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COUNTY COUNCIL OF
CUMBERLAND

ANNUAL REPORT

ON THE

HEALTH SERVICES
OF THE COUNTY

FOR THE YEAR 1940

KENNETH FRASER,

M.D., F.R.S.E., D.P.H., D.T.M.,
COUNTY MEDICAL OFFICER

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Aldermen.

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ex-officio.

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RIGG, R.

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WANDLESS, W. H.

Nominated by the British Medical Association.

FRASER, Dr. W.

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Alderman J. J. ADAMS.

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DYKES, Col. H. B., D.S.O.

RIGG, R.

ROBERTS, C. H. (ex-officio)

Councillors.

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KIRKBRIDE, T.

APPLEBY, Mrs. E.

KNOX, J. H.

GRAHAM, C. W.

STEPHENSON, T.

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HARRIS, Mrs. J.

FOX, Mrs. E. J.

WALKER, Miss C.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

A. MEDICAL OFFICERS.

Whole-Time

County Medical Officer—

Kenneth Fraser, M.D., F.R.S.E., D.P.H., D.T.M.

Deputy County Medical Officer—

Mark S. Fraser, M.D., F.R.C.S.E., D.P.H.

Also Medical Officer of Health for Maryport

Assistant County Medical Officers—

A. C. B. McMurtrie, M.C., M.D., F.R.C.S.E., D.P.H.,
Venereal Diseases Officer.

Kenmure J. Thomson, M.B., Ch.B. (On Active Service).

IAN C. MONRO, M.B., Ch.B., D.P.H. (Temporary).

Part-Time

Arthur H. Towers, M.B., Ch.B., D.P.H., B.Hy.

Also Medical Officer of Health for Border R.D.C.

H. C. Simpson, L.M.S.S.A., D.P.H.

Also Medical Officer of Health for Wigton R.D.C.

I. Spedding Jones, M.R.C.S., L.R.C.P., D.P.H.

Also Medical Officer of Health for Millom R.D.C.

Frederick W. Gavin, M.D., D.P.H. Also Medical Officer of
Health for Penrith R.D.C. & U.D.C.

C. A. Mason, M.B., Ch.B., D.P.H.

Also Medical Officer of Health for Keswick U.D.C,
Cockermouth U.D.C., and Cockermouth R.D.C.

R. W. Macpherson, M.D., D.P.H.

Also Medical Officer of Health for Workington Borough.

W. S. Dalgetty, M.B., Ch.B.

Also Medical Officer of Health for Alston R.D.C.

B. DENTAL OFFICERS.

Senior Dental Officer—

A. C. S. Martin, L.D.S.

Assistant Dental Officers—

D. C. Lamond, L.D.S.

H. Christopher, L.D.S.

L. Rae, L.R.C.P. & S., L.D.S.

J. M. Enderby, L.D.S.

***C. SUPERVISOR OF MIDWIVES.**

Miss C. F. Illingworth

***D ASSISTANT SUPERVISOR OF MIDWIVES,**

Miss E. E. Jackson.

***E. HEALTH VISITORS AND INFANT LIFE PROTECTION VISITORS.**

Miss A. B. King

Miss J. Reid

Miss G. R. P. Brownlie

Miss E. Johnston

Miss E. M. Lawson

Miss J. N. Marchbank

Miss R. J. V. Hind

Miss M. E. Prescott

Miss M. Horn. (On Active Service)

Miss A. M. Little, (Appointed Nov., 1940)

* All the above are fully-trained Nurses with the C.M.B. Certificate. In addition Miss Illingworth, Miss Jackson, Miss Marchbank, Miss Horn and Mrs. Little hold the Health Visitor's Certificate.

F. DENTAL NURSES.

Miss W. Ferguson

Miss M. J. Kelly

Miss B. H. Crellin

Miss E. Beaton.

Miss S. J. Usher.

G. AFTER-CARE SISTER, ORTHOPAEDICS.

Miss F. D. Nelson

H. COUNTY COUNCIL MIDWIVES.

Mrs. C. Benn

Miss B. Whitehead.

Miss G. Purdom.

Miss H. A. Swann.

Miss S. E. Warbrick.

Miss G. Swinburn.

I. PART-TIME NURSE, VENEREAL DISEASES.

Mrs. M. S. Parker.

J. PART-TIME ORDERLY, VENEREAL DISEASES.

G. H. Longstaff

K. ADMINISTRATIVE OFFICER.

W. Butcher. Also Vaccination Officer.

L. COUNTY ANALYST.

C. J. H. Stock, B.Sc., F.I.C.

M. CONSULTANTS.*Diseases of the Eye—*

J. A. Ross, M.A., M.B., Ch.B.

A. W. Patton, M.R.C.S., L.R.C.P., D.O.M.S.

Diseases of the Ear, Nose, and Throat—

E. Craig Dunlop, M.B., B.S., F.R.C.S., Ed.

Robert S. Venters, M.B., Ch.B., F.R.C.S., Ed

Radiologists—

R. Connell, B.A., M.B., B.Ch., B.A.O., F.B.A.R.

R. Fawcitt, M.D., Ch.B., F.B.A.R.

Consultant in Obstetrics and Gynaecology—

George P. Milne, M.B., Ch.B., M.R.C.O.G.

Consultants in Orthopaedics—

Harry Platt, F.R.C.S., Eng.

E. S. Brentnall, F.R.C.S., Ed.

Anaesthetist—

Duncan Cameron, M.D., F.R.F.P.S

Bacteriological Consultant—

J. Steven Faulds, M.B., Ch.B., Ed., F.R.F.P.S., Glas.

TO THE CUMBERLAND COUNTY COUNCIL.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to present my Ninth Annual Report on the Health Services of the County.

The report has again for obvious reasons been kept to a minimum. Certain appendices have either been omitted or incorporated in the body of the report, and the lengthy tables of statistics hitherto included have been omitted. All essential statistics are, however, available in the report. The late issue of the report is regretted.

In the report there are certain references to events which have happened during the earlier part of 1941, because in times like these it is probably even less desirable than usual to ignore what may have happened since the closing of the calendar year with which the report deals.

Our Own Affairs.

The vital statistics for 1940 have several points of interest. The estimated population of the County has risen from 199,000 approximately, to 210,000 approximately. How this estimate is arrived at I do not know, but I should have thought that, considering the number of evacuees—school children officially evacuated alone at one time reaching the figure of nearly 10,000—of imported workers in connection with new factories, and other matters which must not be spoken of, and of service personnel, the increase in the population would be much in excess of 11,000.

The birth-rate remains approximately the same. The number of illegitimate births at 170 is almost exactly the same as that for the previous year. This is a matter of interest because it is well known that war-time conditions are apt to increase this figure. The figures, of course, for illegitimate births are not really a complete picture of the position, because illegitimate births in young unmarried mothers belonging to this area take place for the most part either at St. Monica's Home, at Kendal, or at the City General Hospital in Carlisle, to which places the girls are sent from the Preventive and Rescue Homes, or through the workers attached to this service. A number of the girls admitted to St. Monica's were very young (14 to 17), and at one time the position in this respect seemed likely to cause anxiety, but very fortunately it has not developed.

Both the crude and adjusted death-rates are up by approximately two per thousand, the total deaths being up by some 550.

The infantile mortality rate, for some reason difficult to understand, has risen from 55 per thousand live-births to 73, compared with a rate for the whole country of 55. The death-rate of illegitimate infants has risen from 64 per thousand to 81 per thousand.

- Deaths from cancer have risen to the highest figure yet recorded.

Deaths from measles and infantile diarrhoea are both substantially up, and whooping cough is also slightly higher. These matters are dealt with in some detail later in the report.

Against these unsatisfactory figures it is satisfactory to be able to record a substantial fall in the maternal death-rate, the total deaths being 9 against 17, with a rate of 2.6 per thousand births, as against 6.7.

The tuberculosis figures show a slight though negligible fall for the year, which makes the position up to date in 1941 the less easy to understand. During the current year there has been a very substantial rise in the notifications of both pulmonary and non-pulmonary tuberculosis. In fact, the notification figures for tuberculosis for the *first half* of 1941 are not very much below the figures for the *whole year* of 1940. The rise affects both sexes at all ages, and clearly is a matter to which close attention must be directed. During 1940 there were periods during which we found difficulty in filling the sanatorium beds reserved for us by agreement at one institution or another.

Naturally, little progress has been made with the large schemes of hospital and other expansion which were about to start at the outbreak of war, but useful progress has been made in two respects. The first of these is the new operating theatre at the Cumberland Infirmary, and the second is the extension of the maternity unit at the Workington Infirmary.

Pressure for available maternity beds during the year was considerable. Recently the emergency maternity home at Gilsland has been re-opened, and the Newcastle Authorities have kindly agreed to allow us to send cases from the County area into that institution, which is a very great asset indeed, and has completely solved all our difficulties.

A position of some difficulty has arisen in Workington in connection with the treatment of incoming sailors suffering from Venereal Disease. The port is naturally very busy, and it is admitted that the available facilities at Whitehaven are not adequate to cope with the situation. There are difficulties in starting a Venereal Diseases centre in Workington, which are accentuated by war-time conditions, but the position is being explored with no great certainty that a solution will easily be found.

During 1940 no marked change took place in the incidence of Venereal Disease, but during the first few months of 1941 there has been a considerable rise in the number of new cases, being recent infections, both of syphilis and of gonorrhoea, in particular the latter.

In the matter of notifiable diseases we have been fortunate in having escaped any substantial outbreak during the year. The only substantial rises occur in pneumonia and in cerebro-spinal fever. Neither of these created difficulty in the Isolation Hospitals of the area—the former because pneumonia is not normally admitted to the Isolation Hospitals here, and the latter because, spread over a period, the figures were not embarrassing. At the same time I feel bound to repeat what I have said before, that under existing conditions we are not adequately safeguarded in the matter of isolation hospital provision against a major epidemic.

Later in the report a table is given showing the notifications of infectious diseases. It will be noted that some 3,200 cases of measles were notified, and 700 cases of whooping-cough. I have previously called attention to the urgent need for the institution of a policy whereby the more severe cases of measles and whooping-cough among young children would be received into the isolation hospitals for better nursing than is possible in many homes, and I think the publication for the first time of these figures of notification provides an unanswerable argument, especially when it is remembered, as has already been noted, that 29 deaths occurred from these two diseases.

Matters of Wider Interest.

There are certain matters of general interest on which, because of their actual or prospective repercussions on this area, in common with other areas, some comment may be useful.

Food.

I suppose the average citizen is well satisfied with the efforts of the Ministry of Food to deal with the needs of the population under war-time conditions. No doubt there are complaints as to the shortage of tomatoes, and this and that, but, keeping the magnitude of the problem in its perspective, most people will agree that these complaints, as a general rule, have little justification. Nevertheless, there are some aspects of the food situation which inevitably cause some concern. Perhaps the most important of these is the question of the nutrition of our child population. The diet of most children has altered considerably, not of course in all respects for the worse. Fresh fruit, particularly oranges and apples, have disappeared from most tables, and the prospects for the apple crop this autumn, if I understand the position correctly, are not likely to make the situation any better during the coming Winter.

Restriction of the milk supply is a more serious matter. The dictum that you cannot "have your cake and eat it" is not a new one, and it has for some time been clear, with much pasture land being ploughed up, with restrictions on imports of dairy products, and so on, that sooner or later the nation was bound to face a reduction in its milk supply. The proposed distribution of the available milk has been carefully and equitably planned, and The Sale of Milk (Restriction Order, 1941), safeguards, as far as administratively it is possible, the supply of milk for schools, hospitals, nursing and expectant mothers, persons suffering from tuberculosis and certain other groups of invalids. Nevertheless, if this County is any criterion, there is reason to believe that large numbers of children will not be able to get the amount to which they have been accustomed. In this County we are finding for one thing that it is becoming increasingly difficult to maintain the supply of milk to schools. Contributory causes are no doubt shortage of labour, petrol restrictions, shortage of bottles and straws, and in difficult times like these it is not to be wondered at that many producers prefer to dispose of their milk in bulk which causes much less trouble and is almost as economic. Therefore, although administrative provision has been made to ensure that school children *may* obtain milk as hitherto it does not necessarily follow that they *will* actually obtain it. I think it is also probable that, in spite of any administrative provisions which can be made the milk shortage may affect other groups of the community to whom an adequate supply of milk is important if not essential.

It is true that, so far as children are concerned, there are some balancing factors. Many children have learned to substitute carrots for fresh fruits in the Winter months with a good deal of complacency. Many homes which formerly depended on tinned foods and fish and chip shops, and on bought confectionery, are now, by "force majeure," turning to substitutes of higher food value, but, in spite of this, I feel that the nutritional condition of our children of all ages will or may call for close attention.

There recently appeared in the Press a denial of a rumour which apparently emanated from the B.B.C. that a shortage of cod liver oil supplies was probable. The denial seems to have come from the Ministry of Food, which should know.

Anyone who considers the main sources of supply of cod liver oil—The Dogger Banks, the Banks off Newfoundland, and the waters of the Northern seas, must feel that even the courage and endurance of the men of our reduced fishing fleets could hardly be expected to maintain pre-war supplies. The point is that a shortage of cod liver oil would be an important matter affecting the nutrition of our children and an indication for the exercise of still more careful supervision.

There are, too, other groups of the community on whom the inevitable restrictions attendant on food rationing must press hard. These groups are obvious, but they do not concern Health Departments so much as the General Practitioner. So far as Health Departments are concerned it seems to me that the children, nursing and expectant mothers, and the tubercular, are the groups which may specially call for attention.

The Nursing Services.

Problems affecting the nursing services fall at the moment into two main groups—(1) those immediately concerned with nursing as related to the war effort, and (2) those relating to nursing in hospitals of various kinds, and to the nursing staffs of Local Authorities and certain other bodies, some of which are problems at the moment, and some of which will concern long-term policy and will be with us presumably when the war is over.

The immediate problem of staffing what may be termed our war hospitals, that is to say either general hospitals in the Emergency Hospital Scheme, or temporarily suspended therefrom, prepared to receive air-raid or Service casualties,

and in certain instances Service sick, or hospitals specially organised for this purpose, is not, at the moment, acute in this area. The reason is obvious. We have been spared serious air raids, and have not, up to now, been asked to take air raid casualties from other areas, nor have we received Service casualties other than occasionally. As a result of this inactivity the Civil Nursing Reserve in this area is tending to shrink, and as our reserve for staffing our casualty beds, if, and when required, was never more at the best than barely adequate, I foresee some difficulty, which may be considerable, in staffing these beds should the need arise. This is a matter which, of course, does not really concern the County Council directly, but it has a certain relation to what follows.

On the other side of the problem, it is becoming very difficult to fill vacancies in the nursing Staff of the Authority. For some years the filling of vacancies in the Health Visitors staff has been difficult, and the difficulty seems to be getting worse. It has for years been difficult to fill vacancies on the staff of nurses employed by District Nursing Associations in the County, whether trained or partly-trained, and this position is becoming more acute. Few counties now seem to be sending women for training as district nurse midwives. I believe that only one or two counties continue to do this apart from ourselves. Possibly one of the reasons may be that the period of training of district nurse midwives has been extended to two and a half years. Add to this a "period under contract" of up to three years, and it is quite understandable, having regard to the meagre remuneration paid to district nurse midwives, that the tendency is for a candidate to prefer to undertake a full nurse's training.

I understand that all over the country more and more fully-trained nurses are being employed by Nursing Associations. To my mind this is all to the good. I have always advocated a policy of trained nurses for district work, with the amalgamation of districts to form larger nursing areas, the provision of motor transport and telephones. It has, of course, to be remembered that this implies the payment of larger salaries by Nursing Associations, and that in turn means that County Councils will have to increase their annual grants to the Nursing Associations.

There seems, too, to be an inadequate supply of trained nurses prepared to take up posts as municipal midwives.

The plain truth, it seems to me, is that the conditions of training and employment of all branches of the nursing profession call for investigation on a national basis. I believe

that some body is at present sitting to consider the whole question, and I hope that the following points will receive their attention.

Admitting that conditions differ as between one hospital and another, and perhaps especially as between municipal and voluntary hospitals, there are undoubtedly some, perhaps many hospitals, in which conditions attaching to the training of probationers and the conditions of remuneration and employment of trained staff call for investigation. In some, especially of the older hospitals, the nurses quarters are not in keeping with modern standards. The standard of feeding varies and so does the question of remuneration.

In their recent scheme for the training of student nurses the Ministry have laid down the condition that probationers or student nurses under this scheme are to receive a salary of £40 a year from the outset. Put quite bluntly this has put the "cat among the pigeons," because of course few voluntary hospitals pay their probationers anything like this figure, and some, possibly many, require probationers to pay a premium. If the Ministry after mature consideration and, acting no doubt on expert advice, have decided that this figure is reasonable under present day conditions, it should be generally adopted, and the appropriate adjustments made in the salaries of the senior members of the nursing staffs of hospitals.

Other points calling for investigation in the training of probationers are why the duration of training differs in different hospitals, the amount of responsibility placed on the probationer, the hours of duty, the periods of night duty, the different educational standards required before acceptance, and so on. A general complaint is the amount of time which has to be devoted by a probationer from her scanty off duty time to attending lectures and to studying for examinations. The Schedules of training issued by hospitals to intending applicants should be an accurate statement of the position, and no girl should be liable to have several valuable years of her life thrown away by being liable to dismissal without a right of appeal. The Ministry with regard to Nursing Auxiliaries in the Civil Nursing Reserve have reserved the right of dismissal to the Ministry in London. If this has been provided for in connection with temporary war-time employment surely some comparable provision should be made before a girl's choice of a career is terminated. Probationers are much at the mercy of ward sisters, who may be helpful, kindly and considerate, and usually are, in the handling of

their staffs, but may be just the opposite. Senior nurses say that the conditions of training have improved considerably since their time. That may be admitted, but it cannot be taken as a final answer. Without making heavy weather of the matter there remains a good deal which calls for investigation. Even when training is over the standards of remuneration and the conditions of employment offered to many nurses, whether in hospital or out of it, are not commensurate with the years of their life which they have devoted to their training in comparison with other professions. Dr. Esther Carling writing to the Medical Press has referred to the "unattractiveness of nursing as a long term profession" as a hampering factor in recruitment, and as this report goes to press I understand that the Ministry have set up a Committee to deal with the remuneration of nurses including student nurses at voluntary hospitals, as a matter of emergency. The proposals appear likely to include an immediate subsidy to voluntary hospitals which would seem to indicate that the Ministry are concerned about the general position.

Nursing as a profession must be kept abreast of the times, and the whole question of the recruitment, training and employment of nurses wants closely looking into if we are going to be assured in future in this country of adequate recruitment of the right type of women to the nursing profession.

Regionalisation.

Recently much attention has been devoted in the country to what is called the regionalisation of hospital services. The history of the matter and the reasons which have recently brought it into prominence are well-known among those immediately concerned. That the policy of regrouping of hospitals, municipal and voluntary, and of co-ordinating their services and equipment to an improved service to the community has much to commend it will be freely admitted. There are, however, many difficulties to be got over, and the needs of small, thinly populated and geographically remote districts like our own are not among the least of these difficulties. Such areas, while they may be attached for organisation purposes to the larger towns, ought not to be submerged and to lose their individuality.

It appears likely from documents which have come to hand, that regionalisation of hospital services is a wide term likely to include to a considerable extent the public health services of Local Authorities. What, then does this mean?

Prior to the war the Local Authorities had their contacts for consultation and advice direct with the Ministry. At or about the time of the outbreak of war the Ministry established in a number of areas of the country Regional Offices to deal with tuberculosis, maternity and child welfare, and similar services undertaken by Local Authorities. This policy of regionalisation has been much extended during the war to deal with many matters directly concerned with the war effort.

If, after the war, the health services of Local Authorities are to be subject to review by Regional Offices established by the Ministry, Regional Councils set up under the hospital regionalisation scheme, and by the Ministry itself, it seems to me that the situation is going to be vastly more complicated post-war than it was pre-war, and I doubt if progress will be easy. I think it is the opinion of many that regionalisation has been by no means an unmixed blessing. This is, of course, a matter which is in no sense personal, but simply one of policy. It is admitted that the regional policy of the Ministry planned before the war never had really time to settle down, but, if in our post-war scheme of things regionalisation is going to be a help and not a hindrance, it will have to imply the delegation of a considerable degree of executive authority, and not the establishment of so many post-offices to Whitehall.

Staff.

L. B. Tunstall, a junior clerk in this department, was killed in a flying accident in Scotland a few months ago. Joining the Royal Air Force at the outbreak of war he quickly qualified as a Sergeant Wireless Operator, and took part in over thirty raids over enemy territory. Of all those who have joined the Services from this department during the last war and this war he was the first to be called upon to give his life for his country. "*Ave atque Vale.*"

The recruitment of staff to carry on the work of the department under the changing conditions of war time has been very difficult, and I am grateful for the way in which the staff have pulled their weight in the emergency.

I am,

Your obedient Servant,

KENNETH FRASER,
County Medical Officer.

THE COURTS,
CARLISLE,

STATISTICAL AND SOCIAL CONDITIONS OF THE AREA

The essential vital statistics for the year 1940 are as under :—

POPULATION.

	At 1931 Census.		Estimated by Registrar General, Mid. 1940.
Urban Districts ..	114,459	.. ..	83,650
Rural Districts ..	91,331	.. ..	126,280
Administrative County ..	205,790	.. ..	209,930

RATEABLE VALUE AND SUM REPRESENTED BY A PENNY RATE.

The rateable value of the County at 1st April, 1940, was £875,897. The estimated product of a penny rate was £3,414.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1940.

LIVE BIRTHS.

	Total Births.	Males.	Females.
Legitimate	3,135	1,660	1,475
Illegitimate	158	74	84
Total Births	3,293	1,734	1,559

Birth Rate per 1,000 population—15.6.

For the calculation of the Infantile Mortality Rate the Registrar-General gives the following figures :—

Legitimate	3,189	1,685	1,504
Illegitimate	159	74	85
Total Births	3,348	1,759	1,589

STILL BIRTHS.

	Total Still-Births.	Males.	Females.
Legitimate	103	45	58
Illegitimate	11	4	7
Total Births	114	49	65

Rate of Still-Births per 1,000 total births is 34.

DEATHS.

Total Deaths.	Males.	Females.
3,209	1,662	1,547

Crude Death Rate per 1,000 population—15.2.

Adjusted Death Rate do. —14.8.

(using the area comparability factor supplied by the Registrar-General)

DEATHS FROM DISEASES AND ACCIDENTS OF PREGNANCY AND CHILD BIRTH.

From Sepsis	..	..	..	..	1
Other Causes	..	..	..	..	8

Maternal Death Rate per 1,000 Total Births—2.6.

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE.

All Infants per 1,000 Live Births	..	..	73
Legitimate Infants per 1,000 Legitimate Live Births	..	..	72
Illegitimate Infants per 1,000 Illegitimate Live Births	..	..	81
DEATHS FROM CANCER (ALL AGES)	..	..	352
DEATHS FROM MEASLES (ALL AGES)	..	..	13
DEATHS FROM WHOOPING COUGH (ALL AGES)	..	..	16
DEATHS FROM DIARRHŒA (UNDER 2 YEARS)	..	..	10

BIRTHS, 1940.

The 3,293 live births were distributed among the Urban and Rural Districts, as follows :—

URBAN DISTRICTS				Total Births.	Legitimate.	Illegitimate.	Birth Rate.
Cockermouth	..	..	..	73	69	4	13.3
Keswick	..	..	..	52	50	2	9.1
Maryport	..	..	..	194	187	7	16.9
Penrith	..	..	..	167	157	10	15.7
Whitehaven	..	..	..	434	425	9	18.8
Workington	..	..	..	460	436	24	16.7
<i>Aggregate of Urban Districts</i>				1380	1324	56	16.4
RURAL DISTRICTS							
Alston	..	..	..	34	31	3	12.9
Border	..	..	..	429	401	28	14.4
Cockermouth	..	..	..	274	262	12	14.3
Ennerdale	..	..	..	432	420	12	15.8
Millom	..	..	..	185	174	11	15.1
Penrith	..	..	..	153	146	7	12.6
Wigton	..	..	..	406	377	29	17.3
<i>Aggregate of Rural Districts</i>				1913	1811	102	15.1

DEATHS, 1940.

The 3,209 deaths were distributed among the Urban and Rural Districts, as follows :—

URBAN DISTRICTS	Total.	Males	Females.	Crude Death Rate	Adjusted Death Rate
Cockermouth	68	25	43	12.4	12.0
Keswick	77	31	46	13.6	11.8
Maryport	200	115	85	17.4	17.4
Penrith	141	66	75	13.2	12.1
Whitehaven	371	207	164	16.1	17.7
Workington	488	267	221	17.7	18.7
<i>Aggregate of Urban Districts</i>	1345	711	634	16.0	16.3
RURAL DISTRICTS					
Alston	35	17	18	13.3	10.7
Border	409	210	199	13.7	12.6
Cockermouth	238	129	109	12.4	12.4
Ennerdale	506	256	250	18.5	18.6
Millom	192	104	88	15.7	14.2
Penrith	158	76	82	13.0	11.8
Wigton	326	159	167	13.9	13.2
<i>Aggregate of Rural Districts</i>	1864	951	913	14.7	13.9

The above tables call for some comment. The total deaths during the year rose from 2,669 in 1939 to 3,209 in 1940—an increase of 540, although the estimated population is only up by some 11,000. Of these 540 additional deaths 447 occurred in Workington (104), Whitehaven (84), Maryport (48), Border Rural District (71), Ennerdale Rural District (140). This location of the increased mortality figures is curious, affecting as it does the chief industrial areas of the West, and one of the most rural parts of Cumberland.

Twelve months ago, I foreshadowed a probable increase in the mortality figures for 1940, arising out of the evacuation to this County of considerable numbers of elderly people, but this prophecy, which, as it happens, has proved accurate, does not seem to fit in with the distribution of these deaths.

Some further interesting points appear in the next table.

PRINCIPAL CAUSES OF DEATH.

Cause of Death.	No: of Deaths.		
	1938.	1939.	1940.
Heart Disease	663	650	697
Inter-cranial Lesions (Cerebral Haemorrhage, &c.)	169	200	332
Other Circulatory Diseases ..	142	163	126
Cancer, Malignant Disease ..	338	331	352
Congenital Debility, Premature Birth, &c.	106	108	131
Pulmonary Tuberculosis ..	115	124	122
Other Tuberculous Disease ..	34	30	31
Pneumonia (all forms)	105	108	186
Deaths by Violence (including Suicide)	135	128	124
Acute and Chronic Nephritis ..	64	74	70
Bronchitis	77	81	206
Diabetes	43	36	32
Influenza	31	44	86
Road Traffic Accidents.. ..	(not previously recorded)		38

An examination of the above figures shows that there has been a rise in the deaths from Heart Disease(47), Inter-cranial Lesions, including Cerebral Hæmorrhage (132), Pneumonia (78), Bronchitis (125), Influenza (42). It will be seen, therefore, that 424 of the 540 additional deaths were attributable to affections of the heart and circulation on the one hand, and to Pneumonia, Bronchitis and Influenza on the other. This would seem to me to indicate, as regards the former, an index of the strain of the war on elderly people, and as regards the latter, a reflection of the results of the prolonged spell of extremely severe weather in the Spring of 1940.

An analysis of the infantile mortality figures in the next table also contributes some interesting suggestions on these points.

It will be noted in the above table that diseases of the heart and circulation which have been rising for some years have crossed the one thousand mark, and now are responsible for nearly one third of the total deaths. It will be interesting in these respects to see how the figures for the country as a whole compare with our own.

Cancer deaths have risen to a new peak figure of 352.

INFANTILE MORTALITY.

Of the 3,348 live births during the year, 245 infants died before reaching the age of 12 months. The infant death rate per 1,000 live births is, therefore, 73—compared with the rate for 1940 for England and Wales of 55. The causes of death are shown in the following table :—

Causes of Deaths.	No. of Deaths.		
	1938.	1939.	1940.
Congenital debility, premature birth, &c.	105	107	126
Pneumonia (all forms)	22	20	48
Bronchitis	8	11	25
Diarrhoea, &c.	16	5	7
Other digestive diseases	8	5	7
Whooping Cough	1	9	6
Deaths by violence	1	1	5
Other defined diseases	16	11	16
Other respiratory diseases	—	2	1
Other circulatory diseases	—	1	—
Non-pulmonary Tuberculosis	3	—	1
Measles	4	—	2
Influenza	—	1	1
	<hr/> 184 <hr/>	<hr/> 173 <hr/>	<hr/> 245 <hr/>

The rise in the infant death rate is disturbing. Our figures for infant mortality have fallen more or less steadily for many years, and have compared not unfavourably with the figures for the whole country, but this year they have risen from 55 per thousand live births, to 73. The rate for the whole country has also risen, but only from 50 to 55. As will be seen from the table, the chief increases fall under the heads of Pneumonia (28), Bronchitis (14), Congenital Debility (19). Whether these respiratory deaths were, as has been suggested, also a reflection of the cold spell in the early part of the year, I do not know. I imagine that the rise in the deaths due to Congenital Debility is, to some extent, a result of the upheaval attendant upon war-time conditions, general disturbance and strain, evacuation in some cases, and possibly some alteration in dietary.

The distribution of infant deaths by districts is shown in the following Table :—

URBAN DISTRICTS.							No. of Infant Deaths.	Rate.
Maryport	..	..	..	..	..	..	20	102
Workington	..	..	..	..	..	..	39	82
Whitehaven	..	..	..	..	..	..	32	73
Penrith	..	..	..	..	..	..	13	72
Cockermouth	..	..	..	..	..	..	2	27
Keswick	..	..	..	..	..	..	1	18
Aggregate of Urban Districts							107	75
RURAL DISTRICTS.								
Alston	..	..	..	..	..	..	4	111
Ennerdale	..	..	..	..	..	..	37	84
Millom	..	..	..	..	..	..	15	79
Cockermouth	..	..	..	..	..	..	20	71
Penrith	..	..	..	..	..	..	11	70
Wigton	..	..	..	..	..	..	26	63
Border	..	..	..	..	..	..	25	58
Aggregate of Rural Districts							138	71

1940 Rate for England & Wales 55

1940 Rate for Cumberland County 73

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

LABORATORY FACILITIES.

During the year the County Council agreed to co-operate in the Emergency Public Health Laboratory Service in connection with their arrangements with the Cumberland Infirmary.

The supply of guinea-pigs required in the testing of milk samples for tubercular infection became very short at one time during the year, but lately the supply has improved.

AMBULANCE FACILITIES.

There is nothing new to add under this heading. As I said last year, there is some degree of co-ordination of the peace-time ambulance service with the emergency war service of converted ambulances. One or two areas have applied for the use of our casualty service ambulances to supplement in emergency the local ambulances owned by District Councils or Ambulance Associations. I think this should be a very desirable arrangement indeed, and the matter has been under consideration for some considerable time. There is apparently some difficulty on the question of insurance cover.

NURSING IN THE HOME.

The good work by the District Nursing Associations in connection with the nursing of evacuees has been recognised with the approval of the Ministry by a grant from the County Council.

Reference has already been made to the great difficulty in filling vacancies in the staff of District Nurses as these occur. Other difficulties, not peculiar to nursing associations, have arisen over petrol supplies and replacements of worn-out parts of cars, and in one or two instances the replacement of the nurse's car itself, owing to wear and tear having brought these cars to a stand-still. These difficulties obviously are likely to increase and will, I am afraid, create a problem of very real difficulty in the not distant future.

The District Nurses had again to face a spell of very severe weather during the winter 1940-41. Cumberland was supposed to have had such a time of tribulation during

the long spell of frost and snow that a well-known London paper sent up a representative to write up the matter, and a long and interesting account of the position was published, in which tribute was paid to the work of the District Nurses under great difficulties.

At the time of writing, arrangements have been made for the inclusion of the Nicholforest area in that of the Bewcastle Nursing Association. This means that no area in Cumberland is now un-provided in the matter of nursing either as regards general nursing or as regards midwifery.

CLINICS AND TREATMENT CENTRES.

No changes have taken place under these headings during the year.

HOSPITALS.

Reference is made to one or two matters affecting the hospitals in other parts of the Report.

No matter of general interest has arisen during the year. One point which has received close attention is that of the evacuation of our hospitals should any of these become untenable as the result of enemy action. This is obviously not a matter for discussion in a public report, but I think I may say that the whole situation has been carefully considered, and I do not think that matters would get out of hand as the result of any damage which can reasonably be anticipated.

THE PUBLIC ASSISTANCE MEDICAL SERVICE.

(A) INSTITUTIONAL SERVICES.

There are in the County of Cumberland the following Institutions and Homes maintained under the provisions of the Poor Law Act, 1930 :—

Station View House, Penrith.
Highfield House, Wigton.
Meadow View House, Whitehaven.
Englethwaite Boys' Home, Armathwaite.
Lark Hall Girls' Home, Penrith.

All these establishments continue to function in an efficient manner, and are carefully and economically administered. The two Homes make special provision for the maintenance of the boys and girls received.

All the establishments which were originally included in the Emergency Hospital Scheme, with the exception of Meadow View House, Whitehaven, and Penrith, have been temporarily suspended from the Scheme, although, since the commencement of the war, numerous cases of evacuees requiring Hospital or Institution treatment, and a number of Service sick have been received into the three main Institutions.

During the twelve months ended 31st December, 1940, the normal admissions of the three main Institutions under the Poor Law Code were 763, discharges 518, deaths 170, and live births 5 ; the latter all occurring in Meadow View House, Whitehaven.

Maintained in Station View House, Penrith, Highfield House, Wigton, and Meadow View House, Whitehaven, were 4, 2 and 14 persons respectively, detained therein under sections 24 and 25 of the Lunacy Act, 1890.

(B) DOMICILIARY MEDICAL RELIEF SCHEME.

The Open or Free choice system of medical attention for the Sick Poor has now operated in the major part of the administrative County since the 1st October, 1937, and the records of cases treated under the Scheme have been systematically examined from time to time.

The Scheme has now been brought into line with the financial years ending in March, and the following statistics relating to the year ended March 31st, 1941, show :—

- (a) the number of cases receiving treatment in each quarter ;
- (b) the number of visits paid by practitioners to the home of patients ;
- (c) the number of patients who consulted practitioners at their surgeries ;
- (d) and the number of bottles of medicine dispensed.

<i>Quarter Ended.</i>	<i>No. of Cases.</i>	<i>Home Visits.</i>	<i>Attendances at Surgery.</i>	<i>Medicines Issued.</i>
30/6/40	1171	2781	1262	4832
30/9/40	832	2386	1105	4341
31/12/40	880	2885	1025	4771
31/3/41	939	3734	1074	5033
	3822	11786	4466	18977

Of 660 persons included in the Permanent Medical Relief List, 400 actually received Medical Relief during the financial year ended 31st March, 1941.

The free choice system naturally calls for more detailed records than is the case where District Medical Officers continue to function under the old scheme, and the information thus obtained does give the Public Assistance Authority an indication (previously not available) as to the extent of Domiciliary Medical Relief in the County.

The Open Choice System has continued to work smoothly and satisfactorily to the patients, the practitioners, and the Public Assistance Committee.

At the end of each financial year the whole of the medical record cards returned by the Contracting Medical Practitioners are systematically examined, points borne in mind being, for example :—

- (a) Cases where over-visiting might be apparent ;
- (b) cases where there might appear to be insufficient visiting or inadequate treatment ;
- (c) cases where the County Medical Services might have been indicated and employed, e.g., cancer, crippling, prevention of blindness, tuberculosis.

As the result of the examination of the record cards for the year ended 31st March, 1941, we have found that the record cards have been very well kept, in fact, in view of the present emergency and the heavy additional work placed on all medical practitioners, it is remarkable the way these cards have been compiled.

Medicines.

In the districts where the Open or Free choice system is in operation, Contracting Practitioners, under the terms of the Scheme, dispensed medicines, but in one district, i.e., Maryport, where there is a specially appointed part-time practitioner, prescriptions are issued by him on local chemists, which, after being dispensed, are periodically referred to the Pricing Bureau, payment being made to Contracting Chemists on the basis of the Bureau's final certificates.

Special Drugs, Medicines, &c.

Cases requiring the above continue to be referred for approval, and during the year in question 165 orders and repeat orders were issued at a cost of £174 9s. 3d.

Medical Relief—Evacuated Persons.

During the year ended 31st March, 1941, 52 evacuees and their children received medical treatment under the Committee's Scheme at a cost of £30 18s. 0d., representing amounts due to Contracting Practitioners. This amount is recoverable from the Ministry of Health.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

I am again indebted to the Clerk to the Joint Mental Deficiency Committee for the care of Mentally Defective persons, for a copy of the Annual Report on the work of the Committee for the year under review, and I submit below an extract dealing with institutional accommodation :—

“ At the end of 1940 there were 390 patients chargeable to the Joint Committee in Institutions or on licence therefrom. This figure is identical with that at the end of 1939, admissions being exactly offset by deaths, discharges, and transfers. The distribution of these cases as between the Constituent Authorities is shown in the following statement :—

	MALES	FEMALES	TOTALS
Cumberland	112	135	247
Westmorland	44	33	77
Carlisle	32	34	66
	<hr/> 188	<hr/> 202	<hr/> 390

The following statement shows how these patients are accommodated :—

At Dovenby Hall Colony	262
At Milnthorpe Institution	54
At the Royal Albert Institution	18
At the Rampton State Institution	17
(and annexes)	
At Durran Hill House	9
At Other Institutions	30
	<hr/> 390 "

MATERNITY AND CHILD WELFARE.

Maternal Mortality.

It is gratifying to be able to report that the number of maternal deaths occurring in the County during the year shows a marked reduction. The total deaths were 9, which represents one of the lowest figures recorded in the County, the corresponding figure for 1939 being 22. The maternal death-rate per 1,000 births is, therefore, 2.6, as against 6.7. The corresponding figure for England and Wales is 2.16.

Of the 9 deaths, as will be observed in the tables which follow, only one was directly attributable to puerperal sepsis, the other 8 being due to other causes associated with pregnancy and child-birth.

These figures show County rates for puerperal sepsis of 0.30, and for other causes of 2.43, against the figures for England and Wales, respectively, of 0.52 and 1.64. It will, therefore, be observed, that our puerperal sepsis rate was slightly below the rate for the country. The mortality figures for previous years were as under :—

1935—14	deaths equal to a rate of 4.06 per 1,000 births.
1936—13	3.94
1937—4	1.23
1938—12	3.88
1939—22	6.7

The 9 deaths which occurred in 1940 are divided as follows :—

Puerperal Sepsis	1
Other Puerperal Causes	8

DISTRIBUTION OF DEATHS BY AREAS.

	<i>Puerperal Sepsis.</i>	<i>Other Puerperal Causes.</i>
Border Rural	—	2
Cockermouth Rural	1	1
Ennerdale Rural	—	2
Millom Rural	—	1
Penrith Rural	—	—
Penrith Urban	—	2
	1	8

Among the deaths classified as "other puerperal causes" the death certificates show the cause of death to be as under:—

Shock following injuries self-inflicted in an attempt to procure abortion	1
Obstetrical shock and hæmorrhage: pre-eclamptic toxæmia	1
Cardiac respiration failure; obstetric; shock under anaesthesia during abnormal parturition ..	1
Post-partum hæmorrhage	1
Cardiac failure: eclampsia: parturition ..	1
Embolism following parturition	1
Uræmia: toxic nephritis: toxæmia of pregnancy: uræmia following accidental hæmorrhage; uterine infection	2

Of the total deaths 5 occurred in hospital, and 4 at home.

As I have stated in previous reports certain maternal deaths are definitely avoidable, and in the figures for 1940 one death is shown as "Shock following injuries self-inflicted in an attempt to procure abortion." It is unfortunate that a case of this kind should have a bearing on our maternal death-rate as it is quite obvious that, however complete a Scheme of a Local Authority to combat maternal mortality may be, there are invariably some patients, who, through ignorance or wilful action, are contributory to their own deaths.

There is still evidence that certain expectant mothers fail to realise the importance of proper supervision during pregnancy, and fail to consult a doctor or midwife until so late in their pregnancies that necessary treatment cannot be given.

A short time ago a case occurred in which a single girl, employed as a domestic servant on a farm, gave birth to a child in a field unattended. The girl had apparently left her place of employment very early in the morning, and was not found until late in the evening. Immediate arrangements were made for her removal to hospital. After a period of ten days in hospital mother and child were discharged apparently little the worse for the adventure, but it will be agreed that this kind of thing, which savours of the jungle, does not give any maternity scheme a square deal.

The work of the ante-natal scheme during the year is shown in the following tables:—

		Ante-natal Examinations by Private Practitioners.		Ante-natal Examinations at Clinics.		Total
Examined at Surgery	.. ..	441	..	—	..	—
Examined at Home	.. ..	994	..	—	..	—
		1435	..	1	..	1436
Findings at Examinations—						
Normal	.. ..	843	..	1	..	844
Abnormal	.. ..	592	..	—	..	592
Number of Further Examina- tions		932	..	—	..	932
Recommended for Hospital—						
On Account of Home Conditions	.. ..	163	..	—	..	163
On account of Patient's Condition	.. ..	75	..	—	..	75
Recommended to have Dr. at Confinement	.. ..	27	..	—	..	27
Specialist opinion recommended		34	..	—	..	34
Extra nourishment recommended and granted	.. ..	24	..	—	..	24
Dental treatment recommended in 165 cases.						
Actually treated 155 cases (This figure includes cases whose treat- ment had not been completed at the end of 1939). In 114 cases pa- tients refused dental treatment, or the treatment was cancelled because of failure to attend, removal from the district, or notification received too late for effective treatment.						

SUMMARY OF ABNORMALITIES FOUND ON ANTE-NATAL EXAMINATION :—

Anæmia and General Debility	.. ..	21
Albuminuria and Oedema	.. ..	60
Varicose Veins	.. ..	125
Vaginal Discharge	.. ..	38
Malpresentation	.. ..	36
Heart Condition	.. ..	16
Dental	.. ..	130
Contracted Pelvis	.. ..	64
Hæmorrhage	.. ..	10
Hyperemesis Gravidarum	.. ..	4
Pyelitis	.. ..	7
Tuberculosis	.. ..	5
History of Difficult Labours	.. ..	4
Failure of Head to engage	.. ..	8
Raised Blood Pressure	.. ..	30
Glycosuria	.. ..	4
Other Abnormalities—unsatisfactory general health		30

The figures in these tables do not differ very materially from those of the previous year. The number of ante-natal examinations continues to rise, and it will be noted that ante-natal examinations at clinics have almost entirely ceased, the ante-natal service having now become practically entirely a general practitioner service, this being, as you are aware, the Council's policy. Recommendations for hospital on account of the condition of the patient remain at a very low figure—too low it seems to me, having regard to the number of ante-natal examinations carried out, the facilities available, the number of abnormalities found at ante-natal examinations, and the number of women who are actually admitted to hospital on account of some abnormality. It will be noted that the number of cases in which extra nourishment was recommended fell to a negligible figure. The figure for the previous year was 136, which, in itself, was low. No doubt this is a reflection of the temporary prosperity which war conditions have brought to certain sections of the community.

The ante-natal clinics in West Cumberland, which were suspended on the resignation of Dr. Purdie from the position of County Consultant in Obstetrics, have been resumed under the direction of Dr. Milne, his successor.

Three hundred and sixty-five admissions to hospital, representing 352 patients, which is considerably higher than for 1939, occurred during the year. On several occasions during the year our maternity bed accommodation was severely taxed, and it was extremely difficult to find admission for certain cases. We are still, however, able to say that we have never had to refuse a case.

Admissions to hospital were for the following reasons :—

Home conditions unsatisfactory	..	..	..	153
General condition, anæmia, etc.	..	..	..	12
Albuminuria	..	..	..	21
Contracted pelvis	..	..	..	32
Bad previous history	..	..	..	11
Raised blood pressure	..	..	..	6
Eclampsia	..	..	..	14
Cæsarean section	..	..	..	8
Hyperemesis gravidarum	..	..	..	5
Malpresentation	..	..	..	10
Abortion	..	..	..	15
Puerperal Sepsis	..	..	..	9

Varicose veins	..	..	..	.	..	4
Hæmorrhage	..	..	..	..	..	23
Glycosuria	..	..	..	..	..	2
Heart condition	..	..	..	..	..	7
Pyelitis	..	..	..	..	..	5
Delayed labour	..	..	..	..	..	12
Other causes	..	..	..	..	..	16
						<hr/> 365 <hr/>

Most of these cases were admitted to the following hospitals. For the purposes of comparison the figures for the previous year are given :—

	1939.	1940.
Whitehaven & West Cumberland		
Hospital	49	44
Workington Infirmary	37	32
Victoria Cottage Hospital, Maryport	62	103
Carlisle Corporation Maternity Home	3	1
Carlisle City General Hospital ..	120	158
Alston Cottage Hospital	3	4
Brampton Cottage Hospital	4	7
Cumberland Infirmary	1	—
Gilsland Maternity Home	10	3
	<hr/> 289 <hr/>	<hr/> 352 <hr/>

In addition 19 cases were otherwise admitted. Sixteen patients suffering from sepsis were dealt with in the Carlisle Infectious Diseases Hospital, at Crozier Lodge, and 3 were dealt with in private nursing homes. Emergency admissions numbered 101, as compared with 71 in 1939.

In addition to the cases referred to above, in which confinement took place in hospital or in private nursing homes, five confinements took place in the maternity ward of the Public Assistance Institution at Whitehaven.

The number of visits paid during the year by Health Visitors, County Council Midwives and District Nurses, to expectant mothers, amounted to 12,353. These figures exclude Workington (2,996), Alston (144), and midwives practising independently (1,516).

Home Helps were provided in 10 cases during the year. There were no admissions to the Silloth Convalescent Home.

Infantile Mortality.

This question has been dealt with in the first section of this report.

Health Visiting.

The number of visits paid by the whole-time Health Visiting Staff and District Nurses during the year to children under 1 year of age amounted to 19,834, and to children between 1 and 5 years, 15,721.

The attendances at the Maternity and Child Welfare Centres continued to show an increase. The number of children attending under 1 year of age was 665, and between 1 and 5 years, 654. The total attendances at these centres amounted to 4,480. Some 461 children under 5 years of age received treatment for dental or eye defects, or for ear, nose and throat conditions. Orthopædic treatment is dealt with elsewhere in this report.

The voluntary Maternity & Child Welfare Centres at Wigton, Penrith and Cockermouth continued their good work.

At the Penrith centre 273 children under 5 years of age attended, making 1,494 attendances. At Cockermouth 99 children attended, making 423 attendances, and at Wigton 37 children attended, making 222 attendances.

Maternity and Nursing Homes.

There was no change in the position of Registered Nursing Homes during the year.

Puerperal Pyrexia.

During the year 45 cases were notified, compared with 34 cases during the previous year. The usual table reviewing the notifications over a number of years is omitted.

Children and Young Persons Act, 1933.

The work of supervision and visitation of the children who are boarded-out in accordance with the terms of the above Act has been carried out with satisfaction by the whole-time Health Visitors of the County Council, who are designated and specially approved as Infant Life Protection Visitors. The homes and foster-parents concerned have all been found to be satisfactory, and the children are being well cared for. There has been difficulty in one or two

instances to find accommodation for children coming under the provision of the Act, as most of the homes with suitable accommodation have one or more official children evacuees, for which, of course, there is the regular Government billeting allowances.

REPORT ON VISITATION OF CHILDREN FOR THE YEAR
ENDED 31ST DECEMBER, 1940.

	<i>Legit.</i>		<i>Illeg.</i>		<i>Total</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
A. No. of Children under supervision on 1st January, 1940	4	3	16	9	20	12
B. No. brought under supervision during year ended 31st December, 1940	3	2	4	6	7	8
C. No. removed from Register during the year ended 31st December, 1940	2	3	6	4	8	7
D. No. remaining under supervision as at 1st January, 1941	5	2	14	11	19	13
E. Total No. of 1st Visits to Homes by Health Visitors ..					15	
" .. Re-visits					219	
" .. of Children concerned					47	

Midwives.

During the year 126 midwives notified their intention to practise. These notifications included 72 midwives employed by Nursing Associations, 10 County Council midwives, and 7 Independent midwives, the remainder being midwives in maternity units in hospitals, and holiday and emergency midwives. The average number of midwives undertaking domiciliary midwifery is 85. There were four changes among the nurse-midwives employed by Nursing Associations affiliated to the Cumberland Nursing Association.

At the end of the year there was still one small area in the County not provided with a midwife, but, as has already been noted earlier in the report, satisfactory arrangements have been made in respect of this area during 1941.

The Supervisor of Midwives paid 242 routine visits of midwifery inspection, and 92 special visits in connection with Puerperal Pyrexia, Ophthalmia, and other matters.

Domiciliary midwifery cases amounted to 1,807. Of these, 514 were in the Boroughs of Workington and Whitehaven, and 1,293 in other parts of the Administrative County. Maternity cases attended by midwives as maternity nurses amounted to 632. Of these, 44 were in the Boroughs of Workington and Whitehaven, and 588 in other parts of the county. Medical help was summoned on 1,129 occasions.

Even in a restricted report like the present, I think it is worth while detailing the conditions for which medical help was sought. These are set out in the following table:—

FOR THE MOTHER.	District Nurse Midwives	Indepen- dent Midwives	Municipal Midwives	Unaffila- ted Midwives	Total
<i>Pregnancy.</i>					
Abortions	21	3	18	—	42
Albuminuria	39	4	35	1	79
Oedema	9	2	11	—	22
Varicose Veins	5	1	4	—	10
High Blood Pressure	3	—	—	—	3
Vaginal Discharge	7	—	4	—	11
Sickness	6	2	3	2	13
Eclampsia	3	—	—	—	3
Post Maturity	1	—	3	—	4
Unsatisfactory Condition	80	7	32	—	119
Hydramnios	—	—	1	—	1
Bronchitis	—	1	—	—	1
Mental Condition	—	1	—	—	1
Scabies	—	—	1	—	1
<i>Labour.</i>					
Premature Birth	7	1	4	—	12
Prolapsed Cord	—	—	2	—	2
Heart Condition	3	1	4	—	8
Delayed Labour	152	11	54	2	219
Ruptured Perineum	124	7	86	1	218
Contracted Pelvis	1	—	—	—	1
Haemorrhage	36	4	12	2	54
Placenta Praevia	—	—	1	—	1
Retained Pacenta	11	—	3	1	15
Breech Presentation	11	8	11	1	31
Ruptured Membranes	5	1	1	—	7
<i>Lying-in.</i>					
High Temperature	30	3	20	—	53
Breast Condition	4	—	3	—	7
Post-partum Haemorrhage	7	1	11	1	20
<i>For the Baby.</i>					
Feebleness	2	—	22	—	24
Discharging Eyes	32	3	30	—	65
Haemorrhage	3	—	—	—	3
Premature	—	—	4	—	4
Tongue Tied	—	—	3	—	3
Stillbirth	4	2	7	—	13
Breast Condition	1	—	3	—	4
Jaundice	—	—	2	—	2
Deformities	7	1	3	—	11
Sickness	—	—	4	—	4
Unsatisfactory Condition	10	—	28	—	38
	624	64	430	11	1129

ABORTION.

The following table shows the distribution by areas of cases in which medical help was sent for on account of abortion and for comparison I include the figures for the previous year :

					1939.	1940.
Workington Borough	..	..	..	..	16	15
Whitehaven Borough	..	..	..	..	1	—
Cockermouth Urban	..	..	..	..	2	1
Penrith Urban	..	..	..	..	4	5
Border Rural	..	..	..	..	8	4
Cockermouth Rural	..	..	..	..	8	5
Ennerdale Rural	..	..	..	..	12	7
Millom Rural	..	..	..	..	—	1
Penrith Rural	..	..	..	..	—	1
Maryport Urban	..	..	..	..	—	1
Wigton Rural	..	..	..	..	1	2
					<hr/> 52	<hr/> 42

ORTHOPAEDIC TREATMENT.

The Orthopaedic After-care Sister (Miss Nelson) reports as follows :—

The year 1940 has brought little change in the orthopaedic work of this County. The greater part of the work is concerned with children of school age, and this is dealt with in the report on the School Medical Service, but more children under 5 are dealt with each year owing to the close co-operation between the Midwives and Health Visitors and the Orthopaedic Section.

During the year 176 cases of crippling conditions affecting children under 5 years of age were dealt with. The following is a list of the crippling conditions :—

Tuberculosis	..	..	..	..	6
Rickets	..	..	..	..	58
Congenital Dislocation of Hip	..	..	..	..	6
Torticollis	..	..	..	..	6
Infantile Paralysis	..	..	..	..	2
Birth Palsy	..	..	..	..	3
Talipes	..	..	..	..	17
Club Feet	..	..	..	..	9
Spina Bifida	..	..	..	..	4
Flat Foot	..	..	..	..	9
Injuries	..	..	..	..	4
Anterior Poliomyelitis	..	..	..	..	14
Congenital Defects	..	..	..	..	12
Other Conditions	..	..	..	..	26

Of the foregoing list of cases, 19 received hospital treatment. As regards tuberculosis of the bones and joints, 34 children of school age were under treatment of one kind or another during the year. Of these, 4 were new cases during the year.

The number of adult cases of tuberculosis of the bones and joints, which were under treatment during the year, was 74, of whom 13 were new cases.

The following is a table of the tubercular cases dealt with under this Section :—

					<i>Adults.</i>	<i>School Children.</i>	<i>Children Under 5.</i>
Spine .. .. .	..	..	..	..	28	10	—
Knee .. .. .	..	..	..	..	8	5	3
Hip .. .. .	..	..	..	..	20	11	2
Sacro-iliac Joint .. .. .	..	..	..	..	5	1	—
Feet .. .. .	..	..	..	..	4	1	—
Thigh .. .. .	..	..	..	..	1	—	—
Wrist .. .. .	..	..	..	..	2	4	—
Ankle .. .. .	..	..	..	..	6	—	—
Elbow .. .. .	..	..	..	..	—	1	—
Shoulder .. .. .	..	..	..	..	—	1	—
Femur .. .. .	..	..	..	..	—	—	1
					<hr/> 74	<hr/> 34	<hr/> 6

Twenty-one cases received hospital treatment.

Adult non-tubercular cases to the number of 46 received treatment. This is a decrease of 4.

The list of cases treated is as under :—

Scoliosis .. .. .	..	..	..	..	5
Infantile Hemiplegia .. .. .	..	..	..	..	1
Arthritis .. .. .	..	..	..	..	6
Osteo-arthritis .. .. .	..	..	..	..	2
Chronic Polio-arthritis .. .. .	..	..	..	..	1
Osteomyelitis .. .. .	..	..	..	..	4
Congenital Dislocation of Hip .. .. .	..	..	..	..	2
Infantile Paralysis .. .. .	..	..	..	..	7
Osteochondritis .. .. .	..	..	..	..	2
Slipped Epiphysis .. .. .	..	..	..	..	4
Progressive Muscular Dystrophy .. .. .	..	..	..	..	1
Coxalgia .. .. .	..	..	..	..	2
Flat Feet and Talipes .. .. .	..	..	..	..	1
Old Standing Deformities .. .. .	..	..	..	..	2
Pes Cavus .. .. .	..	..	..	..	1
Other conditions .. .. .	..	..	..	..	5

Of the above, 7 cases received hospital treatment, the remainder being under the supervision of the Visiting Orthopaedic Surgeons. These received appropriate treatment at the Intermediate Clinics, which are held in different parts of the County.

The following tables, which are supplementary to those which appear in the School Medical Report, show the extent of this local treatment, exclusive of the work undertaken at the County Clinics for patients from the Boroughs of Workington and Whitehaven, which is considerable.

TABLE A.

Number on After-care Register, 1/1/40	..	132
New cases during 1940	.. ..	69
Cases re-notified after discharge previously	..	7
Number removed from Register	.. ..	56
Number remaining on Register on 31/12/40		152
Attendances at After-care Clinics	.. ..	187
Seen by Consulting Surgeon (not included in above)	.. .. .	5
X-ray examinations during 1940 (including 4 at Ethel Hedley Hospital, Windermere)		40

TABLE B.

Number of Attendances at After-care Sister's Clinics	.. .. .	176
Home Visits	.. .. .	248
Home Visits—Evacuees	.. .. .	36
Plasters applied at Intermediate Clinics	..	64
Plasters applied at Home	.. .. .	30
Cases nursed at home on frames and Thomas' Splints	.. .. .	—
Casts made for Hugland jackets and Thomas' braces, and fittings	.. .. .	10
Casts and fittings for block leather spicas	..	2
Artificial limbs attended to and casts and measurements taken for new limbs	..	5
Hip spicas applied at Intermediate Clinics	..	7
Plaster jackets applied at Intermediate Clinics		5
Appliances supplied and renewed	.. ..	20
Surgical clogs and boots supplied	.. ..	22

TABLE C.
Hospital Treatment.

<i>Name of Hospital.</i>	<i>In Hospital 1 / 1 / 40</i>	<i>Admitted During</i>	<i>Discharged Year</i>	<i>In Hospital 31 / 12 / 40</i>
Ethel Hedley Hospital, Windermere ..	15	19	11	23
Shropshire Orthopaedic, Hospital, Oswestry ..	8	21	15	14

DENTAL SERVICES.

The Senior Dental Officer (Mr. Martin) reports as follows :

" Treatment has been continued as formerly under the four health services—Ante-natal, Public Assistance, Tuberculosis and Blind—though in each section there has been a considerable drop in the number of cases referred which has resulted in greatly reduced totals of work done. This, of course, is mainly due to the greatly improved labour conditions in the area, and is seen chiefly in the Public Assistance section in which only 85 cases were referred, compared with 268 in 1939.

It is unfortunate that so many of the cases referred do not avail themselves of the treatment provided, 169 cases being cancelled out of the 253 referred. In Ante-Natal cases this is no doubt greatly due to the generally unsettled conditions which prevail and which re-act very definitely on such cases. It has also been pointed out elsewhere that many Ante-Natal cases are referred for treatment too late in the pregnancy to allow of anything being done. The Public Assistance cases are mostly cancelled because of the applicant coming into employment and consequently being no longer eligible for treatment under the County Scheme.

The mechanical staff is now reduced to two by the calling-up for military duty of one of the apprentices, G. Richardson, who reported for duty on the 3rd January, 1941. The other apprentice, J. Flynn, is also due for service, and may be called-up at any time. Thus the diminution of the staff and the decrease of work—both the result of war conditions—more or less balance one another.

The totals for the year are given in the same form as last year, and are self-explanatory."

Service.	Cases brought forward from 1939.		Cases Referred in 1940.		Cancelled.		Treatment completed.		Cases carried forward to 1941.
	..	104	..	165	..	114	..	100	.. 55
Public Assistance	..	137	..	85	..	50	..	126	.. 46
Tuberculosis	..	9	..	3	..	5	..	6	.. 1
Blind, &c.	..	1	..	—	..	—	..	1	.. —
Total	..	251	..	253	..	169	..	233	.. 102

Service.	Fillings.		Extractions		Anaesthetics.		Dentures	
	..	11	..	769	..	—	.. 132	.. 111
Public Assistance	..	—	..	708	..	—	.. 124	.. 226
Tuberculosis	..	8	..	14	..	—	.. 7	.. 4
Blind, &c.	..	—	..	—	..	—	.. —	.. 2
Total	..	19	..	1491	..	—	.. 263	.. 343

VENEREAL DISEASES.

The Assistant Medical Officer (Venereal Diseases), Dr. Mc.Murtrie, reports as follows:—

“At the Cumberland Infirmary Clinic the decrease in attendance, which began in 1939, continued.

The attendance of males was 2,454, females 1,262, total 3,716. These figures show a decrease of 898 in male attendances, 211 in female attendances, and a total decrease of 1,109. No doubt the decrease in male attendance is largely due to a further calling-up of the male population for the services. This may also account to some extent for the decrease in female attendance, but here restriction in travelling facilities probably plays a part.

The incidence of syphilis remained practically unchanged, there being 13 new infections in 1939, compared with 12 in 1940.

The incidence of gonorrhœa showed a marked decline from 145 new and early cases in 1939, to 91 in 1940. With regard to gonorrhœa it is necessary to take into consideration the fact that since the introduction of M. & B. 693 an increasingly large number of cases are treated by the patients' medical attendants. Formerly many of these would have come to the clinics. This is regrettable because such treatment is less likely to be effective, tests for cure are frequently omitted, and observation after apparent cure is not always carried out.

New patients suffering from gonorrhœa who resided in Carlisle dropped from 84 in 1939, to 51 in 1940. Those residing in Cumberland from 51 in 1939, to 24 in 1940.

Although not within the scope of this report, it is of great importance to note that during the first 6 months of the year 1941 there have been 16 new cases of early syphilis, and 56 of early gonorrhœa. The corresponding figures for the same period in 1940 were 2 and 39. Thus it is evident that the outbreak of venereal disease reported much earlier in other parts of the country has now reached Cumberland.

It is anticipated that the final figures for 1941 will show a great increase in the work of the Carlisle Clinic.

Routine methods of treatment remained unchanged during 1940 except that it has been found that Sulphathiozole (M. & B. 760) is equal in therapeutic effect to Sulphapyridine (M. & B. 693) in the treatment of gonorrhœa, and is much less toxic. It can thus be given in larger doses, and it has been found most useful in treating women who often cannot tolerate M. & B. 693 in dosage large enough to cure. Unfortunately there has been considerable difficulty in obtaining supplies from the makers.

At the Whitehaven Clinic the attendance was practically the same as in 1939—823 (compared with 821).

There has been a considerable increase in the number of seamen, mostly foreign, attending. Almost without exception they arrive at Workington, and only come to the Whitehaven Clinic if their ships happen to be in port on the day on which the Clinic is open. This number does not in any way represent the number of seamen requiring treatment.

Eleven seamen attended the Clinic in 1940. In 1941 up to the time of writing this report (15th August) there have been 12. Attention to this has been drawn by the Workington Port Authority with a request that facilities for treatment should be provided in Workington without delay.

There are several ways of dealing with this problem, viz.—(1) provision of a permanent V.D. Clinic at Workington, preferably at the Infirmary, where both male and female patients can be treated; (2) provision of a treatment centre near the dock for men only. This would probably have to be a wooden hut; (3) Establishing a General Practitioner Service whereby certain practitioners in Workington would receive payment for providing treatment.

The scheme for a hut appears to be the most suitable."

SANITARY CIRCUMSTANCES OF THE AREA

(A) HOUSING.

Housing Rural (Workers) Acts, 1926—1938.

The position at the 31st March, 1941, is substantially the same as that reported for the year ended 31st March, 1940. During the year under review work has been completed in respect of eight dwellings, increasing the total number of houses renovated or improved under the Act, to 1,001, and the grants paid by the Council from £69,649 to £78,588.

As foreshadowed in the previous report the war has not only retarded but virtually suspended the provision of better housing accommodation under these Acts.

(B) WATER AND SEWERAGE.

During the year 1940 little change has taken place in the statistics applicable to this subject.

In the case of the undermentioned schemes the Minister of Health informed the respective Local Authorities that he was unable to regard such schemes as being of sufficient urgency to justify their being proceeded with in the present emergency. :—

Ennerdale R.D.	..Sewerage and sewage disposal—Parish of St. Bees (S), 65.
Millom R.D.	..Sewerage and sewage disposal—Village of Ravenglass (S), 188 ; Villages of Drigg and Holmrook (S), 187 ; Village of Eskdale Green (S), 189 ; The Green (S), 270 ; Bootle (S), 271 ; Seascale (S), 266.
Wigton R.D.	..Sewerage and sewage disposal— Villages of Caldbeck and Hesket-new-Market (S), 207 ; and Kirk-bampton and Little Bampton (S), 209.

The following schemes were commenced during the year under review :—

Wigton R.D.	..Sewerage and sewage disposal—Village of Torpenhow (S), 203.
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Ennerdale R.D. ..Sewerage and sewage disposal—Parishes of St. John's Beckermest, St. Bridget's Beckermest, and Haile (S), 237.

and the following completed :—

Wigton R.D. ..Sewerage and sewage disposal—Parishes of Holme Abbey (S), 170 ; Kirkbride and Holme East Waver (S), 171 ; Village of Newton Arlosh (S), 175.

Only one scheme was approved during the year for financial aid from County funds, viz.:—Millom R.D.—Parishes of Millom, Millom Without and Whicham—Water Supply (W), 269. The amount of grant from the County Council was assessed at not exceeding £4,000.

INSPECTION AND SUPERVISION OF FOOD.

Foods other than Milk.

The report of the County Analyst is not included this year ; this report having been already printed and circulated to the County Council.

Milk.

The number of milk samples taken during the year under the Joint Scheme of the County Council and Local Sanitary Authorities was, as will be noted later, 2,269. This is over 600 in excess of the previous year, and is actually more than for 1938. The increase is due to the initial stress of war conditions having been to some extent overcome in the sanitary districts, and is also, of course, due to the steady increase in the number of graded producers. Some reference has been made to the problem of milk and the civil population earlier in the report, and, therefore, nothing more need be said here on the general question of supply and nutrition.

Complaints continue to be received against the methylene blue test as a standard of purity. The view is held by some that it is too severe in hot weather, and not severe enough in winter. It has certain advantages over the plate count method, but certain disadvantages. As an example of how this test may react, it may be worth mentioning that during this summer in one hot spell, there were received on one day in this office fifty-five laboratory reports on milk samples of which forty-six were unsatisfactory by the methylene blue test. On the face of it, there would appear to be something wrong that such a condition of affairs could arise. On the other hand, certain producers continue to submit samples which pass the methylene blue test summer and winter, without apparent difficulty.

The distribution of milk to expectant mothers and young children by this department has now practically ceased, the whole matter being in the hands of the Milk Officers appointed by the Government.

Milk and Dairies (Consolidation) Act, 1915.

As will be seen below, the samples of milk found to contain tubercle bacilli were almost exactly the same as for the previous year.

Milk and Dairies (Consolidation) Act, 1915.

During the year under review, one complaint was received from an outside Authority regarding the finding of tubercle bacilli in milk produced in Cumberland. A cow with a tuberculous udder was detected at the farm in question, and slaughtered, a control sample taken thereafter proving negative for tubercle.

In addition, milk sampling in the County led to the finding of twenty-three positive samples. These, together with two cases pending from the previous year, and the one mentioned above, make a total of twenty-six positive reports dealt with during 1940.

The twenty-five reported as the result of sampling inside the County involved forty-eight herds.

Investigation into the twenty-five, gave the following results. In three cases reports received involved farms already under investigation, giving a net figure of twenty-two reports. In fifteen cases the source of infection was found, nineteen cows with tuberculosis of the udder being slaughtered. In three cases the animals believed to have been responsible were removed from the herds before the reports of the presence of tubercle were received. In the remaining four cases, no source of infection was found.

Control samples taken from all the herds concerned, after investigation was completed, were reported by the Pathologist as negative for tubercle bacilli.

Milk Sampling.

During the year, 2,269 samples were taken under the joint Scheme of Milk Sampling, compared with 1,619 for the previous year. This number includes those taken from the milk produced at farms licenced under the Milk (Special Designations) Orders, eight samples of pasteurised milk and also samples taken from school and institution supplies which come from graded and ungraded farms.

Six hundred and thirty two samples from ungraded supplies were collected during the year.

The following table shows the result of the sampling of ungraded supplies :—

TABLE I.

RURAL AREAS.		<i>Satisfactory.</i>		<i>Unsatisfactory.</i>		<i>Total.</i>
Alston .. ..	..	20	..	16	..	36
Border .. ..	..	23	..	51	..	74
Cockermouth ..	..	55	..	68	..	123
Ennerdale ..	..	105	..	63	..	168
Millom .. ..	..	9	..	16	..	25
Penrith .. ..	..	25	..	23	..	48
Wigton .. ..	..	25	..	13	..	38
URBAN AREAS.						
Cockermouth ..	..	1	..	4	..	5
Keswick .. ..	..	2	..	3	..	5
Maryport .. ..	..	8	..	9	..	17
Penrith .. ..	..	15	..	11	..	26
BOROUGHES.						
Workington ..	..	21	..	19	..	40
Whitehaven ..	..	11	..	16	..	27
		320	..	312	..	632

The improvement noted in the previous year appears to be maintained, the percentage of satisfactory samples for the year under review being approximately 50% against 47% for the year 1939.

Of the 2,269 samples collected during 1940, under the Joint Scheme, 1,209 were also submitted to a biological examination for tubercle bacilli. Of these, 23 were found to contain tubercle bacilli, which is two less than the previous year. Three of the twenty-three samples involved the same farm.

The following table shows the percentage of positive samples for the last five years :—

TABLE II.

<i>Year.</i>	<i>Number submitted to the Biological Test.</i>		<i>Percentage Positive for Tubercle.</i>	
1940	1209	..	2.1%	..
1939	1154	..	2.8%	..
1938	1221	..	1.2%	..
1937	1315	..	1.5%	..
1936	728	..	1%	..

Milk (Special Designations) Orders, 1936 and 1938.

The Milk and Dairies Committee, after detailed and careful investigation of a number of cases, decided to withhold the licences for 1941 in four cases. Warning letters were also issued in a number of other cases. In addition, one licence was suspended and two were revoked during the year.

The Staff of the Cumberland and Westmorland Farm School paid 61 advisory visits during the year—this number included three repeat visits. At the end of 1940, there were 106 premises licensed to produce Tuberculin Tested milk, and 335 licensed to produce Accredited milk, compared with 95 and 326 respectively for 1939.

Milk Supplies to Schools and Public Institutions.

Milk supplies to schools concerned with the Milk Marketing Board Scheme and our own free milk scheme, are becoming increasingly difficult to maintain. This has been noted earlier in the report. The causes are shortage of labour, transport difficulties, shortage of bottles and straws, and probably a definite reduction in actual milk supplies. Anyhow, whatever the cause, an increasing number of producers are asking to be relieved of their contracts, and it is difficult to find satisfactory substitutes.

During the year, 419 samples were examined for cleanliness. Of these, 263 reached "Accredited" standard, and 156 fell below that standard.

Veterinary Inspection of Dairy Herds.

I am again indebted to the Divisional Inspector of the Ministry of Agriculture (Mr. J. Cameron, M.R.C.V.S., D.V.S.M., B.Sc.), for the following figures relative to the results of inspection of dairy herds, and also to the number of cattle which have been slaughtered under the Tuberculosis Order in the County, which he has kindly allowed me to include in this report.

No. of Confirmed cases of Tuberculosis.. .. 126

Clinical Inspection of Dairy Herds.

<i>Class of Herd.</i>	<i>No. of Herd Inspections.</i>	<i>No. of Cattle Examined.</i>	<i>Number of Cattle dealt with under the Tuberculosis Order.</i>
"Tuberculin Tested"	189	.. 14,208	.. —
"Accredited"	.. 1,138	.. 30,095	.. 42
Non-designated	.. 970	.. 12,091	.. 84

Tuberculin Testing of "Tuberculin Tested" Herds.

No. of Cattle tested	..	..	..	10,585
No. of Reactors found	..	..	..	233

STATEMENT SHOWING THE NUMBER OF ACCREDITED LICENCES IN OPERATION AT THE END OF 1940, IN EACH SANITARY DISTRICT
WITH THE RESULTS OF MILK SAMPLING AND CLINICAL EXAMINATIONS OF THE HERDS.

Sanitary District.	Licences in Operation	Number taken.	Samples taken.			Cases of Tuberculosis Detected on Veterinary Examination or Reported.				OTHER CONDITIONS	
			Accredi- ted Standard.	Below Standard	Tubercu- lous	T.B. Udder.	T.B. Emacia- tion.	Chronic Cough, &c.	Atrophy, Mastitis Induration Non-T.B., etc.		
RURAL.											
Alston
Border	..	120	166	193	2	..	3	8	..	60	..
Cockermouth	..	37	101	57	2	1	..	2	..	1	..
Ennerdale	..	26	75	24	..	3	..	..	..	4	..
Millom	..	17	39	20	1	2	..	1	..	9	..
Penrith	..	25	29	26	..	..	..	2	..	8	..
Wigton	..	85	194	103	6	9	..	10	..	64	..
URBAN.											
Cockermouth	..	2	3	1	..	..	..	..	..	..	..
Keswick	..	1	2	..	..	..	..	..	..	..	..
Maryport	..	4	7	6	..	..	..	..	..	..	..
Penrith	1	2	2	..	..	..	..	..	1	..
BOROUGHS											
Whitehaven	..	13	45	18	1*	..	..	..	..	1	..
Workington	..	4	10	3	..	..	..	..	..	..	..
	335	..	673	453	12	20	3	23	..	148	..

* Note :—Although no case of tuberculosis is shown, a cow which had been sold from the accredited to an Ungraded herd, was found on investigation at the latter farm, to be affected with tuberculosis of the udder.

STATEMENT SHOWING THE NUMBER OF TUBERCULIN TESTED LICENCES IN EACH DISTRICT AT THE END OF THE YEAR, 1940, WITH THE RESULTS OF MILK SAMPLING, AND CLINICAL EXAMINATIONS.

Sanitary District.	Licences in operation.	Samples taken.			Conditions Other than Tuberculosis, found on Clinical Examination.
		Number taken.	Tuberculin Tested Standard.	Below Standard.	
RURAL					
Alston	3	8	8	—	—
Border	46	135	75	61	13
Cockermouth	10	44	31	13	—
Ennerdale	6	46	41	5	—
Millom	2	8	8	—	—
Penrith	26	61	42	19	—
Wigton	11	45	28	17	1
URBAN					
Cockermouth	—	—	—	—	—
Keswick	—	—	—	—	—
Maryport	—	—	—	—	—
Penrith	1	4	4	—	—
BOROUGH					
Whitehaven	1	13	12	1	—
Workington	—	—	—	—	—
	106	365	249	116	14

Chemical and Bacteriological Examination of Food.

The chemical analysis of milk, other foods and water, required by the County Council, is undertaken by the County Analyst at his Laboratory at Darlington. The bacteriological examination of milk and water is undertaken at the Pathological Department of the Cumberland Infirmary, Carlisle. Occasionally, also, bacteriological examinations of samples of other foods—for example shell-fish for sewage contamination—are undertaken for the County Council at the Cumberland Infirmary Pathological Department.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

During the year no major epidemic occurred. There were 47 cases of cerebro-spinal fever with 7 deaths. One half of the cases occurred in the Border Rural District. In the previous year there were 3 cases with no deaths. The 47 cases, however, were spread over a sufficiently long period to cause no embarrassment in the matter of finding hospital accommodation.

The arrangements outlined twelve months ago, whereby certain of the infectious diseases hospitals in the County were earmarked for certain diseases, and others for other diseases, continue, and the arrangement is working satisfactorily.

Towards the end of 1940 the National campaign for the immunisation of children against diphtheria was initiated by the Ministry. Very considerable progress has been made in this respect, and many thousands of children have been immunised. As, however, practically all the immunisations have taken place during the current year the actual figures will fall to be recorded in the next annual report.

The figures of the commoner diseases are set out below, and for comparison the figures of the previous years are also given!:-

Scarlet Fever.

In 1934	there were	291	cases with	0	deaths
In 1935	„ „	387	„ „	2	deaths
In 1936	„ „	152	„ „	0	deaths
In 1937	„ „	248	„ „	1	death
In 1938	„ „	385	„ „	2	deaths
In 1939	„ „	322	„ „	1	death
In 1940	„ „	142	„ „	0	deaths

Diphtheria.

In 1934	there were	118	cases and	8	deaths
In 1935	„ „	223	„ „	19	deaths
In 1936	„ „	332	„ „	18	deaths
In 1937	„ „	151	„ „	8	deaths
In 1938	„ „	96	„ „	5	deaths
In 1939	„ „	50	„ „	1	death
In 1940	„ „	63	„ „	5	deaths

Enteric Fever.

In 1934	there were	6	cases and	3	deaths
In 1935	„	10	„ „	4	deaths
In 1936	„ „	15	„ „	2	deaths
In 1937	„ „	17	„ „	3	deaths
In 1938	„ „	3	„ „	1	death
In 1939	„ „	11	„ „	0	deaths
In 1940	„ „	12	„ „	1	death

Measles.

In 1934	there were	16	deaths
In 1935	„ „	4	deaths
In 1936	„ „	6	deaths
In 1937	„ „	8	deaths
In 1938	„ „	23	deaths
In 1939	„ „	2	deaths
In 1940	„ „	13	deaths

Whooping Cough.

In 1934	there were	17	deaths
In 1935	„ „	10	deaths
In 1936	„ „	3	deaths
In 1937	„ „	6	deaths
In 1938	„ „	4	deaths
In 1939	„ „	13	deaths
In 1940	„ „	16	deaths

Cerebro-Spinal Fever.

During the year the following notifications were received :—

Cockermouth Urban District	..	..	..	1
Maryport Urban District	..	..	..	2
Penrith Urban District	..	..	..	2
Whitehaven Borough	..	..	..	2
Workington Borough	..	..	..	4
Alston Rural District	..	..	..	1
Border Rural District	..	..	..	23
Cockermouth Rural District	..	..	..	1
Ennerdale Rural District	..	..	..	5
Wigton Rural District	..	..	..	5
				—
				46

Seven deaths took place in the following districts :—

Border Rural District	..	..	..	2
Ennerdale Rural District	..	..	..	3
Whitehaven Borough	..	..	..	2
				—

Non-Notifiable Disease.**Diarrhoea.**

In 1934	„	„	16	deaths in children under 2 years				
In 1935	„	„	10	„	„	„	„	„
In 1936	„	„	18	„	„	„	„	„
In 1937	„	„	16	„	„	„	„	„
In 1938	„	„	17	„	„	„	„	„
In 1939	„	„	6	„	„	„	„	„
In 1940	„	„	10	„	„	„	„	„

There follows below the table, first included in this report four years ago, showing the notifications of the commoner diseases by districts. The table is exclusive of notifications of puerperal fever and pyrexia, and of ophthalmia neonatorum, which are dealt with in other sections of this Report. The notifications for the two previous years are included for comparison. The figures for measles and whooping cough are included for the first time.

NOTIFICATIONS OF CASES OF INFECTIOUS DISEASES IN THE COUNTY OF CUMBERLAND DURING THE YEAR 1940

DISTRICT	Cerebro-						
	Scarlet Fever	Diphtheria	Enteric Fever	Pneumonia	Polio- myelitis sipelas	Spinal Fever	Whooping Cough
Workington M.B.	..	15	4	35	..	4	192
Whitehaven M.B.	..	3	4	24	..	2	461
Cockermouth U.D.	..	3	5	..	..	1	104
Keswick U.D.	..	4	2	10	1	..	73
Maryport U.D..	..	10	3	9	1	2	359
Penrith U.D.	..	14	4	23	7	2	120
Alston R.D.	..	2	2	5	2	1	108
Border R.D.	..	18	8	39	26	23	438
Cockermouth R.D.	..	13	3	14	5	1	211
Ennerdale R.D.	..	13	19	28	18	5	335
Millom R.D.	..	10	3	24	6	..	176
Penrith R.D.	..	14	1	22	4	..	178
Wigton R.D.	..	23	5	66	19	5	500
TOTALS	.. 142	.. 63	.. 12	.. 299	.. 124	.. 46	.. 3195
1939 ..	.. 322	.. 49	.. 8	.. 219	.. 100	.. 3	not previously recorded
1938 ..	.. 385	.. 96	.. 3	.. 178	.. 6	.. 5	not previously recorded

VACCINATION.

The usual appendix on vaccination is omitted. The following summary of the position however gives the essential details.

Registered Births	.. .. .	3177
Certificates of Successful Vaccination	.. ..	1043 (32.8%)
Statutory Declarations	.. .. .	1884 (59.4%)
Cases otherwise accounted for (that is infants who died unvaccinated, postponements, removed from the district, cases lost sight of)	.. ..	188 (5.9%)
Cases unaccounted for	.. .. .	62 (1.9%)

The position remains unchanged so far as the percentage of successful vaccinations is concerned.

The Urban districts have consistently shown a very low percentage of vaccinations, and, as I have previously pointed out, parents living in the scattered rural districts almost invariably arrange for their children to be vaccinated, whereas in the industrial areas of the county, where there is a greater density of population, 80% of the parents submit Declarations of Exemption.

PREVENTION OF BLINDNESS.

During the year 43 cases were examined by ophthalmic surgeons under the Prevention of Blindness Scheme. Of these 4 cases received operative treatment, 8 other forms of treatment, and in 28 cases glasses were provided.

With regard to ophthalmia neonatorum, 15 cases were notified. Of these 8 were treated in the City General Hospital, Carlisle, under the immediate care of the eye specialists. Statistics relative to ophthalmia neonatorum during the year are as follows :—

Cases Notified	.. .. .	15
Cases Treated :—		
At Hospital	.. .. .	8
At Home	.. .. .	7
Vision Unimpaired	.. .. .	15
Vision Impaired	.. .. .	—
Total Blindness	.. .. .	—
Deaths	.. .. .	—

CANCER.

In 1940 there were 352 deaths from cancer. This is a slight increase over the previous year, and is our peak figure. The age and sex distribution of the deaths, and the aggregate of the Urban and Rural Districts are set out in the following tables. Deaths from cancer in Urban districts increased by 25 as compared with 1939, and deaths in Rural districts fell by 4.

Under the County Council Scheme for the treatment of cancer, 11 cases were sent to the Radium Institute, Manchester, and of these 10 were retained for in-patient treatment. Seven cases were admitted to the City General Hospital, Newcastle-on-Tyne, and 1 case was admitted to the North Lonsdale Hospital, Barrow-in-Furness.

Attendances for after-care at the Out-patient Department at the North Lonsdale Hospital during the year amounted to 58. This is a decrease of 11 on the previous year.

Two cases of cancer of the throat were dealt with at the Westminster Hospital, London.

The Ministry of Health have further postponed the date for the submission of Schemes under the Cancer Act, 1939, and it looks as if further detailed consideration of this matter will now be deferred until the termination of the war.

Cases of cancer from the County area dealt with at the Cumberland Infirmary during the year amounted to 204. Of these 94 were new cases brought to notice during the year who were admitted as in-patients for investigation or treatment. The remainder were cases attending as out-patients for after-care and advice in continuation of treatment previously received at the Infirmary.

CANCER DEATHS DURING 1940—BY AGE GROUPS.

	15-45		45-65		65 +		All Ages Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
URBAN DISTRICTS ..	5	6	36	30	36	42	77	78
Rural Districts ..	9	5	32	39	57	55	98	99
Whole County	14	11	68	69	93	97	155	197
	25		137		190		352	

CANCER DEATHS DURING 1940—BY SANITARY DISTRICTS.

	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate per 1,000 of Population</i>
URBAN DISTRICTS.				
Keswick	4	9	13	2.31
Maryport	17	8	25	2.26
Penrith	7	15	22	2.07
Whitehaven	25	17	42	1.82
Workington	23	25	48	1.74
Cockermouth	1	4	5	.90
Aggregate of Urban Districts ..	77	78	155	1.8
RURAL DISTRICTS.				
Penrith	12	13	25	1.88
Millom	14	9	23	1.46
Border	24	28	52	1.75
Ennerdale	18	22	40	1.46
Wigton	16	18	34	2.05
Cockermouth	13	9	22	1.20
Alston	1	—	1	.38
Aggregate of Rural Districts ..	98	99	197	1.4
Whole County	175	177	352	1.6

TUBERCULOSIS.

The number of cases of pulmonary tuberculosis notified as primary notifications during the year amounted to 163, a reduction of 11 as compared with the previous year, and as far as I can ascertain, actually the lowest notification figure on record. Similarly, non-pulmonary notifications at 60 are the lowest figure ever recorded. In addition, 18 new cases came to notice in other ways. Of these 13 were pulmonary, and 5 non-pulmonary. The comparison between primary notifications for 1940 and those for previous years is shown in the following table :—

Table A.—Notification.

			Pulmonary.			Non-Pulmonary.
1931	..	..	246	..	..	94
1932	..	..	190	..	..	95
1933	..	..	252	..	..	96
1934	..	..	193	..	..	104
1935	..	..	202	..	..	70
1936	..	..	176	..	..	85
1937	..	..	179	..	..	82
1938	..	..	194	..	..	69
1939	..	..	174	..	..	66
1940	..	..	163	..	..	60

The total deaths from tuberculosis are shown in the following table :—

Table B.—Deaths.

			Pulmonary.			Non-Pulmonary
1931	..	..	165	..	..	30
1932	..	..	142	..	..	47
1933	..	..	144	..	..	44
1934	..	..	138	..	..	47
1935	..	..	124	..	..	31
1936	..	..	112	..	..	34
1937	..	..	123	..	..	35
1938	..	..	115	..	..	34
1939	..	..	124	..	..	30
1940	..	..	122	..	..	31

The 1940 death-rate for non-pulmonary tuberculosis on the Registrar General's figures for the Administrative County was .58 per thousand of the population, as compared with .62 in 1939.

Arranged in order of pulmonary tuberculosis death-rates—per 1,000 of the population—the Sanitary Districts stand as follows :—

URBAN DISTRICTS.						<i>Deaths.</i>	<i>Death Rate.</i>
Whitehaven	..	..	..	..	..	20	.87
Workington	..	..	..	..	..	20	.72
Maryport	..	..	..	..	..	8	.69
Cockermouth	..	..	..	..	..	3	.54
Keswick	..	..	..	..	..	2	.35
Penrith	..	..	..	..	..	2	.18
Aggregate of Urban Districts						55	.43
RURAL DISTRICTS.							
Alston	..	..	..	..	..	3	1.14
Ennerdale	..	..	..	..	..	31	1.13
Penrith	..	..	..	..	..	5	.47
Wigton	..	..	..	..	..	10	.42
Border	..	..	..	..	..	10	.33
Cockermouth	..	..	..	..	..	5	.25
Millom	..	..	..	..	..	3	.24
Aggregate of Rural Districts						67	.80
Total for the Administrative County						122	.58

Of the 153 deaths from tuberculosis, 75, or the usual approximate 50% did not come to our notice until within three months of death or after death.

Our approximate bed accommodation occupied at the different institutions during the year was as follows :—

PULMONARY TUBERCULOSIS.

	<i>Beds.</i>
At Blencathra Sanatorium	32
At Meathop Sanatorium	18
At Stannington Sanatorium	21
At Eastby Sanatorium	4

The Year's Work.

The total number of cases admitted to Institutions for diagnosis or treatment was as follows :—

	<i>M.</i>		<i>F.</i>	<i>Total</i>
Adults in Blencathra and Meathop	63	..	51	.. 114
Children in Stannington and Eastby	18	..	11	.. 29
Orthopædic cases in the Ethel Hedley Hospital and Shropshire Orthopædic Hospital	..	..	14	.. 9 .. 23
Other Institutions	..	..	5	.. 1 .. 6

The total admissions of pulmonary cases at 149 were substantially below the figure for 1939, and as will be seen from the following table, there is a marked reduction when contrasted with the year's 1935-1938. The probable reasons have been discussed elsewhere.

1935	..	..	..	..	221
1936	..	..	..	..	264
1937	..	..	..	..	270
1938	..	..	..	..	289
1939	..	..	..	..	197
1940	..	..	..	..	149

In my opening letter I have made reference to the general position regarding tuberculosis, and to the different position for 1941.

The main statistics for the year are as under :—

New cases examined at Dispensaries	..	..	140
Number of contacts examined	..	..	474
Number of cases on the Dispensary Registers at the end of the year	..	..	777
Consultations with Practitioners	..	..	192
Visits to homes of patients by Tuberculosis Officers			181
Visits to homes of patients by Tuberculosis Nurses			1554
Sputum examinations	..	..	321
X-ray examinations	..	..	143
Attendances at Dispensaries	..	..	2065

All the above figures reflect a decrease on the comparative statistics for the preceding year.

With regard to surgical treatment, 4 cases of pulmonary tuberculosis had surgical treatment of one kind or another, and considerable numbers of refills in artificial pneumothorax cases were given both at Blencathra and at Meathop. A certain number of cases of tuberculosis of the larynx and kidney were dealt with during the year. Shelters were in use by 33 patients, extra nourishment was granted in 106 cases apart from grants from the Public Assistance Committee.

A large number of cases were referred to us by the National Service Military Medical Boards for an opinion as to the lung condition in relationship to fitness for military service. In addition, a number of cases were referred to us on discharge from the Services on account of tuberculosis for disposal. This number is steadily increasing, and coincidentally so is our connection with the Ministry of Pensions in respect of such cases.

Public Health Act, 1936, Section 172.

No action was taken under this Section.

I have decided to again omit the detailed tables which, prior to the War, were published in this section of the Report, but the above details give a fairly comprehensive view of the situation.



