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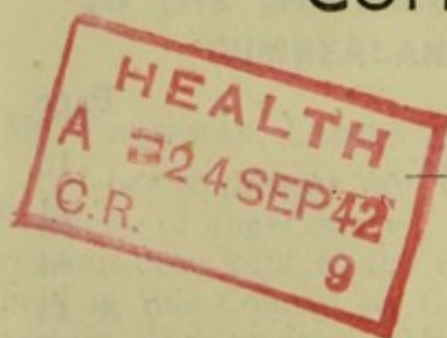
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COUNTY COUNCIL OF
CUMBERLAND



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ANNUAL REPORT

ON THE

HEALTH SERVICES
OF THE COUNTY

FOR THE YEAR 1941

KENNETH FRASER,

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

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TO THE CHAIRMAN AND MEMBERS OF THE CUMBERLAND COUNTY COUNCIL.

MR. CHAIRMAN, LADIES AND GENTLEMEN.

I beg to present my Tenth Annual Report on the Health Services of the County. The report has again for obvious reasons been kept to the minimum. The recent conferences held in this County on Cancer and on Milk Supplies and certain other matters, point to comments which may usefully be made even in these days of condensed reports.

Vital Statistics.

In accordance with instructions many of the usual references to populations have been omitted. The vital statistics of the year are of rather unusual interest in several directions, and may generally be regarded as satisfactory.

The birth-rate has risen from 15.6 per thousand of the population to 16, and the total number of births from 3,293 to 3,463. The crude death-rate on the other hand has fallen from 15.2 to 12.6, so we have only had to record 2,726 deaths against 3,209 for the previous year in spite of a population increased by an estimated 10,000. An examination of the table on page 13, of the principal causes of death, shows that there has been a fall in most sections, particularly in respect of bronchitis and influenza, in which the deaths are down by half, and also in respect of heart and circulatory diseases generally.

Cancer deaths on the other hand are up to a new high level.

The number of deaths from pulmonary tuberculosis is down, and this point calls for special comment later.

Maternal Mortality figures are almost identical, the actual deaths being 9—one from sepsis and 8 from accidents of pregnancy—which figures are exactly the same as those for the previous year. The rate however is slightly down owing to the increase in population. One of the deaths classified as due to accidents of pregnancy raises a curious point. In this case the death was that of a woman of 59 years of age whose last confinement was over 20 years ago. She required treatment for a gynaecological condition arising out of one of her confinements, and while in hospital she died. I have been in correspondence with the Registrar-General on the matter because I could not follow how such a death could possibly be classified as a maternal death. He advises me

that the classification arises out of a decision made at an International Conference of Registrars held some years ago at which it was decided that any death arising out of pregnancy or child-birth should be classified as a maternal death, irrespective of the period of time which might elapse between the confinement and the actual death.

There were no deaths from measles—the first occasion on which I can recollect a nil return in this respect. I think this is a useful pointer to the health of the child population, because deaths from measles are commonly associated with debility in the case of a child. The low mortality figures for congenital debility and allied conditions are another useful pointer to the same effect. In fact a general survey of the vital statistics provides considerable evidence of the continued good health of the population under war-time conditions.

Milk.

To avoid extending unduly this usual introductory letter I have incorporated some notes on the question of milk in the form of an inset, to which I take the liberty of drawing your attention.

Co-ordination of Hospitals.

The future of the hospitals in England, as one of the subjects calling for preliminary consideration now and for action soon after the war or perhaps even during the war, has of late been much in the public eye. The ball may be said to have been set rolling by the Nuffield Provincial Hospital Trust, and on this matter and its implications a detailed report was laid before you more than twelve months ago. The Ministry now have the matter in hand and are causing hospital surveys to be made throughout the country.

The original proposals of the Nuffield Trust included a proposal to establish Regional Hospital Councils with substantial powers, and in this area the suggestion then was that the Regional Hospital Council was to be in Liverpool, and was to have certain powers of intervention in the Public Health Services of the Local Authorities, and on this Council this area was to have had one representative out of twenty-four members. These proposals, not unnaturally, caused considerable anxiety. The whole matter of hospital co-ordination is now however being approached from a totally different angle under the direction of the Ministry.

At the time of writing a survey of the North Western Region is being undertaken by Officers appointed by the Ministry, who, in connection with this survey have visited Cumberland. The Surveying Officers are Dr. Mc.Intosh and Mr. Mc.Nicoll—both Officers of the Ministry—and Mr. Rock Carling, Senior Surgeon of the Westminster Hospital. The Surveying Officers made many contacts in the area and visited a number of hospitals.

The future of our hospitals is a matter of the first importance to us, and it will be of interest to outline the chief points put to the Surveying Officers :—

(1) On account of the geographical isolation of the area and of the population to be served, it is most desirable that the Cumberland Infirmary should be recognised as an area or base hospital, expanded to meet the needs of the population, and providing general medical and surgical services, and as many special departments as may be practicable, on a high standard of efficiency and equipment.

(2) Outside contacts for the type of case which cannot be dealt with locally at present exist with a considerable number of hospitals in large centres. These contacts have worked efficiently and it is desirable, so far as may be practicable, to retain freedom of choice in regard to these outside contacts.

(3) The linking up of the hospitals in the area with a University Medical School is desirable to advise in matters of staffing, research, etc., and to provide within the area certain facilities for the training of students from medical schools.

(4) The development of the Cancer Service in the area is urgent, and extended provision for midwifery and gynaecology, the establishment of a fracture and orthopaedic service for the area, and the establishment of certain new services, are also of the first importance.

(5) The County Council, recognising the great importance to the community of extending the scope of the local hospital services, would be glad to enter into a partnership with the County Borough of Carlisle and the voluntary hospitals of the area to this end.

It would not be proper to comment on the re-action of the Surveying Officers to these points, or to anticipate their findings in any way, but at least it may safely be said that the discussions which took place are likely to prove of the greatest value, and were conducted throughout in the best possible spirit.

One point is clear and that is that, post-war, our proposals for hospital development must not be subjected to the inordinate, and, in my judgment, unnecessary delays which marked the decade between the passing of the Local Government Act of 1939 and the outbreak of war. These delays had some understandable basis because of the numerous interests involved, but most of the thorny points have been fully discussed and settled, and although there will necessarily have to be considerable re-casting it should be possible to progress much more quickly when the questions again come up for review.

In recent years the municipal hospital has climbed to a new and well merited place in public opinion. The question has been raised to me many times whether the best policy for the County Council would not have been to build and maintain a municipal hospital. Whether the County Council may ultimately establish a municipal hospital in any part of the area I cannot say, but my view remains unchanged that the establishment of a municipal hospital as a sort of rival to the Cumberland Infirmary would be a fundamental mistake. The duplication of small hospitals is contrary to the trend of hospital development everywhere, and our needs as a Local Authority could not justify the establishment of a municipal hospital of an economic size. Our clear policy is to support and further the development of a base hospital of adequate size, and of as high a degree of efficiency as practicable, at the Cumberland Infirmary, and, whatever else we may do, to assist in co-ordinating round the base hospital the activities of all other hospitals, voluntary and otherwise, in the area.

The impending addition of a hatted annexe of 144 beds under the E.M.S. Hospital Scheme at the Cumberland Infirmary will, in so far as these beds can be made available for the community at large, be a substantial easing of our hospital problem. It *may* provide for the establishment of an organised fracture service, it *should* make possible the extended treatment of gynaecological conditions, and I hope that it may indirectly ease the maternity bed position of the County which has been throughout the year very difficult.

The extension of the Maternity Ward at the Workington Infirmary has been held up owing to other claims on building materials and equipment. We have an agreement with the Corporation of Carlisle for the reservation of eight maternity beds at the City General Hospital, and these have of course proved invaluable, but we have had to deal with an increased population in the area and I fear that we have, on not a few occasions, overflowed into the beds primarily intended for maternity patients belonging to Carlisle City and have thereby caused some inconvenience. We should be most grateful to the Corporation and to their Medical Officer for the way in which they have helped us. We should also be most grateful to the Corporation of Newcastle-upon-Tyne and to their Medical Officer for allowing us to send maternity cases to the Emergency Maternity Hospital at Gilsland. Without the help we have had from Newcastle and Carlisle our Midwifery Service would have been in a sorry plight indeed.

It is obvious that after the war there will have to be hospital developments in various directions. We will have to establish a Venereal Diseases Clinic at the Workington Infirmary. The population of Workington is rising and seems likely to continue to rise, and, if I may express an opinion on something which is not directly my concern, it would be to say that the increasing hospital needs of the district will be greater than can be provided for by the Workington Infirmary on its present basis. The alternatives would seem to be expansion or the provision of supplementary accommodation.

Cancer.

Closely allied with the hospital problem in general is the problem of the treatment of Cancer. Following the report which was placed in your hands at the end of 1941 a conference was held early in 1942 representative of the various interests concerned. This conference established a Joint Cancer Committee for the area, which Committee is proceeding to explore the question of the establishment of consultative Cancer Clinics in West Cumberland, the development of a full Cancer Treatment Centre at the Cumberland Infirmary, the area which might be served by such a centre, the question of propaganda, travelling expenses of patients and other relevant matters.

Tuberculosis.

During the year the pendulum of the waiting list of cases for Sanatorium treatment has swung in a disturbing way from one sex to the other. At one period in 1941 we had no male patients waiting for admission but a large number of female ones. At the time of writing there is only one female waiting but a large number of males. It is extremely difficult to adjust Sanatorium accommodation to such changes, which are I understand being experienced in other areas. I have endeavoured to obtain additional Sanatorium beds in adjoining areas but so far without success.

As the Minister of Health has indicated in a recent speech in Parliament tuberculosis is a matter which is likely to cause us considerable anxiety in the not distant future. If I recollect rightly the same thing happened in the later years of the last war and in the early post-war period. Fortunately so far in this County there does not seem to be any cause for alarm. Deaths from pulmonary tuberculosis at 116 are lower than the two previous years and only one above the figure for the last post-war year. On the other hand, as will be seen from the Section dealing with tuberculosis, the actual notifications of pulmonary tuberculosis have risen from 163 to 199, and of non-pulmonary tuberculosis from 60 to 81, giving a total increase of 57 from 223 to 280. That pulmonary tuberculosis will cause us anxiety in the years ahead I think is more than probable, and the shortage of beds for the treatment of cases in Sanatoria available to us will not lessen that anxiety, and we will I imagine have cause to regret more than ever the reasons which led to the delay in the building of our own County Sanatorium.

In the recent Debate in the House it has been suggested that tuberculosis should become a national service rather than a service administered by Local Authorities. There are points for and points against, but, to my mind, the all important point which emerged in the same debate was the need for the establishment of a system of pensions for tubercular wage earners. Such a system of pensions would I am certain lead to persons submitting themselves for examination at an earlier stage of the disease, by removing the fear of the household falling upon evil days through the diagnosis of tuberculosis and the removal of the wage earner for treatment, and would in addition ensure at least reasonable subsistence for the patient on his discharge from the Sanatorium.

We pension the blind on compassionate grounds, why should we not pension the tuberculous on common sense grounds? Because I feel strongly on this matter I venture to quote from my Annual Report for 1933.—“In this country we pension from national funds various classes of the community. We pension the aged, the widow, the blind. These pensions are paid by national consent on compassionate grounds. There is not, so far as I am aware, any class of person pensioned on economic grounds, economic, that is to say, from the point of view of the State as a preventive measure. If, however, the establishment of a pension for certain persons suffering from tuberculosis in an infectious stage would result in making it worth while for these persons to put the control of their lives into the hands of the State the economic gain to the community over a period of years would be so obvious that it need not be laboured.” It is difficult to imagine that there can be any economic difficulties in the establishment of pensions for the tuberculous, which have, I believe, actually been established in Australia.

Venereal Diseases.

As will be noted later in this report the number of new cases of venereal disease attending the venereal disease clinics rose substantially. The outstanding fact is that the number of recent infections—the important point—in respect of syphilis in 1941 were exactly three times the number in 1940. Such a position is expected in war time, and the only matter for congratulation is that recent infections from gonorrhoea have only risen very slightly.

Immunisation Against Diphtheria.

The County Council is not directly concerned in this matter which is a duty placed upon Local Sanitary Authorities, but we have naturally co-operated to a substantial extent in that the work has been undertaken in most areas by Assistant County Medical Officers in their capacities as District Medical Officers of Health. The immunisation has, as a general rule, been undertaken at the same time as the School Medical Inspection or at the County Council Clinics, and our nursing staff have of course co-operated.

The total number of children immunised during 1941 for the whole county was 19,126. Of these 15,829 were children of school age, and 3,297 were children under school age. It is estimated that by the end of 1941 the percentage of children immunised was approximately 33% under the age of 5, and 68% between the ages of 5 and 15.

Staff.

During recent months there has been a good deal of sickness among the medical staff. Our medical staff is, in the main, composed of men who are fairly senior in the Public Health Service and one must I suppose classify these breakdowns as "war casualties" due to overstrain. I have been as usual much indebted during the year to all my staff for the way they have carried out their duties under the difficulties of war conditions.

I am,

Your obedient Servant,

KENNETH FRASER,

County Medical Officer.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

To economise paper the usual list is omitted. The changes during the year were as follows:—

Dental Officers.—Dr. L. Rae left for military service and two temporary Assistant Dental Officers, Mr. A. G. Towers and Mr. V. Rattee were appointed—the latter in connection with evacuated children.

Health Visitors.—Miss J. Reid left after many years of service, and Miss E. L. Maxwell was appointed in her place on a temporary basis in the first instance.

Dental Nurses.—Miss S. J. Usher left and Miss M. Stout and Miss M. Johnston were appointed. Miss Stout on a permanent basis to replace Miss Usher, and Miss Johnston on a temporary basis in connection with evacuees.

County Council Midwives.—Nurses Purdom, Swann, and Swinburn resigned. Nurse I. Boundy, on a temporary basis in the first instance, and Nurse D. Smith on a temporary basis were appointed to two of the vacancies. The third vacancy has been filled during 1942.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

The essential vital statistics for the year 1941 are as under :—

Population.

	At 1931 Census.	Estimated by Registrar General, Mid. 1941.
Urban Districts ..	114,459	86,780
Rural Districts ..	91,331	129,450
Administrative County ..	205,790	216,230

Rateable Value and sum represented by a penny rate.

The rateable value of the County at 1st April, 1941, was £922,982. The estimated product of a penny rate was £3,515.

Extracts from vital statistics for the year 1941.

LIVE BIRTHS.

	Total Births.	Males.	Females.
Legitimate ..	3,246	1,698	1,548
Illegitimate ..	217	110	107
Total Births ..	3,463	1,808	1,655

Birth Rate per 1,000 population—16.

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

Legitimate ..	3,321	1,740	1,581
Illegitimate ..	217	110	107
Total Births ..	3,538	1,850	1,688

STILL BIRTHS.

	Total Still-Births.	Males.	Females.
Legitimate ..	118	66	52
Illegitimate ..	12	5	7
Total Births ..	130	71	59

Rate of Still-Births per 1,000 total births—37.

DEATHS.

Total Deaths.	Males.	Females.
2,726	1,384	1,342

Crude Death Rate per 1,000 population—12.6.

DEATHS FROM DISEASES AND ACCIDENTS OF PREGNANCY AND
CHILDBIRTH.

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

Maternal Death Rate per 1,000 Total Births—2.5.

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE

All Infants per 1,000 Live Births	..	..	56
Legitimate Infants per 1,000 Legitimate Live Births	..	..	55
Illegitimate Infants per 1,000 Illegitimate Live Births	..	..	59
DEATHS FROM CANCER (ALL AGES)	..	..	375
DEATHS FROM MEASLES (ALL AGES)	..	..	Nil.
DEATHS FROM WHOOPING COUGH (ALL AGES)	..	..	11
DEATHS FROM DIARRHŒA (UNDER 2 YEARS)	..	..	15

Births, 1941.

The 3,463 live-births were distributed as follows:—

Urban Districts	..	..	1,417
Rural District	..	..	2,046

On account of the instructions already referred to details of district figures are not shown. The highest birth-rate was recorded—for the Urban Districts—in Whitehaven at 18.7 and the lowest at Keswick at 8.3. In the Rural Districts the highest was Ennerdale at 18.6, and the lowest Alston at 9.9. In the total live births were included 217 illegitimate births—80 in the Urban Districts and 137 in the Rural Districts. Still-births amounted to 130.

Deaths, 1941.

Deaths taken on the same basis amounted to 2,726—being a fall of some 500 on the previous year's figure of 3,209 in spite of an increased population. Of these deaths 1,097 occurred in the Urban Districts and 1,629 in the Rural Districts. The death rate was practically identical in Penrith, Maryport, Keswick and Workington, the figures varying between 13.2 and 13.4. The lowest figure was in Cockermouth Urban at 9.8. In the Rural Districts Alston was much the highest at 17.7. The lowest was Cockermouth at 10.4. The Death rate for the county at 12.6 shows a considerable fall from the figure of 15.2 for the previous year.

Principal Causes of Death.

Cause of Death.	No. of Deaths.			
	1938.	1939.	1940.	1941.
Heart Disease	663	650	697	621
Inter-cranial Lesions (Cerebral Haemorrhage, etc.)	169	200	332	303
Other Circulatory Diseases ..	142	163	126	109
Cancer, Malignant Disease ..	338	331	352	375
Congenital Debility, Premature Births, etc. .. .	106	108	131	111
Pulmonary Tuberculosis ..	115	124	122	116
Other Tuberculous Disease ..	34	30	31	41
Pneumonia (All forms) ..	105	108	186	171
Deaths by Violence (including Suicide) .. .	135	128	124	111
Acute and Chronic Nephritis ..	64	74	70	71
Bronchitis .. .	77	81	206	117
Diabetes .. .	43	36	32	30
Influenza .. .	31	44	86	31
Road Traffic Accidents .. (not previously recorded)			38	43

The above table gives the principal causes of death in 1941 and the immediately preceding years for reasons of comparison. It will be noted that the substantial reduction of 500 deaths is chiefly divided among the heart and circulatory diseases group, congenital debility, bronchitis, and influenza. The cancer figures have risen and the tuberculosis figures show little change from the previous year.

Infantile Mortality.

Of the 3,463 live births during the year, 197 infants died before reaching the age of 12 months. The infant death rate per 1,000 live births, is therefore, 56—compared with 73 for the previous year, and compared with the rate of 59 for England and Wales in 1941. These figures are obviously very satisfactory. The following table gives the causes of death in detail as compared with previous years :—

Cause of Deaths.	No. of Deaths.			
	1938.	1939.	1940.	1941.
Congenital debility, premature birth, etc. .. .	105	107	126	105
Pneumonia (all forms) ..	22	20	48	30
Bronchitis .. .	8	11	25	5
Diarrhoea, etc. .. .	16	5	7	13
Other digestive diseases ..	8	5	7	3
Whooping Cough .. .	1	9	6	8
Deaths by violence .. .	1	1	5	7

Cause of Deaths.	No. of Deaths.			
	1938.	1939.	1940.	1941.
Other defined causes	16	11	16	18
Other respiratory diseases	—	2	1	2
Other circulatory diseases	—	1	—	—
Non-pulmonary Tuberculosis	3	—	1	2
Measles	4	—	2	—
Influenza	—	1	1	—
Cerebral Spinal Fever	—	—	—	3
	<hr/> 184 <hr/>	<hr/> 173 <hr/>	<hr/> 245 <hr/>	<hr/> 197 <hr/>

The table calls for little comment except that it will be noted that the reduction in the Infantile Death rate chiefly falls in the congenital debility, pneumonia, bronchitis groups. If any inference can be drawn from these figures it is that the vitality of the children at birth would appear to have improved. It is safe to say that it has not been lowered in spite of war-time conditions. The distribution of infant deaths was as follows :—

Urban Districts	78
Rural Districts	119

The highest rate was in the Cockermouth Urban District at 63, and the lowest in Penrith Urban at 23. In the Rural Districts the highest rate was in the Penrith Rural District at 85, and the lowest in Cockermouth Rural District at 31.

GENERAL PROVISION OF HEALTH SERVICES.

Laboratory Facilities.

There is nothing new to record under this heading so far as the permanent arrangements are concerned at present. It may be well to refer to the fact that there is being developed a hospital pathological service to meet certain aspects of the present emergency which will I think have definite repercussions on the Pathological Department at the Cumberland Infirmary. It is probable too that under the new Scheme for the control of milk from the keeping quality aspect there will be established a small supervisory or control laboratory at the Cumberland Infirmary.

The problems of immunisation against diphtheria, and, in prospect, the problems attached to outbreaks of typhus fever and now smallpox, and the question of the supervision of milk purity and freedom from tubercle under the present difficult conditions should make us profoundly thankful that we have within our midst so well equipped and so efficiently administered a laboratory as we have at the Cumberland Infirmary. The services given us by the laboratory and by Dr. Faulds—the pathologist—in his case often given at great personal inconvenience and without any remuneration, seem to me to be increasing in their value to the Public Health Service in the area, and I am glad to take this opportunity of recognising a fact which is not always sufficiently recognised.

Ambulance Facilities.

There is nothing new to add under this heading. Co-operation between the peace-time ambulance service and the emergency war service of converted ambulances has not progressed in any way, which I think is unfortunate. It is clear to my mind that, as existing ambulances wear out, and require over-haul and repair—possibly necessitating their being off the road for considerable periods—that some use will have to be made for the transfer of emergency cases to hospital of the war-time ambulance service, but up to the present in this area we do not seem to have yet reached the point where this co-operation will, or may, become a matter of urgency.

Nursing in the Home.

The work of the District Nursing Associations is being carried out under considerable difficulties. These difficulties are three-fold:—

1. Shortage of staff.
2. Shortage of petrol.
3. Repair and maintenance of cars.

For a long time it has been extremely difficult to maintain the full number of District Nurses in the county, and very nearly impossible to provide for illness and holidays. The number of candidates coming forward for training is negligible. I believe these difficulties are not peculiar to Cumberland. Recently the Cumberland Nursing Association in conjunction with the County Council adopted a new and higher scale of salaries including a war bonus to bring the county scale into line with what is paid in other areas. It is to be hoped that this step *may* have some beneficial effect in solving staffing problems.

Petrol and transport difficulties generally are inevitable in these days, and understandable, but they do immensely complicate the work of district nursing in a county like Cumberland. So far the nursing service has not in any district actually broken down but we have many times been skating on very thin ice. I need not say that the situation is under constant and careful review.

Clinics and Treatment Centres.

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

Hospitals.

Some reference has already been made to matters affecting the hospitals in other parts of this report.

At the outbreak of war permission was given to proceed with the proposed extensions at the Cumberland Infirmary and with the Maternity Ward and other additions at the Workington Infirmary. The Cumberland Infirmary extensions have got to the stage that the new theatre block is well on the way. What will happen to the other stages of the extensions I do not know—it is impossible to predict anything.

There is shortly to be erected at the Cumberland Infirmary by the Ministry of Health a hutted annexe of 144 beds, a considerable part of which it is understood will, with reservations, be available for the general use of the community until and unless war casualties having a prior claim occur. This should considerably ease the hospital position in various ways, including the provision of in-patient treatment for cancer.

At the Workington Infirmary the structural extensions and alterations have proceeded a considerable distance, but the allocation of priority of supplies for war purposes has prevented much if any progress being made during the past twelve months. This does not make the reception of mid-wifery cases in the hospital any easier.

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.

Of the establishments originally included in the Emergency Hospital Scheme, Meadow View House, Whitehaven, and Station View House, Penrith, remain. The Englethwaite Boys' Home and the Lark Hall Girls' Home have been permanently removed, and Highfield House, Wigton, temporarily suspended from the Scheme. 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, 1941, the normal admissions of the three main Institutions under the Poor Law Code were 633, discharges 485, deaths 150, and live births 10, 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 13 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, 1942, 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 /41	859	2893	948	4504
30 /9 /41	804	2933	792	3246
31 /12 /41	821	2805	890	4233
31 /3 /42	810	2900	841	4190
	3294	11531	3471	16173

Of 1055 persons included in the Permanent Medical Relief List, 550 actually received Medical Relief during the financial year ended 31st March, 1942.

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, 1942, we have found that the record cards have been well kept, that adequate treatment appears to have been given in practically every case, and that the patients have been well looked after.

In two cases the attention of the practitioners has been drawn to a certain amount of over visiting. Apart from this the general impression is that the Scheme is working smoothly and efficiently.

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 180 orders and repeat orders were issued at a cost of £219 7s. 1d.

Medical Relief—Evacuated Persons.

During the year ended 31st March, 1942, 62 evacuees and their children received medical treatment under the Committee's Scheme at a cost of £52 6s. 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 1941 there were 413 patients chargeable to the Joint Committee in Institutions or under licence therefrom, as compared with 390 at the beginning of the year. The geographical distribution of these cases was :—

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Cumberland	123	145	268
Westmorland	48	32	80
Carlisle	30	35	65
	<hr/> 201	<hr/> 212	<hr/> 413

The following statement shows how these patients were accommodated on the 31st December, 1941 :—

At Dovenby Hall Colony	275
At Milnthorpe Institution	61
At the Royal Albert Institution	19
At Rampton State Institution and Annexes ..	16
At Durran Hill House	10
At Other Institutions	32

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 remained at a low figure. The total deaths were 9, the same as the previous year. The maternal death rate per 1,000 births is, allowing for the increased population, 2.5 as against 2.6 for the previous year. The corresponding figure for England and Wales is 2.23.

Of the 9 deaths as shown in the table below one was attributable to puerperal sepsis, the other eight were due to other causes associated with pregnancy and child-birth.

These figures show County rates for puerperal sepsis of 0.28, and for other causes of 2.26, against the figures for England and Wales, respectively, of 0.48 and 1.75. Our puerperal sepsis rate is therefore slightly below the rate for the whole country. The mortality figures for previous years were as under :—

1938—12 deaths equal to a rate of 3.88 per 1,000 births.
1939—22 6.7
1940— 9 2.6

The 9 deaths which occurred in 1941 are divided as follows :—

Puerperal Sepsis	1
Other Puerperal Causes	8

The distribution of deaths by areas is shown in the table below :—

	<i>Puerperal Sepsis.</i>	<i>Other Puerperal. Causes.</i>
Whitehaven Borough	—	1
Maryport Urban	—	1
Border Rural	—	4
Millom Rural	—	1
Wigton Rural	1	1
	<hr/> 1	<hr/> 8

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

Post-partum hæmorrhage.

P.P.H., Retained placenta : Albuminuria of pregnancy :

Acute Inversion of Uterus : Child-birth :

Eclampsia : Pregnancy :

Toxæmia and Cardiac failure : miscarriage : myocarditis :

Toxæmia of pregnancy and accidental hæmorrhage :

Acute peritonitis : Ruptured tubal gestation :

Post operative pulmonary embolus : Perineal floor repair :

Prolapse due to parturition :

Of the total deaths, 7 were in hospital and 2 at home.

We have now had a Maternal Death rate in the region of 2.5 per 1,000 births for two consecutive years. If we could stabilize on this figure I would be well satisfied. I cannot see that we can ever hope to establish permanently a lower maternal mortality figure. There are, especially in a rural area, factors which are unforeseeable, and which, therefore, cannot be guarded against. There is for example the factor of post-partum hæmorrhage in a cottage, possibly some miles from the nearest doctor and possibly a considerable distance from the nearest hospital where blood-transfusion could be carried out.

There are, too, every year a number of cases in which the expectant mother herself completely fails to co-operate. In one recent case the patient was admitted to hospital, much against her own wish, with a very high blood pressure, with a large amount of albumin in the urine, and with every sign of that she was in a pre-eclamptic state. A few hours later

she left the hospital on her own account refusing to stay and refusing even to wait for transport to be arranged to take her home. The District Nurse was immediately communicated with and told to expect her arrival, but the patient was not contacted again until 10 o'clock the following night. On the next day she developed fits and was in fact a severe case of eclampsia. Medical and nursing attention saved her life in spite of her own criminal folly, but one cannot always bank on a happy ending in such cases.

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

Examined at Practitioner's Surgery	..	..	..	519
Examined at Home	..	..	..	1043
				<hr/> 1562
Findings at Examinations :—				
Normal	..	..	..	1010
Abnormal	..	..	..	552
Number of Further Examinations	..	..	..	950
Recommended for Hospital :—				
On account of Home conditions	..	..	..	198
On account of Patient's condition	..	..	..	54
Recommended to have doctor at confinement	..	..	..	14
Specialist opinion recommended	..	..	..	35
Extra Nourishment recommended and granted	..	..	..	4
Dental treatment recommended	..	..	..	152

SUMMARY OF ABNORMALITIES FOUND ON ANTE-NATAL EXAMINATION :—

Anæmia and General Debility	..	..	..	..	19
Albuminuria and Oedema	..	..	..	..	72
Varicose Veins	..	..	..	..	70
Vaginal Discharge	..	..	..	..	52
Malpresentation	..	..	..	..	25
Heart Condition	..	..	..	..	15
Dental	..	..	..	..	152
Contracted Pelvis	..	..	..	..	60
Hæmorrhage	..	..	..	..	14
Hyperemesis Gravidarum	..	..	..	..	4
Pyelitis	..	..	..	..	6
Tuberculosis	..	..	..	..	3
History of Difficult Labours	..	..	..	..	7
Failure of Head to engage	..	..	..	..	3
Raised Blood Pressure	..	..	..	..	25
Glycosuria	..	..	..	..	6
Other Abnormalities—unsatisfactory general health	..	..	..	..	19
					<hr/> 552

The figures in these tables do not differ very materially from those of the previous year. There has been a considerable increase in the number of ante-natal examinations which of course is to be expected because the number of births has risen. The granting of extra nourishment fell to a very low figure due to the distribution of milk being taken over by the Ministry of Health, and due also to some extent to a considerable reduction in the number of cases recommended for extra nourishment, an index no doubt of the continued good health of the population.

There were 427 admissions to hospital, representing 391 patients, which is very considerably higher than the previous year, and very much higher than for 1939. Our limited maternity bed accommodation has been very severely taxed on many occasions, and only our arrangements with the Carlisle Corporation and the acceptance of some of our cases by the Newcastle Corporation at the Gilsland Maternity Hospital, have enabled us to scrape through the difficult situations which have been constantly arising. We are still able to say that we have never had to refuse a case, but this problem is always on our doorstep, and it is only the careful planning which is continuously made by Dr. Milne and Mr. Butcher—aided as they will freely admit by a considerable element of luck—which has kept the record intact.

Admissions to hospital were for the following reasons :

Home conditions unsatisfactory	244
General condition, anæmia, etc.	11
Albuminuria	8
Contracted pelvis	19
Bad previous history	15
Raised blood pressure	4
Eclampsia	22
Cæsarean section	7
Hyperemesis gravidarum	2
Malpresentation	6
Abortion	20
Puerperal Sepsis	11
Varicose veins	—
Hæmorrhage	23
Glycosuria	1
Heart condition	5
Pyelitis	2
Delayed labour	7
Other causes	20

427

These cases were admitted to the following hospitals, and for comparison the figures for the previous year are given :—

	1940.	1941.
Whitehaven & West Cumberland Hospital	44 ..	10
Workington Infirmary	32 ..	31
Victoria Cottage Hospital, Maryport ..	103 ..	131
Carlisle Corporation Maternity Home ..	1 ..	—
Carlisle City General Hospital	158 ..	177
Alston Cottage Hospital	4 ..	18
Brampton Cottage Hospital	7 ..	6
Gilsland Maternity Home	3 ..	18
	<hr/> 352 .. <hr/>	<hr/> 391 <hr/>

In addition 30 cases suffering from sepsis were admitted to the Carlisle Infectious Diseases Hospital, at Crozier Lodge. Emergency admissions to hospital amounted to 83. 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 13,662, a considerable increase over the previous year. These figures exclude Workington (2,372), Alston (125), and midwives practising independently (1,364).

Infantile Mortality.

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

Health Visiting.

The relevant figures are :—

Visits by Health Visitors and District Nurses :—

Children under one year of age	21,698
Children between 1 and 5	15,909

Maternity and Child Welfare Clinics :—

Children under one year of age who attended ..	576
Children between 1 and 5 who attended ..	608
Total attendances	4,026

Defects under 5 years of age treated :—

Dental defects	80
Eye defects	62
Ear, Nose and throat defects	42

(For Orthopaedic treatment see pages 27 to 30).

At the Penrith Voluntary Maternity and Child Welfare Clinic 305 children attended, making 1,183 attendances. At Cockermouth 70 attended, making 323 attendances. Wigton Voluntary Clinic was closed during the year.

Maternity and Nursing Homes.

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

Puerperal Pyrexia.

During the year 38 cases were notified, compared with 45 cases during the previous year.

Public Health Act, 1936, Sections 206-220.

The usual work of supervision and visitation of boarded-out children has been carried out in accordance with the terms of the above Act by Health Visitors who are designated and approved as Infant Life Protection Visitors. The reports are satisfactory, and the boarded-out children are being well cared for.

REPORT ON VISITATION OF CHILDREN FOR THE YEAR ENDED 31st DECEMBER, 1941.

	<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, 1941	5	2	14	11	19	13
B. No. brought under supervision during year ended 31st December, 1941	2	—	1	4	3	4
C. No. removed from Register during the year ended 31st December, 1941	2	—	1	3	3	3
D. No. remaining under supervision as at 1st January, 1942	5	2	14	12	19	14
E. Total No. of 1st Visits to Homes by Health Visitors ..						7
" .. Re-visits						210
" .. of Children concerned						39

Midwives.

During the year 139 Midwives notified their intention to practise. These notifications included 74 midwives employed by Nursing Associations, midwives employed by the County Council, Independent midwives, holiday and emergency midwives, and midwives in hospitals including those at the Gilsland Maternity Home. The average number of midwives undertaking domiciliary midwifery is 83.

The Midwifery position in Whitehaven has caused a good deal of anxiety. Several midwives have left and replacing these has been very difficult. At the time of writing the position is satisfactory, but the position in Workington has been causing some difficulty. In Whitehaven one of the factors creating the difficulty has been the question of housing or of obtaining satisfactory lodgings, and it is now clear that we would have been well advised some years ago to have established a Nurses' Home for our midwives in the Borough.

The Supervisor of Midwives paid 206 routine midwifery inspections, and 77 special visits in connection with Puerperal Pyrexia, Ophthalmia, and other matters.

The domiciliary midwifery cases attended by midwives amounted to 1,856, of which 475 were in the Boroughs of Workington and Whitehaven, and 1,381 in other parts of the Administrative County. Maternity cases attended by midwives as maternity nurses amounted to 653, of which 47 were in the Boroughs of Workington and Whitehaven. Medical help was summoned on 1,093 occasions.

Conditions for which medical help was sought are set out in the table following :—

FOR THE MOTHER.	District Nurse Midwives	Indepen- dent Midwives	Municipal Midwives	Unaffilia- ted Midwives	Total
<i>Pregnancy.</i>					
Abortions	23	2	13	—	38
Albuminuria	43	3	40	—	86
Oedema	11	—	6	—	17
Varicose Veins	4	1	1	—	6
Sickness	—	2	1	—	3
Post Maturity	1	2	2	—	5
Unsatisfactory Conditions ..	60	10	19	1	90
Vaginal Discharge	5	—	—	4	9
<i>Labour.</i>					
Premature Birth	3	—	—	2	5
Prolapsed Cord	2	—	2	—	4
Heart Condition	—	2	2	—	4
Delayed Labour	146	16	50	1	213
Ruptured Perineum	151	5	96	1	253
Contracted Pelvis	1	—	4	—	5
Haemorrhage	27	1	10	1	39
Retained Placenta	12	2	—	—	14
Breech Presentation	21	1	11	—	33
Retained Membranes	6	1	5	—	12
Breast condition	—	1	4	—	5
Pre-Eclamptic	1	—	—	—	1
Stillbirth	—	2	—	—	2
Previous difficult labours	—	—	8	—	8

Lying-in.

High Temperature ..	26	..	4	..	22	..	1	..	53
Post-partum Haemorrhage	6	..	—	..	6	..	—	..	12

For the Baby.

Feebleness ..	..	13	..	4	..	11	..	—	..	28
Discharging Eyes ..	..	39	..	—	..	36	..	—	..	75
Premature ..	..	3	..	—	..	6	..	—	..	9
Tongue Tied ..	..	1	..	1	..	1	..	—	..	3
Jaundice ..	..	4	..	—	..	—	..	—	..	4
Deformities ..	..	9	..	1	..	—	..	—	..	10
Cyanosis ..	..	—	..	—	..	1	..	—	..	1
Unsatisfactory Condition ..	..	20	..	1	..	18	..	—	..	39
Harelip cleft palate..	..	1	..	—	..	—	..	—	..	1
Stillbirth ..	..	2	..	—	..	4	..	—	..	6
<hr/>										
	641	..	62	..	379	..	11	..	1093	

ABORTION.

The following table shows the distribution by areas of cases in which medical help was sent for on account of abortion. The figures differ little from the previous year and as usual Workington Borough, for some unexplained reason, stands by itself in this matter:—

	1940.	1941.
Workington Borough ..	15	15
Whitehaven Borough ..	—	—
Cockermouth Urban ..	1	3
Penrith Urban ..	5	—
Border Rural ..	4	4
Cockermouth Rural ..	5	4
Ennerdale Rural ..	7	6
Millom Rural ..	1	2
Penrith Rural ..	1	1
Maryport Urban ..	1	2
Wigton Rural ..	2	—
Alston Rural ..	—	1
	<hr/> 42	<hr/> 38

Orthopaedic Treatment.

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

Orthopaedic work in the county for 1941 has continued along the same lines as in previous years. The work as it affects the School Medical Service is dealt with in the report on that service. A satisfactory feature in the past two years work in connection with children under five years is the increased number of cases referred for orthopaedic treatment

by midwives and Health Visitors. The result has been that children have been brought under treatment at the Orthopædic Clinics or at home at a very early age, so that it has been possible to deal with congenital and other orthopædic defects affecting very young children more quickly and efficiently. Rickets has again been much the most prevalent defect among young children as will be seen from the following table. The number of cases of congenital club-feet and talipes have also been above the average. During the year there were 121 cases of crippling conditions affecting children under five years of age. The following is a list of the conditions concerned :—

Tuberculosis	..	..	..	..	..	..	4
Rickets	..	..	..	..	..	..	50
Congenital Dislocation of Hip	..	..	..	..	..	..	6
Torticollis	..	..	..	..	..	..	4
Infantile Paralysis	..	..	..	..	..	..	10
Birth Palsy	..	..	..	..	..	..	2
Talipes	..	..	..	..	..	..	18
Club Feet	..	..	..	..	..	..	15
Spina Bifida	..	..	..	..	..	..	2
Flat Foot	..	..	..	..	..	..	6
Congenital Defects	..	..	..	..	..	..	4
							121

Twenty-five children received hospital treatment during the year.

Forty-three children of school age were under treatment for tubercular conditions of the bones and joints. Of these 17 were under treatment at the Ethel Hedley Hospital, the remainder being treated locally at the Orthopædic Clinics, in plaster at home, or otherwise.

Adult cases of tuberculosis of the bones and joints under treatment during the year amounted to 69, 11 being new cases. The following table shows the position in detail :—

					Adults.	School Children.	Children Under 5.
Spine	..	..	..	..	27	14	—
Knee	..	..	..	..	9	5	2
Hip	..	..	..	..	16	15	1
Sacro-iliac Joint	..	..	..	..	4	—	1
Feet	..	..	..	..	2	1	—
Thigh	..	..	..	..	2	1	—
Wrist	..	..	..	..	2	2	—
Elbow	..	..	..	..	5	4	—
Shoulder	..	..	..	..	2	1	—
					69	43	4

Twenty-six cases received hospital treatment.

42. Adult non-tubercular cases under treatment numbered

The following is a list of the conditions under treatment:—

Scoliosis	5
Arthritis	6
Osteo-arthritis	2
Chronic Polio-arthritis	2
Osteomyelitis	2
Congenital Dislocation of Hip	7
Infantile Paralysis	2
Osteochondritis	2
Slipped Epiphysis	3
Coxalgia	2
Flat Feet and Talipes	2
Old Standing Deformities	2
Other conditions	5
	<hr/> 42 <hr/>

Of the above, five received hospital treatment.

The following tables, which are supplementary to those which appear in the School Medical Report, show the extent of the treatment provided, exclusive of the work undertaken at County Council clinics for patients from the Boroughs of Workington and Whitehaven, which is considerable:—

TABLE A.

Number on After-care Register, 1/1/41 ..	152
New cases during 1941	60
Cases re-notified after discharge previously ..	6
Number removed from Register	66
Number remaining on Register on 31/12/41	146
Attendances at After-care Clinics	190
Seen by Consulting Surgeon (not included in above)	7
X-ray examinations during 1941 (including 8 at Ethel Hedley Hospital, Windermere)	42

TABLE B.

Number of Attendances at After-care Sister's					
Clinics .. .. .	..	..	..	..	185
Home Visits .. .. .	..	..	..	..	250
Home Visits—Evacuees .. .. .	..	..	..	..	25
Plasters applied at Intermediate Clinics ..	..	..	..	..	59
Plasters applied at Home* .. .. .	..	..	..	..	29
Cases nursed at home on frames and Thomas' Splints .. .. .	..	..	..	..	4
Casts made for Hugland jackets and Thomas' braces, and fittings .. .. .	..	..	..	..	15
Casts and fittings for block leather spicas ..	..	..	..	..	3
Artificial limbs attended to and casts and measurements taken for new limbs ..	..	..	..	..	4
Hip spicas applied at Intermediate Clinics ..	..	..	..	..	9
Plaster jackets applied at Intermediate Clinics	..	..	..	..	7
Appliances supplied and renewed .. .. .	..	..	..	..	28
Surgical clogs and boots supplied .. .. .	..	..	..	..	20
Appliances and boots for Evacuees .. .. .	..	..	..	..	10

TABLE C.

Hospital Treatment.

<i>Name of Hospital.</i>	<i>In Hospital 1/1/41</i>	<i>Admitted during year</i>	<i>Discharged during year</i>	<i>In Hospital 31/12/41</i>
Ethel Hedley Hospital, Windermere ..	23	27	30	20
Shropshire Orthopaedic, Hospital, Oswestry ..	14	18	21	11

Dental Services.

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

"Treatment has continued as previously, two points only calling for comment. The first is that there has been a further drop in the number of cases referred for dental treatment under the Public Assistance Section. The second is that there has been a substantial fall in the number of ante-natal cases referred for dental treatment and subsequently cancelled. The reason for this is that notification of cases requiring dental treatment have reached the Dental Department earlier in the pregnancy and therefore many fewer cases have had to be cancelled on account of the proximity of the confinement."

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

Service.	Cases brought forward		Cases Referred in 1941.		Cancelled.		Treatment completed.		Cases carried forward to 1942.	
	from 1940.									
Ante-natal	..	55	..	164	..	73	..	67	..	79
Public Assistance		46	..	45	..	18	..	51	..	22
Tuberculosis	..	1	..	12	..	2	..	4	..	7
Blind, &c.	..	—	..	—	..	—	..	—	..	—
Total	..	102	..	221	..	93	..	122	..	108

Service.	<i>Anaesthetics.</i>									
	Fillings.		Extractions		General		Local.		Dentures	
Ante-natal	..	13	..	706	..	1	..	129	..	59
Public Assistance		1	..	336	..	—	..	52	..	70
Tuberculosis	..	9	..	26	..	—	..	7	..	6
Blind, &c.	..	—	..	—	..	—	..	—	..	—
Total	..	23	..	1068	..	1	..	188	..	135

Venereal Diseases.

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

During 1941 the decrease in attendance at the Clinics which had been a feature of the two previous years ended, and the pendulum swung sharply in the opposite direction.

Taking the figures for the two centres at Carlisle and Whitehaven together the attendances of 4,832 showed an increase of 293 over the previous year.

It is however much more important to examine the number of new cases dealt with for the first time, and particularly to examine the number of recent infections. During the year there were 85 new cases of syphilis and 132 new cases of gonorrhœa, compared with 52 and 111 respectively for 1940.

Still more important is the fact that the number of recent infections rose in the case of syphilis from 16 in 1940, to 48 in 1941. The rise in gonorrhœa was much less apparent, being only from 108 to 122. The increase in both cases overwhelmingly related to men. Perhaps the most surprising fact is that the war had been in progress for about 18 months before the rise began.

In looking forward to the post-war period it is certain that the present facilities for dealing with venereal disease, already strained, especially at Whitehaven, will be inadequate to deal with the situation. At present the great majority of the civilian male population of the age groups which normally provide work for the Venereal Diseases Clinics are in one or other of the services, and venereal disease occurring among them is dealt with in the service to which they belong. To a lesser degree this applies to the female population.

After the war all these people, some infected, and others in the groups most liable to infection, will depend upon civilian clinics for diagnosis and treatment, with the result that overcrowding will occur and the accommodation and staff will be found insufficient.

In Carlisle the number of sessions could be increased to meet the need but at Whitehaven new premises with increased staff would be required. In addition or as a possible alternative to this a treatment centre at Workington should be opened. This would have the advantage of treatment being available on the spot for infected seamen arriving at that port and of dealing with the anticipated increase in industrial population in that neighbourhood. The sooner some definite scheme is adopted the better if difficulties are to be avoided.

Efforts have been made at Workington to find a building or site for a hut as a temporary expedient. The Medical Officer of Health (Dr. Macpherson) has kindly interested himself in this matter and has given every assistance, but negotiations in every case have fallen through except with the Workington Infirmary where it is hoped that a permanent treatment centre may ultimately be established. In view of the present difficulty in obtaining building material and in view of the priority claims of buildings related to the war effort, it is evident that a permanent centre of this kind will take some considerable time to materialise, and if a wooden hut and a suitable site for it could have been obtained near the dock as a temporary arrangement it would seem to have been the best way to meet the war-time emergency. Later such a centre could have been merged in a permanent building at the Infirmary.

During the year at the Clinics no changes have been made in routine. No new drugs appeared during the year, but at the time of writing two are being tried and it is hoped that one or both of these will mark a further advance in the treatment of gonorrhœa. These are Sulfadiazine, and Sulphamethazine. They are both derivatives of Sulphanilamide.

SANITARY CIRCUMSTANCES OF THE AREA.

(A) Housing.

Housing Rural (Workers) Acts, 1926—1938.

The position at the 31st March, 1942, is substantially the same as that reported for the year ended 31st March, 1941. During the year under review work has been completed in respect of twelve dwellings, increasing the total number of houses renovated or improved under the Act, to 1,013, and the grants paid by the Council from £78,588 to £79,736.

(B) Water and Sewerage.

During the year 1941 little change has taken place in the statistics applicable to this subject.

No schemes were commenced during the year under review, but the following were completed:—

Border R.D. Sewerage and sewage disposal—Parish of Burgh-by-Sands (S), 133.

Ennerdale R.D. Sewerage and sewage disposal—Parish of St. Bridget's, Beckermest (S), 62; Haile (S), 69; Gosforth (S), 64.

Water Supply—Parish of St. Bees (W), 169; Arlecdon and Frizington—Rheda Road Extension (W), 236; Arlecdon and Frizington—Rowrah and Arlecdon Parks Road (Improvement) Scheme (W), 238.

Wigton R.D. Sewerage and sewage disposal—Parish of Holme Abbey (S), 170; Kirkbride and Holme East Waver (S), 171; Blennerhasset and Torpenhow and Allhallows (S), 172; Holme East Waver—Newton Arlosh (S), 175.

Only two schemes were approved during the year for financial aid from County funds, viz.:—Ennerdale R.D.—Parish of Arlecdon and Frizington—Frizington Parks—Sewerage and Sewage Disposal (S), 168 (Revised). The amount of grant from the County Council was assessed at not exceeding £1,060.

Millom R.D.—Parish of Bootle—Water Supply Scheme (W), 268. The amount of grant not to exceed £1,400.

INSPECTION AND SUPERVISION OF FOOD.

Foods other than Milk.

The report of the County Analyst is again not included, as the report has already been circulated to the County Council.

Milk.

The number of milk samples taken during the year under the joint scheme of the County Council and the Local Sanitary Authorities was 2,437. This figure is not far short of 1,000 over the number taken in 1939, and in view of shortage of staff and increased duties, the black-out and other difficulties, it is clear that the sanitary inspectors of the local sanitary authorities, who undertake the milk sampling under the scheme, are to be congratulated on the results they have achieved under the existing difficult conditions. The interpretation of the examination of milk samples for bacteriological purity continues to be a matter of difficulty. Periodically batches of samples are examined which practically all fail to pass satisfactorily the methylene blue or the coliform test, or both. These come from all grades of herds and what has been said in previous reports about the need for a really satisfactory test, equitable in its application at all times of the year, still stands. As however, I am hoping to include a small inset on the problems of milk supplies in this report, I do not propose to examine the position in greater detail at this stage.

Milk and Dairies (Consolidation) Act, 1915.

Two reports of tuberculous milk produced in the County were received from outside sources. In one case a cow with tuberculosis of the udder was found on the premises of the origin of the milk, and the cow was slaughtered. The other sample was from milk from a large depot receiving and bulking milk from many farms. In view of the number of farms involved, it was not possible to carry out the usual examination.

In addition, eighteen samples taken in the County area were found to be tuberculous. Of these, one sample was of milk produced outwith the County. The attention of the Authority concerned was drawn to this case but no source of infection was found. Two samples included milk from the depot mentioned in the preceding paragraph and were not investigated for the reason given. Two samples contained milk from a common source which was found to be responsible

for the contamination. One sample was from a cow dealer's premises, and by the time the report was received none of the cows whose milk was in the original sample were available for examination. Of the remaining thirteen samples, a cow giving tuberculous milk was found in nine cases. All these cows were slaughtered. In one case a suspicious cow had been slaughtered between the time the sample was taken and the time the report was received from the laboratory. In three cases no definite origin was found. In all cases, excepting those from the milk depot, control samples taken from the herds involved were reported on as free from tubercle.

Following the reports of tuberculous samples from the milk depot an effort was made to narrow down the number of the herds under suspicion and an examination of the cows in these herds (about 110 herds) resulted in the finding of two clinical cases of tuberculosis.

Milk Sampling.

During the year, 2,437 samples were taken under the joint Scheme of Milk sampling. This number includes samples taken from milk produced at farms licensed under the Milk (Special Designations) Regulations, samples of pasteurised milk and samples taken from school and institution supplies which come from ungraded as well as graded farms. Included in the 2,437 samples were 621 from ungraded supplies. The following table shows the result of the examination of ungraded supplies :—

<i>Sanitary Area.</i>			TABLE I.			
RURAL.			<i>Satisfactory.</i>	<i>Unsatisfactory.</i>	<i>Total.</i>	
Alston	..	..	18	.. 18	..	36
Border	..	..	50	.. 46	..	96
Cockermouth	..	..	55	.. 68	..	123
Ennerdale	..	..	63	.. 61	..	124
Millom	..	..	9	.. 33	..	42
Penrith	..	..	8	.. 29	..	37
Wigton	..	..	35	.. 14	..	49
URBAN.						
Cockermouth	..	..	—	.. 3	..	3
Keswick	..	..	3	.. 6	..	9
Maryport	..	..	3	.. 4	..	7
Penrith	..	..	5	.. 12	..	17
BOROUGH.						
Workington	..	..	22	.. 33	..	55
Whitehaven	..	..	12	.. 11	..	23
			283	.. 338	..	621

The results of sampling of ungraded supplies as shown in the above table, cannot be regarded as a matter for congratulation. The figures taken as a whole, are definitely worse than for the previous year, and indeed substantially worse. It will be noted that in the rural areas the worst results came from the Millom and Penrith districts, and the best from the Wigton district. In the urban districts the figures are so small that no real deduction can be drawn from them, but again, in Penrith the figures are much worse than for the previous year. The figures for the Boroughs do not differ materially from those of the previous year.

Of the 2,437 samples collected during the year 1941, under the joint scheme, 1,319 were also submitted to a biological test for tubercle bacilli. Of these, 18 (which is five below the figure for the previous year) were found to contain tubercle bacilli. Two of the eighteen 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>	
1941	.. ..	1319	.. ..	1.4%	
1940	.. ..	1209	.. ..	2.1%	
1939	.. ..	1154	.. ..	2.8%	
1938	.. ..	1221	.. ..	1.2%	
1937	.. ..	1315	.. ..	1.5%	

Milk (Special Designations) Regulations, 1936-1941.

The Milk and Dairies Committee, after detailed and careful investigation of a number of cases where the sampling records during the year had been unsatisfactory, decided to withhold the licences for 1942 in nine cases, and ten further licences were withheld until such time as the producers had, at their own expense, produced two consecutive satisfactory samples, these to be collected by the sanitary inspectors for the districts concerned. Warning letters were also issued in 89 other cases. In addition, six licences were revoked during the year.

The staff of the Cumberland and Westmorland Farm School paid 88 advisory visits during the year, including a number of repeat visits. At the end of 1941 there were 99 premises licensed to produce Tuberculin Tested Milk, and 339 licenced to produce Accredited milk, compared with 106 and 335 respectively, for 1940.

Milk Supplies to Schools and Public Institutions.

Milk supplies to schools concerned with the Milk Marketing Board Scheme and our own free milk scheme, continue to be difficult to maintain. During the year 355 samples were examined for cleanliness. Of these, 236 reached "Accredited" standard, and 119 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 124

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"	141	10,943	—
"Accredited"	1,196	32,325	44
Non-designated	962	13,366	80

Tuberculin Testing of "Tuberculin Tested" Herds.

No. of Cattle tested	..	..	..	13,132
No. of Reactors found	..	..	..	73

STATEMENT SHOWING THE NUMBER OF ACCREDITED LICENCES IN OPERATION AT THE END OF 1941, 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- Standard.	Below Standard	Tubercu- lous	T.B. Udder.	T.B. Emacia- tion.	Chronic Cough, &c.	Atrophy, Mastitis Induration Non-T.B., etc.			
RURAL.												
Alston	1	2	2	—	—	—	—	—	1			
Border	118	451	263	188	—	7	2	2	102			
Cockermouth	37	176	119	57	1	2	1	1	14			
Ennerdale	27	108	77	31	—	—	2	—	12			
Millom	16	63	40	23	—	—	—	—	18			
Penrith	25	54	28	26	—	1	—	1	14			
Wigton	87	346	194	152	2	8	2	11	71			
URBAN.												
Cockermouth	2	7	4	3	—	1	—	—	—			
Keswick	1	3	3	—	—	—	—	—	—			
Maryport	4	10	7	3	1	1	—	1	—			
Penrith	1	4	3	1	—	—	—	—	—			
BOROUGHES												
Whitehaven	14	69	44	25	1	—	1	—	2			
Workington	6	18	11	7	—	—	—	—	1			
	339	1,311	795	516	5	20	8	16	235			

STATEMENT SHOWING THE NUMBER OF TUBERCULIN TESTED LICENCES IN EACH DISTRICT AT THE END OF THE YEAR, 1941, WITH THE RESULTS OF MILK SAMPLING, AND CLINICAL EXAMINATIONS OF THE HERDS.

Sanitary District.	Licences in operation.	Samples taken.			Conditions other than Tuberculosis, found on Clinical Examination.
		Number taken.	Tuberculin Tested Standard.	Below Standard.	
RURAL					
Alston	..	6	3	3	—
Border	..	166	103	63	5
Cockermouth	..	41	29	12	—
Ennerdale	..	79	64	15	—
Millom	..	8	7	1	—
Penrith	..	55	27	28	—
Wigton	..	43	23	20	—
URBAN					
Cockermouth	..	—	—	—	—
Keswick	..	—	—	—	—
Maryport	..	—	—	—	—
Penrith	..	7	2	5	—
BOROUGH					
Whitehaven	..	12	10	2	—
Workington	..	—	—	—	—
	99	417	268	149	5

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 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 as will be seen from the following tables. There was, however, a substantial increase in the number of cases of cerebro-spinal fever, which rose from 46 to 75, with an increase of deaths from 7 to 12. There was an astonishing fall in the incidence of measles from 3,195 case in 1940 to 397 in 1941, and as has been noted previously for the first time in history so far as I am aware there were no deaths from measles.

Immunisation against diphtheria, under the campaign organised by the Ministry of Health, has proceeded well. The actual figures are given in the introductory letter.

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 1938	there were	385	cases with	2	deaths
In 1939	" "	322	" "	1	death
In 1940	" "	142	" "	0	deaths
In 1941	" "	153	" "	0	deaths

Diphtheria.

In 1938	there were	96	cases and	5	deaths
In 1939	" "	50	" "	1	death
In 1940	" "	63	" "	5	deaths
In 1941	" "	59	" "	5	deaths

Enteric Fever.

In 1938	there were	3	cases with	1	death
In 1939	" "	11	" "	0	deaths
In 1940	" "	12	" "	1	death
In 1941	" "	14	" "	1	death

Measles.

In 1938	there were	23	deaths
In 1939	" "	2	deaths
In 1940	" "	13	deaths
In 1941	" "	0	deaths

Whooping Cough.

In 1938	there were	4	deaths.
In 1939	" "	13	deaths.
In 1940	" "	16	deaths.
In 1941	" "	11	deaths.

Cerebro-Spinal Fever.

During the year the following notifications were received :—

Workington Borough	..	..	..	6
Whitehaven Borough	..	..	..	18
Cockermouth Urban District	..	..	..	2
Keswick Urban District	..	..	..	2
Maryport Urban District	..	..	..	2
Alston Rural District	..	..	..	1
Border Rural District	..	..	..	16
Ennerdale Rural District	..	..	..	15
Millom Rural District	..	..	..	2
Penrith Rural District	..	..	..	2
Wigton Rural District	..	..	..	9
				—
				75
				—

Twelve deaths took place in the following districts :—

Whitehaven Borough	..	..	..	2
Border Rural District	..	..	..	4
Cockermouth Rural District	..	..	..	1
Ennerdale Rural District	..	..	..	3
Millom Rural District	..	..	..	1
Wigton Rural District	...	..	..	1
				—
				12
				—

Non-Notifiable Disease.

Diarrhoea.

In 1938	..	..	17 deaths in children under 2 years
In 1939	..	..	6 " " " "
In 1940	..	..	10 " " " "
In 1941	..	..	15 " " " "

There follows the table, first included in this report five 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, and also of cerebro-spinal fever dealt with above. The notifications for the two previous years are included for comparison.

NOTIFICATIONS OF CASES OF INFECTIOUS DISEASES IN THE COUNTY OF CUMBERLAND DURING THE YEAR 1941.

DISTRICT	Scarlet Fever	Diphtheria	Enteric Fever	Pneumonia	Polio- myelitis	Ery- sipelas	Measles	Whooping Cough			
Workington M.B.	..	22	..	8	..	51	..	12	26	..	141
Whitehaven M.B.	..	7	..	5	..	12	..	6	—	..	22
Cockermouth U.D.	..	4	..	1	..	—	..	2	1	..	1
Keswick U.D.	..	1	..	—	..	1	..	—	7	..	12
Maryport U.D...	..	9	..	7	..	—	..	3	11	..	21
Penrith U.D.	..	39	..	1	..	17	..	6	4	..	35
Alston R.D.	..	2	..	2	..	12	..	1	35	..	12
Border R.D.	..	16	..	7	..	28	..	12	190	..	150
Cockermouth R.D.	..	7	..	4	..	8	..	4	13	..	23
Ennerdale R.D.	..	11	..	13	..	26	..	11	45	..	75
Millom R.D.	..	2	..	8	..	41	..	9	23	..	16
Penrith R.D.	..	11	..	2	..	16	..	3	4	..	66
Wigton R.D.	..	22	..	1	..	31	..	12	38	..	128
TOTALS	..	153	..	59	..	14	..	81	397	..	702
1940	142	..	63	..	12	..	124	3195	..	700
1939	322	..	49	..	8	..	100	..	not recorded	

Vaccination.

The usual appendix on vaccination is omitted, but the following summary of the position gives the essential details:—

Registered Births	..	..	..	..	3238
Certificates of Successful Vaccination	..	..	..	..	1128 (34.84%)
Statutory Declarations	..	..	..	..	1831 (56.55%)
Cases otherwise accounted for (that is infants who died unvaccinated, postponements, removed from the district, cases lost sight of)	..	..	..	..	224 (6.92%)
Cases unaccounted for	..	..	..	..	55 (1.69%)

The percentage of children vaccinated is slightly improved, and is actually up by 2%. Similarly the declarations of conscientious objections have slightly decreased.

Attention has been drawn in the past to the fact that in the urban areas where there is a greater density of population, less than 25% of the child population are vaccinated, a state of affairs which is far from satisfactory.

Prevention of Blindness.

During the year 27 cases were examined by ophthalmic surgeons under the Prevention of Blindness Scheme. Of these one case received operative treatment, and in 19 cases glasses were provided.

With regard to ophthalmia neonatorum, 17 cases were notified. Of these 10 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	..	..	..	..	..	17
Cases Treated:—						
At Hospital	..	..	..	..	..	10
At Home	..	..	..	..	..	7
Vision Unimpaired	..	..	..	..	..	15
Vision Impaired..	..	..	..	..	..	2
Total Blindness	..	..	..	..	..	—
Deaths	..	..	..	..	..	—

Cancer.

In 1941 there were 375 deaths from cancer, which is 23 higher than for the previous year, and represents a new high level. The age and sex distribution of the deaths,

and the aggregate of the Urban and Rural Districts are set out in the following tables. The rise in the death-rate this year took place exclusively in the Rural Districts in contrast with 1940 when an exactly similar rise took place in the Urban Districts.

Under the County Council Scheme for the treatment of cancer, 31 cases were sent to the Radium Institute, Manchester, and of these 25 were retained for in-patient treatment. Two cases were admitted to the City General Hospital, Newcastle-on-Tyne, and 1 case was admitted to the Royal Infirmary, Edinburgh.

Attendances for after-care at the Out-patient Department at the North Lonsdale Hospital during the year amounted to 78. This is a increase of 20 on the previous year.

During the year I submitted to you a report on the development of an interim scheme under the Cancer Act, 1939. A Cancer Committee for the area has been set up as a result of the Conference on this matter, and the Committee is considering various aspects of the problem, including the development of facilities for treatment at the Cumberland Infirmary, the establishment of consultative Clinics in West Cumberland, propaganda, and other relevant matters.

The Committee is fully representative, and Mr. Thurgar—a Specialist in the treatment of cancer—from Newcastle, is one of the members, and it is hoped at a later date that Dr. Ralston Paterson, Director of the Christie Hospital and Radium Institute, Manchester, will visit the area and address an adjourned meeting of the Cancer Conference.

* CANCER DEATHS DURING 1941—BY AGE GROUPS.

	15-45		45-65		65 +		All Ages Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
URBAN DISTRICTS	5	6	30	37	36	39	71	82
Rural Districts	4	6	41	42	65	64	110	112
Whole County	9	12	71	79	101	103	181	194
	21		150		204		375	

CANCER DEATHS DURING 1941—BY SANITARY DISTRICTS.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
URBAN DISTRICTS.			
Keswick	6	11	17
Workington	26	35	61
Penrith	9	9	18
Maryport	11	8	19
Whitehaven	17	16	33
Cockermouth	2	3	5
Aggregate of Urban Districts	71	82	153
RURAL DISTRICTS.			
Alston	2	5	7
Ennerdale	32	25	57
Border	31	27	58
Wigton	19	21	40
Millom	9	10	19
Cockermouth	9	19	28
Penrith	8	5	13
Aggregate of Rural Districts	110	112	222
Whole County	181	194	375

In accordance with the instructions already noted above deaths are not shown as calculated in percentage rates of the population, but it may be of interest to note that the highest rate was recorded in Keswick, and the lowest in Cockermouth, so far as the Urban Districts were concerned, and the highest in Alston and the lowest in Cockermouth so far as the Rural Districts were concerned. The rate for Urban Districts has fallen slightly from that of the previous year, while the rate for Rural Districts has risen.

Tuberculosis.

The number of cases of tuberculosis notified as primary notifications during the year amounted to 199, an increase of 36 compared with the previous year, which, however, was exceptionally low. Non-pulmonary notifications at 81 are also up by 21. In addition 72 cases came to notice in other ways. Of these 52 were pulmonary and 20 non-pulmonary, and the great majority were cases notified posthumously or not notified at all :—

Table A.—Notification.

			Pulmonary.			Non-Pulmonary.
1938	..	..	194	..	..	69
1939	..	..	174	..	..	66
1940	..	..	163	..	..	60
1941	..	..	199	..	..	81

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

Table B.—Deaths.

			Pulmonary.			Non-Pulmonary.
1938	..	..	115	..	..	34
1939	..	..	124	..	..	30
1940	..	..	122	..	..	31
1941	..	..	116	..	..	41

The 1941 death-rate for non-pulmonary tuberculosis on the Registrar General's figures for the Administrative County was .54 per thousand of the population, as compared with .58 in 1940.

The above tables call for two comments. The first is that the death-rate for pulmonary tuberculosis fell slightly from the figures of the previous two years, although the notification rate was substantially up.

The second comment is that of the 157 deaths from tuberculosis 49 were not notified prior to death and 39 within three months of death, so that at least 88 of the 157 deaths or more than 50% did not come to the notice of the County Council—being the authority responsible for the provision of treatment—at a stage when treatment was practicable.

It must not of course be overlooked that a proportion of these deaths were cases of tubercular meningitis—the actual number being 22—in which the disease is commonly so rapidly progressive that notification prior to death is hardly practicable, and in this group of cases the provision of treatment by the County Council is equally impracticable.

Deaths from pulmonary tuberculosis were distributed among the Sanitary Districts as under :—

URBAN DISTRICTS.							<i>Deaths.</i>
Whitehaven	..	..	..	..	..	..	20
Workington	..	..	..	..	..	..	21
Maryport	..	..	..	..	..	..	10
Cockermouth	..	..	..	..	..	..	2
Keswick	..	..	..	..	..	..	1
Penrith	..	..	..	..	..	..	3
Aggregate of Urban Districts							57
RURAL DISTRICTS.							
Alston	..	..	..	..	..	..	—
Ennerdale	..	..	..	..	..	..	28
Penrith	..	..	..	..	..	..	5
Wigton	..	..	..	..	..	..	6
Border	..	..	..	..	..	..	7
Cockermouth	..	..	..	..	..	..	7
Millom	..	..	..	..	..	..	6
Aggregate of Rural Districts							59
Total for the Administrative County							116

The rates per thousand of the population are omitted for the usual reason, but it may be noted that, in the Urban Districts, Whitehaven Borough and Maryport show much the highest death-rate, while Keswick at the bottom of the list is a long way down. In the Rural Districts Ennerdale has very much the highest figure, being more than double that of any other rural district, while at the bottom of the list Alston has no deaths.

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

PULMONARY TUBERCULOSIS.

	<i>Beds.</i>
At Blencathra Sanatorium	34
At Meathop Sanatorium	18
At Stannington Sanatorium	16
At Eastby Sanatorium	3

The Year's Work.

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

	M.	F.	Total
Adults in Blencathra and Meathop	61 ..	60 ..	121
Children in Stannington and Eastby	17 ..	9 ..	26
Orthopædic cases in the Ethel Hedley Hospital and Shropshire Orthopædic Hospital	12 ..	11 ..	23
Other Institutions	2 ..	7 ..	9

The total admissions of pulmonary cases at 156 were rather higher than the figure for 1940. The figures for the immediately preceding years are given for reference in the following table.

1938	.. .. .	289
1939	.. .. .	197
1940	.. .. .	149
1941	.. .. .	156

In my opening letter I have made reference to the general position regarding tuberculosis. The main statistics for the year are as under :—

New cases examined at Dispensaries	182
Number of contacts examined	439
Number of cases on the Dispensary Registers at the end of the year	829
Consultations with Practitioners	227
Visits to homes of patients by Tuberculosis Officers	158
Visits to homes of patients by Tuberculosis Nurses	1308
Sputum examinations	200
X-ray examinations	168
Attendances at Dispensaries	2331
Shelters in use	27
Cases receiving extra nourishment (Apart from Public Assistance Committee Grants)	65

A large number of cases continue to be 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 an increased number of cases are referred to us on discharge from the Services on account of tuberculosis. Our association with the Ministry of Pensions in respect of such cases is correspondingly on the increase.

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.