[Report 1969] / Medical Officer of Health, Carlisle City.

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CITY OF CARLISLE

ANNUAL REPORT

OF THE

Medical Officer of Health

For the year

1969

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

SOCIAL SERVICES COMMITTEE

1969-70

Chairman :

Ald. Miss M. K. Sibson, O.B.E.

Deputy Chairman :

Alderman Mrs. Perkins
Councillor Allchin
Councillor Bisland
Councillor Dunstan
Councillor Mrs. James
Councillor Little
Councillor Long
Councillor Mrs. Sheehan
Councillor Smith

OTHER COMMITTEES CONCERNED WITH PUBLIC HEALTH MATTERS

Education Committee—School Health Service.

Water 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., M.R.C.P. (Glas.), D.P.H.
Deputy Medical Officer of Health, etc.	—	David G. Proudler, M.B., B.S., D.P.H.
Departmental Medical Officer and School Medical Officer	—	S. P. J. Kerr, M.B., Ch.B., D.P.H.
Principal Dental Officer— Education and Health	—	Mr. H. W. Freer, L.D.S. (Leeds)
Chief Public Health Inspector	—	Ernest Boaden, A.M.P.I.H.E.
Chief Administrative Assistant	—	L. Oates (to 30.11.69). C. F. Mackereth (from 1.12.69)

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting herewith my 23rd Annual Report on the Health of the City, that for the year 1969. New and far reaching changes are about to affect the services described herein and it has been suggested on that account and because this will be my last Annual Report that I deal not only with the developments of the last year but with those over the period from 1947 or longer and this, in appropriate sections, I have done.

It is meet that a tribute should be made to my predecessors in office. Even though we today bemoan the shortage of trained staff, none of them had the resources in trained woman and man power which your present Medical Officer of Health has at his disposal to cope with emergencies, nor had they a Public Health Laboratory Service or the many office aids which we possess. The demands of the public were of course modest compared with what it expects from the Local Authority Health and Welfare Department today. The first Medical Officer of Health was Dr. Robert Elliot who held the post on a part-time basis from 1874 to 1882. He appears to have been an outstanding man and was Mayor in the municipal year 1855-56. It was he who showed Lord Lister the use of carbolic acid as an antiseptic and this is referred to in an article by Lord Lister in "The Lancet" of March 16th, 1867. Apparently carbolic was used in Carlisle to disinfect excreta. Dr. Elliot was succeeded by another part-time officer, Dr. William Brown, who held office from 1882 to 1907. He had to deal with many sanitary nuisances and it was during his term of office that the City Council built the municipal abattoir in Devonshire Walk recently taken out of commission. He had to deal with outbreaks of infectious disease, notably a typhoid outbreak in Denton Holme originating in a dairy in Metcalfe Street. It was on his advice that the City Council adopted in 1890, in spite of opposition, the Infectious Diseases Notification Act of 1889 which was permissive. He thus established the basic machinery for dealing with infectious diseases which his successors have used with modifications as conditions allowed and demanded.

Dr. Joseph Beard, your first full-time Medical Officer of Health, took up duty in 1908. He established the school medical service and continued the good work in the control of infectious disease. His report on an outbreak of poliomyelitis in 1910 is regarded as a classic by those who study the history of infectious disease. Dr. Beard retired on health grounds in 1930 but acted as a Consultant for Smallpox to the Ministry of Health until shortly before his death in the City General Hospital in 1964.

Dr. Beard was succeeded in office by Dr. Allan Semple who was Medical Officer of Health from 1930 until his untimely death in 1944. Dr. Semple was involved in the development of the E.M.S. Hospital at Fusehill Institution, now known as the City General Hospital, and he devoted much energy to this and to the conversion of the old infirmary block into a maternity hospital. The conversion was not completed until after my arrival. It is because of the number of maternity beds then provided that Carlisle has had more than 80% hospital confinements for many years. Dr. J. C. B. Craig and Dr. James Lamberton were acting Medical Officers of Health until I arrived in August, 1947. Owing to war-time conditions few developments could take place but in spite of this Dr. Craig combined the Health Visiting and School Nursing Services which had previously been separate. This was undoubtedly a good move and made for greater efficiency.

In the summer of 1947 you had to prepare and submit proposals for services you were going to provide under the National Health Service Act, 1946. These were eventually submitted as agreed proposals in October of that year. At the time with the loss of your hospitals (City General, City Maternity, George Street Maternity Home and Crozier Lodge Infectious Diseases Hospital) to the Regional Board there was some despondency but as everyone got down to work on the new schemes it was found that your staff was fully occupied in developing existing and new services. Your Medical Officer of Health was able to keep in touch with the hospital service as he was appointed a member of the East Cumberland Hospital Management Committee on which he served for 15 years. He was also invited to attend the Special Area Committee and did so when matters of special interest were under discussion. This arrangement still continues.

The National Assistance Act of 1948 passed early in that year was due to come into operation in July, along with the National Health Service Act. The Council decided that there should be a separate Welfare Services Committee responsible for Local Authority functions under the National Assistance Act and that the Medical Officer of Health should be Chief Officer to the committee and so it came about that a combined Health and Welfare Department came into existence although until 1968 there were separate committees responsible for their respective spheres of activity. Schemes for carrying out duties under this Act were also submitted as agreed proposals.

During the intervening years all the services have been developed and you now spend quite a considerable amount of money on the training of staff. As the years go by more and more emphasis is laid on the individual and medico-social work increases.

Amidst all this progress we are liable to forget that environmental control and the prevention of infectious disease are of the highest importance. Had it not been for the good work on these aspects of public health carried out in past years it would not have been possible to erect the medico-social work structure now operated by Local Authorities and if basic sanitary work failed this structure would doubtless collapse. It is therefore important that environmental control should take precedence over some other fashionable projects. The elimination of sanitary nuisances and unfit houses; an adequate and wholesome water supply; the efficient removal and disposal of refuse; adequate sewage disposal; steps to ensure clean food handling and clean air, as well as a positive programme of health education, are matters which must not be allowed to lag behind in the clamour for a share of the limited money any Local Authority has to spend. These services, like those of Health Visitors, District Nurses, Home Helps and Old Folks' Homes, are necessities, not luxuries. The Medical Officer of Health should be involved in all these matters and if the Local Authorities Social Services Act, 1970 in removing certain services from his control frees time which he can profitably devote to these subjects it may offset to some extent the increase in expenditure in which this new legislation will involve local authorities.

In 1969 all the services already established were consolidated and where possible expanded. Staffing difficulties have been present throughout the year. We were short of Public Health Inspectors and were unable to recruit Student Health Visitors who when trained would fill anticipated vacancies. Only for a short part of the year had we a full complement of dental officers. This shortage of staff naturally curtailed some activities such as special dental health education but as described later in this report did not prevent a novel method of health education in relation to dangers of smoking being arranged.

Mr. Leonard Oates, Chief Administrative Assistant in the department, retired on 30th November, 1969, after 43 years service in the Health Department of this Council. He was orginally appointed by Dr. Beard and had worked continuously in the department except for a period of military service in the East during the war. He was popular with staff of all disciplines within the department and outside people whom he was always willing to help. He was succeeded in the post by Mr. C. F. Mackereth. Mr. Mayoh, your Casework Supervisor/Senior Psychiatric Social Worker, left in July, 1969, on being appointed Director of Social Services for the Stewartry of Kirkcudbright. His place was taken by Mr. T. W. Anderson who took up duty on 30th September, 1969.

I should like to record my sincere thanks to all members of the staff, past and present, of this department who have contributed to such success as has been obtained in our work. Likewise my thanks are due to my brother officers of other departments for their loyal co-operation. To successive Chairmen of the Health and Welfare Services Committees and members who throughout the past 23 years have afforded me great support and the comfort of their confidence I wish to give thanks.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JAMES L. RENNIE,

Medical Officer of Health.

ERRATA

Page 11—TOTAL LIVE AND STILL BIRTHS—read total as "1191" instead of "1091".

Page 17—(Table 1/4)—Line 5 (Pneumonia)—Column 2 (Under One Year) read "1" instead of "—".

Page 19—(Table 1/5)—Column 5 (Total under 4 weeks)—read from above downwards "20 — 5 1 5 9 — 20" instead of "20 — — — — — — 20"

Page 59—Read "MENTAL HEALTH ACT, 1959" instead of "MENTAL HEALTH ACT, 1949".

Page 60—Para. 2—line 3—read "made" instead of "make".

Page 82—Para. 1—line 3—read "has reduced" instead of "had reduced".

Page 111—Line 13—read "21" instead of "11".

Page 150—Table 7/8 "2. Cases in which defects were found." Total, Column 2—read "14" instead of "13".

Page 160—Second para.—line 8. Read "routine" instead of "routing".

Page 165—Table 7/16. Under "DISEASE OR CONDITION"—
Line 1—read "Suppurative" instead of "Supperative".
Line 16—read "Pleurisy" instead of "Lleurisy".
Line 19—read "Navel" instead of "Naval".

ADDENDUM TO SECTION V

Vaccination and Immunisation — (Page 80)

Measles Vaccination

Measles vaccine, in limited amount, became available as from May, 1968. During that year a total of 1721 children received this form of treatment while in the year under review 566 children received the vaccine. The larger figure in 1968 was due to the age groups offered vaccination.

Section 1
VITAL STATISTICS

VITAL STATISTICS

SUMMARY

Area (acres)	6,092
Population (1969) Estimate of Registrar General	71,090
Rateable Value	£2,843,000
Sum represented by a Penny Rate	£11,750

The rates given in brackets are those which would have applied had it been possible to transfer out Scottish births and deaths.

LIVE BIRTHS:	Total	M.	F.
Legitimate	1,075	531	544
Illegitimate	99	53	46
Live Birth Rate per 1,000 of the population	—	16.5	(15.9)
Live Birth Rate per 1,000 of the population as corrected by the Area Comparability factor of 0.98 is 16.2			
Live Birth rate of England and Wales	—	16.3	

ILLEGITIMATE LIVE BIRTHS (per cent. of total live births)—8.43 (8.42)

STILLBIRTHS	17	7	10
Stillbirth rate per 1,000 total live and stillbirths)—		14.27	(13.13)
Stillbirth rate for England and Wales — 13.2.			

TOTAL LIVE AND STILLBIRTHS ...	1,091	591	600

INFANTS DEATHS (deaths under 1 year)	23	17	6

INFANT MORTALITY RATES:

Total infant deaths per 1,000 total live births	19.59	(17.74)
Legitimate infant deaths per 1,000 legitimate live births	19.51	(19.37)
Illegitimate infant deaths per 1,000 illegitimate live births	20.2	(21.0)

Infant Mortality Rate for England and Wales — 18.05.

NEO-NATAL MORTALITY RATE (deaths under four weeks per 1,000 live births)	17.03	(15.08)
Neo-Natal Mortality Rate for England and Wales	12.04	

EARLY NEO-NATAL MORTALITY RATE (deaths under one week per 1,000 total live births)	14.48	(12.42)

Early Neo-Natal Mortality Rate for England and Wales — 10.3

PERINATAL MORTALITY RATE (Stillbirths and deaths under one week combined per 1,000 total live & stillbirths)	28.96	(25.38)

Perinatal Mortality Rate for England and Wales — 23.37.

MATERNAL MORTALITY (including abortion)—
No maternal deaths occurred during the year.

DEATHS	Total	M.	F.
	959	478	481

Death rate 13.5 (12.8) per 1,000 population.
Death rate per 1,000 of the population as corrected by the Area Comparability factor of 1.11 is 15.0.
Death Rate for England and Wales — 11.9.

POPULATION

The Registrar General's estimate of the mid year population of the City was 71,090, a decrease of 20 on the figure for 1968. It is of interest to look back on the population figures for the City especially in census years when accurate figures can be obtained. Table 1/1 sets forth these figures giving a mid-census population estimate for comparison.

TABLE 1/1

Table showing the mid year population of City of Carlisle for census and mid census years from 1911 to 1966.

Year	Population	Remarks
1911	46,430	Census
1916	52,719	Estimate—City extended in 1912.
1921	53,200	Census.
1926	56,320	Estimate.
1931	57,510	Census.
1936	59,030	Estimate.
1941	66,020	Estimate (War time)
1946	63,130	Estimate.
1951	67,300	Census—Boundary extension April, 1951
1956	68,450	Estimate.
1961	70,610	Census.
1966	70,940	Estimate (Partial census)

It will be seen that the population of the City has been steadily increasing. Although additional souls were added to the City in two boundary extensions their numbers were not great. The main purpose of the extensions was to acquire land for housing development, which is still a need and will continue to be in demand if better housing is to be provided within easy reach of work in a City which is almost certain to become the industrial and commercial hub of the larger Local Government Authority recommended by the Royal Commission on Local Government.

Although Carlisle has not by county borough standards a large population it provides hospital facilities for a considerable area outwith the city.

Births to women who normally reside elsewhere in England and likewise deaths are transferred out for statistical purposes, but this does not apply in case of Scotland and since 1953 I have shown in the report the official rate and, in brackets, the rate which would have applied had Scottish births and deaths been transferable in order that the reader may have as accurate a picture as possible.

BIRTHS

Live Births

There was a drop of no less than 50 in the number of live births in the City; the figure being 1,174.

To mothers normally resident in Scotland were born 47 children. This number is included in the total of 1,174 and represents a fall of 3 on the figure for 1968. The Crude Birth Rate was therefore 16.5 per 1,000 of population but if Scottish births had been transferable the figure would have been 15.9 per 1,000. The City birth rate after adjustment by the area comparability factor of 0.98 is 16.2 per 1,000 population, which is fairly close to the figure for England and Wales of 16.3 per 1,000.

This may seem a low birth rate for Carlisle and one might be excused from coming to the conclusion that it was the result of the combined effect of the contraceptive pill, the intra uterine contraceptive device and legalised abortion, but a glance at Table 1/2 which shows the birth rate in Carlisle over a 20 year period will illustrate that similar rates have been experienced before and that in 1954 there was a lower rate in Carlisle and in England and Wales as a whole. At that time there was a family planning clinic but no 'pill', intra-uterine contraceptive device or legalised abortion.

TABLE 1/2

Table showing the unadjusted and adjusted birth rates for Carlisle and birth rate for England and Wales over the 20 year period 1950-1969.

Year	Crude Live Birth Rate	Adjusted City Birth Rate	Birth Rate England and Wales
1950	17.00	17.51	15.9
1951	17.56	18.09	15.5
1952	16.80	17.30	15.3
1953	17.24	17.70	15.5
1954	16.39	15.57	15.2
1955	17.02	16.17	15.0
1956	17.69	16.81	15.7
1957	18.01	17.11	16.1
1958	19.02	18.07	16.4
1959	19.91	18.92	16.5
1960	19.29	18.33	17.2
1961	18.24	17.33	17.6
1962	19.19	18.23	18.0
1963	19.22	18.84	18.2
1964	18.59	18.22	18.4
1965	18.30	17.94	18.1
1966	17.79	17.43	17.7
1967	16.80	16.46	17.2
1968	17.21	16.87	16.9
1969	16.5	16.2	16.3

Illegitimate Live Births

The number of illegitimate live births in the City was the same as that of 1968, namely 99, but as a result of the fall in total births the percentage of illegitimacy has risen from 8.09 in 1968 to 8.43. The exclusion of Scottish births would make very little difference merely making this percentage 8.42. This high figure of illegitimacy is regrettable as a child without a father faces many difficulties in this world and the unmarried mother who keeps her child has many obstacles to overcome. The number of illegitimate children born in Carlisle has varied widely over the past 60 years. In the pre 1914 era it amounted to 55—65 births a year in a population of about 52—53,000. It rose in the post war period to 94 in 1919 when the population of the City was over 55,000, thereafter it fell slightly. In the latter years of the second world war and in the immediate post war period it rose again reaching a maximum of 127 in 1945 when the population of the City was almost 60,000. Thereafter the number of illegitimate births declined and remained around the 50-60 mark. In 1963, however, they rose to 75 and in 1965 to 108, since when they have remained in the nineties.

Stillbirths

The number of stillbirths in 1969 was 17, which is a drop of 7 on the 1968 figure. The stillbirth rate was 14.27 per 1,000 live and stillbirths (13.13 if Scottish births and stillbirths were excluded). England and Wales had a stillbirth rate of 13.19 in 1969. The number of births in Carlisle is from a statistical point of view small and one must be guarded against drawing too many conclusions from fluctuations in the rate. The fluctuations in stillbirth rate in the City over the past 20 years are shown in Table 1/3.

TABLE 1/3

Table showing the stillbirth rate for 1,000 live and stillbirths in Carlisle over the years 1950-1969.

Year	Stillbirth Rate	Year	Stillbirth Rate
1950	21.90	1960	24.54
1951	37.46	1961	33.76
1952	14.68	1962	20.19
1953	27.34	1963	20.11
1954	30.22	1964	23.58
1955	32.28	1965	23.22
1956	28.09	1966	20.19
1957	21.98	1967	27.73
1958	19.32	1968	19.23
1959	19.75	1969	14.27

Nevertheless it is gratifying to note that our lowest stillbirth rate is associated with a slight fall in infant mortality.

DEATHS

The number of deaths rose from 867 in 1968 to 959 of which 51 were persons who had normally resided in Scotland. The crude death rate was 13.5 per 1,000 population, but after applying the area comparability factor of 1.11 an adjusted rate of 15.0 was obtained. Table 1/4 shows the cause of death and age at death of the 959 persons.

It will be noted that there were only two deaths attributed to tuberculosis though this disease is still important. Apart from influenza and pneumonia no death occurred as a result of infectious disease. Ischaemic Heart Disease again took top place with 235 deaths. The various diseases of cariovascular system accounted for a total 517 deaths. 109 of these were in the 45-65 age group, 157 in the 65-75 group and the majority 242 were aged 75+. The number of deaths in the 45-65 group, however, pin-points an area where further research into the causes of degenerative cardio vascular disease is required. Deaths due to disease of the respiratory system mostly in the age groups 45-65 and 65-75 once again emphasise the need for a clean air policy and for the encouragement of the public to give up smoking or better never start it.

Road traffic accidents accounted for 13 deaths while other forms of accident were responsible for 11 deaths. None of these people dying as a result of accident was under 15 years of age.

Maternal Mortality

There was no maternal death during the year. This is the ninth year without a maternal death. The last death which had to be classed under this heading took place in 1960. The cause of death in this case was a lesion unconnected with pregnancy though this condition may have been a contributory factor. The last maternal death directly attributable to a complication of pregnancy took place in 1957.

TABLE 1/4

Table showing principal causes of death and age at death of all deaths credited to City by Registrar General in 1969

CAUSE OF DEATH	All Ages	Under 1 year	1 & under 5	5 & under 15	15 & under 25	25 & under 45	45 & under 65	65 & under 75	75 & over
Tuberculosis of Respiratory System ...	1	—	—	—	—	—	—	1	—
Other Tuberculosis, incl. late effects ...	1	—	—	—	—	—	1	—	—
Malignant Neoplasm—									
Buccal Cavity	4	—	—	—	—	—	—	1	3
Oesophagus	4	—	—	—	—	—	2	1	1
Stomach	22	—	—	—	—	—	6	9	7
Intestine	31	—	—	—	—	1	1	12	17
Lung, Bronchus	44	—	—	—	—	—	21	15	8
Breast	22	—	—	—	—	2	12	2	6
Uterus	5	—	—	—	—	—	4	1	—
Prostate	6	—	—	—	—	—	2	2	2
Leukaemia	8	—	2	—	1	1	1	1	2
Other Malignant Neoplasms	49	—	1	—	1	2	20	15	10
Benign and Unspecified Neoplasms ...	2	—	—	—	—	—	2	—	—
Diabetes Mellitus	8	—	—	—	—	—	1	5	2
Other Endocrine etc. diseases	5	—	—	—	—	—	3	2	—
Anaemias	2	—	—	—	—	—	—	1	1
Other Diseases of Nervous System ...	7	—	—	—	1	—	—	4	2
Chronic Rheumatic Heart Disease	13	—	—	—	—	1	4	6	2
Hypertensive Disease	13	—	—	—	—	—	2	6	5
Ischaemic Heart Disease	235	—	—	—	—	6	62	79	88

Other Forms of Heart Disease	53	—	—	—	—	—	1	12	40
Cerebrovascular Disease	147	—	—	—	1	1	32	41	72
Other Diseases of Circulatory System ...	56	—	—	—	—	1	8	13	34
Influenza	15	—	—	—	—	—	3	5	7
Pneumonia	40	—	1	—	—	1	8	5	24
Bronchitis and Emphysema	41	—	—	—	—	—	13	18	10
Asthma	2	—	1	—	—	—	—	1	—
Other Diseases of Respiratory System ...	5	—	—	—	—	1	2	1	1
Peptic Ulcer	4	—	—	—	—	—	3	1	—
Appendicitis	1	—	—	—	—	—	—	1	—
Intestinal Obstruction and Hernia ...	6	1	—	—	—	—	—	2	3
Cirrhosis of Liver	3	—	—	—	—	—	3	—	—
Other Diseases of Digestive System ...	15	—	—	—	—	—	4	5	6
Nephritis and Nephrosis	7	—	—	—	—	—	4	—	3
Hyperplasia of Prostate	3	—	—	—	—	—	—	1	2
Other Diseases, Genito-Urinary System ...	10	—	—	—	—	—	2	2	6
Diseases of Musculo-Skeletal System ...	2	—	—	—	—	—	—	2	—
Congenital Anomalies	8	6	—	—	1	—	1	—	—
Birth Injury, Difficult Labour etc.	7	7	—	—	—	—	—	—	—
Other Causes of Perinatal Mortality ...	8	8	—	—	—	—	—	—	—
Symptoms of Ill Defined Conditions ...	2	—	—	—	—	—	—	—	2
Motor Vehicle Accidents	13	—	—	—	3	4	3	1	2
All Other Accidents	11	—	—	—	—	3	2	3	3
Suicide and Self-Inflicted Injuries	9	—	—	—	1	4	4	—	—
All Other External Causes	9	—	1	—	1	—	2	3	2
TOTAL ALL CAUSES	959	23	6	—	10	28	239	280	373

Infantile Mortality

During the year a total of 23 City infants under 1 year died. Table 1/5 sets forth the deaths by age, cause and month of occurrence. It will be noted that the most frequent cause of death in young infants is prematurity while actelectasis (failure of lungs to expand) takes second place. The infant mortality rate was 19.59 per 1,000 live births, which is marginally better than the rate of 19.61 recorded in 1968. The figure is, however, above the national average; the rate for England and Wales being 10.05 per 1,000 live births.

The City Infantile Mortality rate in 1908 was 129 per 1,000 live births, in 1918 it was 126, in 1928 it was 72.1 and in 1938 it was 46.3. Table 1/6 sets forth the infant mortality rate in the City for the past 25 years.

TABLE 1/6

Table setting forth infant death rate per 1,000 live births in the City during the past 25 years.

Year		Year	
1945	45.3	1958	34.85
1946	49.4	1959	29.50
1947	56.5	1960	24.44
1948	25.45	1961	24.07
1949	35.95	1962	21.34
1950	34.45	1963	24.19
1951	25.38	1964	21.13
1952	27.17	1965	16.10
1953	28.11	1966	26.15
1954	35.62	1967	13.42
1955	27.37	1968	19.61
1956	28.07	1969	19.59
1957	16.85		

The wide fluctuations of rate are at once apparent though the general trend is downwards. In an area with just over 1,000 births per annum a few deaths can result in a considerable change, in the rate and as I have emphasised elsewhere in this report and in previous reports one must interpret rates in a City the size of Carlisle with caution.

TABLE 1/5

Table setting forth all infant deaths by cause, age and month of occurrence during the year 1969.

	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 months and under 6 months	6 months nd under 9 months	9 months and under 12 months	January	February	March	April	May	June	July	August	September	October	November	December	Total Deaths under 1 year
All causes																						
Certified ...	17	3	—	—	20	1	—	1	—	—	2	3	1	2	1	1	3	—	2	6	1	22
Uncertified ...	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Congenital Malformations	3	2	—	—	—	1	—	1	—	—	—	1	1	2	—	—	2	—	—	1	—	7
Birth Injuries ...	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Atelectasis ...	5	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	1	—	1	1	—	5
Prematurity ...	8	1	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—	1	4	1	9
Broncho Pneumonia ...	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
TOTALS ...	17	3	—	—	20	2	—	1	—	1	2	3	1	2	1	1	3	—	2	6	1	23

A study of Table 1/5 will reveal that by far the greater proportion of infant deaths take place in the first week or month of life. There are three rates to which we direct attention; the neonatal mortality rate being the deaths under 4 weeks of age per 1,000 live births which was 17.03 (15.08 if Scottish births in neonatal deaths were excluded), which compares with a rate of 12.04 for England and Wales. The early neonatal mortality being the deaths under one week of age per 1,000 live births which was 14.48 (12.42 if Scottish births and deaths excluded), which has to be compared with a rate of 10.3 for England and Wales. The Perinatal Mortality rate which is the sum of stillbirths and deaths under one week per 1,000 live and stillbirths. This rate, which is the most informative, was 28.96 (25.39 if Scottish births and deaths were excluded) and has for comparison a rate of 23.37 for England and Wales.

The perinatal mortality over the past 11 years is set forth in Table 1/7.

TABLE 1/7

Table showing perinatal mortality in Carlisle with effect of excluding Scottish cases shown in column (c), together with rate for England and Wales in column (d) for the years 1959-1969.

Year (a)	Perinatal Mortality (b)	Perinatal Mortality Scottish Excluded (c)	Perinatal Mortality England and Wales (d)
1959	38.79	36.87	34.1
1960	38.29	38.11	32.8
1961	51.01	46.55	32.0
1962	32.44	31.32	30.8
1963	30.05	34.43	29.3
1964	38.32	36.02	28.2
1965	31.46	31.52	26.9
1966	35.71	36.36	26.3
1967	34.26	35.96	25.4
1968	32.05	33.53	25.0
1969	28.96	25.39	23.37

It will be observed that in some years the inclusion of Scottish cases tend to depress and in others elevate the perinatal mortality rate. Like the infant mortality there is a tendency for the rate to fall.

Constant watch is maintained on the figures and your officers meet with officers of the Cumberland County Council, Regional Hospital Board, Hospital Management Committee and General Practitioners in the Maternity Liaison Committee to discuss the findings, detect weaknesses in our system and endeavour to improve the chances of survival of all infants. Hospital beds are available for women having their first baby and for those in their fourth or later pregnancy while beds for medical reasons are always available to all expectant mothers. Unfortunately not all mothers we should wish admitted are agreeable but the numbers are falling and as will be seen from the section of this report dealing with midwifery more and more expectant mothers are opting for hospital confinement.

Deaths Due to Cancer

Various forms of malignancy account for many deaths and in 1969 there were 187 such deaths, 44 being due to cancer of lung and bronchus. Table 1/8 sets out the deaths from cancer in Carlisle during the past 50 years.

TABLE 1/8

Deaths from all forms of cancer and at all ages in Carlisle from 1919—1969.

Year	Deaths	Year	Deaths	Year	Deaths
1919	49	1936	83	1953	124
1920	62	1937	82	1954	141
1921	53	1938	83	1955	121
1922	68	1939	98	1956	132
1923	78	1940	97	1957	146
1924	72	1941	114	1958	138
1925	84	1942	107	1959	146
1926	67	1943	104	1960	163
1927	79	1944	113	1961	145
1928	83	1945	128	1962	133
1929	80	1946	115	1963	165
1930	78	1947	111	1964	182
1931	69	1948	121	1965	160
1932	79	1949	118	1966	167
1933	86	1950	124	1967	174
1934	68	1951	127	1968	152
1935	79	1952	106	1969	187

At first glance it would appear there has been a great increase in cancer deaths and so there has been, but in 1919 when there was only 49 cancer deaths there were 46 deaths from tuberculosis, 5 from diphtheria and 69 attributed to old age. Many of the latter no doubt had other conditions and had facilities for diagnosis been comparable to those of today some might have been found to have malignant conditions. The population has of course increased but more people now avoid the ravages of infectious disease and a bigger proportion of our population reaches ages when malignancies are more common. Nevertheless further research is required and is being prosecuted into the cause, prevention and treatment of malignant disease. One becomes pessimistic of the use of finding out causes or contributory causes of serious disease when there are 44 deaths from lung cancer in one year and the public go on smoking when cigarette smoking has been proved beyond any shadow of doubt to be a contributory factor to this disease.

Inquests

The City Coroner held 47 inquests during the year. Of this number 27 related to deaths of persons living within the City and 20 to persons who resided in other districts but died in Carlisle.

Uncertified Deaths

120 deaths were registered in which no certificate was given by a medical practitioner and in which no inquest was held. 100 of these were in respect of City residents.

The number of such deaths which occurred in 1968 was 118.

Constant watch is maintained on the figures and your officers meet with officers of the Cumberland County Council, Regional Hospital Board, Hospital Management Committee and General Practitioners in the Maternity Liaison Committee to discuss the findings, detect weaknesses in our system and endeavour to improve the chances of survival of all infants. Hospital beds are available for women having their first baby and for those in their fourth or later pregnancy while beds for medical reasons are always available to all expectant mothers. Unfortunately not all mothers we should wish admitted are agreeable but the numbers are falling and as will be seen from the section of this report dealing with midwifery more and more expectant mothers are opting for hospital confinement.

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1925	84	1942	107	1959	146
1926	67	1943	104	1960	163
1927	79	1944	113	1961	145
1928	83	1945	128	1962	133
1929	80	1946	115	1963	165
1930	78	1947	111	1964	182
1931	69	1948	121	1965	160
1932	79	1949	118	1966	167
1933	86	1950	124	1967	174
1934	68	1951	127	1968	152
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Sanitary Circumstances and Health Services

HOUSING

A report on housing and slum clearance was formerly included in this section of the report but as this was also covered in the Chief Public Health Inspector's Report in Section 7 it has been the practice since 1951 not to give annual details of housing work at this point. It seems appropriate however as the Medical Officer of Health or his Deputy represents property to the Committee that a broad outline of the progress in this respect should be included in this section of the report from time to time.

In 1947 the housing shortage was acute throughout the country. There having been no building during the war a considerable backlog in house building had to be made good before one could contemplate closing or demolishing houses. No representations were made that year. In 1948 a start was made by the representation of 8 of the most unfit houses in the town and for the next few years individual representation of the worst houses was all that could be undertaken. Table 2/1 sets out the houses represented individually and in areas during the period 1948—1969 inclusive, as well as the number of fit houses which had to be purchased to complete areas in Compulsory Purchase Orders.

The most urgent clearance problem after the war was, however, 22 houses in Devonshire Walk. It was decided to deal with this under Town Planning procedure rather than the Housing Acts so that commercial premises could be acquired and so clean up the site in front of the Castle. The procedure was so long drawn out that certificates of unfitness were not issued until 1955. These 22 houses were additional to those shown for that year in Table 2/1 so there were effectively 69 individual houses and 40 in areas that year and a total of 541 represented in areas over the 21 year period.

Housing clearance is essentially a team job. The public health inspectors survey the district and bring the properties to the notice of the Medical Officer of Health and he or his Deputy inspects with the Public Health Inspectors. Consideration is then given to the best way of dealing with the problem giving due

weight to the claims of residents, owners, and all other material matters. Consultation may also be necessary with the City Engineer and Planning Officer and the Housing Manager (regarding re-housing) before the houses can be represented to Committee, and shortage of technical staff can cause considerable delays in any slum clearance programme. Your officers must be perfectly just to both owner and occupier and must be able to substantiate facts and justify their actions before the County Court in the case of individual representation and at a Public Enquiry in the case of Clearance Areas and Compulsory Purchase Orders. A slum clearance programme is, therefore, quite an expensive item in terms of the time of your professional staff.

Carlisle had not a slum problem comparable to some large cities and considering the great shortage of houses after the war an average representation of 63 houses per year for twenty-one years is not an unreasonable number under the circumstances.

The Committee has also been concerned about certain areas where there were a number of reasonable houses and in which deterioration was taking place and your officers, in association with other officers of the Corporation, have undertaken studies and produced plans for improvement areas, and have discussed these with officers of the Ministry of Housing and Local Government, but owing to certain technical considerations no start had been made on this work at the end of the year.

In recent years in most cities larger houses have been let off in multiple occupation and the Public Health Inspectors have kept such premises under surveillance to see that they complied with the Housing Acts and to safeguard the interests of the people who lived therein and their neighbours.

TABLE 2/1

	Representations		Houses added to Clearance Areas under Compulsory
	As individual	Within Clearance	
Year	houses	Areas	Purchase Order
1947	—	—	—
1948	8	—	—
1949	24	—	—
1950	45	—	—
1951	2	—	—
1952	3	—	—
1953	57	—	—
1954	62	37	—
1955	69	18	—
1956	10	—	—
1957	33	73	—
1958	37	—	—
1959	71	111	2
1960	10	—	—
1961	52	12	—
1962	98	33	—
1963	20	111	7
1964	17	—	—
1965	35	—	—
1966	110	124	32
1967	14	—	—
1968	4	—	—
1969	5	—	—
TOTAL	786	519	41

SEWERAGE AND SEWAGE DISPOSAL

I am indebted to the City Engineer and Planning Officer Mr. William C. Roberts, for the following report.

"No main drainage works have been completed during the year but foul and surface water drainage facilities have been provided for the Viaduct Estate.

"Regular maintenance and cleansing of sewers has been continued as usual during the year and this has been supplemented by the employment of a Contractor with water jetting equipment to clean out lengths of sewers for which the Corporation's equipment is inadequate.

"The treatment and disposal of sludge at Willow Holme Sewage Disposal Works is becoming an increasing problem as the volume of flow to the works rises, and the quality of the effluent discharged to the River Eden is improved. To increase the efficiency of the drying beds a chemical drying agent is now being added to the sludge. The bed area has been increased by the construction of seven new drying beds which will be incorporated in whichever scheme is adopted for the long term solution of the sludge treatment problem."

SWIMMING BATHS

I am indebted to the City Engineer and Planning Officer Mr. William C. Roberts, for the following report.

"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 ft. long and 30 ft. wide and the other 60 ft. x 30 ft. The pools contain 110,000 gallons of water, 5 ft. 6 ins. being the maximum depth in both pools.

"Filtration of the pools water is cvarried out by four 8 ft. diameter vertical type filters having a maximum filtering capacity of 33,558 gallons per hour, which allows the contents of the pools to be filtered every 3¼ hours. Alumina Sulphate and Sodium Bicarbonate is used for this purpose."

"Sterilisation is by the break-point system of chlorination with Chlorine as the agent, using a chlorinator of 1 lb. capacity per hour.

"The water content of the pool 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.

There are now four schools with swimming pools, the Carlisle and County High School for Girls, the Trinity School, Harraby Secondary Modern School and Morton School. The pools at the High School and the Trinity School are similar in design and are 'L' shaped, the long leg being approximately 55 ft. x 24 ft. and the short leg 47 ft. x 16 ft. 6 ins. The pool at Morton School is rectangular, 66 ft. x 24 ft."

During the year the Public Health Inspectors took samples of the water from the Swimming Baths for examination and the following are the results:—

(a) PUBLIC SWIMMING BATHS, JAMES STREET

A total of 14 samples of swimming bath water were submitted from the large and small pools to the Public Health Laboratory for bacteriological examination.

The overall results of the samples were satisfactory.

(b) SCHOOLS SWIMMING BATHS

A total of 35 samples of swimming bath water was submitted throughout the year from the 4 schools and the private bath at Austin Friars School to the Public Health Laboratory for bacteriological examination.

The overall results of samples were satisfactory.

WATER SUPPLY

I am indebted to the Water Engineer and Manager Mr. D. G. Milroy for the following report.

"The rainfall at the Geltsdale Waterworks for the year 1st April, 1969 to 31st March, 1970 was 39.37 inches compared with 44.23 inches for the previous year. The rainfall for 1969/70 was 93% of the long term average. The heaviest rainfall was 1.41 inches on 11th November, 1969. There was no period of absolute drought during the year.

The storage reservoir at Castle Carrock held its maximum of 180 million gallons at the beginning of April, 1969 and apart from minor variations remained full until early June. The reservoir fell to 77 million gallons by the end of August. This was followed by a slight recovery but there was a further fall to 55 million gallons by the end of October. As the accumulative rainfall during the summer months was much below average, it was necessary to pump from the River Eden to augment the supply. Pumping continued during most of the period from August, 1969 to March, 1970.

The slow sand filters and pressure filters at Castle Carrock together with the pressure filters at Cumwhinton have continued to operate satisfactorily during the year. The super-chlorination of the water at Castle Carrock, followed by a de-chlorinating dose of sulphur dioxide has now been in operation for a full year whilst normal dose chlorination continues at Cumwhinton.

During the year 357 samples were taken for bacteriological examination and the percentage of satisfactory samples taken from the Castle Carrock and Cumwhinton Treatment Works were 91% and 97% respectively.

Discolouration of the water supply has been much less of a problem since the improvement in the method of operation of the filter plants as alum breakthrough no longer occurs. The problem of animal infestation is still with us although only to a minimal degree. Regular systematic flushing in the areas affected keeps the numbers of animals down to a level where they do not cause trouble.

The distribution of water throughout the statutory area has been satisfactorily maintained during the twelve months. The average daily consumption for 1969/70 throughout the whole of the area was 5.39 million gallons per day which represents an increase of 1.70% over the previous year. It should be remembered that the distribution area covers the City and Border Rural District.

During 1969/70 20.3 miles of new main was laid, all by the Water Department's own labour force and the total length of mains in service at 31st March, 1970 was 655 miles. The new mains laid have included diversions for the M.6 motorway, the continued mainlaying under the North and Eastern Area Scheme, improvements in rural water supplies and re-laying in conjunction with road reconstruction works.

Agreement was reached with the Cumberland River Authority that a deferred licence for a further quantity of two million gallons per day be available on 100 days of the year, operational from 1973. It is proposed that the present treatment capacity at Cumwhinton be increased from three to six million gallons per day and the new works envisaged would take the Undertaking through to the late 1980's.

I set out below a Table indicating the consumption in the area of supply for 1969/70:—

Water distributed from Cumwhinton Reservoir	—	3.947 m.g.d.
Water distributed to rural area other than above	—	1.453 m.g.d.
Consumption per head per day through		
Cumwhinton Reservoir—Domestic	—	34.27 galls.
Metered	—	15.06 galls.
Consumption per head per day in rural area other than above—Domestic	...	34.49 galls.
Metered	—	38.16 galls"

Fluoridation of Water Supply

The City Council decided in principle, in December, 1967, to raise the fluoride content of water to 1 p.p.m. Provision has been made in the forecast capital estimates for 1971-2-3 for this work to be undertaken.

REFUSE COLLECTION AND DISPOSAL

For many years now you have used controlled tipping for this purpose. A number of years ago sites within the City were easy to acquire and in fact there was a queue of people asking the department to tip land. Most sites in or near Carlisle have now been used up and the acquisition of land is becoming increasingly more difficult and expensive. Your officers have visited the Ministry of Housing and Local Government to discuss possible future alternative measures and have investigated sites within 15 miles of the City in conjunction with officers of neighbouring authorities but by the end of the year no firm decision had been reached though it appeared obvious that some form of mechanical disposal, doubtless incineration, would be inevitable in the future. In view of the increasing engineering component of the processes you rightly decided that the management of the service should be undertaken by the City Engineer and Planning Officer, the Medical Officer of Health undertaking his statutory duty of advising on hygiene aspects of the work. The transfer was arranged to take place on 1st April, 1970.

I am indebted to the Director of Public Cleansing Mr. I. Denman for the following report on the work of his section during 1969.

"1969 was a year with more than its share of difficulties. A fire at the Baling Depot and the consequential loss of output from the plant for a period has resulted in lower reclamation figures than would otherwise have been the case but as in the previous year much hard work on the part of the operators achieved a total output comparable with earlier years.

Availability of tip sites was a constant source of concern and visits to possible sites, discussions and negotiations with a view to relieving the problems occupied a great deal of the time of both Committee and Officials.

Two further 50 cu. yd. compression refuse collection vehicles complete with hydraulic lifts were purchased during the year and a batch of 50 commercial refuse bins were also acquired and distributed to commercial and industrial concerns within the City.

A start was also made on the programme for the renewal of those domestic refuse bins in need of replacement.

STATISTICS:—

The estimated weight of house and trade refuse disposed of was 30,000 tons.
Waste paper collected and sold during the year was 1,443 tons
Tins collected and sold amounted to 9 tons 3 cwts.

MATERIALS DISPOSED OF TO THE INCINERATOR WERE

150 tons of fish offal.
18 tons of chicken waste.
1,189 animal carcases."

HEALTH SERVICES

Laboratory Services

The Laboratories at the Cumberland Infirmary house the pathological service under the control of Dr. A. Inglis and the Public Health Laboratory Service under Dr. D. G. Davies. Throughout the years the City Council has had excellent co-operation in all matters where laboratory investigations were necessary and I should like to express my thanks to them, Dr. Amos, Dr. Eileen Shuttleworth and the technical staffs for their unfailing courtesy and help.

PUBLIC ANALYST

During the year Mr. J. G. Sherratt, B.Sc., F.R.I.C., of Chester, continued to act as your Public Analyst.

I should like to thank him for his services to the City.

REGISTER OF NURSING HOMES

There was only one nursing home registered under the Public Health Act, 1936, namely Durranhill House, a mental nursing home, which accommodates 65 subnormal or severely subnormal females aged 16 years and over. It is run by a religious order and the residents who are admitted nearly always through the agency of the Regional Hospital Board are well cared for. Those fit undertake laundry work on a small commercial scale while those not fit or otherwise inclined are engaged in other pursuits.

CARLISLE CREMATORIUM

The Medical Officer of Health acted as Medical Referee for the purposes of the Cremation Acts and Regulations made thereunder. The Deputy Medical Officer and Departmental Medical Officer acted as his deputies.

During the year they dealt with 1458 applications for cremation.

Section 3
OCCURRENCE AND CONTROL OF INFECTIOUS DISEASES

OCCURRENCE AND CONTROL OF INFECTIOUS DISEASE

The control of infectious disease is now taken for granted and the public is no longer aware of the menace which could arise were a breakdown in the defences to occur. It is too readily forgotten that many of these diseases are still epidemic in under-developed countries. The removal of the major epidemic diseases from our midst enables us to turn attention to such matters as food poisoning where there may only be short indisposition, even though a large number of people are affected. In his annual report for 1886 one of my predecessors, Dr. William Brown, gives the deaths from Typhoid from 1874 as shown in Table 3/1.

TABLE 3/1

Mortality from Typhoid during 13 years from 1874.

1874	1875	1876	1877	1878	1879	1880	1881	1882	1883	1884	1885	1886
23	24	10	5	11	11	15	7	9	8	7	1	6

In these years there was no notification of infectious diseases and more may have died of typhoid and been classified as deaths from other causes. The Medical Officer of Health was anxious to have these diseases notified as this would give him greater facilities for the prevention of their spread and some Authorities had promoted private bills for the purpose but there was much opposition to compulsory notification at that time.

The City Council however on 14th January, 1890, adopted the Infectious Diseases (notification) Act, 1889 and it came into operation on 1st March, 1890. From this time onwards we have more information about the existence of infectious diseases in the City. Table 3/2 gives the notifications for 1891, the first full year of notifications when the population of the City was 39,200.

TABLE 3/2

Notifications of Infectious Disease in 1891.

Smallpox	0
Cholera	0
Diphtheria	25
Membranous Croup	1
Erysipelas	87
Scarlet Fever and Scarlatina	585
Typhoid and Enteric Fever	18
Typhus Fever	0
Relapsing Fever	0
Continued Fever	0
Puerperal Fever	2
TOTAL	718

Health Departments had then to work at a disadvantage because the bacteriological and virological investigation of these diseases were not available but in spite of this many great advances were made. During the years other maladies have been added to the list of notifiable diseases.

Medical practitioners are now well accustomed to notification and omission to do so is now the exception. Table 3/3 sets forth the diseases now notifiable in accordance with the Public Health (Infectious Diseases) Regulations, 1968. Consideration of some of these diseases in more detail can be pursued with advantage.

TABLE 3/3

Infectious Diseases notified in 1969 set out by age groups.

DISEASES	Total No. of cases notified	Number of cases incorrectly notified	Net number of cases notified	Number of cases notified at various ages: Under 1 year	1—4 years	5—14 years	15—24 years	25—44 years	45—64 years	65 years and upwards	Number of notified cases removed to hospital.
Scarlet Fever	21	—	21	1	2	12	6	—	—	—	—
Whooping Cough	13	—	13	—	9	4	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Measles	262	—	262	13	147	96	6	—	—	—	—
Acute Poliomyelitis											
Paralytic	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—
Dysentery	60	—	60	6	13	27	1	9	4	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—
Malaria (contracted abroad)	—	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis											
Respiratory	10	—	10	—	—	—	—	4	3	3	—
Meninges	1	—	1	1	—	—	—	—	—	—	—
Other	1	—	1	—	—	—	—	—	—	1	—
Food Poisoning	4	—	4	—	—	2	2	—	—	—	—
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—
Infective Jaundice	196	—	196	—	15	117	33	23	6	2	—
TOTALS	568	—	568	21	186	258	48	36	13	6	—

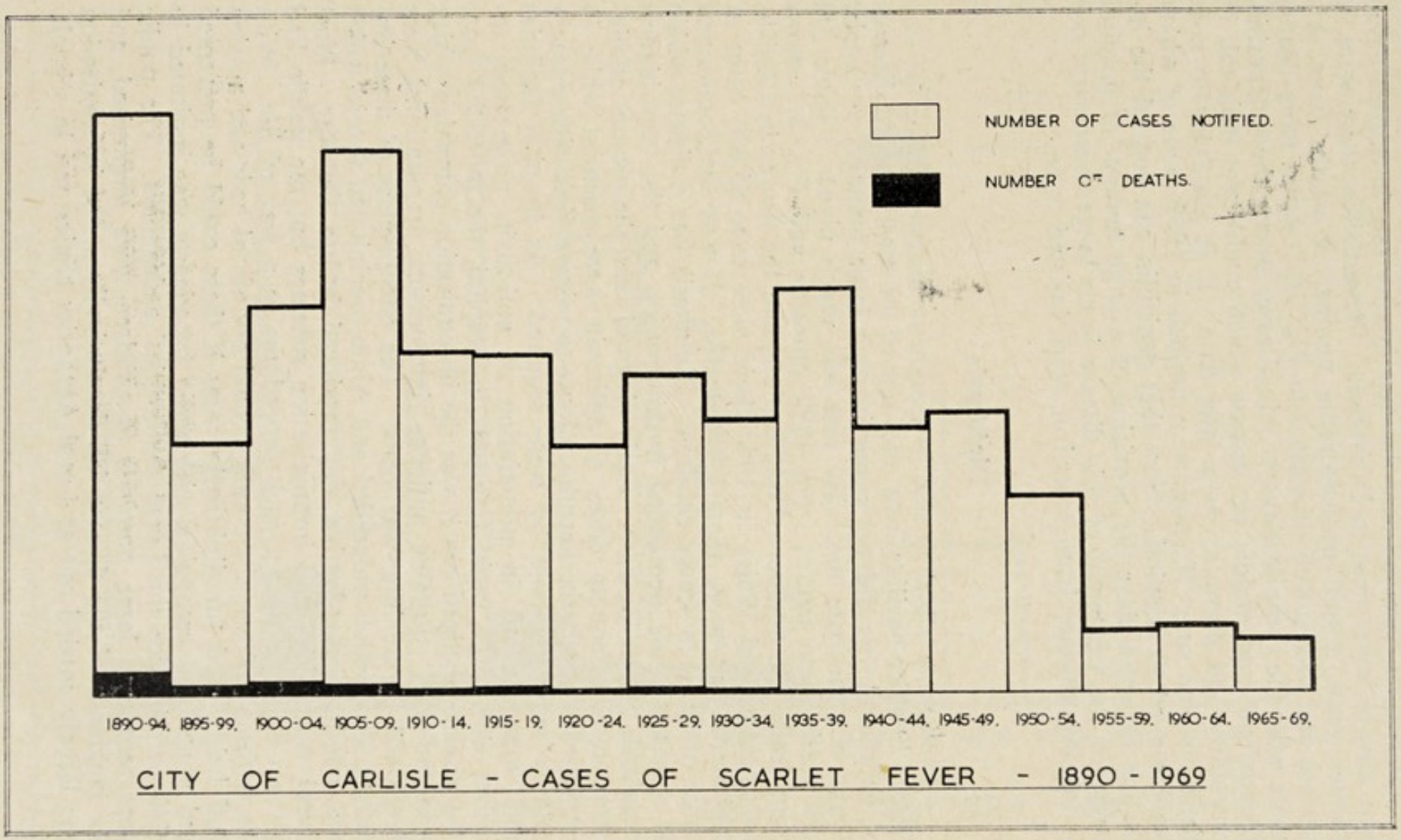
Scarlet Fever

Scarlet Fever which is due to a haemolytic strephtococcus does not present the problems it did in former years. This is to a considerable extent due to the introduction of anti-scarlet serum followed by the sulphonamides before the 1939-45 war and since then the availability of penicillin to which the causative organism is sensitive. Infectious diseases however can undergo periods of natural regression and the present low numbers of cases which may be due to a combination of factors should not lead us into a state of unwarranted complacency. Table 3/4 sets out the total number of notifications and deaths from this disease along with those for diphtheria in 5 year periods from 1890, the first year of compulsory notification, to the present time. It should be remembered that during this period the total population at risk has risen from around 40,000 to 71,000.

TABLE 3/4

Total Number of notifications and deaths from Scarlet Fever and Diphtheria in 5 year periods from 1890 to 1969 inclusive.

Five year period	Scarlet Fever		Diphtheria	
	Notifications	Deaths	Notifications	Deaths
1890-94	1530	60	194	37
1895-99	665	23	160	30
1900-04	1023	33	383	92
1905-09	1433	27	119	22
1910-14	905	15	224	24
1915-19	896	21	432	64
1920-24	648	7	311	31
1925-29	842	10	251	28
1930-34	721	7	236	29
1935-39	1071	4	228	14
1940-44	689	1	218	5
1945-49	734	2	106	2
1950-54	513	—	1	—
1955-59	158	—	—	—
1960-64	179	—	—	—
1965-69	144	—	—	—

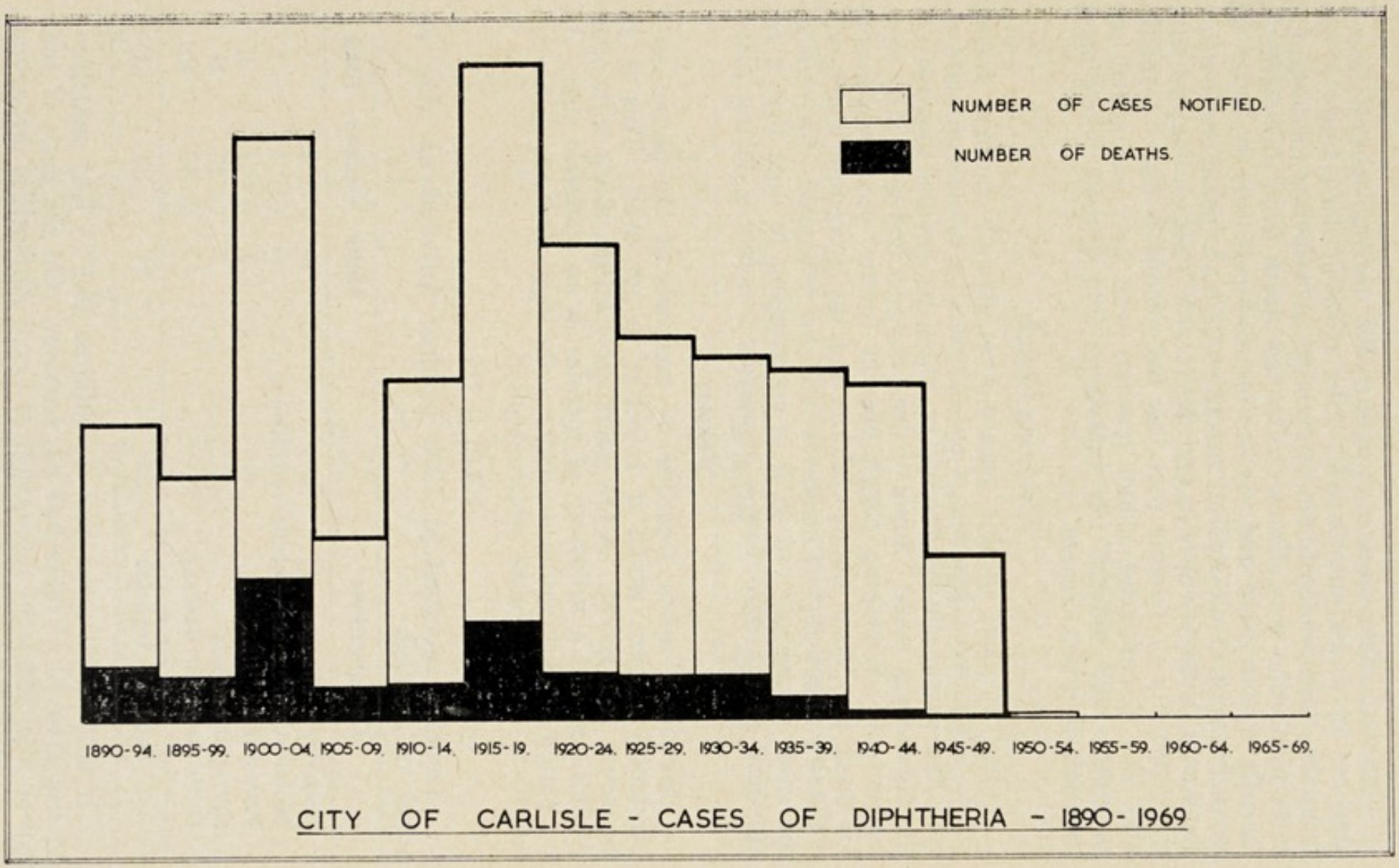


CITY OF CARLISLE - CASES OF SCARLET FEVER - 1890 - 1969

It will be observed that the case fatality rate in Scarlet Fever was always lower than in Diphtheria. Nevertheless there were in former years a not inconsiderable number of deaths from this disease and this is well illustrated in Fig. 3/1. Apart from deaths there were the complications of this disease, among them nephritis, rheumatism and middle ear disease which could take their toll in morbidity and mortality at a later date. It is gratifying to note therefore that only 21 cases were notified in 1969, none of which were moved to hospital. Now that penicillin can control the infection in a few days the provision of a large number of hospital beds for the treatment of this disease is no longer necessary, nor is lengthy absence from school or work insisted upon.

Diphtheria

Diphtheria which is due to Corynebacterium diphtheriae (the Klebs-Loeffler bacillus) was once one of the most dreaded diseases of childhood. It did not occur in such large numbers as Scarlet Fever but the case mortality rate was much higher. Table 3/4 sets forth these figures from 1890 onwards and Fig. 3/2 shows graphically the number of notifications and the deaths in Carlisle. In England and Wales in 1940 there were over 45,000 cases of diphtheria and more than 2,400 deaths. It was the commonest cause of death in school children. Diphtheria was a disease which as a general rule demanded hospitalisation and the very highest standards of nursing care. Early diagnosis and the prompt administration of adequate doses of antitoxin were essential while in Laryngeal Diphtheria constant minute to minute vigil with a tracheotomy team standing by were required. As hospital facilities and improvements in preparation of anti-toxin progressed, together with more rapid transport to hospital, the mortality from this disease declined but it was the immunisation campaign which won the day. Suitable antigens (immunising preparations) were developed in the inter-war years. The effectiveness of these improved as research proceeded and Alum-precipitated toxoid which was about 99% effective was produced before the war. Most Local Authorities had immunisation schemes but the public had not yet come to accept such procedures as a way of life. With the outbreak of war the country could not afford beds and nursing staff being used for diphtheria cases if these could be prevented and a national campaign with radio broadcasts was instituted in 1940 to reinforce the Local Authorities' endeavours. The public were receptive, large numbers of children were immunised, and the incidence of the disease fell dramatically. The immunisation was largely carried out at Local Authority clinics and in schools.



CITY OF CARLISLE - CASES OF DIPHTHERIA - 1890-1969

As with other diseases, one must not discount natural regression but in recent outbreaks in other parts of the country it has been the child who was not immunised or who was inadequately immunised who was affected. The last death from diphtheria in Carlisle was in 1948 and the last notified case was in 1952. It is to the work of all medical practitioners both inside and outside the Local Authority Service and the Health Visitors, coupled with the sensibility of parents that this fine record is due. I should also like to commend school teachers who have advocated the procedure and suffered our incursions into schools when mass immunisation was carried out.

Whooping Cough

Only 13 cases of this disease were officially notified during 1969. There were, however, I am informed, a number of children who had spasmodic coughs but in whom no definite diagnosis of the disease was made. Some of these children had previously been immunised. Whooping cough was in former years responsible for much invaldism among children and any procedure which will cut down effectively its incidence is to be welcomed. In view of the cases above referred to it is encouraging to note that a re-appraisal of the effectiveness of current vaccines is taking place.

Measles

Measles is often regarded by members of the public as a childhood ailment which it is better to get over. This is an erroneous conception. A few years ago Carlisle, along with other Authorities, did a follow-up of measles in an epidemic year. In the period of observation we had exactly 1000 cases and Table 3/5 sets forth the sequaelae which resulted.

TABLE 3/5

Sequelae observed in 1000 children followed up after an attack of measles.

Complications	Males	Females	Total
Behaviour changes	—	1	1
Motor disturbances—febrile convulsions ...	—	1	1
Pneumonia	3	5	8
Severe bronchitis	9	12	21
Otitis media or deafness	17	13	30
Total all sequelae	29	32	61

It will be observed that 61 children (6.1%) had sequelae—no less than 30 of these had ear troubles. On the basis of such figures collected from representative Local Authorities throughout the country, the Government decided that an immunisation campaign was justifiable.

As far back as the 1930's Physician Superintendents of Fever Hospitals, Medical Officers of Health and others were pointing out that it was more important to admit Measles cases to hospital than Scarlet Fever cases when beds were short. Any procedure such as vaccination which will reduce the incidence of Measles is to be welcomed. We now have a Measles vaccine but no doubt as with Diphtheria better vaccines will be produced as research progresses.

In 1969 a total of 262 cases were notified. This compares with 504 in 1968, 224 in 1967 and 703 in 1966. As Measles outbreaks generally follow a 2 year cycle, the sum of cases in 1968 and 1969, namely 766 should be compared with 927 occurring in 1966-67. Measles incidence, however, shows a wide variation from year to year and Table 3/6 sets forth the number of notifications and deaths from this disease since 1945.

TABLE 3/6

Notifications and Deaths from Measles between 1945 and 1969.

Year	Notifications	Deaths
1945	426	—
1946	90	—
1947	941	1
1948	595	—
1949	522	1
1950	193	—
1951	1245	1
1952	795	—
1953	1057	2
1954	783	—
1955	77	—
1956	39	—
1957	2552	—
1958	18	—
1959	1350	—
1960	49	—
1961	1259	—
1962	310	—
1963	1122	—
1964	457	—
1965	1126	—
1966	703	1
1967	224	—
1968	504	—
1969	262	—

It will be noted that when the herd immunity falls after a low incidence of the disease there can be a very large outbreak as in 1957. As many of the deaths from measles are due to complications, adequate nursing and modern methods of treatment can prevent some of these tragedies but there is still considerable morbidity from the disease.

Dysentery

There were 60 notifications of this disease. It is notoriously difficult to control. The majority of cases occur among school and pre-school children with whom hygiene discipline is difficult to maintain.

Food Poisoning

Food Poisoning affected only 4 people or more properly was only notified in 4 cases. I am quite certain that many cases of minor food poisoning incidents go undetected because they are regarded as digestive upsets and the patient does not consult a doctor. Others I suspect are classed as "gastric 'flu." Of those brought to my attention two were caused by Salmonella typhi murium but in the other two cases the casual agent was not identified. While the majority of cases run a mild course I should point out that since I came to Carlisle two fit adult males have died of Salmonella typhi murium infections.

Infective Hepatitis

The incidence of this condition rose from 171 cases in 1968 to 196 in 1969. As it was made notifiable only since 1968 I have no base line from which to judge the present incidence. The exact mode of transmission and natural hostory of this condition has not been fully worked out and under these circumstances one can only advise on hygiene matters so far as food handling is concerned.

Other Diseases

It was gratifying to note that we had no cases of Poliomyelitis, a disease whose annual visitation caused much concern when I came to Carlisle in 1947. Once again the freedom enjoyed is due to an enlightened vaccination campaign in which the City has played a not inconsiderable part. The absence of Smallpox, Typhoid, Para-typhoid Fever and Meningococcal Infection were matters for which we should be grateful.

No case of Brucellosis was brought to my notice during the year. As the condition is not notifiable this does not indicate that there were no such cases. The disease which is spread from cattle can be acquired by the drinking of unpasteurised milk and this is the usual method of infection of members of the public. Veterinary Surgeons and others who handle infected cattle have a high occupational risk. The Ministry of Agriculture Fisheries and Food are taking steps to eradicate the infection from the herds in this country as was done in the case of tuberculosis. Brucellosis is, however, a serious disease which can cause prolonged incapacity and the public is therefore urged to use pasteurised milk.

VENEREAL DISEASES

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

"Table 3/7 shows the number of patients domiciled in Carlisle City itself who attended the Special Treatment Clinic at the Cumberland Infirmary, Carlisle, with Venereal Disease in the years 1960 to 1969.

TABLE 3/7

Incidence of Venereal Diseases in Carlisle from 1960-69

	1960	**1961**	**1962**	**1963**	**1964**	**1965**	**1966**	**1967**	**1968**	**1969**
Non-gonococcal urethritis	14	8	16	25	13	7	17	18	17	25
Gonorrhoea										
(Males)	15	8	10	11	16	16	16	15	19	27
(Females)	7	4	2	6	12	9	8	7	11	14

"(It is to be noted that non-gonoccal urethritis—or as it is sometimes called—non specific urethritis, has not, so far, been listed officially as a form of venereal disease; it is so regarded by myself and most of my colleagues).

"As I pointed out last year, there were no significant changes up to 1968 in the figures of the three items in the table. I said at the time that this was a remarkable record for which I could offer no explanation.

"Nevertheless the year 1969 demonstrated an increase in the returns for all three items, but especially in the returns for gonorrhoea. Each figure for 1969 would not represent by itself, when compared with a total population of 71,090, an incidence of any

great importance. For example male gonorrhoea at 14 represents an incidence of only about 2 per 10,000. But the population of Carlisle has remained fairly static, over the period 1960-1969 (see table) so that this new increase in the figures for gonorrhoea must be regarded as significant, but not alarming. The statistics for 1970 will confirm, or otherwise, this impression.

"Gonorrhoea in teenagers is not, so far a problem in the city. I treated only two teenage girls from the city during 1969—one was 14 years of age, and the other 19.

"Early syphilis, too, does not feature in Carlisle's returns: two examples of early syphilis treated at the local clinic were infected abroad.

"On the whole then I have to find that the V.D. situation in Carlisle city is more than satisfactory as compared with other cities in England. This is the more remarkable when it is realised that gonorrhoea has now displaced measles from top position in the Table for Infectious Diseases (England and Wales) for 1969."

On the whole the progress in the control of infectious disease over the years has borne fruit. One wonders how the National Health Service Hospitals could have coped had they been forced to provide the large number of beds for Scarlet Fever. Diphtheria, Measles and Whooping Cough which Local Authorities made available in their Fever Hospitals in the pre-war days and which are now used by the Boards for other purposes. The whole structure of Medical Services is about to be altered but one must hope the change is not so radical that confusion would result in the face of a large epidemic which the Medical Officer of Health as you have known him was trained to take in his stride.

Section 4

TUBERCULOSIS AND OTHER CHEST CONDITIONS AND MASS RADIOGRAPHY

TUBERCULOSIS

This infectious disease because of its importance has since 1950 been accorded a separate section in this report written by Dr. W. Hugh Morton, Consultant Chest Physician, who retired after 20 years service in the City in August, 1969. I should like to put on record my thanks to Dr. Morton for the outstanding contribution he and his colleagues made to the control of tuberculosis and other chest diseases in the City. He has been succeeded by one of his colleagues, Dr. R. J. C. Southern.

Tuberculosis of the lungs and other forms of this disease are very important causes of morbidity and mortality throughout the world and many years ago constituted a menace in this City.

In 1881 no less than 85 persons died of pulmonary tuberculosis, a death rate of 2.37 per 1000 population. In the same year 13 people died of non-pulmonary tuberculosis, a death rate of 0.36 per 1,000 population. By 1911 these rates were 1.62 per 1,000 and 0.40 per 1,000. These figures indicate the number of deaths but do not reflect the amount of suffering and fear then caused by this disease. Much of the incidence of non-pulmonary tuberculosis was reduced by educating mothers to boil cows milk before giving it to the children then by the increasing use of pasteurisation and the encouragement of T.T. herds of cattle. Finally the eradication scheme whereby infected cattle were slaughtered and all herds became for practical purposes tubercle free, has removed the threat of bovine tuberculosis, but the major threat of human tuberculosis still remains. The heroic measures used to clear cattle cannot apply and we have to rely on environmental control, personal protection in the form of B.C.G. vaccination, and the adequate treatment of patients. Although we still have cases of non-pulmonary tuberculosis the public health danger lies in the pulmonary cases who can disseminate the infection if not properly treated and controlled.

Table 4/1 sets forth the number of cases of pulmonary tuberculosis officially notified for the first time to the Medical Officer of Health, the notification rate per 1,000 of the population, the number of deaths from this form of the disease and the death rate per 1,000 of the population for each year from 1948 to 1969. It will be clear that the number of notifications has greatly decreased and likewise the number of deaths. Few persons actually die of tuberculosis at present, most patients who die succumb to other diseases. These good results have been brought about by various factors among which are (1) good environmental control, instituted by my predecessors and Dr. Sargant, formerly Medical Superintendent of Blencathra Sanatorium who was responsible for the City Tuberculosis Clinic before the appointment of a Chest

Physician; (2) proper housing in which the generous policy of the City Housing Management Committee played a goodly part; (3) the untiring work of the Chest Physicians and your nursing staff in promoting B.C.G. vaccination and tracking down infected cases; (4) the screening of the public in mass miniature radiography units; (5) the use of chest surgery in appropriate cases, and finally but outstandingly (6) the discovery and use of potent drugs. These methods of treatment have cured or controlled and rendered non-infective the great majority of patients. Unfortunately, there are still a few open cases who escape our net and so long as this is so we cannot avoid further cases of pulmonary tuberculosis and children with such serious conditions as tuberculous meningitis. Tuberculosis is preventable and we cannot afford to rest until the sources of infection are eradicated by case finding and adequate treatment. It is important to remember that Grandpas smoker's cough or Grandma's chronic bronchitis may in fact be tuberculosis and such people can easily have the trouble investigated. The hospital board has provided the static M.M.R. Unit in the City and the Chest Clinic. It is up to the Citizens to use the service.

TABLE 4/1

Primary notifications of and deaths from pulmonary tuberculosis in Carlisle from 1948 to 1969

Year	Primary Notifications	Notification Rate per 1,000 of Pop.	Deaths Attributed to Pulm. Tub.	Death Rate per 1,000 Pop.
1948	69	1.05	30	0.46
1949	65	0.97	46	0.69
1950	83	1.21	24	0.35
1951	92	1.37	23	0.34
1952	89	1.31	14	0.20
1953	67	0.98	13	0.19
1954	90	1.31	14	0.20
1955	71	1.03	13	0.19
1956	65	0.92	7	0.10
1957	60	0.87	8	0.11
1958	63	0.91	4	0.06
1959	56	0.80	3	0.04
1960	48	0.68	4	0.06
1961	27	0.38	3	0.04
1962	29	0.41	3	0.04
1963	14	0.19	3	0.04
1964	17	0.24	4	0.06
1965	20	0.28	4	0.06
1966	15	0.21	2	0.03
1967	14	0.20	3	0.04
1968	14	0.20	1	0.014
1969	9	0.13	1	0.014

I am indebted to Dr. R. J. C. Southern for the following report on the work of the Chest Service for the year 1969.

"1969 has seen some notable changes at the chest centre. With the retirement of Dr. Morton in August the medical staff has been reduced by 33⅓%. During the year reductions of 33⅓% have been made in nursing staff and of 25% in clerical staff.

As the number of new patients referred to the chest centre has shown a reduction of only 162 over 1968, some streamlining of the work has been necessary to prevent the service being completely overwhelmed. Many cases of chronic non-tuberculous respiratory disease are no longer being seen at the chest centre routinely, but only at the request of their doctors, and the unrewarding long-term follow-up of contacts of successfully treated cases of tuberculosis has also been curtailed. It remains to be seen whether these measures are sufficient or whether some curtailment of the present service will be unavoidable.

The new X-ray Department at the City General Hospital was opened in the latter part of the year. Although much less convenient for our patients, who now have to go outside to the new building for their x-rays, a more rapid and efficient service is provided.

A total of 9637 attendances was recorded at the chest centre during the year, of these 1437 were new cases; this compares with 1772 new cases seen at the medical out-patient clinics.

Table 4/2 shows the total number of new cases of pulmonary tuberculosis for England and Wales and for the three areas of East Cumberland, Carlisle City and North Westmorland for 1969 and the previous 5 years.

TABLE 4/2

Year	England & Wales	East Cumberland	Carlisle City	North Westmorland
1964	15026	25	14	3
1965	13552	14	20	—
1966	12461	11	20	4
1967	11029	23	13	2
1968	10681	6	12	1
1969	9674	8	9	1

Table 4/3 gives the numbers of cases as notified to the Medical Officer of Health during 1969.

TABLE 4/3

Number of Primary Notifications of New Cases of Tuberculosis

Age Periods	0-14 years	25-34 years	35-44 years	45-54 years	55-64 years	65 years & over	Total (all ages)
PULMONARY							
Males	—	—	—	1	2	3	6
Females	—	2	1	—	—	—	3
NON-PULMONARY							
Males	—	—	—	—	—	—	—
Females	1	—	—	—	—	1	2

In addition as a result of a post-mortem examination a male patient aged 67 years was discovered to have died from pulmonary tuberculosis.

Table 4/4 shows the number of cases of Tuberculosis on the Register at 31.12.69. The figures in brackets in this and subsequent tables refer to the numbers in 1968.

TABLE 4/4

	East Cumberland	Carlisle City	North Westmorland	Total
Respiratory	130	145	16	291
Non-Respiratory	18	21	2	41
TOTAL	148	166	18	332 (371)

63 cases were removed from the Register during the year, of which 29 died of various causes.

Table 4/5 shows the number of new cases diagnosed during the year, the figures being almost unchanged.

TABLE 4/5

	Respiratory				Non-Respiratory			
	M	W	Ch	Total	M	W	Ch	Total
East Cumbld	4	4	0	8 (6)	2	0	0	2 (3)
Carlisle City	6	3	0	9 (12)	0	1	1	2 (3)
North Westld.	1	0	0	1 (1)	0	0	0	0 (0)
TOTAL	11	7	0	18 (19)	2	1	1	4 (6)

The 11 remaining beds at Blencathra Hospital were given up during the year, all patients now being treated either in Ward 18 at the Cumberland Infirmary or at Longtown Hospital. Table 4/6 shows the beds available during the year.

TABLE 4/6

	Beds available	No. discharged in 1969	No. discharged in 1968
Ward 18 C.I.C.	13	247	239
Longtown Hospital	26	115	134
Blencathra	Nil (since Sept. 1969)	24	29

Two effective new drugs—Rifampicin and Ethambutol—have become available duruiung 1969 and these have proved valuable in treatment of the few drug resistant patients. Any but the most advanced case of tuberculosis can now be almost guaranteed a cure if the correct treatment is given. But the old problems remain—the patient who stops taking his drugs after discharge from hospital, the vagrant who decamps in the middle of his treatment, and the contact who refuses to attend for examination.

A disquieting fact is that of the 18 new cases of respiratory tuberculosis notified in 1969, 14, or 77%, had a positive sputum test; five years ago this was about 30%. A number of these patients had extensive disease and must have been infectious for months before diagnosis. One wonders whether the absence of mobile mass radiography during the last two years has any bearing on the failure to diagnose cases in the early stages.

Examination of Contacts

Examination of contacts has continued as before. We depend upon the Local Authority nurses to supply the names and addresses of those who should be examined. All contacts under the age of 21 are Mantoux tested, and negative reactors are vaccinated with B.C.G. vaccine.

A total of 1296 new contacts were seen compared to 1112 for 1968. One case of notifiable disease resulted from these examinations.

Table 4/7 shows the number of B.C.G. vaccinations carried out during the year:—

TABLE 4/7

	Male	Female	Total
Carlisle City ...	45	40	85
East Cumberland ...	28	32	60
North Westmorland ...	2	9	11
Hospital staffs ...	6	55	61
	81	136	217 (312)

The routine examination of all Mantoux positive school children has been continued. No case of active disease has been found amongst these children during the year.

Chest conditions other than pulmonary tuberculosis are frequently encountered at the Chest Clinic or Mass Miniature Radiography Unit and mention of these is now made.

Bronchial Carcinoma

Table 4/8 shows the number of new cases of bronchial carcinoma seen during the year; the figures show an increase of one case.

TABLE 4/8

	Males	Females	Total
East Cumberland			
New cases ...	21	4	25 (26)
Submitted for surgery ...	6	—	6 (0)
Carlisle City			
New cases ...	16	8	24 (29)
Submitted for surgery ...	—	—	— (2)
North Westmorland			
New cases ...	8	1	9 (2)
Submitted for surgery ...	—	—	— (—)

17 cases were discovered by Mass Radiography. The outlook remains extremely depressing and 23 of the 58 cases diagnosed had died before the end of the year. There have been no new developments in treatment and prevention remains of prime importance. It is surprising how many of these patients are able to give up smoking cigarettes after the diagnosis has been made and sad that so few smokers are able to stop before they become ill.

Some of these patients have received palliative radiotherapy at Carlisle and others at Newcastle.

Asthma

Asthma is becoming more prevalent and several interesting discoveries have been made in the past few years. The importance of allergy to the house dust mite as a cause of asthma has been established, and also the place of the mould Aspergillus Fumigatus in the production of transient x-ray shadows. The risk of sudden death from over-dosage of pocket inhalers is now accepted. Finally the place of the new drug—Di sodium cromoglycate (Intal), which is dramatically successful in some cases of asthma is becoming clearer.

An attempt is being made to put the treatment of asthma on a more scientific basis through the use of sensitivity tests and tests of lung function.

Mass Radiography

The static unit at 1 Brunswick Street has continued to operate throughout the year and there has been an increase in the number of films taken. Table 4/9 is a summary of the work done.

TABLE 4/9

Carlisle Static Unit

	1969	**1968**
Miniature films	6419	6259
Referred for clinical examination ...	324	360
Active Tuberculosis	4	3
Inactive Tuberculosis	14	25
Bronchiectasis	5	7
Neoplasm	17	15
Pneumoconiosis	1	1
Sarcoidosis	2	1
Cardiac conditions	29	36
Doctors' cases	3152	2966
Contacts per chest centre	37	251
General public	2416	2368
Works Personnel	814	667

The value of a mass radiography unit tends to be judged by the number of cases of active tuberculosis discovered, and four such cases may not seem an impressive total, but many other significant abnormalities are brought to light through mass radiography, not all of which are specified in the table. Negative reports may also, of course, be most valuable."

Section 5

SERVICES PROVIDED UNDER PART III OF THE NATIONAL HEALTH SERVICES 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, 1949.

Prior to the coming into operation of the National Health Service Act in 1948 and in fact from well before the second World War, certain of the services now to be described were provided by the City Council, some were provided by voluntary agencies and others by the City through voluntary bodies acting as their agents. The National Health Service Act of 1946 made them all the direct responsibility of the Local Authority and enabled them to be operated as a co-ordinated whole though the Authority was still empowered to have some of the services provided by an agent. During the years since 1948 services provided by the Council under the Act have been extended and improved. The School Clinic at George Street had to be demolished for highway development and has been replaced by the Central Clinic which is now well established and has proved advantageous in having all services housed in one building.

Care of Mothers and Young Children

Special provision for the care of mothers and young children has for many years been the responsibility of the Health Departments of Local Authorities after pioneering work by voluntary bodies. For the purpose of carrying out its duties in this respect the Health Department maintains a Birth Register compiled from the notification of births to the Medical Officer of Health. Such notification is the statutory responsibility of persons attending women in labour; in practice almost all such notifications are sent in by midwives.

During 1969 notifications of 2035 births were received. This was a reduction of 15 on the 1968 figure. 915 of the children were born to parents normally resident outwith the City. Of the 1120 City births 1106 were live and 14 were still births. The corresponding figures for 1968 were 1141 live and 23 still births. This is a welcome fall in the number of still births but as I have emphasised elsewhere, too much stress should not be placed on a single year's figures, especially when the numbers involved are so small.

Ante-Natal Clinics

Prior to the National Health Service all ordinary ante-natal clinics were held at Eildon Lodge whether the patient was having a domiciliary or hospital confinement and a Council Medical Officer was in attendance as well as midwives, while a specialist clinic was held at George Street Maternity Home for difficult cases. This was the pattern throughout most of the country in accordance with maternal care provided under the Maternity and Child Welfare Act, 1918.

The service had been devised at a time when there was no "free" medical service and the attendance of expectant mothers at Council ante-natal clinics undoubtedly make a substantial contribution to safe motherhood, but it had one great disadvantage; the doctor responsible for ante-natal care was not the general practitioner who was called out to the patient having a home confinement should any difficulty arise during labour. The introduction of the National Health Service with the provision of general practitioner obstetricians opened the way for a more rational organisation of the service whereby a woman having a home confinement could have continuous care from her general practitioner obstetrician and the midwife thus avoiding one doctor being responsible for ante-natal care and another for home delivery. The hospital obstetricians arranged ante-natal clinics at hospital premises for mothers booking a hospital confinement.

The City Council prior to 1948 made a generous provision of maternity beds in the City. The consequence of "free" hospital confinements under the National Health Service and the encouragement which mothers had previously received to use the hospital service soon resulted in a substantial drop in home confinements but it was still necessary to retain a clinic Medical Officer until all mothers had been educated to book a general practitioner obstetrician and at the request of the Local Obstetric Committee the provision was continued but with diminishing medical work until August, 1960. Since that time the clinic has been run by midwives only who liaise with the general practitioner booked in each case. The Council's ane-natal clinic is in the same building as the dental clinic and each expectant mother is offered examination by a dental officer. If she requires treatment she is so informed and can go to her usual dental practitioner if she so wishes or have any treatment carried out by the Council's dental staff at the clinic.

The clinics are held on Tuesday afternoons but with a diminishing number of home confinements the numbers attending are not large and as practically all mothers have already had a child in hospital the scope for relaxation classes and mothercraft instruction is limited.

Post Natal Clinics

No post-natal clinics are held by the Local Authority. All post-natal examinations are carried out by general practitioners in their surgeries. Where a patient fails to attend the Health Visitor calls and encourages the patient to have this examination.

Provision of Maternity Outfits

A maternity outfit is issued to each mother booked for a home confinement and additional dressings are provided when necessary.

Family Planning

The City Council does not directly provide a family planning service. The local branch of the Family Planning Association is provided free of charge with the use of the spacious Infant Health and Ante-Natal Section of the Clinic one or two afternoons per week in addition to a room especially equipped and completely reserved for the insertion of intra uterine contraceptive devices. At the request of the Family Planning Association the Council has agreed that the latter accommodation may also be used for a vasectomy clinic.

No person seeking family planning advice is turned away from the clinic and the Local Authority reimbuse the Family Planning Association for the cost of appliances for medical and social reasons in appropriate cases.

Care of Premature Babies

Prematurity is a cause of infant death and such babies require special care. For statistical purposes it is accepted that a child whose birth weight is 5½ lbs. or less is regarded as premature. Such children require special care and at the City Maternity Hospital there is a Premature Baby Unit where they may be nursed. Most of these births take place in hospital but if a premature baby is born at home transfer to a Premature Baby Unit can, if necessary, be effected in a special incubator which is the joint property of the East Cumberland Hospital Management Committee, the Cumberland County Council and the Carlisle City Council. A new and improved incubator was acquired during the year at a cost to the three authorities of £665 0s. Od. (£221 13s. 4d. each). The City and County ambulances are adapted to provide electric power for the incubator and a nurse from the City Maternity Hospital travels with the unit.

In table 5/1 is set out the number of premature births in the City over the past 10 years.

TABLE 5/1

Premature births for the years 1960-1969 showing place of birth, etc.

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Total Premature Births	84	99	83	82	84	71	71	63	83	67
No. of these in Hospital	67	83	65	75	71	70	67	57	81	65
No. of these at home	17	16	18	7	13	1	4	6	2	2
No. requiring transfer to Hospital	3	3	3	3	3	1	1	—	—	—

Those babies born prematurely at home but who do not require removal to hospital are given special care by the midwife and then by the Health Visitor.

The number of premature still births fell from 15 in 1968 to 5 in the year under review.

Notification of Congenital Abnormalities

Congenital abnormality is another cause of infantile mortality and of morbidity to those children who survive. Since January, 1964, a register of children born with such defects has been maintained and returns have been made to the Registrar General. Arrangements have been made for hospitals and domiciliary midwives to record abnormalities on birth notification forms. The information enables reasearches to be made into possible causes of abnormality and from the child's point of view warns the Local Health Authority of the possible special needs of the child as he grows up.

The number of children found by doctors and midwives to have defects at birth and notified to me in 1969 was 39. Of these 24 were in respect of children whose parents normally resided outside the city and the information was transferred to the Medical Officer of Health of the area concerned. The total number of City children with defects was 15. The nature of these defects, 21 in all, were as shown in Table 5/2.

TABLE 5/2

Central Nervous System	5
Eye and Ear	—
Alimentary System	3
Uro-genital System	3
Limbs	5
Other skeletal defects	—
Other systems	3
Other malformations	3

Ascertainment of Deafness in Young Children

To determine whether an infant hears normally is by no means easy—yet if a child has limited hearing, speech will be delayed or absent and he may be regarded as subnormal. In Manchester Professor (later Sir) Alexander Ewing and his wife had, at the Department of Education of the Deaf, developed tests which enabled one to determine whether a child had loss of hearing at the age of 6 or 7 months onwards. These tests can be carried out by two health visitors. In 1956 you sent one Medical Officer and two health visitors on appropriate courses in Manchester and in 1957 Professor and Mrs. Ewing came to Carlisle to conduct a short course for Health Visitors at the George Street Clinic. Since then every effort has been made to have every health visitor and each full-time Medical Officer shortly after recruitment trained either at Manchester or at a local course in the north of England run by one of the Local Authorities in this area and conducted by the staff of the Department of Education of the Deaf in Manchester University.

Plate 5/1. Screening test of hearing in young child. Note one health visitor absorbing child's attention while another uses pitch pipe and both watch for the child's response to the sound.

The tests involve one health visitor interesting the child in a suitable play situation while the other from behind makes sounds with various materials and articles or pitch pipes according to the child's age and the response of the child is observed; see plate 5/1. In practice when a City child now appears to have hearing loss a test in the audiometric room is carried out by a health visitor and the teacher of the deaf along the above lines. Not all teachers of the deaf have been trained in this work as it has only been included in the official syllabus of training at Manchester since 1969, but our teacher has now considerable experience of the technique which is not as simple as it may seem. If hearing loss is found the family doctor is notified; the child is seen by the Consultant Ear Nose and Throat Surgeon and, if necessary, an appropriate hearing aid with long cord is supplied. The child and parent then attend the teacher of the deaf regularly for hearing guidance so that islands of hearing, and there are few children completely devoid of hearing, can be developed, the child can learn lip reading and develop speech. It is most important that the mother receive professional guidance on how to help the child so that the handicap may be minimised and the sooner this is started the better the result.

The City staff carry out diagnostic tests and hearing guidance for pre-school children for the Counties of Dumfries and Kirkcudbright and the Burgh of Dumfries on request and the Council is reimbursed by these authorities.

Child Health Clinics

Child Welfare Clinics were first started in Carlisle on a voluntary basis. Later they became the responsibility of the City Council and until after the war were concentrated at Eildon Lodge, Victoria Place. As the City expanded Eildon Lodge was beyond pram pushing distance for many mothers and peripheral clinics in hired premises were started in November, 1948. These have proved of much value.

The Health Clinic provides a service for well babies where the baby may be examined and health education and immunisation procedures carried out. It has been suggested that the clinic should be replaced by the well baby clinic conducted in the general practitioner's surgery. This would presume that the general practitioner had the inclination, experience and time for this work. The Sheldon Committee which reported on the whole of this subject in 1967 recommended the retention at present of Infant Health Clinics but envisaged the increasing involvement of general practitioners in such clinics.

The following is a list of the Infant Health Clinics operated by the City Council.

(1) Central Clinic—Monday and Thursday afternoons—weekly.
(2) Upperby Church Hall—Tuesday afternoon—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.
(6) Morton Manor—Alternate Wednesday afternoons.

The number of children who attended these clinics and the attendances they made are shown below.

No. of children who attended Centres during the year ...	2892
No. of children who attended Centres & were born during—	
1969	880
1968	812
1964-67	1200
Total number of attendances made by children who attended the Centres	13416

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

Report by Mr. H. W. Freer, Chief Dental Officer

The dental service for expectant and nursing mothers and pre-school children has since the introduction of the National Health Service in 1948 been provided jointly with the school dental service. Both dental and maternity and child health services being housed in Eildon Lodge, now incorporated in the Central Clinic, has facilitated co-ordination. The scarcity of dental officers over the years has however precluded the expansion of the service.

We started 1969 very well with a new clinic and a reasonable staffing position of one full-time officer and three part-time. Unfortunately the staffing position broke down in February when I lost both part-time lady dental officers. In spite of repeated advertisements we were not able to engage further detnal officers until one of the part-time dental officers returned in July and at the end of August we were fortunate in securing the full-time services of two new dental officers. So for the last quarter of the year we had an almost full staff and the clinic really came up to the high expectations I held for it.

The actual figures for 1969 which are similar to those of 1968 are set out in Table 5/3. There is again a significant rise in the number of pre-school children attending. I am informed that most of the expectant mothers are now seen at the hospital and we therefore seem to have lost this contact at the clinic. I

am grateful to the health visitors who so ably bring to the notice of mothers of three year olds the benefits of a regular dental inspection at an early age and so reinforce the card which is sent out to all children for their third birthday and which is part of the dental health education programme.

TABLE 5/3

Dental Services for Expectant and Nursing Mothers and Children under 5 years

Part A. Attendances and Treatment	Children	Expectant and
Number of Visits for Treatment During Year	0-4 (incl.)	Nursing Mothers
First Visit	126	13
Subsequent Visits	77	20
Total Visits	203	33
Number of Additional Courses of Treatment other than the First Course commenced during the year ...	31	2
Treatment provided during the year—		
Number of Fillings	170	12
Teeth Filled	289	11
Teeth Extracted	109	28
General Anaesthetics given	44	8
Emergency Visits by Patients	25	1
Patients X-rayed	—	—
Patients Treated by Scaling and/or Removal of Stains from teeth (Phophylaxis)	6	9
Teath Otherwise Conserved	4	—
Teeth Root Filled	—	—
Inlays	—	—
Crowns	—	—
Number of Courses of Treatment Completed during the year ...	135	15

Part B. Prosthetics	
Patients supplied with F.U. or F.L. (First Time) ...	3
Patients Supplied with Other Dentures	—
Number of Dentures Supplied	5
Part C. Anaesthetics	
General Anaesthetics Administed by Dental Officers	2

Part D. Inspections	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections during year	A 192	D 22
Number of Patients in A and D above who required Treatment	B 127	E 20
Number of Patients in B and E above who were offered treatment ...	C 126	F 20

Day Nursery Service

The Day Nursery Service began in Carlisle during the war with the object of releasing mothers for work in the war effort. The Nurseries were therefore sited in areas where it was expected to recruit the largest number of working mothers and so one was located at Currock in the community centre and a larger purpose-built one was located in the middle of the Raffles estate, which was then the largest housing estate belonging to the Corporation.

After the war there was not the same urgency for women to work and as the cost of maintaining day nurseries was considerable, the Government of the day permitted Local Authorities to use their discretion in closing such establishments. You decided that you would close one of the nurseries. As that in Raffles was purpose built and exclusively used as a day nursery, and as the mothers in that area were in greater need than those in the Currock area, you decided to close the Currock Day Nursery in 1952. With the exception of the Matron, who was transferred to the Junior Training Centre, all the staff were absorbed into the Raffles Day Nursery.

With the building of housing estates in other parts of the town, Raffles Day Nursery is somewhat distant from the homes of many of the mothers who would wish their children admitted. Nevertheless, the nursery fills a great need. Priority admission is given to the children of unmarried mothers, widows, divorcees and where the mother is ill or there are adverse environmental factors. Your medical staff frequently recommend the admission of children who may be lacking company, those with developmental retardation, and some who may suffer from lack of training in their own homes. In a recent survey 75% of the children in the nursery were priority admissions. The vacancies remaining when the priority needs have been met are given to children of married couples where both parents have to go out to work. Originally the nursery was intended as a 50 place nursery but it is at present staffed to take up to 40 children. The average daily attendance during the year was 37.2 and the charge per child varies from 2/6d. to 10/- per day.

Nurseries and Child Minders Regulations Act, 1948

There has for a number of years been a tendency for private nurseries or playgroups to be opened and in 1948 the Nurseries and Child Minders Regulations Act was passed to control private nurseries, to ensure that the buildings into which the children were taken were adequate and the persons who looked after them were competent and sufficient. Experience showed that this Act was insufficint for safeguarding the interests of the children and the

Health Services and Public Health Act of 1968, amended the previous Act and provided for the making of regulations which came into operation on the 1st November, 1968. These have defined such vague terms as "for a material part of the day" which now means any period in excess of two hours and have generally tightened up the procedures governing registration, inspection and conduct of private day nurseries and playgroups. At the end of the year the number of nurseries registered under the Act was 3. One person was authorised to receive into her home 8 children under the age of 5 years, one to receive 30 children between the ages of 2 and 5 years, and one to receive 10 children between the ages of 3 and 5 years. These homes were visited periodically during th year by one of your Medical Officers and were found to maintain a good standard.

In addition 17 playgroups accommodating 478 children were registered at the end of the year. These were likewise inspected.

Mother and Baby Homes

Although the total number of City births is dropping, the number of illegitimate births has risen over the years. Ten to fifteen years ago there were up to 60 such births per year. Now the figure is between 90 and 100, and in 1965 there were 108.

Unmarried mothers are almost always under great mental stress and it is important that proper provision be made for their care. Some families adjust to the awkward situation better than others and with the changing social outlook more of these unfortunate girls are able to be cared for at home. Nevertheless, it is necessary to maintain certain mother and baby homes to which these expectant mothers may be admitted for a period before and after confinement. The City Council continued to discharge its responsibility through agency arrangements with the Carlisle Diocesan Council for Social and Moral Welfare. The Diocesan Council maintained through the St. Monica's Committee a Home at Kendal where girls were admitted for a period before confinement in the Home and then retained after the birth of the child until they could be adequately settled, usually for a period not exceeding 13 weeks. The Carlisle Committee maintain Coledale Hall which has no facilities for delivery. Girls are admitted before confinement, transferred to the City Maternity Hospital for delivery and re-admitted after confinement.

Occasionally if St. Monicas and Coledale Hall are full, or there is some special reason, other mother and baby homes are used. Table 5/4 gives the number of girls using these homes for which the City Council was financially responsible.

TABLE 5/4

	Coledale Hall	St. Monica's	Other Homes
Number of Mothers	3	6	1
Number of weeks residence ...	19	70	14

Not only do unmarried mothers require physical help, most require much social support and advice from women used to dealing with their problems. It is open to any unmarried mother to seek advice from Local Authority staff but many prefer to consult the Social Workers of the Diocesan Council who act as welfare workers on behalf of the City Council for the care and protection of illegitimate children. During 1969 these workers dealt with the cases shown in Table 5/5. Although the numbers may not be great some of the problems of unmarried mothers can demand of the social worker a great deal of time.

TABLE 5/5

Unmarried mothers	41
Divorced women	1
Accommodation problems	4
Adoption enquiries	1
Financial problems	1
Family and juvenile problems	2

Midwifery Service

In 1947 before the coming into operation of the National Health Service Act the City had an establishment of 6 midwives. Three were appointed by the Carlisle District Nursing Association, a voluntary body, and 3 were directly employed by the City Council. During that year these midwives attended 308 cases as midwives and 125 as maternity nurses, a total of 433 home confinements; roughly 72 per midwife.

The opening of additional maternity wards at the City Maternity Hospital in 1947-48 and the advent of the National Health Service with "free" hospital confinements coupled with the encouragement already given to mothers to have hospital confinements eventually resulted in a fall in domiciliary confinements.

In 1948 all the midwives were given training in the use of gas and air analgesia and were supplied with Minnit Apparatus. The City Council also agreed to class midwives as essential car users and pay the appropriate car allowance. In March of that year the District Nursing Association started a Part II training school and your medical staff and midwives participated in the training. By 1949 the number of home confinements had fallen considerably and the intake of pupil midwives had to be restricted.

In the autumn two of the six midwives retired and were not replaced. 1950 saw a further reduction in home confinements with consequent difficulties in the Part II training school.

On the 1st January, 1951 the City Council took over at the request of the District Nursing Association its work, including the Part II training school. The number of home confinements fell to 189 (156 as midwives and 33 as maternity nurses), and there was considerable difficulty in providing pupil midwives with the requisite number of confinements during their time with us. The Council reluctantly decided to close the school and this took place in November, 1952. During its existence the school had been run at a financial loss to the Council but it was a contribution to the training of midwives and the decision to close was taken not on financial grounds but on the fact that we could not offer the pupils the number of cases demanded by the Central Midwives Board during their period of training.

Since then the figures for domiciliary confinements have continued to decrease. By 1968 the number had fallen to 75 and in 1969 reached the very low level of 45. When one of our four midwives left she was not replaced but it is necessary to have at least three midwives, preferably four, to cover time off, holidays etc.

The decrease has been accentuated by the modern tendency to have a confinement in hospital and be discharged after 48 hours. Very few uncomplicated cases now remain in hospital for 10 days. Although our midwives would appear on home confinement figures to be virtually unemployed they are in fact kept busy visiting women and children discharged from hospital.

Table 5/6 shows the number of home deliveries attended by your midwives during 1969.

TABLE 5/6

	Doctor not booked		Doctor booked			
	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	Totals	Cases in Institutions
Midwives employed by the Authority	—	—	3	42	45	—
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act.	—	—	—	—	—	1964
Midwives in Private Practice (including Midwives employed in Nursing Homes).	—	—	—	—	—	—
TOTALS ...	—	—	3	42	45	1964

All the domiciliary midwives are qualified to administer analgesics in accordance with the regulations of the Central Midwives' Board, and each has an Entonox machine which provides an accurately controlled mixture of gas and oxygen to the patient.

Analgesia was administered in 33 cases and pethedine in 15 cases.

The midwives summoned medical aid under Section 14(1) of the Midwives Act, 1951, on 11 occasions.

During the year discussions took place with officers of the East Cumberland Hospital Management Committee with a view to establishing a joint midwifery service based on the hospital. There were, however, practical difficulties which have not yet been resolved. The City Council in common with Cumberland County Council is participating with the City Matternityl Hospital in a pilot scheme of combined Part I and Part II midwifery training of S.R.N's. To date the scheme appears to be working well.

Supervision of Midwives

Dr. Proudler the Deputy Medical Officer of Health continued to act as Medical Supervisor of Midwives during the year, while Miss E. C. Fraser acted as Non Medical Supervisor after takingfi up her appointment as Principal Nursing Officer on the 2nd June, 1969.

During the year 5 domiciliary and 48 hospital midwives notified their intention to practice in the City.

General Practitioner Obstetricians

Before obtaining a place on the list of General Practitioner Obstetricians the practitioner must satisfy the Local Obstetric Committee that he has had the necessary training and experience to be included thereon. The number of practitioners on the list of the Carlisle Executive Council at the end of the year was 42.

HEALTH VISITING

This is one of the services provided by Local Health Authories which is frequently misunderstood. Health Visitors are fully qualified state registered nurses who, after taking a midwifery qualification (at least Part I S.C.M.) have taken a course on Public Health Nursing and Social Medicine at a University Centre and passed the Health Visitors examination. The course now extends over a calendar year. Their role is in preventive medicine and health education and their work has a large social content. They were first employed primarily for infant welfare and it used to be said that the infant mortality of an area was inversely proportional to the number of Health Visitors employed. There is no doubt that in the years before the National Health Service the onus of advising poor mothers on the rearing of their children and the promotion of immunisation campaigns as well as health education fell largely on these officers.

Carlisle appointed its first Health Visitor in 1911. In 1947 there were 8 Health Visitors in post but replacements were very difficult to obtain. The City Council decided to sponsor the training of suitably qualified nurses in order to overcome this difficulty but it was almost impossible to obtain vacancies on the then existing training courses. Aberdeen was, however, opening a training school for Health Visitors and I was able to obtain places on it for two students. Since then a very amicable and profitable liaison has existed with this school although it has not precluded our accepting vacancies in Newcastle and London where students preferred training in these cities. The majority of Health Visitors now employed have been trained under your own training scheme.

A working party on health visiting reported in 1959 and the Government of the day commended the report to Local Health Authorities in Circular 26/59. You decided to adopt over a period of 5 years the yardstick for the establishment of Health Visitors recommended in the report which was 17. Unfortunately, in spite of your training scheme we had never been able to attract sufficient students to provide a full establishment of qualified staff and in 1964 when you decided to pay car allowances to Health Visitors the establishment was reduced to 15.

In order that Health Visitors do not spend time on routine nursing duties there is an establishment for three State Registered Nurses in this section of the department. Until June, 1969, the Health Visitors were quite a separate until from the Home Nurses and Midwives but since that date all these services have come under the Principal Nursing Officer, though each carries on with her own specialised duties.

In 1964 you ran an experimental scheme for the attachment of Health Visitors to general practices. This was a success and in the following year it was decided to offer Health Visitor attachment to all practices wishing to accept it. The number of doctors who sought this type of cooperation was such that it was no longer possible to employ the remaining Health Visitors on a district basis and all now work on a practice basis so that a general practitioner who at present might not have Health Visitor attachment can have this if he so desires without disturbing the administration of this section of the department. There is no doubt that the attachment enables close liaison to be maintained between general practitioners and the Health Department and it certainly prevents the possibility of a patient receiving conflicting advice from a general practitioner and from the Health Visitor, but one cannot disguise the fact that there are small disadvantages. Prior to the attachment scheme a Health Visitor was given a defined geographical district and was responsible for every health visiting duty therein, but with the attachment scheme this type of responsibility has ceased and it is possible for certain families who require the aid of a Health Visitor to slip through the net, though the incidence of this has not been as great as one would have expected.

Since 1948 the role of the Health Visitor has been expanded to cover the whole family and with attachment schemes much of their time is devoted to problems other than those connected with children. I have noted that since attachment there tends to be a fall in the number of visits to preschool children while there is an increase in the number of visits to the elderly and other handicapped. Provided the visitation of children is done on a selective basis it is probable that little harm results from this slight de-

crease in attention. On the balance I would say that the attachment scheme is good and I would not wish to recommend a return to the former district scheme.

At the end of the year there were 15 Health Visitors in post, 14 engaged in field work and one Superintendent.

Table 5/7 gives a summary of the work undertaken by the Health Visitors.

TABLE 5/7

Visits to expectant mothers—	
First visits	180
Total visits	283
Visits to children born in 1969—	
First visits paid by H.V. after birth of a child born in 1969 ...	1132
Total visits paid by a H.V. after birth of a child born in 1969	4298
Visits to children born between 1964 and 1968—	
Total visits	11791
Visits to other cases in respect of—	
Hospital After-care requests	156
Old People (care and after-care)	3224
Miscellaneous visits	1192
General Practitioners Surgeries	1454
In addition the Health Visitors paid visits as under—	
To Child Welfare Clinics	705
To Ante-Natal, Mothercraft and Relaxation Classes	29

Included in the Old People (care and after-care) figure is 852 visits by the Public Health Nurse.

HOME NURSING

Prior to the National Health Service Act, home nursing was carried out by the Carlisle District Nursing Association, a voluntary body affiliated to the Queen's Institute, all the nurses employed being Queen's trained. With the introduction of the National Health Service the Carlisle District Nursing Association became the agent of the City Council for the execution of this part of its responsibility. The income of the Association, however, after 1948 became very limited and in actual practice the City Council paid about 100% of their outgoing expenses. The Voluntary Committee felt that under these circumstances they could not really carry on as an independent Association and suggested to the City Council that the latter should take over the responsibilities of the Association, and this became effective on 1st January, 1951. The City Council became affiliated to the Queen's Institute, the property and other belongings of the District Nursing Association were vested in the City Council which on its part undertook to meet the pensions and certain other liabilities of the voluntary body.

Home nursing has been carried out on a district basis but during 1969 we have had an experimental scheme of attachment of a district nurse to one practice. This has proved successful and it is anticipated that in the not too distant future attachment of home nurses will be the rule rather than the exception in Carlisle. This attachment will be of benefit to the patients but Carlisle has for a number of years been short of home nurses and an increased establishment will be necessary before complete attachment can be effected. At the time of writing, however, the Council has agreed to such an increase in establishment and additional nurses have been recruited and transport provided. It is hoped that with a further increase in establishment the department will be able to effect a general attachment of home nurses to general practices.

During 1969 Miss Carling, the Superintendent of District Nurses and Midwives, retired after 19 years service as a nurse and Superintendent with the City Council and I should like to place on record my appreciation of her long and faithful service to the City. Her place was taken by Miss Elizabeth C. Fraser who was appointed to the newly created post of Principal Nursing Officer and in this she was responsible for the oversight of home nurses and midwives as well as health visitors. One of the District Nnrses, Mrs. Turner, was nominated as Senior District Nurse while Miss Moore, the Superintendent Health Visitor, acts as deputy to the Principal Nursing Officer.

At the end of the year there were 10 home nurses, including one male nurse.

During the year 1333 patients were attended by the District Nurses and the number of visits was 35101.

The type of cases referred to and attended by the staff are shown in Table 5/8.

TABLE 5/8

Medical	964
Surgical	368
Tuberculosis	1

The ages of the patients visited are set out in Table 5/9.

TABLE 5/9

Under 5 years	12
Over 65 years	928
Others	393

VACCINATION AND IMMUNISATION

Personal protection by vaccination against smallpox and later other diseases has for many years been the responsibility of Local Authorities, particularly in regard to children. The Vaccination Act, which made infant smallpox vaccination compulsory, except in cases of parental conscientious objection or for medical reasons, was repealed in 1948 and since then all forms of vaccination have been on a voluntary basis. Although the National Health Service Act of 1946 laid upon Local Health Authorities the responsibility for vaccination and immunisation campaigns, it provided that where a family doctor wished to undertake this vaccination he should be allowed so to do, in which case the Local Authority paid him for the vaccination record being supplied. More recently this has been taken over by the Executive Council who pay the family doctor for carrying out vaccination and immunisation and in the case of children they send me copies of the vaccination records.

During the year we had personal vaccination record cards printed and these can be issued by general practitioners or clinics to parents so that they can have an easily accessible record of the child's vaccination state. Figure 5/1 reproduces a copy of this card. Doctors can, of course, vary the schedule and alter the card to meet the clinical situation in the case of any child.

Smallpox Vaccination

In view of the amount of overseas travel with, the possibility of importation of smallpox from other countries and the unpleasant reactions which can take place in persons vaccinated for the first time in adult life, it is strongly recommended that all infants should have this form of vaccination unless there are medical contra-indications. Table 5/10 shows the number of vaccinations carried out by medical practitioners and by your own medical staff at the clinic, as well as those carried out on hospital staffs, etc. at the Cumberland Infirmary.

TABLE 5/10

By Practitioners:	
Primary vaccinations	338
Re-vaccinations	78
At Local Authority Clinics:	
Primary vaccinations	363
Re-vaccinations	5
At Cumberland Infirmary:	
Primary vaccinations	14
Re-vaccinations	178
Total Primary	715
Total Re-vaccinations	261

Recommended Age	Nature of Immunisation	Date Given	Doctor's Signature	Date Next Immunisation Due
6 months	1st — Triple — Injection — Diphtheria, Tetanus and Whooping Cough; Polio — By mouth			
8 months	2nd — Triple — Injection; Polio — By mouth			
13 months	3rd — Triple — Injection; Polio — By mouth			
15 months	Measles — Injection			
18 months	Smallpox — Vaccination			
School Entry ($4\frac{1}{2}$—5 years)	Diphtheria and Tetanus — Injection; Polio — By mouth			
One month later	Smallpox — Re-Vaccination			
12 years	Mantoux Test, followed where necessary by B.C.G. Vaccination against Tuberculosis. (Arranged and performed by City Health Dept. staff).			
15—19 years (At time of leaving school)	Tetanus — Injection; Polio — By mouth			
One month later	Smallpox — Re-Vaccination			

SEE IMPORTANT NOTES OVERLEAF

Diphtheria Immunisation

This treatment has now practically eliminated this killing disease from our midst and it is 20 years since a case of diphtheria was notified in the City. Much credit must be given to parents, dectors, school teachers and all who in any way have been responsible for maintaining the high acceptance rate for this form of treatment. By the end of December, 1969, no less than 95% of the children born in 1967 had received this treatment. In 1969 we adopted a new schedule of vaccination and immunisation procedures in accordance with the recommendation of the Central Health Services Council and the Department of Health and Social Security, and this has resulted in postponing some of the treatments with the result that for children born in 1968 we have only 69% recorded as having received treatment compared with 67% in England and Wales. Set out in Table 5/11 are the number of treatments carried out by family doctors and at the clinics.

TABLE 5/11

	Under 5 years	5 years and over
By private practitioners		
Complete course	209	19
Re-inforcing dose	227	467
At Clinics		
Complete course	199	28
Re-inforcing dose	310	1132

Prevention of Tetanus and Whooping Cough

Vaccines for these two conditions are generally combined with diphtheria in the form of triple vaccine for very young children and the acceptance figures for these follow closely those for immunisation against diphtheria, though in older children one may leave out the whooping cough vaccine and give only diphtheria and tetanus or tetanus alone. The number of children who received protection against whooping cough during the year was 1095 and against tetanus 2659.

B.C.G. Vaccination

Although tuberculosis has been rendered curable by modern drug treatment this disease can still present a serious threat within the community and it is recommended that young people should be protected by B.C.G. vaccination at a time when they start going out in life. This form of treatment is made available to children in the 12 years old age group. The children have a skin test to see whether they have already been infected with tubercle bacillus and if the test is negative they are offered vaccination. This form of vaccination is carrid out only at the Local Authority Clinic and the Chest Clinic, not by family doctors.

The number of children dealt with is given in Table 5/12.

TABLE 5/12

(i)	No. of children skin tested	732
(ii)	No. of above who gave positive reaction to Mantoux Test	4
(iii)	No. who received B.C.G.	697

I am disappointed at the relatively small number of children who come forward for testing and those who complete the treatment. If parents fully realised the danger of tuberculosis I am certain that the acceptance rate would be much higher.

Vaccination against Poliomyelitis

The advent of satisfactory vaccines for this disease has reduced its incidence greatly and one lives in hope that it may go the way of diphtheria. The vaccination procedure is the most simple of all and merely involves taking by mouth a few drops of the vaccine on a piece of sugar. The importance of this form of protection is considerably stressed to parents by medical and nursing staff but here again the absence of the disease would appear to leave parents with the idea that this form of vaccination is not necessary and the rate of acceptance would appear to be falling. Table 5/13 shows the work undertaken in connection with poliomyelitis vaccination during the year.

TABLE 5/13

	Persons Vaccinated
Children born during 1969	20
Children born during 1968	506
Children born during 1967	29
Children born during 1966	13
Children born 1962-1965	31
Others under 16 years of age ...	9
Other age groups	15
	623

No. of persons receiving reinforcing doses ... 1201

Yellow Fever Vaccination

Since July. 1960, George Street Clinic and later the Central Clinic at Carlisle has been an international centre for yellow fever vaccination. This form of vaccination can only be given at a recognised centre and patients who receive the vaccine are issued with an international certificate which is valid for 10 years. Vaccination is given by appointment at 11.0 a.m. on Mondays and Thursdays throughout the year, except on Bonk Holidays. A charge of 12/6d. was made for each vaccination last year but at the time of writing this has been increased to £1 in line with the charges made by many other authorities.

Vaccination and Overseas Travel

Repeated requests for urgent vaccinations for persons travelling overseas are received at the department. I should point out that it is not safe to give yellow fever and smallpox vaccination too close together. Where a person has to go to the tropics it is advisable to have yellow fever vaccination first as there is very little reaction, the immunity lasts for 10 years, and even primary smallpox vaccination can follow 4 days later. On the other hand, if an individual receives primary smallpox vaccination it is not safe to give yellow fever vaccine for 21 days thereafter and this can frequently lead to difficulties in individuals who are going abroad. It is further important in the case of individuals going on holiday to the Mediterranean and such places where they may land in countries where smallpox is endemic, that they should have a smallpox vaccination and an appropriate international certificate before departure from this country. If, having called at one of the countries where there is endemic smallpox, they return to this country without an adequate certificate of vaccination, they are subject to daily surveillance by the Medical Officer of Health for 14 days and this causes inconvenience to the traveller and to the department.

Other forms of vaccine, such as protection against typhoid and paratyphoid, cholera etc. are carried out by family doctors when required, but it is our experience that persons enquiring about these vaccinations do so far too late. To be fully effective typhoid and paratyphoid vaccination should be started at least 8 months before departure. There should be a period of between 4 and 6 weeks between the first and second doses, and a priod of 6 to 12 months between the second and third doses. The moral is if anyone in business has the remotest chance of having to travel abroad he should have vaccination against yellow fever, smallpox and typhoid carried out and keep his state of immunity up to date by boosting doses when necessary.

AMBULANCE SERVICE

In submitting proposals under the National Health Service Act, 1946, for the operation of the Ambulance Service, the City Council provided for amalgamation of the Fire and Ambulance Service. Combination of the two services took place on 1st April, 1949. and thereafter new recruits were engaged as fire-ambulance personnel. Later, owing to the amount of operational training for and pay and conditions of firemen and the possibility of severance of the two services in the event of a national emergency, it was decided to man the ambulances by personnel who had no fire-fighting responsibilities. In 1962, 16 ambulance drivers were recruited and a special course of training was organised in which, in addition to the usual first aid training, staff received instruction from the Council's Medical Officers and Consultants and other staff of the local hospitals. Since then ambulances have been manned by personnel who have no fire fighting duties but the Chief Fire Officer is the Chief Ambulance Officer and other officers likewise have dual commitments and there is joint use of control room staff.

The ambulance fleet consists of 5 ambulances, 1 sitting case car 20 seats), 2 ambulance/sitting case cars (10 seats), 1 sitting case car (4 seats), and 1 sitting case car (8 seats).

The calls attended, journeys completed and patients conveyed, together with the mileage recorded is shown in Table 5/14.

TABLE 5/14

	Patients	Journeys	Mileage
City removal to local hospitals ...	9,683	9,574	27,607
City cases to distant locations	903	783	39,806
Other cases to distant locations ...	186	183	6,144
Hospitals to home (City)	8,596	8,477	23,507
City Hospitals to County Areas ...	1	1	92
County to Local Hospitals	—	—	—
Hospital Transfers:—			
(a) City Patients	635	598	1,990
(b) Non-City Patients	64	44	119
Schools	3,643	457	4,316
Training Centre, Kingstown	14,629	1,023	16,509
Emergencies	1,270	1,254	5,208
Miscellaneous	—	564	1,783
	39,610	22,958	127,081

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

This disease is neither as common nor as feared as it was twenty or even ten years ago. Modern treatment, by rendering the patient non-infective, had reduced the risk to others but still one can find infective patients at large and so care and after-care is still necessary, though on a more limited scale than in years gone by. Close co-operation between the public health staff and the Chest Physicians has enabled us to run an effective service. On their recommendation nourishment in the form of milk, eggs, fish, etc. is supplied to needy tuberculous patients. There are no longer applicants for admission to colonies for tuberculous patients as most can return to their ordinary employment.

The Cumberland Friends of Sanatoria Patients under their founder and Secretary Mr. T. E. Butterworth continue to supply gifts at Christmas to needy patients.

Tuberculin (Mantoux) testing of six year old children continued and 732 children were tested. Of this number only 4 gave a positive result and were referred to the Chest Physician for a thorough investigation. No child was found to be suffering from active disease.

Cervical Cytology

There are now more women having these tests carried out by family doctors than in previous years but there is still a demand for the clinic service and the clinics were conducted as in previous years. During 1969 some women became due for their 5 year recall examination and this has tended to increase the figures.

537 Carlisle women attended for examination and no case of early cancer was detected. In addition 106 women from other areas were examined. There is an appointment system and appointment cards are available from Health Visitors, Nurses, Midwives, at all clinics and at the Civic Centre.

Other Diseases

The staff of the Department co-operated with Hospitals and General Practitioners in this work.

The work in regard to geriatric and other patients has been continued by the Health Visitors, helped where necessary by the Social Workers. The Health Visitors made 3380 visits to persons in need of care and after-care, and included in this total was 3224 to aged persons. 135 of the aged persons had requested Part III Accommodation.

Provision of Nursing Equipment

Prior to 1948, nursing equipment, much of which had been given voluntarily, was provided by the District Nursing Association. Since 1948 the City Council has provided this when required from the Health Department on the production of a doctor's or nurse's note. During the year 530 articles were issued on loan to patients in their own homes. Among the articles supplied are rubber sheets, bed pans, back-rests and wheel chairs. The latter are issued for short-term only as those with long term need can have a personal issue of a chair from the Appliance Department of the Department of Health and Social Security after recommendation by a Consultant.

Incontinence Pads

A supply of incontinence pads is maintained and patients who require them are supplied by the Home Nurses. The pads have been found to be of much benefit to patients and have saved the nurse a great deal of her valuable time. In addition there has been a considerable saving in the laundering of soiled bed linen.

Protective pants with inter-liners were provided to incontinent subnormals and mentally ill patients with beneficial results. The disposal of the pads and inter-liners has not presented any difficulty.

Convalescent Treatment

The City Council allows a sum of money to provide convalescent treatment, usually for a period of 2 weeks, at Silloth Convalescent Home for a limited number of persons who are considered by their doctor to need a rest, and are unable to meet the full cost of the treatment. They are assessed on their income and during the year 27 persons benefitted under this scheme.

HEALTH EDUCATION

Report by Dr. D. G. Proudler, Deputy Medical Officer of Health

Health Education has continued as an important part of the work of all members of the Health Department staff. Guidance and help have been offered throughout the year in schools, homes, clinics and all establishments handling food. This type of health education relies on an informal approach and it plays an important part in the preservation of the community's health.

In addition, various members of staff have given more specific health education through talks and demonstrations, many of them arranged in schools and in the Technical College. Your health visitors are closely connected with this type of work.

Of the two major health education campaigns which are now almost a tradition in Carlisle, one, the Dental Health Campaign, had to be abandoned yet again because of staff shortages. The second, the "Smoking and Health" Campaign, did take place and, as suggested in last year's Annual Report, it was directed both at the community in general and also towards young people in school.

Efforts were made to bring home the dangers of tobacco, particularly in cigarettes, to the general public using posters and hand-outs. Valuable assistance was received from the Press and Border Television.

The campaign for young people was changed radically, and instead of schools being visited individually, all first year secondary school children were assembled in the A.B.C. Cinema to take part in a programme of entertainment which had a strong message built into it. Interviews with children afterwards showed an encouraging degree of interest. It can only be hoped that some, at least, will carry the message of the programme into later life. Such a venture is certainly worth repeating in the future, if time permits.

Unfortunately, as has been mentioned before, this type of programme has to be planned and arranged in addition to the normal work of the department. It is vital that it should be a success but to ensure this requires time consuming attention to detail. There is little doubt that a full-time Health Education Officer, able to devote the necessary time and effort to all the important aspects of health education work, would be a valuable addition to the staff of the Health Department.

PREVENTION OF BREAK-UP OF FAMILIES

It has always been our aim to prevent the disintegration of families and before there was a Children's Department the Health Visitors did all in their power to help feckless families though the action was not referred to in the above terms. When the Home Help Service became well established it was occasionally used to help such families at the request of the Health Visitor or Children's Officer and the cost was met by the Health Committee. Since the coming into force of the Children and Young Persons Act, 1963, we have looked to the Children's Committee to bear the cost of this work though we supply the personnel.

Priority admission of a child or children to our Day Nursery to ease a tense home situation can be arranged. Within the Health and Welfare Department the Superintendent Nursing Officer, Health Visitors, Casework Supervisor, Home Help Organiser and Matron of the Day Nursery co-operate to help families in need, while outside the department there is close co-operation with family doctors, Head Teachers, Children's Officer, Housing Manager, hospital staff and officers of voluntary associations to prevent family break-up.

HOME HELP SERVICE

Carlisle did not have a Home Help Service prior to the National Health Service Act, 1946, coming into operation. I had, however, seen one in action before and during the war with my previous Authority. In 1948 you decided to establish such a service and in the first place the City Council appointed an organiser who was sent on a course run by the W.V.S. at Leatherhead.

For the inauguration of the service Mrs. Macdonald, the W.V.S. specialist on Home Help Service, was invited to address a public meeting chaired by the Mayor and this got the service off to a good start. At first there were more ladies wishing to be Home Helps than households willing to have them. Home Helps are provided only on doctors' and hospital recommendations and as the value of the service became apparent to family doctors, hospital staffs and the public, the demand grew and soon the problem was meeting the demand while keeping within the estimated expenditure. Table 5/15 shows the development of the service from 1948-1969.

TABLE 5/15

Development of Home Help Service

Year	Number of Home Helps Full-time at 31st Dec.	Part-time at 31st Dec.	Equivalent Full-time	Households Served	Percentage of Service devoted to elderly
1948	3	8	6	15	—
1949	7	21	19	134	—
1950	6	39	26	170	—
1951	5	41	27	209	—
1952	6	39	27	252	56.6%*
1953	5	41	28	247	63%*
1954	4	47	32	287	67%*
1955	2	51	32	298	72%*
1956	2	52	35	292	68%*
1957	2	54	36	308	88%*
1958	2	55	36	312	89%*
1959	2	57	35	329	86%*
1960	3	60	37	341	86%*
1961	4	64	38	366	83%*
1962	4	64	43	367	85%*
1963	4	64	45	388	77%
1964	5	71	46	349	77%
1965	3	77	49	444	77%
1966	3	84	52	443	78%
1967	2	85	52	485	81%
1968	2	90	54	501	85%
1969	2	90	55	494	85%

* This includes chronic sick of all ages.

Throughout the years you have made provision for steady expansion year by year of this service. Soon after its inauguration it became necessary to provide the Organiser with a full-time clerk and more recently there has in addition been an Assistant Home Help Organiser. This administrative establishment is necessary for the deployment of Home Helps and their adequate supervision, bearing in mind the fact that these officers are responsible for assessing householders' contributions and collecting same.

There is a continuing increase in demand for this service which is not surprising when it is realised that 85% of people using it are aged persons and the number of old people in the community is steadily increasing. The number of householders helped during the year was 494. These included certain families where a Home Help was provided to prevent their disintegration and the cost was borne by the Children's Committee under powers granted by the Children and Young Persons Act, 1963.

Help to families with children has, however, been provided since the inauguration of the service and where a mother has had to go into hospital a full-time or sometimes a part-time Home Help has kept the children in their usual home. Plate 5/2 was taken in a house where a Home Help was running a household on such an occasion. In the case of problem families a Home Help was when necessary provided to instruct and help inadequate mothers to look after their family and home. This is very exacting work and subjects the Home Help to both physical and mental strain. It takes an outstandingly competent and understanding worker to cope with such situations and I am afraid that the efforts of the Home Helps in such cases are not adequately appreciated. Occasionally the department is confronted with a request for a Home Help in a house which is so dirty and disorganised that one Home Help would be overwhelmed. In such cases you have given the Medical Officer of Health authority to allow two Home Helps extra payment to tackle the situation and when matters are brought under control one Home Help continues as in an ordinary case. Fortunately, these cases are not very frequent.

Plate 5/2. Home Help has tea ready for children on return from school while mother is in hospital.

There were 2 full-time and 90 part-time Home Helps, equivalent to 55 full-time workers employed over the year. The service could have benefited from the employment of more Home Helps but the department must work within the ceiling of expenditure authorised and moreover it is becoming more difficult to recruit suitable people for the work. Unfortunately, those coming forward for employment tend to come from the larger housing estates whereas many of the people requiring a Home Help live in other parts of the City and with expensive 'bus fares women are reluctant to take on such work. It will, however, be necessary to increase the establishment as the years go by. I consider this one of the most valuable services run by the City Council. The Home Helps actually roll up their sleeves and give people help, as do your nurses; not for them is the conference table where numerous highly paid officers sit discussing problems, many times I am afraid to little purpose. While good management is essential in any service, the present tendency for all classes of professional people with ambition to aim for managerial posts could well result in too great a proportion of our financial and professional resources being spent on management, leaving insufficient for the accomplishment of the actual work. After all, it is the person who works as a Home Help who relieves the domestic situation and I feel that the proportion of management to workers in our present service seems to be about right.

CHIROPODY

Some Councils operated a choropody service prior to 1946 and these Councils were able to continue after 1948, but it was "ultra vires" for the City Council to establish such a scheme. There was, however, a need for a subsided service for old folks and on my advice the Council arranged with the Carlisle Old People's Welfare Council to provide such a service, the City Council contributing, as it had power to do, to the general funds of the Old People's Welfare Council. This service commenced in November, 1956. Chiropodists were not employed but arrangements were made with local Chiropodists so that a patient could go to the one of his or her choice on obtaining a card from the Old People's Welfare Council Office which was issued on production of a pension book. This card entitled the holder to 4 treatments in a year. The patient paid 2/6 per treatment and the balance up to the Whitley Council Scale for individual treatments was met by the City Council.

As with all such services a latent need was uncovered and each year there was an increase in demand which placed a strain on the small staff of the voluntary body. In 1959 Local Authorities were enabled to institute a chiropody service under Section

28 of the National Health Service Act. 1946, and in June, 1962, a scheme was submitted to and approved by the then Ministry of Health. In 1964 the voluntary body asked the City Council to take over the operation of the service and as from 1st October, 1964, the City Council assumed direct responsibility. The valuable work undertaken by the Old People's Welfare Council for this service over these 8 years is acknowledged with gratitude.

Provision is made for chiropody for the younger handicapped, expectant mothers, and for domiciliary visits by chiropodists where this is necessary. During 1969, 7 qualified chiropodists who were registered under the National Health Service (Medical Auxiliaries) Regulations, 1962, were on the panel from whom City patients could choose. During the year 2131 persons received treatment on 11,927 occasions. Of these 406 received 1746 treatments in their own homes. Chiropodists, like those in other professions, have over the years received increases in fees and on this account the City Council raised the charge to recipients to 3/- in 1967.

Some idea of the expansion of this service since its inauguration is given in Table 5/16.

TABLE 5/16

From 20.11.56	No. of Persons Treated	No. of Treatments
1957	391	2178
1958	478	3158
1959	508	3693
1960	591	4283
1961	715	4831
1962	870	5626
1963	971	6635
1964	1343	6919
1965	1782	8797
1966	1704	9521
1967	1968	10719
1968	2074	10964
1969	2131	11927

MENTAL HEALTH SERVICES

In 1947 the Local Authority services for the mentally ill under the Lunacy and Mental Treatment Acts were carried out by the Social Welfare Committee whose principal duties were related to the poor law provisions. The relieving officers were responsible for the legal processes necessary for the removal to hospital of persons of unsound mind. The subnormal were dealt with under the Mental Deficiency Act, 1913, and for this purpose the City, in conjunction with the Cumberland and Westmorland County Councils, had a Statutory Joint Committee of which the late Mr. T. B. Harston was the Secretary and Petitioning Officer. The Cumberland and Carlisle Voluntary Association for Mental Welfare undertook social work for the mentally deranged in the City as agent of the Joint Committee. Mentally ill patients were accommodated in Garlands Hospital which was under the control of the three Local Authorities and the subnormal were provided for in Dovenby Hall Hospital, which was the responsibility of the Joint Committee for Mental Deficiency, and in other institutions.

The National Health Service Act, 1946, resulted in Dovenby Hall and Garlands Hospitals being taken over by the Regional Hospital Board and the dissolution of the Joint Committee. The Voluntary Association remained in being and undertook social work among the subnormal but, the relieving officers having obtained appointments with national boards and the Psychiatric Social Worker of the Voluntary Body having obtained a post in Garlands Hospital, the City Council had to make good these losses in respect of the mentally ill. Fortunately, the Phychiatric Social Worker from Garlands, the late Miss Mildred Lamb, undertook a certain amount of community work but provision had to be made to replace the relieving officers by duly authorised officers as from July, 1948. Three suitable members of the ambulance service volunteered to help and Dr. Joseph Braithwaite, the then Medical Superintendent of Garlands Hospital, conducted a course of instruction for them. These officers proved very capable in dealing with emergency removals but were never employed in social casework. We still have two officers of this type for emergency calls, but it is your policy to replace them by full-time social workers when they retire in the not too distant future. There is no doubt that over the years these officers have done an excellent job; they have relieved your small staff of social workers for other duties and, what I consider important, they have prevented your social workers being regarded as "body snatchers" as most of their work is associated with compulsory removal to hospital. I have been criticised for employing such officers but I am unrepentant: I consider they were an excellent and very economic solution to a most difficult problem with which the Council was faced in 1948.

The City Council appointed a Mental Health Sub-Committee of the Health Committee, consisting of eight members, one with special experience in Mental Deficiency, and delegated to it power to deal with cases. On the retirement of Miss Moclair, the Organising Secretary of the Cumberland and Carlisle Voluntary Association for Mental Health, towards the end of 1949, that Association indicated to the City and County Authorities that it would have no objection to both Authorities assuming direct responsibility if they took over the staffs deployed in their respective areas. This the Local Authorities agreed to do and the social worker responsible for Carlisle cases became a member of the City Council's staff. Since that time the City has carried out by its own officers the supervision of subnormal persons in the community. Phychiatric social work was however carried out by the Phychiatric Social Worker at Garlands Hospital with the co-operation of the Local Authority's staff until a Psychiatric Social Worker was appointed by the City Council in 1961 in accordance with proposals submitted to the Ministry of Health under the Mental Health Act, 1959. Under these proposals the Council envisaged the complete integration of the social work for all classes of persons for whom they were responsible with the work of Health Visitors, District Nurses, etc. within the community. This aim, however, has been rendered more difficult if not completely shattered by the Local Authority Social Services Act, 1970.

Since 1961 there has been an expansion of the social work in the department. In 1963 the establishment was increased to provide a Casework Supervisor/Senior Psychiatric Social Worker who was responsible for all social work both for the mentally deranged and other classes of persons, and a Senior Mental Welfare Officer/Psychiatric Social Worker. This was the start of a Social Work Section covering most aspects of social work within the Health and Welfare Department.

In 1966 a trainee social worker was recruited and sent on a 2 year Younghusband course leading to the Certificate in Social Work which she obtained in July, 1968. The Council has since created an establishment for one trainee social worker and a student started on a two year course in 1969. The Social Work Section now consists of:— Casework Supervisor/Senior Psychiatric Social Worker, one Mental Welfare Officer in lieu of Senior Mental Welfare Officer/Psychiatric Social Worker, two Social/Mental Welfare Officers; one Blind Welfare Social Worker (formerly Teacher of the Blind); one Welfare Assistant and one Student Social Worker. There are also two part-time Mental Welfare Officers. Tables 5/18 and 5/19 on page 105 show the number of persons with all types of mental disorder visited during the year.

Administration

The administration of the service is the responsibility of the Medical Officer of Health who is assisted by the Deputy Medical Officer of Health, both of whom serve on the Garlands Hospital Medical Advisory Committee. The Consultant Psychiatrists at Garlands and Dovenby Hospitals are available to give advice when required. The Child Guidance Clinic, which has been reported on in the School Health Service Report, was held once a week at the Central Clinic. Accommodation is made available at this clinic for the Consultant Psychiatrist from Dovenby to see patients in Carlisle.

The Social Services Committee, which undertakes all Health and Welfare functions, acted as the Mental Health Committee with delegated powers. The Medical Officer of Health and Deputy Medical Officer of Health are authorised to deal with documents in accordance with the Mental Health (Hospital and Guardianship) Regulations. 1960. At the end of the year 3 practitioners were on the list of approved Medical Officers and a further 7 were similarly approved by the Cumberland County Council and available in the City area when required.

One Mental Nursing Home, Durranhill Convent, continued to be registered under the Public Health Act, 1936, as amended by the Mental Health Act, 1959.

There is accommodation for 65 females aged 16 years and over. At the end of the year the Home had 64 patients, none of whom were detained compulsorily.

Mental Subnormality

In 1947 the service for the subnormal was suffering from the after effects of war. Difficulty was experienced in obtaining hospital beds and a training centre was non-existent. There had been a small part-time occupation centre in the City run on a voluntary basis but this had closed and the piano and other pieces of equipment were held by the Voluntary Association for Mental Health in the hope that with the end of the war another centre might be opened by the Local Authority. In the proposals which you submitted to the Ministry of Health in October, 1947, it was stated that you hoped to establish a Home Teaching Scheme and later "an Occupation and Industrial Centre with the co-operation of the Voluntary Association for Mental Welfare, if still in existence". In January, 1950, you appointed Mrs. E. Dand, a teacher with special training in teaching the subnormal, as a peripatetic teacher and Supervisor designate of the proposed occupation centre, and later developed the training centres. Hospital beds became more easy to obtain as new building took place.

These developments threw into relief one major defect in the community service—the lack of a hostel for subnormal adults who were difficult to place in lodgings when their parents were no longer fit to care for them but who were not requiring hospital treatment. In 1963 you acquired and converted St. Stephen's Vicarage as a hostel for 12 subnormal adults of both sexes. It was opened in May, 1964 and has supplied a long felt need. The residents at the hostel for the most part attend the adult training centre but where found fit every endeavour is made to place them in gainful employment. I have to point out, however, that the hostel is staffed to cope with ordinary subnormals who can be guided and controlled to form a happy family group. It is not staffed to cope with delinquents who may be slightly subnormal. During the summer vacation all the residents in St. Stephen's Hostel were taken for a week's holiday in a hotel at Morecambe by the Warden and her assistant. This has now become an annual event and is greatly appreciated by the residents.

There has not been a sufficient need for hostel accommodation for subnormal children to justify including one in the capital building programme at this stage. You have, however, authorised the Medical Officer of Health to place children in hostels belonging to other Authorities or voluntary bodies should the need arise.

At the end of the year 2 patients were under guardionship of the City Council and none under guardianship of parents. The Local Education Authorit referred 14 school leavers from special schools for our supervision. The parents were visited and advised regarding employment and help available; 12 were found employment by the end of the year.

Social activities are enjoyed very much by most subnormal persons and are a useful form of "therapy". Monthly socials for juniors and for adults are held at the Friends Meeting House. These socials have been taking place since 1964 and the time given to them by members of th Society of Friends and our own Social Workers in a voluntary capacity is much appreciated. The parents of the subnormals have over the years been very active in providing social activities, including parties at the training centre and elsewhere and 'bus outings, and providing Christmas presents. Plate 5/3 was taken at one such social event. As in previous years your staff arranged a holiday at Keswick for 26 subnormal people of all ages who lived at home. Some of your social work staff, together with a number of voluntary helpers, accompanied the party and ensured that they had a good time. The work of the staff and volunteers is arduous and I wish to express my thanks to them for their good services.

Plate 5/3 — A Social Evening in progress.

Training Centres

As mentioned above there had been a part-time voluntary occupation centre in Carlisle but this had ceased to exist and in 1947 there was no establishment other than Mental Deficiency Hospitals where a child excluded from school for mental deficiency could receive any form of training or education. There was moreover no relief for the parents who had to bear the burden of such a child other than hospital admission which was very difficult to obtain. One of the priorities facing the Council was, therefore, the provision of an occupation, now called a training, centre. In the immediate post-war period new building was out of the question and so your officers had to look for buildings which could be hired or acquired for the purpose. In January, 1950 as already indicated, you appointed Mrs. E. Dand as Supervisor Designate. She carried out peripatetic teaching until the Centre opened. The Air Ministry returned to the City the Kingstown Airport and sold to the Council the buildings erected on the ground. It was found that the sick-bay adjacent to the barrack accommodation would make a suitable centre after renovations and alterations. The Council agreed to this, the work was put in hand and the centre was opened on 28th April, 1952. At this time you had decided to close the Currock Day Nursery. The Matron of this nursery who was a State Registered Nurse became Assistant Supervisor at the training centre and took charge of the

younger children. The nursery furniture from Currock Nursery was used for the younger children and the piano and a small amount of equipment which had been given to us by the Carlisle and Cumberland Voluntary Association for Mental Health was also used. The age range of the trainees was from 5—30 but under the devoted care of the Supervisor, her Assistant, and the lady caretaker who had been housed in the Commanding Officer's bungalow, great progress was made.

The Ambulance Service provided transport from rendezvous points to the centre in the morning and back in the late afternoon, the Assistant Supervisor acting as attendant. Twenty-four trainees was the number envisaged in the first instance and mid-day meals were provided by the School Meals Service, the centre being closed during school holidays. The Centre became a very happy place where all pulled well together and parents took a great interest in their children's progress and soon formed a Parents' Association which has given material help to the centre. The young people were given training and education up to the limits of their capabilities and we were given very good reports after inspection by officers of the Board of Control. By the summer of 1953 it was possible to hold an open day for members of the City Council and parents which was opened by the Mayor, the late Councillor A. C. R. Punnett J.P. and at which were exhibited for sale many articles made in the handicraft classes. These open days became a feature of the centres during the succeeding seven years but had to be discontinued when the numbers rose and traditional craft instruction was replaced by industrial type training in the adult centre. By 1956 there were 26 trainees in attendance and the staff was increased to 3 and by 1957 an extension into the former barrack accommodation had to be provided.

In 1960 it was decided that the time had come to develop distinct junior and adult training centres and a male instructor, who later became Manager of the adult centre, was appointed and took up duty in September. A further extension of the centre was then necessary and it was provided by adapting and using the remaining barrack accommodation on the western aspect of the site.

Mrs. Dand retired from the post of Supervisor in 1955 but continued to give help in the training centre until her death in December, 1960. It was due to her ability and enthusiasm that the centre got off to such a good start and a number of friends, with the Council's permission, provided a commemorative plaque at the entrance to the old training centre. This is now fixed in the entrance hall of the new junior centre.

1961 saw the adult centre working longer hours than the junior centre and no longer having school holidays. This caused a problem in providing a mid-day meal during school holidays. I arranged for meals to be cooked at Old People's Homes and transported to the centre. This worked well and the trainees liked the meals but as the number attending the centre increased it put a big strain on the catering staff of the Homes and it was a great relief when the new centre with kitchen under the control of the adult centre was opened.

The projected plans for new adult and junior centres on an adjacent site were discussed with officers of the Ministry of Health in London and the site was inspected and verbally approvel by Ministry officers in the same year. It was agreed that when plans were drawn provision would be made for the extension of both the junior and the adult centres and that although on adjacent sites they would be quite distinct.

All connected with the training centre project were disappointed when in 1962 its place in the capital building programme was postponed. Eventually, after the usual formalities, building operations commenced in 1967 and the centres were in operation by September, 1968. After building operations started the Cumberland County Council raised the question of a joint adult centre. Although no final arrangement has yet been made the City Council decided to furnish the kitchen with L.A.S.M.E.C. equipment instead of traditional gas cookers which had been ordered so that the additional meals could be readily provided without expensive kitchen extensions and at the moment we admit some County trainees. As originally anticipated when at drawing board stage, an extension to the adult centre will be necessary to accommodate junior trainees reaching the age of 16 years. While the junior centre, in the absnce of a marked increase in population, can be expected to reach a plateau of occupancy in the near future, it will be quite a number of years before this is attained in the adult centre as many of the trainees will remain there during their working life. Provision has been made for an extension estimated to cost £25,000 on 1969 cost rates to be started in 1972. If a joint scheme with the County Council comes to fruition a much larger and further etension will be necessary but the site is a large one and there will be room for such an extension on the north-east side of the service ring road.

The Junior Centre is built to school standards but is provided with extra facilities such as toilet accommodation directly accessible from junior class rooms and adjacent to senior class rooms. One class room is specially equipped as a special care unit but the demand for places for ordinary subnormal children has nec

essitated its use by them. There are, however, only 3 children requiring admission to a special care unit and these children are admitted one day a week to the special care unit operated by Cumberland County Council, the City providing an ambulance and attendant for their conveyance. The position regarding an extension to the centre with a view to establishing a special care unit is being kept under review. Each class room is intended to accommodate up to 12 trainees and there is ample space for this number.

There is also a dining/assembly hall which is in constant use. Plates 5/4, 5/5 and 5/6 show some of the activities in this centre. It is anticipated that the Junior Centre will pass to the control of the Education Committee in April, 1971, but this should make little difference to the organisation. The Medical Officer of Health as Principal School Medical Officer will still be very much concerned with the children who attend for instruction.

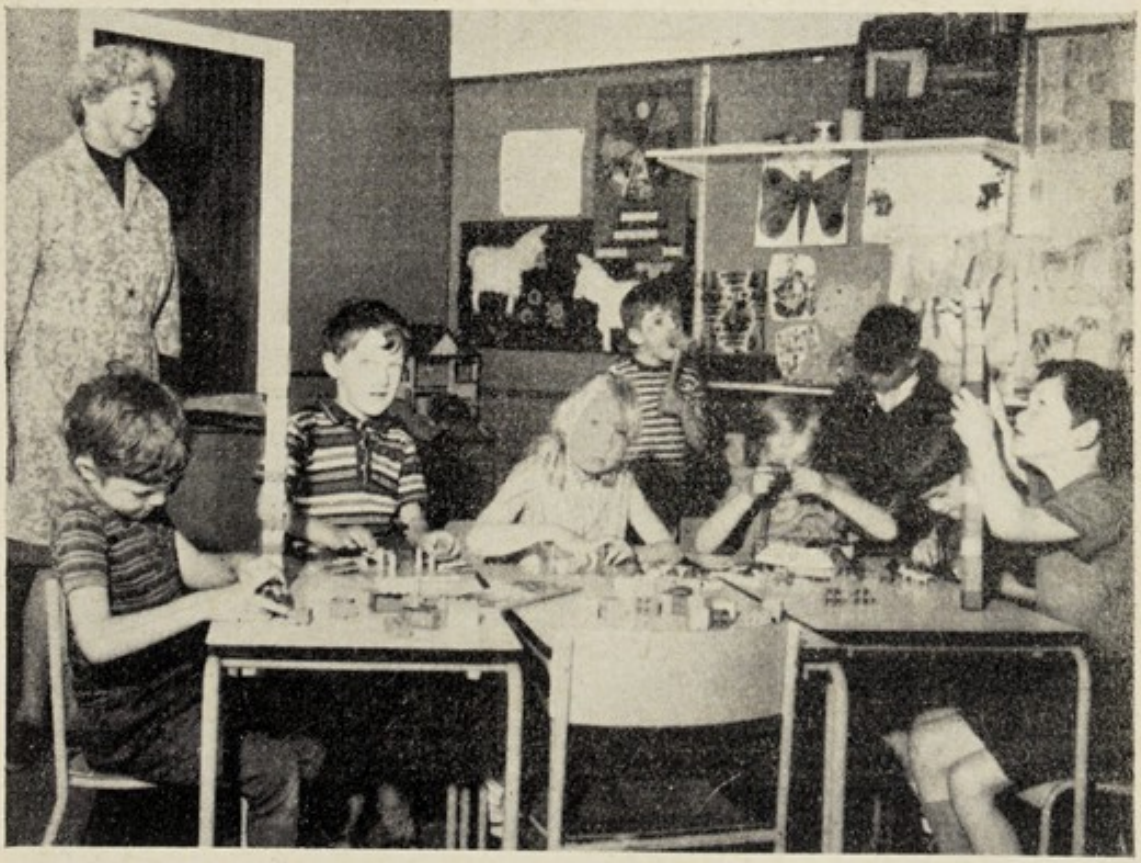


Plate 5/4. Children in 5-8 year age group using play material for sense training.

(They have come together to get into the picture but can be and are normally well separated).

Plate 5/5. A session of art and craft activity in senior class of Junior Centre.

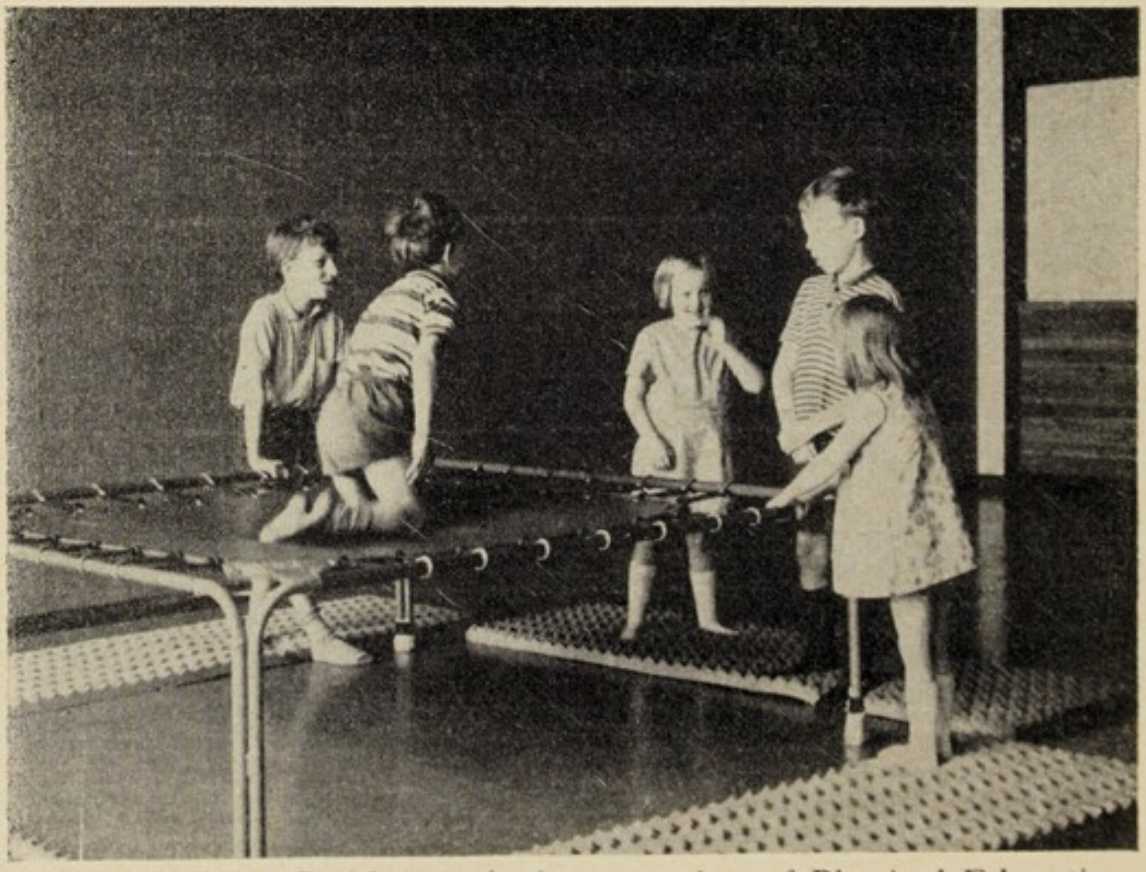


Plate 5/6. Children enjoying a session of Physical Education. (The trampoline was a gift from a grateful parent).

At the end of the year there were on the register of the Junior Centre 47 children, including 3 from the County area.

Work at the adult centre has over the years changed from craft to industrial type of work and the new work rooms are laid down in workshop or factory lines.

Plates 5/7, 5/8 and 5/9 show woodwork in the old training centre and in the new factory building. Adequate space and roof lighting make for efficiency. The machinery section where machines are connected to a dust extraction system is quite distinct from the assembly area. The whole layout is planned so that there is orderly progression in production from the wood store to the areas for housing the finished products. The making of concrete paving slabs is another activity and Plate 5/10 shows a part of the workshop area where this takes place.

Plate 5/7. Work on the planing machine in the old Adult Centre.

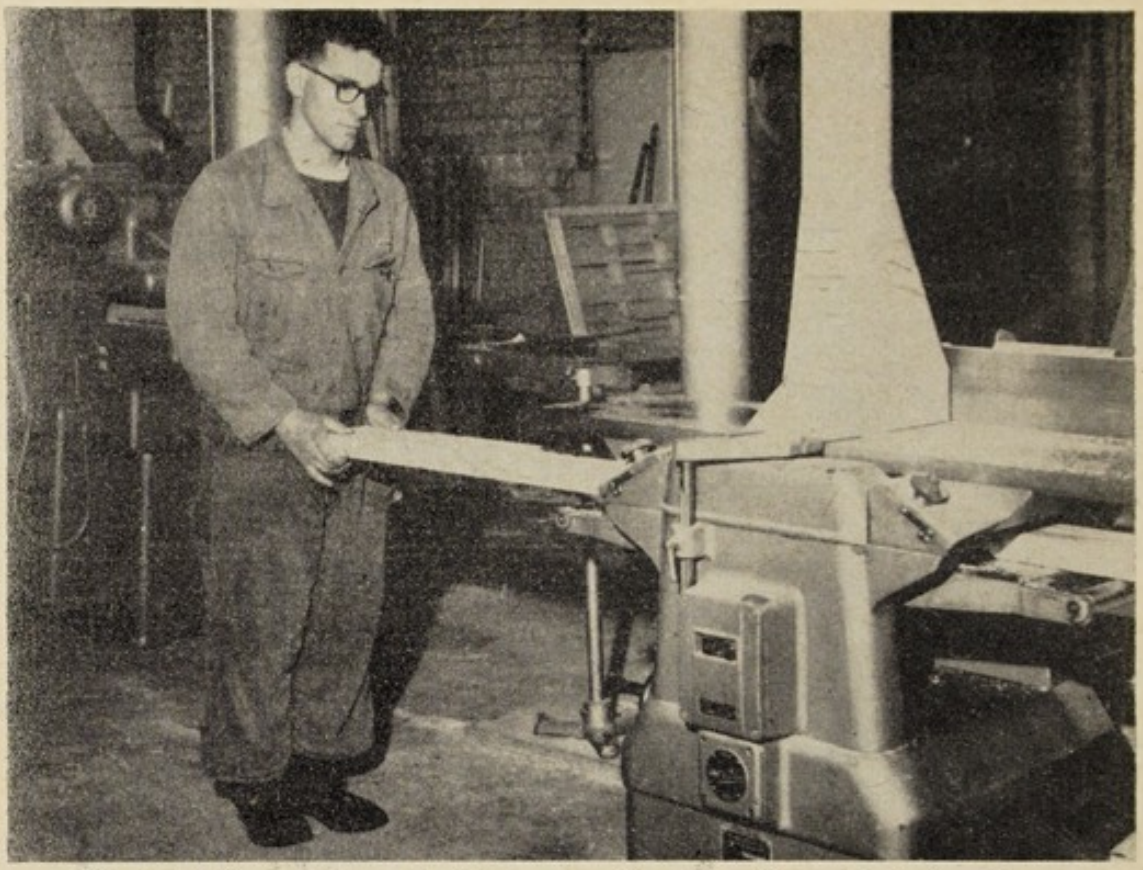


Plate 5/3. The planing machine as installed in the new "factory" with dust extractor fitted.

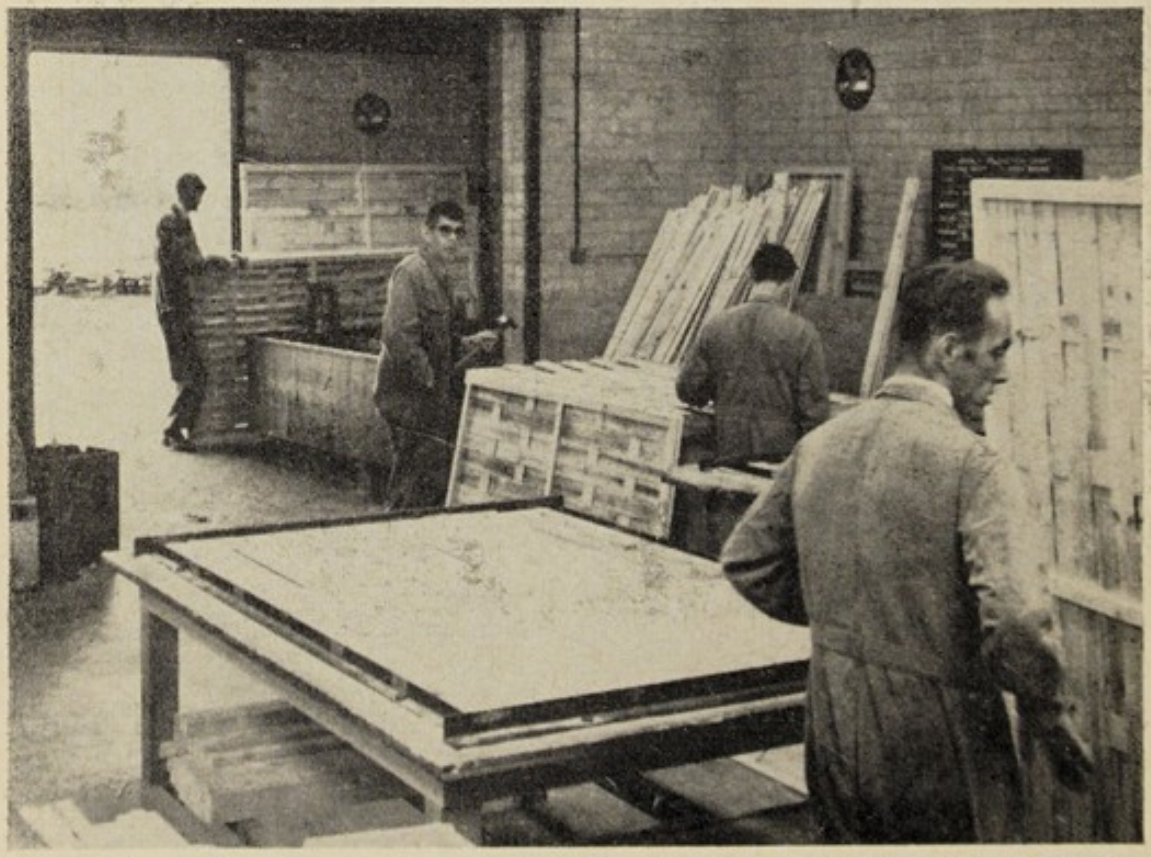


Plate 5/9. Assembly section of workshop in new Training Centre. Creosote dipping tank is seen in the background.

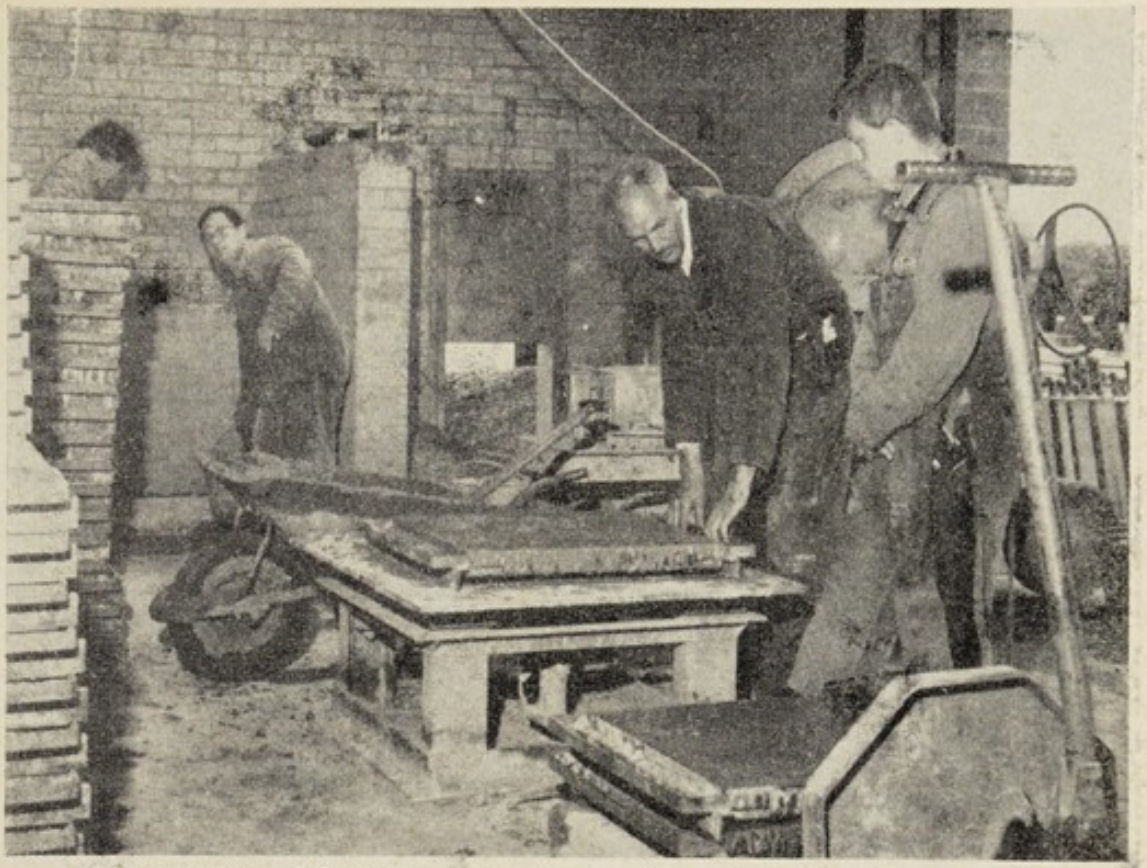


Plate 5/10 Making concrete paving slabs in the new Centre. These are produced in a variety of colours.

Plate 5/11. Women trainees making Christmas crackers in the old Training Centre.

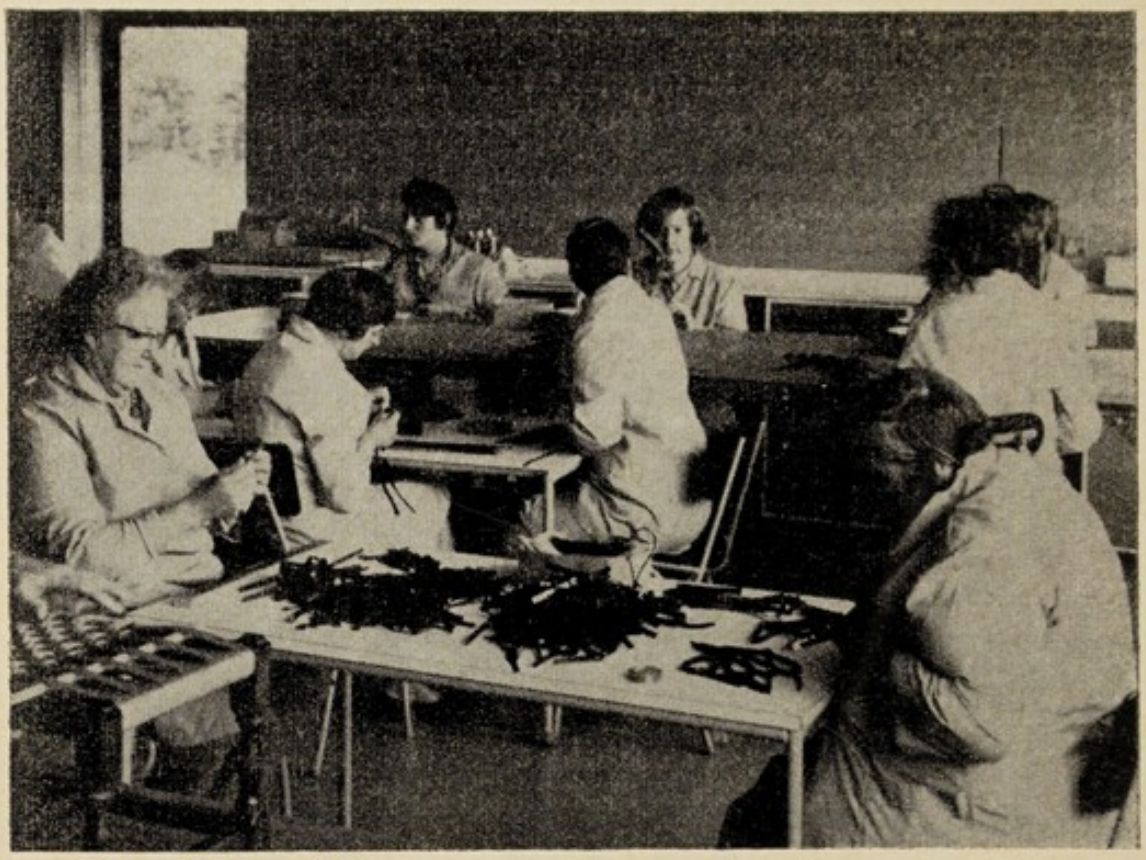


Plate 5/12. Women engaged on productive work of factory type in new Training Centre.

The adult women and any men who are not fit for heavy work or show a special interest in it are employed in lighter factory type of work carried out for various industrial firms in town and also the manufacture of Christmas Crackers, for which there is a big demand in the latter part of the year, and other articles. Plates 5/11 and 5/12 show the women at work in the old training centre and in the new building. Craft work is still undertaken by trainees where this is found more suitable to their needs and abilities and a domestic room is provided where trainees receive instruction in cookery and other domestic skills.

There is a dining/assembly room incorporated in the adult centre which can seat 70 diners and adjacent to this is the kitchen. The kitchen and the staff thereof form part of the adult training centre but meals for the junior training centre are supplied from the kitchen to the junior dining room. The kitchen staff, being part of the adult training centre, get the same holidays as the craft instructors and other staff of that centre.

At the end of the year there were 43 persons on the register of the adult training centre, 9 of whom were from the County area. It is known that there are other adults not in attendance who would benefit from attending this centre but, unlike the junior centre where attendance is compulsory, one can only offer a vacancy and advise acceptance.

There has been a steady market for the articles manufactured at the centre and in some cases good contracts have been obtained. I am also grateful to the industrialists who have subcontracted suitable simple jobs to the centre. Both centres have benefited from time to time from gifts from voluntary bodies which are much appreciated.

Mental Illness

From 1948 until the appointment of a Psychiatric Social Worker in 1961 social work for mental illness within the community was as already stated carried out by a hospital based Psychiatric Social Worker who co-operated with the Council's Mental Health Worker and other staff. Since 1961 the amount of work among the mentally ill has steadily increased. There is an establishment for a Senior Mental Welfare Officer/Psychiatric Social Worker but this was filled by a qualified worker for a period of one year in 1964. Since then you were unable to recruit a second qualified Psychiatric Social Worker and a Mental Welfare Officer has been held against this established post.

Close liaison exists between your social work staff, health visitors, other officers of the Corporation, general practitioners and hospital staff in the care of the mentally ill. The Housing Management Committee has rehoused patients where this would contribute to the alleviation of their mental symptoms. Rehousing on the grounds of mental ill health can be open to abuse and the Committee in full agreement with the Local Medical Committee has rightly insisted that priority rehousing on psychiatric grounds shall be restricted to patients treated by a Consultant Psychiatrist and where he and the Council's Psychiatric Social Worker both recommend such action. When your Medical Officer of Health receives such recommendations he requests the Housing Manager for priority on behalf of the patient.

Since October, 1968, a scheme has been in operation in the City and County whereby mentally ill patients who are unable to tackle work in open industry may be admitted to the Carlisle and Cumberland Workshops for the Blind within the quota of sighted disabled allowed in these workshops. During the year 4 persons recommended by the Psychiatrists have been admitted for training and employment if satisfactory, but at the end of the year only one of those admitted during 1969 was in post, the others having left of their own accord, or been found unsuitable. Since the beginning of the scheme 7 Carlisle patients have been admitted but only one has been successfully trained. Even these patients do not wish to remain in the workshops, if the period there leads them on to work in industry the scheme will be well worth while.

There is no short-stay hostel for those recovering from mental illness. Carlisle is a small City and it was considered that most patients would return to their homes straight from hospital. Experience of other larger Authorities with this type of hostel confirmed your view that such a hostel would be quite uneconomic and in view of the much greater need of Homes for old people it was felt that concentration of financial resources on such accommodation was more essential. Residential accommodation for senile persons requiring care and attention has been provided under Part III of the National Assistance Act, your Medical Officer of Health being Chief Welfare Officer. One small Home is designated and staffed for the care of such people. In practice a number of old people recovering from or even suffering from milder psychiatric illness can be accommodated in ordinary eventide Homes if unable to return to their own homes or families. I cannot speak too highly of the close and helpful co-operation we receive from all the staff of Garlands Hospital in providing for such people.

In 1961 in association with Garlands Hospital a social club for former patients was organised in the City. The Council rent accommodation in the Rendezvous, Fisher Street, and the Council's social workers organise the meetings. Out-patients as well as ex-hospital patients can become members of the club which meets weekly. The running of this club which has proved very worth while is now exclusively a City function, though any psychiatric patient from outwith the City who wishes to join is welcome.

Hospital admissions are mostly informal and are arranged by family doctors with the aid of Mental Welfare Officers if necessary. Unfortunately by the very nature of mental illness some patients have to be dealt with under compulsory powers. On 91 occasions your Mental Welfare Officers were called upon by doctors, police or other party in respect of removal to hospital of mentally ill persons. These were ultimately dealt with, in accordance with the Mental Health Act, 1959, as shown in Table 5/17.

TABLE 5/17

Admitted to hospital informally	18
Admitted to hospital under Section 25	1
Admitted to hospital under Section 29	57
Admitted to hospital under Section 60	2
Not admitted to hospital	13

Tables 5/18 and 5/19 set forth the work undertaken by the mental health staff during the year.

TABLE 5/18
PATIENTS VISITED THROUGHOUT THE YEAR

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) Attending day training centre	—	—	—	—	—	—	—	—	3	2	16	5	34	9	7	12	37	11	23	17	88
(b) Receiving Home Visits but not included in (a)	—	—	23	34	—	—	—	—	—	—	66	32	1	6	5	14	1	6	94	80	181
Total Number of Patients ...	—	—	23	34	—	—	—	—	3	2	82	37	35	15	12	26	38	17	117	97	269

TABLE 5/19
SOURCES FROM WHICH PATIENTS WERE REFERRED TO HEALTH DEPARTMENT

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	5	4	16	37	—	—	—	—	—	—	—	—	—	—	—	—	5	4	16	37	62
(b) Hospitals, on discharge from in-patient treatment	1	—	6	14	—	—	—	—	—	—	—	—	—	—	—	—	1	—	6	14	21
(c) Hospitals, after or during out-patient or day treatment ...	—	—	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	4	7
(d) Local Education Authorities ...	—	—	—	—	—	—	—	—	—	—	7	7	—	2	—	—	—	2	7	7	16
(e) Police and Courts	4	—	21	6	—	—	—	—	—	—	1	—	—	—	—	—	4	—	22	6	32
(f) Other sources	4	3	3	4	—	—	—	—	—	—	—	—	—	—	—	—	4	3	3	4	14
TOTAL REFERRALS	14	7	49	65	—	—	—	—	—	—	8	7	—	2	—	—	14	9	57	72	152

The scope of work for the mentally deranged who live at home has greatly increased over the years and will no doubt expand as time goes on and medical research provides new means of treatment and I hope prevention. One must remember, however, that an Act of Parliament cannot change human nature nor the natural course of disease; neither can a new name alter the basic condition from which a patient may suffer. The uninformed probably expected too much of the Mental Health Act of 1959 but the fact remains we still require many hospital beds for the mentally deranged and a vast number of patients will need long term care therein. It is fashionable to talk globly about "community care" but in most cases this should be called "family care" as apart from an occasional call from a social worker, health visitor or voluntary worker, and naturally supervision by the general practitioner, the family has to soldier on to the best of its ability and many do this in spite of the strain imposed on them.

Section 6

GENERAL PROVISIONS OF HEALTH AND WELFARE SERVICES, Etc.

Section 6

GENERAL PROVISIONS OF HEALTH AND WELFARE SERVICES, Etc.

ADMINISTRATION

The Medical Officer of Health being Chief Welfare Officer, the stage was set for the eventual complete integration of Health and Welfare Services. The day to day management of the purely welfare matters was left in the hands of Mr. Fred Davidson, the former Social Welfare Officer, and his clerical assistant at their own office in 14 Spencer Street, but the Relieving Officers having obtained posts with the National Boards or Ministries, and other officers having been transferable to the Hospital Authorities, the opportunity was taken to integrate the welfare work in the community with that of the health visiting service. Thus it come about that all people seeking admission to residential accommodation were visited and assessed by a health visitor and when a waiting list for Part III Accommodation developed, nursing staff were used to visit those on the waiting list to ensure that the most urgent needs were given priority. Similarly, in the registering of handicapped persons other than the blind and deaf the health visitors have paid the preliminary visit to make the medico-social assessment even though such applicants were later dealt with by social workers or welfare assistants. As many of the citizens referred for Part III Accommodation and other welfare services have a very large medical component to their need the primary visitation by health visitors has proved most beneficial and in the long run most economic to the City Council as two sets of officers have not been necessary to cover one job. This organisation is, however, going to present difficulties when it has to be disentangled in accordance with the Seebohm ideas incorporated in the Local Authority Social Services Act of 1970.

In 1951 with the expansion of the work of this section of the department it was necessary to second one of the public health staff to assist Mr. Davidson and this officer on Mr. Davidson's retirement in 1955 became Administrative Assistant (Welfare Services) and the Welfare Services administration was transferred to the Health Department. There has been a steady increase in the work of the Welfare Services section of the department since 1948 and this expansion is likely to continue in the future.

Action under Section 47 of the National Assistance Act, 1948 and the National Assistance (Amendment) Act, 1951

The compulsory removal of persons who are aged, infirm and unable to devote to themselves adequate care and attention and are living in insanitary circumstances and those who suffer from severe chronic illness present a problem to any Health Department. The onus lies on the Medical Officer of Health, not the Chief Welfare Officer, to secure the removal of such people to either a Residential Home or a hospital as may be necessary. Naturally

one avoids if possible compulsory removal which is distasteful both to the party removed and to those who have to effect the removal. Nevertheless, there are occasional cases when it is necessary to use compulsory powers either by going to the Court under Section 47 of the National Assistance Act or, where the matter is more urgent, providing two medical certificates to a visiting Magistrate under the Amendment Act of 1951. In the latter case the Order only lasts for three weeks and if the party by that time is not willing to remain voluntarily and still requires attention it has to be followed up by Court action as a result of a resolution of the Social Services Committee which has been given delegated powers for this purpose by the Council. Since the Act came into operation compulsory removal has been necessary in respect of 11 residents in Carlisle and during 1969 one person was so removed.

RESIDENTIAL ACCOMMODATION

As indicated above, the Council had residents requiring care and attention in Meadow View House, Whitehaven, and the City General Hospital, Carlisle, when the National Assistance Act came into operation. Barn Close, which had been purchased for the purpose, was opened as a Home for 23 old ladies on 4th May, 1949. Such Homes, because they were provided under Part III of the National Assistance Act, 1948, became known as Part III Accommodation. Suitable residents from Meadow View House, Whitehaven, and the City General Hospital were transferred to the new Home but the occupancy was low. Many old people who really required care and attention refused to entertain the idea of entering as they considered it another "Poor Law Institution" and it was some time before it received approval from the older people in Carlisle, let alone the popularity it now enjoys. In 1953 the Committee decided to adapt certain accommodation at Barn Close to accommodate five men and it became a Home for both sexes as from that date, the total number of occupants being twenty-eight.

The Council was anxious to get another small Home for male residents and was on the look-out for suitable property when the Special Area Committee of the Newcastle Regional Hospital Board offered to the Council the use of Lime House, Wetheral, which was the property of the Board on a 21 year full repairing lease for a nominal annual payment, provided the Council would remove from the City General Hospital all Part III residents so that that hospital could be developed for medical purposes. Although the number of residents which Lime House could accommodate (without overcrowding) was only 29 and the number of beds to which we were entitled in the joint user institution was 60, the City Council decided to accept the offer and Lime House, after adaptation, was opened on 14th September, 1951 when all

the residents in the City General Hospital and most of those remaining at Meadow View, Whitehaven, were admitted. Among the adaptations was the installation of a lift from the ground to the first floor and it is interesting to note that we had to have a battle with the then Ministry of Health to get the lift included in the approval, whereas now such a lift appears as an essential item in the building notes supplied by that department. The Carlisle City Council was, therefore, one of the first Authorities in the country to have completely vacated joint user institutions. When it became clear that you could not replace Lime House by new building before the expiry of the lease the City Council decided to purchase the building and ground from the Board and the sale was completed on 19th April, 1963. Although Lime House has officially a complement of 29 persons, with the present demand for accommodation it generally houses 34 or more residents.

The demand for further Part III Accommodation increasing, the City Council decided that in view of the amount of land available at Barn Close it would be reasonable to increase the size of this Home to accommodate 50 people and after discussion with officers of the Ministry of Health loan sanction was obtained for an extension to this Home. Before building operations commenced the owner of the adjacent house, Stanwix House, which had been gifted to the City, vacated the premises and Stanwix House was used on a temporary basis to house a number of the residents who had to be vacated from Barn Close due to building procedures. When Barn Close was ready to be opened the pressure for Part III Accommodation had increased so much that Stanwix House was continued for a period.

In 1960 the Children's Committee, having provided alternative and more suitable accommodation, decided to dispense with Aglionby Grange as a Children's Home. The building was offered to the Health and Welfare Department. You decided that it would, with a small amount of adaptation, make a suitable residential Home for the more senile old folks. The Council and the Ministry of Health agreeing, work was put in hand and it was opened as a Home for 23 old people on the 16th January, 1961. The Warden and Matron were qualified and experienced in mental nursing and the staff to resident ratio was slightly more generous than in your other Homes to allow for the extra care the more senile would require. This Home has continued to admit the more senile but with pressure on all Homes it has had to take from time to time urgent admissions of old folks who could not be described as senile.

This Home has a cleansing station attached to it and it has one room which can be used for the housing of young single women, over the age for action by the Children's Department, who may be found in the town by the Police. Fortunately, both these are seldom used.

In 1964 loan sanction was received for the building of another Home for 45 residents, the Elizabeth Welsh House at Harraby, which was opened in November, 1966. This was the first completely new Home and has 25 single and 10 twin-bedded rooms. Instead of one or two large lounges there are 5 smaller ones. This enables residents with different interests to congregate in separate rooms. Plate 6/1 gives a view of part of one of the small sitting rooms. Loan sanction was received in the year 1969/70 for a further Home for 46 residents, Langrigg House, Morton, at present under construction. In view of the present great pressure for accommodation it is a pity that the Council was unable to take up loan sanction for this home in 1965/66 although at that time a Home for 35 residents was envisaged.

Plate 6/1. Small upstairs sitting-room in Elizabeth Welsh House.

The accommodation available during the year was:—

Barn Close—Places for 50 residents of both sexes.
Lime House—A Home that has an official capacity for 29 persons but frequently accommodates more than this number.

Aglionby Grange—23 handicapped aged persons of both sexes.

Elizabeth Welsh House—New purpose built Home to accommodate 45 persons of both sexes.

Table 6/1 shows the number of persons admitted and discharged from the Council's Residential Homes. 55 were permanent admissions and 58 were for short periods to enable relatives to have a holiday. Another 12 persons were accommodated in Homes provided by voluntary organisations or other local authorities.

TABLE 6/1

	Total at 31.12.68		Admitted During Year		Discharged During Year		Total at 31.12.69		Average Daily Occupancy
	M.	F.	M.	F.	M.	F.	M.	F.	
Barn Close	14	37	11	39	11	38	14	38	52.00
Lime House	10	26	7	17	5	18	12	25	34.86
Aglionby Grange	8	15	4	20	5	16	7	19	24.66
Elizabeth Welsh House	22	24	19	25	20	23	21	26	44.70

Grouped Flatlets for Old People

When in 1948 I prepared proposals under the National Assistance Act for your consideration, I suggested the purchase of adjacent terrace houses which would be divided into flatlets allowing the central house to remain to accommodate a Warden, a sick bay and have communal accommodation. You agreed the proposal but it was rejected by the then Ministry. Fashions change and an Authority which does not provide grouped flatlets is now considered to be failing to meet the needs of some of its citizens.

The grouped flatlets at Morton Court, 22 in number, opened in January, 1967 are popular. They provide independence for tenants, with a small degree of oversight by the Warden. During the year 3 flatlets became vacant and were let to applicants on the waiting list. It is unfortunate that a lift is not provided as not infrequently an applicant mises his/her normal turn for a flatlet because of inability to climb stairs. All applicants are vetted in the first instance by Health Visitors and those likely to be suitable are visited by the Medical Officer of Health or his Deputy before a recommendation is made to the Housing Manager. The visitors' room which can have a telephone extension has proved popular for those with families travelling a distance to visit and is used by the lady who deputises for the Warden on her nights off and during holidays.

A new set of grouped flatlets to be built adjacent to St. Elizabeth's Church, Harraby, are now at drawing board stage but I regret to say that the Ministry of Housing and Local Government cost yardstick will not permit of the installation of a lift—this is a regrettable feature.

AGED AND HANDICAPPED PERSONS' VISITATION

The Housing Management Committee employ part-time visitors who call on people in aged persons' dwellings weekly. You were some years ago concerned about lonely and housebound people in Council houses and other property who had no visitation. In 1965 you authorised the employment of two ladies who worked under the direction of the Superintendent Health Visitor and visited lonely housebound people. The scheme, which was similar to one already started in Newcastle on Tyne, was a success and the number of visitors was increased to four in the following year. These visitors continued their work during the year. They do not, however, replace Health Visitors or Social Workers where skilled visiting is necessary, nor do they undertake the work of Home Helps or visit those in Aged Persons' Dwellings as such people have regular calls by visitors in the employ of the Housing Department.

TEMPORARY ACCOMMODATION

For a number of years temporary accommodation for homeless families has been provided in flats which were formerly married quarters for soldiers serving at the Castle. While the outward appearance of the building is not prepossessing, each family has a unit consisting of a living room, one or two bedrooms, toilet and kitchenette accommodation and they have a key to their outside door. In times of pressure on accommodation two families consisting of women and children only have had to share a larger flat. During 1969 we had the use of two fit houses in Court Street which the Council had purchased under a Compulsory Purchase Order made in pursuance of the slum clearance programme. These will shortly be demolished and the Castle flatlets will in the near future also have to be demolished in connection with road improvements. The quest for suitable alternative accommodation has been most difficult and at the end of the year none had been found.

During the year 11 families were admitted to the flats in the former Married Quarters at the Castle; 6 families being in occupancy at the end of the year. 3 unaccompanied women were accommodated for short periods in Aglionby Grange. Table 6/2 shows the admissions to and discharges from the flats at the Married Quarters and the number remaining in occupancy at the end of the year. Between 1962 when the Castle Flats were acquired and 1969, 75 families were accommodated therein. 26 of these came from outside the City and their previous history could not be checked. Of the 49 City cases 9 (18.4%) had previously had the tenancy of a Council or other house and been evicted by Court Order. 2 (4%) had voluntarily relinquished tenancy of a house, 10 (20.4%) had been put out of a family home while the remaining 28 (57.2%) had been put out of or had to leave lodgings.

TABLE 6/2

	Number of Families	Men	Women	Children
In occupancy at 31.12.68 ...	6	3	6	14
Admitted during year ...	11	5	11	23
Discharged during year ...	11	4	11	25
In occupancy at 31.12.69 ...	6	4	6	12

These flats meet a need. They have prevented the break-up of certain families and have been an aid to rehabilitation of othr families. Their very existence, however, has on occasions resulted in certain persons not using their best endeavours to secure normal housing accommodation for their families but the staff are alive to this situation.

The Housing Management Committee regards residents in temporary accommodation as lodger applicants and a fair number of former residents in this accommodation are now Council house tenants. There is however a misconception of the function of temporary accommodation in the minds of certain people and the department is sometimes asked by social workers to book temporary accommodation in advance for some family asked to leave their lodgings. This is never done; such a family is referred to the Housing Department and urged and helped to get other lodgings. Only if actually homeless are they admitted to temporary accommodation.

WELFARE OF THE BLIND

The Cumberland Westmorland and Carlisle Home and Workshops for the Blind formerly acted as your agent for welfare and sheltered employment for the blind. It employed one Teacher of the Blind exclusively on Carlisle cases, her salary being met by the City Council. Owing to trading and financial difficulties the workshops were taken over by the City and Cumberland County Council and are now run by a joint sub-committee. Social work for the blind is undertaken in the City by the Social Worker for the Blind who is a member of the Social Work Section of the department.

Ascertainment

During the year 22 cases were brought to my notice who might be suffering from blindness; all were referred to a Consultant Ophthalmologist and 13 were subsequently classified as blind and 8 as partially sighted. One was not classified. In addition 7 registered partially sighted persons were re-examined and all were re-classified blind. Where treatment was recommended by the Consultant the cases were followed up to ensure that this was received. Table 6/3 shows the causes of blindness and the recommendations made by the Consultant.

The general practitioner is notified when his patient is being examined by an Ophthalmologist for the purpose of blind registration and given a copy of Form B.D.8 after the examination.

TABLE 6/3

Number of cases registered during the year in respect of which Section D of Form B.D.8. recommends	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
1 (a) No treatment	—	—	—	9
(b) Treatment (Medical, surgical or optical)	5	3	—	4
2 Number of cases at (1) (b) above which on follow-up action have received treatment.	3	3	—	1

Social Rehabilitation

The social rehabilitation of anyone who becomes blind in adult life is very important and a course on this subject in centres run by the Royal National Institute for the Blind is offered to newly blind persons. In recent years however many of those being registered blind are elderly and not anxious or suitable to be sent on a course. There was no newly registered blind or partially sighted person suitable for such a course in 1969.

Ophthalmia Neonatorum

No case of this disease was notified.

Register of Blind and Partially Sighted

At the end of the year there were 115 registered blind persons and 41 partially sighted persons residing within the City. Table 6/4 shows the numbers on both registers at the beginning of the year, those removed therefrom by death, change of residence, etc., those added by ascertainment and immigration and the numbers on the registers at the end of the year.

TBLE 6/4

	Blind		Partially Sighted	
	M.	F.	M.	F.
On register at 31st December, 1968 ...	35	73	16	25
Removed from the register during the year	4	12	4	6
Admitted to the register during the year	9	14	3	7
On register at 31st December, 1969 ...	40	75	15	26

The distribution of cases on the register at 31st December, 1969 by age and sex is shown in Table 6/5 and the occupancy of those aged 16 years and over is shown in Table 6/6.

TABLE 6/5

Age Group	Blind		Partially Sighted	
	M.	F.	M.	F.
0— 4	—	—	—	—
5—10	—	1	1	1
11—15	1	—	1	1
16—20	—	—	—	1
21—29	1	—	2	—
30—39	5	4	—	2
40—49	3	4	3	—
50—59	5	9	2	3
60—64	3	6	1	—
65—69	5	8	—	3
70—79	8	23	3	7
80—84	5	11	—	3
85—89	4	5	2	4
90 and over	—	4	—	1
	40	75	15	26

TABLE 6/6

16 years and upwards		M.	F.
Employed—In Workshops for the Blind		3	2
Elsewhere		2	—
Not Employed—Not available for work 16—59 ...		1	13
Not available for work 60—64 ...		—	5
Not capable of work 16—59 ...		5	2
Not capable of work 60—64 ...		1	1
Not working 65 and over ...		22	51
Already trained for sheltered employment		2	—
Available for work in open industry		1	—
Already trained for open employment		1	—
Available for sheltered employment subject to being trained		1	—
		39	74

Sheltered Employment

The operation of the Carlisle Workshops is the responsibility of a Joint Sub-Committee consisting of 6 members of Cumberland County Council and 4 members of Carlisle City Council. The County Clerk and County Medical Officer are Clerk and Executive Officer while the City Treasurer is Financial Officer to the Joint Sub-Committee. The City Architect carries out maintenance work for the buildings on behalf of the Joint Sub-Committee.

Table 6/7 shows the number of City Blind and Partially-sighted persons in the Petteril Bank Workshops at 31st December, 1969.

TABLE 6/7

	Blind				Partially Sighted			
	Employed		Undergoing Training		Employed		Undergoing Training	
	M.	F.	M.	F.	M.	F.	M.	F.
Basket Making	1	—	—	—	—	—	—	—
Brush Makers	1	—	—	—	—	—	—	—
Mattress Makers	1	2	—	—	—	—	—	—

WELFARE OF THE DEAF

As can be seen in the report on the School Health Service and earlier in this report, a great interest is taken in the ascertainment and alleviation of deafness in children. In spite of this there will always remain many profoundly deaf people for whom special facilities will be required. Deaf people have an excellent employment record and once adequately placed do not raise problems comparable to those encountered among the blind. Nevertheless they have a great handicap to overcome and it is necessary to provide special facilities for them. In this respect the Carlisle Diocesan Association for the Deaf has acted as the City's agent for many years and a member of the Council serves on the Committee of the Association. The Association has central premises in Compton Street, Carlisle, where the deaf can meet for social functions. Religious services are held in the Chapel of thoese premises. The Missioner of the Association is available to help deaf people with social problems and interpret for them when this is necessary.

There were 63 registered deaf persons in the City at 31st December, 1969, and in Table 6/8 is set forth their distribution by age and sex.

TABLE 6/8

	Without Speech		With Speech	
	M.	F.	M.	F.
Children under 16 years	2	—	1	—
Persons aged 16—64 years	18	13	3	9
Persons aged 65 years and over ...	8	6	—	3

OTHER HANDICAPPED PERSONS

While schemes for the Blind and Deaf were mandatory under the National Assistance Act, 1948, help for other classes of handicapped persons was not compulsory. The City Council however in 1954 put proposals to the Ministry for a scheme to help these people. Under this the Local Authority was required to help in certain matters and others were at its discretion. There is registration of handicapped persons but they are not obliged to register with the Local Authority. It is therefore not surprising that most register only if they wish the Local Authority to help them and the number on our register is always less than the total of handicapped people.

Under the scheme handicapped persons have been assisted with adaptations to their homes and in many other ways. At the end of the year there were 171 persons registered under the Council's scheme for other handicapped persons.

Tabl 6/9 shows the number on the register at 31st December, 1969, by age and sex.

TABLE 6/9

	M	F
Children under 16 years	1	2
Persons aged 16—64 years	78	71
Persons aged 65 and over	10	9

Of the persons registered—
12 are suffering from cerebral palsy
14 are epileptics
7 are victims of poliomyelitis and
16 are suffering from multiple sclerosis.

For 11 years the Council has sponsored the Handicapped Persons' Club which meets each Thursday in Charlotte Street Congregational Church School Room. This club provides social contacts for the severely handicapped and particularly the housebound who are transported by the Ambulance Service and private contractors. It is gratifying to note that by their own efforts these people have raised funds which cover many of their activities such as outings.

Financial assistance was given to 10 handicapped persons for adaptations to their homes. The arrangement continued for occupational therapy to be provided by the Cumberland Infirmary on an agency basis in handicraft classes and in Part III Accommodation.

Sheltered Employment and Training

In 1955 I persuaded the Workshops for the Blind to accept a sighted disabled person for sheltered employment. After many formalities, including getting the blessing of the then Ministry of Labour, we were given a quota for sighted persons who could be admitted from the City and County. The practice of admitting other handicapped persons to the workshops has grown since then and psychiatric patients are now admitted. During 1969 the number of other handicapped persons employed or in training at the workshops for the blind and who lived in Carlisle was as follows:—

(a) Employment.

Three sighted physically handicapped males were employed in the Cumberland and Carlisle Workshops for the Blind. Two were employed throughout the year and the other from November, 1969, on completion of his training. All are employed in the bedding department.

(b) Training.

Five trainees were admitted to the Workshops during the year, namely:—

1 Physically handicapped female who left during the year.
2 Mentally handicapped females who left during the year.
2 Mentally handicapped males, one of whom is continuing his training.

The other left during the year.

Epileptics

The public attitude to epileptics is gradually improving and at the time of writing it is possible under certain conditions for patients free of fits for three years to obtain driving licences. Your Medical Officer of Health acts as medical referee for the Motor Taxation Department of the Corporation. This causes a small amount of additional administrative work in the department but will be well worth while and will be a step towards removing an unjust stigma which has deprived certain epileptics of employment in open industry and the professions. During the year I arranged with Epilepsy Information Unit of the British Epilepsy Association for a course to be held for Local Authority and hospital staffs medical, nursing and social workers in the Technical College in June, 1970.

At the end of 1969 there were 14 epileptics on the register of handicapped persons and two of these attended the weekly club for the handicapped. One young man attended the Training Centre for Subnormals and another 2 young men were employed as sighted disabled in the Workshops for the Blind.

Spastics

12 adults were registered with the Local Authority under the Scheme for Other Handicapped Persons and one of these received occupational therapy during the year. One of the registered adults, a lady, is employed in open industry, while another lady is employed in a sheltered workshop run by the Spastics Society. Three young adults are resident in Scalesceugh Home, an establishment administered by the Cumberland, Westmorland and Furness Spastics Society.

The City Council allows free use of the Public Baths on Friday and Saturday evenings to the British Polio Fellowship, and this body welcomes all handicapped persons, including spastics, to its sessions.

REGISTRATION OF HOMES

There are 3 Homes for the aged registered under Section 37 of the National Assistance Act, 1948, whose main function is the reception of the aged. These Homes were regularly visited during the year. One of these Homes, St. Joseph's run by the Little Sisters of the Poor, accommodates 90 aged persons. The building is substantial though the residents are accommodated in dormitories rather than in rooms. From time to time enquiries are received from people contemplating opening old people's homes and they are supplied with the conditions governing registration. Few, if any, proceed when they realise the standards necessary to comply with the regulations.

ACTION UNDER SECTION 48

Temporary Protection of Moveable Property

When any person is removed to hospital or a Part III Home and there is no-one to care for his belongings the Local Authority has a duty to take protective custody of them on behalf of the patient. You have authorised the Administrative Assistant (Welfare Services) and another officer to exercise this function on your behalf and also act as Official Receiver under the Mental Health Act, 1959. Fortunately, action of this kind does not have to be undertaken frequently and during 1969 was necessary in only one instance, while no action was necessary in 1968.

ACTION UNDER SECTION 50

Burial or Cremation of the Dead

The City Council arranged for the burial of the bodies of four persons who had died and in respect of whom no suitable arrangements for the disposal of the body 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 their work.

The Carlisle Old People's Welfare Council

The City Council has again been represented on the Executive Committee of this body. The total number of clubs which this body sponsors is 27 with a membership in the region of 2,500. 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 Churches

The Social Service Committee of the above Council, of which your Medical Officer of Health is a member, undertook in association with the Carlisle Old People's Welfare Council and the Women's Royal Voluntary Service a survey of elderly people living alone in the City. The inter-denominational response to this work was very heartening. You gave authority for the Health and Welfare Department staff to undertake secretarial work and the Council of Churches bore the cost of printing, etc. The Committee is now engaged in ensuring that old and handicapped people living alone who so desire have someone to keep an eye on them and report if assistance is required. The Council of Churches has at the request of some old people had luminous "HELP" cards printed and these are available to any person through Churches, the Carlisle Old People's Welfare Council, and at the Civic Centre.

The Carlisle Council of Social Service

The Corporation continued its grant to and representation on the Executive Committee of this Council. The Citizens' Advice Bureau provided by this Council and located in the Old Town Hall dealt with 3,350 enquiries during the year. Close liaison is maintained between the Secretary of the association, who is also Secretary of the Carlisle Old People's Welfare Council, and officers of the department.

The W.R.V.S. (Carlisle County Borough Branch)

The W.R.V.S. carries out much voluntary work for the citizens. From the Council's point of view their work in connection with "Meals on Wheels" and the Old People's Dining Club is most important, though one must not forget the valuable assistance given at clinics, etc. Over the years the W.R.V.S. has proved to be one of the most active voluntary agencies in the City.

British Polio 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. The bath sessions are very well attended.

Section 7

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

E. Boaden, A.M.I.P.H. (Eng.)

The end of 1969 terminated a decade during which, so far as local affairs are concerned, plans have been formulated and policies decided the fulfilment of which is likely to have a considerable influence on the Carlisle of the future.

Administratively we are to be presented at a fairly early date with an entirely new local government structure although, for the man in the street, its effects are not likely to be felt for some little time to come. Physically, however, by the end of the next ten years the City will present a very different picture from the Carlisle we know to-day.

With a central development scheme in prospect and a road pattern clearly outlined the visual impact in the forthcoming years should be quite striking. When you add to this some fairly important impending private development there may well be induced for a time a sort of "general post" both commercially and residentially until equilibrium is restored.

Now that these major projects have been fairly clearly established and the extent of likely commercial expansion determined the opportunity is open to proceed with some perhaps less spectacular but nevertheless important contributions to the general welfare. Individual and area housing improvements, for example, can now be promoted on the fair assumption that the selected areas will suffer little further interference and are likely to remain predominantly residential in character. Area improvement in my view, however, in many instances should be considered only as the deferment of a much more drastic decision which will have to be taken at a subsequent date. Except where the general character, age and condition of the houses in the area obviously warrant preservation area improvement should be considered only as a short or medium-term holding measure with urban renewal as the ultimate longterm solution, for unless there is the acceptance of the concept of phased urban renewal over say the next thirty or so years there must inevitably be a build-up of ageing obsolete houses which at some point in time will have accumulated to an extent which will present a most formidable problem to the City.

In much the same way has it only now become prudent to plan, with that same assurance, a programme of smoke control to extend progressively over the next twelve or so years, to cover the whole of the City.

The provision of new public toilet facilities has not kept pace with the City's expansion, consequently there are many areas totally unserved in this respect. Some time ago a suggested plan to overcome this deficiency was drawn up which in the light of the most recent assessment of future traffic flows, sites for major car parks and probable pedestrian movement with some amendment and shift of emphasis can now be pursued vigorously in the knowledge that the original selection of sites was well conceived.

While this local activity projects exciting possibilities for the future, the future also holds some disturbing factors with a much wider implication and it is only comparatively recently that these factors have begun to receive the study their seriousness merits.

We are all being made increasingly aware, through the media of mass communication, of the alarming degree of environmental deterioration that is rapidly approaching world-wide proportions. The population explosion and the fact that we are all slowly drifting more and more into urban communities can only tend to accelerate these adverse conditions. This has recently been most skilfully expressed by Professor Barry Comminer in an address to the Soil Association.

> "We are enveloped in a growing environmental crises because our technology is poorly suited to the biology of the natural world. There is now not enough air, water and soil on earth to absorb man's insults. In the present scheme of things narrow economic needs, high speed, cheap power, quick return on industrial and agricultural investment dictate the aim of technology—it is left to the others concerned with the survival of living things to cope with these hazards as best they can".

It seems we are getting out of step with nature or as Bellamy and Whitten in their paper to the R.S.H. Congress 1969 "Pollution and Ecological Balance" put it

> "if we regard the sum total of the ecosystem of the world —the biosphere—as a balanced living system, one part of that system is now out of balance. That is, the population of man. His numbers are increasing at a fantastic rate, a phenomenon which finds its analogy in the exponential growth of a colony of micro-organisms. The analogy can be taken further. Just as a disease producing organism makes inordinate demands on the resources of its host system and pours toxic waste, by-products of its metabolism into that system, so does man, his host system being the biosphere. Pollution and eutrophication are the symptoms of a disease of the biosphere, a disease which is called man".

I freely acknowledge the ability of these authors to express so clearly thoughts the fringe of which have at times occurred to me but which I could never hope to reproduce so succinctly.

I would not consider presage of this sort to be unnecessarily alarmist but rather the deep concern of knowledgeable men who care.

Expressed in simpler terms what it means is that unless we take a grip of ourselves and cease indiscriminately and prodigally pouring our wastes into the air, rivers and seas, unless we cease to misuse the land by crude refuse disposal or by condoning both industrial and domestic dereliction, unless we exercise restraint in the use of pesticides and fertilisers, unless we call a halt to the ever increasing cacophony of urban existence, until we curb vandalism and a growing disregard for the property and comfort of others life as we know it is going to become increasingly less pleasant.

This, of course, is a matter of world-wide concern which is being studied by no less an august body than the World Health Organisation. I anticipate that a great deal of future public health legislation will be directed at an arrestment and subsequently an improvement on what is rapidly becoming a serious international problem.

There seem to be little doubt but that in general food is now becoming more intelligently handled than at any previous time in our history. That is not to say, however, that all is well at all stages of the long line of communication between manufacturer and retail purchaser, and as usual whenever the human element is involved there are always those less knowledgeable and less responsible who will defeat the best intentioned legislation, the most comprehensive codes of practice and the most conscientious army of enforcement officers.

A depressing number of workers in the distributive trades give the impression of being unskilled or only semi-skilled and many who have some knowledge of the goods they are handling would appear to have acquired that knowledge only by the hard road of experience. Organised training in the main is neither sought after nor encouraged. This is irritating enough if one is seeking advice on the purchase of textiles or hardware but it becomes both sickening and alarming when it extends to the handling of something that may ultimately be put into ones mouth.

Health Inspectors play an active and positive role in educating food handlers not only as part-time lecturers at the Technical College but by direct person to person contact in the shop or restaurant. I would like to see much more done in this direction say to collective groups at central meeting places and to the staffs of catering establishments preferably in their own kitchens where discussions of the actual working methods could be conducted.

Temperature control of foodstuffs is something I also feel is only imperfectly understood by a great number of food handlers and legislation on this topic requires some overhauling. In this day and age when most people seem to have to do so much in such little time the need has arisen to prepare food well in advance of its consumption by the customer. It is under these circumstances in particular that rigid temperature control is most important. Below 50 or above 145 (degrees Fahrenheit that is) should be indelibly implanted in the minds of all restaurateurs. The lukewarm areas invite trouble. There is too much errant handling of cooked and raw meats in many of our butchers shops.

The abbatoir is also hygienically a place of the first importance. Apart altogether from the need to withdraw from circulation all meat unfit for human consumption, the manner in which it is handled at this root source often establishes the ultimate keeping quality of the carcases as there is very little that can subsequently be done that will do more than delay the by products of any contamination that may have been introduced. I would like to see an attitude of mind develop among all slaughterhouse staff whereby it is recognised that an animal is more likely to be on its way to the condemned room rather than the butchers' shop unless exceptional care is continuously exercised at all stages of its dressing and preparation.

A little more of this type of approach generally among food handlers would bring more positive results than the prevailing attitude which I regret to say appears current with many that all will be well unless they are discovered in the act of doing something unacceptable.

INSPECTION OF THE DISTRICT

Number and Nature of Inspections

During the year 1969 the following inspections were made by the Public Health Inspectors to the Premises detailed:—

PUBLIC HEALTH ACT, 1936		Visits
Visits to ALL PREMISES for purposes of:—		
Sec.		
23	Maintenance of Public Sewers	89
39	Provisions as to drainage, etc., of existing buildings	199
40	Provisions as to soilpipes and ventilation shafts	—
44	Sanitary accommodation insufficient or requiring reconstruction	—
45	Buildings having defective closets, capable of repair	26
56	Paving and drainage of yards and passages	15
58	Dangerous building	7
79	Mandatory removal of accummulations of noxious matter	22
80	Removal of manure, etc.	2
83	Cleansing of filthy or verminous premises	20
84	Cleansing or destruction of filthy or verminous articles	16
89	Sanitary conveniences at inns, etc., and places of public entertainment	36
92a	Premises in such condition as to be prejudicial to health or a nuisance	214
92b	Animals kept in such a manner as to be prejudicial to health or a nuisance	6
92c	Accumulation or deposits prejudicial to health or a nuisance	100
92d	Dust or effluvia caused by trade or businesses, etc.	64
107	Bye-laws—offensive trades	10
108	Fish Frying	6
138	Provision of water supplies	12
240	Bye-laws—Common Lodging Houses	10
259	Nuisances—Watercourses, etc.	64
268	,, Tents, vans, sheds, etc.	23
269	Regulating moveable dwellings	20

PUBLIC HEALTH ACT, 1961.		
Sec.		
17	Summary power to remedy choked drains	130
26	Emergency powers to deal with Defective Premises	—
29	Powers of Local Authority in relation to Demolitions	1
74	Nuisance from Pigeons	60
77	Hairdressing—Byelaws	3

INFECTIOUS DISEASE	
Investigating infectious disease	637
Investigating food poisoning	47
Specimens submitted for laboratory examination	303

CLEAN AIR ACT, 1956.	
Smoke abatement observations	152
Premises, furnaces, equipment, etc., visited	42
re Height of chimneys	16

FOOD AND DRUGS ACT, 1955, etc.	
Total visits re Food Hygiene Regulations	1191
Total visits re Milk and Dairies Regulations	180
Private Slaughterhouse and bacon factory	143
Sampling—For analysis	267
Visits as a result of food complaints	133
re Imported Food Regulations	6

MEAT AND FOOD INSPECTION

	At Shops, Warehouses, etc.	153
	At Slaughterhouses	66
	At Bacon Factory	186
	At Poultry Packing Station	46

HOUSING AND SLUM CLEARANCE

HOUSING ACT, 1957.

Sec.		
4	re Standard of fitness	359
9-10-16	,, Repair and reconstruction of unfit houses	46
17	,, Demolition and closure of unfit houses	43
18	,, Closing of parts of buildings	19
81	,, Entry of "Permitted No." in Rent Books	14
Part 3	,, Clearance and re-development areas	162
Part 4	,, Abatement of overcrowding	20
	,, General Survey	481

HOUSING ACTS, 1949-64

	re Improvement grants	38
	,, Area Improvement	117

HOUSING ACTS, 1961-64

	re Houses in multiple occupa tion	95

HOUSING FINANCIAL PROVISIONS ACT 1958 ... 2

LANDLORD AND TENANT ACT, 1962 ... —

RENT ACT, 1957

	re Certificate of Disrepair	2

CARAVAN SITES & CONTROL OF DEVELOPMENT ACT, 1960

	re Unauthorised siting of caravans	136

NOISE ABATEMENT ACT, 1961

	Observations and meter readings	136
	Investigation of Complaints of noise nuisance	324

LAND CHARGES ACT, 1925

	Inspections reSearch Forms	55
	No. of Search Forms completed	1289

FACTORIES ACT, 1961.

Sec.		
7	Factories with mechanical power	80
1, 2, 3, 4, 6, 7	Factories without mechanical power	—
7	Other premises, sites of buildings and engineering works	58
113	re Outworkers	—

SHOPS ACT, 1950.

	re Hours, Sunday Trading, Young Persons, etc.	37

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963 ... 216

INITIAL INSPECTIONS ... 30

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

	Local Authority properties	24
	Dwelling Houses	26
	All other, including business premises	281
	Agricultural properties	4

INSECT PEST CONTROL	
Dwelling Houses	51
Other premises	81
CIVIC AMENITIES ACT 1967	
Abandoned Vehicles	51
OTHER THINGS	9
DRAINAGE INSPECTION AND VISITS.	
Drains opened out for inspection	199
Water, colour and other tests	20
Sewer Swabs and Surface Swabs	43
OTHER INSPECTIONS AND VISITS.	
Nonindustrial premises, offices, etc.	10
Schools	10
Public conveniences, etc.	50
Swimming baths and pools	76
Refuse Tips, Salvage Depots, etc.	29
re Fertilisers and Feeding Stuffs Act, 1926	12
,, Pharmacy and Poisons Act, 1933	5
,, Rag Flock and Other Filling Materials Act, 1951	1
,, Pet Animals Act, 1951	5
,, Agriculture (Safety, Health & Welfare Provisions) Act, 1956	32
Miscellaneous	354
Interviews	453
Telephone Enquiries Dealt with	914
Agricultural Show Ground	6
Long Stay Immigrants	5
Consumer Protection Act, 1967	3
Liquid Egg Pasteurisation	18
Health Education	8

List of Contraventions and Works Executed

PUBLIC HEALTH ACT, 1936. Sec.		Defects Found	Abated
23	Maintenance and cleansing of certain public sewers	1	1
24	Recovery of cost of maintaining sewers	1	1
29	Treatment of Sewage	1	—
37	Drainage of New Buildings	2	1
39	Drainage etc., of existing buildings	32	23
44	Buildings having insufficient closet accommodation or closets so defective as to require reconstruction	10	10
45	Buildings having defective closets, capable of repair	9	7
50	Overflowing and Leaking Cesspools	—	1
56	Paving and drainage of yards and passages ...	2	2
83	Cleansing of Filthy or Verminous Premises ...	4	4
92a	Premises in such a state as to be prejudicial to health or a nuisance	31	24
92b	Animals kept in such a place or manner as to be prejudicial to health or a nuisance	2	1
92c	Accumulation or deposits prejudicial to health or a nuisance	13	13
92d	Dust or effluvia prejudicial to health or a nuisance ...	3	1
259	Nuisances in connection with watercourses, ditches, ponds, etc.	—	1
260	Power to deal with Ponds, etc. prejudicial to Health	1	—
268	Regulation of tents, vans and sheds	1	1
	TOTAL ...	113	91

MARKET STALLS AND DELIVERY VEHICLES REGULATIONS, 1966		29	—
CIVIC AMENITIES ACT, 1967		2	1
PUBLIC HEALTH ACT, 1961. Sec.			
17	Summary power to remedy stopped-up drains ...	13	11
27	Ruinous and Dilapidated Buildings and neglected sites	1	—
34	Accumulation of Rubbish	2	2
	TOTAL ...	16	13

FACTORIES ACT, 1961.

Sec.		Defects Found	Abated
7	Sanitary Accommodation :		
	Insufficient provided	7	1
	Maintenance	4	3
	Cleanliness	6	4
	Adequate lighting	5	3
127	Power to cause contravention to be remedied ...	2	2
	TOTAL ...	24	13

CLEAN AIR ACT, 1956		Defects Found	Abated
Sec.			
1	Emission of dark smoke from chimneys	5	3
5	Grit and dust	—	—
16	Smoke nuisances	1	1

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Sec.			
4	Notice requiring execution of works	42	36

NOISE ABATEMENT ACT, 1960	8	1
CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960	15	15
HOUSING ACTS, 1961-64 Houses in Multiple Occupation	8	—
LANDLORD AND TENANT ACT, 1962	4	—
SAUSAGE AND OTHER MEAT PRODUCT REGULATIONS 1967	3	1

OFFICES, SHOPS AND RAILWAYS PREMISES ACT, 1963

Sec.		Defects Found	Abated
4	Cleanliness of premises, furniture and fittings ...	1	—
5	Overcrowding of premises or rooms	—	—
6	Maintenance of reasonable temperature	18	4
7	Provision of adequate ventilation	5	2
8	Provision of adequate lighting	—	—
9	Provision of sufficient sanitary conveniences ...	15	4
10	Provision of washing facilities	4	1
12	Provision of accommodation for clothing	1	—
14	Provision of suitable seats for sedentary work ...	1	—
15	Provision of facilities for taking meals	1	—
16	Maintenance and safety of floors, passages and stairs	—	—
17	Fencing of exposed parts of machinery	6	2
24	Provision of First Aid facilities	15	1
49	Notification of employment of persons	3	—
50	Information to be provided for employees ...	20	3
	TOTAL ...	90	17

Table 7/1 shows the Registrations and General Inspections during the year ended 31st December, 1969.

TABLE 7/1

Class of Premises (1)	Numbers of premises newly registered during the year (2)	Total number of registered premises at end of year (3)	Number of registered premises receiving one or more Inspection during the year (4)
Offices	18	333	16
Retail Shops	15	599	19
Wholesale shops, warehouses	5	75	4
Catering establishments open to the public, canteents	2	31	—
Fuel storage depots	1	4	1
Total	41	1042	40

Number of visits of all kinds by Inspectors to registered premises ... 216

Table 7/2 is the Analysis of Persons employed in registered premises by workplace:—

TABLE 7/2

Class of Workplace	Number of persons employed
Offices	3579
Retail Shops	3675
Wholesale departments, warehouses	780
Catering establishments open to the public	403
Canteens	39
Fuel storage depots	35
Total	8511
Total males ...	3819
Total females ...	4692

During the year there were no applications for exemptions under the Act and no prosecutions were undertaken.

Table 7/3 shows the number of Inspectors and other staff employed under the Act.

TABLE 7/3

No. of Inspectors appointed under Section 52(1) or (5) of the Act 2
Part-time

No. of other staff employed for most of their time in connection with the Act. ... ... Nil

Accidents.

28 accidents were reported in the period ending December 31st. All were of a minor nature and no fatalities or loss of limb were recorded. Many of these were due to foodhandlers cutting meat and meat products on stainless steel table tops. On a metal surface great care must be taken in handling sharp knives and it is definitely not a job for the young and inexperienced butcher or food handler. When small pieces of meat are being cut it is always best to use a wooden or composition board.

Most other reported accidents were people dropping articles on themselves or slipping on stairs or from steps while handling goods which were unwieldy.

TABLE 7/4

SUMMARY OF COMPLAINTS, CONTRAVENTIONS & NOTICES SERVED

	Complaints and Information Received	CONTRAVENTIONS		NOTICES		STAT. NOTICES	
		Found	Abated	Served	Abated	Served	Abated
Public Health Acts	255	126	100	122	88	8	7
Food and Drugs Unsound Food ...	84	—	—	—	—	—	—
Food and Drugs Acts	72	133	124	73	44	—	—
Shops Acts	4	—	—	—	—	—	—
Factories cts	3	24	13	20	9	—	—
Housing Acts	75	8	—	2	—	—	—
Rodent Control and Infectation ...	475	42	36	9	10	—	—
Clean Air Act	7	6	4	3	3	—	—
Milk and Dairies (General) Regs. ...	1	—	—	—	—	—	—
Rent Act	—	—	—	—	—	—	—
Noise Abatement Act	12	8	1	1	—	—	—
Caravan Sites and Control of Development Act	12	15	15	5	5	—	—
Offices, Shops & Railway Premises Act	5	91	18	32	7	—	—
Merchandise Marks Act	—	—	—	—	—	—	—
Landlord and Tenant Act	—	4	—	—	—	—	—

HOUSING SLUM CLEARANCE

Representations were made in respect of 4 dwellings, one being an individually unfit terrace house, another related to a basement room and two attic rooms of a larger terrace house, and two being self-contained flats over shop premises. All were subsequently made the subject of closing orders.

The following tables Nos. 7/5 and 7/6 indicate the progress of action to secure the clearance of houses in or adjoining clearance areas and the demolition, closure or making fit of unfit houses elsewhere.

TABLE 7/5

Clearance Areas

Description of Areas	Action during the year
The Carlisle (South John Street Odd Nos.) Clearance Area, 1962 and the Carlisle (South John Street Even Nos.) Clearance Area 1962, incorporated in the Carlisle Housing (No. 1) Compulsory Purchase Order, 1963. Comprising 11 occupied and 8 unoccupied houses.	All the houses were demolished and the sites cleared.
The Carlisle (Water Street) Clearance Area 1963, incorporated in the Carlisle (No. 1) (Water Street) Compulsory Purchase Order 1964. Comprising 8 occupied and 5 unoccupied houses and two shops.	The purchase of one occupied and one unoccupied house in the same ownership has not been completed. The remainder of the property was demolished and the site cleared.
The Carlisle (St. Nicholas Nos. 1, 2, 3, 4 and 5) Clearance Areas 1966, incorporated in the Carlisle (St. Nicholas) Compulsory Purchase Order 1967. Comprising 120 unfit houses together with 33 houses, a workshop and two business premises to be acquired under Section 43(2) Housing Act 1957.	61 families comprising 140 persons were displaced; at the end of the year 47 families comprising 113 persons remained in the area.

TABLE 7/6

Summary of Action taken under the Housing Act, 1957

HOUSES IN CLEARANCE AREAS

Represented during the year	
Number of areas	Nil
Houses unfit for human habitation	Nil
Houses included by reason of bad arrangement, etc.	Nil
Houses on land acquired under Section 43(2)	Nil
Numbers to be displaced:—	
(a) persons	Nil
(b) families	Nil
Action taken during the year	
Houses demolished by the local authority or owners	
(a) Unfit for human habitation	30
(b) Included by reason of bad arrangement	Nil
(c) On land acquired under Section 43(2)	Nil
Numbers displaced	
(a) Persons	140
(b) Families	61

UNFIT HOUSES ELSEWHERE

Represented during the year	
Number of houses	4
Orders made in respect of houses as follows:—	
Undertakings accepted	Nil
Closing Orders—Section 17	1
Demolition Orders	Nil
Closing Orders—Section 18	5
Local Authority owned houses certified unfit by the Medical Officer of Health	Nil
Houses closed or demolished	
Number of houses closed	3
Parts of buildings closed—Section 18	4
Houses demolished following demolition orders	3
Houses demolished where previously closed	Nil
Local Authority houses demolished (certified unfit by M.O.H.)	Nil
Total demolished	3
Unfit houses made fit	
Where closing orders determined	1
In accordance with undertakings	Nil
Numbers displaced	
(a) persons	14
(b families	5

PROGRAMME PROPOSALS

The Housing Act, 1957, required each local authority to cause an inspection of their district to be made from time to time with a view to ascertaining whether any house therein was unfit for human habitation.

For this purpose there has been maintained within the Department a list of unfit houses scheduled to be represented for action according to whether they were in groups or largely as individually unfit houses, also as to the desirability of securing demolition and clearance or alternatively closure and the encouragement of reconditioning and modernisation.

Legislation also makes provision for the payment of grants to owners, an increasing number being also occupiers, for works of conversion and improvement and the installation of modern amenities. Generally speaking, the more comprehensive improvement grants were and remain payable at the discretion of the Council, whereas standard grants towards the provision of standard amenities, introduced at a later stage, must be approved where a dwelling after improvement is likely to remain fit for human habitation and available for use for a period of not less than 15 years.

I have previously reported that within the older residential areas of the City the number of unfit or near unfit houses is greater than was originally estimated. Also that these unfit houses are frequently to be found intermingled with small houses unsuitable for or incapable of satisfactory improvement, other houses improved with grand aid, houses which have been reconditioned and reoccupied, closed houses or small cleared sites, and houses capable of improvement which for financial and other reasons are deteriorating and likely to become unfit.

Concern has been expressed that future piecemeal action would result in further deterioration of these older residential areas and hinder or delay their treatment in a satisfactory and comprehensive manner. General agreement has been reached among the relevant Committees that further consideration be given to such areas, commencing with the area in the neighbourhood of Cumberland Street, on matters relating to the general environment, traffic arrangements, housing development and finance in addition to public health and slum clearance. These older areas are frequently referred to at "twilight" areas or zones, a term which applies equally to the many terraces of smaller houses, some erected about 100 years ago, about which the Department has only a restricted knowledge. Modern amenities are being installed in these houses at a fairly steady rate, generally with the aid of

standard grant, but many without grant aid or the approval of plans under building regulations and frequently without achieving a satisfactory standard of repair and the remedying of inherent structural deficiencies.

It is necessary that a comprehensive review of these older terraces be undertaken in like manner to the congested blocks previously reported upon, particularly those terraces which lack or have only restricted secondary access and gardens or other open space around. The need for this review and the formulation of an officially declared policy or programme for dealing with older houses has been accentuated by the new provisions of the Housing Act, 1969. Local authorities are now required to cause an inspection of their district to be made from time to time with a view to determining what action to take in the performance of their functions under various parts of the Housing Acts. These, briefly, relate to provisions for securing the repair, maintenance and sanitary condition of houses, including the making of demolition and closing orders; provisions relating to clearance areas, the control of houses in multiple occupation and regarding general improvement areas.

Forward planning can be applied not only to those areas which might with advantage be cleared for redevelopment within the relatively near future but also to areas with a longer life ahead. Efficient assessment is necessary to enable decisions to be made as to which properties shall be included in general improvement areas with a life of at least 30 years ahead, which shall be programmed for relatively early clearance, and which shall be retained for somewhat longer periods before clearance, standard grants being available for the installation of modern amenities where that period is at least 15 years.

The total number of houses which because of size, age, situation, congestion, structural deficiencies or other considerations might be considered to be unsuitable for long term retention may be such that even with a clearance rate of 100 per year the problem of clearance and redevelopment could persist into the next century.

In co-operation with the City Engineer and Planning Officer it is planned to carry out a comprehensive housing survey on both public health and planning grounds in order that the requirements of the Social Services Committee regarding future programmes of clearance, repair and improvement of houses might be correlated to the requirements of the Town Planning and other Committees. This survey should do much to ensure that planned clearance and redevelopment will be complementary to the improvement of those houses and areas deemed worthy of long term retention.

During the year the survey of the district was pursued so far as the restricted manpower would permit but the resources of the Section must be increased if the momentum maintained by the planning section is to be equalled. Particular attention was paid to an area of approximately 240 houses lying between Shaddongate and Wigton Road which was being investigated as a possible general improvement area.

REPAIR AND IMPROVEMENT OF HOUSES

The Housing Act, 1960, introduced a new concept of improving older residential areas by empowering local authorities to declare General Improvement Areas. Such areas, which must not include any property proposed to be dealt with under the provisions relating to Clearance Areas, may be declared by a local authority after considering a report or other information that living conditions in the area ought to be improved by the improvement of the amenities of the area or of dwellings therein or of both and that such an improvement can be affected or assisted by the exercise of their powers under the Act.

Great care must be exercised in selecting such areas, particularly in the declaration of a pilot area. The provisions should be used to ensure, so far as is possible, that the dwellings within the area will be raised to present day requirements for reasonable living, with adequate space both inside and outside and set in a neighbourhood so altered and landscaped as to be in keeping with modern concepts of suitable environment. Such dwellings should be provided with at least the standard amenities and have any deficiencies of structure or repair made good in order that they shall have a life ahead of at least 30 years.

Any scheme must be financially viable and attractive to owner, tenants or owner occupiers alike and there must be sound grounds for believing that it will achieve a neighbourhood in which people will want to live and be prepared to purchase and maintain what must continue to be desirable residences.

An attempt to impose area improvement upon houses crowded around common yards, or terraces of small houses erected cheaply for speculation letting some 80 to 100 years ago and set in narrow streets with little or none of the space necessary for reasonable living conditions, will achieve no more than the installation of the standard amenities and serve only to delay for an indefinite period their desired clearance and re-development.

Care must be taken to ensure, so far as is possible, that public and private resources are not wasted on property and areas fit only to be scheduled for clearance as and when their

condition and absence of public demand brings them within the scope of the slum clearance provisions of the Housing Acts. Rising prices and expenditure of resources on third rate property, when coupled with ever increasing owner occupation, must constantly increase the eventual cost of compensation and purchase for clearance and redevelopment.

The improvement of houses and the living conditions of their occupants must always be the primary consideration. Environmental improvement, however desirable, is of secondary importance and should only be entertained with the greatest circumspection where the future life of the houses is in any doubt.

IMPROVEMENT OF HOUSES WITH GRANT AID

Applications for grant aid towards the cost of improving houses and installing modern amenities are dealt with by the City Engineer and Planning Officer to whom I am indebted for the information contained in Table 7/7. There is regular consultation with this Department in relation to the fitness of houses and their anticipated future life, in the scrutiny of plans and proposals and the standard of works of repair and to make good any sanitary defects and structural deficiencies. Advise and information is afforded to owner occupiers, architects, contractors, etc. concerned with or interested in the improvement of houses.

TABLE 7/7

DISCRETIONARY GRGANTS

Number of applications received	23
Number of applications approved	4
Number of dwellings improved	1

STANDARD GRANTS

Number of applications received	60
Number of applications approved:—	
To full standard	25
To higher standard	45
To reduced standard	Nil
Number of dwelling improved:—	
To full standard	13
To higher standard	30
To reduced standard	Nil
Number of amenities provided:—	
Fixed bath or showers	43
Wash hand basins	39
Hot water supply at 3 points	38
Hot water supply for 2 points	5
Water closets	42
Food storage facilities	35

HOUSING ACTS, 1957-69

Houses in Multiple Occupation

After a number of unsuccessful attempts informally to persuade the local owner of a house in multiple occupation in the Stanwix area to improve conditions and carry out repairs to the property, it was found necessary to place a Management Order on the house under section 12 of the Housing Act, 1961. The Council also authorised the service of notices on the owner to carry out substantial repairs, and to provide extra facilities in order to make the house suitable for multi-occupation. The management order and notices were served towards the end of the year and the time limit by which the work should be completed will not expire until the end of February, 1970.

Although Carlisle does not have the problem with multi-occupied houses compared with that found in many of our larger cities, nevertheless, there are over a hundred such properties in the City. high proportion of them have been found on initial inspection to be satisfactory, but a minority exist where conditions can deteriorate rapidly if a careful check were not made by regular visits from a Public Health Inspector. As a consequence of these inspections it was found necessary to serve informal notices on the owners of another 4 houses in multiple occupation. In one case the house has reverted to single family occupation for which it was really only suitable, and it has been confirmed that this action is also to be repeated in another case as soon as the sub-tenants find suitable alternative accommodation. Work in respect of the 2 outstanding notices is proceeding.

PUBLIC HEALTH ACT, 1936

Common Lodging Houses

Both Lowther House, operated by the Local Authority, and the privately operated Lindisfarne Hostel, were regularly inspected during the year and I am pleased to report the satisfactory maintenance of both establishments.

CARAVAN SITES

Two small sites at the Willow Holme Trading Estate are on lease from the City Council for use as winter quartering by a number of members of the Showmen's Guild of Great Britain who have been operating from Carlisle for many years.

These sites are divided into units, 15 on one site and 5 on the other, each providing accommodation for a living caravan and associated business storage vehicles, and were set up in 1965 to replace accommodation previously enjoyed at the Sands where annual and holiday fairs are held.

The sites are provided with mains water, sewerage and electricity, have adequate ablution, household washing and toilet facilities, refusal disposal arrangements and on inspection during the year were found to be satisfactorily maintained and managed.

During the year conditional planning permission was granted for the siting of a single domestic caravan on privately owned land within the City. The caravan was for the occupation of a person employed on an engineering site within the area, the construction of the Carlisle by-pass, and for a limited period expiring on the 31st December, 1970.

Steps were taken to ensure that the site, sanitary and other facilities were satisfactory but a site licence was not issued.

UNAUTHORISED SITING OF CARAVANS

During the year a small number of gipsies and travellers parked their caravans and associated towing vehicles for short stays on vacant land within the City. 14 caravans are recorded as having been occupied and 7 unoccupied while parked without permission on Council land at South John Street, Brewery Row and Brook Street. A further 2 occupied caravans were parked without permission on privately owned land at Lancaster Street. In most instances the stay was for one or two nights only, with little or no resultant nuisance. In others the stay was of longer duration, the highest recorded stay being of 11 days and the self-employed occupants, scrap dealers, road and roof repairers, etc. threatened to create more serious problems. There was no water supply, toilet or refuse collection facilities at any of the sites and frequent visits were necessary in order to minimise any nuisance. Many of the families occupying the caravans were found to have some connection with Carlisle, by winter residence or visiting relatives at times of sickness or bereavement, while others claimed that their stay had been necessary to obtain medical or hospital treatment for one of the family or to carry out essential repairs to a vehicle.

From time to time holiday touring caravans were observed parked overnight on vacant land or unattended car parks, or on controlled car parks contrary to car park regulations. Generally these caravans were moved away on the following day but occasionally some action was necessary to secure their removal.

Without making extensive almost daily tours of the district it was not possible to give a really accurate picture of this problem of unauthorised use of vacant land for short stays. However, as most of the possible sites are fairly central, caravans were likely to be spotted by staff during their normal tours of duty, and in many instances unauthorised parking or misuse of land was quickly reported to the Department by neighbouring householders and the Police.

Notwithstanding this loose supervision, shortly after the end of the year two caravans were found to have been parked and occupied for part of the year on enclosed land not licensed for the purpose. A third caravan was similarly parked on an out of the way site for a few weeks. In two instances the occupants had been in temporary employment in or near the City, while in the other the family of gipsies were unable to continue their travels because the motor vehicle driver had been banned from driving for a priod. Both sites subsequently ceased to be used for this purpose.

ATMOSPHERIC POLLUTION

In the Annual Report for 1968 I stated that the measurement of air pollution had been discontinued after a period of 3 years, primarily due to shortage of staff but also it was felt that sufficient data had been obtained on which to base a considered opinion on air pollution levels in the City. I also stated that it was hoped in due course to report to the Council more fully on the question. This in fact was done in October when I presented to the Social Services Committee and then the Council a report into the desirability and feasability of introducing a programme to secure cleaner air in the City. I am pleased to be able to say that the Committee and then the Council, were of the opinion that in the interest of public health the introduction of a policy of smoke control for the whole of the City, phased over a period of years be agreed in principle.

This is a most significant and laudable step for the Council to take and one which, in my opinion, will greatly benefit the community as a whole in future years. Obviously a smoke control programme must be phased over a number of years both for economic and administrative reasons, but now that the principle has been adopted I am hopeful that by the early 1980's Carlisle will be relatively smoke free. Inspectors in my department will during the next 12 months, carry out a survey of houses in the district which could form the first smoke control area, to establish the number of houses on which existing fuel burning appliances may need some form of adaptation in order to burn smokeless fuels. This should also enable the department to obtain more reliable estimates of the costs likely to be involved and to be able to report to the Council in more detail in this respect.

Regular smoke observations were maintained during the year and totalled 152. This resulted in the service of 8 informal notices for dark smoke emissions in excess of permitted periods, 6 from industrial premises and 2 as a result of burning of scrap waste. All notices were complied with within a short time of their service. 42 premises were visited in connection with the Clean Air Acts.

A total of 13 applications for the determination of chimney heights were received and approved under the Clean Air Acts, 1956-1968, and the Carlisle Corporation Act, 1887.

NOISE ABATEMENT

During the year an inspector from the department attended a three day course on Noise Abatement at Rutherford College of Technology, Newcastle upon Tyne. This course dealt with the subjects, properties of sound, noise control, sound insulation of buildings, the effects of noise on health, the law relating to noise and practical noise measurement techniques.

A course of this nature is very beneficial not only to the inspector who attends but also the department, as the inspector has a better understanding of the problem of noise associated with modern day living and of techniques which may help to reduce noise to more acceptable limits.

A total of 11 informal notices were served during the year, 4 of these related to the operation of road drills, compressors, etc. on roadworks without suitable steps being taken to reduce the noise by fitting mufflers to the drills, or by operating sound-proofed compressors. As I reported last year the law on this subject as it standards is very difficult to enforce. It will remain so until such time as it is amended to make the operation of contractors' plant in a built-up area a specific offence unless the best practicable means are employed to reduce the noise to a minimum. At the present time it is really only by persuasion from this department that the contractors employ such means. The co-operation of approximately 50 local contracting firms was sought when letters were sent out in which attention was drawn to the problems of noise on building sites, roadworks and demolition works and in which suggestions were made which, if followed, will reduce noise levels on such sites. Towards the end of the year I am sure that more and more firms were paying attention to the suggestions, although many still need to be converted and I have no doubt that my staff will need to continue in their endeavours to persuade the more recalcitrant contractors in 1970.

Informal notices were also served on two ice-cream manufacturers whose vehicles caused nuisance by the sounding of chimes outside the permitted hours of between 12 noon and 7 p.m. No further complaints were received after the serving of the notices.

The movement of vehicles at a local factory between the hours of 10.30 p.m. and 6 a.m. gave rise to complaints from residents of adjoining houses. When the attention of the firm

was drawn to the complaints they quickly made alternative arrangements regarding the movement of the vehicles during these hours and the nuisance was satisfactorily abated.

Thoughtless siting of exhaust fans and ducting at two separate old established factories, caused distress to some of the residents adjoining the factories, one of the factories being involved in two separate incidents within a matter of weeks of each other. As a result of observations by my staff followed by discussions with the management, effective silencing of the equipment was ultimately achieved at some cost to the firm involved. More thoughtful siting of equipment could probably have achieved the same object at much less expense.

At the second factory suitable baffling of the ducting quickly abated the nuisance.

The breakdown of a silencer on an industrial vacuum exhaust system for removing fine dust from looms, etc. at a local factory also gave rise to complaints similar to those before silencing of the system was introduced, as reported in last year's annual report. Unfortunately the manufacture and repair of the silencer is not undertaken locally and therefore it was some weeks before the silencer was refitted. In the meantime a small number of residents were subjected to the nuisance. It is hoped to be able to persuade the firm concerned to stock a spare silencer for such emergencies, but preferably to have the exhaust outlet re-sited in order to discharge away from the dwellings.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1961

PART 1 OF THE ACT

TABLE 7/8

1. Inspection for purposes of provisions as to health (including inspections made by Public Health Inspectors).

PREMISES	Number on Register	NUMBER OF Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be inforced by Local Authorities	13	—	—	—
(ii) Factories not included in (i) in which Sec. 7 is enforced by the Local Authority.	348	80	11	—
(iii) Other premises in which Section 7 is enforced by the Local Authority, (excluding out-workers premises).	10	58	4	—
TOTAL ...	371	138	15	—

2. Cases in which defects were found

PARTICULARS	Found	Remedied	Referred To H.M. Inspec.	by H.M. Inspec.	Number of cases in which prosecutions were instiltled
Want of Cleanliness (Sec. 1)	—	—	—	—	—
Overcrowding (Sec. 2)	—	—	—	—	—
Unreasonable Temp. (Sec. 3)	—	—	—	—	—
Inadequate Ventilation (Sec. 4)	—	—	—	—	—
Ineffective Drainage of floors (Sec. 6) ...	—	—	—	—	—
Sanitary Conveniences (a) Insufficient (Sec. 7)	7	1	—	—	—
(b) Unsuitable or defective	18	11	—	6	—
(c) Not separate for Sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	2	2	—	—	—
TOTAL ...	27	13	—	6	—

PART VIII OF THE ACT
FACTORIES ACT, 1961
OUTWORKERS

SECTION 133 SECTION 134

NATURE OF WORK	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to Council	No. of Prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
The making, etc. of Wearing Apparel	2	—	—	—	—	—

RODENT AND INSECT PEST CONTROL

Surface Treatment—Rodent Control

TABLE 7/9

Complaints or reports received and investigated

	Dwelling Houses	Business Premises	L.A. Premises	Agricultural Premises
Premises inspected for presence of rats or mice	193	138	24	—
Premises in which evidence of the presence of rats or mice found	183	140	23	—
Visits of Inspection and treatment of all types of premises	1299	—	—	—
No. of baits laid	2584	—	—	—

Sewer Treatment—Rodent Control

Only one full treatment of the sewers was carried out in the course of the year. This was caused by changes in staff and the use of the Rodent Operatives on other duties. It is unfortunate that this essential method of controlling the rat population in Carlisle should be subordinate to other demands on their time.

Surface Treatment—Rodent Control

During the year about 1224 premises were surveyed under the provisions of the Damage by Pests Act, 1949.

875 premises were found to be infested by rats or mice and disinfestation was carried out by the Department. 1432 visits were made. 402 complaints were investigated.

All major food premises were on contract to a servicing company and these were inspected from time to time to ensure that they were free from rodents. Block treatments and inspections were made by the Rodent Operatives to all central premises and by this means infestations were contained and cleared. Consideration was given to the Ministry of Ag. Fish and Food's suggestion that permanent baiting points throughout the City should be established as a means of keeping rodents under control. Experience showed that such points were not effective against mice. In fact mice caused considerably greater problems than rats and at several places the mice were so numerous that enough poisoned bait could not be laid without the risk of contaminating seed and other grain materials. Traps and other old techniques were used with good effect.

Regular, successful campaigns were undertaken against rats at refuse tips and the sewage works.

Pests Other Than Rodents

Several complaints were investigated concerning cockroaches in terrace houses. On inspection evidence of cockroach infestation was found in almost all of the row of houses. The cockroaches had become well established in the subfloor spaces of the houses and were moving freely at night causing alarm and consternation to occupiers. The owners of the houses agreed to open hatches in their living-room floors and a special insecticide powder was blown into the spaces below floors. As a result of this treatment there were no further complaints.

Ants were again troublesome. So numerous were complaints about these persistent creatures that the Department could not cope except in exceptional circumstances involving elderly and sick people. Advice on how to deal with antis is freely given by the Department and leaflets are available giving details of suitable insecticides.

Pigeons were again one of the chief causes for complaint, particularly from business premises in the centre of the City. At several of the roosting sites favoured by the pigeons rats were found to be present and appeared to be feeding on the pigeons and their eggs. Moreover, the pigeon droppings fouled gutters and drains and provided conditions suitable for the breeding of flies and blowflies which, in the Summer, invaded several shops. Unfortunately, in most cases it was difficult to catch the pigeons and the only method of dealing with complaints was to have gutters, pipes, ledges, yards, traps and drains cleared of droppings, all of which brought about temporary relief. A plastic gel was on trial to make roosting by pigeons so insecure that they would find new sites. The remedy, of course, is to reduce the pigeon population. People who look on pigeons as pets and persist in feeding them in built-up areas are either unaware of or disregard the trouble and nuisance they cause. These birds carry a number of diseases including dysentery and are often infested with lice, mites and fleas. Pigeon droppings have a high acid content which can damage masonry and other building materials, and cleaning buildings, gutters and drains is expensive. Pigeons are pests and must as far as possible be kept under control. To do this the Department requires both the help and co-operation of the public.

TABLE 7/10

Complaints during the year included—

Mites	...	1	Mole	...	1	Silverfish	... 1
Badger	...	1	Ants	...	29	Fleas	... 3
Pigeons	...	13	Flies	...	6	Slugs and	
Cockroaches	...	8	Bluebottles	...	1	Maggots	... 7
Wasps and Bees		17	Insects	...	8		

42 premises were treated on 96 separate occasions.

PET ANIMAL SHOPS

Another pet shop was established in the City, thus bringing the total to 3. No particular difficulties were encountered in the supervision of these shops and the provisions of the Pet Animals Act were complied with.

RIDING SCHOOLS

There was no registered Riding School in the City but plans were in progress for the establishment of a Riding School in Stanwix area.

CUMBERLAND AGRICULTURAL SHOW

This annual event was an improvement on last year. Food hygiene standards were reasonably good and water supply was available at all catering establishments. Mobile sanitary conveniences were hired for the day by the Agricultural Committee and this Department co-operated in providing staff and maintaining decent sanitary arrangements.

FOOD HYGIENE REGULATIONS

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

TABLE 7/11

Sec.		Contraventions Found	Abated
5	Insanitary premises	—	—
6	Cleanliness of equipment	3	1
8	Protection of food from contamination	7	4
9	Personal hygiene of food handling staffs	—	—
14a	Sanitary conveniences	3	2
15	Water supply	—	—
16	Staff washing facilities	10	6
17	First Aid equipment	6	3
18	Accommodation for outdoor clothing	1	1
19	Facilities for washing equipment	9	8
20	Lighting of food rooms	—	—
21	Ventilation of food rooms	2	2
22	Food room not to be, or to communicate with, sleeping accommodation	—	—
23	Cleanliness of food rooms	96	100
24	Accumulations of refuse	—	—
25	Maintenance of temperature of foods	—	—
26	Stalls and vehicles	—	—
29	Conveyance of meat	—	—
30	Persons carrying meat to wear overalls, etc.	1	—
	Total ...	138	127

MILK SUPPLIES

Milk and Dairies (General) Regulations, 1959

No. of Milk Distributors on the Register	159
No. of Dairies on the Register	3

Milk (Special Designations) Regulations, 1963

No. of Dealers' licences to use the designation "untreated"	41
No. of Dealers' (Pasteurisers) licences	1
No. of Dealers' licensed to use the designation "Pasteurised"	111
No. of Dealers' licensed to use the designation "Sterilised" ...	9

BACTERIOLOGICAL AND OTHER EXAMINATION OF FOOD

MILK

TABLE 7/12

Heat Treated Milk

								Unsatisfactory
	No. of	Meth. Blue		Phosphatase		Turbidity		Samples
Designation	Samples	Pass	Fail	Pass	Fail	Pass	Fail	Percentage
Sterilised	—	—	—	—	—	—	—	—
Pasteurised	20	18	2	—	—	—	—	10%
Total	20	18	2	—	—	—	—	10%

Untreated Milk

				Unsatisfactory
	No. of	Passed	Failed	Samples
Designation	Samples	Meth. Blue	Meth. Blue	Percentage
Untreated	46	31	15	32.60%

Brucella Abortus

No. of samples of untreated milk examined	No. of samples containing the organisms
63	Nil

The regular routine sampling of milk as retailed within the City continued during the year. Generally heat treated milk was found to be satisfactory and failure in keeping quality tests in this category invariably resulted from bad stock rotation.

The figure of 32.60% failure in respect of samples of untreated milk tested would appear to be inordinately high but the statistic is coloured by the fact that more intensive sampling is properly directed at those producer/retailers whose record is suspect. Only two producer/retailers have premises within the City and all their samples proved satisfactory. A fair quantity of untreated milk continues to be sold in Carlisle and one can only assume that many consumers are content to buy milk often of dubious keeping quality and remain impervious, for reasons best known to themselves, to the warnings that for many years have emanated from informed sources of the element of risk thereby involved.

The licensing and consequent supervision of the standards of untreated producer/retailer milk is not under the control of the local authority and producers whose milk falls below the accepted keeping quality standards can only be referred to the appropriate Government Department.

In an attempt to safeguard those who insist upon consuming an untreated milk regular tests are made for the presence of the Brucella Abortus bacillus and for any residue of antibiotics.

During the year the department, together with the Public Health Laboratory Service as part of a national survey, sampled the various brands of cream sold within the City. A total of 95 samples were purchased from nine different producers. It was found that the bacteriological standard of cream sampled immediately after manufacture was generally satisfactory. However, samples purchased at the retail outlets were often found to be unsatisfactory due to contamination during packing and/or unsatisfactory storage and transportation.

At the present time there is no statutory bacteriological standard laid down for cream as there is for other dairy products and without such a standard it is very difficult to control the manufacture and sale of a product which is so susceptible to contamination.

Chemical Testing of Milk

A total of 66 samples of milk were examined in the department's laboratory to ascertain its composition as to fat and other solids. It was not found necessary for any formal samples to be submitted to the Public Analyst.

BACTERIOLOGICAL EXAMINATION OF ICE-CREAM

63 samples of ice-cream were taken during the year for bacteriological examination with the following results.

	Mobiles				Premises			
Grade	**I**	**II**	**III**	**IV**	**I**	**II**	**III**	**IV**
Soft ice-cream	—	—	—	—	4	1	—	4
Hard ice-cream	7	2	—	—	19	8	8	8

The standard of ice-cream continues to be fairly satisfactory. Samples are taken mainly from ice-cream which is manufactured within the City. The hard ice-cream produced by the National Companies is invariably satisfactory.

The majority of unsatisfactory samples were produced by one manufacturer who, following advice from the department, was able to produce a more satisfactory ice-cream.

Only four manufacturers now produce ice-cream by the traditional method of pasteurisation. The remainder produce ice-cream by the comparatively easier cold mix method, however no matter how carefully ice-cream is produced, unsatisfactory sterilisation techniques and poor storage inevitably lead to poor results.

PASTEURISED EGG

The department, together with the Public Health Laboratory Service, undertook a survey of the brands of pasteurised egg which are manufactured and sold within the City.

Liquid egg is a potentially dangerous medium for the spread of Salmonella organisms. All liquid egg is required to be pasteurised during manufacture.

A total of 25 samples were obtained. All the samples were found to have been satisfactorily pasteurised and free from Salmonella organisms.

FOOD AND DRUGS SAMPLES

The following is a list of various food samples taken within the City during the past year:—

Article	No. of Samples
Bread	1
Chocolate	1
Chocolate Dessert	1
Chocolate Drink	1
Chutney	1
Cheese	3
Cough Mixture	3
Cream	2
Gravy Salt	1
Evaporated Milk	1
Meat Pies	5
Meat Patties	5
Meat and Potato Pies	5
Milk Powder	1
Mixed Dried Fruit	1
Mixed Pickle	1
Ice Cream	6
Potato Mix	1
Sandwich Spread	2
Sausages	7
Sausage Roll	4
Stewed Steak (Canned)	3
Strawberry flavoured Dessert	1
Soft Drinks	6
Sausage Meat	1
Sauces	3
Sweets	2
Shrimps (Canned)	1
Sugar Substitutes	2
Rum Butter	1
Tea	1

Seven of these samples were found to be unsatisfactory, six by reason of wrongful description while one did not subscribe to the standard prescribed for that particular commodity.

The substandard article was a meat patty deficient in meat to the extent of 47.6%. Having had this pointed out the manufacturer decided to discontinue this product on the grounds that to raise it to the required standard would not be economically possible.

Four samples of meat patties were incorrectly described and this was corrected following informal action. One sample of beef sausage contained undeclared preservative. A notice was in fact in the shop but at the time of purchase of the sausage was not on display. This was subsequently corrected.

One sample of low calorie sugar containing an artificial sweetener was not so declared. After consultation with the manufacturer the label describing the substance was satisfactorily altered.

DRAIN SWABS

During the year weekly bacteriological swabs were taken from the drainage systems of two large food preparation establishments in the City. The results enable the department to investigate any food borne infection which may possibly emanate from these premises.

WATER SAMPLING

Chemical Examination of Mains Water Supplies

6 samples of water were taken from the City mains supply in the course of routine quarterly sampling. In all cases, the Public Analyst to the Authority reported that the quality of the water was satisfactory. 2 chemical samples were taken from swimming pools in the City to ascertain the quality of the water after prolonged chemical treatment. The Analyst again reported that the condition of the water was satisfactory.

Bacteriological Examination of Various Water Sources

72 samples of water were taken for bacteriological examination.

35 samples were taken from swimming pools attached to the schools in the City. All samples proved satisfactory.

14 samples were taken from the public pools in James Street and proved satisfactory.

8 samples were taken from domestic mains supplied in conjunction with chemical sampling of the same sources. These proved satisfactory.

10 samples were taken from boreholes used by industrial companies. All samples proved satisfactory.

3 samples were taken in conjunction with the Cumberland River Authority from the Mill Race. Water from this race is used for cooling purposes by a local sweet firm. The results were unsatisfactory and further samples are to be taken.

FOOD HYGIENE

During the year there was an increase in the number of supermarkets in the City. Plans were being drawn up for two more; one to replace the Odeon Cinema which was completely demolished by the end of the year and the other to replace one of Carlisle's oldest temperance hotels scheduled for demolition in April, 1970. Many of the small grocers have converted to self-service with consequent improvements in shop lay-out, shelving, refrigerated display and the use of hygienic materials for surfaces of all kinds. The Co-operative Society too adopted a new policy and some of their old, small and congested stores were closed down in the latter half of the year.

A process of amalgamation in the local bakery trade appeared to be under way. Several small bakers have been taken over and their bakehouses put out of use. Many small bakers faced with the difficulty of obtaining skilled staff and rising costs generally are finding it difficult to hold prices at competitive levels. Unfortunately, this had its effect on hygiene standards which were not as satisfactory as expected of the trade. An example would be routing painting which was often skimped or within a short time the new paint often peeled off walls and ceilings because the old paintwork had not been properly removed and the surfaces were not suitably sealed, to form a firm base for the new paint. The old practice of limewashing bakehouse walls and ceilings was also a cause of some of the paint failures and it was found that it was better to treat limewashed surfaces with Snocem rather than paint.

Relations with the State Management Scheme and the Regional Hospital Board continued to make progress. Some alterations and improvements were carried out in State Public Houses and modern stillrooms were being added to the Scheme's central hotels. Work was started on the modernisation of the kitchen of the City General Hospital. Unfortunately, for economic reasons this has not been able to be completed as quickly as would have been wished.

Frequent checks were made at the Chinese Restrauants to restrain to some extent the use of Monosodium Glutamate. This was done as the result of a report from the U.S.A. of a syndrome affecting some people who ate Chinese food regularly, as it was thought that this particular condiment might be the cause of the trouble. There were no cases in Carlisle, and it must be recorded that Monosodium Glutamate is used widely in the food industry, particularly in canned soups. Communication with many of the Chinese is not easy as few of them speak or understand English, even though many of them were born in the British colony of

Four samples of meat patties were incorrectly described and this was corrected following informal action. One sample of beef sausage contained undeclared preservative. A notice was in fact in the shop but at the time of purchase of the sausage was not on display. This was subsequently corrected.

One sample of low calorie sugar containing an artificial sweetener was not so declared. After consultation with the manufacturer the label describing the substance was satisfactorily altered.

DRAIN SWABS

During the year weekly bacteriological swabs were taken from the drainage systems of two large food preparation establishments in the City. The results enable the department to investigate any food borne infection which may possibly emanate from these premises.

WATER SAMPLING

Chemical Examination of Mains Water Supplies

6 samples of water were taken from the City mains supply in the course of routine quarterly sampling. In all cases, the Public Analyst to the Authority reported that the quality of the water was satisfactory. 2 chemical samples were taken from swimming pools in the City to ascertain the quality of the water after prolonged chemical treatment. The Analyst again reported that the condition of the water was satisfactory.

Bacteriological Examination of Various Water Sources

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8 samples were taken from domestic mains supplied in conjunction with chemical sampling of the same sources. These proved satisfactory.

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TABLE 7/13

Inspection and Registration of Food Premises

	No. in area	No. of inspections	No. fitted to comply with Reg. 16	No. to which Reg. 19 applies	No. fitted to comply with Reg. 19
Ice Cream—					
Wholesale manufacture	1	2	1	1	1
Manufacture and Retail Sale ...	21	16	21	21	21
Wholesale Storage for Sale ...	3	—	3	3	3
Retail Sale—mainly pre-packed ...	234	64	211	—	—
Preparation or manufacture of Sausage, of Potted, Pressed, Pickled or Preserved Food	59	110	59	59	59
Fish Friers	26	61	24	26	26
Other Food Premises—					
Bakers' and Confectioners' Shops ...	63	210	61	62	61
Butchers' Shops	64	132	60	60	60
Catering Establishments—					
Hotels, Restaurants, Cafes, etc. ...	48	282	48	48	46
Industrial & Commercial Canteens	37	47	34	34	34
School Canteens	23	48	23	23	23
Residential Hosuitals, Institutions	17	15	17	17	17
Non-res. Ints., Clubs, Halls, etc.	22	22	22	22	20
Boarding Houses, Guest Houses, etc.	116	54	Not Known		
School Meals Serveries	7	26	7	7	7
Fruiterers' and Greengrocers' Shops	71	23	60	68	68
Wholesale Merchants	4	—	4	4	4
Grocers and Provision Merchants—					
Shops	147	276	101	141	121
Wholesale Merchants	22	21	22	22	22
Licensed Premises—Inns, Hotels, etc.	78	137	Not Known		
Sugar Confectionery—Shops	60	16	54	60	54
„ „ Wholesale ...	5	—	5	5	5
Wet Fish—Shops	11	25	11	10	10
„ „ Wholesale	2	—	2	2	2
Private Slaughterhouse	1	71	1	1	1
Food or Drinks Manufactories ...	10	54	10	10	10
Bacon Factory	1	186	1	1	1
Mobile Shops, Vans, Canteens ...	127	145	110	—	—
Temporary Market Stalls	97	27	Common		
Pharmaceutical Chemists	20	10	20	20	20
MILK—Dairies and Distributors ...	162	89	106	—	—

N.B.—Variations in figures due mainly to acceptance of domestic arrangements being adequate for both shops and houses where house is attached to shop.

MEAT INSPECTION

The establishment of the section includes 5 full-time meat inspectors four of whom are employed at a private bacon factory and 1 at the private slaughterhouse. Due to staff shortage, holidays and sickness during the year is was necessary to arrange for Public Health Inspectors to be diverted to meat inspection duties for 186 half day units at the bacon factory and 66 half day units at the private slaughterhouse.

TABLE 7/14

SLAUGHTERHOUSE

CARCASES INSPECTED INCLUDING THOSE CONDEMNED

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	5550	919	23	23751	11862
Number inspected ...	5550	919	23	23751	11862
ALL DISEASES EXCEPT TUBERCULOSIS					
Whole carcase condemned	3	13	14	52	23
Carcase of which some part or organ was condemned	3414	179	9	3481	1569
Percentage of the number inspected affected with disease other than tuberculosis	61.56	20.89	100.0	14.87	13.42
TUBERCULOSIS ONLY					
Whole carcase condemned	—	—	—	—	—
Carcase of which some part or organ was condemned	3	1	—	—	118
Percentage of the number inspected affected with tuberculosis	0.05	0.10	—	—	0.995
CYSTICEROSIS					
Carcase of which some part or organ was condemned	10	11	—	—	—
Carcase submitted to treatment by refrigeration ...	10	11	—	—	—
Generalised and totally condemned	—	—	—	—	—

Table 7/15 gives the number of animals killed annually during the past four years:—

TABLE 7/15

KINGSTOWN SLAUGHTERHOUSE

Year	Cattle	Sheep and Lambs	Calves	Pigs	Total
1966	5844	28876	47	10039	44803
1967	6846	23139	1164	9053	40202
1968	6097	23615	524	9207	39443
1969	6469	23751	23	11862	42105

HARRABY BACON FACTORY

1966	191200	191200
1967	172485	172485
1968	166919	166919
1969	164082	164082

MEAT SPECIMENS EXAMINED

The number of meat specimens submitted to laboratory for pathological examination 11

SLAUGHTER OF ANIMALS ACT, 1958

Number of registered slaughtermen 23

BRUCELLOSIS (ACCREDITED HERDS) SCHEME

Number of Animals examined and carcases passed fit for food after diseased parts removed ... ... Nil

KINGSTOWN SLAUGHTERHOUSE

Table 7/16 shows the number of Carcases and Part Carcases condemned.

TABLE 7/16

DISEASE OR CONDITION	Whole Carcases					Part Carcases				
	Cows	Other Cattle	Sheep	Calves	Pigs	Cows	Other Cattle	Sheep	Calves	Pigs
Abscesses & Supperative Conditions	—	—	—	—	—	9	14	19	—	61
Anaemia	1	—	1	—	—	—	—	—	—	—
Arthritis	—	—	—	—	3	1	3	13	—	26
Emaciation	2	—	5	—	—	—	—	—	—	—
Fever	—	1	4	1	1	—	—	7	—	—
Immaturity	—	—	—	2	—	—	—	—	—	—
Injuries — Bruising	—	—	4	2	—	7	25	38	—	30
Jaundice	—	—	—	—	—	—	—	—	—	—
Mastitis	1	—	—	—	—	—	—	—	—	—
Melanosis	—	—	—	—	—	1	—	—	—	—
Metritis	1	—	1	—	—	—	—	—	—	—
Moribund	—	—	4	—	1	1	—	—	1	—
Odour (Abnormal)	—	—	2	—	—	—	—	—	—	—
Oedema	6	—	23	9	9	3	2	5	—	1
Peritonitis	1	—	—	—	3	—	1	2	—	7
Lleurisy	—	—	—	—	—	—	—	5	—	5
Pneumonia	—	—	3	—	1	—	1	10	—	4
Post Mortem Decomposition	—	—	2	—	—	—	31	—	—	2
Pyaemia : Joint Ill : Naval Ill	—	—	1	—	3	—	—	—	—	—
Septicaemia or Toxaemia ...	1	2	1	—	—	—	—	—	—	—
Swine Erysipelas	—	—	—	—	—	—	—	—	—	2
Tumour	—	—	1	—	—	—	—	—	—	—
Uraemia	—	—	—	—	2	—	—	—	—	—
Urticaria	—	—	—	—	—	—	—	—	—	3

HARRABY BACON FACTORY

Table 7/17 showing number of Carcases and Part Carcases condemned.

TABLE 7/17

DISEASE OR CONDITION	Whole Carcases	Part Carcases
Abscesses & Supperative Conditions ...	2	2265
Arthritis	22	625
Emaciation	21	—
Enteritis	—	—
Fever	26	—
Injuries and Bruising	14	2094
Jaundice	2	—
Metritis	1	—
Moribund	7	—
Nephritis	—	—
Odour Abnormal	58	—
Oedema	52	3
Peritonitis	22	218
Pleurisy	3	333
Pneumonia	18	15
Post-Mortem Decomposition	8	—
Post Mortem Contamination & Damage	5	—
Pyaemia: Joint Ill, Naval Ill ...	67	—
Septicaemia or Toxaemia	—	—
Swine Erysipelas	4	—
Uraemia	7	—
Urticaria	—	61

Statistics for a private bacon factory within the district are given on this separate sheet for two reasons—

(i) Because of the line system operating in the slaughterhouse it is not possible to supply detailed reasons for condemnation of all organs.

(ii) Following from (i) above the figures given on separate sheet show only carcase and part-carcase condemnations.

Heads	2598	Mesenteries	6570
Plucks	4199	Stomachs	5639
Livers	5658	Kidneys	6313

N.B. There is no correlation between the above unclassified condemnations and number of animals involved as several organs may be removed from one carcase.

POULTRY INSPECTION

1. Number of poultry processing premises 1
2. Number of visits to the premises 46
3. Total number of birds processed during the year ... 2,005,767
4. Types of birds processed ..... Turkeys, Hens and Broilers.
5. 0.56% Chickens, 1.15% Hens, etc., 0.21% Turkeys were rejected as unfit for human consumption.
6. The weight of poultry condemned as unfit for human consumption was 13 tons, 15 cwts, 3 qtrs, 1 stone, 10 lbs.

1969 saw a further increase in production and plans were drawn up for additional chickens in 1970 and 1971. This entails finding ways and means to increase efficiency and this was being done by achieving a new lay-out with more machines taking over repetitive operations previously done by hand.

New processing plant installed consisted of a giblet wrapper and a gizzard splitter/washer/peeler. Work was in progress for the installation of machines for other operations. In addition, the changeover from wooden to plastic crates for the transportation of live poultry was completed. Notwithstanding the plastic crates are easier to cleanse it was decided to devise a suitable washer/steriliser capable of dealing automatically with the crates.

Hygiene standards throughout the factory were so satisfactory that a decision to install plant for the chlorination of water used in the processing of poultry was deferred. In England chlorination at 5 p.p.m. is recommended while in Denmark such chlorination is not permitted. Moreover, bacteriologists are in doubt about the effective dosage of chlorine required to sterilise processed poultry. Figures varying from 20 p.p.m. to 200 p.p.m. with equally varying periods of dipping time in the chlorine solution have been quoted. It may therefore be that the recommended dosage of 5 p.p.m. would be bacteriologically ineffective. Enquiries are in hand to establish the reasons why the Danes prefer not to use chlorine in this context.

DISEASED AND UNSOUND FOOD

Table 7/18 shows the amount of food declared to be unfit for human consumption during 1969.

TABLE 7/18

	T.	C.	Q.	Lb.	T.	C.	Q.	Lb.
PRIVATE SLAUGHTERHOUSE:								
Beef	3	7	3	14				
Beef Offals	18	19	2	9				
Mutton	1	19	—	5				
Mutton Offals	3	7	2	24				
Veal	—	6	3	16				
Pork	—	18	3	3				
Pork Offals	2	18	—	26	30	18	—	13
HARRABY BACON FACTORY:								
Pork	13	11	1	6				
Offals	63	3	3	9	76	15	—	15
OTHER SOURCES:								
Meat at Wholesale Premises	—	—	2	12				
Meat at Retail Shops	—	19	3	42				
Cooked Meat and Meat Products	2	2	3	4				
Canned Meats	—	8	2	24				
Fish (Fresh)	—	—	—	—				
Fruit & Vegetables (Fresh)	—	18	1	41				
Poultry at Packing Station	13	15	3	24				
Other Foods (Canned)	—	8	1	27	18	15	1	6
TOTAL					126	8	2	22

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Printed by
BORDER PUBLICITY CO. LTD.
Atlas Works, Nelson Street.
CARLISLE