

**[Report 1944] / Medical Officer of Health, Cumberland County Council.**

**Contributors**

Cumberland (England). County Council.

**Publication/Creation**

1944

**Persistent URL**

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COUNTY COUNCIL OF  
CUMBERLAND

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ANNUAL REPORT

ON THE

HEALTH SERVICES  
OF THE COUNTY

FOR THE YEAR 1944

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## TO THE CHAIRMAN AND MEMBERS OF THE CUMBERLAND COUNTY COUNCIL.

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to present my thirteenth Annual Report on the Health Services of the County. The report is again limited in scope, but gives, I trust, a reasonably comprehensive picture of the work we have been doing during the year.

### Vital Statistics.

The vital statistics for 1944 are generally satisfactory. The most striking figure is the rise in the birth-rate from 17.4 to 19.7. The total births rose from 3,589 to 3,914. It is also reasonably satisfactory to note that, although the illegitimate birth figure has risen, the rise has not been very large—only from 269 to 300—although admittedly this latter figure is exactly double the illegitimate birth figure for 1938. The estimated population has fallen by between 8,000 and 9,000 compared with the previous year. This follows an estimated fall between 1942 and 1943 of some 5,000, and this means that there has been an estimated fall in the population of this County in the last two years of something like 14,000. How these figures are arrived at I do not know, and, without questioning their accuracy, the only comment one can usefully make is that there is not to be seen any corresponding evidence of increased ease in obtaining accommodation in different parts of the County. We shall naturally not know the true position until another census is possible.

The death-rate remains unchanged. The maternal death-rate is low at 1.5. This compares with 2.7 in 1943 and 3.9 in 1938. This is a figure which tends to fluctuate a good deal but I think we may reasonably feel that the present high standard of consulting in obstetrics and the co-operation of the medical profession are achieving results in spite of our lamentable shortage of maternity beds.

The pulmonary tuberculosis mortality figure at 95 remains much the same as the previous year which was the lowest figure ever recorded. If we could solve the problems of pulmonary tuberculosis in the Ennerdale Rural District our mortality figure in the County would drop sharply. This is a matter which must engage your close attention. Reference in some detail is made to these figures later in this report. (See page 56).



Deaths from non-pulmonary tuberculosis at 23 are very low indeed and compare with 33 for the previous year, and with 49 for 1942.

### **Progress.**

Even under war-time conditions we have been able to make some progress in health matters, mostly in the shape of dotting "i's" and crossing "t's," in other words in the shape of filling up gaps in our services or amending these to bring them into line with modern progress, clinical and administrative, as affecting health services.

### **Cancer.**

One of the notable events of the past few months has been the establishment of a cancer organisation for the north-east of England. Although the Cancer Committee, with its associated Medical Advisory Committee, did not come into being until 1945, the foundations of this new organisation were laid in 1944.

The Cancer Committee is composed of representatives of all the local authorities in the north-east of England, and of the principal voluntary hospitals, etc., and the Medical Advisory Committee is even more widely representative.

Very great care has been taken in drawing up the constitution, and the scheme under which this organisation will operate, and, when the scheme gets into its stride, it should mark a very notable step forward in the treatment of this disease.

It is satisfactory to be able to record that the Cumberland Infirmary will play an important part in the scheme in this area, and it is planned that it will eventually rise to nearly the full status of a complete cancer unit.

This area has been given generous representation both on the parent committee and on the Medical Advisory Committee, and representatives from this area have from the start taken the deepest interest in their responsibilities.

I would not wish to leave the impression that in this matter of cancer treatment we as a county are starting from scratch. We have been developing facilities for the treatment of cancer gradually over a number of years, and a reference to the Cancer Section of this report shows that, during 1944, a substantial amount of work was undertaken both at Shotley Bridge Hospital, near Newcastle, and at the Radium Institute in Manchester. In addition, of course, we have had the benefit of the services of the Radio-therapist of the area



(Mr. Thurgar) in weekly visits to the Cumberland Infirmary for a long time now.

What the institution of the Cancer Organisation really means is that facilities should now develop at an increased tempo and that the question of the development of a full cancer unit at the Cumberland Infirmary comes a step nearer to the stage of action.

### **Tuberculosis.**

We have now started fortnightly "refill" sessions at the Workington Infirmary for the west of Cumberland, and, by arrangement with the Corporation of Carlisle, at the City General Hospital, Carlisle, for the east of the county. These refill sessions are for the after-care of artificial pneumo-thorax cases and are conducted by the Medical Superintendent and the Assistant Medical Superintendent of Blencathra Sanatorium.

These refill arrangements, which really only started early in 1945, will prove an immense benefit to ex-sanatoria patients. The attendances of our cases at the two centres average about forty per fortnight, or at the rate of say 1,000 refills a year. Neither of the sanatoria (Blencathra and Meathop) to which we send our cases is conveniently situated geographically for easy visiting, and the saving in travelling to patients on refill treatment will be obvious, partly because many of these patients are not too fit to stand long journeys.

### **Venereal Diseases—Treatment by Penicillin.**

As you are aware, recent investigations into the uses of penicillin have shown that it is of very great value, almost to the extent of being spectacular, in the treatment of gonorrhœa, and that with regard to syphilis, while it is too early yet to dogmatise, it seems probable that in a considerable proportion of cases the results will be equally beneficial. It was at once clear that no time must be lost in providing this treatment in connection with our Venereal Disease clinics, the anxiety felt on account of the increase in the incidence of venereal diseases being well known.

I am glad to be able to report that, within a few days of the receipt of the official communication from the Ministry, we were able to start out-patient treatment in cases of gonorrhœa at both the Cumberland Infirmary and the Whitehaven Hospital, and that after a slightly longer period of negotiation, the Cumberland Infirmary were able to place at our disposal one male and one female bed for the in-patient



treatment of syphilis by penicillin. Having regard to the length of the waiting list at the Infirmary and the many other urgent claims upon their beds, we are due a great debt of gratitude to the Cumberland Infirmary for placing these in-patient facilities at our disposal. In-patient facilities for similar cases are now also to a limited extent available at the Whitehaven Hospital.

### **Mental Illness.**

Out-patient clinics for mental cases have been started at the Cumberland Infirmary and at the Whitehaven and West Cumberland Hospital. These are conducted by the Medical Superintendent of Garlands Mental Hospital.

### **Blood Tests in Ante-natal cases.**

These have been started in one or two areas of the county with varying success. In Maryport the doctors have co-operated extremely well. In all 75 blood tests have been carried out under this new arrangement and of these 3 were returned as positive.

### **Illegitimate Children.**

Special attention has been given to the supervision of illegitimate children in accordance with the Ministry's Circular 2866. During the year 182 illegitimate children have been kept under close observation. Of these 137 were the children of young unmarried women, 44 were children of married women whose husbands were away from home for one reason or another, and in one case the mother was a widow. Special visits and special reports were made on each case at the 6th week, and at the 3rd, 6th and 12th months. Generally speaking, while the care of a few of these illegitimate children has been somewhat unsatisfactory, one has found little, if any, distinction between the care afforded to illegitimate children and the care afforded to legitimate children.

The fact is that the illegitimate child, if accepted into the home of the mother's parents, seems naturally to be allowed to take his or her place in the family life, and to have just the same share of care and affection as is bestowed upon other members of the household.

I find little to cause anxiety in this matter, which is gratifying in these days when child neglect is a matter of national concern and even in certain cases of sensational disclosures.

It may be worth noting that in a number of cases advice



has been given to the mothers of illegitimate children in respect of affiliation proceedings and adoption.

### **The Maternity Home at Penrith.**

Matters in connection with this Home, which is now building, are progressing satisfactorily. The time-table for the completion of the building aims at the end of 1945 as the target, and measures relating to the furnishings and equipment are getting well in hand, and administrative procedure has been more or less decided.

### **Maternity and Child Welfare Services, Whitehaven.**

At the time of writing we have recently taken over these services from the Town Council of Whitehaven. The transfer has been smoothly effected, and beyond perhaps adding to our anxieties a little bit in respect of maternity bed provision will not, I think, prove a difficulty from any other point of view.

### **Home Helps.**

Last year, you may remember that I drew your attention to a scheme for nursing and Home help sponsored by the British Red Cross Society and the Order of St. John and the Women's Voluntary Services to operate for an experimental period in the county as a whole. The use made of this offered service has been frankly disappointing. Applications for help, although they have I think in each case been promptly met, have been disappointing, and latterly have tailed off altogether.

The Ministry of Health recognise the need for home helps on a wider basis than has hitherto been in the picture, although they make reservations about the application of the scheme to rural areas, which I find it difficult to understand. The plain truth, however, is that at the moment, women do not seem to exist who are prepared to undertake this class of work in sufficient numbers, in this county at least, to make further exploration of the matter worth while. The unsatisfactory response to last year's offer of help also tended somewhat to put a damper on enthusiasm in this matter.

There is nothing new in the provision of home helps in maternity cases so far as we are concerned in this area. We have been supplying some help, when obtainable, in maternity cases over a considerable number of years. The trouble has always been exactly the same as that indicated above, namely, that there never have been anything like a sufficient number of suitable women prepared to act as home helps to go round.



### **Transport.**

I should like to record here my great indebtedness to the Voluntary Car Pool Section of the Women's Voluntary Services now closed down, although reborn in a new form, for the wonderful help which they have given to us in transporting patients to and from hospitals of one kind and another.

### **Other Matters.**

We are slowly developing a scheme for the provision of artificial limbs to various sections of the community.

We have made a start with the provision of insulin to children who have developed diabetes.

During the year we organised and administered two war-time nurseries in Penrith. Although these had to be organised at extremely short notice they worked quite smoothly, and it was with some regret that we closed them at the end of the year. There is no doubt that our experience has shown that a permanent residential nursery would be a great asset to this area. It would, for example, be extremely useful when a mother with a family of very young children has to go into hospital for confinement or for some other purpose, or when a mother with young children has to leave home for sanatorium treatment for a fairly substantial period of time. At the moment our negotiations for the obtaining of a suitable building to start a permanent residential nursery have not been very successful.

### **Looking Ahead.**

Twelve months ago in my Annual Report I analysed in some detail the effect of the proposed National Health Service as outlined in the White Paper on our position as a body administering substantial health services. The fore-shadowed Bill has not yet been introduced into the House, and the intervening period has been taken up with negotiations between the Ministry, the medical profession, the voluntary hospitals, and other bodies. It is not improbable that as a result of these negotiations the Bill, when eventually introduced, may differ materially from the original White Paper proposals. It is fairly safe to assume that it will, but at the moment speculation, even if based on some little knowledge, would not be profitable, and I think therefore that we might usefully employ this interregnum to turn over in our minds the deficiencies in our existing health services. In due course we will be required to contribute our views on just this matter



to the appropriate investigating authorities in whatever form these may emerge from the Act, when passed.

*What are the chief deficiencies in our existing health services in this area?*

There are not a few gross deficiencies in our existing services looked at from any progressive point of view. We urgently need a substantial increase in our maternity bed provision. We need greatly improved sanatorium accommodation, and particularly ample accommodation for advanced cases of pulmonary tuberculosis. We need more and more up-to-date isolation hospital accommodation, and this better accommodation should be more concentrated. Including mental illness, we require a substantial increase in accommodation for mental defectives, and greatly improved mental hospital provision.

We need more modern and better equipped clinic and treatment centre premises. We need adequate convalescent home provision, *adequately used as an annexe to our voluntary hospitals*. This is a matter about which we have hardly begun to think in Cumberland. We need to put rehabilitation for all classes of the community on the map for the whole area, reaching out from such main centres as exist or may subsequently be established, by means of mobile rehabilitation units, to every part of the county.

We need at least one residential nursery for young children, and we need one or more open air schools for delicate children. There is already a time lag of at least twenty years in this matter, because it is at least that long ago that the Council decided to establish *two* residential open air schools.

This is not the end of the story by any means, and I trust you will agree that there is nothing fantastic or Utopian in the list of requirements which I have outlined above. The outstanding need of the area, however, at least as I see it, I have not yet named.

It is the most urgent, I am almost inclined to say the desperate, need for the development and expansion of our hospital and specialist services. *The Cumberland Infirmary as the base hospital for the area today has a waiting list of approximately 1,000 persons*. This is not a paper waiting list. It is a list of people actively in need of surgical and medical attention, sometimes desperately in need of such attention. The waiting list affects all the departments of the hospital, and during the past twelve months the waiting list has steadily risen. Even cases of cancer have waited



long periods for admission, and, with regard to the non-urgent cases, such as ruptures, my own view, as one of your representatives on the Board of Management of the Cumberland Infirmary, is that some people will be lucky if they are attended to in five years time from now. The plain truth of the matter is that the number of available beds is totally inadequate to meet the calls upon them.

In my view, for what it is worth, this staggering problem will only be solved by the building of a new base hospital, either within or just outside, the city boundary. The site acquired by the County Council for the establishment of a sanatorium at Orton Park is well worthy of consideration in this respect. I would like to envisage the building of a base hospital to be an *all-purposes* hospital, such as has been partially attempted in certain other areas.

I would like to see established within a ring fence a new base hospital to cater not merely for the surgical and medical services presently provided by the Cumberland Infirmary, but to cater also for many of the problems outlined above, that is to include an adequate maternity and gynaecological block, a sanatorium, an isolation hospital for the whole east of the county, including Carlisle, for rehabilitation, for orthopaedics in all its branches, for vocational training, with an in-patient department for early cases of mental illness, and possibly for other things as well, and I would also like to see built in West Cumberland on some site to be agreed, an auxiliary hospital, smaller in size but acting in close liaison with the base hospital in every branch of the service.

Some may say that such ideas are fantastic and extravagant, that they involve the throwing away of vast sums of money which have already been expended at the Cumberland Infirmary and the two principal hospitals in the west of Cumberland, the Whitehaven Hospital and the Workington Infirmary, in bringing their services up to their present standard. I think the answer to all this is perfectly clear. *There comes a time when it pays to cut one's losses*, and I am absolutely convinced that instead of spending more money on the three hospitals mentioned it would be the clearest sanity to adopt a completely new orientation.

The plain truth is that the Cumberland Infirmary, the Whitehaven Hospital and the Workington Infirmary, are not satisfactorily placed for development and expansion on their present sites. In each case they are cramped, one might almost say crippled, by lack of ground for expansion, and I



do not think that any one of these hospitals is capable on its present site of being satisfactorily developed to take its place in the future hospital services of the county.

Someone may say that the cost of all this would be prohibitive. Would it? Let us not forget that already the Cumberland Infirmary, in conjunction with the County Council and the Carlisle City Council, have agreed to spend nearly a quarter of a million pounds on new buildings and services, that the Whitehaven Hospital authorities have planned to build a new hospital at a cost of something like £150,000, that the County Council have decided on the erection of a County sanatorium at a cost of something like £140,000. These three figures alone exceed half a million pounds *on pre-war estimates*, and the schemes to which these pre-war figures apply have already been approved by the local bodies concerned and by the Ministry of Health and the Commissioner for the Special Areas. So these proposals I now submit are not so fantastic as they might at first sight appear, and, in view of the extreme urgency of the matter, I take the liberty of asking that a Committee be appointed to examine the whole position at a very early date, in consultation with the Carlisle City Council and representatives of the three hospitals named and of the medical profession.

Other areas in the country are being faced with not dissimilar problems and are facing them with energy, and unless we too act, *and act promptly*, we shall be left behind in this matter of hospital policy. I would like to hope that we may be able to persuade the Ministry of Health to allow this area to be classed as an experimental area in this matter of hospital provision for rural counties.

### **Staff.**

Once again I must express my thanks to all members of my staff for the way in which they have carried out their duties under the difficulties of war-time conditions. The period of the European war, now happily ended, brought trials and tribulations in plenty, and extra duties to this department as to all other departments of the Council. Looking back it is a matter for satisfaction to realise how the staff in general rose to the occasion and shouldered their heavy new duties and responsibilities, and it is pleasant to pay this small acknowledgement.

Last year I suggested to you two new appointments. The first was that of a social worker, and in the intervening period a social worker to be employed at first on a part-time



basis, has been appointed. The second was the appointment of a County Sanitary Officer. This appointment remains in abeyance, but I would not like you to forget the desirability of such an appointment, especially in connection with new housing legislation. I think the majority of English counties have now appointed one or more County Sanitary Officers, and we are somewhat lagging behind in this matter.

I am,

Your obedient Servant,

KENNETH FRASER,

*County Medical Officer.*

County Health Department,  
11 Portland Square,  
Carlisle.

#### **PUBLIC HEALTH OFFICERS OF THE AUTHORITY.**

To economise paper the usual list is omitted. The following staff changes took place during the year :—

**County Council Midwives.**—Mrs. Doyle resigned. Miss Bowe was appointed but resigned later in the year, and Miss Sheppard was appointed to the vacancy.

**Dental Staff.**—Mr. Enderby returned from military service, and the temporary appointment of Mr. Rattee was therefore terminated. Mrs. Kelly resigned her appointment as dental nurse and Miss Leeming was appointed to the vacancy.



## STATISTICAL AND SOCIAL CONDITIONS OF THE AREA.

The essential vital statistics for the year 1944 are as under :—

### Population.

	At 1931 Census.		Estimated by Registrar General, Mid. 1944.
Urban Districts ..	114,459	..	78,900
Rural Districts ..	91,331	..	119,880
Administrative County ..	205,790	..	198,780

### Rateable Value and sum represented by a penny rate.

The rateable value of the County at 1st April, 1944, was £985,328. The estimated product of a penny rate was £3,782.

### Extracts from vital statistics for the year 1944.

#### LIVE BIRTHS.

	Total Births.	Males.	Females
Legitimate ..	3,614	1,864	1,750
Illegitimate ..	300	167	133
Total Births ..	3,914	2,031	1,883

**Birth Rate per 1,000 population—19.7**

#### STILL BIRTHS.

	Total Still-Births.	Males.	Females.
Legitimate ..	102	57	45
Illegitimate ..	11	2	9
Total Births ..	113	59	54

**Rate of Still-Births per 1,000 total births—31.**

#### DEATHS.

Total Deaths.	Males.	Females.
2,441 ..	1,286	1,155

**Crude Death Rate per 1,000 population—12.3.**

#### DEATHS FROM DISEASES AND ACCIDENTS OF PREGNANCY AND CHILDBIRTH.

From Sepsis ..	2
Other Causes ..	4

**Maternal Death Rate per 1,000 Total Births—1.5.**

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE.

All Infants per 1,000 Live Births	..	..	49
Legitimate Infants per 1,000 Legitimate Live Births	..	..	46
Illegitimate Infants per 1,000 Illegitimate Live Births	..	..	43
<u>DEATHS FROM CANCER (ALL AGES)</u>	..	..	309
<u>DEATHS FROM MEASLES (ALL AGES)</u>	..	..	1
<u>DEATHS FROM WHOOPING COUGH (ALL AGES)</u>	..	..	8
<u>DEATHS FROM DIARRHŒA (UNDER 2 YEARS)</u>	..	..	11

The 3,914 live-births were distributed among the Urban and Rural Districts, as follows :—

**Births, 1944.**

URBAN DISTRICTS.			Total Births	Legitimate	Illegitimate	Birth Rate
Cockermouth	..	..	78	66	12	15.9
Keswick	..	..	66	61	5	13.5
Maryport	..	..	240	220	20	21.8
Penrith	..	..	197	170	27	19.8
Whitehaven	..	..	479	449	30	22.1
Workington	..	..	539	502	37	20.3
<i>Aggregate of Urban Districts</i>			1599	1468	131	20.3
RURAL DISTRICTS						
Alston	..	..	41	39	2	17.3
Border	..	..	533	483	50	19.5
Cockermouth	..	..	333	315	18	18.3
Ennerdale	..	..	536	493	43	20.2
Mlllom	..	..	245	228	17	20.1
Penrith	..	..	201	188	13	17.6
Wigton	..	..	426	400	26	19.3
<i>Aggregate of Rural Districts</i>			2315	2146	169	19.3



The 2,441 deaths were distributed among the Urban and Rural Districts, as follows :—

### Deaths, 1944.

URBAN DISTRICTS				Crude Death Rate		
			Total	Males	Females	
Cockermouth	..	..	51	26	25	10.4
Keswick	..	..	62	24	38	12.7
Maryport	..	..	134	71	63	12.2
Penrith	..	..	117	67	50	11.7
Whitehaven	..	..	240	130	110	11.1
Workington	..	..	335	185	150	12.6
<hr/>						
<i>Aggregate of Urban Districts</i>	..	..	939	503	436	11.9
<hr/>						
RURAL DISTRICTS				Crude Death Rate		
			Total	Males	Females	
Alston	..	..	33	18	15	13.9
Border	..	..	347	187	160	12.7
Cockermouth	..	..	204	103	101	11.2
Ennerdale	..	..	324	170	154	12.2
Millom	..	..	185	101	84	15.2
Penrith	..	..	137	69	68	12.04
Wigton	..	..	272	135	137	12.3
<hr/>						
<i>Aggregate of Rural Districts</i>	..	..	1502	783	719	12.5

These tables call for little comment. As has already been noted there is a substantial rise in the birth-rate both in the Urban and Rural Districts, while the death-rate remains unchanged. For the purpose of comparison I have in the following table, showing the principal causes of death, included the figures for the last year and for the last pre-war year. The points to note are that deaths from cancer, as noted elsewhere, have for the present ceased to rise, that the deaths from diabetes are approximately half what they were in 1938, no doubt due to the wider and more scientific use of insulin, and that the deaths from cerebral haemorrhage and allied conditions have risen very substantially compared with 1938. This rise, noted in earlier reports, no doubt reflects the strain of war-time conditions.



## Principal Causes of Death.

Cause of Death.	No. of Deaths.		
	1938.	1943.	1944
Heart Disease .. ..	663	618	601
Inter-cranial Lesions			
(Cerebral Haemorrhage, &c.) .. ..	169	311	285
Other Circulatory Diseases .. ..	142	97	88
Cancer, Malignant Disease .. ..	338	324	309
Congenital Debility, Premature Birth, &c. 106 ..	93	118	
Pulmonary Tuberculosis .. ..	115	93	95
Other Tuberculous Disease .. ..	34	33	23
Pneumonia (all forms) .. ..	105	119	109
Deaths by Violence (including Suicide) ..	135	102	97
Acute and Chronic Nephritis .. ..	64	64	67
Bronchitis .. ..	77	101	97
Diabetes .. ..	43	21	25
Influenza .. ..	31	75	26
Road Traffic Accidents .. ..	Not recorded	22	15

## Infantile Mortality.

Of the 3,914 live-births during the year, 192 died before reaching the age of 12 months. This figure is 19 more than the figure for 1943 (173) and the infant death-rate per 1,000 live-births is therefore 49 compared with 48 for 1943. The figure for England and Wales in 1944 is 46. The causes of death are shown in the following table :—

Causes of Deaths.	No. of Deaths.		
	1938.	1943.	1944.
Bronchitis .. ..	8	8	5
Debility, Congenital, premature birth, &c. 105 ..	86	111*	
Digestive Diseases—Other .. ..	8	3	8
Diarrhoea, &c. .. ..	16	28	10
Whooping Cough .. ..	1	4	5
Diphtheria .. ..	—	1	1
Influenza .. ..	—	2	2
Measles .. ..	4	4	1
Pneumonia (all forms) .. ..	22	23	28
Tuberculosis—Non-Pulmonary .. ..	3	2	2
Tuberculosis—Pulmonary .. ..	—	—	—
Violence—Deaths by.. ..	1	4	9
Other Defined diseases .. ..	16	8	10
Totals .. ..	184	173	192

\* Includes 64 premature births



The above infantile mortality rate of 49 compares with the figure of 60 in 1938. The value to the nation of saving every child life possible is becoming increasingly realised. Attention is being concentrated on premature births which, it will be noted, provide a high proportion of the total deaths, and I hope to have something to say about this next year.

It is now possible to resume the publication of statistics by Urban and Rural Districts, and the table which follows shows the appropriate details of the infant mortality.

URBAN DISTRICTS.						No. of Infant Deaths.	Rate.
Cockermouth	..	..	..	..	..	4	51.2
Workington	..	..	..	..	..	26	48.6
Whitehaven	..	..	..	..	..	22	45.9
Penrith	..	..	..	..	..	9	45.7
Maryport	..	..	..	..	..	7	29.2
Keswick	..	..	..	..	..	1	15.1
Aggregate of Urban Districts						69	43.2
RURAL DISTRICTS.							
Cockermouth	..	..	..	..	..	22	66.1
Penrith	..	..	..	..	..	13	64.6
Ennerdale	..	..	..	..	..	29	54.1
Border	..	..	..	..	..	28	52.5
Alston	..	..	..	..	..	2	48.8
Wigton	..	..	..	..	..	19	44.6
Millom	..	..	..	..	..	10	40.8
Aggregate of Rural Districts						123	53.1
1944 Rate for England and Wales						..	46
1938 Rate for Cumberland County						..	60
1944 Rate for Cumberland County						..	49



## **GENERAL PROVISION OF HEALTH SERVICES.**

### **Laboratory Facilities.**

In my last Annual Report I detailed the chief changes arising out of Circulars 2658 of 1940 and 2851 of 1943. The unit basis of payment for the examination of specimens has now been introduced, and our financial relations with the Pathological Department of the Cumberland Infirmary have been for the greater part of the year on this basis.

The other changes hinted at last year are still, so far as I understand it, matters of negotiation, and I think that no agreements on a national basis have yet been arrived at.

The Cumberland Infirmary Pathological Laboratory continues to give us invaluable assistance and Dr. Faulds, as always, has been most helpful.

Investigations have included many interesting matters, perhaps the most interesting being the case of a district nurse-midwife who was found to be a carrier in the enteric group and whom accordingly I had to suspend from the practice of midwifery. The case has received very prolonged investigation and various forms of treatment, none of which were effective in removing the carrier condition, but at the moment of writing surgical treatment in the shape of the removal of the gall bladder and of the appendix (Mr. Hartley operating) seems likely to have effected a cure. Such cases are rare and of great clinical interest, and the details of the case may ultimately be published in the medical press. From the nurse's own point of view the threatened tragedy of losing her permanent source of livelihood through no fault of her own may now it appears happily be averted.

### **Ambulance Facilities.**

These remain unchanged, but at the moment we are acting on instructions to dispose of our Civil Defence ambulances which were converted private cars. Some of these may be transferred to local authorities in the area should they desire to supplement in this way their peace-time ambulances, which, in a number of instances, are showing understandable signs of war-weariness and are due for replacement.

### **Nursing in the Home.**

I should only like to refer to two matters under this heading.



The first is the question of amalgamation of Nursing Association districts. A special sub-committee of the Cumberland Nursing Association is devoting much time and consideration to this matter with a view of producing better balanced Nursing Association areas. At present the nurses in some areas are grossly overworked and in others the nurses are not fully employed. Geographically, too, a number of areas are inconvenient. The whole matter is extremely complicated, and, while the ultimate decision in this matter rests with the County Council under the tripartite agreement signed some years ago between the County Council, the Cumberland Nursing Association, and the individual Nursing Associations in the County, nevertheless it is of great importance that local goodwill in these changes should be maintained. Local opinion on changes of this nature in respect of Nursing associations, which may have been operating in some cases now for 40 years or more, is apt at times to be a little parochial in its outlook. This is perfectly understandable, but there is no doubt that changes could be made which would increase considerably the efficiency of the nursing services in the County. Until the Bill in respect of the new National Health Service is introduced we have still no precise information as to the part which County Councils will be expected to play under that service in the provision of general nursing.

The second point on which I would like to comment is the issue by the Rushcliffe Committee of a superannuation scheme for certain groups of nurses. I have on previous occasions drawn attention to the unfortunate position of district nurses in this matter. Largely they have been unsuperannuated although certain, in my view totally inadequate, schemes have been spasmodically adopted by individual associations or individual nurses. I have ample opportunities of knowing that the pensions, if any, which many of these faithful public servants have received at the termination of a long life spent in public service of the highest order, and, up till recently, with very meagre salaries, have been deplorable. I can recall recent instances of nurses in this area retiring on so-called pensions of less than £5 per year. I have not yet examined the Committee's recommendations in detail but I am confident that out of the recommendations the superannuation of district nurses and midwives will be placed on a satisfactory basis which will bring them in this matter more into line with the position of nurses employed by local authorities and by certain voluntary bodies.



### **Clinics and Treatment Centres.**

No changes have taken place under these headings during the year, except that there have been certain expansions in the list of venereal disease clinics.

### **Hospitals.**

The extensions of the maternity ward at the Workington Infirmary, commenced before the war, are now, I understand, practically complete and partially in operation.

The opening of the new theatre block at the Cumberland Infirmary, towards the establishment of which the County Council has been a contributor, has been a notable event in the hospital service of the area.

The impending closure of the Emergency Maternity Hospital at Gilsland, now fixed for October of this year would have been most disturbing because of the great assistance we have received from this hospital through the kindness of the Corporation of Newcastle-on-Tyne, were it not that the projected new maternity unit at Penrith, now in process of building, will go some considerable way to fill the gap.

### **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.

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, 1944, the normal admissions of the three main Institutions under



the Poor Law Code were 795, discharges 642, deaths 175, with 12 live births occurring in Meadow View House, Whitehaven.

Maintained in Station View House, Penrith, Highfield House, Wigton, and Meadow View House, Whitehaven, were 3, 1 and 7 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, 1945, 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.

<i>Quarter Ended.</i>	<i>No. of Cases.</i>	<i>Home Visits.</i>	<i>Attendances at Surgery.</i>	<i>Medicines Issued.</i>
30 /6 /44	816	3071	797	4524
30 /9 /44	856	3260	986	4885
31 /12 /44	865	3125	949	4607
31 /3 /45	950	3401	924	4490
	3487	12857	3656	18506

Of 2200 persons included in the Permanent Medical Relief List, 1135 actually received Medical Relief during the financial year ended 31st March, 1945.

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 quarter 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, 1945, we have found that on the information supplied treatment appears to have been satisfactory. The records have been generally well kept and the scheme appears to be working efficiently. During the 12 months there has only been evidence of over-visiting by two Practitioners who have been communicated with regarding this.

#### **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.

#### **Panel of Contracting Practitioners.**

There are now 60 Medical Practitioners contracting under the Scheme incorporating 45 separate practices. Included in these are 3 Carlisle Medical Practitioners who agreed to enter the Scheme in order to deal with cases in areas adjacent to Carlisle.

#### **Special Drugs, Medicines, &c.**

Cases requiring the above continue to be referred for approval, and during the year in question 236 orders and repeat orders were issued at a cost of £301 13s. 6d.

#### **Medical Relief—Evacuated Persons.**

During the year ended 31st March, 1945, 39 evacuees and their children received medical treatment under the Committee's Scheme.



## MENTAL DEFICIENCY.

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

### Institutional Treatment.

“On the 31st December, 1944, there were 441 patients chargeable to the Joint Committee in Institutions or under Licence therefrom as compared with 429 on the 31st December, 1943. These cases came from the Constituent Authorities' areas as shown below :—

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Cumberland .. ..	127	147	274
Westmorland .. ..	48	49	93
Carlisle .. ..	35	39	74
	<hr/> 210	<hr/> 231	<hr/> 441

The following statement shows the numbers accommodated in the various Institutions at the end of 1944.

Dovenby Hall Colony .. ..	295
Milnthorpe Institution .. ..	77
Royal Albert Institution .. ..	18
Rampton State Institution and Annexes ..	10
Durran Hill House .. ..	11
Totterdown Hall .. ..	10
Lisieux Hall .. ..	6
Other Institutions .. ..	14

### Guardianship.

At the end of 1944 there were 94 patients under guardianship orders (including patients on licence therefrom) as compared with 96 patients at the beginning of the year. The distribution was as follows :—

Cumberland .. ..	67
Westmorland .. ..	20
Carlisle .. ..	7

### Statutory Supervision.

On the 31st December, 1944, there were 351 cases under Statutory Supervision as compared with 342 cases at the beginning of the year. The geographical distribution was as follows :—

Cumberland .. ..	162
Westmorland .. ..	54
Carlisle .. ..	135



### Licence.

During 1944 twelve patients went off licence for various reasons, death, discharge, more permanent arrangements being made or returned as unsuccessful. Thirteen patients were sent on licence, the result being a net increase of one in the number of patients on licence at the end of the year. A small number of patients repeatedly lapse into faulty ways and have to be returned to Institutions for further training, but, generally speaking, the record of patients on licence is good and it is satisfactory to record that an increasing number have to be considered favourably for discharge. The movements of patients on licence are shown in the following statement :—

On Licence at 31 /12 /44 .. .. .	44
Returned .. .. .	12
	—
	32
New Licences granted during 1944 .. .. .	13
	—
	45
	—

## MATERNITY AND CHILD WELFARE.

### Maternal Mortality.

Maternal deaths for 1944 were 6. The maternal death-rate per 1,000 births was therefore 1.5 against 2.7 for the previous year.

Of the 6 deaths shown in the table below, two were attributable to puerperal sepsis and four to other causes associated with pregnancy and child-birth.

These figures show County rates for puerperal sepsis of .41, and for other causes of 1.02. Both of these, and especially the sepsis figure, are low.

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 ..
1943—10 .. .. .	2.7 ..



The 6 deaths which occurred in 1944 are divided as follows :—

Puerperal Sepsis .. .. .	2
Other Puerperal Causes .. .. .	4

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

	<i>Puerperal Sepsis.</i>	<i>Other Puerperal Causes.</i>
Maryport Urban .. .. .	1	—
Border Rural .. .. .	1	—
Cockermouth Rural .. .. .	—	1
Ennerdale Rural .. .. .	—	1
Penrith Rural .. .. .	—	1
Wigton Rural .. .. .	—	1
	<hr/> 2	<hr/> 4

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

Obstetric Shock—forceps delivery : brow presentation : Toxaemia of pregnancy.

Obstetric Shock—difficult labour.

Acute Yellow Atrophy of liver : Eclampsia of pregnancy : Twin pregnancy.

Post-partum haemorrhage and shock : concealed accidental haemorrhage : severe pre-eclamptic Toxaemia.

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

Examined at Practitioner's Surgery .. .. .	568
Examined at Home .. .. .	1033
	<hr/> 1601

Findings at Examinations :—

Normal .. .. .	1279
Abnormal .. .. .	322

Number of Further Examinations .. .. . 1318

Recommended for Hospital :—

On account of Home conditions .. .. . 373

On account of Patient's condition .. .. . 60

Recommended to have doctor at confinement .. .. . 5

Specialist opinion recommended .. .. . 71

Dental treatment recommended .. .. . 73



These figures, compared with 1943, show a substantial rise amounting to nearly 200 in the number of examinations of expectant mothers by medical practitioners. The number of recommendations for confinement in hospital on account of home conditions increased by over one hundred. Otherwise there is little change in the figures.

SUMMARY OF ABNORMALITIES FOUND ON ANTE-NATAL EXAMINATION :—

Anæmia and General Debility	..	..	..	..	15
Albuminuria and Oedema	..	..	..	..	23
Varicose Veins	..	..	..	..	55
Vaginal Discharge	..	..	..	..	32
Malpresentation	..	..	..	..	17
Heart Condition	..	..	..	..	8
Threatened Abortion	..	..	..	..	16
Contracted Pelvis	..	..	..	..	33
Hæmorrhage	..	..	..	..	5
Hyperemesis Gravidarum	..	..	..	..	3
Pyelitis	..	..	..	..	1
Tuberculosis	..	..	..	..	2
History of Difficult Labours	..	..	..	..	1
Failure of Head to engage	..	..	..	..	1
Raised Blood Pressure	..	..	..	..	22
Glycosuria	..	..	..	..	5
Dental..	..	..	..	..	73
Other Abnormalities—unsatisfactory general health	..	..	..	..	16

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

Recommendations for extra nourishment have disappeared from the table, this being due of course to the fact that the distribution of extra nourishment for expectant mothers is now undertaken by the Ministry of Food.

Similarly there was no issue of clothing coupon books to expectant mothers during the year as these are also now issued at the Food Offices.

There were 589 admissions to hospital for confinement. This is well over one hundred more than the previous year and compares with 162 admissions ten years ago, which is an indication of how the obstetric services are expanding and of the increasing tendency for women to desire to have their confinements in hospital. This tendency is to be encouraged and the only regrettable feature is that our accommodation does not keep pace with the increased demand and under war-time conditions cannot do so,



Elsewhere it is noted that the new maternity unit at Penrith is in process of erection and by the end of the year should be complete, or approaching completion. The alterations at the Workington Infirmary Maternity Unit are now complete and this enables us to obtain admission for an increased number of cases. On the other hand we have to face the early closure of the emergency maternity hospital at Gilsland, which through the kindness of the Newcastle Town Corporation has proved of the utmost value to us in the past few years. In addition a private maternity home in Carlisle has closed down and as a considerable number of confinements were dealt with annually at this home this will result almost inevitably in some increased demand for Local Authority accommodation. Our gains in accommodation, therefore, will not do more than balance our losses.

How we have managed to squeeze every case requiring admission into hospital I do not know, but one thing is certain, and that is that, if the demand keeps on rising at the present rate, we will soon arrive at the position when we will have to turn cases away which will be quite deplorable.

We continue to be greatly indebted to Carlisle Corporation for taking so many County cases into the Maternity Unit at the City General Hospital, Carlisle. As I said last year, without the help of Carlisle in respect of the City General Hospital, and of Newcastle in respect of Gilsland, our position would have been quite hopeless.

**Admissions to hospital were for the following reasons :**

Home conditions unsatisfactory	..	..	..	..	387
Retained placenta	..	..	..	..	5
Albuminuria	..	..	..	..	10
Contracted pelvis	..	..	..	..	11
Bad previous history	..	..	..	..	29
Raised blood pressure	..	..	..	..	17
Eclampsia	..	..	..	..	17
Cæsarean section	..	..	..	..	4
Hyperemesis gravidarum	..	..	..	..	3
Malpresentation	..	..	..	..	5
Abortion	..	..	..	..	37
Phlebitis	..	..	..	..	3
Varicose veins	..	..	..	..	2
Hæmorrhage	..	..	..	..	19
Glycosuria	..	..	..	..	2
Heart condition	..	..	..	..	5
Pyelitis	..	..	..	..	1
Delayed labour	..	..	..	..	9
Intra Uterine Death	..	..	..	..	2
Other causes	..	..	..	..	21



The above cases were admitted to the following hospitals, and for comparison figures for the two previous years are given. The increase in admissions to the Maryport Cottage Hospital, the City General Hospital, Carlisle, and to Gilsland, are of course striking, and emphasise our special indebtedness to these three institutions.

	1942	1943.	1944.
Whitehaven & West Cumberland Hospital .. .. .	58	62	72
Workington Infirmary .. .. .	24	16	24
Victoria Cottage Hospital, Maryport .. .. .	112	114	131
Carlisle City General Hospital	179	204	244
Alston Cottage Hospital ..	16	5	1
Brampton Cottage Hospital ..	2	5	5
Gilsland Maternity Hospital ..	47	66	112
	<hr/> 439	<hr/> 472	<hr/> 589

In addition 14 cases were admitted to St. Monica's Home, Kendal.

Thirty-five cases of pyrexia, puerperal sepsis, or septic abortion, were admitted to the Carlisle Infectious Diseases Hospital.

Emergency admissions to hospital amounted to 146.

Fourteen 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 14,606.

These figures exclude Workington (2,377), Alston (164), and midwives practising independently (666).

### 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 .. .. .	25,656
Children between 1 and 5 .. .. .	20,241

*Maternity and Child Welfare Clinics:—*

Children under one year of age who attended ..	802
Children between 1 and 5 who attended ..	1,053
Total attendances .. .. .	6,494

*Defects under 5 years of age treated:—*

Dental defects .. .. .	39
Eye defects .. .. .	83
Ear, Nose and throat defects .. .. .	78

(For Orthopædic treatment see pages 32 to 35 ).



At the Penrith Voluntary Maternity and Child Welfare Clinic 279 children attended, making 1,319 attendances. At Cockermouth 42 attended, making 272 attendances.

### Maternity and Nursing Homes.

The private Maternity Home at Maryport and the private Nursing Home at Wetheral were closed during the year.

### Puerperal Pyrexia.

During the year 35 cases were notified, compared with 45 for the previous year. Of these 15 were admitted to the Puerperal Sepsis block at Crozier Lodge. The remainder of the admissions to Crozier Lodge, noted overleaf, were transfers from the City General Hospital, or were non-notifiable septic abortions.

### 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, and as Visitors under the Adoption of Children Act, 1939. We have naturally taken rather special care arising out of events elsewhere, to ensure that the conditions of boarding-out in this County are satisfactory. Nothing has happened to shake our confidence in this matter and no unsatisfactory circumstances have come to light in connection with any boarded-out child.

There are a number of children boarded-out in Cumberland for a County Borough on the East Coast. We have been asked to arrange for these homes to be visited by the Health Visitor concerned, and this is now done quarterly and reports are sent to the Local Authority concerned.

### REPORT ON VISITATION OF CHILDREN FOR THE YEAR ENDED 31st DECEMBER, 1944.

	<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, 1944 . . . . .	3	1	6	5	9	6
B. No. brought under supervision during year ended 31st December, 1944 . . . . .	2	—	3	3	5	3
C. No. removed from Register during the year ended 31st December, 1944 . . . . .	1	1	3	3	4	4
D. No. remaining under supervision as at 1st January, 1945 . . . . .	4	0	6	5	10	5
E. Total No. of 1st Visits to Homes by Health Visitors . . . . .					8	
" . . . Re-visits . . . . .					79	
" . . . of Children concerned . . . . .					23	



### Midwives.

During the year 131 Midwives notified their intention to practise. These notifications included 73 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 was 82.

Independent midwives have now almost vanished from the scene. At the moment there are about half a dozen still practising in different parts of the County.

The midwifery position at Whitehaven, which caused us a good deal of anxiety in recent years, remained fairly satisfactory throughout the year and staff changes were fewer. The area which has caused most anxiety has been Penrith Urban District, due to the illness of the part-time midwife, arising out of which there were difficulties about off-duty time and other matters.

We have been fortunate in being able to fill with some difficulty vacancies which occurred on the County Council staff of midwives, and the Cumberland Nursing Association has also been able to fill vacancies among the district nurse midwives fairly satisfactorily.

Three midwives were suspended from duty on account of carrier conditions. Two of these were streptococcal throat carriers—the third was the case of a carrier in the enteric group referred to elsewhere in the report.

The Supervisor of Midwives paid 77 routine midwifery inspections, and in addition 46 such visits in connection with puerperal pyrexia and other matters.

The domiciliary midwifery cases attended by midwives amounted to 1,751, of which 478 were in the boroughs of Workington and Whitehaven, and 1,273 in other parts of the administrative county. Maternity cases attended by midwives as maternity nurses amounted to 711, of which 61 were in the boroughs of Workington and Whitehaven. Medical help was summoned on 874 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 .. ..	27	—	14	—	41
Albuminuria.. ..	31	1	21	—	53
Oedema .. ..	5	—	4	—	9
Varicose Veins .. ..	6	—	3	—	9
Sickness .. ..	2	—	—	—	2
Post Maturity .. ..	2	—	1	—	3
Unsatisfactory Conditions..	23	1	9	—	33
Placenta prævia .. ..	1	—	—	—	1
<i>Labour.</i>					
Premature Birth .. ..	2	—	2	—	4
Prolapsed Cord .. ..	1	1	1	—	3
Delayed Labour .. ..	95	9	54	1	159
Ruptured Perineum ..	141	10	98	—	249
Contracted Pelvis .. ..	2	—	1	—	3
Haemorrhage .. ..	31	4	9	—	44
Retained Placenta .. ..	6	—	4	—	10
Breech Presentation ..	6	—	11	—	17
Breast condition .. ..	4	—	5	—	9
Phlebitis .. ..	1	—	2	—	3
Other conditions .. ..	42	2	15	1	60
Early rupture-membranes	4	—	5	—	9
<i>Lying-in.</i>					
High Temperature .. ..	19	2	13	—	34
Post-partum Haemorrhage	8	1	3	1	13
<i>For the Baby.</i>					
Feebleness .. ..	7	—	6	—	13
Discharging Eyes .. ..	22	—	5	—	27
Premature .. ..	4	1	5	—	10
Deformities .. ..	8	—	3	—	11
Unsatisfactory Condition ..	4	—	3	—	7
Jaundice .. ..	5	—	1	—	6
Phimosis .. ..	2	1	—	—	3
Cyanosis .. ..	3	—	—	—	3
Other conditions .. ..	9	—	10	—	19
Stillbirth .. ..	4	—	1	—	5
Haemorrhage .. ..	1	—	1	—	2
	528	33	310	3	874



# ABORTION.

The following table shows the distribution by areas of cases in which medical help was sent for on account of abortion. As usual Workington heads the list. Except for 1943 when the adjoining district—Cockermouth Rural—took the lead, Workington has been at the head of the list for a good number of years. The explanation is probably obvious, but beyond once more drawing attention to this fact I do not think that any comment would be useful.

					1943.	1944.
Workington Borough	..	..	..	..	7	10
Whitehaven Borough	..	..	..	..	1	1
Cockermouth Urban	..	..	..	..	—	3
Penrith Urban	..	..	..	..	4	—
Border Rural	..	..	..	..	7	2
Cockermouth Rural	..	..	..	..	11	7
Ennerdale Rural	..	..	..	..	5	8
Millom Rural	..	..	..	..	1	2
Penrith Rural	..	..	..	..	1	1
Maryport Urban	..	..	..	..	3	2
Keswick Urban	..	..	..	..	1	1
Wigton Rural	..	..	..	..	3	3
Alston Rural	..	..	..	..	0	1
					44	41

# ORTHOPAEDIC TREATMENT.

Orthopaedic treatment continued on the same lines as in previous years. As usual rickets and certain congenital defects, together with flat feet, head the list, but along with these relatively minor, if somewhat incapacitating conditions, there have been many of serious orthopaedic significance.

An interesting feature of the year's work has been the start of the provision of artificial limbs under the recent circulars issued by the Government Departments concerned. These limbs included an artificial arm for a secondary school girl and a certain number of artificial legs.



During the year there were 271 cases of crippling conditions affecting children under five years of age. The following is a list of the conditions concerned :—

Rickets .. .. .	90
Flat Foot .. .. .	39
Congenital defects .. .. .	24
Club Foot .. .. .	14
Spina Bifida .. .. .	7
Injuries .. .. .	6
Infantile Paralysis.. .. .	5
Torticollis .. .. .	5
Spastic Paraplegia .. .. .	5
Congenital Dislocation of Hip .. .. .	4
Tuberculosis .. .. .	4
Birth Palsy.. .. .	4
Achondroplasia .. .. .	2
Lordosis .. .. .	2
Osteomyelitis .. .. .	1
Other conditions .. .. .	59
	<hr/>
	271

Thirty-two children received hospital treatment during the year.

Fifty-two children of school age were under treatment for tubercular conditions of the bones and joints. Of these 13 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 100, 12 being new cases. The following table shows the position in detail :—

	Adults.	School Children.	Children Under 5.
Spine .. .. .	52	13	1
Knee .. .. .	10	9	—
Hip .. .. .	23	15	—
Sacro-iliac Joint .. .. .	5	—	—
Feet .. .. .	1	3	—
Thigh .. .. .	1	2	—
Wrist .. .. .	3	1	—
Elbow .. .. .	1	1	—
Shoulder .. .. .	2	1	1
Ankle .. .. .	2	5	—
Tibia .. .. .	—	1	1
Toe .. .. .	—	1	—
Finger .. .. .	—	—	1
	<hr/>	<hr/>	<hr/>
	100	52	4



Twenty of the above adult cases of tuberculosis received hospital treatment.

Adult non-tubercular cases under treatment numbered 66.

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

Infantile Paralysis..	..	..	..	..	..	10
Congenital Deformities	..	..	..	..	..	8
Arthritis	..	..	..	..	..	7
Artificial Limbs	..	..	..	..	..	5
Scoliosis	..	..	..	..	..	5
Pseudo-coxalgia	..	..	..	..	..	4
Sacro-iliac disease	..	..	..	..	..	3
Osteochondritis	..	..	..	..	..	2
Slipped Epiphysis	..	..	..	..	..	2
Injuries	..	..	..	..	..	2
Claw Feet	..	..	..	..	..	2
Flat Foot	..	..	..	..	..	1
Osteomyelitis	..	..	..	..	..	1
Hemiplegia	..	..	..	..	..	1
Fracture	..	..	..	..	..	1
Hallux Valgus	..	..	..	..	..	1
Other Conditions	..	..	..	..	..	11
						<hr/> 66 <hr/>

The following tables, which, like the preceding ones, are supplementary to those appearing in the Annual Report on the School Medical Service where the greater part of our orthopaedic treatment lies, show the extent of treatment provided exclusive of the work undertaken at County Council Clinics for patients from the Boroughs of Workington and Whitehaven for which 76 cases were dealt with during the year.

TABLE A.

Number on After-care Register, 1/1/44	..	..	336
New cases during 1944	..	..	170
Cases re-notified after discharge previously	..	..	7
Number removed from Register	..	..	129
Cases transferred to M.I. Section	..	..	24
Number remaining on Register on 31/12/44	..	..	360
Attendances at After-care Clinics	..	..	540
Seen by Consulting Surgeon (not included in above)	..	..	9
X-ray examinations during 1944 (including 1 at Ethel Hedley Hospital, Windermere)	..	..	59



TABLE B.

Number of Attendances at After-care Sister's Clinics..	400
Home Visits .. .. .	257
Plasters applied at Intermediate Clinics .. ..	60
Plasters applied at homes .. .. .	30
Casts made for Hugland jackets and Thomas' braces and fittings .. .. .	9
Artificial limbs attended to and casts and measurements taken for new limbs .. .. .	6
Hip spicas applied at Intermediate Clinics .. ..	11
Plaster jackets applied at Intermediate Clinics ..	6
Appliances supplied and renewed .. .. .	42
Surgical clogs and boots supplied .. .. .	17

TABLE C.

**Hospital Treatment.**

<i>Name of Hospital.</i>	<i>In Hospital 1 / 1 / 44</i>	<i>Admitted during year</i>	<i>Discharged during year</i>	<i>In Hospital 31 / 12 / 44</i>
Ethel Hedley Hospital, Windermere ..	14	18	20	12
Shropshire Orthopaedic, Hospital, Oswestry ..	15	12	21	6

**DENTAL SERVICES.**

The statistics for the year are as under :—

<i>Service.</i>	<i>Cases brought forward from 1943.</i>	<i>Cases Referred in 1944.</i>	<i>Cancellation</i>	<i>Treatment completed.</i>	<i>Cases forwarded to 1945.</i>
Ante-natal ..	47 ..	69 ..	26 ..	51 ..	39
Public Assistance ..	19 ..	25 ..	3 ..	20 ..	21
Tuberculosis ..	1 ..	1 ..	— ..	— ..	2
<b>Total</b> ..	<b>67 ..</b>	<b>95 ..</b>	<b>29 ..</b>	<b>71 ..</b>	<b>62</b>

<i>Service.</i>	<i>Fillings.</i>	<i>Extractions</i>	<i>Anaesthetics.</i>		<i>Dentures</i>
			<i>General</i>	<i>Local.</i>	
Ante-natal ..	34 ..	264 ..	— ..	66 ..	47
Public Assistance ..	1 ..	114 ..	— ..	36 ..	38
Tuberculosis ..	2 ..	10 ..	— ..	8 ..	—
<b>Total</b> ..	<b>37 ..</b>	<b>388 ..</b>	<b>— ..</b>	<b>110 ..</b>	<b>85</b>







It might be thought that the work done in the treatment centres would be less in consequence of this decline, but on the contrary it has greatly increased as shown by the attendance. The explanation is, of course, that the treatment of syphilis is very prolonged and new cases in the preceding years remain under treatment and observation during the year under consideration:

The total attendance was 7,531, the highest yet recorded, and an increase of 627 over the figure for 1943. Another interesting feature here emerges. For the first time since the Clinics were established 25 years ago, the attendance of females was greater than that of males. The actual figures are 3,830 females and 3,701 males. In the last pre-war year 1938, the proportion of male attendances to female was 5 to 2. The question thus arises, what is going to happen when the population of Cumberland and Carlisle reverts to its normal proportions after the war? If the female attendance were to remain as at present, the total attendance would be over 13,000 and our arrangements for dealing with such a large number would require considerable alteration. There is, however, another factor to be taken into account—the arrival of penicillin.

### **Penicillin.**

Penicillin is a new drug extracted from a growth of a mould and is now being manufactured in this country on a large scale. At present its distribution is entirely controlled by the Government, and it cannot be purchased. \* It has not yet been released for the treatment of venereal disease among the civilian population with one exception, viz., merchant seamen suffering from gonorrhoea who have failed to respond to treatment with sulphanilamide drugs. In the Forces it is now being extensively used in venereal disease, principally for gonorrhoea but also for syphilis. It is now regarded as the drug of choice in the treatment of gonorrhoea, and it may also shortly be the drug of choice for syphilis as experience is gained. One of its peculiar properties is the very rapid elimination of the drug from the body, with the result that it has to be administered by injection at frequent intervals (usually three-hourly intervals), or by continuous drip, and, consequently, in-patient treatment for short periods seems to be the best method.

\* Very little has been published about the treatment of venereal disease with penicillin, but it is understood on good authority, that by about May 1945 this drug may be obtainable for use in the clinics, and it should then be possible



to say if it can be usefully employed in an out-patient department in the treatment of gonorrhoea. As regards syphilis the prospect is that in-patient treatment will be essential, possibly for a week or a fortnight for each case, when treatment would be completed. The cost of the treatment is unknown, but, if cure can be effected in this short time, compared to the present 12 to 18 months, it would certainly be worth doing it regardless of cost.

The immediate need then will be beds and nursing staff trained to give the injections by day and by night. The treatment being short, a few beds for Cumberland would suffice.

*\* Early in 1945 supplies of penicillin became available (See page 5).*

### **Defaulters.**

Approximately 18.5% of all cases of Syphilis and Gonorrhoea dealt with failed to continue treatment until discharged. This figure is identical with that for 1943.

### **Regulation 33B.**

During the year, 16 persons, all women, were notified on Form 1, four of these being notified twice. The Health Visitors succeeded in finding 12 of them, and 10 attended the treatment centre for examination or treatment. One woman who refused to attend was prosecuted and sent to prison. Five were found to have gonorrhoea and four syphilis. One was discharged after examination as not having been infected. It was thought that this was a case of mistaken identity.

It is found that in the treatment centres it is almost impossible to obtain sufficient information from patients attending, to lead to identification of the contact. As a rule neither name or address can be given, ignorance being professed. No doubt in many instances the information is deliberately withheld. Only two of the notifications came from the treatment centres in Cumberland, the others being from Medical Officers in the Services.

Much valuable work has been done by the Health Visitors in tracing contacts in all parts of the County, and Dr. I. S. Jones gave his assistance in the one prosecution. The Health Visitors also undertook visits to patients referred to them as defaulters at the clinics. In all over 50 visits were made.



## **The Treatment Centres.**

### **1. The Cumberland Infirmary.**

The additional hour for women and children added in 1943 was found to be insufficient, and another session for them was opened on one day a week at 10 a.m. Hitherto all sessions were in the afternoon. The new morning one has proved very successful and suits the convenience of many patients, the usual attendance being about 20. There are now 3 sessions a week for women and 3 for men.

### **2. The Whitehaven and West Cumberland Hospital.**

The structural alterations made in 1943 have made it possible to carry on the clinics with the increased attendance. The waiting room provided at the same time was short-lived, and was converted into an office early in 1944. It has no connection with the clinic. Protests were made with no effect, and the waiting room is once more the corridor of the Hospital, through which everyone passes. With the increased number of patients, conditions are becoming worse than they ever were.

The additional session for men begun at the end of 1943 was continued throughout the year with Dr. K. J. Thomson in charge. He has also assisted on the main clinic day throughout the year. The House Surgeons have shown a keen interest and given valuable help.

### **3. Workington.**

In April an arrangement made with Dr. Martin Edwards came into operation. By this, treatment for seamen is provided, as well as for any others who may wish to attend. Patients are seen at his house, 19 Gordon Street, Workington, and very good work has been done.

41 male and 5 female patients attended during the 9 months since the inception of the scheme, the majority of the men being seamen. As ships do not remain in port for long, it is unlikely that many or any of them would have been able to attend at Whitehaven, and they would have gone without treatment but for this arrangement. The total attendances was 102. These figures are not included in the statistics given at the beginning of this report.

Eventually it is hoped that a treatment centre at the Workington Infirmary may be established, and the present scheme is regarded as a temporary one."



### **HOUSING (RURAL WORKERS) ACTS, 1926—1938.**

The position at the 31st March, 1945, was substantially the same as that reported for the year ended 31st March, 1944, except that during the year under review two applications under the Acts involving two dwellings were approved for grant from County funds.

During the year under review consideration was given to the recommendations contained in the Third Report of the Rural Housing Sub-Committee of the Central Housing Advisory Committee, and a Housing Advisory Committee has been constituted for the County.

### **WATER AND SEWERAGE.**

During the year ended 31st March, 1945, 4 sewerage and sewage disposal schemes and 3 water supply schemes were satisfactorily completed. One new water supply scheme has been approved and work is proceeding.

During 1944 the Rural Water Supplies and Sewerage Act came into operation. The Act provides, subject to conditions, for contributions by the Government towards the expenses incurred by Local Authorities :—

- (a) in providing a supply, or improving an existing supply, of water in a rural locality ;
- (b) in making adequate provision for the sewerage, or the disposal of the sewage, of a rural locality.

The Water Bill before Parliament aims, among other things, at a national policy in regard to water supplies.

A comprehensive survey of the water resources of the County has now been completed and the report on this matter will be published later in the year.

### **INSPECTION AND SUPERVISION OF FOOD.**

#### **Foods other than Milk.**

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

#### **Milk.**

The sword of Damocles in the shape of the Food and Drugs, (Milk and Dairies) Act, 1944, hangs over our heads, but no date has yet been appointed on which this Act shall come into operation. Therefore comments on the usual lines on the milk situation in this County follow. Whether the following observations represent our swan song in this matter I do not know.



The number of samples taken during the year under the joint scheme of the County Council and the Sanitary Authorities was 2,247. This is slightly lower than last year, but is well above the figure for the last pre-war year, and provides continued evidence that there has been no relaxation of effort either on the part of the County Council or on the part of the Sanitary Authorities in the County under the excuse of wartime difficulties.

Testing for tubercle by guinea pig inoculation was carried out in connection with all routine samples of ungraded supplies taken, and in connection with designated milks on the system which has been in operation in this area for many years.

### **Milk and Dairies (Consolidation) Act, 1915.**

During the year one report (from Wallsend) was received from outside the County regarding milk produced in the County and found to contain tubercle bacilli. In this case the milk was consigned to the Newcastle area from a depot in Cumberland, and as some hundreds of farms were involved, it was impossible to trace the source of infection. As is noted later, 1,273 samples (including those from graded and ungraded supplies) were subjected to guinea pig inoculation. Of these, twenty-one samples taken in the County were found to be positive for tubercle, of which two were from the same herd. From these twenty-one positive reports, sources of infection were traced in sixteen groups, arising out of which eighteen cows with tuberculosis of the udder and three cows with chronic pulmonary tuberculosis were slaughtered, the post-mortem examination in each case confirming the diagnosis. In the remaining cases no source of infection could be traced.

### **Milk Sampling.**

As has already been stated, 2,247 samples were taken during the year under the milk sampling scheme. The sampling concerned graded herds, pasteurised milk and samples from school supplies which include both graded and ungraded milks. Included in the 2,247 samples, were 701 from ungraded supplies. The following table shows the results of the examination of these ungraded samples :—



<i>Sanitary Area.</i>			TABLE I.			
RURAL.			<i>Satisfactory.</i>	<i>Unsatisfactory.</i>	<i>Total.</i>	
Alston	..	..	21	.. 18	..	39
Border	..	..	24	.. 49	..	73
Cockermouth	..	..	50	.. 40	..	90
Ennerdale	..	..	43	.. 57	..	100
Millom	..	..	43	.. 42	..	85
Penrith	..	..	58	.. 44	..	102
Wigton	..	..	55	.. 51	..	106
URBAN.						
Cockermouth	..	..	1	.. 2	..	3
Keswick	..	..	5	.. 1	..	6
Maryport	..	..	13	.. 14	..	27
Penrith	..	..	13	.. 8	..	21
BOROUGHES.						
Workington	..	..	14	.. 8	..	22
Whitehaven	..	..	15	.. 12	..	27
			355	.. 346	..	701

It is worth while noting that whereas last year the number of unsatisfactory samples substantially outnumbered the satisfactory samples, this year there is a small margin in favour of satisfactory samples. Nevertheless it is still not possible to be complacent when 50% of the samples taken from ungraded herds are unsatisfactory by either the coliform or methylene blue test or both.

Examined by districts, the sampling results for bacteriological cleanliness shown above are considerably less satisfactory in the Border Rural District than in the previous year. On the other hand, the results in the Penrith Rural District show a great improvement.

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

			TABLE II.			
<i>Year.</i>			<i>Number submitted to the Biological Test.</i>		<i>Percentage Positive for Tubercle.</i>	
1939	..	..	1154	..	..	2.8%
1940	..	..	1209	..	..	2.1%
1941	..	..	1319	..	..	1.4%
1942	..	..	1332	..	..	1.7%
1943	..	..	1323	..	..	2.04%
1944	..	..	1273	..	..	1.6%



### **Milk (Special Designations) Regulations, 1936-43.**

Following unsatisfactory milk sampling and other records, licences in ten cases were either revoked during the year or the producers were refused renewal for 1945, after each case had received full and careful consideration by the Milk and Dairies Committee. In addition one hundred and ten warning letters were issued to producers, of which forty-two required the production of two consecutive satisfactory samples as a condition of the continuation of the licence. These warning letter figures are substantially higher than for the previous year.

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

The numbers of Graded producers showed a substantial variation from 1943. Actually, the number of producers licensed to produce Tuberculin Tested milk rose from 107 in 1943 to 171 in 1944. On the other hand, Accredited producers fell from 283 in 1943 to 245 in 1944, thus continuing the fall in Accredited producers noted the previous year.

### **School Milk Supplies.**

During the year, 393 samples were examined for cleanliness. Of these, 249 were satisfactory and 144 unsatisfactory. Of the 393 samples, guinea pig inoculation tests for tubercle were carried out in 197 cases. Of these three were found to be positive and appropriate action was taken.

### **Veterinary Inspection of Dairy Herds.**

I am indebted to Mr. Reid, Divisional Inspector of the Ministry of Agriculture for this area, for the following figures relative to the results of inspections of dairy herds, and also to the number of cattle which have been slaughtered under the Tuberculosis Order in the County during the year :—

No. of confirmed cases of tuberculosis .. .. 133

### **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 "	264	.. 14,619	..	Nil	
" Accredited "	.. 729	.. 19,836	..	39	
" Ungraded " ..	.. 2,875	.. 46,287	..	94	

### **Tuberculin Testing of " Tuberculin Tested " Herds.**

No. of cattle tested .. .. 15,161  
No. of reactors found .. .. 87



STATEMENT SHOWING THE NUMBER OF TUBERCULIN TESTED LICENCES IN OPERATION IN EACH SANITARY DISTRICT AT THE END OF THE YEAR, 1944, WITH THE RESULTS OF MILK SAMPLING, AND CLINICAL EXAMINATIONS OF THE HERDS.

Sanitary District.	Licences in operation.	Number taken.	Samples taken.		Conditions other than Tuberculosis, found on Clinical Examination.
			Tuberculin Tested Standard.	Below Standard.	
RURAL					
Alston	2	7	6	1	— 23
Border	77	153	91	62	—
Cockermouth	13	55	36	19	—
Ennerdale	14	52	42	10	—
Millom	2	6	5	1	—
Penrith	36	163	124	39	— 1
Wigton	22	55	29	26	—
URBAN					
Cockermouth	1	3	2	1	—
Keswick	—	—	—	—	—
Maryport	—	—	—	—	—
Penrith	3	14	9	5	—
BOROUGHS					
Whitehaven	1	13	8	5	—
Workington	—	—	—	—	—
	171	521	352	169	24



STATEMENT SHOWING THE NUMBER OF ACCREDITED LICENCES IN OPERATION AT THE END OF 1944, IN EACH SANITARY DISTRICT  
WITH THE RESULTS OF MILK SAMPLING AND CLINICAL EXAMINATIONS OF THE HERDS.

Cases of Tuberculosis Detected on Veterinary Examination or Reported.											OTHER CONDITIONS
Sanitary District.	Licences in Operation	Number taken.	Samples taken.				T.B. Udder.	Emacia- tion.	Chronic Cough, &c.	Atrophy, Mastitis Induration Non-T.B., etc.	
			Accredi- ted Standard.	Below Standard.	Tubercu- lous						
RURAL.											
Alston	..	..	..	..	..	..	..	..	..	..	
Border	..	209	136	73	4	..	..	11	..	44	
Cockermouth	..	150	99	51	1	..	..	2	..	7	
Ennerdale	..	77	51	26	..	..	..	1	..	6	
Millom	..	59	39	20	..	..	..	..	..	1	
Penrith	..	103	76	27	..	..	..	..	..	11	
Wigton	..	244	126	118	5	8	..	6	..	54	
URBAN.											
Cockermouth	..	3	3	..	..	..	..	..	..	..	
Keswick	..	3	2	1	..	..	..	1	..	..	
Maryport	..	12	9	3	1	2	..	..	..	1	
Penrith ..	..	3	3	..	..	..	..	..	..	1	
BOROUGHS											
Whitehaven	..	67	50	17	..	..	..	..	..	3	
Workington	..	15	14	1	..	..	..	1	..	3	
											131
245 .. 945 .. 608 .. 337 .. 11 .. 17 .. 22 ..											131



### **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. There was some increase in the number of cases of scarlet fever at 324, but only 1 death, and it is interesting to note that in the last seven years with not far off 2,000 cases of scarlet fever notified there have been only 4 deaths. This emphasises the mild nature of this disease at the present time, and also reminds us of the value of improved methods of treatment.

Diphtheria presents rather an unsatisfactory picture. During 1944 there were 195 cases, which is nearly three times the annual average for the past six years, and there were 11 deaths, which is the highest figure for a considerable time. This is very disappointing, in view of the fact that the campaign for immunisation has been strenuously pursued in the County and that over 36,000 children have been immunised since the campaign started. It may be worth noting that of the 195 cases notified 72 occurred in Workington, 35 in the Border Rural District, and 20 in the Ennerdale Rural District. Most other districts had very low figures.

I am not in possession of the ages of the cases of diphtheria notified. I believe that an analysis of these ages would be interesting, and would show a continued relative increase in adult cases. For some years there has been noted a rise in the age incidence of diphtheria, due obviously to the protection of a large part of the younger section of the community by immunisation.

Infantile diarrhoea, which reached disturbing heights in 1942 and 1943, fell again to a more or less average figure in 1944.

One or two cases of smallpox contacts have had to be kept under observation, but we have been fortunate in not having any cases of smallpox or of typhus.



Enteric fever, at 2 cases, showed the lowest figure for many years.

With regard to immunisation against diphtheria, the number of children under five years of age immunised during the year was 2,537, in addition to 1,399 school children immunised, bringing the total of children of all ages immunised in the County since the start of the campaign to 36,000.

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 1939	there were	322	cases with	1	deaths
In 1940	" "	142	" "	0	deaths
In 1941	" "	153	" "	0	deaths
In 1942	" "	257	" "	0	deaths
In 1943	" "	291	" "	0	deaths
In 1944	" "	324	" "	1	death

#### Diphtheria.

In 1939	there were	50	cases with	1	death
In 1940	" "	63	" "	5	deaths
In 1941	" "	59	" "	5	deaths
In 1942	" "	79	" "	6	deaths
In 1943	" "	77	" "	7	deaths
In 1944	" "	195	" "	11	deaths

#### Enteric Fever.

In 1939	there were	11	cases with	0	deaths
In 1940	" "	12	" "	1	death
In 1941	" "	14	" "	1	death
In 1942	" "	6	" "	0	deaths
In 1943	" "	5	" "	1	death
In 1944	" "	2	" "	2	deaths

#### Measles.

In 1939	there were	2	deaths
In 1940	" "	13	deaths
In 1941	" "	0	deaths
In 1942	" "	2	deaths
In 1943	" "	6	deaths
In 1944	" "	1	death

#### Whooping Cough.

In 1939	there were	13	deaths
In 1940	" "	16	deaths
In 1941	" "	11	deaths
In 1942	" "	6	deaths
In 1943	" "	5	deaths
In 1944	" "	8	deaths



### Cerebro-Spinal Fever.

During the year the following eleven notifications were received :—

Workington Borough	..	..	..	..	..	1
Border Rural District	..	..	..	..	..	4
Cockermouth Rural District	..	..	..	..	..	1
Ennerdale Rural District	..	..	..	..	..	4
Whitehaven Borough	..	..	..	..	..	1

Three deaths took place in the following districts :—

Whitehaven Borough	..	..	..	..	..	1
Maryport Urban District..	..	..	..	..	..	1
Ennerdale Rural District..	..	..	..	..	..	1

### Non-Notifiable Disease.

#### Diarrhoea.

In 1939 there were 6 deaths in children under 2 years

In 1940	..	..	10	..	..	..	..
In 1941	..	..	15	..	..	..	..
In 1942	..	..	23	..	..	..	..
In 1943	..	..	29	..	..	..	..
In 1944	..	..	11	..	..	..	..

The following table shows the notifications of the commoner infectious disease by districts. The table is exclusive of notifications of puerperal pyrexia and of ophthalmia neonatorum which are dealt with elsewhere, and is also exclusive of cerebro-spinal fever, dealt with above.



## NOTIFICATIONS OF CASES OF INFECTIOUS DISEASES IN THE COUNTY OF CUMBERLAND DURING THE YEAR 1944.

DISTRICT	Scarlet Fever	Diphtheria	Enteric Fever	Pneumonia	Polio- myelitis <i>sipelas</i>	Ery-	Measles	Whooping Cough
URBAN DISTRICTS.								
Workington	37	72	—	23	—	24	170	42
Whitehaven	10	8	—	8	—	4	12	41
Cockermouth	6	4	—	—	—	—	12	—
Keswick	2	—	—	1	—	—	2	1
Maryport	12	5	—	—	—	2	195	18
Penrith	25	13	—	22	—	6	18	63
RURAL DISTRICTS.								
Alston	8	4	—	7	—	—	3	27
Border	99	35	—	12	1	7	72	64
Cockermouth	8	8	1	9	—	1	54	24
Ennerdale	42	20	1	68	—	18	49	46
Millom	16	8	—	17	—	10	31	38
Penrith	26	4	—	16	—	4	9	4
Wigton	33	14	—	23	—	11	155	111
TOTALS	324	195	2	206	1	87	782	479
1943	291	77	5	238	5	81	2331	485
1942	257	79	6	208	—	80	2090	184
1941	153	59	14	243	—	81	397	702



## VACCINATION.

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

Registered Births	.. .. .	4342
Certificates of Successful Vaccination	.. .. .	2264 (52.11%)
Statutory Declarations	.. .. .	1539 (36.59%)
Cases otherwise accounted for (that is infants who died unvaccinated, postponements, removed from the district, cases lost sight of)	.. .. .	304 (7%)
Cases unaccounted for	.. .. .	185 (4.3%)

These figures for the County as a whole show very little change from the previous year.

During the year Dr. W. S. Eaton, Public Vaccinator for Cleator Moor, resigned his appointment on account of ill health, and his place was taken by Dr. H. Robertson. In the Wetheral area Dr. McMurtrie took over the duties of Public Vaccinator from Dr. Hetherington.

## PREVENTION OF BLINDNESS.

During the year 29 cases were examined by Ophthalmic Surgeons under the Prevention of Blindness Scheme. In 22 cases glasses were provided, and 2 cases are awaiting operative treatment.

With regard to ophthalmia neonatorum, 14 cases were notified. It was not necessary to admit any case to hospital for treatment as modern lines of treatment (M. & B. 693, etc.) can be efficiently carried out at home. One of the most difficult of the emergency branches of our Health Services has therefore ceased to be a cause of worry. It was not always easy to bring a newly born infant 50 miles or so to hospital, or to obtain the parents consent, or to arrange for the immediate attendance of an Ophthalmic Surgeon at, so to speak, five minutes notice, and yet under the lines of treatment followed before these new discoveries altered the whole position, that was just exactly what had to be done, because the balance between normal vision on the one hand, or of impaired vision or even total blindness on the other, was often a matter of hours.



In the 14 cases dealt with this year vision remained, so far as can be ascertained, unimpaired in each case.

### **CANCER.**

Reference has been made elsewhere to the substantial progress in the organisation of a Cancer Scheme for North-Eastern England.

The total number of deaths from cancer during 1944 amounted to 309, which compares with 324 for 1943 and with 357 for 1942. As I said last year, the pendulum may swing the other way again, but it is encouraging to know that in spite of the improved facilities for diagnosis and in spite of the increasing attention which is being focussed on cancer, the upward tendency in the death-rate has for the moment ceased.

Cancer is, of course, not a notifiable disease, but it is a fair inference in the absence of notification, although only an inference, that earlier diagnosis and treatment are having an increasing effect on the mortality rate. If this is the position, it is encouraging.

The age and sex distribution of deaths and the aggregates of the Urban and Rural Districts are set out in the tables which follow. The chief point of interest in these tables is that, compared with the previous year, the number of deaths among males has risen by 19 and the number of deaths among females has fallen by 34. These changes in the death-rate among the two sexes have been almost equally distributed between the Urban and Rural districts.

During the year 82 new cases were referred to this department. The number of cases referred to the department rises steadily year by year, but for the most part cases are still referred for diagnosis and treatment directly to the voluntary hospitals of the area, and especially to the Cumberland Infirmary. No doubt the operation of the Cancer Scheme, when it gets into its stride, will materially alter the position, because the question of financial responsibility for the hospital maintenance of cancer patients must come into consideration at an early date.



Of the 82 cases referred, 64 received in-patient treatment as under :—

Shotley Bridge E.M.S. Hospital	..	..	..	45
Radium Institute, Manchester	..	..	..	10
City General Hospital, Newcastle	..	..	..	4
Royal Victoria Infirmary, Newcastle	..	..	..	3
Westminster Hospital, London	..	..	..	—
City General Hospital, Carlisle	..	..	..	2
				<hr/> 64 <hr/>

Three further cases were sent to the Radium Institute, Manchester, but were not detained. Seven old cases were re-admitted for further treatment to the Christie Hospital, Manchester, Shotley Bridge, and the Royal Victoria Infirmary, Newcastle.

After-care attendances, excluding the Cumberland Infirmary, were as follows :—

North Lonsdale Hospital, Barrow-in-Furness	..	117
Royal Infirmary, Lancaster	.. .. .	6
The Kendal Hospital	.. .. .	5
The Christie Hospital	.. .. .	6
		<hr/> 134 <hr/>

These attendances are, of course, only a fraction of the after-care work which is undertaken. Most of the after-care work naturally gravitates to the Cumberland Infirmary on account of the routine visits of the Radio-therapist, and also because, as has already been noted, that is the institution to which cases are commonly referred in the first instance.

### **The Work of the Cumberland Infirmary.**

It is planned that the Cumberland Infirmary shall hold one of the key positions in the Cancer Scheme for the north-east of England, and of course particularly for this area, and special reference must therefore be made to the work carried out at that hospital. I am indebted to Miss Carlyle, the Records Clerk at the Infirmary, for information as to the patients and attendances,



During 1944 the number of new out-patients suffering from cancer attending from the area of the administrative County was 147. Of these 89 were admitted as in-patients. The balance were either too advanced for treatment or were sent elsewhere for deep X-ray therapy.

With regard to after-care, 270 old patients made 623 attendances during the year.

It is not strictly relevant to the administrative County, but it is definitely relevant to a bird's eye view of the whole position to add that, in addition to the above 417 County cancer patients seen at the Infirmary during the year, some 300 cancer patients were also seen at the Infirmary from Carlisle and adjoining areas in other Counties of whom over 100 were treated as in-patients.

As will be seen, this makes a total of 720 cancer patients treated, or whose after-care was supervised, at the Infirmary during the year. These substantial figures are steadily rising, and actually show an increase of over 100 patients in the year under review. It is obviously desirable that the part the Cumberland Infirmary is playing in this matter should be widely known. The number of patients and attendances involved emphasises the need for the establishment of a sub-bureau of the main Cancer Bureau at Newcastle for the recording of attendances and clinical notes of patients seen at the Cumberland Infirmary, and for the general collection of data in respect of cancer throughout this area.

During 1944 the Radio-therapist (Mr. Thurgar) has visited the Cumberland Infirmary almost every week and has seen 409 cancer patients from the County, 286 from Carlisle and 68 from other areas. This is not quite the whole of the picture because Mr. Thurgar sees a number of patients in their own homes, patients who for one reason or another are unable to attend at the Infirmary, and the Lady Almoner's department plays a very large part in the following up of cases by correspondence, apart altogether from the substantial list of patients who, as shown above, actually attend at the Infirmary for diagnosis or treatment.

Pre-cancerous cases have not been included in these statistics.



The areas of the County from which these patients were admitted for treatment at the Cumberland Infirmary were as under :—

Border Rural District .. .. .	15
Wigton Rural District .. .. .	18
Penrith Urban and Rural Districts .. .. .	15
Workington Borough .. .. .	16
Cockermouth Urban and Rural Districts .. .. .	7
Maryport Urban District .. .. .	7
Ennerdale Rural District .. .. .	5
Whitehaven Borough .. .. .	4
Alston .. .. .	1
Keswick .. .. .	1
Millom .. .. .	—

These figures should be read in conjunction with the table which follows, showing the deaths by sanitary districts

As I said last year, the use of the Cumberland Infirmary as a consultant and treatment centre for cancer still appears largely to be influenced by geographical and possibly other considerations, which is both unfortunate and undesirable. Last year I pointed out that sufficient use was not made of the facilities of the Cumberland Infirmary by West Cumberland and especially South West Cumberland. This criticism no longer applies to Workington Borough, from which area during the year 70 of the 147 new cases noted above came—an astonishing proportion! From Workington Borough, too, came 16 of the 89 cases treated as in-patients from the County area. These 16 cases are, of course, in addition to those sent to Shotley Bridge and elsewhere. On the other hand, from Whitehaven Borough and Ennerdale Rural District, in each case only 4 of the new 147 out-patients came, and only 4 and 5 respectively of the 89 in-patients.

**I would again press the point that it is most desirable that there should be closer liason between these two districts and the base hospital in this essential matter.**



## CANCER DEATHS DURING 1944—BY SANITARY DISTRICTS.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
<b>URBAN DISTRICTS.</b>			
Cockermouth .. .. .	3	4	7
Keswick .. .. .	4	5	9
Maryport .. .. .	6	3	9
Penrith .. .. .	11	4	15
Whitehaven .. .. .	18	12	30
Workington .. .. .	21	19	40
Aggregate of Urban Districts .. ..	63	47	110
<b>RURAL DISTRICTS.</b>			
Alston .. .. .	3	4	7
Border .. .. .	35	17	52
Cockermouth .. .. .	9	16	25
Ennerdale .. .. .	16	17	33
Millom .. .. .	19	8	27
Penrith .. .. .	6	12	18
Wigton .. .. .	17	20	37
Aggregate of Rural Districts .. ..	105	94	199
Whole County .. .. .	168	141	309

## CANCER DEATHS DURING 1944—BY AGE GROUPS.

	15-45		45-65		65 +		All Ages Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
URBAN DISTRICTS ..	2	5	27	19	34	23	63	47
Rural Districts ..	4	4	36	42	65	48	105	94
Whole County	6	9	63	61	99	71	168	141
	15		124		170		309	



## TUBERCULOSIS.

Reference is made elsewhere in this report to certain aspects of the tuberculosis question.

The number of cases of pulmonary tuberculosis notified as primary cases during the year amounted to 178, which is a increase of 14 compared with the previous year. Non-pulmonary notifications at 61 show a slight decrease. In addition 51 cases came to notice in other ways ; of these 42 were pulmonary and 9 were non-pulmonary. " Other ways " means cases in connection with which information has been obtained from death certificates, and by transfers from other areas.

**Table A.—Notifications.**

			Pulmonary.			Non-Pulmonary.
1940..	..	..	163	..	..	60
1941..	..	..	199	..	..	81
1942..	..	..	178	..	..	78
1943..	..	..	164	..	..	70
1944..	..	..	178	..	..	61

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

**Table B.—Deaths.**

			Pulmonary.			Non-Pulmonary.
1940..	..	..	122	..	..	31
1941..	..	..	116	..	..	41
1942..	..	..	117	..	..	49
1943	..	..	93	..	..	33
1944..	..	..	95	..	..	23

The death-rate on the Registrar General's figures for the Administrative County in respect of pulmonary tuberculosis is .48 per thousand of the population, and in respect of non-pulmonary tuberculosis .11 per thousand of the population. These figures compare with .45 per thousand and .16 per thousand respectively for 1943.

These figures call for some little comment. The notifications are more or less average, but the deaths for the second year in succession are low, and, taking the aggregate of the pulmonary and non-pulmonary deaths, are probably the lowest ever recorded in Cumberland. So far that is satisfactory ; what is **not** satisfactory is that, as will be seen from the following table, the number of pulmonary deaths in the Ennerdale Rural District has jumped to a new high level.



I pointed out to you last year how unsatisfactory the tuberculosis position in the Ennerdale Rural District is, and particularly in Cleator Moor, and now we find the position for 1944 to be worse. I have compared the figures with the last pre-war year—1938, and while the pulmonary deaths in the Urban Districts have fallen from 55 in 1938 to 35 in 1944, which I hope may be an index of some permanent betterment, on the other hand in the Rural Districts the pulmonary deaths at 60 remain unchanged **solely due to the position in the Ennerdale Rural District.** An exhaustive enquiry has been made into, so far as possible, every death from pulmonary tuberculosis which has occurred in Cleator Moor for the past 10 years, and every factor bearing on the incidence of tuberculosis in Cleator Moor has been most carefully analysed. The Chief factors examined in detail were :—

- (a) Iron ore mining and the mining conditions.
- (b) Emigration to the gold-fields and the return of miners with silicosis.
- (c) Racial factors.
- (d) Age and sex.
- (e) Housing and overcrowding,

and a number of other points. None of these investigations has thrown very much light on the problem of why there should be this continued high incidence of pulmonary tuberculosis in Cleator Moor. It is, of course, established that certain age and sex groups provide the kernel of the problem. I am satisfied that the area is one in which investigation by Mass Radiography is called for, but, as you may know, Mass Radiography implies—

- (a) special apparatus, which is in short supply, and
- (b) a highly trained team to work the apparatus, which we have not at the moment got.

Whether we could arrange with the Ministry for the loan of an apparatus and a team from some other area I do not know. Possibly you may desire some approach to be made to the Ministry on the matter—justification lies in the undoubted fact that Cleator Moor must be one of the worst small foci of pulmonary tuberculosis in England.

The question of non-notification prior to death or notification immediately preceding death is one in which the Health Committee have throughout maintained a lively interest. During 1944 the position improved in that only 39 of the 118 recorded deaths were not notified either prior



to death, or within three months of death. Of these 39 cases 13 were 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. This admittedly leaves 26 to be accounted for, but this number is much smaller than usual.

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

URBAN DISTRICTS.						<i>Deaths.</i>	<i>Death Rate.</i>
Cockermouth .. .. .	..	..	..	..	..	—	—
Keswick .. .. .	..	..	..	..	..	1	.21
Maryport .. .. .	..	..	..	..	..	10	.91
Penrith .. .. .	..	..	..	..	..	—	—
Whitehaven .. .. .	..	..	..	..	..	9	.42
Workington .. .. .	..	..	..	..	..	15	.56
Aggregate of Urban Districts .. .. .						35	.44
RURAL DISTRICTS.						<i>Deaths.</i>	<i>Death Rate.</i>
Alston .. .. .	..	..	..	..	..	—	—
Border .. .. .	..	..	..	..	..	9	.33
Cockermouth .. .. .	..	..	..	..	..	9	.49
Ennerdale .. .. .	..	..	..	..	..	28	1.01
Millom .. .. .	..	..	..	..	..	5	.41
Penrith .. .. .	..	..	..	..	..	3	.26
Wigton .. .. .	..	..	..	..	..	6	.27
Aggregate of Rural Districts .. .. .						60	.5
Total for the Administrative County .. .. .						95	.48

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

#### PULMONARY TUBERCULOSIS.

				<i>Beds.</i>
At Blencathra Sanatorium .. .. .	..	..	..	55
At Meathop Sanatorium .. .. .	..	..	..	23
At Stannington Sanatorium .. .. .	..	..	..	15



This accommodation remains inadequate, but I believe we are relatively considerably better off than a number of other areas. The waiting list for admission to sanatoria has not varied much from last year and has, on odd occasions, been between 30 and 40, but, generally speaking, there has been no undue time-lag between the recommendation for sanatorium treatment and the actual admission. Children's beds have been particularly difficult. Stannington Sanatorium, to which we send our pulmonary and abdominal cases in children, has recently left Hexham to return to Morpeth, but I do not think this will make the bed question very much easier, because, among other reasons, it is extremely difficult to obtain nursing staff for Tuberculosis institutions.

Writing early in June, the position is that we have obtained four admissions to Stannington this year, and at the moment have some 15 cases waiting. There is nothing to be done about it because beds in children's sanatoria are practically impossible to get, and I am sure that Stannington Sanatorium authorities will in the future, as in the past, give us a fair share of the accommodation available.

The above bed accommodation in respect of adults includes no provision for the reception of advanced cases for whom we have no accommodation at all, which is quite deplorable.

#### **The Year's Work.**

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

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Adults in Meathop and Blencathra ..	79	57	136
Children in Stannington ..	11	17	28
Other Institutions ..	—	2	2
Orthopaedic cases in the Ethel Hedley Hospital and Shropshire Orthopaedic Hospital ..	9	4	13

The admissions of pulmonary cases at 164 shows a slight decrease on the preceding year. The admission figures for the past two or three years are given for reference in the following table :—

1940 ..	149
1941 ..	156
1942 ..	155
1943 ..	171
1944 ..	164



The main statistics for the year are as under :—

New cases examined at Dispensaries .. .. .	170
Number of contacts examined .. .. .	763
Number of pulmonary cases on the Dispensary Registers at the end of the year .. .. .	770
Consultations with Practitioners .. .. .	265
Visits to homes of patients by Tuberculosis Officers ..	448
Visits to homes of patients by Tuberculosis Nurses ..	2144
Sputum Examinations .. .. .	402
X-ray Examinations .. .. .	397
Attendances at Dispensaries .. .. .	2676
Shelters in use .. .. .	25
Cases receiving extra nourishment (Apart from Public Assistance Committee Grants) .. .. .	37

These figures call for no comment. They are substantially the same as in the previous year except that in almost each case they are somewhat larger.

The National Service Medical Boards continue to refer cases of suspected lung conditions for examination with a view to diagnosis, and notifications from the Ministry of Health are received in respect of Service patients about to be discharged from His Majesty's Forces. These patients in many cases require further institutional treatment and arrangements are made for their examination and supervision on their return to Cumberland. The Ministry of Pensions are also referring an increasing number of patients for periodical examination and report.

### **Memo. 266 /T.**

The payment of allowances under this Memorandum began early in August, 1943. There is effective liaison between this Department and the Departments of the Director of Social Welfare and of the County Treasurer, and the system of payment of the appropriate allowances worked smoothly and without delay. Payment of allowances is made fortnightly, one week in arrear and one week in advance.

The following is a summary of the position from April 1st, 1944, to March 31st, 1945 :—

New applications received during the year .. ..	81
Total cases receiving allowances during the year ..	98
Payments to patients :—	
(a) domiciliary .. .. .	£2,396
(b) in-patients (pocket money) .. .. .	£33



The basis on which these allowances are granted remains substantially unchanged, although from time to time rulings on individual problems are received from the Ministry which clear up certain difficulties. As I pointed out before, under the regulations governing these allowances, many people who, one feels, ought to receive financial assistance cannot in fact get it. The type of case I have particularly in mind is the case of the wage earner going down-hill, in whose household the need for financial help is often really desperate. Another obvious group of patients requiring financial assistance is the non-pulmonary group. A patient with tuberculosis, for example, of the spine is just as much incapacitated from wage earning as is the patient with tuberculosis of the lungs.

**Public Health Act, 1936, Section 172.**

No action was taken under this section.

The detailed tables which prior to the war were published in this section of the report are again omitted, but the above figures give a fairly comprehensive view of the situation.

HEALTH SERVICES  
OF THE COUNTY

FOR THE YEAR 1943

KENNETH FRASER

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



