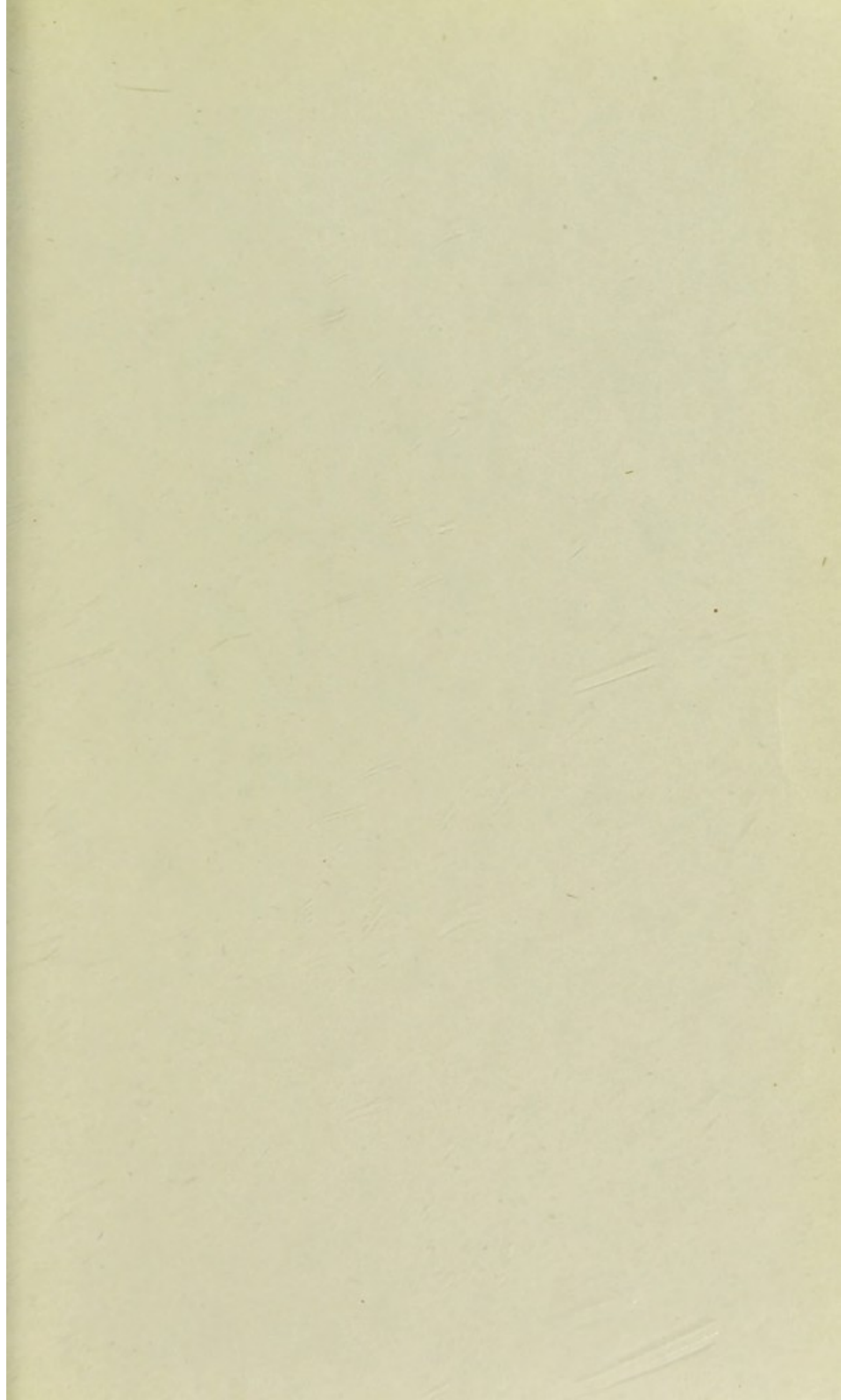
During the year 16 formal samples of foods and drugs, purchased under the provisions of the Food and Drugs Act, 1955, were submitted to the Public Analyst.

The Table below shows the number and results of the analyses of samples obtained.

ARTICLE	No. of Samples		No. Genuine		No. NOT Genuine	
	Formal	Informal	Formal	Informal	Formal	Informal
Milk	7		6		1	
Sausage and Sausage Meat	8		6		2	
Potted Meat	1		1			
Totals	16		13		3	

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

Sample No.		Article	Nature of Adulteration	Action Taken
Formal	Informal			
5	—	Beef Sausage	Contained undeclared preservative namely Sulphur Dioxide	Warning letter sent to vendor
6	—	Beef Sausage	Contained undeclared preservative namely Sulphur Dioxide	Warning letter sent to vendor
10	—	Raw T.T. Milk	Sub Standard but genuine Milk deficient in solids-not-fat	Producer notified



ARTICLE	No. of Journals			No. of Copies	
	Journal	Journal	Journal	Journal	Journal
1	1	1	1	1	1
2	1	1	1	1	1
3	1	1	1	1	1
4	1	1	1	1	1
5	1	1	1	1	1
6	1	1	1	1	1
7	1	1	1	1	1
8	1	1	1	1	1
9	1	1	1	1	1
10	1	1	1	1	1
Total	10	10	10	10	10

This table shows the status taken in regard to material received by the Public Printer as not being copies of otherwise regular publications.

Symbol No.	Article		Status of Publication	Article Title
	Journal	Journal		
10	1	1	1	1
11	1	1	1	1
12	1	1	1	1
13	1	1	1	1
14	1	1	1	1
15	1	1	1	1
16	1	1	1	1
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96	1	1	1	1
97	1	1	1	1
98	1	1	1	1
99	1	1	1	1
100	1	1	1	1

This table shows the status taken in regard to material received by the Public Printer as not being copies of otherwise regular publications.

TEXT IN
GUTTERS

TIGHT
GUTTERS

