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CITY OF CARLISLE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1961

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

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HEALTH COMMITTEE, 1961-62

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 Services 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. - DAVID L. WILSON, M.B., Ch.B. D.T.M. & H.
Principal Dental Officer—Education and Health.	- THOMAS W. GREGORY, L.D.S.(Ed.), L.R.C.P., etc.
Dental Officers, Education and Health.	- MARTIN L. PATERSON, L.D.S. - Miss J. PEAKER, B.D.S.
Chief Public Health Inspector	- ERNEST BOADEN, A.M.I.P.H.E.
Chief Clerk	- L. OATES.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1961. The estimate of the mid-year population as given by the Registrar General increased to 70,610. This is less than the provisional census figure of 71,112, which included certain persons not normally resident in the City. The loss of life from still-births and infant deaths is not as low as one would like but as will be seen from the text, every effort is being made to reduce these sources of mortality. Cancer of the lung still claims its victims and in spite of the proof that cigarette smoking does act as a trigger mechanism this bad habit is still prevalent among the population. It is gratifying to note that some 'bus operators are co-operating with Local Authorities in prohibiting smoking on the lower decks of double-decker 'buses, but unfortunately all operators are not sufficiently enlightened to take this action.

There was, as could be expected, an increase in notifiable disease due to an increased incidence of cases of measles. One explosive outbreak of food poisoning as a result of infection at a dinner dance accounted for the great majority of cases of food poisoning reported in the City. Once again it is gratifying to note that the incidence of new cases of pulmonary tuberculosis is declining.

As indicated in my last Report your Medical Officers have not attended the ante-natal clinics as all patients were attended by general practitioners who were booked for their confinements. This is in accord with the recommendations of the Cranbrooke Committee. It was possible before the end of the year to recruit two Student Health Visitors, while a full establishment of Dental Surgeons enabled us to maintain the Priority Dental Service offered to expectant and nursing mothers and young children. In March, Mr. D. A. Macdonald commenced duty as Psychiatric Social Worker. The care and after-care of the mentally disordered and the provisions for the prevention of mental illness were increased during the year. Good co-operation has been established between the Health Visitors, the Social Workers and the General Practitioners and co-operation of our staff with that of the mental hospitals has been an outstanding success.

Once again further demands were made on the Home Help Service and at the end of the year under review responsibility was assumed for the holding together of two families which might otherwise have disintegrated. Work of this specialist nature results in a great demand on the Service and very often the provision of a full-time Home Help at a

very low charge, but in the end it is probably more economic and it is certainly better for the children that this provision should be made.

The effectiveness of our Health Services may well be judged by the confidence which patients and parents have in our recommendations. The willing response of parents when asked to allow their children to receive live poliomyelitis virus in the initial trial was very gratifying. The public have also been most co-operative in the survey, in association with the Public Health Laboratory Service, of entero-viruses in the faeces of normal children and also in the survey of childhood malignancies being carried out by the Department of Social Medicine of Oxford University with our co-operation. Similarly the acceptance rate of various preventive measures can act as an index and the Ministry returns for 1961 show that the City's response for the various forms of vaccination has, to say the least of it, been very satisfactory.

Since the end of the war the City Council has provided 1·7 new beds per 1,000 of the population in Aged Persons' Homes. These Homes all being "new" are rather popular and elderly people are now showing less reluctance to enter them when their needs so demand. This, however, in turn makes the pressure for beds even greater and at the moment there are 1.9 persons per 1,000 of the population housed in your Homes, and plans for further Homes are in course of preparation. Once again I have to draw your attention to the age and frailty of those entering residential accommodation which results in your having to employ a relatively high proportion of staff to residents. One notable feature has been the temporary admission of elderly persons to enable their relatives to have a summer holiday; this is much appreciated by all concerned and is a feature which should be developed.

The national shortage of Public Health Inspectors is well known but as a result of the measures which you took you have now got a full complement of these officers and the effect of this full establishment is now apparent in the raised standard of work being carried out.

The Cleansing Section of the Department has continued to supply the municipal dustbins throughout the City, and at the end of the year the great majority of householders had been supplied. At the time of writing the distribution of municipal dustbins has been completed. The number of men and vehicles employed in this service has not increased over the past 12 years, though during that period new

Corporation Housing Estates and much private development has taken place. This increased coverage has been effected by replacing obsolete vehicles with modern ones and by modifying the routes and times of collection, but the time has now come when further expansion of the City will have to be met by an increase in the number of vehicles and operatives.

I desire to record my thanks to all members of the staff of the department for their willing service, and to acknowledge the help and co-operation received from other officers of the Corporation, Government Departments, Boards, General Practitioners and Hospital Staff. To the Chairman and members of the Health Committee I desire to express my thanks for the help, encouragement and support given me throughout the year.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

JAMES L. RENNIE,

Medical Officer of Health.

SECTION I.

VITAL STATISTICS

VITAL STATISTICS

SUMMARY

Area (acres)	6,092
Population (1961) Estimate of Registrar General ...	70,610
Rateable Value	£890,360
Sum represented by a Penny Rate	£3,621

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	1,234	627	607
Illegitimate	54	33	21

Live Birth Rate per 1,000 population—18.24 (17.11).

Live Birth Rate per 1,000 of the population as corrected by the Area Comparability factor of 0.95 is 17.33.

Legitimate Infant Deaths per 1,000 legitimate live births—
24.31 (25.91)

Stillbirths	45	18	27

Stillbirth Rate per 1,000 total live and stillbirths—33.76 (30.50)

Total Live and Stillbirths	1,333	678	655
Infant Deaths (deaths under 1 year ...	31	21	10

Infant Mortality Rates:

Total Infant Deaths per 1,000 total live births—24.07 (22.35).

Illegitimate Infant Deaths per 1,000 Illegitimate live births—
18.52 (20.00)

Neo-natal Mortality Rate (deaths under 4 weeks) per thousand total live births 19.41 (18.21)

Early Neo-natal Mortality Rate (deaths under 1 week) per thousand total live births ... ... 17.86 ((16.56)

Perinatal Mortality Rate (Stillbirths and deaths under 1 week combined) per thousand total live and stillbirths 51.01 (46.55)

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

	Total	M.	F.
Deaths	949	501	448

Death Rate—13.44 (12.92) per 1,000 population.

Death Rate per 1,000 of the population as corrected by the Area Comparability factor 1.12 is 15.05.

POPULATION

The Registrar General's estimate of the mid-year population of the City for 1961 is 70,610, an increase of 630 on the figure for 1960. This differs from the provisional census population of 71,112 which included some persons not normally resident in the City.

BIRTHS

Live Births

There was a total of 1,288 live births credited to the City during 1961. Of these 80 were born to Scots women having their confinements in City Hospitals. The crude live birth rate was 18.24 and if the Scottish births had been excluded t would have been 17.11. When the birth rate is adjusted to allow for age and sex constitution of the population by application of the area comparability factor (0.95) a rate of 17.33 per 1,000 is obtained.

Illegitimate Live Births

Of the 1,288 births, 54 (including 4 Scottish) were illegitimate, giving an illegitimacy rate of 4.19 per cent. of the total live births.

Still-Births

The number of still-births increased during the year by 11, giving a total of 45, twelve of which were due to congenital abnormalities. The still-birth rate was 33.76.

DEATHS

The total number of deaths charged to the City was 949, giving a crude death rate of 13.44 per 1,000 of the population. 37 of these were Scots who died in Carlisle and the crude death rate would have been 12.92 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 15.05.

Table 1 shows the cause of death and the age at death of the 949 persons.

CAUSE OF DEATH	Deaths within subjoined Age Groups credited to the City as a result of Conditions shown									Total dea whether 'Resident' 'Non-reside in Institu tions in t City.
	All Ages	Und. 1 Year	1 & Und. 5	5 & Und. 15	15 & Und. 25	25 & Und. 45	45 & Und. 65	65 & Und. 75	75 & up-wards	
1	2	3	4	5	6	7	8	9	10	11
All Causes:										
Certified	895	27	4	3	10	21	219	264	347	707
Uncertined	54	4	2	—	—	4	15	18	11	18
Tuberculosis Respiratory	3	—	—	—	—	—	2	1	—	2
Tuberculosis other	—	—	—	—	—	—	—	—	—	—
Syphilitic disease	1	—	—	—	—	—	—	1	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—
Other infective & Parasitic diseases	1	—	—	—	—	—	1	—	—	2
Malignant neoplasm Stomach	23	—	—	—	—	—	11	7	5	11
Lungs & Bronchus	32	—	—	—	—	3	16	9	4	19
Breast	16	—	—	—	—	1	9	3	3	10
Uterus	6	—	—	—	—	1	4	1	—	5
Other malignant & lymphatic Neoplasms	68	—	1	—	—	1	26	16	24	84
Leukaemia, Aleukaemia	3	—	—	1	—	1	—	1	—	9
Diabetes	6	—	—	—	—	—	1	1	4	13
Vascular lesions of nervous system	162	—	—	—	—	2	29	55	76	83
Coronary disease, angina	193	—	—	—	—	3	61	71	58	79
Hypertension with heart disease	12	—	—	—	—	—	2	4	6	12
Other heart disease	138	—	—	—	—	—	17	32	89	101
Other Circulatory disease	51	—	—	—	—	—	8	12	31	43
Influenza	16	—	—	—	—	2	2	7	5	8
Pneumonia	27	5	—	—	1	1	5	9	6	33
Bronchitis	47	—	1	—	—	—	12	19	15	25
Other diseases of respiratory system	6	—	1	—	—	—	2	1	2	2
Ulcer of the stomach and Duodenum	13	—	—	—	—	—	1	7	5	12
Gastritis Enteritis and Diarrhoea	5	1	—	—	—	—	1	2	1	11
Nephritis and Nephrosis	9	—	—	1	1	1	—	3	3	14
Hyperplasia of prostate	7	—	—	—	—	—	—	1	6	8
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—
Congenital malformations	15	10	3	—	1	—	—	1	—	10
Other defined and illdefined diseases	50	15	—	1	1	3	12	9	9	83
Motor vehicle accidents	13	—	—	—	4	1	4	2	2	21
Suicide	11	—	—	—	1	2	6	1	1	9
Homicide & operations of war	—	—	—	—	—	—	—	—	—	—
All other accidents	15	—	—	—	1	3	2	6	3	16
TOTALS	949	31	6	3	10	25	234	282	358	725

TABLE 2.

Table showing number of infant deaths by primary cause and age and by month of death in Carlisle during 1961.

Cause of Death	AGE									MONTH												
	Under 1 Week	1—2 Weeks	2—3 Weeks.	3—4 Weeks	Total under 4 Weeks.	4 Weeks and Under 3 Months	3 Monthss 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	Total Deaths Under One Year
All causes:																						
Certified	23	—	—	1	24	1	2	—	—	3	—	3	2	3	2	4	2	1	3	1	3	27
Uncertified	—		1	—	1	—	2	—	1	—	—	1	—	2	—	—	—	—	—	—	1	4
*Congenital Ma formations ..	7	—	1	1	9	—	1	—	—	2	—	1	1	1	—	—	—	—	2	1	2	10
*Prematurity	9	—	—	—	9	—	—	—	—	—	—	2	1	2	—	2	1	1	—	—	—	9
Pneumonia	4	—	—	—	4	—	1	—	—	1	—	—	—	—	1	1	—	—	—	—	2	5
Atelectasis	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
*Intra Uterine Anoxia ..	1	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Gastro Enteritis	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Intussesception	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1
Haemolytic Disease of New Born	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
*Others	—	—	—	—	—	1	1	—	—	—	—	—	—	1	—	—	1	—	—	—	—	2
TOTALS	23	—	1	1	25	1	4	—	1	3	—	4	2	5	2	4	2	1	3	1	4	31

*Includes 1 Scottish.

Maternal Mortality

No maternal death occurred during the year.

Infantile Mortality

During 1961, 31 infants under one year of age died, giving an infantile mortality rate of 24.07 per 1,000 live births. This is just slightly lower than the rate of 24.44 recorded in 1960. It will be noted that had Scottish births and infant deaths been excluded the rate would have been 22.35. The average infantile mortality rate for the whole of England and Wales for the same period was *21.4. It is interesting to note that infantile mortality, like bronchitis, tends to be more marked in the North of the Country than in the South.

Twenty-five of the infants above referred to died before reaching 4 weeks of age, giving a neo-natal death rate of 19.41, while 23 of them actually died within the first week, giving an early neo-natal death rate of 17.86. The primary causes of infant deaths as given on the death certificates, the age at death and the month in which death took place are shown in Table 2. It will be noted that congenital malformations and prematurity account for almost two-thirds of the deaths.

A more informative figure in respect of the loss of infant life is the perinatal mortality which is the number of still-births plus the number of deaths under one week of age per 1,000 live and still-births. This figure in Carlisle for the year under review was 51.01 or, if the Scottish figures are excluded, 46.55. At the time of going to print the average for England and Wales is not available but in 1960 the national figure was 32.9.

In order to cut down the loss of infant life and complications of child-bearing a Maternity Liaison Committee has been set up for East Cumberland as envisaged in the Cranbrooke Report. This Committee meets regularly at quarterly intervals and all matters affecting ante natal care, etc., are fully discussed. Where any defects in the service are noted steps are taken to put these right, but the conditions which cause still-birth, prematurity and congenital abnormality are not yet in all cases fully understood. Until research has revealed the ultimate causes and we have the means to eliminate them one cannot expect a dramatic reduction in the loss of lives and handicaps suffered as a result of these conditions. Meanwhile one must use all the

*Provisional figure.

resources at hand in the form of good ante-natal care, provision of adequate diet, optimum exercise and the prevention of infection, etc., in order to keep the loss of infant life to a minimum. It should be remembered that it is in the children who have suffered from the types of condition listed in Table —sometimes known as the special risk group—that most of those who later require special educational treatment are found.

Deaths Due to Cancer

Deaths due to malignant disease remained at the usual level but the proportion due to cancer of the lung has increased slightly. In the last section I stressed the need for greater knowledge of the causes of prematurity and congenital abnormality. In cancer of the lung, however, we know of one trigger mechanism, cigarette smoking, which can start the disease. But do we as a nation take any avoiding action? No! We still allow smoking in public transport vehicles, in theatres, cinemas and at meetings. Surely it is time that smoking on the lower decks of buses was prohibited by statute and that similar action was instituted in respect of theatres, cinemas and halls.

TABLE 3.

Table showing deaths due to cancer during years from 1952 to 1961:

1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
106	124	141	121	132	146	138	146	163	145

Deaths Due to Cardio-Vascular Disease

Deaths due to this type of disease, including vascular disease of the nervous system, account for more than half the total deaths in the City and increased by 31 compared with 1960. Most of this increase was due to coronary disease which is exacting an increasing toll on the population. It will be noted from table that most of the people dying from this disease were in the age group 65-75 and with an increasing proportion of the population attaining this age as a result of the control of infectious disease, etc. one can expect to get an increase in deaths from cardio-vascular conditions. There has, however, been an increase even greater than one would expect from this cause alone and research is proceeding to ascertain what preventive measures can be taken to combat this increase.

INQUESTS

The City Coroner held 50 inquests during the year. Of this number 31 related to deaths of persons living within the City and 19 to persons who resided in other districts but died in Carlisle.

UNCERTIFIED DEATHS

69 deaths were registered in which no certificate was given by a medical practicioner and in which no inquest was held. 52 of these were in respect of City residents.

The number of such deaths which occurred in 1960 was 81.

MORTUARY

During the year 45 bodies were removed to the Public Mortuary and post-mortem examinations were made in 38 instances.

SECTION II.

SANITARY CIRCUMSTANCES AND HEALTH SERVICES

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

Main drainage and sewage disposal problems within the City have again received special attention.

The construction of the Stanwix Trunk sewer has continued throughout the past year and completion is expected during the summer months.

A start on the necessary preliminary site investigation works for the Kingstown Trunk Sewer is expected within the next few weeks and it is anticipated that construction of the sewer will follow before the end of the year. This sewer will run West of Kingstown Road and will open up the Kingstown Trading Estate (old Airport) for development.

Blackwell Relief Sewer is proceeding and completion is anticipated during the Autumn at an estimated cost of £99,000. The overloaded main sewer at present draining parts of the Upperby and Blackwell Area will then be relieved and flooding alleviated.

A scheme for the relief of flooding in the Belle Vue Area is now almost complete and will shortly be submitted for Ministry approval. It is hoped that a start will be made this year on this Relief Sewer which will commence at the City Boundary and pass through Raffles to the Sewage Disposal Works at Willow Holme and will involve an appreciable length of tunnelling.

Stage II. of the Reconstruction of Willow Holme Sewage Disposal Works is well under way at an estimated cost of £96,000. These works include the provision of storm water tanks and an additional detritus channel, modifications to the existing sedimentation tanks and the provision of mechanical desludging apparatus for the sedimentation tanks and a mechanical dredger for the detritus channels. Completion of these works will greatly improve the quality of the final effluent discharged to the River Eden.

The sewerage works for the London Road Private Development site were completed during the year and further sewerage works are at present being constructed for a further stage of Council development at Morton, i.e., 170 houses.

Regular sewer cleaning and maintenance works have been carried out 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 3½ 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 ½lb. 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, 1962, was 47.35 inches as against 39.13 inches in the previous year. There was one period of absolute drought during the year but the rainfall was 125% of the long term average. The heaviest rainfall was 1.43 inches on 4th August, 1961.

The storage at Castle Carrock reservoir fell to 74 million gallons in September, 1961. With the introduction of the Augmentation Scheme a more selective approach is made to the taking of water from Geltsdale and coloured water in the rivers after periods of heavy rain is allowed to pass down the River Gelt. Consequently the rate of recovery of Castle Carrock after a dry period is not as high as usual and after periods of prolonged rain such as in August the dirty waters are not taken into storage.

During the year 174 samples were taken for bacteriological examination from the various sources used for the City supply and the Rural District supplies. I set forth in table 4 below the result of these examinations.

TABLE 4

Source of Sample	No. of Samp'es Taken	Satisfactory	Suspicious	Unsatisfactory	Percentage of Satisfactory Samples
Cumwhinton	46	46	—	—	100%
Castle Carrock	40	37	2	1	92½%
Cowran Cut	8	6	—	2	75%
Roughton Gill	9	9	—	—	100%
Crew Fell	10	8	—	2	80%
Cumwhitton	8	5	2	1	87½%
Hallbankgate	8	1	2	5	12½%
Brampton	6	4	1	1	67%
Walton	7	5	—	2	72%
Low Row	8	2	4	2	25%
Banks	8	4	1	3	50%
Longtown	8	8	—	—	100%
Hethersgill	8	7	—	1	87½%

The quality of the water passing through Cumwhinton and Castle Carrock Works is generally excellent. The samples taken in the rural areas do not, with the exception of Longtown and Roughton Gill, show the same reliably high quality. The results, however, are as good as can be expected from the rudimentary provisions for purification and other treatment.

The first stage of the River Eden Scheme is now complete and in operation. The pumps at the River Eden can be used in times of drought. The main laying portion of the second stage of the scheme is complete and in use and it remains only for the High Brownelson Service Reservoir and the Booster Station at Harraby to be brought into operation in Autumn, 1962, before the Riven Eden Scheme will be completed in its entirety.

With the addition of the Water Undertaking of the Border R.D.C. which was transferred to Carlisle Corporation on 1st January, 1961, the area now being fed covers 400 square miles and serves a population of nearly 100,000. It is unfortunate that records of consumption have not been recorded in the Border area and therefore the figures which can be given for consumption would be confined to those for the area fed from the Cumwhinton Service Reservoir. The table below shows the total quantity of water supplied and the quantity per head per day for the past three years from this Reservoir.

Year ending 31st March.	Number of Gallons.	Gallons per head per day.
1960	1,244,000,000	42.49
1961	1,280,000,000	43.83
1962	1,335,000,000	45.71

Whereas the consumption in the City has been accommodated over this past year the distribution of water in the rural area has given cause for concern and proposals have been put forward for a scheme to augment the supply of water in the north and eastern part of the area in the areas now being fed from the Longtown, Hethersgill, Walton, Banks, Low Row, Farlam and Brampton sources of supply. This scheme has been discussed with the representatives of the Ministry of Housing and Local Government and arrangements are being made for the technical details of this scheme to be supplied to the Minister.

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

7,383 dustbins were delivered to householders under the scheme for the provision and maintenance of dustbins, making a total issue of 18,255 bins in the two and a half years since the scheme was started. Almost four fifths of the houses in the City have been provided with a dustbin and the advantages of the scheme are becoming increasingly apparent. One major gain is the absence of oil drums and uncovered boxes in the streets and the consequent littering of the streets with ashes and refuse in windy and inclement weather. Other advantages accruing are reduced tendency to spillage at the time of emptying, a reduction in the number of minor accidents such as cuts and abrasions caused by handling unsuitable containers and improved working conditions for the collection staff.

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.

In January two new Karrier rear loading refuse collecting vehicles were put into operation. This type of vehicle is of larger capacity than those in the remainder of the fleet, has a lower loading line, is more hygienic in operation and in general offers considerable advantages over the side loading type of vehicle. The fleet consisted of 5 Karrier side loading refuse collectors; 3 Karrier rear loading refuse collectors; 8 S. & D. refuse collectors (including 4 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
17,618	26,360 tons.

Refuse Disposal. Controlled Tipping

Refuse was disposed of by fully controlled tipping on three sites within the City and at Blackwell tip adjacent to the City boundary.

The work of tipping on land at the rear of Creighton and Margaret Sewell Schools to provide extra accommodation for playing fields was completed in November.

Whilst work on the aforementioned site was in progress it was observed by members of the staff of Austin Friars School and the Governors of the School asked that the land at the rear of their school should be treated in a similar manner to provide improved playing fields. This is a comparatively small but steeply inclined field requiring three layers of tipping on the lower portion with a gradual reduction to existing ground level at the highest point and it was estimated that the work would take about a year to complete. After the usual preliminaries of Town Planning Application and survey of the land, work on this site was commenced in November.

Throughout the year tipping of one half of the City's refuse was continued at Blackwell Tip, adjoining Upperby Park and there is every indiciation that this project of raising the general levels some 4 to 5 feet above the water table will not only stop the serious nuisance caused by the existence of shallow water but will also improve the view from the Park and provide land of some agricultural value.

Tipping operations were continued at Upperby where land adjacent to the completed playing area at York Place was used for the reception of industrial and commercial refuse which, though generally inert and free from nuisance, is by its nature unsuitable for inclusion in the house refuse tips.

Refuse Disposal. Destructor Works

The two cell destructor works was in operation six days weekly throughout the year for the reception of animal matter and combustible materials and the follow-

ing statistics indicate the amount of refuse disposed of in this manner:—

Vegetable and miscellaneous ...	563 tons
Fish offal	17 tons
Eggs and chickens	1,571 bins
Animal Carcases	1,511

Salvage Disposal

Reference was made in last year's report to the increased amount of wastepaper becoming available and to the decision to install a fully mechanised waste paper baling plant as an extension of the existing plant at Willow Holme. The plant was completed and put into operation in May and consists of a wire-mesh conveyor feeding the wastepaper from floor level into the hopper of a continuous power baling machine, the whole contained in a prefabricated steel and asbestos building some 80 feet by 40 feet. The old system of hand baling necessitated six operators and considerable overtime was worked to achieve an average output of about 90 tons per month. With full mechanisation five operators can handle up to 120 tons per month without overtime and although the plant was only in operation for seven months of the year some 200 tons more paper was baled and sold than in the previous year.

The demand for, and prices of other salvageable materials steadily declined throughout the year but recovery and sale is still continuing where it is economic to do so.

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

	Tons	Cwts.	Qrs.
Waste Paper	1,265	1	0
Iron and baled tins ...	66	8	0
Other metals		17	2
Textiles	5	19	3
Cullet (broken glass) ...	10	15	1
Bottles	2	10	0

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.R.I.C., of Warrington, acted as City Analyst. Details of the work he undertook are included in the Chief Public Health Inspector's Report.

Registration of Nursing Homes

At the end of the year there were two registered nursing homes in the City, one being Durranhill House which is registered as a mental nursing home and is referred to in Section V. under the Mental Health Services.

Carlisle Crematorium

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

SECTION III.

OCCURRENCE AND CONTROL OF INFECTIOUS DISEASES

OCCURRENCE AND CONTROL OF INFECTIOUS DISEASE

Infectious diseases do not occupy such a prominent place in the work of the Health Department as they held 20 to 30 years ago. Nevertheless much time is in fact spent on the investigations connected therewith and on occasions we have to make great demands on the Public Health Laboratory in the tracing of carriers particularly among food handlers.

There was a considerable increase in the number of cases notified during 1961; this was due mainly to Measles and to a lesser extent to Dysentery and Food Poisoning. Table 5 shows the number of cases of the various notifiable diseases.

TABLE 5

DISEASES	Total number of cases notified	Number of cases incorrectly notified	Net number of cases notified	Number of cases notified at various ages							Number of notified cases removed to hospital
				Under 1 year	1-4 years	5-14 years	15-24 years	25-44 years	45-64 years	65 and upwards	
Scarlet Fever	25	—	25	—	10	13	1	—	1	—	—
Whooping Cough ..	15	—	15	1	9	5	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Measles	1259	—	1259	62	665	531	1	—	—	—	—
Pneumonia	31	—	31	—	—	4	—	7	10	10	—
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—
Paralytic	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis ..	—	—	—	—	—	—	—	—	—	—	—
Dysentery	32	—	32	2	20	4	3	3	—	—	1
Ophthalmia Neonatorum ..	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ..	7	—	7	—	—	—	4	3	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever ..	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever ..	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	2	—	2	—	—	—	—	—	2	—	—
Malaria (contracted abroad)	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis Respiratory ..	27	—	27	—	1	1	5	5	13	2	—
Meninges	—	—	—	—	—	—	—	—	—	—	—
Other	9	—	9	—	—	—	2	3	3	1	—
Food Poisoning	81	—	81	—	—	1	23	27	29	1	1
Meningococcal Infection ..	1	—	1	—	1	—	—	—	—	—	1
TOTALS ..	1489	—	1489	65	706	559	39	48	58	14	3

No cases of Diphtheria, Poliomyelitis, Encephalitis, Ophthalmia Neonatorum, Smallpox, Typhoid Fever or Malaria were notified in the City.

Scarlet Fever

Twenty-five cases of Scarlet Fever were notified; no patient was removed to hospital; all recovered .

Whooping Cough

Only 15 cases of whooping cough were notified and there were no deaths.

Measles

After the small number (49) of cases of this disease in 1960, a rise in incidence was not unexpected in 1961, and the number notified was 1,259. None of these patients was admitted to hospital and there were no deaths attributed to this disease throughout the year.

Pneumonia

31 noifications of this disease were received during the year.

Influenza

The City was free of this disease in epidemic form throughout the year. Nevertheless 16 deaths were attributed to this disease.

Dysentery

Sonne Dysentery has been endemic in this country for some time. It is a most difficult disease to control as there are many people harbouring the causative organism who exhibit few if any symptoms. While diarrhoeal diseases have traditionally been summer diseases associated with warm periods and high fly incidence, this disease has in recent years become a winter malady.

During the last quarter of the year an outbreak of this disease occurred in the Raffles Day Nursery. A total of 35 persons, including 3 members of staff, were eventually affected 22 of whom had symptoms and were notified. Fifteen of these were actually children in attendance at the Nursery and the other 7 were children who had recently been in the Nursery or other persons closely associated with the nursery children.

All cases and their siblings were excluded from the Nursery and re-admission was allowed only after satisfactory bacteriological examinations.

The other ten individual cases were notified throughout the year.

Puerperal Pyrexia

Seven notifications of this condition were received; six in respect of City residents and one in respect of an out-City patient in a local hospital.

Food Poisoning

There were 81 notifications received but only one patient was admitted to hospital. The great majority of notifications resulted from a single outbreak due to Cl. welchii contamination of the meat course at a dinner-dance. The staff of a large store held a dinner-dance at a local restaurant. 142 members of staff attended and next morning 63 were ill. In addition 5 members of staff of the restaurant and 4 members of the dance band, all of whom had portions of the meat (turkey) were affected. Cl. welchii was recovered from the stools of numerous patients and from the juices of one remaining turkey. No pathogenic organisms were recovered from other articles of food partaken at the dinner.

Of the remaining 9 cases one was due to staphylococcal food poisoning, one was found to have infection with Salmollella thompson (but was probably not food borne), while the cause in 5 individual cases and one family outbreak involving two persons was not determined.

The investigation of these diseases involved the close and willing co-operation of Dr. Davies and his staff of the Public Health Laboratory in Carlisle and considerable time and energy on the part of the Public Health Inspectorate.

VENEREAL DISEASES

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

In previous Reports I have drawn attention to the apparent immunity enjoyed by this City to the almost epidemic trends in venereal disease reported by the Chief Medical Officer for England and Wales. During 1961 all categories of V.D. have shown further increases in England as a whole, and the sharp rise in the figures for gonorrhoea and non-gonnoccal urethritis shows no sign of improve-

ment. By contrast, the unchanging situation in Carlisle is illustrated by the figures tabled below for the last four years:

Year	1958	1959	1960	1961
Non-gonnoccal urethritis (male) ...	11	12	11	8
Gonorrhoea (male)	12	10	13	9
Gonorrhoea (female)	3	2	7	4

It is to be remembered that these figures are not figures of actual incidence of disease, but merely represent a trend. Numbers of patients are treated by their family doctors: but the trend is a static one. Why this city has escaped the difficulties presenting elsewhere, and whether or not this immunity is to continue poses a problem that is unanswerable.

If trouble with gonorrhea is to be expected in this area it will be related to infection in the female. It has become increasingly obvious during recent months that some women harbour an organism of low-virulence for long periods—a carrier state. Moreover the infection is very difficult to diagnose by smear or culture and it is often partially resistant to penicillin. There is little doubt that a proportion of female patients attending for examination are wrongly pronounced clear of the disease. Put in another way, some female infections are undiagnosable, even by the expert. This kind of thing has been reported by my collegues elsewhere, but the phenomenon has only recently shown itself in this territory. What is required now is a reliable serological test for gonnorrhea and more accurate methods of culture. Research on these lines is being prosecuted at the moment in this and other countries.

Apart from the foregoing ,I am happy to report that during 1961 there were no cases seen at the Clinic of neonatal syphilis, of acquired early syphilis or of acute disease among teenagers.

NOTIFICATION FEES

The total amount paid in fees to medical practitioners for the notification of all notifiable diseases during the financial year 1961/62 was £158 0s. 6d.

SECTION IV.

TUBERCULOSIS AND OTHER CHEST CONDITIONS AND MASS RADIOGRAPHY

TUBERCULOSIS AND OTHER CHEST CONDITIONS AND MASS RADIOGRAPHY

Introduction

The volume of work at the chest centre remained at a high level during 1961.

In the East Cumberland Hospital Management Committee area notifications of pulmonary tuberculosis showed a decrease of 14 over the whole area. Whilst this decrease is particularly noticeable in the Carlisle City and North Westmorland areas, the apparent increase in the East Cumberland county area should not give cause for alarm, for as noted in Table the number of new cases of pulmonary tuberculosis discovered during the previous year, for the East Cumberland area was an exceptionally low figure—so exceptional that one almost anticipated that more cases would be discovered in this area during 1961.

In 1960, the number of new cases for the whole area for the first time fell below the hundred mark. The present new figure of 58 new cases for the whole area suggests that the figure for 1962 will be below the 50 mark.

The number of notified cases of tuberculosis under supervision at the chest centre had dropped from 1,450 in early 1960, to 1,413 on the 1st January, 1961. This high figure is undoubtedly an indication of the intensive diagnostic measures carried out during the 1950/60 decade, and is also an index of the success of our therapeutic measures. Large numbers of these patients are now being removed from the Registers as completely cured and no longer requiring chest centre supervision. During 1961 no less than 140 patients' names were so removed. The number of cases under supervision at the chest centre will undoubtedly be reduced, and at 31/12/61 the total number had been further reduced to 1,288. This decline in the total number will continue, and is most satisfactory. Almost three times as many patients had their names removed from the Register as cured as were detected as new cases during the year.

For the first time the number of new cases of lung cancer during 1961 has exceeded the number of new cases of tuberculosis. Unfortunately, the majority of these cases are beyond the scope of our present regimen of therapy.

The mass radiography units allotted to the Special Area continue to play a vital role in diagnosis. The static unit in Carlisle is particularly valuable, and the high pick-up rate of this unit in both tuberculosis and neoplasm should be noted. Encouraged by these results, we are proposing to employ the mobile unit as a static unit in Whitehaven every Friday in the near future and it is hoped that the general practitioners in this area will find this diagnostic service as valuable as it is here in Carlisle.. As most of the cases passing through the static unit are cases under their own general practitioners and are referred by them, the work of such a unit prevents overloading the work at the chest centre.

Notifications

Table 6 shows the number of notifications throughout England and Wales for 1961 and the preceding five years:—

TABLE 6

Year	Pulmonary	Non-pulmonary
1956	31,642	4,173
1957	29,310	3.807
1958	26,595	3,503
1959	21,063	3,855
1960	21,129	2,861
1961	19,187	2,728

Table 7 shows the number of notifications for the same period in the three local authority areas in the East Cumberland area:—

TABLE 7

	Carlisle City		Cumberland Eastern Div.		North Westmorland		Totals.	
Year	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
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
1961	27	9	25	8	2	1	58	18

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

TABLE 8

Number of Primary Notifications of New Cases of Tuberculosis.

Age Periods	0-1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 & upwards	Total (all ages)
PULMONARY—												
Males	—	1	—	—	—	2	1	3	3	5	2	17
Females	—	—	1	—	—	3	1	—	2	3	—	10
NON-PULMONARY—												
Males	—	—	—	—	—	—	—	—	—	—	—	—
Females	—	—	—	—	—	2	1	2	3	—	1	9

Table 9 shows the age and sex distribution of the new cases discovered in the City of Carlisle during 1961, the figure in parenthesis represent the total number discovered in the whole of the East Cumberland Hospital Management Committee area, which also includes North Westorland and the Eastern Division of the County of Cumberland.

TABLE 9

	Under 5	5-15	15-25	25-35	35-45	45-55	55-65	65+	Total
RESPIRATORY—									
Males ...	1(1)	-(1)	2(2)	2(6)	2(6)	4(5)	4(7)	2(5)	17(33)
Females	-(1)	1(2)	2(6)	3(4)	-(3)	2(5)	2(2)	1(2)	10(25)
NON-RESPIRATORY—									
Males ...	-(-)	-(-)	-(-)	-(1)	-(1)	-(-)	-(-)	-(3)	—(5)
Females	-(-)	-(-)	2(2)	1(2)	2(3)	3(4)	-(1)	1(1)	9(13)

Once again, almost half the new cases in males in the whole area were over 45 and I would again stress the importance of X-ray examination for males of this age group no matter how trivial their symptoms may be.

Deaths

Twenty-six names were removed from the Tuberculosis Registers during the year as having died, but none died specifically from pulmonary tuberculosis itself although the disease may have contributed to death in two cases.

Chest Centre Statistics

Although death from pulmonary tuberculosis is now rare, and there is strong evidence to suggest that the tuberculosis morbidity in the community has markedly declined, tuberculosis is still prevalent. A negative chest X-ray, although ruling out a pulmonary lesion, does not necessarily exclude abdominal tuberculosis. A Mantoux test is usually positive in the presence of tuberculous disease, but even a Mantoux test can remain negative in the presence of a miliary or abdominal infection.

Table 10 gives the number of pulmonary and non-pulmonary cases on the chest centre register at the end of 1961; 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 10

Clinic Register as at the end of 1961—City of Carlisle

	RESPIRATORY			NON-RESPIRATORY			TOTALS			Grand Total.	No. on Register for the whole of the East Cumberland area.
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.		
A. (1) No. of notified cases of T.B. on Register 1/1/61	309	305	40	15	45	9	324	350	49	723 (748)	1413 (1450)
(2) Transfers in from other areas during the year ...	4	7	—	1	—	—	5	7	—	12 (13)	24 (42)
(3) Cases lost sight of which returned during the year	1	—	—	—	—	—	1	—	—	1 (1)	1 (6)
B. No. of cases diagnosed during the year:—											
T.B. minus	10	8	2	—	7	—	10	15	2	27 (39)	48 (61)
T.B. plus	6	2	—	—	2	—	6	4	—	10 (19)	28 (31)
Totals of A. & B. ...	330	322	42	16	54	9	346	376	51	773 (820)	1514 (1590)
C. No. of cases in A. and B. written off Register during the year:—											
(1) Recovered	22	32	10	4	10	1	26	42	11	79 (37)	148 (71)
(2) Died (all causes)	12	1	—	—	—	—	12	1	—	13 (21)	26 (35)
(3) Removed to other areas	8	5	2	—	3	—	8	8	2	18 (34)	44 (63)
(4) Other reasons ...	2	3	—	—	—	—	2	3	—	5 (5)	8 (8)
	44	41	12	4	13	1	48	54	13	115 (97)	226 (177)
D. No. of notified cases of T.B. on Register on 31/12/61	287	283	27	13	41	7	300	324	34	658((723)	1288 (1413)

It is re-assuring to note that the problem of drug resistance in this area is not significant, the four cases shown in Table 11 are the same four cases shown in Table 12 in 1960. In general the problem of resistance reflects the standard of our therapeutic measures. As far as primary resistance is concerned in untreated patients, no patient during 1961 was found to be resistant to even one of the anti-tuberculous drugs.

TABLE 11

	In Hospital			At Home.												Total
				Still positive.			Formerly Pos. neg. at end of 1961.					Negative.				
	M.	F.	Ch.	M.	F.	Ch.		M.	F.	Ch.		M.	F.	Ch.		
No. of active cases	23	5	3	3	1	—	...	18	13	—	...	18	30	—		114
No. of quiescent cases	—	—	—	—	—	—	...	—	—	—	...	551	569	58		1178
No. of resistant cases	—	—	—	3	1	—	...	—	—	—	...	—	—	—		4

Chemotherapy in pulmonary tuberculosis gives excellent results, providing that the correct drug combinations are used and that the patients take these drugs as precribed. All patients who initially have a positive discharge should be treated in hospital until conversion has been obtained.

The administration of steroids with anti-tuberculous drugs can be valuable in certain cases, but such combined therapy requires considerable deliberation before being embarked on; there should, for example, be no evidence to suggest that the tubercle bacilli concerned are not still sensitive to the anti-tuberculous drugs used, otherwise steroid therapy might cause spread of the tuberculous disease.

There has been no alteraton in our regimen of treatment since the last report for 1960. Chemotherapy intensively applied has so reduced mortality and incidence rates that eradication of the disease can now be regarded as feasible. Certain problems, however, remain. the biggest is probably the incidence of not only tuberculosis but chest diseases as a whole in men over the age of 45.

The origin of lung cancer remains obscure despite wide

pathology and physiology of cancer is required before prevention can be achieved. Certain agents are freely associated with an increased incidence of the disease such as radioactive material, nickel, and asbestos; less generally accepted agents are tobacco smoke and certain petroleum derivatives. There is much circumstantial evidence associated with the latter in the incidence of lung cancer. Most of the cases of lung cancer coming to our notice in Carlisle are heavy cigarette smokers, but there is a small percentage who are non-smokers.

Periodic x-ray examination, therefore, is still the only possible way of obtaining early detection of lung cancer, but even with this there is no guarantee that all of the so-called early cases will be found amenable to surgery. Indeed, as pointed out in previous reports, therapy in cancer is still most inadequate. All one can say at present is that any patient, particularly men over 45, who present with such symptoms as cough, stained sputum, and chest pain should be investigated, and that all men of this age group should have a yearly x-ray examination.

SARCOIDOSIS

There are now 43 cases of pulmonary sarcoidosis under supervision at the chest centre. This is more often a disease of the young adult rather than one of the younger or older age groups. Many cases are first discovered on routine mass radiography examination, and many do not require any therapy. Indeed, the prognosis in most cases so discovered is excellent. Only very few cases, those with extensive lung parenchymatous changes, or with a considerable degree of mediastinal glandular enlargement, or both, require therapy. Only a small proportion of these cases require in-patient treatment in hospital, and the results of therapy are in general excellent.

BRONCHIECTASIS

Table 12 shows the number of cases of bronchiectasis on the register at the chest centre and attending for physiotherapy and medical supervision. The number of new cases coming to our notice still remains at a high level. Most of the new cases, however, are in the older age groups and there are fewer cases in younger people. This is satisfactory in that the presence of bronchiectasis in the younger persons would naturally infer that adequate antibiotic therapy had not been given in previous infections. ~~and extensive research. More adequate knowledge of the~~

TABLE 12

	City of Carlisle	Cumberland East. Div.	North Westmorland	Total
No. of cases of bronchiectasis on Register at 1/1/62	160	139	23	322
New cases diagnosed in:				
1961	19	17	1	37
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

BRONCHITIS, ASTHMA and EMPHYSEMA

Chronic bronchitis continues to be the chief cause of morbidity and unemployment in this area. Full use continues to be made of the physiotherapist, and as the number of these cases are considerable much work is entailed in their supervision and control of treatment.

Every effort is made to treat bronchospasm of whatever cause. Respiratory irritants such as tobacco smoke should be avoided in cases of bronchitis, even though such restrictons are unwelcome to the patients.

Chronic cough whatever the cause is to be controlled; although the severe asthmatic attack probably does most damage in producing early emphysematous changes milder bronchospasm with which the patients learn to live in relative comfort can also produce trauma. This is where physiotherapy is of value. The exercises are generally individualised and each exercise mastered before a new one is added. All respiratory distress is avoided during physiotherapy, and naturally progress in many cases is relatively slow. Many cases do present with considerable emphysema and the treatment of these cases is largely medical. The recent decline in the need for surgery in tuberculosis, however, has enabled the thoracic surgeons to pay more attention to the treatment of localised emphysematous bullae. The small number of cases done in this area have resulted in unexpectedly gratifying results.

It is very difficult in a disease such as emphysema, with the patient already breathless, to decide to refer a case to the thoracic surgeon. Until now, the decision to refer has been based on the radiological appearances plus simple vital capacity measurements. In future, however, greater

emphasis will obviously be placed on the investigation of such patients in a regional physiological laboratory. Ultimately, one hopes that with increased knowledge becoming available as the results of such tests, simpler apparatus will be available for use in out-patient departments so that more rational therapy can be instituted and supervised.

MASS RADIOGRAPHY

(NOTE: Figures given in brackets throughout the report relate to the corresponding figures for 1960).

Both the Static and Mobile Units were fully operational throughout the twelve months of 1961. Early in 1962 both units were converted from 35m.m. to 100m.m. x-ray sets. The standard of the films as a result of the conversion has been greatly improved. Figures shown in the present report which refer to the number of persons referred for further x-ray films will be omitted in future as it is unnecessary with the 100 m.m. film. During 1961 both units operated satifactorily with unqualified radiographer staff and the quality of the films produced showed no deterioration.

Groups Examined

In addition to carrying out surveys at works and factories, surveys of the general public were carried out on 60 occasions. 1,113 (1,627) contact cases were x-rayed, 516 from the East Cumberland area and 597 from West Cumberland.

Results

35,807 (38,746) persons were examined by the Units during the year.

Number recalled for full sized x-ray film
— 2,230 — 6.23% of total examined
(2,330 — 6.01%)

Number referred for clinical examination
— 439 — 1.23% of total examined
(415 — 1.07%)

Number failing to attend for full sized film
— 81 — 3.63% of those recalled
(96 — 4.12%)

Table 13 shows the number of abnormalities revealed during 1961 throughout the whole of the Special Area.

TABLE 13

	No. of cases found	Percentage of total examined.
ABNORMALITIES REVEALED		
(1) Non-tuberculous conditions:		
(a) Bronchiectasis	33 (28)	.09 (.07)
(b) Pneumoconiosis	46 (54)	.13 (.14)
(c) Neoplasm	29 (26)	.08 (.07)
(d) Cardiovascular conditions	168 (140)	.47 (.36)
(e) Miscellaneous requiring investigation	36 (37)	.10 (.10)
(2) Pulmonary Tuberculosis:		
(a) Active	31 (39)	.09 (.10)
(b) Inactive requiring supervision	31 (32)	.09 (.08)
(c) Active (Previously known)	2 (—)	.006(.—)

In this area we have not previously had the problem of immigrants increasing the incidence of the disease in the area. During the past year, however, not less than six immigrants have been found to be suffering from pulmonary tuberculosis — two Chinese, two Portugese, one Pakistani, and one Italian. To make matters worse 5 of these immigrants worked in hotels and catering establishments. None had had an X-ray prior to entering this country. It seems all wrong to me that whereas anyone from the Special Area desiring to emigrate to U.S.A. or Canada must have a clear x-ray prior to embarkation, immigrants should be allowed into Great Britain without any such safeguard. All of these patients have required intensive chemotherapy treatment in hospital. The risk to the general public in allowing anyone into this Country without a clear X-ray check is a big one.

In all six cases the usual intensive contact examinations were required entailing considerable chest physician time etc Matters were made worse by the fact that one of the immigrants took up duty at a factory a few days after we had carried out our annual mass radiography survey of this factory. His diagnosis some weeks later when he fell ill necessitated a second similar survey being carried out. involving considerable effort and expenditure. not only to the chest service but to the factory concerned.

Further. to have six immigrants in a total new case incidence of 58 for the year is too big a percentage.

All immigrants into this Country should abviously have adequate x-ray examination before entry so that our efforts in eradicating the disease here should not be halted, and the intended legislation to this effect is to be welcomed.

Contact Examinations

Contact work has been continued as in previous years, and Table 14 shows the number of new contact examinations at the chest centre over the past 6 years and the number of these contacts who have been notified as suffering from active tuberculous disease.

TABLE 14

Year	No. of New Contacts Seen			No. of contacts diagnosed as tubercle.		
	Carlisle City	Cumb. East. Div.	North West'ld.	Carlisle City	Cumb. East. Div.	North West'ld.
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
1961	942	898	118	2	4	—

Table 15 shows the number of contacts and hospital staff who have been vaccinated with B.C.G. vaccine over the same period. Most of the adult contact examinations over the age of 15 continue to be carried out on the mass radiography unit, thus relieving pressure at the chest centre.

TABLE 15

Year	Carlisle City		East Cumberland		North Westmorland		Hospital Staff.	
	M.	F.	M.	F.	M.	F.	M.	F.
1956	40	62	38	46	1	5	—	27
1957	77	84	74	69	5	4	—	34
1958	99	86	79	76	7	7	3	45
1959	86	82	77	79	4	4	1	49
1960	75	75	43	57	8	12	14	25
1961	80	75	59	76	7	5	6	37

We have continued, in co-operation with the City of Carlisle, to investigate those primary school children, aged 6, who are found to have a positive Mantoux test on school entry. Whilst no case of active tuberculous disease has been found in these children, one further case of tuberculosis has been found as a result of this survey. The difficulty in tracing the source of infection in such children must be emphasised, and to get only one new case of tubercle as a result seems at first sight wasteful energy. However, we must continue to make use of all methods to discover unknown sources of infection.

Table 16 shows the number of such Mantoux positive six-year-olds referred from the City of Carlisle since we started this scheme, and the number of new cases each year resulting from this investigation. This table is inserted as it appears to me to be quite a valuable method of ascertainment.

TABLE 16

Year	No. of children Mantoux tested.	No. of such children found to have a pos. Mantoux test.	No. of NEW cases of active tubercle discovered after investigation of Mantoux positive children and families.
1954	263	13	4
1955	824	35	1
1956	641	25	—
1957	701	26	1
1958	583	16	2
1959	609	15	2
1960	592	28	2
1961	688	11	1

Hospital Facilities

The number of beds in the East Cumberland area available for the treatment of chest cases are :—

Ward 18, Cumberland Infirmary, Carlisle	14
Longtown Chest Unit	26
Blencathra Hospital	25

Rehabilitation panels continue to be held monthly in respect of all patients who attend at the chest centre.

OTHER CHEST DISEASES

Cancer of the Lung

Table 17 shows the number of new cases of lung cancer seen at the chest centre during the past seven years :—

TABLE 17

Year	Carlisle City	Cumberland East. Div.	North Westmorland	Total
1955	8	12	1	21
1956	16	11	2	29
1957	23	11	3	37
1958	27	27	5	59
1959	26	31	2	59
1960	31	20	3	54
1961	28	30	6	64

Of the total number of new cases seen for the whole of the area in 1961 only nine were females. Unfortunately, comparatively few patients were found after investigation to be fit for radical surgery. Until new and more effectve therapy is available we must continue to concentrate on securing earlier diagnosis in these cases.

Just as in tuberculosis, there is no symptom characteristic of early lung cancer. A man may have bronchitis for several winters but when his cough suddenly becomes more severe and his sputum more purulent and probably tinged with blood, then obviously some factor other than bronchitis is present. Likewise, chest pain of unexplained origin and a change in the cough habit itself persisting for more than two or three weeks in persons over 45 should create suspicion. Haemoptysis is a sympton common to many chest diseases; bronchiectasis is more liable to cause profuse bleeding than probably any other chest condition. Stained sputum, however, particularly in men over 45, is likelier to be due to lung cancer than to anything else.

In most cases there are no distinctive physical signs, and indeed, in a recent survey elsewhere, over 50 per cent. of the cases of lung cancer had no definite physical signs at all. Routine x-ray examination will give a diagnosis in most cases, but, in some, added measures such as tomography and bronchography will be necessary to secure a diagnosis.

COMMENTS

The future use of mass radiography in general is still uncertain. It was recently estimated that there were still 50,000 undiagnosed cases of pulmonary tuberculosis in persons over the age of 15 years in England and Wales. The same report showed that 10% of the cases of lung cancer throughout the country were diagnosed with the help of mass radiography units but in just over half of these, the cases were referred by medical practitioners to static units. Both diseases when discovered by mass radiography are more often found in persons who have not had a previous chest x-ray examination.

This is borne out in our own figures here in Carlisle. The high pick-up rate both in tuberculosis and lung cancer in the Static Unit is to be specially noted. For the first time in the East Cumberland area the number of new cases of neoplasm discovered has exceeded the number of new cases of pulmonary tuberculosis discovered. Of the new cases of pulmonary tuberculosis discovered far too high a proportion are still found to have extensive disease and a positive sputum.

Of other diseases discovered by mass radiography, more of these are undoubtedly discovered amongst cases referred to a static unit by general practitioners than amongst those examined at routine surveys by the mobile unit, e.g. the vast majority of inflammatory lesions discovered came to the Static Unit. There is a steady pick-up rate in bronchiectasis and cardiac conditions throughout the whole area. Most of the cases of pneumoconiosis are naturally discovered in the western area.

We should, therefore, as far as possible, continue to concentrate on those members of the general public who have not so far had a chest x-ray. With this object in view we propose to carry out further street by street surveys in selected areas each year. During 1962 such a survey will be carried out in the City of Carlisle and another in Whitehaven. In view of the excellent results from the Static Unit we also propose to use the Mobile Unit as a Static Unit in Whitehaven to operate every Friday from the 4th May, 1962 In addition we are increasing the number of sessions at the Static Unit in Carlisle from two sessions a week to six sessions a week, the latter to include one evening session.

We shall also continue to try to secure the passage through the Unit of all those people whose work involves contact with large numbers of fellow workers. The male population over the age of 45 remains as before the population group at greatest risk and we feel that street by street sessions will be advantageous where these older groups are concerned. The recent discovery of five cases of active tuberculosis in immigrants in the East Cumberland area who were all employed in the catering industry and the high incidence over the past ten years of tuberculosis in this industry points to an occupational group which appears to necessitate closer mass radiography supervision than the general public.

There is no doubt that mass radiography still plays a very vital role in discovering a significant number of new cases of both pulmonary tuberculosis and cancer of the lung and we have not yet reached the stage when some economy in our efforts can be made. It is hoped that the provision of further static mass radiography facilities at both Carlisle and Whitehaven will be found helpful to the general practitioners in the area.

ACKNOWLEDGMENTS

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

It give me great pleasure to acknowledge the great help and co-operation we have received from the general practitioners in the East Cumberland area. They have taken full advantage of the sessions of the Static Unit with considerable benefit to the patients concerned.

The interpretation of films and disposal of abnormalities is no easy task and would be impossible without the friendly co-operation of my colleagues on the hospital staff, and to all I tender my sincere thanks.

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

W. H. MORTON,

Consultant Chest Physician.

SECTION V.

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

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

These services which Local Health Authorities provide are complementary to those provided by the Executive Councils and the Hospital Boards. If the maximum benefit is to be obtained by the public the three sections of the service must operate in harmony. Every effort is made by your officers to ensure such harmonious working. It should be realised, however, that while the Executive Councils and Hospital Boards derive their finances from the exchequer funds a large part of the cost of runnning Local Health Authority Services is provided from Local Rates and capital moneys have to be found from loans on which interest has to be paid.

CARE OF MOTHERS AND YOUNG CHILDREN

The care of mothers and young children has for many years been a particular responsibility of the Local Authority and although the pattern of care may change with advancing social circumstances the basic objective of promoting healthy parenthood and the full and healthy development of the child remains unchanged.

The total births notified in accordance with Section 203 of the Public Health Act, 1936, fell by 72 to 1936. This figure included 702 born to parents normally resident outside the City. Of the 1234 City births there were 1196 live and 38 still births and reference has already been made to these in Section I. of this report.

Ante-Natal Clinics

As indicated in my last report the Council no longer provides a Medical Officer at the ante-natal clinic. All women having domiciliary confinements engage a General Practitioner Obstetrician who with the midwife is responsible for ante-natal care. The Council's clinic is now a midwives' clinic where patients meet all the Council's midwives and some of the Health Visitors and where they can receive health education and participate in classes for relaxation exercises.

During the year 285 mothers had domiciliary confinements and almost all attended the ante-natal clinic. The number of patients seen at the clinic was 448 and of this number 365 attended for the first time. The total number of attendances made by expectant mothers was 1432.

Post-Natal Clinics.

Post-natal examinations were not conducted at the Council Clinic. All these examinations took place in the surgery of the General Practitioner Obstetrician or in the patient's home and when practitioners had difficulty in arranging for such examinations the District Health Visitor called and endeavoured to get the patient's co-operation.

A Family Planning Clinic was conducted weekly. This was arranged by the Family Planning Association and Clinic premises were provided free of charge by the City Council.

Provision of Maternity Outfits

During the year 289 expectant mothers booked for domiciliary confinements were issued with maternity outfits. Additional dressings, when necessary, were provided by the midwives.

Care of Premature Babies

Prematurity is one of the major causes of infantile deaths and special provision is necessary to enable some of these children to survive. Most of the premature births take place in hospital. Every child with a birth weight of 5½ lbs. or less is regarded as premature. During the year 99 such babies were born, 83 in hospital and 16 at home. Three of the latter infants had to be removed to the premature baby unit at the City Maternity Hospital. A special incubator is available for such ambulance journeys. It is the joint property of the Hospital, Cumberland County Council and the City Council.

There were 21 premature still births, 19 of which took place in hospital and 2 in domiciliary practice.

Close liaison is maintained between Health Visitors, Domiciliary Midwives, General Practitioners and hospital staff and all premature babies are regarded as special risk children and are regularly visited by the Health Visitor after the midwife ceases attendance or the child is discharged from hospital.

Child Welfare Clinics

The Child Welfare Clinic is one of the best settings in which to conduct health education. The young mother coming up with her baby is only too anxious to receive friendly advice from the Health Visitor and may bring up points of doubt and difficulty which might not in her mind have justified her visiting her family doctor. Care must be taken to ensure that such mothers are not given advice which they might feel conflicts with that given by the general practitioner. The Clinic provides facilities for vaccination and immunisation as well as medical examination. In the City the policy of having peripheral clinics within pram pushing distance from home has been in practice for a considerable number of years.

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 Road 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 ...	2755
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	932
No. of children who attend the Centres and were born during :—	
1961	755
1960	885
1956-59	1115

Total number of attendances made by children who attended the Centres—13,068.

Distribution of Welfare Foods

Welfare foods were available from the Distribution Centre, 28 Victoria Place, during office hours throughout the week except Monday and Thursday afternoons when they were available at the Infant Welfare Clinic also in Victoria Place. Foods were also distributed from the peripheral Infant Welfare Clinics.

Dental Treatment Provided for Expectant and Nursing Mothers and Pre-School Children.

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

Every expectant mother attending the Ante-natal Clinic for the first time is now referred for dental examination by one of your Dental Officers. This practice, commenced in the latter part of the previous year, has been continued and is indeed the main source of supply of patients in the above priority classes. An excellent opportunity is thus offered for a short talk on the importance of dental care and health to both mother and child, and—where indicated — of advising treatment either by the general dental service practitioner or at the clinic.

For the first time we have three full-time school dental officers available to give a proportion of their time to this work. Even so, the general increase in the numbers treated and in the forms of treatment provided is gratifying. 271 mothers and 112 children under five were examined. Of the former, 132 received treatment at the clinic whilst the number of pre-school children treated was 93.

The increase in the number of extractions and dentures for mothers is not surprising bearing in mind the greater number of mothers treated compared with the previous year. The number of fillings inserted has more than doubled—the need was there before but now something is being done about it. Eleven "Mothers" were referred for radiological examination and two were dealt with by the Oral Surgeon.

The position regarding the pre-school children remains about the same. A few more seem to have been referred for emergency treatment, hence the increased number of extractions. The complete figures will be seen in tabular form on page 55.

Day Nursery

The only municipal day nursery in the City is located at Raffles and can provide places for 10 children under two years and 40 children between 2 and 5 years. The nursery facilities are invaluable for unmarried mothers, widows and others with social difficulties who must go out to work. It is also useful for the lonely or difficult child who may benefit from association with others of his own age.

(a) Numbers provided with dental care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	271	240	132	67
Children under Five	112	98	93	23

(b) Forms of dental treatment provided.

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radiographs
							Full Upper or Lower	Partial Upper of Lower	
Expectant and Nursing Mothers	38	233	1	2	340	39	52	18	11
Children under Five	1	38	8	—	159	87	—	—	—

Nurseries and Child Minders Regulations Act, 1948

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

Mother and Baby Homes

The problem of the unmarried mother is always with us and 1961 showed an increased demand for admission to Mother and Baby Homes. This does not necessarily indicate an increase in illegitimacy but rather an increase in the proportion of expectant unmarried mothers wishing our help in this respect.

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 considerable periods 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 18.

TABLE 18

1961	Coledale Hall	S. Monica's	Brettargh Holt
Number of mothers	4	3	2
Number of weeks residence ...	40	30	15

In addition one mother was accommodated in a Salvation Army Maternity Home.

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 19 were dealt with.

TABLE 19

Married women expecting illegitimate children ...	4
Unmarried women expecting children	16
Couples advised re adoption	3
Problems concerning illegitimate children	3
Matrimonial troubles	7
Family problems	3

MIDWIFERY SERVICE

There is an establishment for six midwives excluding the Superintendent, but the number of domiciliary confinements has not in recent years justified the employment of the full complement. Five full-time district midwives, who are in receipt of essential user car allowances, undertook the work. The number of domiciliary confinements decreased from 304 in 1960 to 285 in 1961, each midwife had on average a case load of 57 patients.

Table 20 shows the number of deliveries attended by the district midwives during the year.

TABLE 20

	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	258	285	—
Midwives employed by Hospital Management Committees or Boards of Governors under the National Hea'th Service Act.	—	—	—	—	—	1620
Midwives in Private Practice (including Midwives employed in Nursing Homes).	—	—	—	—	—	—
TOTALS	—	—	27	258	285	1620

All the domiciliary midwives are qualified to administer analgesics in accordance with the regulations of the Central Midwives' Board and are supplied with Minnitts gas and air apparatus. This form of analgesia was administered in 238 cases and pethedine in 107 cases.

The midwives summoned medical aid under Section 14 (1) of the Midwives' Act, 1951, on 82 occasions.

Supervision of Midwives

Dr. David L. Wilson (Assistant Medical Officer) continued to act as Supervisor of Midwives. 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 practice as Midwives ... 42

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

There is establishment for a Superintendent Health Visitor, sixteen district Health Visitors, two Student Health Viistors and three nurses without Health Visitor's training. As indicated in my last report it is the Council's policy that this full establishment should be filled by 1964/65. During the year it was possible to recruit up to a complement of 15 officers against this establishment and it is gratifying to report that at the time of writing both studentships are filled. In view of the fact that in a very few year's time we can expect some retirements it is essential that every endeavour be made to have some younger women trained and ready to fill such vacancies.

The work of the Health Visitor has expanded greatly in recent years and the integration of their work with that of the Mental Welfare Officers and Psychiatric Social Worker is becoming increasingly manifest. This was envisaged in the Council's proposals under the Mental Health Act. Such integration enables the officer most acceptable to the patient to deal with his problems.

Mutual trust between the Health Visitor and the General Practitioner is becoming increasingly obvious and the scheme of a liaison Health Visitor attached to certain practices has continued. This scheme can be extended to all practices. In the areas of some Authorities Health Visitors have been attached to group practices and such liasion has obvious advantages, but Carlisle is a rather difficult City in which to apply this form of co-operation. The town is cut up into segments by rivers and railways and communication between these sectors frequently involves journeys to the City Centre. The geography of the town lends itself admirably to visitors working in districts or groups of districts but the doctors with few exceptions have central surgeries and their patients are scattered throughout and into the villages surrounding the City. A visitor attached to any practice, would, therefore, have to cover the whole town and would require a car. A Health Visitor attached to one practice could not be responsible for a particular district including schools therein. Many changes have, however, taken place in the Health Services and it may well be that the "District" concept of Health visiting may give way to a practice or "firm" concept in the future.

The Health Visitors carried out much health education during the year at Clinics and in the homes as well as in more formal ways. One member of the staff who is specially interested in teaching has been seconded as Health Education Officer.

The following is a summary of the work undertaken by the Health Visitors.

Visits to expectant mothers—	
First Visits	206
Total Visits	427
Visits to children under 1 year of age—	
First visits paid by a H.V. after birth of child	1,179
Total visits	7,747
Visits to children between the ages of 1 and 5—	
Total visits	11,597
Visits to other cases in respect of—	
Still-births	1
Hospital After-Care Requests	446
Old People (Care and After-Care)	321
Handicapped Children	11
Miscellaneous Visits	572
	1,351

Special reason for visits to children under the age of 5—

Measles	24

In addition, the Health Visitors paid visits as under—

To Child Welfare Clinics	589
To Day Nurseries	13

HOME NURSING

The Home Nursing Service had a staff of 11 nurses including one male nurse but excluding the Superintendent who is also the Superintendent of Midwives. As the City extends so the districts to be covered by nurses enlarge and become more exposed. It is, therefore, essential that the staff should have cars if they are not to spend undue time in travelling and arrive in an unfit state to handle ill patients. We had 6 cars for the use of nurses on the outlying districts but the central ones were still covered on bicycle.

As in hospital the character of the work undertaken by district nurses changes and it is not surprising to note a fall in the number of visits per patient.

During 1961 the district nurses attended 1,220 patients and paid to them 28,360 visits. The following are the types of cases attended:—

Medical	1,062
Surgical	139
Infectious Diseases	1
Tuberculosis	15
Maternal Complications	3

The ages of the patients were:—

Under 5 years	19
Over 65 years	687
Others	514

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 but it is gratifying to note that there is good public response to our efforts.

Smallpox Vaccination

The Ministry of Health returns for 1961 show that apart from the Isles of Scilly where there were only 32 babies born and all were vaccinated, Carlisle with an acceptance rate for children under 1 year of 72% was the second highest in the whole of England and Wales. The highest was Eastbourne with 73%. This is no doubt the result of the efforts of the Health Visitors, the General Practitioners and the medical staff, reinforced by the circular letters which I have for many years addressed to parents on this subject.

The work done by practitioners giving service under the Local Authority's scheme and at the Clinics is set out below.

By Practitioners:—	
Primary Vaccinations	652
Re-Vaccinations	166
At Local Authority Clinic:—	
Primary Vaccinations	407
Re-Vaccinations	95
Total Primary	1,059
Total Re-Vaccinations ...	261

Diphtheria Immunisation

Immunisation against diphtheria is now generally combined with protection against whooping cough and tetanus although there are still facilities for giving diphtheria prophylactic alone. The long absence of diphtheria from the City can give rise to a sense of false security among parents with consequent neglect to have their children protected against this disease. As will be seen from the subjoined figures there has been a decline in the numbers of children having full courses although the numbers having reinforcing doses has increased. The proportion of pre-school children immunised by the end of 1961 was 65% (the average for England as a whole) but the figure for all under 15 years was 76% compared with an average for England of 52%. These figures though not unsatisfactory leave room for improvement and it is evident that as the recollection of the ravages of diphtheria fades so must our health education programme be stepped up in this respect.

In addition to your medical staff, 36 general medical practitioners took part in the scheme. The following is a summary of the work done during the year. The figures in brackets refer to 1960.

	Under 5 years.	Five years and over.
By Private Practitioners		
Complete Course	666 (709)	31 (21)
Re-inforcing Dose	56 (41)	224 (38)
At Clinics		
Complete Course	434 (625)	63 (81)
Re-inforcing Dose	148 (72)	1191 (921)

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.

The percentage of young children protected against whooping cough was 72% which is slightly in excess of the national average. I supplied to the Casualty Officer of the Cumberland Infirmary cards showing all persons recorded as immunised against tetanus. This is of considerable value in the hospital as it enables the hospital staff to know when an injured Carlisle child has had recent immunisation. He can then have a reinforcing dose of tetanus toxoid and need not be given anti-tetanus serum with its attendant risk of reactions. This scheme which is carried out by both the City and the County can operate in this area where all accidents are canalised to one hospital. It is, of course, realised that it is of little value if the person is injured while outside this area. Personal cards are issued as evidence of immunisation but these would probably not be available at the time of an accident. Tattooing is a sure but doubtless unacceptable and time consuming method of recording tetanus immunisation.

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. 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	971
(ii) No. of above who gave positive reaction to Mantoux Test	96
(iii) No. who received B.C.G.	860

Vaccination Against Poliomyelitis

Throughout most of the year satisfactory progress was maintained in vaccination against Poliomyelitis, particularly in the younger age groups, and by the end of the year the Ministry of Health estimated that 89% of those under 19 years had been vaccinated. The national average was 82%. A shortage of vaccine during the latter part of the year, however, caused the programme to fall a little behind schedule. The Joint Committee on Poliomyelitis Vaccine recommended that a reinforcing fourth dose should be offered to children at the age of five years and in April this was authorised by the Ministry of Health. A fourth dose was immediately offered to children of five and over who had not yet reached the age of twelve, providing they had received their third injection at least a year earlier.

In October the Minister of Health announced that the trial of live attenuated poliomyelitis virus vaccine carried out by the Medical Research Council and in which your staff and Carlisle parents had played an active part as stated in the 1960 report had shown that Sabin oral vaccine could be used both safely and effectively. Supplies of the oral vaccine did not become available before the end of the year but at the time of writing, early in 1962, adequate supplies are available. A full course of protection with oral vaccine consists of three doses given at intervals of four to eight weeks. Oral vaccine may also be given for reinforcing doses to persons who have received two or three injections of Salk vaccine. A dose of oral vaccine consists of three drops taken in syrup or on a sugar lump.

Table 21 shows the work done in connection with poliomyelitis vaccination during the year. This includes vaccinations undertaken by general practitioners, who were paid fees amounting to £1,269 during 1961.

TABLE 21

	Two Injections
Persons born between 1943-61	1664
Persons born between 1933-42	377
Persons under 40 years (born 1932 or earlier)	1285
Other priority classes	150
Total receiving two injections during year	3476
No. of third injections given during year	2759
No. of fourth injections given during year	5352
Amount of vaccine issued to Hospitals	36 c.c.

Vaccination continues to be available for persons not in the priority groups, that is most people over 40 years of age, from general practitioners, the vaccine being provided through the pharmaceutical service.

Yellow Fever Vaccination

The International Yellow Fever Vaccination Centre at 2 George Street continued to be used throughout the year. Vaccinations were carried out by appointment at 11 a.m. on Mondays and Thursdays or, in special circumstances, on other days. During the year 176 persons received Yellow Fever Vaccination at the clinic, a charge of twelve shillings and sixpence being made for each vaccination.

AMBULANCE SERVICE

The Ambulance Service has for many years been integrated with the Fire Service. The operational establishment of the Ambulance Section is 7 Civilian Ambulance Drivers and 13 Fire/Ambulance personnel. The vehicles of both services operate from the same depot and are maintained by the same workshop staff.

The Ambulance Fleet consists of:—

4 Ambulances
1 Sitting-case Coach (20 seats)
3 Ambulance/Sitting-case cars (10 seats)
1 Ambulance/Sitting-case car (12 seats)

Six Ambulance vehicles are fitted with radio and this means of communication adds to the efficiency of the service.

Particulars of the patients removed, journeys completed and the mileage recorded during 1961 are shown in Table 22.

TABLE 22

	Patients	Journeys	Mileage
City Removals to local hospitals ...	11,413	10,198	26,546
City cases to Distant Location ...	621	526	21,975
Other cases to Distant Locations ...	211	204	6,562
Hospitals to Home (City)	10,462	9,390	23,375
City Hospitals to County Areas ...	82	69	5,657
County to Local Hospitals ..	—	—	—
Hospitals Transfers			
(a) City Patients	1,312	874	2,680
(b) Non-City Patients	109	90	305
Schools	6,419	405	3,566
Other Journeys	18,063	942	14,670
Emergencies	800	773	3,187
Miscellaneous	—	734	1,628
	49,492	24,205	110,151

PREVENTION OF ILLNESS AND AFTER-CARE

Tuberculosis

Once again I have to report that the work on behalf of the tuberculous is diminishing though much still remains to be done. Assistance was afforded in the form of extra nourishment remission of nursing requisite charges and financial relief in respect of home helps through the Tuberculosis After-Care Sub-Committee.

The School Medical Officers continued the survey of infant school children started in 1954. With the consent of their parents 688 children received Tuberculin (Mantoux) tests. Of these 11 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.

Other Diseases

The staff of the Department co-operated with hospitals and general practitioners in this work.

One notable feature has been the increase in work undertaken by the Psychiatric Social Worker, Mental Welfare Officer and Health Visitors in respect of psychiatric patients attending Out Patient Clinics and discharged from hospital. The work in regard to geriatric and other patients has been continued by the Health Visitors and District Nurses helped where necessary by the Social Workers. During the year the Health Visitors paid 890 care and after-care visits including 444 to aged persons.

The follow-up of Venereal Diseases cases has from custom been undertaken by Miss Buck, the Group Almoner at the Cumberland Infirmary. This system has worked well and has not been disturbed. The Health Department staff are at all times available to help her with any special cases.

Provision of Nursing Equipment and Apparatus

The number of articles loaned to patients on the request of a doctor, nurse or midwife was 731. 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.

Convalescent Treatment

Convalescent treatment was provided at Silloth Convalescent Home for 23 people, mostly elderly, whose family practitioner had made a recommendation. The Home Help Organiser assessed their ability to contribute to the cost in accordance with the Council's scale.

Health Education

This is one of the important functions of the department. Every endeavour was made by Health Visitors, Public Health Inspectors and other members of staff throughout the year to advance this work by exhortation and precept. The individual or small group approach was always preferred to lectures which are frequently attended by the better informed. One Public Health Inspector was responsible for a class for butchers at the Technical Colloge, while Health Visitors addressed mothers' meetings and parent-teacher associations.

As already indicated, one Health Visitor has been given special responsibility for health education, and at the time of writing this is being pressed forward in schools, special attention being devoted to mothercraft and the dangers of smoking.

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

Much time has been devoted by the staff of the department, particularly the social workers and health visitors, in association with other workers, official and voluntary, to prevent the break-up of families. One inadequate family has been particularly assisted by the Home Help Service in association with the N.S.P.C.C. while another has been held together as a unit by the valiant efforts of Home Helps, the Psychiatric Social Worker and others. At the end of the year temporary accommodation for homeless families was opened by the Welfare Services Committee.

HOME HELP SERVICE

One of the most valuable undertakings of the Health Committee, the Home Help Service has become an institution in the City. With an ageing population and many old people living alone the demand for residential accommodation would be overwhelming were it not for the support

provided to the aged by this Service. Old people by and large prefer to retain their own homes with some outside assistance rather than enter Part III. Accommodation. The Home Help is also essential in the case of acute illness where the patient is not admitted to hospital or where there are children who might otherwise have to be taken into care by the Children's Committee at considerable expense and the risk of psychological upset.

The demands on the service increase from year to year but as 83% of the service is given to the aged and chronic sick such an increase is to be expected. At 31st December, 1961, four full-time and 64 part-time personnel, equivalent to 38 full-time workers in addition to the Organiser and her assistant were engaged in this work. The number of households afforded assistance rose by 25 to 366. The Organiser is not only responsible for assessing the recipient's ability to pay but for recovering the contribution and this, together with the administration of the service and deployment of staff fully occupy the Organiser and her assistant and at busy times when there may be staff shortages can place considerable onus on them.

MENTAL HEALTH SERVICES

The first full year in operation of the Mental Health Act, 1959, has seen a decrease in the number of compulsory admissions to hospitals and an increase in care and after-care of persons living in the community. Cases admitted to hospital informally are only notified to the local authority if the patient requires after-care services on discharge and expresses a desire for such services.

Administration

The Mental Health Sub-Committee, consisting of seven members of the Council, met at least once each quarter during the year. The Council again delegated to this Sub-Commmittee 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 again authorised to receive documents and to sign transfer and other documents in accordance with the Mental Health (Hospital and Guardianship) Regulations, 1960. During the year one Approved Medical Officer left the area and one additionad medical practitioner was added to the list. At the end of the year the names of eleven medical practitioners, including the Council's own full-time medical staff, remained on the list of Approved Medical Officers.

One mental nursing home was registered during the year providing for a maximum of 65 female patients, subnormal or severely subnormal, and this home was visited by your officers and found to be satisfactory. Only two patients were admitted during the year and at 31st December 63 patients were resident in the home.

The general direction of the Mental Health Service was in the hands of the Medical Officer of Health who was advised when the need arose by the local Psychiatrists. He also had the assistance of two full-time Assistant Medical Officers of Health, one Educational Psychologist, one full-time and five part-time Mental Welfare Officers. From the beginning of March this staff was supplemented by the appointment of a Psychiatric Social Worker.

The Health Committee recommended that the establishment of Social Workerss be increased by one Welfare Assistant but at the time of writing it is not known whether this will be approved. Members of the Health Visiting Staff have attended courses on mental health work during the year and a member of the administrative staff attended a course for Senior Local Authority Officers in Health and Welfare Departments organised by the National Association for Mental Health, held partly in 1960, and party in 1961. Arrangements were made for the full-time Mental Welfare Officer to attend a course organised by the Newcastle-upon-Tyne Regional Hospital Board early in 1962. Refresher courses during 1962 have also been booked for the Supervisor of the Adult Training Centre and one of the Assistant Supervisors. In-post training was provided for Health Visiting staff.

Mental Subnormality

Details of the cases referred to the local health authority are included in Table 25, while Table 24 shows the number of cases receiving visits at the end of the year. Although statutory supervision is no longer exercised, cases referred by the local education authority are given advice and assistance when necessary; this informal supervision is appreciated by most parents. During the year your full-time Mental Welfare Officer paid 1,470 visits to such patients. A Social Club for adult sub-normal persons, mainly trainees at the Adult Training Centre, was planned during the year and opened early in 1962. Plans for a hostel for sub-normal persons are well advanced and at the time of writing suitable premises, previously St. Stephen's Vicarage are in the course of being acquired.

Training Centres for the Subnormal and Severely Subnormal

The Junior and Adult Training Centres continued to be operated in the same temporary premises but plans for new Centres are at an advanced stage. After being considered by the Health Committee your officers discussed the projected plans with officials of the Ministry of Health and with certain minor amendments these plans were acceptable. It is, however, unlikely that the new Centres will be in operation before 1964/65. At the end of the year 31 children were attending the Junior Centre and 21 trainees were attending the Adult Centre. During the year an additional Assistant Supervisor was appointed to take charge of the Special Care Unit, which provides facilities for extremely backward children and those with physical as well as mental handicap. The Centres continue to fill a great need, both for children and adult trainees. as well as providing relief for many parents.

The policy of placing subnormal adults in employment has continued and many employers have again shown commendable co-operation.

Employers were invited to visit the Adult Training Centre with a view to their accepting some of the young men into their employment. Employment for adult females is not so difficult to obtain and there were at the end of the year no employable women in attendance at the Centre.

MENTAL ILLNESS

Last year I informed you that the department's Social Workers were taking over a considerable amount of the after-care work in respect of the mentally ill which was formerly carried out by hospital staff. As 1961 progressed most of this after-care work was transferred to the City Psychiatric Social Worker and Mental Welfare Officers. The closest possible co-operation existed between officers of the department and the hospital staff so that the officer most fitted to deal with an individual patient undertook his supervision. Regular case conferences were held at the hospital and on numerous occasions these have been led by the staff of the City Health Department.

There are also close links with the general practitioners who are kept fully informed about their patients by the Psychiatrists and if necessary by your staff. These links with the general practitioners are being fostered by the departmental staff.

Not only has an after-care service been provided but much preventive work has been possible through the attendance of your officers at the hospital out-patient clinics and by home visiting, etc., of persons known to be at risk.

As envisaged in the proposals submitted by this Authority under the Mental Health Act, 1959, every effort was made during the year to weld the staff of the Health Department who belonged to various disciplines into one united team to provide for the prevention, care and after-care of the mentally disordered. Much success was attained in this objective.

One development of note which was organised towards the end of the year was the provision of a Social Club for ex-patients of Garlands Hospital and out-patients of the Pyschiatric Clinics. This was arranged jointly with the hospital, the City Council agreeing to provide the accommodation and the hospital helping in other directions. This Club which is now open does not confine the facilities it offers to residents in Carlisle but others from the surrounding areas are welcome to attend. The Social Workers of the City, in conjuction with their colleagues in the hospital service and in the County Council give much valuable and appreciated help at the Club.

Many patients now enter mental hospitals informally and therefore the number of cases which your Mental Welfare Officers have to deal with has been considerably reduced but procedure under the new Act is more lengthy and does involve them in more time per patient than was the case under the old legislation. During the year the part-time Mental Welfare Officers were called on 66 occasions to 55 patients. Details of the action taken are shown in Table 23. Table 24 shows the cases by category being visited at the end of the year.

Table 25 shows the number of patients referred to the Local Health Authority during the year and the sources of referral.

TABLE 23

1.	Number of patients admitted to hospital informally ...	22
2.	Number of patients admitted in accordance with Section 25	11
3.	Number of patients admitted in accordance with Section 26 (Includes 1 case also included in item 2 & 1 case in item 4)	3
4.	Number of patients admitted in accordance with Section 29	17
5.	Number of patients admitted in accordance with Section 60	2
6.	Cases in which no action was taken	2

TABLE 24

	Mentally Ill		Psychopathic Personality		Subnormal		Severely Subnormal		TOTALS		GRAND TOTAL
	Under 16 yrs.	16 yrs. & over	Under 16 yrs.	16 yrs. & over	Under 16 yrs.	16 yrs. & over	Under 16 yrs.	16 yrs. & over	Under 16 yrs.	16 yrs. & over	
	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	
(a) Attending day training Centre	— —	— —	— —	— —	— —	7 2	14 14	5 6	14 14	12 8	.. 48
(b) Receiving Home Visits but not included in (a) ..	14 8	36 41	— —	— 1	— —	19 13	4 3	11 11	18 11	66 66	.. 161
Total Number of Patients	14 8	36 41	— —	— 1	— —	26 15	18 17	16 17	32 25	78 74	.. 209

TABLE 25

REFERRED BY	Mentally Ill		Psychopathic Personality		Subnormal		Severely Subnormal		TOTALS		GRAND TOTAL
	Under 16 yrs.	16 yrs. & over	Under 16 yrs.	16 yrs. & over	Under 16 yrs.	16 yrs. & over	Under 16 yrs.	16 yrs. & over	Under 16 yrs.	16 yrs. & over	
	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	
(a) General Practitioner ..	9 2	6 18	— —	— —	— —	— —	— —	— —	9 2	6 18	.. 35
(b) Hospitals, on discharge from in-patient treatment	— —	34 33	— —	— —	— —	— —	— —	— —	— —	34 33	.. 67
(c) Hospitals, after or during out-patient or day treatment	— —	13 14	— —	— —	— —	— —	— —	— —	— —	13 14	.. 27
(d) Local Education Authorities	— —	— —	— —	— —	2 1	1 1	2 5	— —	4 6	1 1	.. 12
(e) Police and Courts	— —	2 3	— —	— —	— —	2 —	— —	— —	— —	4 3	.. 7
(f) Other sources	9 9	6 8	— —	3 —	— —	— —	— —	— —	9 9	9 8	.. 35
TOTAL REFERRALS ..	18 11	61 76	— —	3 —	2 1	3 1	2 5	— —	22 17	67 77	.. 183

SECTION VI.

GENERAL PROVISION OF HEALTH AND WELFARE SERVICES, Etc.

PROVISION OF WELFARE SERVICES

ADMINISTRATION

Although there is a separate Welfare Services Committee the Medical Officer of Health is Chief Welfare Officer and there is one combined Health and Welfare Services Department. No distinction is drawn between services provided under the National Assistance Act and those provided under the National Health Service Act, 1946, and the Mental Health Act, 1959. This integration applies particularly to the Health Visiting staff who may visit the aged and handicapped either under the provisions for care and after-care or for the purpose of the National Assistance Act. Similarly there is no distinction drawn between the mentally disordered and other handicapped persons so far as staff is concerned, though naturally the Social Workers who are specially qualified in mental health devote most of their time thereto. Patients or those in need of assistance do not necessarily fall into water-tight compartments and this fluid type of administrative procedure has enabled us to cater for all classes of handicapped persons with the most economic use of available staff.

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

Three elderly ladies had to be removed to Aglionby Grange in accordance with the National Assistance (Amendment) Act, 1951. Two were willing to remain voluntarily after their admission and no further action was taken but the third lady has necessitated our making application to the Court on three occasions; on the first to get an original Order and on the other two occasions for an extending Order.

RESIDENTIAL ACCOMMODATION

The demand for residential accommodation has progressively increased during the year and at all times there has been a very long waiting list. Even the opening of Aglionby Grange on the 16th January did little more than temporarily relieve the pressure for places in such Homes.

At the end of the year you 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.

These provide 1.7 places per thousand of the population but in actual practice the Council had over 1.9 persons per thousand of the population in care. Plans are now in hand for building at least one further home and it is certain that with the ageing of the population a considerable expansion in this type of accommodation will be required in future years.

Table 26 shows the number of persons admitted to and discharged from the Council's Homes. Another 8 persons were accommodated in Homes provided by Voluntary Organisations or other Local Authorities. In addition 14 persons were admitted to the Local Authority's Homes to enable their relatives to have a holiday.

TABLE 26

	Total at 31/12/60.		Admitted during Year		Discharged during Year.		Total at 31/12/61.		Average Daily Occupancy.
	M.	F.	M.	F.	M.	F.	M.	F.	
Barn Close	12	39	13	11	11	16	14	34	49.69
Lime House	23	14	4	8	4	7	23	15	37.61
Stanwix House	12	9	17	8	14	9	15	8	19.92
Aglionby Grange ...	—	—	11	31	5	14	6	17	20.64
	47	62	45	58	34	46	58	74	127.86

TEMPORARY ACCOMMODATION

The demand for temporary accommodation continued during the year. Coledale Hall, which belongs to the City Council and is leased to the Carlisle Diocesan Association for Social and Moral Welfare as a home for unmarried mothers, had in previous years admitted on a temporary basis women, and on occasions women with very young children, who were found in the City without a Home. For this service the City Council made a grant towards the Association and paid for each case on a daily rate. It was decided to discontinue this service as from 1st October, 1961, and the City Council has provided in a temporary capacity four flats in a building which was acquired from the War

Office for eventual road widening purposes. This accommodation at the time of writing is available for families but single girls found in the town will be accommodated in a special room in the Council's Old People's Home at Aglionby Grange. Table 27 shows the number of persons provided with temporary accommodation throughout the year.

TABLE 27.

	Total at 31/12/60 M. W. Ch.	Admitted during Year M. W. Ch.	Discharged during Year M. W. Ch.	Total at 31/12/61. M. W. Ch.	Average Daily Occupancy
Coledale Hall ...	— — —	— 11 3	— 11 3	— — —	0.47

WELFARE OF THE BLIND

Ascertainment

During the year 8 cases were brought to my notice who might be suffering from blindness; all were referred to a Consultant Ophthalmologist and were subsequently classified as blind. Where treatment was recommended by the Consultant the cases were followed up to ensure that this was received. Table 28 shows the causes of the blindness and the recommendations made by the Consultant.

It has always been our practice to notify a general practitioner when his patient was being examined by an Ophthalmologist for the purposes of blind registration and this practice has been continued. I formerly sent a letter to the doctor after the Consultant had examined the patient, intimating his findings and any treatment suggested but in accordance with the agreement now reached doctors are given a copy of Form B.D.8 though one must admit that this is far too large a form to be filed easily amidst the patient's National Health Service record cards.

TABLE 28

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

Social Rehabilitation

One partially-sighted man who was ascertained at the end of 1960 was sent on a course of social rehabilitation at the beginning of the year and later transferred for a course of industrial rehabilitation. On returning home he was admitted to the local Workshops for the Blind as a trainee mattress maker.

Ophthalmia Neonatorum

There were no cases of this disease notified during the year.

Register of Blind and Partially-Sighted

At the end of the year there were 102 registered blind persons and 21 partially sighted persons residing within the City. Table 29 shows the numbers on both registerss 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 29

	Blind		Partially Sighted	
	M.	F.	M.	F.
On Register at 31st Dec., 1960	44	61	12	8
Removed from Register during year ...	9	5	1	—
Admitted to Register during year ...	4	7	1	1
On Register at 31st Dec., 1961	39	63	12	9

The distribution of cases on the Register at 31st December, 1961, by age and sex is shown in Table 30 and the occupations shown in Table 31.

TABLE 30

Age Group	Blind		Partially Sighted	
	M.	F.	M.	F.
0 — 4	—	—	—	—
5 — 10	—	—	—	2
11 — 15	—	1	—	—
16 — 20	1	1	1	—
21 — 29	3	2	1	1
30 — 39	—	3	1	—
40 — 49	6	7	2	—
50 — 59	3	7	3	1
60 — 64	—	2	1	—
65 — 69	3	6	—	1
70 — 79	13	17	1	2
80 — 84	4	10	1	2
85 — 89	4	5	1	—
90 and over	2	2	—	—
Age unknown	—	—	—	—
	39	63	12	9

TABLE 31

	M.	F.
Children aged 5-15.		
Educable—attending Special School for the Blind	—	1
16 years and upwards		
Employed—In Workshops for the Blind	9	2
—Elsewhere	2	1
Not Employed—Not available for work, 16-59 ...	—	14
—Not available for work, 60-64 ...	—	2
—Not capable of work, 16-59 ...	2	3
—Not working, 65 and over	26	40
	39	63

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.

At the time of writing negotiations have been completed for the Cumberland County Council and the City Council to assume direct responsibility for the Welfare of the Blind and the Home Teacher is now directly on the staff of the City Council and working in association with the other Social Workers.

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 32 shows the number of City Blind and Partially Sighted Persons in the Petteril Bank Workshops at 31st December, 1961.

TABLE 32

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

At the time of writing negotiations are under way for the Cumberland County Council and the City Council to take over and directly operate the Workshops for the Blind. This action has resulted because the Trustees intimated that in the present financial position of the Workshops they could not continue.

WELFARE OF THE DEAF

There were 63 registered deaf persons in the City at the 31st December, and in Table 33 is set forth their distribution by age and sex.

TABLE 33

	M.	F.
Children under 16 years ...	8	2
Persons aged 16 - 64 years ...	23	22
Persons aged 65 years and over	2	6

The deaf do not constitute a major administrative problem to the department as do many other handicapped persons and they have been adequately dealt with throughout the year by the Carlisle Diocesan Association for the Deaf who act as the City's agents in respect of those people. This Association which has central premises in the City provides for the religious, cultural and social pursuits of the deaf person. The Missioner has also been available to act as interpreter for the deaf on all appropriate occasions and the Association has been good enough to put its accommodation at the disposal of the local Hard of Hearing Club.

OTHER HANDICAPPED PERSONS

At the end of the year there were 107 persons registered under the Council's Scheme for Other Handicapped Persons.

Table 34 shows the number on the Register at the 31st December, 1961 by age and sex.

TABLE 34

	M.	F.
Children under 16 years	—	—
Persons aged 16-64 years	41	47
Persons aged 65 years and over	6	13

Of the persons registered:—

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

The Handicapped Person's Club continued to flourish during the year and outings were arranged during the summer period. Financial assistance was given to 4 handicapped persons to provide various adaptations in their houses.

Occupational therapy and handicraft classes were continued throughout the year, the former service being provided in conjunction with the East Cumberland Hospital Management Committee on an agency basis.

The Voluntary Bodies have been very helpful in providing periodic entertainments at the Handicapped Persons' Club or in organising their visits and the Fire and Ambulance personnel in their off-duty time have accompanied the handicapped persons on these excursions to help with their transportation.

Sheltered Employment and Training

During the year a sighted handicapped man completed his training as a basket-maker and was taken into regular employment in the Workshops for the Blind. One young woman, a spastic, continued to attend the Workshops.

Epileptics

Five epileptics were registered as handicapped persons in the City and attended the Club for Handicapped Persons. A further epileptic was known to the department, she was not registered but had been in hospital. No major social problems arose during the year.

Spastics

A review of the spastics who were surveyed in 1954 and have now reached school leaving age shows that those with mild handicaps who attended ordinary schools or the ordinary class in a day special school are able to get jobs in open industry and do well. Those with moderate handicaps can in some cases with appropriate training, even in a Training Centre for the Subnormal, be placed in open industry but the bad athetoid case is more or less incapable of gainful employment even in sheltered workshops. One young woman who suffers from athetoid cerebral palsy continued to be occupied in the Workshops for the Blind and received augmentation under the Handicapped Persons' Scheme. There are altogether 9 adult spastics registered with the Local Authority under the Scheme for Other Handicapped Persons and 2 of these received occupational therapy.

REGISTRATION OF HOMES

There are three Homes registered under Secion 37 of the National Assistance Act, 1948, whose main function is the reception of the aged. These Homes were regularly visited during the year and found to be operated in a satisfactory manner. From time to time it comes to our notice that the public are under the misapprehension that any person can take a house and open a Home for old people. The Council has approved standards and any person contemplating opening such a Home is recommended to call at the Health Department and obtain the necessary information before incurring expense on a house which might not be suitable for the purpose in mind.

ACTION UNDER SECTION 48—TEMPORARY PROTECTION OF MOVEABLE PROPERTY

It was found necessary for the Authority to take action for the protection of property in the case of a lady who was admitted to a mental hospital.

ACTION UNDER SECTION 50—BURIAL OR CREMATION OF THE DEAD

The City Council arranged for the burial of bodies of three persons who had died and in respect of whom no suitable arrangements for the disposal of the bodies had been made.

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 4,831 treatments were given to 715 patients.

The Health Committee has now submitted proposals for a Chiropody Service under Section 28 of the National Health Service Act, 1947. It is intended that in so far as the aged poulation is concerned, the Carlisle Old People's Welfare Council will act as agents. During 1961 the City Council paid to the Old People's Welfare Council the sum of £890 which was devoted to the Chiropody Service.

No new Clubs were formed but the membership of the existing ones has increased to the region of 1,800. A number of visits and holidays have been arranged for Club members through the agency of the Old People's Welfare Council.

The Carlisle Council of Social Service

The Corporation continued its grant to and representations on the Executive Committee of this Council. The Citizen's Advice Bureau provided by this Council dealt with 1,716 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., the City Council making a grant towards the service. This is a much appreciated practical expression of voluntary help and at the time of writing the City Council has increased its subscription to the Voluntary Body so that there may be an increase in the service.

Infantile Paralysis Fellowship

This body still flourishes and the City Council has again allowed the local branch the full use of the Corporation swimming baths free of charge for one session each week.

SECTION VII.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

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

For the first six months of the year the national shortage of Public Health Inspectors resulted in there being three vacancies in this section. Ever since the increase in establishment ten years ago it has been found impossible to keep these posts filled even with modern houses being available. The re-organisation of the service with the offer of specialist appointments, carrying increased remuneration as well as modern houses at economic rents, resulted in the filling of all vacancies between July and October.

Steps were then taken to bring the information of the Department up to date in regard to the various aspects of the work undertaken. Plans were made for improving the service, particular attention being devoted to public relations.

Slum clearance has been a priority task of all housing authorities since 1955 and most of the worst properties then existing have either been demolished or have ceased, by one means or another, to be used for human habitation. There remains, however, a balance of houses which at that time were scheduled as being potential subjects for future action and have yet to be dealt with. The most suitable way of dealing with these houses presents a difficult problem as they are on the whole of reasonably sound structure and there is consequently a natural reluctance to start action which might result in their wholesale demolition. On the other hand they are obsolete in design and almost completely lacking in the convenience and amenity associated with modern housing standards. Moreover, most of them are either within or on the fringe of areas which are designated for industrial rather than residential use and not being the best of houses their situation alone would make it desirable that they should ultimately fade out. Meanwhile they are probably serving a useful purpose in that they provide cheap accommodation within easy access of the town centre if they could be confined to the type of householder by whom a higher standard of amenity is not desired or to whom it is not an essential.

A high proportion of these houses are of the back-to-back type and considered as an individual unit they are so

lacking in convenience and amenity as to be very near the border line in classification as unsuitable dwellings. Considering them in groups of say six or so pairs of back-to-back houses the shells of which are reasonably sound it would seem that it should not be impossible to re-plan the interior either vertically or horizontally so that a fair number of modern and convenient small dwellings would result. The major difficulty lies in multiple ownership and the reluctance or inability of landlords to find the necessary capital to effect the reconditioning notwithstanding the improvement grants such schemes would attract. It may be that because they are saddled with statutory tenancies and knowing they will be tied to rents limited to twice the gross rateable value plus 12½ per cent. of their share of the improvement work they do not wish to tie up their capital in this way, particularly if they are likely to be faced with heavy repair and renewal costs at their own expense before they can claim grant.

Usually this type of property is not improved until once vacated it is put on the market and becomes owner occupied. One of the unfortunate outcomes of this is that very often houses of this type are bought by young couples of limited means and as single units because of obsolete planning or congestion cannot subsequently be improved.

A central fund from which loans to owners at a low rate of interest could be made to cover the difference between the improvement grant allowed and the actual total cost of the reconditioning might attain the objective of improvement without compulsion, a scheme which up to date has been of only limited success.

One provision of the 1961 Housing Act which is likely to be of considerable value to housing authorities is the control it will enable them to exercise in the future over houses let in multiple occupation.

With the coming into force of the Noise Abatement Act towards the end of 1960 came one or two sporadic complaints mainly from individuals who would appear to have formed the impression from the publicity the Act had received that local authorities could now stop any kind of noise to which the complainant may personally object. This concept is, of course, very misleading. A certain amount of noise is inseparable from some activities which may be valuable so far as the community is concerned. Provided every precaution has been taken to minimise the amount of noise created it remains then a matter of opinion

and is sometimes a very difficult question indeed to determine what legally constitutes a nuisance particularly when one considers that what would appear to be intolerable to one person may in fact be acceptable or at least tolerated by the majority.

Atmospheric pollution of some degree is inevitable in any community. What is important is that it should not be permitted to build up above a certain maximum concentration. There is a certain degree of pollution in Carlisle arising both from industry and domestic chimneys. Industrial pollution is getting less year by year and on the whole emissions are within the limits permitted under the Clean Air Act. A good deal of atmospheric smoke stems from the domestic chimney and if public opinion finds the concentration unacceptable and demands a reduction in its density the only solution would be for the Council progressively to introduce smoke control area by area until the whole of the City is eventually covered.

LIST OF REGULATIONS & ACTS PUBLISHED IN 1961

Acts

Public Health Act 1961.
Factories Act 1961.
Housing Act 1961.
Rivers (Prevention of Pollution) Act 1961.

Circulars and Statutory Instruments

C.MHLG 1/61—Clean Air Act, 1956.
C.MHLG 12/61—Clean Air, Air Pollution—Measurement and Research.
C.MHLG 28/61—Clean Air Act, 1956
C.MHLG 31/61—Clean Air Act 1956.
C.MHLG 33/61—S.I. 1389. Rag Flock and Other Filling Materials Act 1951.
C.MHLG 42/61—Clean Air Act 1956.
C.MHLG 53/61—Turnstiles in Public Conveniences.
C.FSH 3/61—Milk and Dairies (General) Regs. 1959.
C.FSH 4/61—S.I. 440. Labelling of Food (Amendment) Regs. 1961.
C.FSH 5/61—Slaughterhouses (Meat Inspection Grant) Regs. 1961.
C.FSH 6/61—Milk and Dairies (General) Regs. 1959.
C.FSH 7/61—Public Health (Imported Food) Regs. 1948, 1937.
C.FSH 8/61—Milk and Dairies (General) Regs. 1959.
C.FSH 9/61—S.I. 1931 Lead in Food Regs. 1961.
SI. 13/61 Public Health (Ships (Amendment) Regs. 1961.
SI. 12/61—Public Health (Aircraft) (Amendment) Regs. 1961.
SI. 368/61—The Authorised Officers (Meat Inspection) Regs. 1961.
C. 22/61—Food Hygiene Codes of Practice. Poultry, Dressing Packing.

INSPECTION OF THE DISTRICT

Number and Nature of Inspections

During the year 1961 the following inspections were made by the Public Health Inspectors to the premises detailed:—

		Visits
PUBLIC HEALTH ACT, 1936.		
DWELLING HOUSES—Re Housing defects		320
,, ,, Other visits		106
Visits to ALL PREMISES for purposes of:—		
Sec.		
23	Maintenance of Public Sewers	44
39	Provisions as to drainiage, etc., of existing buldings	328
40	Provisions as to soilpipes and ventilation shafts	2
44	Sanitary accommodation insufficient or requiring reconstruction	17
45	Buildings having defective closets capable of repair	62
46	Sanitary conveniences in workplaces, etc.	6
51	Care of closets by occupiers	4
52	Care of sanitary conveniences used in common	2
55	Means of access to houses for removal of refuse etc.	10
56	Paving and drainage of yards and passages	5
58	Dangerous buildings	46
79	Mandatory removal of accumulations of noxious matter	4
80	Removal of manure, etc.	4
83	Cleansing of filthy or verminous premises	47
84	Cleansing or destruction of filthy or verminous articles	17
89	Sanitary conveniences at inns, etc., and places of public entertainment	38
92a	Premises in such a condition as to be prejudicial to health or a nuisance	342
92b	Animals kept in such a manner as to be prejudicial to health or a nuisance	21
92c	Accumulation or deposit prejudicial to health or a nuisance	98
92d	Dust and effluvia caused by trade or business, etc.	55
92e	Overcrowded and ill-ventilated workplaces	2
108	Bye-laws—Fish Frying	1
	,, Offensive trades	4
138	Provision of water supplies	2
154	Prohibition of sales by rag dealers	-
240	Bye-laws—Common lodging houses	6
259	Nuisances—Watercourses, etc.	41
268	,, Tents, vans, sheds, etc.	3
269	Regulating moveable dwellings	19
PUBLIC HEALTH ACT, 1961.		
Sec.		
17	Clearance of choked drains	4
61	Nuisance from pigeons	12
INFECTIOUS DISEASE		
	Investigating infectious disease	256
	Investigating food poisoning	89
CLEAN AIR ACT, 1956		
	Smoke abatment observations	18
	Premises, furnaces, etc., visited	12
FOOD AND DRUGS ACT, 1955, Etc.		
	Total visits re Food Hygiene Regulations	698
	Total visits re Milk and Dairies Regulations	61
	Public slaughterhouses and bacon factory	43
	Sampling	50
MEAT AND FOOD INSPECTION		
	At shops, etc.	132
	At Slaughterhouses	9
	At Bacon Factory	132

HOUSING AND SLUM CLEARANCE.

HOUSING ACT, 1957.

Sec.		Visits
4	re Standard of fitness	229
9-10-16	,, Repair and reconstruction of unfit houses	28
17	,, Demolition and closure of unfit houses	37
18	,, Closing of parts of buildings	6
36	,, Houses let in lodgings	24
81	,, Entry of "Permitted No." in Rent Books	1
Part 3	,, Clearance and re-development areas	29
Part 4	,, Abatement of overcrowding	12
Part 4	,, Permitted numbers	2

HOUSING ACT, 1949.

re Improvement grants	57

RENT ACT, 1957.

re Certificate of Disrepair	49

	Visits
NOISE ABATEMENT ACT	19

LAND CHARGES ACT, 1925.

Inspections re Search Forms	40
No. of Search Forms completed	1055

FACTORIES ACT, 1937.

Sec.		
7	Factories with mechanical power	79
1, 2, 3, 4, 6, 7	Factories without mechanical power	1
7	Other premises, sites of building and engineering works	10
54	Basement Bakehouses	1
110	re Outworkers	1

SHOPS ACT, 1950.

re Hours, Sunday Trading, Young Persons, etc.	63
re Welfare Provisions	242

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Local Authority properties	26
Dwelling-houses	73
All other, including business premises	72
Agricultural properties	6

INSECT PEST CONTROL.

Dwelling-houses	72
Other premises	48

DRAINAGE INSPECTIONS AND VISITS.

Drains opened out for inspection	32
Water, colour, and other tests	77

OTHER INSPECTIONS AND VISITS.

Non-industrial premises, Offices, etc.	10
Schools	7
Public Conveniences, etc.	151
Swimming baths and pools	5
Refuse Tips, Salvage Depots, etc.	22
re Fertilisers and Feedingstuffs Act, 1926	-
,, Agric. Produce, grading and marking	-
,, Pharmacy and Poisons Act, 1933	1
,, Mechandise Marks Act 1926	115
,, Rag, Flock and other filling materials Act, 1951	9
,, Pet Animals Act 1951	3
,, Agriculture (Safety, Health and Welfare Provisions) Act, 1956	49
Miscellaneous	242
Interviews	826

List of Contraventions and Works Executed

PUBLIC HEALTH ACT, 1936.

Sec.		Found	Abated
23	Maintenance and Cleansing of certain public sewers	1	—
24	Recovery of cost of maintaining sewers	—	—
39	Drainage, etc, of existing buildings	32	52

44	Buildings having insufficient closet accommodation or closets so defective as to require reconstruction	1	—
45	Buildings having defective closets, capable of repair	14	7
46	Provision of sanitary conveniences in workplaces ...	—	—
55	Means of access to houses for removal of refuse etc.	1	—
56	Paving and drainage of yards and passages ...	1	1
75	Provision of Regulation dustbins	—	—
79	Removal of accumulation of noxious matter ...	—	—
80	Removal of manure, etc.	—	—
83	Cleansing of filthy or verminous premises ...	2	—
84	Cleansing or destruction of filthy or verminous articles	—	—
92a	Premises in such a state as to be prejudicial to health or a nuisance	51	38
92b	Animals kept in such a place or manner as to be prejudicial to health or a nusance ...	3	2
92c	Accumulation or deposit prejudicial to health or a nuisance	6	3
92d	Dust or effluvia prejudicial to health or a nuisance	1	1
		163	104

PUBLIC HEALTH ACT, 1961.

17	Summary power to remedy stopped-up drains ...	1	1

SHOPS ACT, 1950.

Sec.		Found	Abated
1	Closing of shops on weekly half-holidays	1	5
38 (1a)	Suitable and sufficient ventilation	2	—
38 (1b)	Provision and maintenance of suitable and sufficient temperature	1	—
38 (2)	Provision of sanitary conveniences	3	—
38 (5)	Provision of facilities for taking meals ...	1	—
		8	5

FACTORIES ACT, 1937.

Sec. 1	Cleansing	1	—
Sanitary Accommodation:—			
7	Insufficient provided	4	—
	Maintenance	3	1
	Cleanliness	1	1
	Adequate lighting	5	1
	Ventilation and I.V.S.	1	—
	Privacy—Door, screening, etc.	1	1
	Access	1	—
	Separate	2	—
	Notices indicating sanitary accommodation ...	1	—
		20	4

CLEAN AIR ACT, 1956.

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

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Sec.			
4	Notice requiring execution of works	3	1

MERCHANDISE MARKS ACT, 1926.

	Failure to bear indication of origin	25	25

AGRICULTURE (SAFETY, HEALTH AND WELFARE PROVISIONS) ACT, 1936.

Sec. 3	Provision of sanitary conveniences	6	—
Sec. 5	Maintenance and cleansing of sanitary conveniences	1	—

Summary of Complaints, Con traventions and Notices served.

	Complaints and Information Received	CONTRAVENTIONS		NOTICES		STAT. NOTICES	
		Found	Abated	Served	Abated	Served	Abated
Public Health	317	164	106	117	77	7	3
Food and Drugs Unsound Food	217	—	—	—	—	—	—
Food and Drugs	22	687	244	201	75	—	—
Shops	7	8	5	9	5	—	—
Factories	2	21	4	14	1	—	—
Housing	30	—	1	—	1	—	—
Rodent Control	362	3	1	2	1	—	—
Clean Air	4	2	1	2	1	—	—
Rent Act	2	—	—	—	—	—	—
Milk and Dairies (General) Regs.	11	—	—	—	—	—	—
Merchandise Marks Act ...	—	25	1	7	1	—	—

HOUSING AND SLUM CLEARANCE

Programme Proposals

In 1955 all local authorities were required to submit to the Minister of Housing and Local Government an up-to-date picture of their slum problem together with an estimate of the number of houses they would be able to deal with during the first quinquennium.

This authority's total programme was estimated to be some 1180 houses of which 655 were expected would be dealt with in the period 1956-60.

Towards the end of 1960 the Minister issued an appeal urging the need to pursue vigorously the programmes undertaken and invited those authorities who had achieved their targets or who were within measurable distance of completing their first five years objectives to make a further declaration stating the balance of their problem and the time necessary to resolve it.

From the returns of displacements rendered by this authority over the period it was evident that nothing like the estimated objective had been achieved and that in fact approximately 900 houses remained to be dealt with. This, however, did not represent the complete picture and reports were submitted to a Slum Clearance Sub-Committee specially convened to consider the Council's position and to make its proposals in the matter. It had been established for example, on re-survey that a number of houses properly included in the original estimate of unfit dwellings had since been repaired and improved to an extent which now made it necessary for them to be expunged from that category. Other houses had been voluntarily closed or demolished and a substantial number of dwellings in the William Street and Denton Crescent areas while being in the slum clearance "pipe-line" could not, during the protracted negotiations leading to their compulsory purchase, be included on the credit side of the Council's progress sheet. It was

felt that the figure of 750 would be a more realistic estimate of the number of houses remaining to be dealt with at the end of the first five years.

The Sub-Committee was also informed that of these 750 houses approximately 500 were situated in 4 areas. These areas consist chiefly of houses in varying degrees of fitness, together with a small number of miscellaneous buildings. To undertake piecemeal action in respect only of the unfit houses would result in the rapid deterioration of the areas both physically and aesthetically and that in the interest of the community as a whole and in order not to conflict with or impede the policies of other Committees of the Corporation acquisition and comprehensive redevelopment would appear to be the best practicable solution. The question of how best to deal with these areas was deferred for further consideration but it was decided that the balance of approximately 250 houses, made up of single or small groups of unfit houses scattered throughout the City, be dealt with during the succeeding two years.

The Minister was informed of the outcome of the Sub-Committee's deliberations and of the impediments and frustrations with which the Council had been faced.

The Minister called upon the Council to aim at a figure between 130 and 150 for 1961 onwards, as opposed to the Council's original proposal of 100 per year, and later agreed proposals to endeavour to re-house during 1961 the families from 157 houses under representation, and to increase the clearance rate to approximately 125 houses in each of the years 1962-63.

Progress Report

By the end of the year the balance of unfit houses on the programme had been reduced to 700, of which action has been completed and displacement awaited in respect of 47 houses, and action was proceeding in respect of a further 34 houses, leaving a balance of 619 houses still to be dealt with.

A total of 72 houses were " represented " to Health Committee as being unfit for human habitation, 20 under Section 42 and comprising two small clearance areas, and 52 as individual unfit properties, including 4 owned by the Local Authority.

Clearance Areas

Description of Area	Action During the Year.
The Carlisle (Devonshire Walk) Unfitness Order, 1955.	Balance of 20 houses demolished.
The Carlisle (Milan Terrace) Clearance Area, 1957, and	Displacement completed.
The Carlisle (Artisan's Dwellings) Clearance Area, 1957.	1 Family comprising 4 persons re-housed.
Incorporated in the Carlisle (No. 1) Compulsory Purchase Order. 1958.	Balance of 48 houses demolished.
The Carlisle (William Street) Clearance Area, 1959. Incorporated in the Carlisle (Housing) No. 1 Compulsory Purchase Order, 1959, comprising 60 occupied and 17 unoccupied houses.	The Compulsory Purchase Order was confirmed and became operative. 48 families comprising 134 persons were displaced and re-housed in Corporation owned houses.
The Carlisle (Denton Crescent) Clearance Area, 1959. Incorporated in the Carlisle (No. 1) Compulsory Purchase Order, 1960, comprising 36 occupied houses.	The Compulsory Purchase Order was confirmed and became operative late in December. Displacement could not be commenced before the end of the year.
The Carlisle (Harraby Street) Clearance Area, 1962. Comprising 12 occupied houses.	Declared late in December.
The Carlisle (Church Street, Stanwix) Clearance Area, 1962. Comprising 8 occupied houses.	Declared late in December.

Individual Unfit Houses

48 houses in private ownership were dealt with, either singly or in small groups, as being unfit for human habitation and not capable at a reasonable expense of being rendered so fit.

Following repeated complaints and representations by the occupiers, and the rapid deterioration of many of the houses, it was decided to deal with the worst of the property, 34 houses, included in one of the larger areas referred to previously, the area bounded by Crown Street, Currock Street, Water Street, and the Citadel Station. Action was taken in respect of individual houses in order to secure the reasonably early mitigation of the unsatisfactory living conditions.

Closing orders were made under the provisions of Section 17(1) in respect of 27 of these houses, in order that demolition might be secured when required for the redevelopment of the larger area. 11 of the houses in private ownership and immediately adjoining commercial premises in the same ownership were closed pending development of the whole site. The Authority approved in principle the acquisition of the remaining 16 houses, and it was also resolved that a further 7 houses be purchased under the provisions of Section 17(2) of the Act. Subsequently, following successful appeals on procedural grounds, the action on 5 of the houses had to be rescinded.

A further 12 properties were represented under the provisions of Section 16 and 2 under Section 18, and as a result of the action under these sections Demolition Orders were made on 9 houses and Closing Orders on 4 parts of buildings.

Certificates of Unfitness.

Certificates of Unfitness and resolutions to demolish were made in respect of 4 houses owned by the Local Authority, and the Authority also resolved to demolish or refrain from re-letting a further 3 unfit houses which had fallen vacant.

HOUSING STATISTICS

	No of houses represented.	Orders made or Confirmed and Operative.	Displacement to Council Houses Families.	Displacement to Council Houses Persons.	Demolished Closed or Made Fit.
In Clearance Areas	20	113	49	138	48
Individual Unfit Houses	48	—	—	—	—
Section 17. Demolition Orders	—	6	5	10	28
„ Closing Orders	—	25	20	50	31
Undertaking to make fit	—	—	1	2	1
Section 18. Closing Orders	—	4	3	6	4
Section 35. Closing Orders made where Demolition Orders revoked ...	—	7	—	—	—
Unfit houses included in unfitness orders ...	—	—	—	—	20
Local Authority owned houses certified unfit by the Medical Officer of Health ...	4	4	1	2	3
TOTALS	72	159	79	208	135

The Local Authority also resolved to demolish or close a further 4 unfit houses which had become vacant.

REPAIR AND IMPROVEMENT OF HOUSES

Several Acts contain provisions which assist our efforts to secure the repair and improvement of houses; to ensure that new and converted dwellings are so constructed and alterations and additions carried out in accordance with sound sanitary practices and provided with reasonable modern amenities.

Following action under the Housing Acts and in accordance with an undertaking entered into between the Council and the owner a block of 4 tenement dwellings was converted and modernised so as to maintain an unbroken line in a row of self-contained terrace houses. In like manner work was commenced in converting 4 back-to-back houses into two terrace houses, and in a third instance to extensively repair and improve a small house forming part of a block.

As a result of complaints received and following routine inspection action was taken within the terms of the Public Health Acts to abate nuisances and to secure essential repairs to house property. For this purpose 83 notices were served concerning 108 houses, and works were executed in compliance with 66 notices concerning 91 houses.

Improvement Grants

Local Authorities are empowered by the various Housing Acts to make grants towards the cost of modernising or converting houses. A Standard Grant, Maximum £155, is payable to assist in the improvement of any dwelling by the provision for the exclusive use of the occupants of the standard amenities bathroom, wash-hand basin, hot water system, water closet and food store. Discretionary Grants, to a maximum of £400, may be made to help owners where more extensive structural alterations are necessary, and the dwellings after improvement must attain a high standard of repair and amenity.

In this connection there is liaison with the City Engineer, whose Department handles the applications, to ensure that grants are not made in relation to houses which are scheduled or likely to be scheduled for slum clearance; as to any dampness likely to require the insertion of a damp proof membrane; as to the schedule of repairs essential to ensure a satisfactory life of the property; and to ensure satisfactory and sanitary lay-out. 57 joint inspections were made for this purpose and within the year 16 Discretionary and 39 Standard Grants were approved following the satisfactory completion of the works.

The majority of applications for grants were made by owner occupiers, and many of these in respect of houses which had formerly been tenanted. The Housing Act, 1961, has raised the permitted rent increase for improvements from eight per cent. to twelve and one-half per cent., and it is hoped that this will encourage owners to improve tenanted houses.

Submission of Plans for New, Converted and Improved Dwellings.

The improvement of houses and the provision of modern amenities is not limited to grant earning schemes and other installations are frequently noted by your Inspectors. Plans of both grant and non-grant earning schemes of improvement and structural alterations must be submitted through the City Engineer to the Town Planning Committee for approval under the Public Health Acts and the Building Byelaws, and during the year rather more than 100 such plans were approved.

The Public Health Act, 1961, empowers a Local Authority to reject plans relating to new and converted dwellings submitted for approval if such plans do not show that each separate dwelling will be provided with suitable and sufficient accommodation for the storage of food (or space for the provision of such accommodation by the occupier) and a bathroom containing either a fixed bath or shower bath, and a suitable installation for the provision of hot and cold water to the bath or shower bath. The Town Planning Committee resolved that as a general policy these provisions be adopted, each proposal to be considered on its merits and accordingly the Council delegated to that Committee the powers to consider plans to which the Act applies to be considered and decided at the same time as the Building Byelaws applications.

RENT ACT, 1957

Certificates of Disrepair

There have been relatively few applications for certificates since 1958 and your Inspectors are rarely consulted regarding house rents. The work undertaken in this connection is as follows:—

Number of applications for certificates	6
Number of decisions not to issue certificates	—
Number of decisions to issue certificates:—	
(a) in respect of some but not all defects ...	3
(b) in respect of all defects	2
Number of undertakings given by landlords	3
Number of undertakings refused by local authority ...	—
Number of certificates issued	—
Applications by landlords to local authority for cancellation of certificates	1
Objection by tenants to cancellation of certificates ...	—
Decisions by local authority to cancel in spite of tenant's objection	—
Certificates cancelled by local authority	1

AGRICULTURE (SAFETY, HEALTH AND WELFARE PROVISIONS) ACT, 1956

SANITARY CONVENIENCES ON FARMS

During the year the Minister of Agriculture, Fisheries and Food called upon the Authority for a brief report on the action taken in connection with the provision of sanitary conveniences on farms where agricultural workers are employed.

It was reported that a survey of the district had been carried out and a total of 28 agricultural holdings listed, 10 of these being worked entirely by the occupier or his family. Of the remaining 18 holdings where workers were found to be employed either full or part-time, 6 were farms, 10 horticultural holdings, I horticultural and pigs, 1 poultry and pigs, and mainly small establishments with small staffs. In addition there were 9 sections of the Authority's Parks Department and 4 sections of the Cemeteries and Crematorium Department to which this Act applies.

Seven letters were addressed to occupiers of holdings, two to secure provision of sanitary conveniences, four to secure improved facilities and one to secure the cleansing of an existing convenience.

In addition the Parks and Cemeteries Superintendents were asked to ensure that adequate sanitary conveniences are available to all their staffs, and were recommended to make arrangements to secure adequate washing facilities where these were not already available.

ATMOSPHERIC POLLUTION

During the year 18 smoke observations were carried out and 12 visits made to the offending furnaces to acquaint, discuss with, and advise the management and operatives on practical methods of abating smoke nuisances and reducing all smoke emissions. At one local bakery an existing oil-fired boiler which had been a constant source of complaint because of emissions of dark smoke was replaced by an electrically heated boiler.

The Clean Air Act does not rule out the use of coal provided it can be burned smokelessly. This with certain types of furnaces and particularly with hand stoking is almost impossible to achieve. Some firms saddled with this type of installation have been extremely reluctant because of the immediate expense to make any alteration. Others possibly gifted with greater foresight, have realised that smoke is wasted energy and in the long term context expensive.

After July, 1963, no firm will be able to plead that, because of impractibility or any other extenuating circumstances, they have been unable to replace their old inefficient and offensive appliances by other equipment capable of complying with the requirements of the Act.

It is anticipated with the acquisition of more staff that in the near future, detailed information will be obtained of all boiler plants, furnaces and incinerators in the City. Armed with this information the Department proposes to pursue a policy aimed at securing absolute compliance with the Act by all industrial undertakings at the earliest possible opportunity.

The problem of atmospheric pollution does not, however, rest solely at the door of industry. In this City with a high ratio of domestic to industrial properties a lot of the smoke and soot which does affect our atmosphere is generated in the home. To control this requires the declaration by the Authority of smoke control areas which broadly speaking calls for the adaptation of all existing and all future heating and cooking appliances within that area to be of a type capable of being operated smokelessly.

This is a question to which some thought might well be given in the fairly near future but a matter for more immediate consideration is the adoption of building byelaws requiring heating and cooking appliances in new buildings to be of a type capable of being operated smokelessly. On the declaration of a smoke control area the adaptations necessary to a building erected prior to 5th July, 1956, would probably qualify for a grant towards the cost of the adaptation. This does not apply to buildings erected after this date and many hundreds of houses have since been built and will continue to be built with appliances of a type, which, on the declaration of such an area would have to be altered or replaced.

TENTS, VANS AND SHEDS

Licences were renewed for three 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 Showground 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 1961

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 been enforced by Local Authority.	78	1	—	—
(ii) Factories not included in (i) in which Sec. 7 is enforced by Local Authority.	453	79	14	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority.	5	10	—	—
TOTAL ..	536	90	14	—

2. Cases in which defects were found.

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspec.	Referred by H.M. Inspec.	
Want of Cleanliness (Sec. 1)	1	—	—	—	—
Overcrowding (Sec. 2)	—	—	—	—	—
Unreasonable Temp. (Sec. 3)	—	—	—	—	—
Inadequate Ventilation (Sec. 4)	—	—	—	—	—
Ineffective drainage of floors (Sec. 6) ..	—	—	—	—	—
Sanitary Conveniences (Sec. 7)					
(a) Insufficient ..	4	—	—	—	—
(b) Unsuitable or defective	12	4	—	—	—
(c) Not separate for sexes	2	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	2	—	—	—	—
TOTAL ..	21	4	—	—	—

Outworkers

NATURE OF WORK	SECTION 110			SECTION 111		
	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to Couucil	No. of Prosecutions for failure to supply lists	No. of instances of work in unwholesome 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. Two 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. Both 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—362.

	Dwelling Houses.	Business Premises,	Local Authority Premises.	Agritural Premises.
Premises inspected for presence of rats or mice ...	424	501	61	13
Premises in which evidence of the presence of rats or mice was found	283	104	31	—
Visits of inspection and treatment of all types of premises ...	2282	—	—	—
No. of baits laid ...	4083	—	—	—

Despite the loss of a trained Rodent Operative to another department of the Corporation and the interruption in the service caused by having to recruit and train a replacement, the service was maintained with the assistance of the District Public Health Inspectors. In all 3425 visits were made and 485 infestations were confirmed. At 17 premises, rats were found to be gaining access through defective drains and by colour and smoke tests the defects were located and repaired.

SEWER TREATMENT—RODENT CONTROL

Acute poison treatment of all sewers was carried out in the Spring and Autumn of the year. In line with modern methods of treatment a trial was made with Warfarin bait laid on the sewer benches and where sewers were subject to flooding or the benching steep, stockinette bags of bait were suspended in the manholes. The results were encouraging and it is the intention to use the Warfarin method of treatment in all the sewers next year.

Pests Other than Rodents

61 complaints concerning pests other than rodents were received and investigated by the Public Health Inspectors and where necessary treatment was carried out by the two Rodent Operatives. They consisted of:—

3 concerning Beetles	3 concerning Mites.
19 concerning Cockroaches	3 concerning Wasps
9 concerning Ants	1 concerning Casper Moth Grub
3 concerning Woodworm	
5 concerning Flies	1 concerning Silver Fish
1 concerning Mosquitoes	1 concerning Earwigs
2 concerning Woodlice	7 concerning Pigeons
3 concerning Fleas	

Pigeons are causing damage to Tullie House and other buildings and though the Public Health Act, 1961, empowers the local authority to reduce the number of pigeons, the Act does not hint or suggest how this can be achieved without resorting to methods likely to provoke public and official objections. Bird repellant strips on the ledges of buildings are being tried with success but the problem of reducing the ever growing number of birds has as yet not been resolved.

FOOD HYGIENE

During the last quarter of the year the increase in staff made it possible to step up considerably routine inspection of all types of food premises. It was at once apparent that there was room for much improvement in food handling. A great deal of information was disseminated to all food handlers when the first inspections were made under the new Regulations of 1955 but it is obvious that there is a lack of fundamental knowledge both by management and assistants on this vital subject.

There is very little spontaneous effort on the part of management and practically none by the assistants to make themselves acquainted with the principles of hygiene but they are willing to be told what to do and how and when to do it. To the average food handler visual cleanliness is complete in itself. The significance of time and temperature

control, fly protection and minimum handling is imperfectly understood. While the Food Hygiene Regulations have resulted in a superficial improvement the more obscure points will only be driven home by a persistent policy of health education, regular and frequent inspection of the premises and personal and, if necessary, critical on-the-spot commentary upon the methods being employed.

INSPECTION & REGISTRATION OF FOOD PREMISES

	No. in Area.	No. of Inspections.
Registerable Premises		
Ice Cream—		
Wholesale manufacture	1	1
Manufacture and Retail Sale	9	11
Wholesale Storage for Sale	3	2
Retail Sale—Mainly pre-packed	221	56
Preparation or manufacture of Sausage, or Potted, Pressed, Pickled or Preserved Food	60	36
Fish Friers	27	23
Other Food Premises—		
Bakehouses	47	79
Bakers and Confectioners' Shops	81	88
Butchers' Shops	86	156
Catering Establishments—		
Hotels, Restaurants, Cafes, etc.	48	125
Industrial and Commercial Canteens	33	5
School Canteens	34	10
Residential Hospitals, Institutions	19	1
Non-res. Inst., Clubs, Halls, etc.	21	2
Boarding and Guest Houses, etc.	32	27
Fruiterers' and Greengrocers' Shops	83	82
Wholesale Merchants	5	3
Grocers and Provision Merchants—		
Shops	188	195
Wholesale Merchants	7	3
Licensed Premises—Inns, Hotels, etc.	78	10
Sugar Confectionery—Shops	78	40
,, ,, Wholesale	7	—
Wet Fish—Shops	16	21
,, ,, Wholesale	2	—
Food or Drinks Manufactories	11	25
Public Slaughterhouses	1	43
Bacon Factory	1	—
Mobile Shops, Vans, Canteens	146	75
Temporary Market Stalls	76	130
Pharmaceutical Chemists	24	—

MILK SUPPLY

Milk and Dairies (General) Regulations, 1959—	
No. of Milk Distributors on the Register	85
No. of Dairies on the Register	7
Milk (Special Designation) Regulations, 1960—	
No. of Dealers licensed to use the designation "Tuberculin Tested"	10
No. of Dealers (Pasteuriser's) licences	3
No. of Dealers licensed to use the designation "Pasteurised"	87
No. of Dealers licensed to use the designation "Sterilised"	27

FOOD POISONING

81 cases of food poisoning were notfied to the Department. Although this figure represents a substantial increase over those received in the previous year, some 72 of the cases resulted from a single outbreak.

This outbreak occurred at a private dinner dance and after detailed investigation was attributed to turkeys infected by clostridium welchii. The turkeys were cooked during the day and served in the evening. It is probable that the outbreak would never have occurred had the birds been served immediately they came out of the ovens. Fortunately the illness was in most cases mild and of short duration.

Only in one of the remaining 9 cases was it possible to ascertain the causative agent. Potted meat manufactured locally was found to be infected with staphylococcal organisms. The butcher who manufactured the meat was found to be harbouring the organisms and was disuaded from manufacturing potted meat.

32 cases of dysentry were notified to the Department and investigated, food handlers being excluded from work to check the spread of infection. Total number of visits made in connection with infectious diseases—256. Total number of visits made in connection with notified food poisoning cases—89.

FOOD AND DRUGS ACT

Food Hygiene Regulations

The following is a list of contraventions found on inspection:—

	Contraventions	
	Found	Abated
Insanitary premises	5	16
Cleanliness of equipment	60	17
Protection of food from contamination ...	88	43
Personal hygiene of food handling staffs ..	12	4
Sanitary conveniences	99	30
Water supply	2	—
Staff washing facilities	149	56
First Aid equipment	13	5
Accommodation for outdoor clothing ...	29	12
Facilities for washing equipment ...	46	12
Lighting of food rooms	8	1
Ventilation of food rooms	7	1
Cleanliness of food rooms	84	39
Accumulations of refuse	5	3
Maintenance of temperature of foods ...	2	—
Stalls and vehicles	19	5
Conveyance of meat	1	—
FOOD HANDLING BYELAWS	—	—
MILK AND DAIRIES REGULATIONS ...	8	—

Food Control

Food samples submitted for analysis :—

ARTICLE	Number of Samples submitted			Number of Samples reported as being unsatisfactory		
	Formal	Informal	Total	Formal	Informal	Total
Cauliflower ..	—	5	5	—	—	—
Cucumber ..	—	7	7	—	—	—
Greengages ..	—	1	1	—	—	—
Ice-cream	—	1	1	—	—	—
Ice Lollies ..	—	12	12	—	—	—
Milk						
Raw	12	—	12	3	—	3
Pasteurised ..	2	—	2	—	—	—
Plums	—	5	5	—	—	—
Soda Water ..	—	1	1	—	1	1
"Vimto" flavouring	—	1	1	—	—	—
TOTAL ..	14	33	47	3	1	4

The unsatisfactory samples are as follows :—

Sample No.	Article	Report
5/61	Milk	Deficient in fat to the extent of 3.3%
38/61	Soda Water	Contaminated with copper (38 parts per million)
42/61	Milk	Contains a trace of extraneous water
43/61	Milk	Contains a trace of extraneous water

A subject considered by the Local Authorities Joint Advisory Committee on Food standards was that of the possible connection between excess acidity in iced lollipops and the erosion of children's teeth. In order to provide information on this subject, 12 informal samples of iced lollipops were submitted for analysis. This was done in conjunction with 18 other local authorities, the total number of samples submitted being 88. The pH values of the samples ranged between 2.2 and 5.95, the average being 3.0.

The increasing use of chemicals on food crops for the purpose of insect control has been a cause of concern in various countries in recent years. Instances have been reported of the destruction of wild life and of bees, the deaths of cattle, and the sterilisation of sows, resulting from the use of harmful insecticides. The possibility of a connection between the use of such chemicals and some human diseases has also been suggested. The Health Department

is primarily concerned with this latter possibility. The crops most likely to be contaminated by a residue of toxic substances are fruits, green vegetables, cucumbers and similar products. There is apparently little risk of contamination of root crops.

The Department submitted 18 samples of fruit and vegetables to the Public Analyst for a chemical residue test, most of the crop samples having been produced locally All of the samples were found to be free from insecticide.

Investigation of Complaints under the Food and Drugs Act, 1955

The department has continued to act promptly upon receiving complaints relating to foodstuffs, in order to eliminate danger or inconvenience to the public arising from unsound or adulterated food. The following are a few examples of such complaints dealt with during the year:—

20.2.61. Complaint No. 1931: A chicken purchased locally was found, on removal from its cellophane wrapper, to have an offensive odour and to have growths and adhesions on the pleura and peritoneum. Examination by the Pathological Laboratory revealed these to be due to either tubercle or tumour. The vendor was informed of the serious nature of the offence and warned of the possible consequence of any further offence.

2.9.61. Complaint No. 2462: A complaint was received from a mother that two of her children suffered a spasm of vomiting almost immediately upon the consumption of ice-cream and soft drinks at a local restaurant. Samples of ice-cream, soda water, and essence used in the preparation of the soft drinks were submitted to the Public Analyst. The samples of essence and ice-cream were found to be satisfactory, but the sample of soda water was found to contain 38 parts per million of copper. The opinion of the Analyst was that this amount of copper was quite capable of causing sickness in young children who had already been consuming food.

On investigation it was found that the water from the soda fountain was retained for a period in a delivery pipe and a service tank, apparently with a risk of contamination by copper. The proprietor agreed to discontinue the use of the water supply system and obtain water direct from the mains.

6.11.61. Complanit No. 2646: A complaint of a loaf containing a foreign body was received. The object was found to be a piece of dough soaked in oil. The use of a white oil to lubricate the dough is an essential part of the manufactururing process and on this occasion a piece of saturated dough had got into the dough piece.

22.11.61. A can of salmon purchased locally was found to contain particles resembling glass. These were found to be crystals of magnesium ammonium phosphate, a substance which is occasionally produced naturally in canned fish.

Bacteriological Examination of Foodstuffs

Early in the year reports from various parts of the country revealed that certain batches of dessicated coconut had been found to be contaminated with Salmonella organisms, and it was suspected that some cases of paratyphoid had been caused through the use of the product. Subsequently, quantities of the dessicated coconut and foodstuffs of which it was an ingredient were withdrawn from sale and surrendered to local health department.

In this City samples of dessicated coconut were obtained from the stock of a local firm and, upon bacteriological examination, found to be free from Salmonella organisms. The firm agreed to take certain precautions with regard to their stocks of the product in order to avoid any undetected infection reaching the public.

Subsequently a circular was sent to all bakers in the City informing them of the possible dangers which may result from the use of dessicated coconut and giving suggestions which it was deemed advisable they should follow in order to eliminate such dangers.

Bacteriological Examination of Milk

Regular sampling of milk for bacteriological examination was continued throughout the year. 35 samples of pasteurised milk were submitted to the Phosphatase Test which indicates the efficiency or inefficiency of pasteurisation. All the samples were found to be satisfactory. Similarly the one sample of sterilised milk which was obtained satisfied the Turbidity Test.

35 samples of pasteurised milk and also 194 samples of untreated T.T. milk were submitted to the Methylene Blue Test which indicates the bacterial content to which the keeping quality of the milk is related. All of the samples of pasteurised milk were found to be satisfactory.

16 of the samples of raw T.T. milk failed the test, a percentage of 8.25 of the total samples. This compares favourably with the corresponding figure of 13.25 for 1960.

A further test performed on the samples of raw milk is the Milk Ring Test. A positive reaction to the test indicates the possibility of the presence of the organism Brucella Abortus, the causative organism of undulant fever. Positive samples are cultured to confirm the presence or absence of the organism. No samples tested during the year were found to react positively to the confirmatory test.

Heat Treated Milk

Designation	No. of Samples	Meth. Blue		Phosphatase		Turbidity Test		Unsatisfactory Samples Percentage
		Pass	Fail	Pass	Fail	Pass	Fail	
T.T.Pasteurised	13	13	—	13	—	—	—	—
Pasteurised ..	22	22	—	22	—	—	—	—
Pasteurised (Schools) ..	—	—	—	—	—	—	—	—
Sterilised ..	1	—	—	—	—	1	—	—
TOTALS ..	36	35	—	35	—	1	—	—

Milk Other Than Heat Treated

DESIGNATION	No. of Samples	PASSED Meth. Blue	FAILED Meth. Blue	Unsatisfactory Samples Percentage
Tuberculin Tested	148	135	11	7.43
T.T.Jersey ..	46	41	5	10.87
TOTALS ..	194	176	11	8.25

Examination of Milk Churns

During the year several complaints were received from milk producers to the effect that milk churns were being returned from the washing plant containing a build up of milk solids on the internal surfaces of the churns. Specimen churns were inspected after leaving the washing plant and the complaints were substantiated. The Dairy concerned has started a systematic replacement of old churns with new spun aluminium churns.

Bacteriological Examination of Milk Bottles

Two 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.

Meat and Food Inspection

Public Slaughterhouses

Carcases Inspected including those condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	6375	309	243	29702	6657	—
Number inspected	6375	309	243	29702	6657	—
ALL DISEASES EXCEPT TUBERCULOSIS						
Whole carcases condemned	4	14	61	163	7	—
Carcase of which some part or organ was condemned	1434	138	46	1694	307	—
Percentage of the number inspected affected with disease other than tuberculosis	22.55	49.19	44.03	6.25	4.72	—
TUBERCULOSIS ONLY						
Whole carcases condemned	—	—	—	—	—	—
Carcase of which some part or organ was condemned	8	21	—	—	29	—
Percentage of the number inspected affected with tuberculosis	0.12	6.79	—	—	0.43	—
CYSTICERCOSIS						
Carcase of which some part or organ was condemned	13	—	—	—	—	—
Carcases submitted to treatment by refrigeration ..	13	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Public Slaughterhouses

Year	Cattle	Sheep and Lambs	Calves	Pigs	Total
1958	6939	23540	273	7319	37871
1959	6039	29919	250	7047	43255
1960	6433	27034	226	6759	40452
1961	6684	29702	243	6657	43286

Harraby Bacon Factory

1958				95482	95482
1959				112716	112716
1960				106259	106259
1961				127619	127619

Tuberculosis (Slaughter of Reactors) Order, 1950

The operation of the attested herd scheme in the area resulted in 75 animals being 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.

Bulls	1
Cows	50
Heifers	12
Calves	1
Steers	11
	75

Analysis of Inspection

7 cows—total carcases condemned for emaciation and oedema.

1 cow —total carcase condemned for anasarca.

1 cow —total carcase cindemned for tuberculous, Bronchopneumonia and emaciation.

2 cows—partial carcases condemned for tuberculosis.

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

DISEASE OR CONDITION	Whole Carcases				Part Carcases			
	Cattle	Sheep	Calves	Pigs	Cattle	Sheep	Calves	Pigs
Abscesses and Suppurative Conditions	—	—	—	—	8	12	—	7
Acetonamia	—	1	—	—	—	—	—	—
Actinobacillosis	—	—	—	—	—	—	—	1
Arthritis	—	2	—	—	1	14	1	15
Atrophy	—	—	—	—	—	4	—	—
Emaciation	3	44	1	1	—	—	—	—
Enteritis	—	—	1	2	—	—	—	—
Entero Toxaemia	—	1	—	—	—	—	—	—
Febrile Conditions	2	16	2	—	—	—	—	—
Gangrene	1	2	—	—	—	—	—	—
Immaturity	—	4	24	—	—	—	—	—
Injuries and Bruising	2	3	1	—	25	41	—	11
Mastitis	—	6	—	—	1	2	—	—
Metritis, Septic	—	1	—	—	—	—	—	—
Moribund	1	8	1	—	—	—	—	—
Nephritis	—	1	—	—	2	1	—	—
Odour, Abnormal	—	4	—	1	—	1	—	—
Oedema	6	27	10	—	2	22	—	—
Peritonitis	—	2	—	—	1	—	—	—
Pleurisy	—	—	—	—	—	6	—	2
Post Mortem Putrefaction	—	11	3	2	2	—	—	—
Pneumonia	—	1	1	1	—	2	—	—
Pneumonia, Septic	—	12	1	—	—	27	—	1
Pyaemia, Joint ill, Navel ill ..	—	5	5	—	—	—	—	—
Rachitis	—	—	2	—	—	—	—	—
Septicaemia	—	—	1	—	—	—	—	—
Tumors	1	1	—	—	—	1	—	—
Uraemia	—	3	—	—	—	—	—	—

Diseased and Unsound Food

the following table shows the amount of food declared to be unfit for human consumption during 1961 :—

PUBLIC SLAUGHTERHOUSES:

	T.	C.	Q.	Lb.	T.	C.	Q.	Lb.
Beef	3	16	1	8				
Beef Offals	9	8	1	8				
Mutton	3	3	3	20				
Mutton Offals ...	1	19	3	24				
Veal	1	0	1	1				
Veal Offals ...		4	1	9				
Pork		12	2	10				
Pork Offals		14	2	18				
					21	0	1	14

HARRABY BACON FACTORY :								
Pork	25	10	3	22				
Offals	27	16	3	10				
					53	7	3	4
OTHER SOURCES :								
Tinned Meat ...	2	8	0	0				
Bacon, Ham and Meat Products ...		3	2	12				
Fish & Fish Products		1	0	25				
Potatoes		16	2	0				
Miscellaneous Foodstuffs		8	2	26				
Total ..					78	6	0	25

4,159 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.

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