[Report 1942] / Medical Officer of Health, Cumberland County Council.

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COUNTY COUNCIL OF CUMBERLAND

ANNUAL REPORT

ON THE

HEALTH SERVICES OF THE COUNTY

FOR THE YEAR 1942

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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 Eleventh Annual Report on the Health Services of the County. The report is once more—for obvious reasons and on instructions—reduced to what is more or less a skeleton report. The main body of the report is of course concerned with the statistics and events of 1942, but, as usual, the opportunity is taken to comment on matters affecting the Public Health Service, some domestic and others of wider interest. To look backwards only is at any time a poor policy, and I think it is desirable, especially in times like these, that an annual report should be something more than a statistical record, and should to some extent review the rapidly changing circumstances of the Public Health Service.

Since the last report was written we have had two visits from the Hospital Survey Officers—Dr. Mc.Intosh and Mr. Mc.Nicoll of the Ministry of Health, and Mr. Rock Carling of the Westminster Hospital—and we have also had visits from Dr. Ralston Paterson of the Radium Institute, Manchester, who spoke to us on the development of cancer schemes, and from Professor G. S. Wilson of the London School of Hygiene, who spoke on pasteurisation of milk and other matters affecting a clean milk supply.

The visits of all these gentlemen, well-known in the medical world, and especially in connection with Public Health matters, have been greatly appreciated here. In Cumberland, we have the disadvantage of living on the periphery of things, and contacts like the above are invaluable because they help us to keep abreast of the times. I am sure we would all wish to see the policy continued of inviting experts in the various branches of Public Health to visit us from time to time.

Vital Statistics.

The vital statistics for 1942 contain few items of special interest. They are generally satisfactory. The birth-rate is up, the death rate is down; the maternal death-rate is one of the lowest, if not the lowest, ever recorded. Deaths from cancer, and from heart disease and allied conditions, have fallen somewhat from the high level of 1941, and the notifications of pulmonary tuberculosis have fallen quite substantially from the figure of the previous year. There is, in fact, little to find fault with in the statistical tables for the year.

Tuberculosis.

The statistics for 1942 are not unsatisfactory. Primary notifications of pulmonary cases were quite substantially down from the 1941 figures, and non-pulmonary cases were also slightly lower. Other notifications, (not being primary), such as cases notified posthumously, were also down. There was, as you are aware, a period in this war during which a considerable rise in the incidence of tuberculosis took place in various parts of the country. We had some rise in 1941, but the 1942 figure is well below the figure for the last pre-war year.

Sanatorium accommodation has been less of a problem in 1942 than it was in 1941. There have been times when the waiting list for one sex or the other—this matter swings about—has caused some anxiety, but quite definitely, on the whole, waiting lists have been shorter, and the period of waiting less of a problem.

Actually, at the moment of writing, we have only one woman and four men waiting for admission compared with as many as 40 cases at one time in 1941. The chief trouble in the matter of sanatorium accommodation has been obtaining beds for children. The reasons for this are explained elsewhere in this report. There has never been difficulty in obtaining beds for cases of children with a positive sputum, but there has been, and is, trouble in obtaining beds, owing to the reduced accommodation available, for the type of child who is sent in for diagnosis or for treatment of the early tubercular or pre-tubercular state. These latter cases, of course, are by no means so urgent as the adult ones.

A new feature in the campaign against tuberculosis has been the issue by the Ministry of Memo. 266/T., which initiates the policy (a) of mass X-ray examinations, and (b) of allowances for certain persons suffering from pulmonary tuberculosis whilst they are under approved treatment.

The recognition of the need for the grant of financial assistance to the wage-earner on whom the tragedy of tuberculosis has fallen is welcome. It is especially welcome to us who advocated this policy ten years ago. *

The State should surely out of its resources be able to assist with the burden of their economic problems those households on which the devastating tragedy has fallen of such illnesses as cancer and tuberculosis, especially when they affect the wage-earners.

* Annual Report on the Health Services, 1933.

Nevertheless, the scheme of allowances outlined in these new proposals cannot be regarded as entirely satisfactory. The allowances are understood to be only temporary in their application and related to the man-power problem. They do not provide for assistance in non-pulmonary tuberculosis, and yet tuberculosis of the spine can be just as over-whelming in its economic effects as tuberculosis of the lungs. The allowances, except for the exceptional case, cease automatically and abruptly when a patient has been out of the sanatorium for 18 months, and may cease much earlier.

The allowances, therefore, altogether fail to meet the needs of the advanced case, and yet this is particularly the type of case which most requires and would best repay the granting of *conditional* maintenance allowances.

It is the advanced and infectious case which spreads this disease and completes the vicious circle. Apart altogether from the plain humanitarian point of view that the advanced case is at least as much in need of financial assistance as the early case, the advanced case should be relieved of financial anxiety in respect of himself or his household and dependants, conditionally on his being willing to enter a hospital for this type of case. By such voluntary segregation the patient would protect his family and contacts from infection, and from the point of view of the State it would be a well worth while insurance. Obviously the suggestion implies that such hospitals should be run on the broadest possible lines and should be as little institutional as possible.

Cancer

During the year a further report on the development of the cancer scheme was issued by the Medical Sub-Committee appointed by the Cancer Committee for the area. **

A number of conferences have been held to consider this report, which dealt with domestic policy in the matter of the development of a cancer scheme The main recommendations of the report were that the diagnosis of cancer should be centred at the Cumberland Infirmary in the consultant staff and at the Whitehaven Hospital (or other centres to be established), in visiting consultants, and that surgical treatment should, in general, be centred on the Cumberland Infirmary. The report also dealt with the establishment of a secretariat at the Cumberland Infirmary, radio-therapeutic services, propaganda and other matters.

** "The Treatment of Cancer," issued November, 1942.

The report has been adopted in principle by the two Local Authorities, the Cumberland Infirmary, and the Whitehaven Hospital.

During the year negotiations were begun, and are continuing, for the establishment of a cancer organisation for the North-East of England, with the Royal Victoria Infirmary, Newcastle, as the base hospital for the area. Representatives of the County Council have attended all the meetings of the conference, which, in its draft report, has recognised that the isolation of this area presents an unusual and difficult problem calling for special consideration. Since the issue of the last Annual Report the Cancer Annexe at the E.M.S. Hospital at Shotley Bridge has come into operation, and to this we are now sending cancer patients, as well as to the Christie Hospital and Radium Institute, Manchester, and to certain other hospitals.

Venereal Diseases.

There has been anxiety throughout the country regarding the increased incidence of these diseases, a situation commonly associated with war-time conditions. I have, therefore, thought it justifiable, even in these days of paper shortage, to have printed the attached graphs, which have been prepared by the Venereal Diseases Officer. These graphs show the fluctuations of the past decade and the effect of war-time conditions. The explanation of the dramatic drop in the gonorrhoea graph from 1938 to 1940 probably lies in the fact that in 1938 the treatment of gonorrhoea by M. & B. 693 came into general use.

The clinic attendance figures, especially in the case of gonorrhœa, are only part of the story, and the sharp drop in the gonorrhœa graph may not be a true index of the position.

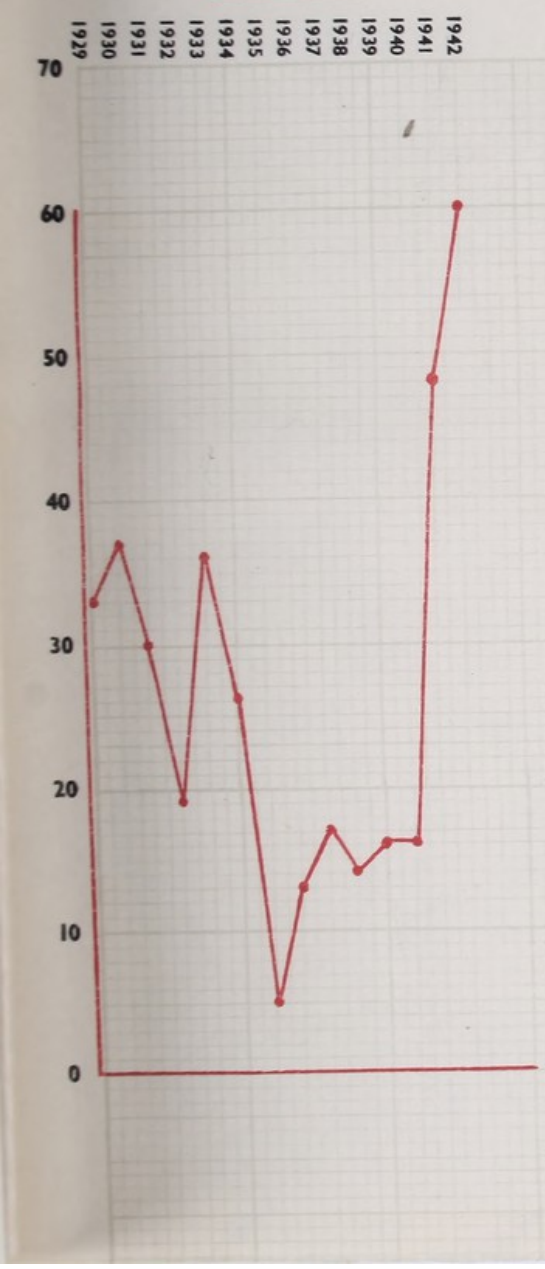
A word on Regulation 33B. may be worth while. This Regulation, which came into operation on the 1st January, 1943, is aimed at ensuring that persons suspected of spreading venereal disease shall be required to submit themselves for examination, and, if found to be sources of infection, to treatment. The Regulation provides that a Medical Officer on receiving two notifications in respect of a person suspected of being a source of infection shall take certain steps. Nine months experience of the working of the Regulation shows that in this area at least it looks like being a dead letter. In only one case have I received the necessary two notifications, but in quite a number of cases I have received one

V.D. NEW CASES (1929-1942)

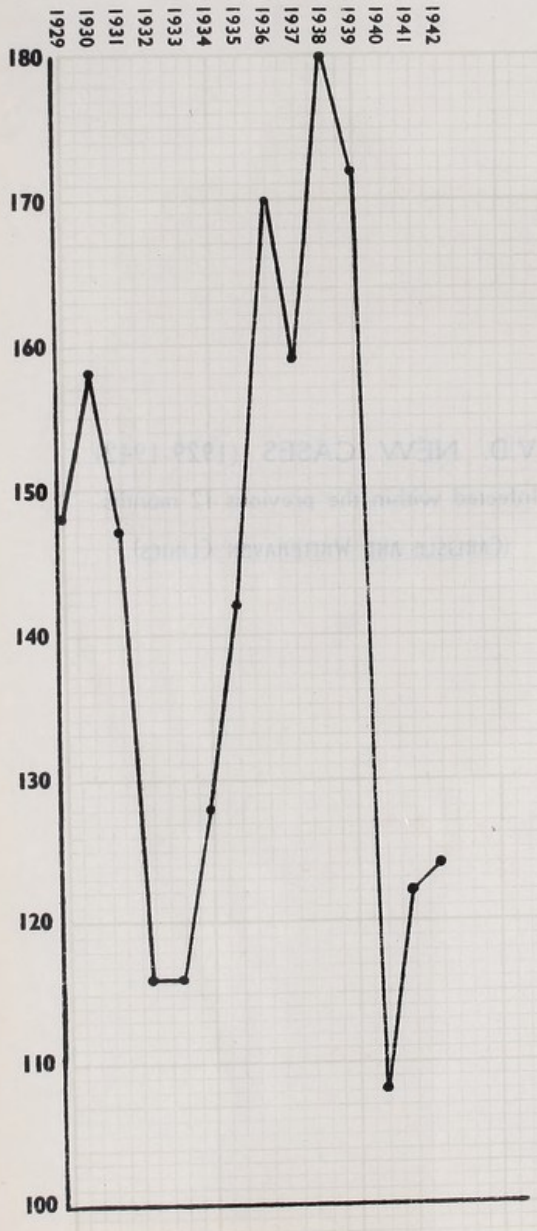
Infected within the previous 12 months.

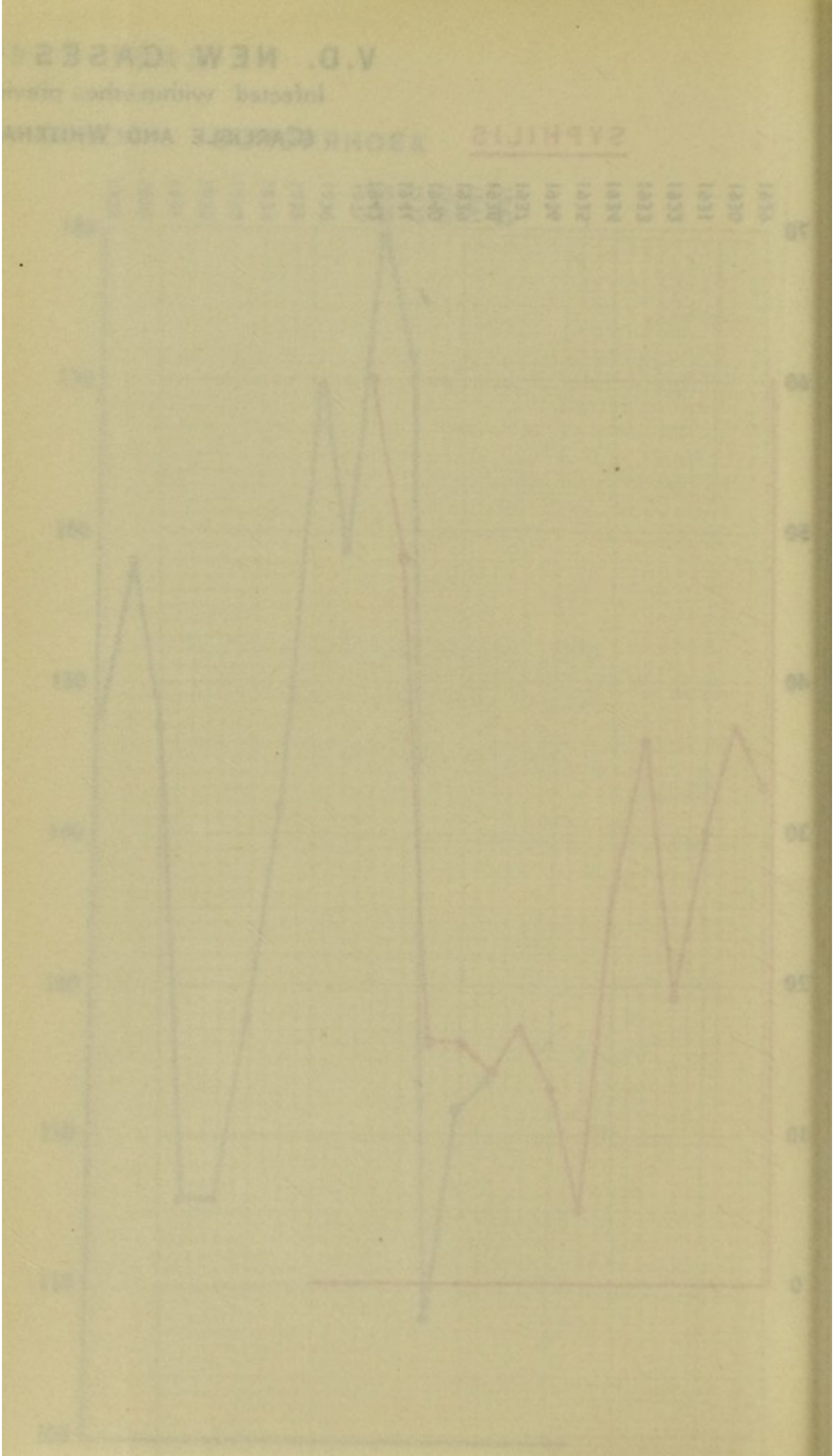
(CARLISLE AND WHITEHAVEN CLINICS).

SYPHILIS



GONORRHOEA





notification. On one notification it is impossible to take any statutory action. It might be a good thing if the Regulation could be amended to allow of some action being taken on a single notification.

Smallpox.

Some months ago when epidemics of smallpox occurred in certain areas not very distant from us I outlined to you the arrangements made to deal with cases of smallpox should they arise within our boundaries.

A recent suspected case allowed of a try out of these plans. Without going into details it may be noted that they proved satisfactory. In any area, but perhaps particularly in a rural area, the important thing is to get to grips quickly with the first case or cases. I think we may be satisfied that we are in a position to do this. For this we have to thank the Penrith and Keswick Joint Hospital Board and Mr. Huntley, their Clerk, and the Corporation of Carlisle and Dr. Semple, their Medical Officer, who have all been most helpful.

The Hospital Survey.

During the past twelve months the Surveying Officers appointed by the Ministry, whose names are given earlier, have paid two visits to the area, and have made an exhaustive survey of the present hospital provision, and have discussed future possibilities and developments.

While matters are still very much under consideration it would not, I think, be proper to say more than that, on the one hand, these visits opened new horizons, and that, on the other, those who met the Surveying Officers did their best to assist them in their task, to make constructive suggestions, and to promise the full co-operation of the area in the proposed new developments. The crux of the efficiency of any future hospital policy for this area will lie in the recognition of our geographical isolation. This is the point which we must never allow to be forgotten and we did not fail to emphasise the point to the Surveying Officers.

Midwives Salaries.

The White Paper, just published, outlining the new recommended scales of salaries for midwives and also making certain recommendations as to their conditions of service will call for your careful consideration. As one who has

consistently drawn attention to the meagre salaries and pensions paid to district nurses, I am glad that substantially increased salaries and improved conditions of service are now recommended. There is little doubt that the adoption of the new scale and recommendations will be general throughout the country, in fact almost automatic, and authorities which do not adopt the new scale will simply have no midwives.

While, however, these proposals, ending a state of affairs which, until comparatively recently, was really disgraceful, are welcome, yet there are several points in the proposals which are extremely difficult to understand or to approve.

Under these recommendations a woman employed whole-time as a midwife will receive a salary rising to £350 per annum if she holds the midwives' certificate only, but if she is also a fully trained State Registered Nurse she will rise to £360 per annum, i.e., £10 more. The training for the Certificate of the Central Midwives Board is at present a *two years'* training. If a woman goes through the training of a State Registered Nurse and thereafter takes the training for the certificate of the Central Midwives Board (in this case one year), she, in the majority of cases, will have devoted *five years* of her life to this combined training. For this she gets an extra £10 a year. This is indeed a strange valuation to place on three years of a nurse's life spent in additional training.

The position is really worse than this because there are very many midwives throughout the country whose midwifery training so far from taking two years has not exceeded twelve months, and in not a few cases has been for six months only. The actual position in Cumberland, which I imagine is typical, is that only two midwives have devoted more than twelve months to their midwifery training. Nevertheless, any midwife who holds the Certificate, whether as the result of six months' training or longer will be entitled, if she devotes all her time to midwifery, to the maximum benefits of the new scale. That is obviously inequitable to the nurse who has done five years' training, and it is much to be regretted that the White Paper made no reference to extended training for midwives complementary to the new salary proposals.

I understand that there is a proposal that there should be instituted a specialised training for midwives of three or four years' duration, and that midwifery should become a distinct profession. Should this take place it is quite clear that the new emoluments would be fully justified. The

answer to why this was not referred to in the White Paper may be that it was outwith the Committee's terms of reference. The answer to that is that the Committee's terms of reference seem to have been pretty widely interpreted, and that some reference to a new training standard for midwives would not have been out of place.

I hope that new recommendations may be issued prescribing an extended training for district-nurse midwives. I often think that the present position of these nurses is completely out of perspective. Now-a-days they do two years and six months' training, of which *two years* is devoted to midwifery and *six months* to general district training. I do not think that six months general training is nearly enough. The proportion is not in perspective.

I have looked through the figures for this County, and I find that during 1942 in each of five Nursing Association districts there were *five or less confinements*, including maternity cases, where the onus of responsibility is primarily on the doctor and not on the nurse. In these same districts the nurses attended as many as (in one district) 133 general cases during the year. I think these figures make it quite clear that to prescribe a two years' training for a district nurse in midwifery, with only six months' training in general nursing is wrong, and I think it is also wrong to base a salary scale on what is really the lesser part of a nurse's work.

Lest it be thought that the above figures are exceptional, I may add that in eighteen other districts there were fifteen or less confinements in the year, although the numbers of general cases attended in these same districts reached figures as high as 280. The point I am making, which is of real importance to the Health Services in a rural county like Cumberland, is that, until and unless district nursing is in the hands of State Registered Nurses with the Midwives' Certificate, that part of the training devoted to general nursing should be substantially longer than it is at present. Nothing in this implies any criticism whatsoever of our District Nurses in this county, who, as I have said many times, have done magnificent work under difficult conditions.

Shortage of Nurses and Midwives.

This matter has caused much anxiety in this County, as indeed in the country generally, during recent months. The shortage has affected hospitals, nursing homes, County Council nursing staff, and the Cumberland Nursing Association with its affiliated associations.

Perhaps the worst effects of the shortage, as affecting the County Council, occurred during the epidemic of puerperal sepsis earlier in this year when the Carlisle Infectious Diseases Hospital, having ample beds available, were unable to take more than half of the cases owing to shortage of nursing staff. At least one other infectious diseases hospital and one cottage hospital nearly had to close during the year for the same reason.

In the matter of maintaining our staff of whole-time midwives, especially at Whitehaven, and an efficient midwifery service in the seventy or so nursing association districts in the County, we have just managed to scramble through, and that is the best that can be said about it.

I have drawn your attention to the fact that one medical practitioner in the County pointed out that, in the industrial undertakings which he attended, there were no less than ten State Registered Nurses with the midwives' qualification undertaking industrial nursing. I think this state of affairs is pretty general.

We have been much indebted to the Appointments Officer of the Ministry of Labour and National Service in Preston (Mr. Shone), for what he has tried to do to help us to meet the shortage.

Milk.

Twelve months ago a small memorandum on certain aspects of the milk problem was issued with the annual report. Possibly this time the divergent views on school milk supplies might have called for some examination, but the issue of the White Paper on the new milk scheme would appear to make any comment unnecessary. If matters go as is foreshadowed in the White Paper this appears likely to be the last occasion on which reference will be made to milk in our annual survey of the County Health Services.

The proposal to transfer the powers and duties of Local Authorities, including County Councils, in respect of milk to the Ministry of Agriculture, and the implications of this proposal, if, as some think, it is to be regarded as a portent, are matters of higher policy on which comment in a report of this kind would be quite out of place. Nevertheless, if this is to be our swan song in relation to milk, I think we are entitled to our *apologia*. The inference of the White Paper clearly is that the Ministry of Agriculture will make a better job of the supervision of milk production than Local Authori-

ties, including County Councils, have done. This overlooks the fact that, arising out of the Agriculture Act, 1937, the Ministry of Agriculture have for the past five years, that is since April 1st, 1938, had under their direct control one of the most important aspects of milk production, namely, the veterinary services.

I suppose that two reliable indices of the efficiency of veterinary services would be :—

(a) The number of herds inspected ; and
(b) Evidence of the elimination of tubercle from the herds.

The following table shows the herd inspection figures for the past nine years in this County :—

		No. of herds inspected.	*No of cattle inspected.*
By the County Council's Veterinary Inspectors	— 1934	3619 ..	48388
	— 1935	2727 ..	44739
	— 1936	2887 ..	48539
	— 1937	2969 ..	47225
By the Ministry of Agriculture Veterinary Inspectors	— 1938	2348 ..	46500
	— 1939	2541 ..	62648
	— 1940	2297 ..	56398
	— 1941	2299 ..	56634
	— 1942	2016 ..	54048

The following table shows the percentage of samples positive for tubercle for the past nine years in this County :—

		Percentage of samples positive for Tubercle.
County Council Veterinary Service	— 1934..	2.1
	— 1935..	2.3
	— 1936..	1.
	— 1937..	1.5
Ministry of Agriculture Veterinary Service	— 1938..	1.2
	— 1939..	2.8
	— 1930..	2.1
	— 1941..	1.4
	— 1942..	1.7

These figures relate to the examination of over 12,000 samples. I submit with respect that these tables do not support any inference of inefficiency on the part of the County Council in respect of their period of control prior to transfer to the Ministry of Agriculture in 1938.

These big changes are apt to be heralded by a flourish of trumpets. The Milk Marketing Board in 1934 issued a pamphlet described as "An Explanation of the Milk Marketing Board Scheme to improve the Standard of Purity of Milk."

The pamphlet included this considerable claim :—

> "The formation of the Milk Marketing Board, which is charged with the responsibility of regulating and controlling the production of milk, provides, for the first time, the opportunity for an organised national effort to secure an improvement in the purity of the milk supply of the country."

After ten years it should be possible to produce evidence as to whether the anticipated rise in the standard of milk purity, arising out of the activities of the Milk Marketing Board, has or has not been achieved. On this point views may differ, and I will leave it at that.

Insurance.

These are days in which insurance against sickness and the expense associated therewith is coming into greater prominence than ever before. Hospital Contributory Schemes are expanding, and the Beveridge Scheme, which in effect is an insurance scheme, has been very much in the public eye. It is of interest, therefore, to note that the Nuffield Trustees through the Nuffield Provident Guarantee Fund have during the year launched a movement in favour of the formation of Area Provident Societies to enable any person by membership to insure against the costs of hospital or nursing home fees. The value of such a scheme is that it caters for persons who, by reason of their income, are outwith the scope of Hospital Contributory Schemes.

The Trustees have also under consideration proposals for assisting the erection or extension of paying beds attached to hospitals. I hope that both these developments may materialise here. I understand that Area Provident Societies have been or are being started in different parts of the country. These plans provide not merely for that section of the community outwith the normal Hospital Contributory Scheme but also for persons within the Contributory Schemes who desire, by paying a little extra, to obtain some privacy during illness—a perfectly normal and understandable impulse.

Staff.

During the year there was a good deal of sickness among the staff, especially among the medical staff, but we managed by what I think was quite good team work to avoid any breakdown in the services. I have been, as usual, much indebted to all my staff for the way they have carried out their duties under the difficulty of war-time conditions.

I am,

Your obedient Servant,

KENNETH FRASER,

County Medical Officer.

COUNTY HEALTH DEPARTMENT,
11 PORTLAND SQUARE,
CARLISLE.
September, 1943.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

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

Dental Officers.—Mr. J. M. Enderby left for military service.

Health Visitors.—Miss J. N. Marchbank retired, and Miss E. Mercer was appointed on a temporary basis to fill the vacancy.

County Council Midwives.—During the year Nurse Hill, Nurse Quayle and Nurse Emmerson joined the staff. Nurse Smith and Nurse Warbrick resigned their appointments.

Dental Nurses.—Miss Kelly and Miss Beaton resigned their appointments.

STATISTICAL AND SOCIAL CONDITIONS OF THE AREA.

The essential vital statistics for the year 1942 are as under :—

Population.

	At 1931 Census.	Estimated by Registrar General, Mid. 1942.
Urban Districts	114,459	84,230
Rural Districts	91,331	126,800
Administrative County	205,790	211,030

Rateable Value and sum represented by a penny rate.

The rateable value of the County at 1st April, 1942, was £947,084. The estimated product of a penny rate was £3,643.

Extracts from vital statistics for the year 1942.

LIVE BIRTHS.

	Total Births.	Males.	Females.
Legitimate	3,318	1,756	1,562
Illegitimate	233	107	126
Total Births	3,551	1,863	1,688

Birth Rate per 1,000 population—16.8

STILL BIRTHS.

	Total Still-Births.	Males.	Females.
Legitimate	110	60	50
Illegitimate	12	7	5
Total Births	122	67	55

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

DEATHS.

Total Deaths.	Males.	Females.
2,578	1,312	1,266

Crude Death Rate per 1,000 population—12.2.

DEATHS FROM DISEASES AND ACCIDENTS OF PREGNANCY AND CHILDBIRTH.

From Sepsis	1
Other Causes	4

Maternal Death Rate per 1,000 Total Births—1.4.

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE	
All Infants per 1,000 Live Births	57
Legitimate Infants per 1,000 Legitimate Live Births	56
Illegitimate Infants per 1,000 Illegitimate Live Births	60
DEATHS FROM CANCER (ALL AGES)	357
DEATHS FROM MEASLES (ALL AGES)	2
DEATHS FROM WHOOPING COUGH (ALL AGES) ..	6
DEATHS FROM DIARRHŒA (UNDER 2 YEARS) ..	23

Births, 1942.

The 3,551 live-births were distributed as follows :—

Urban Districts	1,390
Rural Districts	2,161

In compliance with instructions details of district figures are not shown. The highest birth-rate for the Urban Districts was at Whitehaven, being 18.7, and the lowest at Keswick at 8.1. These figures are practically identical with those of the previous year. In the Rural Districts Wigton was the highest at 19, and Alston the lowest at 12.7. In the total live births were included 233 illegitimate births, 84 in the Urban Districts and 149 in the Rural Districts. Still-births amounted to 122.

Deaths, 1942.

The 2,578 deaths were distributed as follows :—

Urban Districts	1,077
Rural Districts	1,501

In the Urban Districts Maryport had the highest death-rate at 14, and Whitehaven Borough the lowest at 12, and in the Rural Districts Alston had the highest at 16.1, and Penrith the lowest at 9.3. The death-rate for the County at 12.2 is again lower than for the previous year, and compares with the figure of 15.2 for 1940.

Principal Causes of Death.

Cause of Death.	No. of Deaths. 1938.	1941.	1942.
Heart Disease	663	621	594
Inter-cranial Lesions (Cerebral Haemorrhage, &c.)	169	303	297
Other Circulatory Diseases	142	109	91
Cancer, Malignant Disease	338	375	357
Congenital Debility, Premature Birth, &c.	106	111	118
Pulmonary Tuberculosis	115	116	117
Other Tuberculous Disease	34	41	49
Pneumonia (all forms)	105	171	100
Deaths by Violence (including Suicide)	135	111	72
Acute and Chronic Nephritis	64	71	65
Bronchitis	77	117	90
Diabetes	43	30	24
Influenza	31	31	24
Road Traffic Accidents	Not previously recorded.	43	31

The above table gives the principal causes of death in 1942, and for comparison the figures for 1941 and the last pre-war year are also given. It will be noted that there has been some reduction in the deaths in the heart and circulatory system group and in cancer, both of which groups reached a new high level in 1941. Deaths from pneumonia are down substantially, otherwise there is little change.

Infantile Mortality.

Of the 3,551 live births during the year, 203 infants died before reaching the age of 12 months. The infant death rate per 1,000 live births, is therefore, 57—compared with a rate for 1942 for England and Wales of 49. The causes of death are shown in the following table :—

Causes of Deaths.	No. of Deaths. 1938.	1941.	1942.
Bronchitis	8	5	9
Cerebro Spinal Fever	—	3	—
Circulatory Diseases	—	—	—
Debility, Congenital, premature birth, &c.	105	105	116
Diarrhoea, &c.	16	13	19
Digestive Diseases—Other	8	3	3
Influenza	—	—	1
Measles	4	—	—
Pneumonia (all forms)	22	30	30
Respiratory Diseases—Other	—	2	—
Tuberculosis—Pulmonary	—	—	1
Tuberculosis—Non-Pulmonary	3	2	3

	No. of Deaths.		
	1938	**1941**	**1924**
Violence—Death by	1	7	2
Whooping Cough	1	8	5
Other defined diseases	16	19	14
Totals ..	184	197	203

This table calls for little comment, the only real point of interest being the comparatively small increase in the number of deaths due to debility and congenital defects. This, I think, is generally taken as an index of the general health of the expectant mother section of the community, and this rise is perhaps the only unsatisfactory feature in the vital statistics for the year.

The distribution of infant deaths was as follows :—

Urban Districts	84
Rural Districts	119

The highest infant death-rate was in Maryport and the lowest in Alston.

GENERAL PROVISION OF HEALTH SERVICES.

Laboratory Facilities.

There is nothing new at present to record under this heading so far as the permanent arrangements are concerned. Negotiations are in progress for the establishment of a national laboratory service on a new and wider basis. Arrangements are still fluid and no decisions have yet been arrived at which affect us particularly.

With the rapid development of medical science and with pathological laboratories playing an increasingly important part in the campaign against diseases of all kinds, both as regards prevention and cure, we are very fortunate in this area in having at our service so well equipped and efficient a laboratory as that at the Cumberland Infirmary, and we continue to be indebted to Dr. Faulds—the pathologist—for much help given freely and often at great personal inconvenience.

Ambulance Facilities.

There is nothing new to add under this heading.

Nursing in the Home.

The work of the District Nursing Associations continues to be carried out under considerable difficulties concerned with shortage of nurse-midwives, shortage of petrol, and repair and maintenance of cars.

At one time there were six Nursing Association districts without nurse-midwives. The position at the moment is somewhat better, but things will never be really satisfactory until there is direction of nurses and midwives to the areas where these are wanted. It is probable that during the post-war years the improved salaries and general conditions of service affecting nurses and midwives will result in the attraction of substantially increased numbers of young women to the nursing and midwifery professions, but there is likely to be a period of considerable difficulty in the interim, which difficulty seems likely to increase under war-time conditions unless there is direction of midwives and nurses.

One Nursing Association district (Raughton Head) has been disbanded, and the work shared among the adjoining Nursing Associations. Other changes in the direction of amalgamation and consequent reduction in the number of Nursing Association districts are under consideration.

One difficulty which tends to get worse is the problem of finding suitable houses or lodgings for nurse-midwives. In several districts we could have filled vacancies had a house been available, but neither a house nor rooms was available. The County Council have this matter under consideration, and it may be that the Council will approach Local Sanitary Authorities throughout the area with a request that in their future building programmes they will include the provision at selected points of houses for nurse-midwives, possibly, in fact I should imagine probably, to be rented by the County Council, or at least with the County Council being concerned in the matter, as a step towards solving this problem of nurse-midwives in rural areas.

In the Rushcliffe Report on midwives' salaries, there is the recommendation that employing authorities should provide district hostels or homes where these are practicable, or furnished or unfurnished houses, or rooms, or lodging and attendance " to meet particularly the needs of new entrants to the domiciliary service."

Clinics and Treatment Centres.

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

Hospitals.

Reference is made in other parts of this Report to various points affecting the hospital services of the area.

The new hutted annexe of 144 beds provided by the Ministry of Health at the Cumberland Infirmary is now available and is partly in use. Difficulties in finding nursing staff and providing accommodation for the increased nursing staff necessary are considerably delaying the matter, but even the partial use of the annexe will be of considerable value. The arrangements between the two local authorities and the Cumberland Infirmary for the transfer of part of the Infirmary waiting list for treatment to the City General Hospital, Carlisle, continues to be of great value, and the civilian work undertaken at the E.M.S. Hospital, at Garlands, has also been useful.

In the matter of cancer, the opening of the new hospital block at Shotley Bridge is likely to prove of increasing value as time goes on.

The extensions at the Workington Infirmary remain incomplete, which is extremely unfortunate, as the number of maternity beds at this hospital, instead of being increased, is in fact, at the moment reduced as a result of these extensions in their incomplete stage.

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 Institutional treatment, and a number of Service sick have been received into the three main Institutions.

During the twelve months ended 31st December, 1942, the normal admissions of the three main Institutions under the Poor Law Code were 668, discharges 546, deaths 137, and live births 9, the latter all occurring in Meadow View House, Whitehaven.

Maintained in Station View House, Penrith, Highfield House, Wigton, and Meadow View House, Whitehaven, were 3, 2 and 12 persons respectively, detained therein under section 24 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, 1943, show :—

(a) the number of cases receiving treatment in each quarter ;

(b) the number of visits paid by practitioners to the homes of patients ;

(c) the number of patients who consulted practitioners at their surgeries ;

(d) the number of bottles of medicine dispensed.

Quarter Ended.	*No. of Cases.*	*Home Visits.*	*Attendances at Surgery.*	*Medicines Issued.*
30/6/42	739	2705	641	4074
30/9/42	657	2605	597	3541
31/12/42	704	2844	554	3675
31/3/43	765	3034	634	3870
	2865	11188	2426	15160

Of 1301 persons included in the Permanent Medical Relief List, 620 actually received Medical Relief during the financial year ended 31st March, 1943.

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, 1943, 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 the case of one practitioner attention 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 202 orders and repeat orders were issued at a cost of approximately £300.

Medical Relief—Evacuated Parsons.

During the year ended 31st March, 1943, 25 evacuees and their children received medical treatment under the Committee's Scheme.

Mental Deficiency.

I am again indebted to the Clerk to the Joint Mental Deficiency Committee for the care of Mentally Defective Persons for the following statistical information on this matter :—

Institutional Treatment.

"On the 31st December, 1942, there were 433 patients chargeable to the Joint Committee in Institutions or under Licence therefrom. This figure compares with 413 on the 1st January, 1942. These cases come from the Constituent Authorities' areas as shown below :—

	Males.	*Females.*	*Totals.*
Cumberland	127	147	274
Westmorland	49	40	89
Carlisle	36	34	70
	212	221	433

The following statement shows the numbers accommodated in the various Institutions at the end of 1942.

At Dovenby Hall Colony	305
At Milnthorpe Institution	68
At the Royal Albert Institution	20
At Rampton State Institution and Annexes ..	17
At Durran Hill House	10
At Other Institutions	33

Guardianship.

At the end of 1942 there were 98 patients under guardianship orders (including patients on licence therefrom) as compared with 101 patients at the beginning of the year. The distribution was as follows :—

Cumberland	75
Westmorland	23
Carlisle	6

Statutory Supervision.

On the 31st December, 1942, there were 405 cases under statutory supervision as compared with 394 cases a year earlier.

The geographical distribution was as follows :—

Cumberland	192
Westmorland	59
Carlisle	154

Licence.

During 1942 there was a slight increase in the number of patients on licence. Owing to war conditions and the consequent shortage of female labour, there was a keen demand for trained patients, and this outstripped the supply. On the whole, patients on licence have done well and in the vast majority of cases have justified trial. The movements to and from licence are shown in the following statement :—

On Licence at 31/12/41	36	
Returned	3	
		33
New Licences granted during 1942	5	
Total on Licence at 31/12/42		38

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 was exceptionally low, the total number of maternal deaths recorded being 5. The maternal death rate per 1,000 births is 1.4 as against 2.5 for the previous year. The corresponding figure for England and Wales is 2.16.

Of the 5 deaths shown in the table below one was attributable to puerperal sepsis, and 4 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 1.12, against corresponding figures for England and Wales of 0.52 and 1.64. Our puerperal sepsis rate is therefore below the rate for the whole country. The mortality figures for the immediately preceding years were as under :—

1939—22 deaths equal to a rate of 6.7 per 1,000 births.				
1940—9	,,	,,	2.6	,,
1941—9	,,	,,	2.5	,,
1942—5	,,	,,	1.4	,,

The 5 deaths which occurred in 1942 are divided as follows :—

Puerperal Sepsis	1
Other Puerperal Causes	4

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

	Puerperal Sepsis.	*Other Puerperal Causes.*
Whitehaven Borough ..	— ..	2
Cockermouth Rural	— ..	1
Penrith Rural	1 ..	—
Wigton Rural	— ..	1
	1 ..	4

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

Delivery of macerated foetus : post-partum haemorrhage :
Hyperemesis gravidarum, adherent placenta, heart failure ;
Ectopic pregnancy : internal haemorrhage.
Pre-eclamptic toxæmia—cerebral hæmorrhage.

Our maternal death rate at 1.4 is the lowest for a number of years. One swallow does not make a summer, however, and it is much too early to base deductions on the figures for one year.

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

Examined at Practitioner's Surgery	565
Examined at Home	953
	1518
Findings at Examinations :—	
Normal	1044
Abnormal	474
Number of Further Examinations	1002
Recommended for Hospital :—	
On account of Home conditions	237
On account of Patient's condition	55
Recommended to have doctor at confinement	23
Specialist opinion recommended	54
Extra-Nourishment recommended and granted	3
Dental treatment recommended	112

SUMMARY OF ABNORMALITIES FOUND ON ANTE-NATAL EXAMINATION :—

Anæmia and General Debility	10
Albuminuria and Oedema	58
Varicose Veins	52
Vaginal Discharge	45
Malpresentation	14
Heart Condition	5
Dental	181
Contracted Pelvis	37
Hæmorrhage	9
Hyperemesis Gravidarum	3
Pyelitis	3
Tuberculosis	2
History of Difficult Labours	6
Failure of Head to engage	6
Raised Blood Pressure	10
Glycosuria	7
Other Abnormalities—unsatisfactory general health ..	26
	474

The figures in these tables do not differ very materially from those of the previous year.

It may be of interest to mention that during the year some 3,000 clothing coupons books were issued to expectant mothers through this Department.

There were 439 admissions to hospital, representing 409 patients, which is slightly higher than the previous year and much higher than for earlier years. Our limited maternity bed accommodation has again been severely taxed, and as will be seen by the tables which follow, without the assistance provided by the Carlisle Corporation on the one hand and Newcastle Corporation (through the Gilsland Maternity Home) on the other, the position would have been absolutely hopeless. I do not think we should forget how much we are indebted to these two authorities.

Admissions to hospital were for the following reasons :

Home conditions unsatisfactory	264
General condition, anæmia, etc.	6
Albuminuria	6
Contracted pelvis	23
Bad previous history	15
Raised blood pressure	2
Eclampsia	24
Cæsarean section	8
Hyperemesis gravidarum	2
Malpresentation	8
Abortion	23
Phlebitis	4
Varicose veins	1
Hæmorrhage	20
Glycosuria	2
Heart condition	4
Pyelitis	4
Delayed labour	7
Other causes	16
	439

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

	1941.	1942.
Whitehaven & West Cumberland Hospital	10	58
Workington Infirmary	31	24
Victoria Cottage Hospital, Maryport	131	112
Carlisle Corporation Maternity Home	—	1
Carlisle City General Hospital	177	179
Alston Cottage Hospital	18	16
Brampton Cottage Hospital	6	2
Gilsland Maternity Home	18	47
	391	439

In addition 36 cases of sepsis and pyrexia were admitted to the Carlisle Infectious Diseases Hospital.

Emergency admissions to hospital amounted to 120.

Nine 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 13,491.

These figures exclude Workington (2,423), Alston (137), and midwives practising independently (1,039).

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	24,376
Children between 1 and 5	18,199

Maternity and Child Welfare Clinics :—

Children under one year of age who attended	631
Children between 1 and 5 who attended	1,336
Total attendances	3,519

Defects under 5 years of age treated :—

Dental defects	42
Eye defects	58
Ear, Nose and throat defects	53

(For Orthopædic treatment see pages 31 to 34).

At the Penrith Voluntary Maternity and Child Welfare Clinic 237 children attended, making 1,524 attendances. At Cockermouth 45 attended, making 268 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, which is the same figure as for the previous year. It is noted elsewhere that 36 of these cases were admitted to the Carlisle Infectious Diseases Hospital at Crozier Lodge.

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, 1942.

		Legit.		*Illeg.*		*Total*	
		M.	*F.*	*M.*	*F.*	*M.*	*F.*
A.	No. of Children under supervision on 1st January, 1942	5	2	14	12	19	14
B.	No. brought under supervision during year ended 31st December, 1942	1	2	2	2	3	4
C.	No. removed from Register during the year ended 31st December, 1942	1	2	8	8	9	10
D.	No. remaining under supervision as at 1st January, 1943	5	2	8	6	13	8
E.	Total No. of 1st Visits to Homes by Health Visitors					..	7
	,, .. Re-visits ,, ,, ,,					..	177
	,, of Children concerned					..	40

Midwives.

During the year 130 Midwives notified their intention to practise. These notifications included 72 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, and indeed in several other parts of the County, as has been noted elsewhere, caused considerable anxiety during the year. Quite a number of midwives have left, and the replacement of these has been a matter of great difficulty. In Whitehaven, which for some reason has always been a specially difficult problem as regards midwifery, three midwives left and four were appointed, but, of the four, one left very shortly after to take up a better appointment.

The shortage of midwives is not of course peculiar to Cumberland, but in Cumberland we have been able to see at first hand the cause, or at least one of the chief causes, of this shortage. I drew your attention earlier in the year to a letter from a medical practitioner pointing out that in industrial undertakings, at which he was the Medical Officer, there were 10 qualified midwives on the staff, working presumably in the First Aid sections. The attractions of this type of post to a midwife are obvious. The pay is better, holidays and time off are regular, and night work is limited.

Our difficulties in the area have been fully explained to the Appointments Officer of the Ministry of Labour for this region, and he has been very helpful in assisting us to fill vacancies.

One other outstanding cause of difficulty is the question of accommodation. There are certain districts in which neither houses nor lodgings can be found, and competent midwives willing to come have had to be turned down for this very unfortunate reason. There is no doubt in my mind that a policy of building or purchasing houses for midwives at suitable points to be selected throughout the County will have to be initiated. I understand that the College of Midwives is calling a conference on this matter.

One difficulty in a County like Cumberland is that with amalgamations of Nursing Association districts in prospect in a number of areas, it is difficult and indeed almost impossible to indicate suitable bases for midwives which will have any degree of permanency.

The Supervisor of Midwives paid 116 routine midwifery inspections. This figure is much smaller than previous years, the reason being of course to conserve petrol. In addition to these routine visits 20 special visits in connection with puerperal pyrexia, ophthalmia, and other matters, were paid.

The domiciliary midwifery cases attended by midwives amounted to 1,744, of which 444 were in the Boroughs of Workington and Whitehaven, and 1,300 in other parts of the Administrative County. Maternity cases attended by midwives as maternity nurses amounted to 742, of which 70 were in the Boroughs of Workington and Whitehaven. Medical help was summoned on 1,003 occasions.

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

For the Mother.	District Nurse Midwives	Independent Midwives	Municipal Midwives	Unaffiliated Midwives	Total
Pregnancy.					
Abortions	27	18	3	1	49
Albuminuria	34	28	2	—	64
Oedema	16	5	—	—	21
Varicose Veins	3	1	—	—	4
Sickness	2	—	—	—	2
Post Maturity	3	2	—	—	5
Unsatisfactory Conditions	38	27	6	1	72
Vaginal Discharge	—	1	—	—	1
Placenta prævia	2	—	—	—	2
Labour.					
Premature Birth	11	3	—	—	14
Prolapsed Cord	—	2	—	—	2
Heart Condition	1	—	—	—	1
Delayed Labour	145	69	14	1	229
Ruptured Perineum	144	97	13	2	259
Contracted Pelvis	2	4	—	—	6
Haemorrhage	1	5	2	—	8
Retained Placenta	7	12	1	—	20
Breech Presentation	24	14	4	—	42
Breast condition	4	2	—	—	6
Eclampsia	3	—	—	—	3
Phlebitis	3	1	—	—	4
Other conditions	5	—	—	—	5
Lying-in.					
High Temperature	32	11	4	—	47
Post-partum Haemorrhage	8	4	—	1	13
For the Baby.					
Feebleness	—	—	12	—	12
Discharging Eyes	—	10	46	—	56
Premature	1	—	10	—	11
Tongue Tied	—	—	—	1	1
Jaundice	3	—	—	—	3
Deformities	6	—	—	—	6
Cyanosis	—	1	—	—	1
Unsatisfactory Condition	—	11	23	—	34
Stillbirth	—	1	—	—	1
Other conditions	—	—	2	—	2
	525	329	142	7	1003

ABORTION.

The following table shows the distribution by areas of cases in which medical help was sent for on account of abortion. The figures show a rise on the previous year of 10, and, as usual, Workington Borough, for some unexplained reason, is at the head of the list, with Cockermouth Rural again in the second place and following fairly closely on Workington. This means of course that in these two *adjoining* areas there were 31 notifications of abortion out of 48 in the whole County. By way of comparison Whitehaven Borough only had 1 notification and Maryport Urban District also only 1. The deduction to be drawn from these figures would appear to be obvious. It should be noted that these are only cases *in which medical help was summoned* for abortion, and I have no doubt that they do not represent the real incidence of abortion in the County.

	1941.	1942.
Workington Borough	15	19
Whitehaven Borough	—	1
Cockermouth Urban	3	3
Penrith Urban	—	—
Border Rural	4	3
Cockermouth Rural	4	12
Ennerdale Rural	6	6
Millom Rural	2	—
Penrith Rural	1	1
Maryport Urban	2	1
Wigton Rural	—	1
Alston Rural	1	1
	38	48

Orthopaedic Treatment.

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

Orthopaedic work in the County for 1942 has continued along the same lines as in previous years. The following tables do not include the work undertaken for Maternity and Child Welfare cases in the Boroughs of Workington and Whitehaven. The increase in the number of children seen under the Maternity and Child Welfare section is satisfactory, because it means that those responsible—doctors, nurses and parents—are referring their orthopaedic cases to us at an early age when treatment is easier and more effective. Once more rickets and certain congenital defects head the list of crippling conditions, followed by such defects as bad postural position and flat feet.

During the year there were 184 cases of crippling conditions affecting children under five years of age. The following is a list of the conditions concerned :—

Rickets	53
Flat Foot	24
Club Foot	22
Congenital defects	20
Other Conditions	19
Infantile Paralysis	11
Congenital Dislocation of Hip	9
Tuberculosis	7
Spina Bifida	5
Torticollis	3
Birth Palsy	1
Webbed Fingers	3
Spastic Paraplegia	3
Achondroplasia	1
Pseudo-Coxalgia	1
Sprengel's Shoulder	1
Osteomyelitis	1
	184

Twenty-nine children received hospital treatment during the year.

Fifty-nine children of school age were under treatment for tubercular conditions of the bones and joints. Of these 15 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 77, 11 being new cases. The following table shows the position in detail :—

	Adults.	*School Children.*	*Children Under 5.*
Spine	36	16	—
Knee	10	13	2
Hip	16	15	1
Sacro-iliac Joint	6	1	—
Feet	1	3	2
Thigh	1	2	—
Wrist and Finger	1	2	—
Elbow	—	1	—
Shoulder	4	—	1
Ankle	2	6	—
Tibia	—	—	1
	77	59	7

Twenty-five of the above cases of tuberculosis received hospital treatment.

Adult non-tubercular cases under treatment numbered 37.

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

Scoliosis	5
Infantile Paralysis	5
Artificial Limbs	4
Arthritis	3
Osteo-arthritis	3
Other Conditions	3
Osteomyelitis	2
Congenital Dislocation of Hip	2
Slipped Epiphysis	2
Coxalgia	2
Injuries	2
Claw Feet	2
Osteochondritis	1
Flat Feet	1
	37

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, 1/1/42	241
New cases during 1942	117
Cases re-notified after discharge previously	6
Number removed from Register	82
Number remaining on Register on 31/12/42	282
Attendances at After-care Clinics	358
Seen by Consulting Surgeon (not included in above)	11
X-ray examinations during 1942 (including 3 at Ethel Hedley Hospital, Windermere)	56

TABLE B.

Number of Attendances at After-care Sister's Clinics	196
Home Visits	240
Home Visits—Evacuees	10
Plasters applied at Intermediate Clinics	63
Plasters applied at homes	27
Cases nursed at home on frames and Thomas' Splints	3

Casts made for Hugland jackets and Thomas' braces and fittings	12
Casts and fittings for block leather spicas	6
Artificial limbs attended to and casts and measurements taken for new limbs	5
Hip spicas applied at Intermediate Clinics	8
Plaster jackets applied at Intermediate Clinics ..	5
Appliances supplied and renewed	35
Surgical clogs and boots supplied	10
Appliances and boots for Evacuees	5

TABLE C.

Hospital Treatment.

Name of Hospital.	*In Hospital* 1/1/42	*Admitted during year*	*Discharged during year*	*In Hospital* 31/12/42
Ethel Hedley Hospital, Windermere ..	20	16	21	15
Shropshire Orthopaedic, Hospital, Oswestry ..	11	15	12	14

Dental Services.

There has again been a substantial fall in the number of Public Assistance cases referred for treatment, and a fairly substantial fall in the number of ante-natal cases. Looking back over some old reports I see that in 1938, 316 ante-natal cases were referred, and 344 Public Assistance cases, and that the dentures dealt with that year amounted to nearly 900. It is fortunate that there has been a very substantial fall in the work referred to the dental workshops as the staff has been severely depleted, there being now only 1 mechanic in the workshops instead of the 4 previously employed. The easing off of the denture work for adults has allowed a substantial expansion in the regulation and other denture work for school children.

The statistics for the year are as under :—

Service.	*Cases brought forward from* 1941.	*Cases Referred in* 1942.	*Cancelled.*	*Treatment completed.*	*Cases carried forward to* 1943.
Ante-natal ..	79 ..	125 ..	82 ..	68 ..	54
Public Assistance	22 ..	29 ..	4 ..	29 ..	18
Tuberculosis ..	7 ..	2 ..	5 ..	3 ..	1
Blind, &c. ..	— ..	— ..	— ..	— ..	—
Total ..	108 ..	156 ..	91 ..	100 ..	73

Service.	*Fillings.*	*Extractions*	*Anaesthetics. General*	*Local.*	*Dentures*
Ante-natal ..	52 ..	615 ..	1 ..	129 ..	64
Public Assistance	— ..	162 ..	— ..	39 ..	52
Tuberculosis ..	— ..	1 ..	— ..	1 ..	6
Blind, &c. ..	— ..	— ..	— ..	— ..	—
Total ..	52 ..	778 ..	1 ..	169 ..	122

Venereal Diseases.

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

During the year 1942 the increase in attendance at the Clinics which began in 1941 continued. The total attendances at the two Centres at Carlisle and Whitehaven were 5,042, an increase of 210 over the previous year.

The numbers of new cases, not previously treated at any other centre, were 94 cases of syphilis and 132 of gonorrhoea. These figures correspond to 85 and 132 respectively for the year 1941, and show an increase of 9 new cases of syphilis, the incidence of gonorrhoea being unchanged.

The chief significance in these figures is the fact that of these new cases of syphilis 60 were in the early and infectious stage, an increase of 12 in this stage over the previous year when there were 48 cases. It is worth noting that in 1940 there were only 16 of these cases. In other words, in 1941 there was an increase of 200% in early and infectious stage cases of syphilis on the 1940 figures, while in 1942 the increase was only 25% over 1941. It would appear that the increased incidence may be approaching its peak, and that in 1943 there may actually be a decrease in the number of new cases.

During the year no great changes in routine treatment have been made. Sulphathiazole still remains the drug of choice in the treatment of gonorrhoea, although there are many new derivatives of Sulphanilamide on the market. Larger doses over a shorter period of time are now being used.

During the year the work at the Venereal Diseases Clinic at the Whitehaven Hospital became very congested. During the early part of 1943 the situation has been much improved by (a) additional accommodation being made available by the Hospital, and (b) by additional medical assistance in dealing with patients—Dr. K. J. Thomson being able to assist with the work at most Clinics.

SANITARY CIRCUMSTANCES OF THE AREA.

(A) Housing.

Housing (Rural Workers) Acts, 1926—1938.

There is nothing to report under this heading. It may be worth while recording that up to the 31st March, 1943, the County Council had expended in grants in connection with the re-habilitation of houses for rural workers approximately £80,000.

(B) Water and Sewerage.

There is nothing to report under this heading either. The position is that up to the end of 1941 the total approximate estimated cost of approved schemes, many of which had by that date been completed, and a few of which have been completed since that date, was in respect of Sewerage approximately £260,000, and in respect of Water Schemes approximately £215,000.

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 samples of milk taken during the year under the joint scheme of the County Council and the Sanitary Authorities was 2,406. This figure is very slightly lower than for 1941, but is still approximately 1,000 over the number taken in 1939, and is good evidence that the local authorities in this area have not allowed war time difficulties in the shape of shortage of staff, additional duties and petrol difficulties to interfere with the carrying out of their duties in respect of milk sampling of both graded and ungraded milks.

The number of samples taken during the year was actually slightly in excess of the 1941 figure but some 50 of these reached the laboratory too late to comply with the regulations. Most of these samples were taken from graded herds, i.e., Tuberculin Tested and Accredited. Methods of sampling were by the methylene blue test, which is often regarded as not 100% satisfactory, but which is probably the most practical test by present day knowledge, and by the coliform test. These tests are, of course, concerned with milk cleanliness.

In addition, testing for tubercle by guinea pig inoculation is carried out in connection with all samples of ungraded milk taken, and with samples of designated milks on a recognised plan which has been in operation now for a number of years. Towards the end of the year, testing by the Rezasurin Test was commenced at the milk depots, under the general direction of the Ministry of Agriculture through the War Agricultural Executive Committee. These two main testing schemes run independently and action to be taken arising out of the results of such testing is carried out separately although there has been some measure of co-operation.

Milk and Dairies (Consolidation) Act, 1915.

During the year three reports were received from outside the County regarding milk produced in the County and found to contain tubercle bacilli. With regard to milk tested for tubercle inside the county a further twenty-three positive reports were received from the pathologist. In fourteen of

these cases the sources of infection were found, and fifteen cows with tuberculosis of the udder and one with definite clinical signs of tuberculosis and chronic cough were slaughtered. In four instances no source of infection could be traced, and in two cases involving milk from depots dealing with hundreds of herds, it was impossible for any useful action to be taken.

Milk Sampling.

As has already been stated, during the year 2,406 samples were taken under the milk sampling scheme. The sampling concerned graded herds, pasteurised milk and samples from school and institution supplies which include both graded and ungraded. Included in the 2,406 were 646 from ungraded supplies. The following table shows the results of the examination of ungraded supplies :—

TABLE I.

Sanitary Area.	*Satisfactory.*	*Unsatisfactory.*	*Total.*
RURAL.			
Alston	20	19	39
Border	58	45	103
Cockermouth	64	53	117
Ennerdale	32	34	66
Millom	24	41	65
Penrith	33	58	91
Wigton	24	24	48
URBAN.			
Cockermouth	3	6	9
Keswick	3	4	7
Maryport	5	11	16
Penrith	11	16	27
BOROUGHS.			
Workington	17	17	34
Whitehaven	12	12	24
	306	340	646

The relative numbers of satisfactory and unsatisfactory samples remain practically unchanged, unsatisfactory samples once again being slightly in excess of satisfactory. It may perhaps be useful and it is only fair in this connection, to point out that the term " unsatisfactory " as applied to milk samples includes not only those which are thoroughly bad—for example reducing methylene blue in ½-hour, or containing coliform in three tubes—but also those which just miss passing both tests, in which, for example, coli are absent, and the reduction of methylene blue almost reaches the required standard. " Unsatisfactory " therefore, is capable of rather a wide interpretation. As in 1941, the worst results come from the Millom and Penrith Rural districts.

Of the 2,406 samples taken during the year 1942, 1,332 were also subjected to a guinea pig inoculation test for tubercle. Of these, 23 were found to contain tubercle bacilli. Three of these positive samples involved the same farm.

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

TABLE II.

Year.	*Number submitted to the Biological Test.*	*Percentage Positive for Tubercle.*
1938	1221	1.2%
1939	1154	2.8%
1940	1209	2.1%
1941	1319	1.4%
1942	1332	1.7%

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 1943 in eight cases, and four 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. In addition, five licences were revoked during the year, and 130 warning letters were issued.

The staff of the Cumberland and Westmorland Farm School paid 95 advisory visits during the year, including a number of repeat visits.

At the end of 1942, there were 99 producers licensed to produce Tuberculin Tested Milk, and 322 licensed to produce Accredited milk, compared with 99 and 339 respectively, for 1941. The number of Tuberculin Tested licences therefore remained unchanged, and compares with 106 for 1940, while the number of Accredited licences has fallen during the year by 17.

Milk Supplies to Schools and Public Institutions.

During the year, 389 samples were examined for cleanliness. Of these, 231 were satisfactory and 158 unsatisfactory.

Veterinary Inspection of Dairy Herds.

I am 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.

No. of Confirmed cases of Tuberculosis.. .. 122

Clinical Inspection of Dairy Herds.

Class of Herd.	*No. of Herd Inspections.*	*No. of Cattle Examined.*	*Number of Cattle dealt with under the Tuberculosis Order.*
" Tuberculin Tested "	109	7,779	—
" Accredited "	1,140	34,408	36
" Ungraded "	766	11,861	86

Tuberculin Testing of " Tuberculin Tested " Herds.

No. of Cattle tested	9,850
No. of Reactors found	22

STATEMENT SHOWING THE NUMBER OF ACCREDITED LICENCES IN OPERATION AT THE END OF 1942, IN EACH SANITARY DISTRICT WITH THE RESULTS OF MILK SAMPLING AND CLINICAL EXAMINATIONS OF THE HERDS.

Sanitary District.	Licences in Operation	Samples taken.			Cases of Tuberculosis Detected on Veterinary Examination or Reported.				Other Conditions
		Number taken.	Accredited Standard.	Below Standard	Tuberculous	T.B. Udder.	Emaciation.	Chronic Cough, &c.	Atrophy, Mastitis Induration Non-T.B., etc.
RURAL.									
Alston	1	5	3	2	—	—	—	—	2
Border	107	432	248	184	2	5	—	7	117
Cockermouth	34	167	114	53	—	1	—	1	25
Ennerdale	28	52	37	15	—	—	1	1	6
Millom	16	65	47	18	—	—	—	—	12
Penrith	24	97	52	45	1	—	—	1	16
Wigton	82	303	180	123	7	6	—	12	77
URBAN.									
Cockermouth	2	8	5	3	—	—	—	—	1
Keswick	1	4	4	—	—	—	—	—	—
Maryport	4	14	11	3	—	—	—	—	4
Penrith	2	1	—	1	1	—	—	—	3
BOROUGHS									
Whitehaven	14	66	41	25	—	—	—	—	1
Workington	7	19	12	7	—	1	—	—	3
	322	1,233	754	479	11	13	1	22	267

STATEMENT SHOWING THE NUMBER OF TUBERCULIN TESTED LICENCES IN OPERATION IN EACH SANITARY DISTRICT AT THE END OF THE YEAR, 1942, 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	2	7	4	3	—
Border	41	153	103	50	5
Cockermouth	9	51	33	18	—
Ennerdale	8	25	23	2	—
Millom	2	8	6	2	2
Penrith	26	106	63	43	—
Wigton	8	31	20	11	2
URBAN					
Cockermouth	—	—	—	—	—
Keswick	—	—	—	—	—
Maryport	—	—	—	—	—
Penrith	2	10	2	8	—
BOROUGHS					
Whitehaven	1	12	11	1	—
Workington	—	—	—	—	—
	99	403	265	138	9

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. The number of cases of cerebro-spinal fever fell from 75 to 28, and the number of deaths fell from 12 to 8. There was a very substantial increase in the number of cases of measles. This is a disease in which the figures vary very widely, and, as will be seen from the following tables, there were over 3,000 cases in 1940, under 400 in 1941, and over 2,000 in 1942. The important thing of course is the number of deaths, and during 1942 there were only 2 deaths in the 2,000 odd cases.

Immunisation against diphtheria, under the Ministry of Health campaign, has proceeded as usual. The number of children under five years of age immunised during the year amounted to 2,136, in addition to 3,148 school children immunised, bringing the total of children of all ages immunised since the start of the campaign to 24,410.

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
In 1942	,,	,,	257	,,	,,	0 deaths

Diphtheria.

In 1938	there	were	96	cases	with	5 deaths
In 1939	,,	,,	50	,,	,,	1 death
In 1940	,,	,,	63	,,	,,	5 deaths
In 1941	,,	,,	59	,,	,,	5 deaths
In 1942	,,	,,	79	,,	,,	6 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
In 1942	,,	,,	6	,,	,,	0 deaths

Measles.

In 1938	there	were	23	deaths
In 1939	,,	,,	2	deaths
In 1940	,,	,,	13	deaths
In 1941	,,	,,	0	deaths
In 1942	,,	,,	2	deaths

Whooping Cough.

In 1938	there	were	4 deaths
In 1939	,,	,,	13 deaths
In 1940	,,	,,	16 deaths
In 1941	,,	,,	11 deaths
In 1942	,,	,,	6 deaths

Cerebro-Spinal Fever.

During the year the following twenty-eight notifications were received :—

Workington Borough	3
Keswick Urban District	2
Maryport Urban District	2
Penrith Urban District	1
Alston Rural District	2
Border Rural District	7
Cockermouth Rural District	1
Ennerdale Rural District	6
Millom Rural District	1
Penrith Rural District	1
Wigton Rural District	2

Eight deaths took place in the following districts :—

Whitehaven Borough	1
Alston Rural District	1
Border Rural District	2
Ennerdale Rural District	3
Millom Rural District	1

Non-Notifiable Disease.

Diarrhoea.

In 1938	there	were	17	deaths	in	children	under 2 years
In 1939	,,	,,	6	,,	,,	,,	,,
In 1940	,,	,,	10	,,	,,	,,	,,
In 1941	,,	,,	15	,,	,,	,,	,,
In 1942	,,	,,	23	,,	,,	,,	,,

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 puerperal pyrexia, and of ophthalmia neonatorum, which are dealt with in other sections of this report, and is also exclusive of cerebro-spinal fever, dealt with above. The notifications for the three previous years are included for comparison.

NOTIFICATIONS OF CASES OF INFECTIOUS DISEASES IN THE COUNTY OF CUMBERLAND DURING THE YEAR 1942.

DISTRICT	*Scarlet Fever*	*Diphtheria*	*Enteric Fever*	*Pneumonia*	*Polio-myelitis*	*Ery-sipelas*	*Measles*	*Whooping Cough*
URBAN DISTRICTS.								
Workington	24	29	1	7	—	8	587	16
Whitehaven	81	2	—	22	—	6	45	10
Cockermouth	17	—	—	—	—	1	10	—
Keswick	2	7	—	—	—	—	6	—
Maryport	6	1	—	1	—	1	168	26
Penrith	35	1	—	18	—	3	283	33
RURAL DISTRICTS.								
Alston	—	—	—	10	—	3	3	17
Border	16	16	1	14	—	14	181	9
Cockermouth	16	2	3	10	—	3	194	13
Ennerdale	34	6	—	62	—	17	105	10
Millom	3	6	—	27	—	7	103	17
Penrith	12	3	1	14	—	2	107	3
Wigton	11	6	—	23	—	15	298	30
TOTALS	257	79	6	208	—	80	2090	184
1941	153	59	14	243	—	81	397	702
1940	142	63	12	299	—	124	3195	700
1939	322	49	8	219	—	100	not recorded	

The only other matters calling for comment which seem to fall appropriately in this section are the questions of scabies, which is still somewhat troublesome, and of verminous conditions.

The problem of scabies is primarily one for local sanitary authorities, but County Councils are expected to co-operate, and this we do in respect of the treatment of children at school clinics and otherwise by our nursing staff, and by admitting to one or other of the Public Assistance Institutions the exceptional severe case calling for institutional treatment. The treatment of children generally does not present any very great difficulty, but the treatment of adults, for example munition workers or Women's Land Army personnel, is not quite so easy owing to the scattered distribution of these persons over the wide area of the county.

Scabies, while not a dangerous condition in any way, can be extremely troublesome. Therefore it may be useful to point out that the three essential steps in treatment are :— (a) soaking in a hot bath for some ten minutes, (b) painting from head to foot with benzyl benzoate, or smearing with sulphur ointment, and (c) disinfestation of the under-clothing and bed-clothing, the first and second steps being repeated if necessary.

With regard to verminous conditions, the Ministry have recently issued a Circular, 2831, on this matter, and the instructions in the Circular have been complied with, and all Health Visitors and District Nurses have been issued with a précis of the Circular for their attention. The Ministry in the Circular state that supplies of suitable combs are to be placed on the market, and these will be obtained and distributed as previously through our clinics and otherwise.

The now recognised treatment for verminous conditions of the head is the use of Lethane hair oil (384 " Special ") applied in very small quantities—about half a teaspoonful in the case of a child with short hair—by means of a dropper at three or four points at each side of the head, and spread evenly over the scalp gently by the fingers. This method has proved extremely satisfactory and it is probably worth while giving publicity to this also.

Vaccination.

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

Registered Births	3788	
Certificates of Successful Vaccination	1671	(44.12%)
Statutory Declarations	1774	(46.84%)
Cases otherwise accounted for (that is infants who died unvaccinated, postponements, removed from the district, cases lost sight of)	267	(7.03%)
Cases unaccounted for	76	(2.01%)

The percentage of children vaccinated in the period now under review has shown a surprising increase. The last figure recorded of successful vaccinations was 34.8% of the registered births. The figure has now risen to 44.1% of the registered births, and Statutory Declarations have dropped from 56.5% to 46.8%.

It has been repeatedly pointed out that the areas where vaccination is only undertaken in a very limited degree are Workington, Whitehaven and Maryport. I am afraid there is nothing we can do about it as parents have the choice presented to them during the first four months of a child's life of having their child vaccinated or of obtaining a Declaration of Exemption.

Prevention of Blindness.

During the year 30 cases were examined by ophthalmic surgeons under the Prevention of Blindness Scheme. Of these 4 cases received operative treatment, and in 19 cases glasses were provided.

With regard to ophthalmia neonatorum, 9 cases were notified. Of these 6 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	9
Cases Treated :—	
At Hospital	6
At Home	3
Vision Unimpaired	9
Vision Impaired	—
Total Blindness	—
Deaths	—

Cancer.

Developments in the region of policy which have occurred since the report for 1941 was written are dealt with elsewhere in this report. These developments have been important.

The total number of deaths from cancer during 1942 amounted to 357, which represents a slight fall from the new high level of the previous year. The position is probably better than the slight fall indicates, because, as methods of diagnosis improve, and as facilities for treatment develop, there is a tendency in cancer, as in any other comparable disease, for example tuberculosis, for the statistics to rise, and therefore the fall, although slight, is welcome, as it may indicate either a halt in the upward rise of cancer incidence in this area or improved results from treatment. In either case it is welcome.

The age and sex distribution of deaths, and the aggregates of the Urban and Rural Districts are set out in the tables which follow. There is nothing of special significance in these tables.

During the year 42 new cases were referred to this department. This number may seem small and is small, but it has to be remembered that in the main cases are still referred for the most part for diagnosis and treatment direct to the voluntary hospitals of the area, particularly of course to the Cumberland Infirmary which has radium facilities, Of the 42 cases referred, 6 were sent to the Radium Institute. Manchester, for examination, but were not retained in hospital. Thirty-six cases received in-patient treatment, as follows :—

Radium Institute, Manchester	21
Royal Victoria Infirmary, Newcastle	6
City General Hospital, Newcastle	5
Shotley Bridge E.M.S. Hospital	3
City General Hospital, Carlisle	1

In the above list the appearance of Shotley Bridge is important. The cancer section of the E.M.S. hospital at Shotley Bridge was opened during the year, and it is anticipated that an increasing number of patients from this area will receive treatment there as the scheme develops.

After-care continues to expand, although slowly. After-care attendances were as under :—

North Lonsdale Hospital, Barrow-in-Furness ..	115
Royal Infirmary, Lancaster	5
The Kendal Hospital	2
Royal Victoria Infirmary, Newcastle	1
Radium Institute, Manchester	1

It is worth noting that the after-care attendances at the North Lonsdale Hospital for 1942 were exactly double the attendances for 1940. In time, of course, these figures will rise quickly. The after-care clinic at the North Lonsdale Hospital, Barrow, is attached to the Radium Institute, Manchester.

CANCER DEATHS DURING 1942—BY AGE GROUPS.

	15-45		45-65		65 +		All Ages Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
URBAN DISTRICTS	4	10	30	35	39	42	73	87
Rural Districts	8	10	35	31	48	65	91	106
Whole County	12	20	65	66	87	107	164	193
	32		131		194		357	

CANCER DEATHS DURING 1942—BY SANITARY DISTRICTS.

	Males	*Females*	*Total*
URBAN DISTRICTS.			
Cockermouth	5	10	15
Keswick	6	10	16
Maryport	8	9	17
Penrith	10	11	21
Whitehaven	21	21	42
Workington	23	26	49
Aggregate of Urban Districts	73	87	160
RURAL DISTRICTS.			
Alston	1	7	8
Border	24	26	50
Cockermouth	20	17	37
Ennerdale	20	23	43
Millom	4	8	12
Penrith	3	7	10
Wigton	19	18	37
Aggregate of Rural Districts	91	106	197
Whole County	164	193	357

Tuberculosis.

I have made reference to certain aspects of the Tuberculosis position elsewhere in this report.

The number of cases of tuberculosis notified as primary notifications during the year amounted to 178, which is a decrease of 21 compared with the previous year. Non-pulmonary notifications at 78 also show a slight decrease. In addition, 55 cases came to notice in other ways, and here again there is a decrease on the 1941 figure. Of the 55 cases referred to 33 were pulmonary, and 22 non-pulmonary. Most of these cases come to our knowledge by information obtained from death certificates of cases not notified during the lifetime of the deceased, and by transfers from other areas.

Table A.—Notification.

	Pulmonary.	Non-Pulmonary.
1939..	174	66
1940..	163	60
1941..	199	81
1942..	178	78

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

Table B.—Deaths.

	Pulmonary.	Non-Pulmonary.
1939..	124	30
1940..	122	31
1941..	116	41
1942..	117	49

The death-rate on the Registrar General's figures for the Administrative County in respect of pulmonary tuberculosis is .55 per thousand of the population, and in respect of non-pulmonary tuberculosis .23 per thousand of the population. These figures compare with .54 per thousand and .19 per thousand respectively for 1941.

The above tables call for little comment other than has been made elsewhere in this report. Perhaps the only point of interest is the small rise in the non-pulmonary deaths which is due principally to an increase in tubercular meningitis in young children.

The question of non-notification prior to death or notification immediately preceding death is one in which your Health Committee have throughout maintained a lively interest. During 1942 the position was that 86 cases were either not notified prior to death or within three months of

death. This, of course, represents more than 50% of the 166 recorded deaths, and it means that rather more than half of these cases did not come to notice at a state when treatment might have offered some prospect of cure. This question has been discussed at length in previous reports, and I am here merely stating the facts. It should be mentioned that included in these 86 cases are 22 cases of tubercular meningitis, in which, owing to the rapidity of the disease, notification after death is almost inevitably the rule rather than the exception.

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

Urban Districts.	*Pulmonary.*	*Non-Pulmonary*	*Total.*
Workington	26	10	36
Whitehaven	15	7	22
Maryport	13	5	18
Penrith	5	1	6
Keswick	3	—	3
Cockermouth	2	—	2
Aggregate of Urban Districts	64	23	87
Rural Districts.	*Pulmonary.*	*Non-Pulmonary*	*Total.*
Ennerdale	27	14	41
Border	12	1	13
Wigton	4	4	8
Millom	4	2	6
Cockermouth	3	3	6
Penrith	1	2	3
Alston	2	—	2
Aggregate of Rural Districts	53	26	79
Total for the Administrative County	117	49	116

The rates per thousand of the population are omitted for the usual reason, but it may be noted that the highest death-rates so far as Urban Districts are concerned are shown in Whitehaven and Workington Boroughs and Maryport Urban District, and so far as the Rural Districts are concerned in the Ennerdale Rural District. Over a number of years the deaths from pulmonary tuberculosis in the Ennerdale Rural District have represented approximately one half of

the total deaths in all the Rural Districts of the County from pulmonary tuberculosis. During this year, for, I think, the first time, Ennerdale Rural District claims *more than one half* of the deaths in all the Rural Districts of the County.

This really is a very serious, one would almost say an appalling state of affairs. It means that a district with a population of approximately 27,000 during 1942 had more deaths from pulmonary tuberculosis than all the other Rural Districts in the County with an aggregate population of approximately 100,000. Even allowing for the nature of the industries of the district, that is iron and coal mining, for bad housing, for the effects of economic depression, and possibly certain racial tendencies, nevertheless it is clear that the figure is unreasonably high and calls for better housing, better supervision of mine workers, and perhaps above all for the provision of beds for advanced cases by the County Council where the infective elements can be segregated from the rest of the population. Obviously, too, if the district were to slip back into another period of economic depression matters would get worse instead of better because undoubtedly we are seeing in this high tuberculosis figure the aftermath of economic depression.

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

PULMONARY TUBERCULOSIS.

	Beds.
At Blencathra Sanatorium	38
At Meathop Sanatorium	20
At Stannington Sanatorium	14

This accommodation is insufficient even to ensure no unreasonable delay in admission to sanatoria. In a number of cases patients have had to wait anything up to three months for a sanatorium bed. This of course is wrong. Attempts have been made to secure additional beds by application to Sanatorium Authorities all over the North of England and the South of Scotland. Appeals for help have also been addressed to the Ministry of Health. No additional beds, however, have materialised as a result of these explorations. Many, in fact most, patients have expressed willingness to accept accommodation if necessary at considerable distances from their homes, but the beds could not in fact be obtained. I understand that in an adjoining area in which the Ministry were proposing to transfer certain E.M.S. hospital beds for the treatment of tuberculosis the offer could not be accepted through shortage of nursing staff.

We are also finding the shortage of children's beds very awkward. Our pre-war figure of 24 beds has now fallen to 14 owing to the transfer of the sanatorium for defence reasons. To reduce our beds for children by nearly one half makes a lot of difference. We have failed to find alternative accommodation for children elsewhere.

Our main problem, remaining of course quite unsolved, is the question of accommodation for advanced cases, To provide beds for the treatment of cases when they arise is obviously necessary, but unless there are simultaneously provided beds for the segregation of the advanced cases which create the vicious circle then we are working and spending money to little purpose.

The Year's Work.

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

	Males.	*Females.*	*Total.*
Adults in Meathop and Blencathra	70	51	121
Children in Stannington	20	6	26
Other Institutions	7	1	8
Orthopaedic cases in the Ethel Hedley Hospital and Shropshire Orthopaedic Hospital	18	12	25

The admissions of pulmonary cases at 155 shows practically no change on the preceding year. The figures for the immediate preceding years are given for reference in the following table :—

1939	197
1940	149
1941	156
1942	155

The main statistics for the year are as under :—

New cases examined at Dispensaries	162
Number of contacts examined	591
Number of pulmonary cases on the Dispensary Registers at the end of the year	688
Consultations with Practitioners	252
Visits to homes of patients by Tuberculosis Officers	176
Visits to homes of patients by Tuberculosis Nurses	1194
Sputum Examinations	225
X-ray Examinations	175
Attendances at Dispensaries	2273
Shelters in use	33
Cases receiving extra nourishment (Apart from Public Assistance Committee Grants)	66

The National Service Medical Boards still refer cases of suspected lung conditions for examination with a view to diagnosis, and the Ministry of Health continue to send preliminary notifications of Service patients about to be discharged from H.M. Forces. These patients, in many cases, require further Institutional treatment, and immediately on return to Cumberland arrangements are made for their examination and supervision. The Ministry of Pensions are also referring an increasing number of patients for periodical examination and report.

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.