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COUNTY COUNCIL OF CUMBERLAND

ANNUAL REPORT

ON THE

HEALTH SERVICES OF THE COUNTY

FOR THE YEAR 1947

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

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TO THE CHAIRMAN AND MEMBERS OF THE CUMBERLAND COUNTY COUNCIL.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to present my Sixteenth Annual Report on the Health Services of the County. The year 1947 was a very strenuous one, especially the latter half of the year, and during the first half of 1948 the strain has shown no signs of abating—very much, in fact, the reverse. Much of the work has arisen in preparation for the 'appointed day' for the National Health Service Act of 1946 coming into operation. The work has involved the preparation of the official 'proposals' of the County Council as a Local Health Authority under the Act, and a vast amount of detailed organisation from the administrative side for the purpose of effecting a smooth change over.

We have had, in addition, our own local problems. We have had to take over the administration of Blencathra Sanatorium for six months, taking over from one body and handing over to another, and this has involved a great deal of planning in connection with the alterations and improvements to that institution. The bulk of this work has, of course, fallen on the shoulders of the County Architect. We have also had much work to do in connection with the establishment of divisional administration in the Health Services of the County, and we have had a number of important changes in the senior ranks of the staff. The appointment of new senior officers and the initiation of divisional administration will strengthen the whole set-up materially, but these changes have involved a great deal of time and labour. The pace set, from one cause or another, has been hot, much too hot, in fact, for comfort or commonsense, or even to allow for reasonable consideration of the important issues involved, and for the necessary planning. It is to be hoped that the pace of events will abate, and that the shower of circulars, regulations, etc., will diminish, otherwise cracks will appear in the machine, as there is a limit to human capacity and endurance.

Vital Statistics.

The vital statistics for the year do not call for much comment. The total births were up by nearly 500, the birth-rate rising from 20.5 per thousand of the population to 22.0. The death rate rose from 12.6 per thousand of the population to 13.8. Maternal deaths, happily, fell to a very low figure,

There were only 2 maternal deaths out of a total of nearly 4,600 births. That is very satisfactory and gives us a maternal death rate per thousand total births of 0.44. This, I imagine, is the lowest maternal death rate we have ever recorded. At least one of the maternal deaths was unavoidable, and the other would probably have been avoided if the patient, who was unmarried, had made known her condition and had received ante-natal supervision. The infantile mortality figure continues to fall. Deaths from infantile diarrhoea remain much too high, and during the last five years we have lost no fewer than 81 children from this condition. The treatment of this condition is complicated and involves hospital admission in isolation, and the saving of a life may involve intensive and continuous attention for at least 48 hours. We cannot let these cases go by default, and I would venture to suggest that this is a matter which should be brought to the notice of the Special Area Committee as the hospital authority for this area.

Deaths from heart disease and allied conditions, including cerebral haemorrhage, continue to rise rapidly, and have actually risen from 909 to 1,113 in the past two years. This is no doubt the price we pay for the pace at which we live nowadays. Deaths from cancer, unhappily, have risen very substantially from 313 to 377. This is most disappointing, and we can only hope that the impending installation of a deep x-ray therapy plant at the Cumberland Infirmary, which is in the offing, will assist in the reduction of this figure.

Notifications of pulmonary tuberculosis are considerably down on the average for the previous five years. Deaths remain very much at the average for the same period, but the average annual deaths from pulmonary tuberculosis for the five years 1943 to 1947 inclusive is appreciably lower than the corresponding figure for the five years 1938 to 1942 inclusive. For the five-year period 1938-42 the average annual deaths from pulmonary tuberculosis amounted to 119. For the five-year period 1943-1947 the corresponding figure was 102. This fall is a matter for satisfaction.

The National Health Service Act, 1946.

Naturally matters arising out of the passing of this Act and the initiation of a great national change in the health services have occupied a great deal of time here as elsewhere. The actual change to us will mean much less than to many Health Authorities, especially those with large hospital

commitments. We have never been a hospital-owning authority on any scale. The changes, nevertheless, are very substantial, and will affect all branches of our work, including the School Medical Service.

May I remind you that we have certain new and important commitments. The chief of these are :—

1. The expansion of the Nursing Services and the taking over of the responsibility for general nursing.
2. The taking over of responsibility for a complete Ambulance and Sitting-case Car Service.
3. The provision of a Home Help Service.
4. Responsibility for the domiciliary care of mental defectives.
5. Immunisation and Vaccination.

Other responsibilities lie in the background, such as the provision and staffing of health centres, but these are not a present headache.

All necessary steps have been taken to provide for the carrying out of the above services adequately, except in the matter of the Nursing Services, and here the difficulty is solely due to the shortage of nurses.

As a Local Health Authority it is at once our duty and our wish to do all in our power to effect, so far as this area is concerned, a smooth change over, and to assist in laying the foundations for an improved Health Service. In this matter there are certain doubts and difficulties which at present cloud the picture, and I should like to say a word about two of these.

1. Ante-natal Care.

We have in this area for many years organised our system of ante-natal care and supervision off the general pattern. We conduct no ante-natal clinics *except at the specialist level.* All ante-natal supervision by doctors is done at the consulting rooms of the doctors or in the homes of the patients. Ante-natal reports from the doctors reach me with their recommendations which, if the circumstances indicate this, are communicated to the Consultant Obstetrician, and are communicated also to the midwife concerned. In turn the Consultant's advice on cases which he sees is transmitted to the practitioner concerned, and to the midwife. Hospital admissions are arranged and ante-natal supervision is planned. All these things amount to not less than 10,000 communications

annually in the shape of reports, letters, telephone messages or personal interviews between this department and the other persons involved. The proof of the pudding is in the eating, and the fact that last year, as noted elsewhere, we had only two maternal deaths in 4,600 births, does not leave it open to argument that the scheme works.

After the 5th July (the 'appointed day'), the existing administrative organisation may, to a large extent, cease to operate. The position in respect of expectant mothers who have booked midwives to attend their confinements will remain more or less unchanged, but in the case of women who have booked doctors to attend their confinements under the Act, the responsibility for ante-natal and post natal supervision does not rest with the Local Health Authority. What proportion of expectant mothers will fall into these two groups, time alone can tell.

This matter was very carefully considered by the County Health Committee in July, and the wish of the Committee clearly was to the effect that we should continue to offer such assistance to practitioners in the matter as was possible and practicable. I therefore, on your behalf, wrote to all practitioners working in the administrative county expressing the Council's earnest desire for continued co-operation.

2. Employment of Specialists and Admissions to Hospital.

These two matters are closely linked. In the past this Authority has freely employed a wide range of specialists, both inside and outside the county, and we have, over a long period of years, built up intimate contacts with special hospitals all over the country for the investigation and treatment of special groups of cases.

On the matter of the employment of specialists by Local Health Authorities and Local Education Authorities after the appointed day, there are two schools of thought, and at the time of writing no definite decision has been arrived at, and something of a tug of war between these two views is taking place. The whole point around which controversy revolves is financial responsibility. One view holds that under Section 3 of the National Health Service Act it is the responsibility of the Minister to provide all specialist services free of cost to the Local Health Authority and the Local Education Authority. The other view is that the Minister's responsibility in the matter is not absolute, and that a certain undefined amount of responsibility still remains with the Local Health Authority and the Local Education Authority.

Representatives of Local Authorities holding the former view take their stand broadly on the principle that rate-payers should not be expected to pay twice for the same service.

I suppose there is no point of doubt, arising out of the new Act, in which Medical Officers of Health all over the country are more deeply interested than this. A Medical Officer of Health as the head of a department, must, in the normal conduct of his duties, depend on technical advice in exactly the same way as, for example, a Local Authority Architect depends on the technical advice of a heating engineer. Deprived of this technical specialist advice, the Medical Officer of Health would be in a most undesirable position, and for my own part I do not think that access to professional and specialist advice employed and paid for by another body can be as satisfactory as the same advice directly employed by the Local Health Authority. Direct access at all times by the Medical Officer of Health to the particular type of specialist required is essential. Direct employment and direct remuneration by the Authority, at least in a proportion of cases, is very desirable.

In my view this whole matter has got completely out of perspective in the minds of certain Authorities. Financial considerations are, of course, important, but the interest of the community is a higher consideration. I do not know what happens in other areas, but in this county our annual bill for the employment of specialists (and we have employed specialists of all groups freely), amounts to less than 4% of the total annual expenditure of the Health Department. There is such a thing as spoiling the ship for a ha'porth of tar. I think that certain views which have been expressed on this important matter amount to just that.

As a point of interest—almost, one might say, of historical interest—I have included in the appendix to this report a list of the staff employed by this Authority immediately before the change-over, including particularly a list of the specialists employed on a part-time or per capita basis.

With regard to the question of admissions to hospital, hitherto when we have wanted a bed in hospital, anywhere where our contacts have lain, for some specially difficult type of case, we have rung up the hospital, and the case has usually been admitted within 24 hours. These arrangements, which have been backed by retaining fees to certain hospitals, and in other ways, have proved of immense value to our people. What the situation will be in future I do not know. It is not intended, of course, that in hospital matters there shall

be regional or other boundaries, but I imagine that in time to come there may be a risk that the available beds in any region may become largely earmarked for the people in that region. Such a situation would hit us hard, for example, in the matter of beds for the treatment of orthopaedic conditions. We have for many years sent nearly all our cases to orthopaedic hospitals outside this region. I hope that events will show that any apprehension which may be felt in this matter may prove to be unfounded.

The existing shortage of hospital beds is bound to produce complications. What concerns a Local Health Authority is not so much that they have lost the power of direct admission, which they have had up to the present, to new bodies, in the shape of the Regional Hospital Boards, who will deal with the matter through bed bureaux or in some other way, but rather whether hospital admissions will be as free and rapid in the future as in the past. That point of view particularly concerns an area like ours which is not a hospital-owning authority on any scale.

Sir Allen Daley, Medical Officer of Health to the London County Council, is quoted in the " Medical Officer " as having put the case in a nutshell to the annual meeting of the American Public Health Association in these words : " If the Health Officer could rely on getting his needs for hospital beds met on demand, the question of which authority administers the hospital would not matter much." The comment of the ' Medical Officer ' on these observations is concise and to the point : " These words cover a multitude of doubts."

Bronchiectasis.

What I have to say about this is relevant to the paragraphs immediately preceding. Bronchiectasis is a rather unusual condition of the lung, more commonly occurring in children, but also occurring in adult life, which is frequently very disabling and may lead to a fatal termination either as a direct result or as a result of pulmonary complications. Treatment may be medical up to a point, but is mainly surgical up to and including removal of the affected lobe of the lung.

Two years ago, in the report on the School Medical Service, I referred to this matter and pointed out that two of the specialists attached to the Cumberland Infirmary (Dr. Galloway, consulting physician, and Dr. Scott-Harden, consulting radiologist) had agreed to form a team for the investigation and classification of persons, especially children, suffering from this disease, whom we brought to their notice.

That was rather more than two years ago. Since then the investigations have been proceeding, and 68 cases, mainly children, have been referred by my Assistant Medical Officers for investigation. Something like 50 cases have been investigated by radiology with lipiodol, and of these, 18 have been referred to the Thoracic Surgeon in Newcastle for his opinion. Of the 18 cases referred, 17 have been accepted for admission to Shotley Bridge Hospital for surgical treatment. These acceptances for Shotley Bridge date back some fifteen months, but unhappily up to the time of writing not one single case has been admitted to Shotley Bridge.* I am well aware that this is nobody's fault. The nursing position at Shotley Bridge has been grievously inadequate, and the admission of patients has been very seriously hampered on this account. The plain fact, however, is that not one single patient has received the surgical treatment urgently required to remove a serious disability and/or to save life, and this does not, although special circumstances are involved, tend to allay apprehensions about hospital admissions. Without in any way criticising anyone, the plain fact is that these patients have not received the treatment of which they are in urgent need, and it puts us wrong as a Health Authority with the patients and parents concerned when treatment, which we have, so to speak, dangled in front of them, does not materialise.

Two years ago, in the annual report referred to, I said that the arrangements made had closed one of the few gaps in our School Medical Service, but I am afraid one must now admit that the gap has not been closed after all.

Salaries.

As one of the senior members of the Public Health Service, and therefore a person with no axe to grind, I should like to say a word on this important matter. For many years medical officers, both men and women, in the Public Health Service have been very poorly paid indeed in comparison with doctors working as specialists, in general practice, or in most other branches of medical work. This has especially been true of the younger members of health departments falling in the group of assistant medical officers not holding combined appointments, and not undertaking special duties.

All these salaries are based on the recommendations of the Askwith Committee which were issued in 1929. There have been two revisions of the scales of salaries then recom-

* *Since this was dictated one case has been admitted.*

mended. The second interim revision has been quite recent. Certain groups have benefitted quite materially, particularly the groups of " senior medical officers " and " officers holding combined appointments," but the ordinary assistant medical officers, who constitute the great bulk of the rank and file of the service have, in my opinion, been very inadequately dealt with. The 1929 recommendations gave this group a salary scale of £500, rising to £700. The first interim revision raised the maximum to £850. The second and most recent interim revision increased the maximum by the handsome sum of £25, to £875.

Nearly twenty years ago we were starting our assistant medical officers at £600, and a number of other authorities, I think particularly Lancashire, started their assistant medical officers at figures up to £800. Today the appropriate medical papers are full of advertisements for assistant medical officers at £675, rising by £25 a year to £875, while a few authorities are advertising at figures higher than this. The standard financial inducement, therefore, to medical graduates to enter this branch of medical work remains at £675, rising in 8 *years* to £875. This is the financial reward offered to a young graduate, possibly after having been kept for several years at a public school, and then after five or sometimes six years at a university, with one or two years of post-graduate work in hospital, and after taking at least the Diploma in Public Health, and now after two years of military service, which means that by the time he reaches the age of say 27, after an expensive and particularly strenuous training he may hope to receive £675 a year, plus cost of living bonus, whatever that may be, and by the time he has reached the age of 35 he has advanced to the wonderful figure of £875.

The result of all this is inevitable. Recent experience has shown in this county, where we have advertised recently a number of appointments, and in other areas, that the right type of entrant is no longer being attracted to the Public Health Service. In our own case in recent appointments, while we have been able, by good luck, to fill the vacancies with the right type of applicant, it has been abundantly clear that the general standard of the applications has been such that neither from the point of view of qualifications nor experience would they, ten years ago, have merited consideration.

Unless something is done for this particular group when the final recommendations of the Askwith Committee, now, it is understood, under consideration, are issued, to make

the Public Health Service attractive to a good type of medical graduate, then I am afraid the prospects of maintaining an efficient local authority health service in the future are poor indeed.

Thanks.

It remains for me to express my thanks to the Chairman and members of the Health Committee for their help and support and understanding in these too strenuous days, and also to other Committees of the Council which normally one should have attended, but which one has been forced to neglect, for their forbearance. I also wish to thank all members of my staff, and particularly the headquarters staff on whom the heavy end of the burden has fallen, for their loyal support and good work during this busy period.

I am especially indebted to my Administrative Officer (Mr. Butcher) for what he has done, particularly in relieving me of a mass of detailed work. His work as a liaison officer between the work of this department and the County Nursing Association has been particularly valuable in respect of the nursing services.

I am,

Your obedient Servant,

KENNETH FRASER,

County Medical Officer.

County Health Department,

11 Portland Square,

Carlisle.

STATISTICAL AND SOCIAL CONDITIONS OF THE AREA.

The essential vital statistics for the year 1947 are as under :—

Population.

	At 1931 Census.	Estimated by Registrar General, Mid. 1947.
Urban Districts	114,459	81,440
Rural Districts	91,331	121,020
Administrative County	205,790	202,460

Rateable Value and sum represented by a penny rate.

The rateable value of the County at 1st April, 1947, was £1,033,363 ; (and after re-adjustment for railways and electricity undertakings, £982,772). The estimated product of a penny rate was £3,810.

Extracts from vital statistics for the year 1947.

LIVE BIRTHS.

	Total Births.	Males.	Females
Legitimate	4,190	2,157	2,033
Illegitimate	256	132	124
Total Births	4,446	2,289	2,157

Birth Rate per 1,000 population—22.0
(England and Wales 20.5)

STILL BIRTHS.

	Total Still-Births.	Males.	Females.
Legitimate	117	57	60
Illegitimate	8	3	5
Total Births	125	60	65

Rate of Still-Births per 1,000 total births—27.

DEATHS.

Total Deaths.	Males.	Females.
2,788	1,522	1,266

Crude Death Rate per 1,000 population 13.8.
(England and Wales 12.0)

DEATHS FROM DISEASES AND ACCIDENTS OF PREGNANCY AND CHILDBIRTH.

From Sepsis	0
Other Causes	2

Maternal Death Rate per 1,000 Total Births—0.44

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE

All Infants per 1,000 Live Births	42
Legitimate Infants per 1,000 Legitimate Live Births	42
Illegitimate Infants per 1,000 Illegitimate Live Births	35
DEATHS FROM CANCER (ALL AGES)	377
DEATHS FROM MEASLES (ALL AGES)	3
DEATHS FROM WHOOPING COUGH (ALL AGES) ..	3
DEATHS FROM DIARRHŒA (UNDER 2 YEARS) ..	14

The 4,446 live-births were distributed among the Urban and Rural Districts, as follows :—

Births, 1947.

URBAN DISTRICTS.	Total Births	Legitimate	Illegitimate	Birth Rate
Cockermouth	102	98	4	20.9
Keswick	76	70	6	16.7
Maryport	303	283	20	26.0
Penrith	196	176	20	20.1
Whitehaven	552	525	27	24.4
Workington	633	605	28	22.6
Aggregate of Urban Districts	1862	1757	105	22.9
RURAL DISTRICTS				
Alston	42	41	1	18.8
Border	547	507	40	19.7
Cockermouth	390	371	19	21.3
Ennerdale	608	575	33	22.7
Millom	263	250	13	22.0
Penrith	234	221	13	20.3
Wigton	500	468	32	22.3
Aggregate of Rural Districts	2584	2433	151	21.4

The 2,788 deaths were distributed among the Urban and Rural Districts, as follows :—

Deaths, 1947.

Urban Districts	Total	Males	Females	Crude Death Rate
Cockermouth	62	31	31	12.7
Keswick	66	43	23	14.5
Maryport	149	66	83	12.8
Penrith	155	74	81	15.9
Whitehaven	373	240	133	16.5
Workington	357	205	152	12.7
Aggregate of Urban Districts	1162	659	503	14.3
Rural Districts				
Alston	46	25	21	20.6
Border	373	196	177	13.5
Cockermouth	219	112	107	12.0
Ennerdale	397	224	173	14.8
Millom	160	84	76	13.4
Penrith	142	70	72	12.3
Wigton	289	152	137	12.9
Aggregate of Rural Districts	1626	863	763	13.4

Causes of Death.

Causes of Death.	No. of Deaths. 1946.	1947.
Heart Disease	681 ..	764
Inter-cranial Lesions (Cerebral Haemorrhage, &c.)	313 ..	349
Other Circulatory Diseases	85 ..	95
Cancer, Malignant Disease	313 ..	377
Congenital Debility, Premature Birth, &c.	116 ..	109
Pulmonary Tuberculosis	97 ..	101
Other Tuberculous Disease	28 ..	32
Pneumonia (all forms)	91 ..	87
Other Respiratory Diseases	44 ..	40
Deaths by Violence (including Suicide)	90 ..	181
Acute and Chronic Nephritis	55 ..	60
Bronchitis	102 ..	118
Diabetes	24 ..	17
Influenza	30 ..	15
Digestive Diseases	75 ..	79
All other causes	356 ..	342
Road Traffic Accidents	22 ..	22

The above table shows a further sharp increase in the group of causes of death which includes heart disease and such conditions as cerebral haemorrhage. The continuing rise in these groups is disturbing. In the last two years, for example, the total has risen from 909 in 1945, to 1,113 in 1947. There can be no reasonable doubt that the pace and the anxieties of modern life are exacting their toll. I pointed out last year that quite an appreciable proportion of these deaths occur in the group 45-65, and there can be no doubt that many people are dying from these causes at an earlier age than would have been the case under less disturbing conditions.

The number of deaths from cancer has shown a regrettably large increase from 313 to 377, which is the highest figure yet recorded for the County. Deaths by violence have doubled. Two years ago there were only 74 deaths in this category; last year there were 181. "Death by violence," by the way, does not include "death on the road."

Infantile Mortality.

Of the 4,446 live births during the year, 187 infants died before reaching the age of 12 months. This figure shows a slight increase over the previous year. The infant death-rate per thousand live births is 42 compared with 47 for 1946. The figure for England and Wales is 41. The causes of death, which call for no special comment, are shown in the following table :—

Causes of Deaths.	No. of Deaths. 1946.	1947.
Bronchitis	5	8
Debility, Congenital, premature birth, &c.	*108	°106
Digestive Diseases—Other	—	3
Diarrhoea, &c.	11	14
Whooping Cough	4	3
Diphtheria	—	—
Influenza	—	1
Measles	—	1
Pneumonia (all forms)	32	31
Tuberculosis—Non-Pulmonary	2	4
Tuberculosis—Pulmonary	1	—
Violence—Deaths by..	9	9
Other Defined diseases	10	7
Totals	182	187

* Includes 53 premature births.

° Includes 48 premature births

As I said last year, when the value of child life to the Country is dominant, it is disturbing to note that well over 100 potential citizens have been lost on account of premature birth, congenital debility, diarrhoea, pneumonia and bronchitis. There is much scope for close investigation of these matters in the interests of the future man power of the nation.

The distribution of deaths by Sanitary Districts is shown in the following table :—

URBAN DISTRICTS.	No. of Infant Deaths.	Rate.
Maryport	8	26.4
Whitehaven	32	58.0
Penrith	7	35.7
Workington	34	53.7
Cockermouth	3	29.4
Keswick	2	26.3
Aggregate of Urban Districts	86	46.2
RURAL DISTRICTS.		
Millom	13	49.4
Cockermouth	14	35.9
Alston	—	—
Wigton	20	40.0
Ennerdale	24	39.5
Border	24	43.9
Penrith	6	25.6
Aggregate of Rural Districts	101	39.1

1947 Rate for England and Wales .. 41
1947 Rate for Cumberland County .. 42

GENERAL PROVISION OF HEALTH SERVICES.

Comments under this heading, to be of any interest or value, must look to the future rather than to the past. In other words they must be prospective rather than retrospective.

(a) Laboratory Facilities.

Last year I referred to the small change which had taken place in respect of financial liability for certain bacteriological services of a public health nature having been taken over by

the Ministry, and also to the acceptance by the Ministry of Agriculture of responsibility for expenditure in connection with the laboratory investigation of milk samples, or a considerable proportion of these. The situation at the time was complicated, and it was not possible to be more precise, and in fact it is still not possible. The future of the laboratory services in this area, like certain other matters concerned with the change over under the National Health Service Act, is a little bit uncertain.

In certain parts of the Country duplicate laboratories are to be set up dealing with (a) hospital, and what may be called individual pathology and bacteriology; (b) Public Health bacteriology (epidemics, examination of milks, waters, etc.). According to my information this separation of services under different roofs and under different direction is unlikely to apply to Cumberland. We are fortunate in this area in having a very efficient laboratory service covering both branches under the supervision of Dr. Faulds, whose advice from the Public Health side in epidemics in the past has been invaluable to us, and I am glad that this arrangement is to continue.

The blood transfusion service, highly important to the community, is now largely being organised through Newcastle, and a team of persons concerned with bleeding donors visits the area periodically from that centre. The pathological department of the Cumberland Infirmary will continue to be responsible for some share of this work, not, I think, very exactly defined, and an additional assistant pathologist has been appointed to be largely concerned with blood transfusion and blood grouping. Whether the new set-up will give a more efficient service than the one we have had remains to be seen.

(b) Ambulance Facilities.

Much time has been expended during the year on future arrangements for a complete ambulance and sitting-case car service for the area, including discussions with adjoining authorities for co-operation, and particularly with Carlisle. It has been of the greatest assistance to the County Council in developing this new service which, after the 5th July, becomes a statutory duty, that the existing ambulance authorities have agreed to carry on for an initial period on an agency basis. We are deeply grateful for this much needed help.

Our plans for the new service are, I think, complete, and by the time this report reaches you there will have been issued to all persons concerned an ambulance card setting out the complete arrangements for the ambulance and sitting-case car service in the Administrative County. The Post Office have kindly co-operated by agreeing to display "exhibited numbers" in each telephone exchange. "Exhibited numbers" means that in each area of the County there will be displayed in the telephone exchanges a number which will be called in emergency when the need arises. I think adequate steps have been taken to ensure that this service will work efficiently in emergency, day and night.

On the material side we have not received any indication of early delivery of the new ambulances we ordered some twelve months ago. It is hoped that this matter will not be unduly delayed because one or two of the ambulances in the County are not in very good trim.

Supplementary to the above we have arranged to convert two tenders into ambulances to be stationed in Carlisle for use in Carlisle and district, and also for general service under the ambulance set-up.

With regard to ambulances for infectious diseases, the Regional Hospital Board have been approached with the request that they will continue to maintain and service and provide drivers and nurses for those ambulances to continue to be based, for a time at least, on the isolation hospitals. It is an open question whether, in an area like this, cases of infectious disease of all kinds should be carried in ambulances taken from the general pool. While this arrangement operates in a number of areas, whereby there is no differentiation between ambulances carrying infectious and general cases, there are complications in a scattered rural county, arising from the problems of disinfection after use, and for a time at least I am satisfied that a continuation of special ambulances for the transport of infectious cases is desirable.

(c) Nursing in the Home.

After the 5th July the County Council becomes responsible for the provision of domiciliary nursing of all kinds, which means general nursing, midwifery and maternity, health visiting, tuberculosis nursing, etc. The new set-up and our proposals arising from the appropriate sections of the Act, will involve at no distant date substantial additions to our nursing, and particularly to our health visiting staff if suitable applicants can be attracted. At present there is little or no

sign of this, and the nursing position remains as clouded as ever in spite of national and local campaigns. Our local investigations into the possibility of employing the services of part-time nurses have produced little or no result up to date. The plain truth is that we shall be lucky if we scrape through with our commitments without expecting any considerable expansion and development of the nursing services in the forseeable future.

The existing nursing services in the County, that is to say the Cumberland Nursing Association, and the Workington and Penrith Nursing Associations, have agreed to carry on the nursing services for a period of trial, amounting in the first instance to nine months, as agents for the County Council. A special arrangement has been arrived at with the Regional Hospital Board for the Alston area, which must at the moment be regarded as experimental.

As in the ambulance service, we are deeply grateful for this most valuable co-operation. To have organised a direct nursing service covering all the branches would, in the days of stress through which we have been passing, have been well nigh an impossibility. All sorts of questions about the transfer of property—houses, motor cars, and general equipment—would have arisen, and we want time to think about these things.

By a curious coincidence 1948 is the jubilee year of the Cumberland Nursing Association, and it would be most ungracious not to place on record the long and valuable services which have been rendered to the community by the Association during these fifty years. It would also not, I hope, be inappropriate to recall the principal part played by Lady Mabel Howard in the building up and continuance of this service.

(d) Clinics, Treatment Centres and Day Nurseries.

No new clinics have been opened during the year, but a number of important improvements and alterations are in progress or are, at the time of writing, about to start. These affect principally (a) Sandhills Lane Clinic, Whitehaven, where extensive alterations and improvements have been approved, which will completely alter this building and will make it really suitable for the very large variety and volume of clinic services at present undertaken there ; (b) Egremont Clinic and Treatment Centre where the work on the erection of a completely new building is about to start ; and (c) Frizington, where extensive alterations and improvements, chiefly

in the dental section, are at present in progress. There is also, I am glad to say, a prospect that at last better premises will be available for clinic purposes in Maryport, including adequate arrangements for perambulators. The clinic at 102 Scotch Street, Whitehaven, which we have occupied for many years as such, is in process of conversion into office accommodation for the divisional staff for West Cumberland.

A new day nursery has been built and has just come into operation at Flatt Walks, Whitehaven. These premises are well worthy of a visit.

(e) Hospitals.

Anything which may be said under this heading is in the nature of a swan song because, of course, all hospitals, with few exceptions, none of which are applicable to Cumberland, pass into the hands of the Regional Hospital Boards on July 5th.

We will, perhaps, especially regret handing over our new maternity home at Penrith, on the development of which so much time and labour has been expended. During the year 218 mothers were confined at the home, which is now, after its initial teething troubles, getting well into its stride, and where higher admission figures may confidently be expected.

During the latter part of the year the Charity Commissioners made an order with the consent of the Voluntary Committee, the Town Council of Carlisle and with the County Council, transferring the administration of Blencathra Sanatorium to the County Council as from 1st January, 1948. Our tenure of administration will be short, as officially the sanatorium passes to the Regional Hospital Board on the 5th July, but for some time thereafter the County Council will be assisting in the administration on an agency basis at the officer level on behalf of the Regional Hospital Board. The advent of the County Council into the affairs of the sanatorium has brought into the picture much needed financial resources, and with this backing extensive improvements and alterations have been under review and planning for many months past, in fact long before we actually took over. These alterations and improvements include the provision of central heating and a new boiler house, new sewage disposal plant, alterations and improved equipment in the kitchens, linking up with the grid, the provision of new flooring for the wards, new sluice rooms, a disinfector and sputum sterilizing unit, a mortuary and various other improvements. The

total estimated cost is in the region of £50,000, and when all these schemes are complete, much will have been done to bring the sanatorium into line with modern standards.

Other hospital changes, developments and improvements are naturally under consideration on an extensive scale from the angle of the Regional Hospital Board, but these are matters which will not concern the County Council except as users. From the point of view of the Cumberland Infirmary, two points may be of interest. The first is the negotiations between the Infirmary and the Committee of Management of the Silloth Convalescent Home to link up the Convalescent Home with the Infirmary as one hospital, really in the position of a hospital annexe for the early stages of convalescence. This will be a most useful development and will provide much needed additional hospital beds. How badly these beds are needed will be realised from the waiting list for admission to the Cumberland Infirmary which, at the end of June, 1948, amounted to over 1,400 patients, of whom 361 had been waiting for over twelve months for admission. At the Whitehaven Hospital the waiting list, also at the end of June, 1948, amounted to over 350 patients. I have not any figures of waiting lists for the other hospitals in the area, but it is clear from the above that something like 2,000 patients are actually on the waiting lists for admission to our hospitals, and this does not really represent a true picture, because there are large numbers of other persons who should be on the hospital waiting lists, perhaps especially in the medical and gynaecological groups.

THE PUBLIC ASSISTANCE SERVICES.

(A) Institutional Service.

There are maintained in the County of Cumberland the following institutions and children's homes :—

(i) General Institutions :

Station View House, Penrith.
Highfield House, Wigton.
Meadow View House, Whitehaven.

(ii) Children's Homes :

Englethwaite Boys' Home, Armathwaite.
Scotby Girls' Home, Scotby.
Sandath Nursery, Penrith.
Orton Park Children's Home, Nr. Carlisle.

During the twelve months ended 31st December, 1947, the normal admissions of the three general institutions under the Poor Law code were 1,539; discharges 1,416; deaths 157; with 16 live births occurring in Meadow View House, Whitehaven.

Since the last Annual Report, which referred to the progress being made in the modernisation of the general institutions to give better facilities and amenities for the aged and the chronic sick, the Government's programme of social legislation has been extended by the introduction of the National Assistance Act and the Children's Act, and negotiations have been proceeding with officers of the Regional Hospital Board regarding the provision to be made for sick persons from the 5th July, having regard to the new provisions contained in the sixth schedule to the National Assistance Act for the transfer and management of Public Assistance Institutions.

The effect of the new provisions is to treat each Public Assistance Institution as a single unit, the future ownership and management being determined by the principal user immediately before the appointed day. Public Assistance Institutions which are mainly being used for hospital purposes —that is the reception of sick, including mental and mental deficiency patients and maternity cases—will be transferred to and vest in the Minister in their entirety. Institutions mainly used for other purposes will remain in the hands of the Local Authority for use in providing residential accommodation under the Act, and in some instances such as the care of children, and such institutions may also continue to provide accommodation for the sick—principally the chronic sick—by arrangement with Regional Hospital Boards.

Arising out of the negotiations with the Regional Hospital Board it has been decided that the three general institutions will remain with the County Council, subject to the number of beds indicated below contained in the respective hospital or sick ward blocks being reserved to the Regional Hospital Board for the maintenance and treatment of sick persons—principally chronic sick—for whom the Board will become responsible as from the 5th July.

Whitehaven Poor Law Institution	92 beds
Wigton Poor Law Institution	45 beds
Penrith Poor Law Institution	36 beds

In regard to the maintenance of persons other than sick persons in Public Assistance Institutions, the National Assistance Act now proposes to provide statutory authority

for the provision of hostels or residential homes for the aged. When this provision is fully implemented, and of course this will take time, the final break-up of the Poor Law system will have been accomplished, and any reference to Poor Law Institutions or Workhouses will have become a thing of the past. Meantime, and in accordance with the desires of the Minister of Health as set out in circular 49/47, efforts are being made to make existing institutions as homely and as comfortable as possible for the old people.

One or two things with regard to the change over must be mentioned. It has been decided that almost the whole of the Local Authority functions under the National Assistance Act, including the care of the blind, deaf and dumb, and of handicapped persons generally, will, in future, be dealt with by the Health Committee, which has appointed a Social Welfare Sub-Committee for this purpose.

Children's homes will in future be administered by the Children's Committee. Here it may be well to point out that the County Council established a Children's Committee during 1947 in anticipation of the Children's Act, and in compliance with the provisions of the Act a new Children's Committee will be appointed to replace the original Committee.

Developments for the better care of the aged, on the above lines, will take time to reach the standard which we would all like to see, particularly in the provision of new buildings, and will involve expenditure of much time and work before the plans reach fruition. Very much has already been done in this County in spite of the difficulties of supplies, equipment, staffing, etc., and in spite of the oldfashioned nature of much of the building already in existence, to brighten the lives of the aged and the children alike, under schemes which have originated chiefly from the Director of Social Welfare, and I have no doubt at all that the same kindly interest will be able, in the years ahead, to do much more.

Some notes are attached regarding the Domiciliary Medical Relief Scheme which, of course, ceases to exist as a County Council function after the 5th July.

(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, 1948, show :—

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

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

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

(d) the number of bottles of medicine dispensed.

Quarter Ended.	*No. of Cases.*	*Home Visits.*	*Attendances at Surgery.*	*Medicines Issued.*
30/6/47	1034	4521	849	4369
30/9/47	1013	3973	797	5328
31/12/47	1195	4856	1097	6401
31/3/48	1238	5378	1102	6325
	4480	18728	3845	22423

Of 2513 persons included in the Permanent Medical Relief List, 1363 actually received Medical Relief during the financial year ended 31st March, 1948.

The Open Choice System has continued to work smoothly and satisfactorily to the patients, the practitioners, and the Social Welfare 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, 1948, 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 been no evidence of over-visiting having regard to the nature of the cases involved.

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 61 Medical Practitioners contracting under the Scheme, incorporating 48 separate practices. Included in these is 1 Carlisle Medical Practitioner 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 455 orders and repeat orders were issued at a cost of £781 7s. 5d.

MENTAL DEFICIENCY.

I am indebted to the Clerk to the Joint Committee for the following extracts from the Annual Report of the Joint Committee for the Mentally Defective. Under the new set-up created by the National Health Service Act, the ascertainment and the care of the mentally defective outside institutions will be an important item in our new responsibilities. Some of the figures which follow in the extracts refer to composite figures dealing with Cumberland, Westmorland and Carlisle as one entity. In next year's report, of course, only the figures relative to Cumberland will be given, and it will be somewhat easier to assess the institutional accommodation available to us relative to our needs.

" Institutional Treatment.

On the 31st December, 1947, there were 457 patients chargeable to the Joint Committee Institutions or under Licence therefrom as compared with 452 on the 31st December, 1946.

The table below shows the residential distribution :

	Males.	*Females.*	*Totals.*
Cumberland	134	144	278
Westmorland	50	47	97
Carlisle	41	41	82
	225	232	457

The following statement shows the numbers accommodated in the various Institutions at the end of 1947.

Dovenby Hall Colony	298
Milnthorpe Institution	81
Royal Albert Institution	20
Rampton State Institution	13
Durran Hill House	12
Totterdown Hall Colony	5
Lisieux Hall	6
St. Mary's Home, Alton	10
Other Institutions	12
	457

Guardianship.

At the end of 1947 there were 99 patients under Guardianship Orders (including three patients on licence therefrom), as compared with 94 patients at the beginning of the year.

There were 11 admissions to Guardianship, one of them being transferred from a Certified Institution. On the other hand, six patients were removed from Guardianship, two by death, one by transfer to a Certified Institution, and three by discharge.

Cumberland	72
Westmorland	16
Carlisle	11
	99

Statutory Supervision.

On the 31st December, 1947, there were 345 patients under Statutory Supervision. This shows a decrease of three on the previous year, and is accounted for by the fact that, whereas only three patients were placed under Statutory Supervision during 1947, six patients under supervision were admitted into institutions or to Guardianship. The distribution is as follows :—

Cumberland	164
Westmorland	50
Carlisle	131
	345

Licences.

The following statistical record reveals a net increase of seven in the number of patients on licence at the end of the year :—

On Licence at 31/12/46	45
Returned, discharged or died	10
	35
New Licences granted during 1947	17
	52

In the result there has been a net increase of seven patients on licence, and this, so far as it goes, is satisfactory.

With regard to the ten patients who had ceased to be licenced, seven have been discharged from Order. Normally this would have indicated that such patients had gained their freedom on merit. Unfortunately, in some cases this was not the case. Certain patients were discharged as the result of reports and recommendations by the Visiting Justices which would not have been supported by the Committee and its officers. The present system, which results in patients being discharged after examination by lay Justices at one interview (and on occasion in opposition to the opinion of a medical practitioner), seems to call for review. In some of these cases it is already clear that the patients are finding themselves unable to cope with life, and recertification is likely to be necessary.

On the whole the seventeen new cases allowed out on licence are showing satisfactory progress, and in certain cases the reaction has been definitely favourable.

Institutional Accommodation.

The acute shortage of beds, to which reference has been made in previous reports, has rendered the task of the Committee and its officers almost impossible.

All areas throughout the Country are similarly affected, and it is no longer possible to find a bed here or there in other districts. The present position is that accommodation can now be found only as the result of deaths, discharges, and licence. Numerous cases of grave urgency have had to remain in their homes, often under the most unsuitable conditions, and appeals by parents for help have had to remain unanswered."

MATERNITY AND CHILD WELFARE.

Maternal Mortality.

Maternal deaths for 1947 were 2. The maternal death-rate per thousand births was therefore .44 against 1.4 for the previous year. The mortality figures for the immediately preceding years were as under :—

1942—	5	deaths equal to a rate of	1.4	per 1,000 births.
1943—10	„	„	2.7	„
1944— 6	„	„	1.5	„
1945—10	„	„	2.9	„
1946— 6	„	„	1.4	„
1947— 2	„	„	0.44	„

The 2 deaths which occurred in 1947 are divided as follows :—

Puerperal Sepsis	0
Other Puerperal Causes	2

These figures show County rates for puerperal sepsis of nil, and for other causes .44.

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

	Puerperal Sepsis.	*Other Puerperal Causes.*
Border R.D.	— ..	1
Cockermouth R.D.	— ..	1

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

1. Post-partum Eclampsia.
2. Acute Pulmonary Oedema.

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

Examined at Practitioners' Surgeries	1053
Examined at Home	1095
	2148

Findings at Examinations :—	
Normal	1868
Abnormal	280
Number of Further Examinations	1911
Recommended for Hospital :—	
On account of Home conditions	532
On account of Patient's condition	63
Recommended to have doctor at confinement	5
Specialist opinion recommended	94
Dental treatment recommended	67

The above figures show a very substantial rise in the number of ante-natal examinations—a total of 4,059 compared with 3,521 in the previous year.

SUMMARY OF ABNORMALITIES FOUND ON ANTE-NATAL EXAMINATION :—

Anæmia and General Debility	5
Albuminuria and Oedema	27
Varicose Veins	43
Vaginal Discharge	14
Malpresentation	25
Heart Condition	6
Hydramnios	2
Contracted Pelvis	33
Hæmorrhage	8
Hyperemesis Gravidarum	2
Glycosuria	3
Tuberculosis	3
History of Difficult Labours	3
Raised Blood Pressure	15
Head not engaged	4
Dental..	67
Other Abnormalities—unsatisfactory general health ..	20
	280

The above tables are interesting. The number of ante-natal examinations by practitioners at a little over 4,000 has risen substantially. It is interesting to note that in spite of this the abnormalities found on ante-natal examination remain practically the same.

Wassermann tests were made in 228 cases, and 4 were found to be positive. It is expected that this type of investigation, which is at present largely confined to one area of the County, will be considerably extended in future.

ADMISSIONS TO HOSPITAL.

There were 876 maternity cases admitted to hospital for confinement under the County scheme. This represents a very substantial increase over the admissions for 1946, which only amounted to 549. The following tables show the conditions for which patients were admitted to hospital, and the total admissions for the respective hospitals concerned.

Admissions to hospital were for the following reasons :

Normal cases	578
Albuminuria	20
Contracted pelvis	10
Bad previous history	29
Raised blood pressure	21
Eclampsia	25
Cæsarean section	11
Hyperemesis Gravidarum	3
Malpresentation	23
Abortion	51
Retained Placenta	6
Varicose veins	4
Hæmorrhage	27
Anaemia	4
Heart condition	7
Pyelitis	5
Delayed labour	21
Hydramnios	4
Other causes	27
	876

The above cases were admitted to the following hospitals, and, for comparison, figures for the two previous years are given.

	1945	1946.	1947.
Whitehaven & West Cumberland Hospital	112	122	78
Workington Infirmary	51	28	28
Victoria Cottage Hospital, Maryport	105	98	89
Carlisle City Maternity Hospital	171	243	381
Alston Cottage Hospital	1	—	38
Brampton Cottage Hospital	2	4	2
Gilsland Maternity Hospital	83	—	—
County Maternity Home, Penrith	—	54	218
George Street Maternity Home, Carlisle	—	—	8
Fusehill Hospital, Carlisle	—	—	34
	525	549	876

In addition 17 cases were admitted to St. Monica's Home, Kendal, and 5 cases to the Brettargh Holt Maternity Home, Kendal.

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

Emergency admissions to hospital amounted to 246.

Seventeen confinements took place in the maternity ward of Meadow View House, Whitehaven.

The number of visits paid during the year by health visitors, County Council midwives and district nurses, to expectant mothers, amounted to 18,416. These figures exclude Workington (3,250), Alston (205), and midwives practising independently (535).

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	33,490
Children between 1 and 5	25,264

Maternity and Child Welfare Clinics :—

Children under one year of age who attended	1,479
Children between 1 and 5 who attended	953
Total attendances	10,736

Defects under 5 years of age treated :—

Dental defects	47
Eye defects	71
Ear, Nose and Throat defects	74

(For Orthopædic treatment see pages 35 to 38).

At the Penrith Voluntary Maternity and Child Welfare Clinic 261 children attended, making 2,246 attendances.

Maternity and Nursing Homes.

There are no changes to record affecting private Maternity and Nursing Homes during the year.

Puerperal Pyrexia.

During the year 27 cases were notified, compared with 24 for the previous year. Of these, 5 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 Maternity 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 child protection visitors, and as visitors under the Adoption of Children Act, 1939.

The number of children boarded-out for reward remains very small, at least in this County, and the numbers are only a fraction of what they were some years ago. Regular visitation by the health visitors has not revealed any unsatisfactory circumstances in any case. When the Children's Officer, about to be appointed, takes up her duties, responsibility for the visitation of these boarded-out children will, I suppose, pass from the health visitors. This I think is to be regretted, because the visitation of boarded-out and adopted children seems to be work which falls plainly within the ambit of a health visitor, and the health visitors have done this work very well in the past. Recent new legislation has raised many points, and this is only one of them, which make one wonder if all the changes are likely to be for the better.

REPORT ON VISITATION OF CHILDREN FOR THE YEAR ENDED 31ST DECEMBER, 1947.

		Legit.		*Illeg.*		*Total*	
		M.	*F.*	*M.*	*F.*	*M.*	*F.*
A.	No. of Children under supervision on 1st January, 1947	1	—	4	6	5	6
B.	No. brought under supervision during year ended 31st December, 1947	—	1	2	4	2	5
C.	No. removed from Register during the year ended 31st December, 1947	—	—	3	3	3	3
D.	No. remaining under supervision as at 1st January, 1948	1	1	3	7	4	8
E.	Total No. of 1st Visits to Homes by Health Visitors						7
	,, Re-visits ,, ,, ,,						114
	,, Children concerned						18

Illegitimate Children.

Very close supervision has been kept on as many illegitimate children as could be traced. Each illegitimate child in the County of whom we are aware is specially visited four

times a year, and very careful investigations are made into all the circumstances. The situation in respect of illegitimate children was very fully analysed two years ago, and a re-survey of the position does not seem to be indicated.

Out of 109 cases investigated, the health visitor reported that the health and well-being of the child was satisfactory in 103 cases, and only in 6 cases was there any question that there was anything unsatisfactory affecting the well-being of the child.

I made reference last year to the remarkably low mortality rate among illegitimate children. During 1947 the figures were not quite so good, 9 deaths occurring out of 256 illegitimate births, which gives a mortality rate slightly lower than that for the legitimate births—35 against 42. Anyhow, it is clear that illegitimacy does not appear to affect adversely the prospect of survival.

Midwives.

During the year 127 midwives notified their intention to practise. These notifications included 73 midwives employed by Nursing Associations. The remainder were midwives employed by the County Council, independent midwives, holiday and emergency midwives and midwives in hospital. The actual number of midwives undertaking domiciliary midwifery at the end of the year was 78.

As has been stated previously the midwifery position as regards maintaining an effective staff of midwives caused continuous anxiety during the year, both as regards the County Council staff and as regards Nursing Associations.

At the time of writing, the position is that no district is without a midwife, but five posts are filled by temporary appointments.

Routine midwifery inspections paid during the year amounted to 125. In addition 102 other visits were paid by the Superintendent Nursing Officer or her Assistants in connection with puerperal pyrexia and other matters.

The domiciliary midwifery cases attended by midwives amounted to 1,792, of which 314 were in the Borough of Workington, and the remaining 1,478 in other parts of the administrative County.

Medical help was summoned on 992 occasions.

GAS AND AIR ANALGESIA.

Up to the end of the year 47 midwives had been trained in this matter, and each had been supplied with the appropriate apparatus. Twelve still remain to be trained, and there are a few whom, for various reasons—for example age—it is not intended to send away for training.

Twenty-five sets of apparatus for the estimation of blood pressure were obtained during the year, and these have been distributed to those midwives undertaking the greatest number of confinements. Orders for additional sets of apparatus have been placed.

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

FOR THE MOTHER.	District Nurse Midwives	Independent Midwives	Municipal Midwives	Unaffiliated Midwives	Total
Pregnancy.					
Abortions	31	1	16	—	48
Albuminuria	30	—	18	—	48
Oedema	9	—	7	—	16
Varicose Veins	—	—	1	—	1
Sickness	3	—	—	—	3
Post Maturity	1	—	5	—	6
Unsatisfactory Conditions	19	—	—	—	19
Eclampsia	1	—	1	—	2
Placenta prævia	5	—	1	—	6
Heart	1	—	3	—	4
Asthma	1	—	—	—	1
Labour.					
Premature Birth	—	2	5	—	7
Prolapsed Cord	1	—	—	—	1
Delayed Labour	126	4	53	—	183
Ruptured Perineum	154	5	93	—	252
Ante-Partum Haemorrhage	25	—	18	—	43
Retained Placenta	11	—	2	—	13
Breech Presentations	19	2	18	—	39
Breast conditions	3	—	5	—	8
Early rupture of membranes	8	—	3	—	11
Phlebitis	2	—	—	—	2
Other conditions	63	—	19	—	82
Lying-in.					
High Temperature	23	—	16	—	39
Post-partum Haemorrhage	16	1	7	—	24

For the Baby.

Feebleness	10	—	7	—	17
Discharging Eyes	20	—	16	—	36
Premature	4	—	4	—	8
Deformities	5	1	2	—	8
Unsatisfactory Conditions	11	—	5	—	16
Jaundice	—	—	5	—	5
Phimosis	1	—	—	—	1
Stillbirth	1	—	1	—	2
Haemorrhage	3	—	2	—	5
Spina bifida	2	—	2	—	4
Sudden death	—	—	1	—	1
Other conditions	14	—	11	—	25
Rash	2	—	4	—	6
	625	16	351	—	992

ABORTION.

The following table shows the distribution by areas of cases in which medical help was sent for on account of abortion.

	1946.	1947.
Workington Borough	14	10
Whitehaven Borough	2	6
Cockermouth Urban	—	3
Penrith Urban	1	—
Border Rural	2	6
Cockermouth Rural	7	6
Ennerdale Rural	13	10
Millom Rural	1	—
Penrith Rural	2	1
Maryport Urban	4	1
Keswick Urban	1	—
Wigton Rural	6	5
Alston Rural	1	—
	54	48

ORTHOPAEDIC TREATMENT.

The work of the orthopaedic section has continued on much the same lines as in previous years, except that an Orthopaedic Surgeon is now resident in the area, the Cumberland Infirmary together with the two local authorities having proceeded to the appointment of a part-time consulting orthopaedic surgeon towards the end of the year. This has allowed an expansion of the orthopaedic out-patient clinic

service in the County. The general arrangement is that Mr. Mc.Kechnie, the orthopaedic surgeon referred to, deals with the adult patients and some of the older children, while Dr. Bucknell deals with children under 5 and with the younger end of the school children. This arrangement is obvious and appropriate as Dr. Bucknell, as Medical Superintendent of the Ethel Hedley Hospital, Windermere, admits to that hospital children up to a certain age. Surgeons' orthopaedic clinics are now held at Whitehaven and Carlisle, and at Workington and Penrith in alternate months.

During 1947 rather more children under school age were referred for orthopaedic investigation and treatment than in previous years. On the other hand it is satisfactory to note that the number of school children referred for treatment for surgical tuberculosis fell substantially, and that the tubercular adult cases were also considerably fewer.

The following tables show the position in detail. They vary comparatively little from the previous year. To the figures should be added 55 children under 5 years treated on behalf of the Borough of Workington and not included in the tables. These children will come into the County organisation on the appointed day. The statistics dealing with orthopaedic work among school children have been already issued in the annual report on the School Medical Service.

Crippling conditions affecting children under five years of age.

Rickets	111
Flat Foot	47
Congenital defects	16
Club Foot	10
Injuries	3
Infantile Paralysis	21
Torticollis	13
Hemiplegia	3
Congenital Dislocation of Hip	6
Tuberculosis	3
Birth Palsy	6
Osteomyelitis	1
Poor Posture	1
Hallux Valgus and Deformed Toes	9
Talipes and Pes Cavus	35
Synovitis	4
Other conditions	47
	336

Tuberculosis of the bones and joints.

	Adults.	*School Children.*	*Children Under 5.*
Spine	43	12	—
Hip	22	8	—
Knee	11	4	1
Sacro-iliac Joint	6	—	—
Thigh	1	1	2
Wrist	1	—	—
Elbow	2	—	—
Shoulder	2	—	—
Ankle	4	2	—
Tibia	1	1	—
Finger	1	—	—
	94	28	3

Adult Non-tubercular cases.

Infantile Paralysis	19
Arthritis	16
Scoliosis	6
Congenital Dislocation of Hip	10
Osteochondritis	2
Flat Foot	2
Osteomyelitis	8
Other Conditions	21
	84

Table A.

Number on After-care Register, 1/1/47	439
New cases during 1947	161
Cases re-notified after discharge previously	5
Number removed from Register	260
Number remaining on Register on 31/12/47	387
Attendances at After-care Clinics	528
Seen by Consulting Surgeons (not included in above)	9
X-ray examinations during 1947	55

Table B.

Number of Attendances at After-care Sister's Clinics	424
Home Visits	189
Plasters applied at Intermediate Clinics	109
Plasters applied at home	30
Appliances supplied and renewed	50
Surgical clogs and boots supplied	16

TABLE C.

Hospital Treatment.

Name of Hospital.	*In Hospital 1/1/47*	*Admitted during year*	*Discharged during year*	*In Hospital 21/12/47*
Ethel Hedley Hospital Windermere ..	13	28	25	16
Shropshire Orthopaedic Hospital, Oswestry ..	17	11	17	11

DENTAL SERVICES.

The statistics for the year in respect of children under 5 and in respect of certain adult groups (ante-natal, public assistance and tubercular cases) are given below. These figures are comparatively small, and it is certain that under the provisions of the National Health Service Act, 1946, there will be a substantial expansion of the dental services, perhaps particularly as affecting expectant and nursing mothers and children under 5 years of age. The County Council proposals under Part III of the Act provide for such an expansion, and a second dental clinic has already been opened in Workington, and with the reconditioning of Sandhills Lane clinic a second dental clinic will shortly be opened in Whitehaven.

The future development of the dental services is a matter which will call for considerable thought, but at the moment no further comments seem appropriate.

The statistics follow.

Children under 5 years.

Number treated	47
Number of cases completed	37
Number of attendances for treatment	79
Fillings	17
Extractions—(Permanent Teeth)	—
(Temporary Teeth)	48
Other Operations—(Permanent Teeth)	1
(Temporary Teeth)	26
Anaesthetics—Local	16
General	16

Adults.

Service.	*Fillings.*	*Extractions*	*Anaesthetics. Local.*	*General*	*Dentures*
Ante-natal ..	47 ..	391 ..	125 ..	— ..	62
Public Assistance	22 ..	192 ..	65 ..	1 ..	50
Tuberculosis ..	3 ..	34 ..	10 ..	— ..	6
Tuberculosis (*Blencathra*) ..	97 ..	128 ..	114 ..	— ..	26
Total ..	169 ..	745 ..	314 ..	1 ..	144

Service.	*Cases brought forward from* 1946.	*Cases Referred in* 1947.	*Cancelled.*	*Treatment completed.*	*Cases carried forward. to* 1948.
Ante-natal ..	65 ..	122 ..	60 ..	62 ..	65
Public Assistance	36 ..	36 ..	1 ..	38 ..	33
Tuberculosis ..	— ..	5 ..	2 ..	2 ..	1
Tuberculosis (*Blencathra*) ..	— ..	77 ..	— ..	52 ..	25
Total ..	101 ..	240 ..	63 ..	154 ..	124

VENEREAL DISEASES.

I am indebted to Dr. Mc.Murtrie (Assistant Medical Officer, Venereal Diseases) for the following report on this service for 1947 :—

" It is gratifying to report that in 1947 the figures at last show an all-round decrease in the incidence of venereal disease. In the following table all cases dealt with at the two treatment centres, at the Cumberland Infirmary and the Whitehaven and West Cumberland Hospital, as well as those seen by Dr. Martin Edwards at Workington, are included. The corresponding figures for the year 1946 are inserted for comparison.

	1946.	1947.
Syphilis (new cases, early stage)	92 ..	66
Gonorrhoea (new cases, early stage) ..	242 ..	167
Cases found not to have venereal disease ..	349 ..	258
Congenital syphilis (new cases)	7 ..	15
Total attendance	7305 ..	5308

Never before have citizens of so many countries in the world been represented. In addition to 21 counties and county boroughs in England and Wales, 16 other countries are listed as the domicile of patients. These, of course, include Scotland, N. Ireland and Eire. All the Scandinavian and Baltic States are represented, and several Mediterranean countries, also India, Sierra Leone and Somaliland. The majority from these countries were seaman. As may be imagined the language problem is a difficulty.

Last year attention was drawn to the difference between male and female attendances, there being an increase of males and a decrease of females. In 1947 both show a decrease. The following table shows the incidence of venereal disease in males and females :—

	Male.				Female.			
	1946.	1947.	De-crease	%	1946.	1947.	De-crease	%
New cases, early Syphilis ..	51	47	4	7.8	41	19	22	53.6
New cases, early Gonorrhoea	182	143	39	21.4	60	24	36	60.0
Total attendance	4307	3131	1176	27.3	2998	2177	821	27.3

The interesting feature of this is the much more rapid decline of both diseases among females than among males. It seems to augur well for the future, and the year 1948 should show a greater decline among the male population. The percentage decrease in attendance was equal in the two sexes.

Penicillin.

In the treatment of gonorrhoea, penicillin is still the drug of choice. It has been found, however, that the percentage of cure is higher when in addition sulphathiazole is administered. Certain organisms, notably the staphylococcus, have developed strains resistant to penicillin, but this has not yet been observed in the case of the gonococcus.

Penicillin in the treatment of syphilis is not so effective, and it should be regarded rather as a very useful adjuvant to the older treatment with arsenic and bismuth. It has certainly reduced the duration of treatment in early cases, thereby avoiding to a large extent the risks inherent in the prolonged use of arsenic.

Regulation 33B, Contact Tracing and Defaulters.

Regulation 33B expired on 31st December, 1947. This war-time regulation provided for the compulsory examination and treatment of people who were suspected of conveying venereal diseases, but this was restricted by the proviso that two notifications on information obtained from separate sources had to be made by the " special practitioner " to the Medical Officer of Health before action could be taken in the police court. Consequently the regulation was of little practical value.

It was of some use in contact-tracing because, outside the scope of the regulation, suspected persons notified once only could be visited and persuaded to attend the treatment centre voluntarily. It is hoped that this method may continue to be employed.

In actual practice it is found that better results are obtained by asking the patient to persuade the contact to attend, and cards showing the hours of the clinics are given out at the treatment centre for this purpose. When the contact resides outside the area and the name and address are known, then the Medical Officer of Health concerned is notified.

Home visits are made by the health visitors in Cumberland, and by the staff of the Lady Almoner's department at the Cumberland Infirmary in Carlisle.

In the case of " defaulters " (those who cease to attend before completion of treatment and observation) the same machinery comes into operation. In addition the Lady Almoner frequently writes suitable letters of reminder, or the medical practitioner is asked to use his influence with his patient by a letter from the Medical Officer of the treatment centre.

National Health Service Act, 1948.

This is due to come into operation on 5th July, 1948, and on that day the treatment of venereal diseases passes out of the hands of the local authorities and comes under the control of the Regional Hospital Board. The Medical Officer and the other members of the staff will cease to be employed by the County Council, and the entire premises and equipment of the treatment centres will be handed over.

The Lady Almoner.

In all departments of the Cumberland Infirmary in recent years the part played by the Lady Almoner has become more and more important, and this is particularly evident in the V.D. clinic. The male waiting room of the treatment centre, not being in use during the female sessions, is allotted to her as an office, and the patients are interviewed by her before they see the Medical Officer. New patients are entered in the register and case records of all patients are found. Her kindly advice often solves domestic problems, and practical assistance is given in arranging transport, transfers to other districts, admissions to hospital, claims for travelling expenses, treatment in other departments and in many other ways.

As already mentioned she seeks out defaulters, and persuades them to resume treatment and ropes in the contacts. Above all it is the personal touch which is important, giving confidence, which is so often lacking in these patients, and showing them that a genuine interest is being taken in their welfare.

Unfortunately no Lady Almoner attends the Whitehaven clinic, and this is one reason why the clinic there is so inferior.

The Rehabilitation Centre.

During the past year considerable use has been made of the Rehabilitation Centre adjacent to the Cumberland Infirmary, and our thanks are due to Miss Egan, who is in charge, and who has undertaken the useful work of re-education in muscular control in cases of locomotor ataxia and allied nervous affections.

The Treatment Centres.

1. The Cumberland Infirmary.

The same hours and days for clinics were continued, there being six sessions per week, three for males and three for females. The attendance has naturally declined with the decline in the incidence of venereal diseases. The total attendance in 1946 was 5,247, and in 1947, 3,764.

The staff remained unchanged, except that Miss Wilson, late Matron of the British Hospital at Hong Kong, who was employed by the Local Authorities as nurse throughout the war and after, retired. She has been replaced by a nurse employed by the Cumberland Infirmary. This arrangement was considered better because, after the National Health Service Act comes into operation, all the staff will be under the control of the Regional Hospital Board.

The two beds, male and female, in two surgical wards, were in use throughout the year, 58 patients from the Carlisle centre, and 16 from the Whitehaven centre being admitted for treatment, a total of 74, compared with 70 in 1946 ; of these 42 were male and 32 female.

2. Whitehaven and West Cumberland Hospital.

As in past years there were two male sessions, and one female session per week. Dr. K. J. Thomson continued to give his valuable assistance and took charge of one of the male sessions. One infant suffering from congenital syphilis was treated in hospital, all the other patients requiring in-patient treatment being sent to the Cumberland Infirmary.

The total attendance was 1,362, a decrease of 459.

There was no change in the general arrangements, the premises consisting of consulting room, treatment room, and examination room. There is still no proper waiting accommodation, the waiting room being small and dark, and in use for other purposes. For the most part the patients prefer to wait in the corridor, definitely a bad arrangement, and in the winter cold and draughty.

The plans of the proposed new out-patient department have been seen. They do not come up to expectation, and consist of a two-storey building, with waiting-room accommodation below and treatment above, not a good lay-out for an out-patient department, and there is no communication between the upper storey and the hospital.

The attendance of a lady almoner would be a great advantage, and she might do good work in dealing with female defaulters. In planning a new treatment centre at the hospital there should be at least one room reserved entirely for the V.D. clinic, and not in use for other purposes, so that the equipment can be conveniently arranged and set out permanently.

In one important matter the Whitehaven centre is superior to the Carlisle centre. The Medical Officer is on the staff of the hospital, and may attend the quarterly medical staff meetings. He has thus the opportunity of putting his views before the other members of the staff, when any business arises which may concern the V.D. clinic. Full advantage of this has been taken and the V.D. Department is recognised as being a part of the hospital, and not merely a local government clinic accommodated in the hospital building.

3. Workington.

Dr. Martin Edwards continued to treat cases at his consulting room. Eighty-five cases were dealt with, mostly seamen, and there were 182 attendances, a decrease of 28 attendances compared with the previous year.

There is no doubt that very useful work is being done. The port of Workington is now very important and working to capacity.

This being the last annual report on venereal diseases submitted to the County Council, may I take the opportunity of expressing my gratitude to all members of the staffs of the treatment centres, and of the Health Department, who have assisted in the work during the past 27 years."

HOUSING.

Nothing yet has happened to transform the recommendations of the Central Housing Advisory Committee into legislation, and therefore during the year no housing in respect of rural workers or others was undertaken by the County Council.

The housing of nurses, especially of our County Council midwives and of district nurse midwives has, in recent years, been a matter of great difficulty, and not a few suitable applicants have withdrawn their applications for this reason.

Section 65 of the National Health Service Act, 1946, empowers a local authority to provide accommodation for their officers or for the officers employed by a voluntary organisation for the purposes of Part III of the Act. The Minister, in two recent circulars, has expressed anxiety regarding the housing difficulties of nurses generally engaged in domiciliary nursing, particularly midwifery, and it may well be, I think, that in the near future the County Council may have to embark on a programme of providing houses for nurses in this group, either directly or in consultation with local housing authorities, some of whom have already been most co-operative in this important matter.

WATER AND SEWERAGE SCHEMES.

(a) Water.

(1) Major Schemes.

With regard to the two major water schemes, referred to in the Annual Report for the year 1946 (page 48), the scheme for the northern part of the County has now become the responsibility of the North Cumberland Water Board, which

was constituted by the North Cumberland Water Board Act, 1947, and upon which the County Council and the councils of the districts to be supplied have representatives. It is understood that the works in connection with this scheme are to be commenced as soon as the necessary consents are obtained, and that preliminary work such as the sinking of boreholes and the building of an approach road are now in progress.

With regard to the scheme for the south-western part of the County—

Owing to the decision not to construct Courtaulds' new factory at Sellafield, the scheme for raising the level of Ennerdale Lake and the taking of up to 14 million gallons per day will not now proceed. It is understood that discussions are taking place between Whitehaven Corporation, Ennerdale and Millom Rural District Councils with regard to an alternative scheme, or schemes, to meet their respective needs.

(2) Local Schemes.

During the year five schemes for the improvement of local water supplies have been submitted to the County Council for their observations under the Rural Water Supplies and Sewerage Act, 1944. These were as follows :—

Alston R.D.	1
Border R.D.	1
Keswick U.D.	1
Wigton R.D.	2
	5

The estimated cost of three of the above schemes is £155,500 (in the other two schemes no estimated cost was furnished by the District Council) ; one scheme, which provided for an increased supply of water to the Alston Rural District, was referred back to the District Council and subsequently an alternative scheme, estimated to cost £132,000, and making provision for a supply of water to certain parishes in Northumberland adjacent to Alston as well as to Alston Rural District, was approved by the County Council. With regard to the remaining four schemes, in one case the County Council did not consider the scheme proposed was adequate and the District Council was recommended to obtain a water supply from the Caldewhead Regional Scheme ; two schemes

were approved by the County Council, but in one of these schemes, as the Minister of Health was not prepared to make a grant under the Rural Water Supplies and Sewerage Act, 1944, the County Council also were unable to do so ; and one scheme was later withdrawn by the District Council as the Minister of Health had decided to make a grant under the Distribution of Industries Act, 1945.

(b) Sewerage.

During the year two Sewerage and Sewage Disposal Schemes have been submitted by the Border Rural District Council for the observations of the County Council in accordance with the Rural Water Supplies and Sewerage Act, 1944, at an estimated cost of £11,200. The County Council considered one scheme to be sound and adequate but as the Minister of Health was not prepared to make a grant under the Rural Water Supplies and Sewerage Act, 1944, towards the cost of the other scheme, the County Council also were unable to do so.

(c) Review of existing position.

It might be of interest to note the present position in regard to the submission of water supply and sewerage, and sewage disposal schemes since the operation of the Rural Water Supplies and Sewerage Act, 1944, up to the 31st December, 1947. During the period schemes have been submitted as follows :—

WATER SUPPLY SCHEMES—	
Alston R.D.	1
Border R.D.	4
Cockermouth R.D.	2
Do. U.D.	1
Keswick U.D.	1
Millom R.D.	2
Penrith R.D.	1
Wigton R.D.	3
	15

The total estimated cost of twelve of the above fifteen schemes is £278,041 (on the other three schemes no estimated cost was furnished by the District Councils).

Twelve schemes have been approved by the County Council ; of the remaining three schemes one was considered inadequate by the County Council, and referred back to the District Council, with a recommendation that supplies should be obtained from the Caldewhead Scheme of the North Cumberland Water Board, one was referred back to the District Council for amendment, and in the case of the other scheme, the application for grant was subsequently withdrawn by the District Council.

Of the schemes approved by the County Council, in the case of three the Minister of Health was not prepared to make a grant under the Rural Water Supplies and Sewerage Act, 1944, so that the County Council were also unable to do so ; in three other schemes the Minister has provisionally approved grants amounting in total to £5,100 ; in the remaining six cases the Minister's decision has not yet been given.

SEWERAGE SCHEMES—

Alston R.D.	—
Border R.D.	5
Cockermouth R.D.	10
Do. U.D.	—
Ennerdale R.D.	1
Keswick U.D.	—
Maryport U.D.	1
Millom R.D.	4
Penrith R.D.	1
Do. U.D.	—
Wigton R.D.	13
	35

The total estimated cost of the above 35 schemes is £269,800. Thirty-two schemes have been approved by the County Council ; two have been referred back to the District Councils with a recommendation that they be amended ; and one is still under consideration. The Minister of Health has provisionally undertaken to make grants in connection with nine schemes amounting in total to £15,350, and with regard to one of the thirty-two approved schemes, as the Minister was not prepared to make a grant towards the cost thereof under the Rural Water Supplies and Sewerage Act, 1944, the County Council was also unable to do so ; in the remaining twenty-two cases the Minister's decision has not yet been given.

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.

So far as I know, no precise date has yet been appointed for the coming into operation of the Food and Drugs (Milk and Dairies) Act, 1944, but an indication has been given that the date is likely to be towards the end of the current year.

The number of samples taken under the Joint Scheme of the County Council and the Sanitary Authorities during 1947 was rather below the average. The reason for this was the prolonged severe weather during the first three months of the year. In accordance with practice, guinea pig inoculations have been carried out in connection with all routine samples of ungraded milks, and in about half of the samples of pasteurised milks, including pasteurised milks from school supplies. In addition, guinea pig inoculation tests were carried out in connection with designated milks on the system which has operated in the County for many years.

Milk and Dairies (Consolidation) Act, 1915.

Of the 2,334 samples taken during the year, including samples of pasteurised milk, 1,125 were subjected to guinea pig inoculation. From these, eight positive reports were received. There were no reports involving the finding of tubercle in areas of delivery outside the county received, regarding milk produced in Cumberland. Investigations arising out of the above eight samples positive for tubercle demonstrated six cows with tuberculosis of the udder. In one of the remaining samples, no source was traced, and the other sample came from a pasteurising depot, involving so many herds that no follow up was possible.

Milk Sampling.

As has been noted, 2,334 samples were taken during the year, including all grades of milk—designated, pasteurised and ungraded, also including school supplies. Of these, 83 had to be discarded—except for guinea pig inoculation as they were either too old or the age was unknown on delivery at the laboratory for examination. This left a net figure of 2,251, which included 385 ungraded samples, and the results in respect of these are set out in the table below :—

Sanitary Area. TABLE I.

	Satisfactory.	*Unsatisfactory.*	*Total.*
RURAL.			
Alston	18	4	22
Border	34	19	53
Cockermouth ..	34	31	65
Ennerdale ..	12	33	45
Millom	25	25	50
Penrith	8	14	22
Wigton	31	30	61
URBAN.			
Cockermouth ..	—	—	—
Keswick	6	1	7
Maryport ..	10	4	14
Penrith	9	4	13
BOROUGHS.			
Workington ..	12	4	16
Whitehaven ..	7	10	17
	206	179	385

The above table calls for little comment. The proportion of satisfactory to unsatisfactory samples remains much about the same. The total number of samples taken is considerably lower than for the previous year, the chief falls being in the Border and Millom Rural Districts. The general fall is undoubtedly due partly to the reason given above, i.e., the severe weather mentioned previously, and partly due to the increase in the number of qualifying samples, i.e., for Tuberculin Tested and Accredited licences, which have had to be taken, thereby leaving less time available for routine samples. Exceptionally, in the Ennerdale and Wigton rural districts, considerably more samples were taken than in the previous year. The qualifying samples referred to above amounted to 280, so that, as I said last year, what we loose on the swings, we gain on the roundabouts, and we continue to be grateful to the sanitary inspectors for their co-operation and help.

The above table, and indeed all the tables in this section of the report, call for two further comments. The first is that the sample, wherever it is taken, is allocated for results to the district where the milk was produced and the second is that school milks taken in transit to or at the school, are not included in the tables but are included in the separate section headed " school milk supplies."

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

TABLE II.

Year.	*Number submitted to the Biological Test.*	*Percentage Positive for Tubercle.*
1942	1332	1.7%
1943	1323	2.04%
1944	1273	1.6%
1945	1112	0.99%
1946	1245	1.3%
1947	1125	0.7%

The figure for 1947 is well below the average and is, I think, the lowest ever recorded, which is very satisfactory, and which means that sustained effort by all concerned, is producing results. No doubt too, the Attested Herd Scheme has an important bearing on the matter.

Milk (Special Designations) Regulations, 1936-46.

Following unsatisfactory milk samples and other records, two licences were revoked during the year and six producers were allowed to continue to hold their respective licences on certain conditions. One of the two producers whose licences were revoked during the year, appealed and his appeal was dismissed by the Ministry.

At the end of the year, three licences were withheld for 1948 until the receipt of two consecutive satisfactory samples taken at the producer's expense. One of the three was included in the six licences considered during the year and continued on the conditions mentioned above.

Including the six mentioned above, 87 warning letters were issued to producers of which thirteen required the production of two consecutive satisfactory samples as a condition of the continuation of the licences.

Taken generally, the above figures can be regarded as satisfactory, bearing in mind the very careful investigation of sampling results and other relative information which is carried out periodically during the year.

The Milk Production Officers of the Cumberland Executive Committee, under the Ministry of Agriculture, paid 72 advisory visits, including a number of repeat visits.

The number of producers licenced to produce Tuberculin Tested milk continues to rise substantially and there are now 480 producers of Tuberculin Tested milk in the County. A few years ago, there were less than 100. The number of

Accredited producers again fell a little, which is understandable as producers qualify to move up from the Accredited to the T.T. grade. The number of Accredited producers now in operation is 127. As has been noted earlier, 280 qualifying samples in respect of applications for these licences were taken by the sanitary inspectors during the year.

More pasteurised milk is becoming available, pasteurisation being undertaken at three depots and at one private dairy. During the year, 69 samples of pasteurised milk were collected, but 18 were either over-age or the age was unknown when they reached the laboratory, leaving a net 51 samples with results to be classified. Of these, 43 were reported as satisfactory and 8 unsatisfactory. One sample contained tubercle.

School Milk Supplies.

During the year, 418 samples of school milk were examined for cleanliness. Of these, 266 were satisfactory and 152 unsatisfactory. This is not very good and the situation is not improving as it should. Of the 418 samples, guinea pig inoculations were carried out for tubercle in 228 instances and, of these, one—the pasteurised sample noted above—was found to be positive for tubercle.

Veterinary Inspection of Dairy Herds.

I am again 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 ..	84

Clinical Inspection of Dairy Herds.

Class of Herd.	*No. of Herd Inspections.*	*No. of Cattle Examined.*	*Number of Cattle dealt with under the Tuberculosis Order.*
"Tuberculin Tested"	530	32,106	Nil
"Accredited" ..	247	7,139	8
"Ungraded"	2,311	38,498	76

Tuberculin Testing of "Tuberculin Tested" Herds.

No. of cattle tested	40,715
No. of reactors found	119

STATEMENT SHOWING THE NUMBER OF TUBERCULIN TESTED LICENCES IN OPERATION IN EACH SANITARY DISTRICT AT THE END OF THE YEAR, 1947, WITH THE RESULTS OF MILK SAMPLING, AND CLINICAL EXAMINATIONS OF THE HERDS.

Sanitary District.	*Licences in operation.*	*Samples taken.*			*Conditions other than Tuberculosis, found on Clinical Examination.*
		Number taken.	*Tuberculin Tested Standard.*	*Below Standard.*	
RURAL					
Alston	8	21	13	8	—
Border	177	492	325	167	40
Cockermouth	37	155	82	73	4
Ennerdale	27	106	86	20	27
Millom	6	10	8	2	—
Penrith	74	215	125	90	7
Wigton	69	235	148	87	13
URBAN					
Cockermouth	1	3	—	3	—
Keswick	1	3	3	—	—
Maryport	1	4	3	1	—
Penrith	6	26	17	9	—
BOROUGHS					
Whitehaven	1	13	8	5	—
Workington	2	1	1	—	—
	410	1284	819	465	91

STATEMENT SHOWING THE NUMBER OF ACCREDITED LICENCES IN OPERATION AT THE END OF 1947, IN EACH SANITARY DISTRICT, WITH THE RESULTS OF MILK SAMPLING AND CLINICAL EXAMINATIONS OF THE HERDS.

Sanitary District.	*Licences in Operation*	*Samples taken.*				*Cases of Tuberculosis Detected on Veterinary Examination or Reported.*			OTHER CONDITIONS
		Number taken.	*Accredited Standard.*	*Below Standard*	*Tuberculous*	*T.B. Udder.*	*Emaciation.*	*Chronic Cough, &c.*	*Atrophy, Mastitis Induration Non-T.B., etc.*
RURAL.									
Alston	—	—	—	—	—	—	—	—	—
Border	31	93	66	27	—	—	—	—	14
Cockermouth	15	65	41	24	1	1	—	1	1
Ennerdale	18	79	54	25	2	1	—	—	2
Millom	14	40	27	13	—	—	—	—	—
Penrith	11	26	8	18	—	1	—	—	7
Wigton	27	96	59	37	3	2	—	1	5
URBAN.									
Cockermouth	1	2	1	1	—	—	—	—	—
Keswick	—	—	—	—	—	—	—	—	—
Maryport	3	11	7	4	—	—	—	—	—
Penrith	1	2	2	—	—	—	—	—	—
BOROUGHS									
Whitehaven	15	56	42	14	—	—	—	1	11
Workington	5	12	10	2	—	—	—	—	—
	141	482	317	165	6	5	—	3	40

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

During the year there was a considerable epidemic in the country of infantile paralysis, and in this we had our share. In fact, in proportion to our population, I imagine that we could be regarded as having as relatively big a problem to deal with as most areas. Actually 100 suspected cases were reported, and of these 71 were confirmed by laboratory investigation. Six deaths occurred, and 24 cases were so seriously affected that they had to be admitted to orthopaedic hospitals ; twelve months later, 3 are still in hospital.

The epidemic was interesting because of the large number of cases in which the symptoms were purely toxic, without any, or with hardly any, associated paralysis. Happily the epidemic will not leave any considerable mark on the child population as did the last important epidemic in 1911.

It may be worth while recalling the steps taken to deal with the epidemic. The great majority of the cases were concentrated, by arrangement with Carlisle, at the Crozier Lodge Infectious Diseases Hospital, and the iron lungs available in the area were also located there for the time being. The County assisted in seconding some members of its nursing staff, and Dr. Bucknell, the Medical Superintendent of the Ethel Hedley Hospital, visited Carlisle on a number of occasions to review the patients from the orthopaedic angle. The whole thing was a good example of team work, and we are much indebted to Carlisle Corporation for the facilities they placed at our disposal. Mention should also be made of the help given by the Penrith Isolation Hospital, and by Dr. Sachs the Medical Officer.

No cases of smallpox or suspected smallpox occurred. No smallpox contacts had to be kept under observation, and there were no cases of typhus fever or enteric fever.

There was a very dramatic fall in the number of cases of diphtheria, 8 cases only occurring, compared with an average of 94 for the previous five years. This is, of course, due to the national policy of immunisation, in connection with which 2,491 County children under school age were immunised during the year, apart from approximately 3,000 school children who received primary or reinforcing immunisation.

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 1942	there	were	257	cases	with	0 deaths
In 1943	,,	,,	291	,,	,,	0 deaths
In 1944	,,	,,	324	,,	,,	1 death
In 1945	,,	,,	369	,,	,,	0 deaths
In 1946	,,	,,	152	,,	,,	0 deaths
In 1947	,,	,,	150	,,	,,	0 deaths

Diphtheria.

In 1942	there	were	79	cases	with	6 deaths
In 1943	,,	,,	77	,,	,,	7 deaths
In 1944	,,	,,	195	,,	,,	11 deaths
In 1945	,,	,,	69	,,	,,	2 deaths
In 1946	,,	,,	73	,,	,,	2 deaths
In 1947	,,	,,	8	,,	,,	1 death

Enteric Fever.

In 1942	there	were	6	cases	with	0 deaths
In 1943	,,	,,	5	,,	,,	1 death
In 1944	,,	,,	2	,,	,,	2 deaths
In 1945	,,	,,	Nil	,,		
In 1946	,,	,,	2	,,	,,	1 death
In 1947	,,	,,	Nil	,,		

Measles.

In 1942	there	were	2 deaths
In 1943	,,	,,	6 deaths
In 1944	,,	was	1 death
In 1945	,,	were	2 deaths
In 1946	,,	,,	0 deaths
In 1947	,,	,,	3 deaths

Whooping Cough.

In 1942	there	were	6 deaths
In 1943	,,	,,	5 deaths
In 1944	,,	,,	8 deaths
In 1945	,,	,,	5 deaths
In 1946	,,	,,	4 deaths
In 1947	,,	,,	3 deaths

Cerebro-Spinal Fever.

During the year the following notifications were received :—

Cockermouth Rural District	2
Border Rural District	2
Ennerdale Rural District	2
Whitehaven Borough	2
Maryport Urban District	1
Penrith Rural District	1
	10

Two deaths took place in the following districts :—

Border Rural District	1
Cockermouth Rural District..	1

Non-Notifiable Disease.

Diarrhoea.

In 1942	there were	23	deaths	in	children	under 2 years
In 1943	„ „	29	„	„	„	„
In 1944	„ „	11	„	„	„	„
In 1945	„ „	16	„	„	„	„
In 1946	„ „	11	„	„	„	„
In 1947	„ „	14	„	„	„	„

The following table shows the notifications of the commoner diseases 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 1947.

DISTRICT	*Scarlet Fever*	*Diphtheria*	*Pneumonia*	*Polio-myelitis*	*Ery-sipelas*	*Measles*	*Whooping Cough*	*Enteric Fever*
URBAN DISTRICTS.								
Workington	15	1	18	7	9	463	81	—
Whitehaven	2	—	9	4	3	46	4	—
Cockermouth	2	—	—	—	—	4	—	—
Keswick	—	—	—	2	1	1	9	—
Maryport	33	—	—	5	1	223	9	—
Penrith	6	1	6	5	2	216	61	—
RURAL DISTRICTS.								
Alston	22	—	7	4	3	—	—	—
Border	17	—	12	13	2	114	16	—
Cockermouth	18	2	5	6	2	215	11	—
Ennerdale	16	4	37	14	2	185	9	—
Millom	6	—	33	5	8	96	9	—
Penrith	3	—	4	4	1	91	22	—
Wigton	10	—	16	5	7	306	55	—
TOTALS	150	8	147	74	41	1960	286	—
1946	152	73	138	3	47	591	418	2
1945	369	69	140	2	88	2937	199	—
1944	324	195	206	1	87	782	479	2

VACCINATION.

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

Registered Births	3623
Certificates of Successful Vaccination	1639 (45.24%)
Statutory Declarations	1455 (40.16%)
Cases otherwise accounted for (that is infants who died unvaccinated, postponements, removed from the district, cases lost sight of) ..	186 (5.13%)
Cases unaccounted for	343 (9.47%)

Compared with the previous year there has been a decline of about 6% in the number of successful vaccinations undertaken during the year, and, as a matter of fact, the number of children vaccinated has fallen to a record low figure for this County. It will be interesting to see what the position may be after the new approach to vaccination as set out under the National Health Service Act, 1946, has been in operation for a year or so. The health visitors will continue to urge vaccination and will be constantly reminding the parents of the value of this service, but of course the local authority will not, as hitherto, be in such direct contact with the general practitioners as they have been with doctors who were under contract to the local authority in connection with this service.

During the year Dr. Mitchell, of Egremont, who had been a public vaccinator for many years, died, and Dr. Robinson, public vaccinator of the Kirkoswald district, and Dr. Mc. Kenzie, public vaccinator for the Keswick district, resigned ; their places were taken by Dr. J. G. Munro, Dr. N.C.F. Milne and Dr. J. A. Harrow.

PREVENTION OF BLINDNESS.

During the year 43 cases were examined by ophthalmic surgeons under the Prevention of Blindness scheme. In 31 cases glasses were provided, 2 cases received operative treatment and 5 are awaiting operative treatment.

With regard to ophthalmia neonatorum, 8 cases were notified. After appropriate treatment, vision was unimpaired in each case.

CANCER.

The total number of deaths from cancer during 1947 amounted to 377, which is a substantial increase on the figure for the previous year (313). 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 increased mortality is shared more or less equally between the urban and rural districts. Most of the increase is attributable to the rise in three or four districts. In other areas the figures are very much the same.

During the year 41 new cases were referred to this department in the first instance. This figure jumps about a good deal. Some years nearly all the cases are referred direct to the Cumberland Infirmary. In other years in a fair proportion of the cases this department acts as a clearing house.

Under the new regime, as I see it, the responsibility for the diagnosis and treatment of cancer passes entirely out of our hands, and I do not suppose the subject will be referred to in future reports.

As we, as an Authority, now disapppear from this aspect of Public Health, I think we are entitled to be reasonably satisfied with the assistance which this area has given in the building-up of a cancer organisation in the north east of England. The Regional Hospital Board have set up a cancer committee to continue the administration of this service.

We emerge from the negotiations of the past few years with the Cumberland Infirmary recognised as a base hospital for the treatment of cancer, and as has been pointed out elsewhere in this report we hope that shortly there will be established there twin sets of deep X-ray therapy apparatus, and with, one would hope, a resident Radio-Therapist in the not distant future. When this happens it will mean that all except certain particular types of cancer will be able to receive treatment within this area.

Of the 128 cases brought to our notice by the Cumberland Infirmary or directly, 107 received in-patient treatment in hospital, apart from the Cumberland Infirmary, as under :—

Shotley Bridge E.M.S. Hospital	84
Radium Institute, Manchester	13
Newcastle General Hospital	8
Royal Victoria Infirmary, Newcastle	1
City General Hospital, Carlisle	1
	107

Six old cases were re-admitted for further treatment to Shotley Bridge or Newcastle General Hospital.

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

North Lonsdale Hospital, Barrow-in-Furness ..	52
Kendal Hospital	2
	54

These attendances represent, of course, only a small fraction of the after-care work undertaken. Most of the after-care centres round the Cumberland Infirmary for reasons which have been explained in previous reports.

The Work of the Cumberland Infirmary.

I am again indebted to Miss Carlyle, The Records Clerk at the Cumberland Infirmary, for supplying, with the permission of the Secretary-Superintendent, a detailed statement of the work undertaken at that hospital from the statistical angle.

During 1947 the number of new out-patients from the area of the Administrative County was 153. This is rather higher than for the previous year. During the year 182 patients were admitted for in-patient treatment at the hospital, of whom a small number were re-admissions. This figure is substantially higher than for 1946.

A number of the new out-patients referred to above had received previous treatment as in-patients either at the Cumberland Infirmary or elsewhere.

The total number of out-patient attendances, including first attendances, was 1,237. This again is a substantial increase on the figures for the previous year. As a matter of interest it may be mentioned that in addition to cases from the Administrative County of Cumberland, the Infirmary admitted 84 patients from Carlisle and 35 from other districts. These two groups also recorded nearly 1,000 out-patient attendances. The total number of in-patients treated at the hospital was therefore 301, and the total number of out-patient attendances was 2,207. These totals of in-patients and out-patients, both show substantial rises from the previous year, and indicate how the work of the hospital in this respect is expanding.

The areas of the Administrative County from which patients suffering from cancer received treatment—in-patient or out-patient—at the Cumberland Infirmary, are shown in the following table :—

Urban Districts.

Cockermouth	14
Keswick	12
Maryport	43
Penrith	37
Whitehaven	27
Workington	89

Rural Districts.

Alston	9
Border	106
Cockermouth	38
Ennerdale	50
Millom	12
Penrith	53
Wigton	95

CANCER DEATHS DURING 1947—BY SANITARY DISTRICTS.

	Males	*Females*	*Total*
URBAN DISTRICTS.			
Cockermouth	4	3	7
Keswick	7	3	10
Maryport	7	10	17
Penrith	7	13	20
Whitehaven	30	23	53
Workington	29	23	52
Aggregate of Urban Districts	84	75	159
RURAL DISTRICTS.			
Alston	4	4	8
Border	25	23	48
Cockermouth	17	11	28
Ennerdale	30	15	45
Millom	8	12	20
Penrith	7	12	19
Wigton	27	23	50
Aggregate of Rural Districts	118	100	218
Whole County	202	175	377

CANCER DEATHS DURING 1947—BY AGE GROUPS.

	15-45		45-65		65+		All Ages Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
URBAN DISTRICTS	8	5	40	31	36	39	84	75
RURAL DISTRICTS	5	8	40	30	73	62	118	100
Whole County	13	13	80	61	109	101	202	175
	26		141		210		377	

TUBERCULOSIS.

The number of cases of pulmonary tuberculosis notified as primary notifications was 162, substantially less than for the previous year. Non-pulmonary notifications at 58 are slightly up. In addition 61 cases came to notice in other ways. Of these 38 were pulmonary and 23 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.
1942..	178	78
1943..	164	70
1944..	178	61
1945..	182	71
1946..	197	48
1947..	162	58

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

Table B.—Deaths.

	Pulmonary.	Non-Pulmonary.
1942..	117	49
1943..	93	33
1944..	95	23
1945..	122	26
1946...	97	... 28
1947..	101	32

The death-rate on the Registrar General's figures for the Administrative County in respect of pulmonary tuberculosis for 1947 is .5 per thousand of the population, and in respect of non-pulmonary tuberculosis .16 per thousand of the population. These figures compare with .48 per thousand, and .14 per thousand, respectively, for 1946, and call for no comment.

There is, I think, no doubt—and this is a matter for satisfaction although for no relaxation of effort—that the annual deaths from pulmonary tuberculosis for the County as a whole, in spite of our black spots, are falling.

The tables which follow show the deaths and death rates in the urban and rural districts of the County. The same areas as usual provide the black spots, except that the death-rate in Whitehaven, which was at the head of the list last year, has fallen very substantially. Ennerdale Rural District unfortunately has again risen to the top of the list.

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

Urban Districts.	*Deaths*	*Death Rate.*
Cockermouth	2	.41
Keswick	2	.44
Maryport	10	.86
Penrith	5	.51
Whitehaven	13	.58
Workington	21	.75
Aggregate of Urban Districts	53	.65
Rural Districts.	*Deaths*	*Death Rate.*
Alston	—	—
Border	4	.14
Cockermouth	8	.44
Ennerdale	24	.89
Millom	2	.17
Penrith	4	.35
Wigton	6	.27
Aggregate of Rural Districts	48	.40
Total for the Administrative County	101	.50

Your Health Committee has always been much interested in the question of non-notification of tubercular persons prior to death, and of notification immediately prior to death. The point is, of course, that very late notification makes any question of treatment almost impracticable. During 1947 the position was very much more satisfactory than in previous years. Out of 101 deaths from pulmonary tuberculosis, only 8 were unnotified prior to death. This is a very low figure. In some previous years the corresponding figure has amounted to nearly 50% of the total.

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

	Beds.
Blencathra Sanatorium	66
Meathop Sanatorium	20
Stannington Sanatorium	9

The accommodation above is reasonably adequate in respect of adult patients, but is seriously below an adequate figure in respect of children. I explained this position fully last year, and there is no purpose in repeating what was then said. The position remains unchanged.

The Year's Work.

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

	Males.	*Females.*	*Total.*
Adults in Meathop and Blencathra ..	58 ..	67 ..	125
Children in Stannington	5 ..	9 ..	14
Other Institutions	5 ..	5 ..	10
Tuberculosis of bones and joints.			
Ethel Hedley Hospital and Shropshire Orthopaedic Hospital	22 ..	7 ..	29

The admissions of pulmonary cases to sanatoria during 1947, and the preceding years, are shown below :—

1943	171
1944	166
1945	160
1946	210
1947	149

The main statistics for the year are as under :—

New cases examined at dispensaries	169
Number of contacts examined	881
Number of pulmonary cases on the dispensary registers, at the end of the year	761
Consultations with practitioners	427
Visits to homes of patients by tuberculosis officers ..	462
Visits to homes of patients by tuberculosis nurses ..	2230
Sputum examinations	426
X-ray examinations	617
Attendances at dispensaries	2813
Shelters in use	17
Cases receiving extra nourishment (Apart from Public Assistance Committee Grants)	16

These figures call for no comment. They are substantially the same as for the previous year, but in most cases are somewhat higher.

The number of patients attending refill clinics at Carlisle and Workington has continued to increase, and it has been necessary to institute weekly refill clinics at both centres. The attendances at Carlisle clinic amounted to 423, and at Workington clinic to 642.

We continue to have referred to us cases suspected as tubercular by the National Service Medical Board. We are dealing also with a certain number of persons discharged from H.M. Forces on account of pulmonary tuberculosis, and we are now undertaking an increasing number of examinations for the Ministry of Pensions, Ministry of Health, and the Ministry of Labour in connection with the Register of Disabled Persons.

Memo. 266 T.

The payment of allowances under this memorandum will pass to the National Assistance Board as from the 5th July. During the period 1st April, 1947, to 31st March, 1948, there was paid out in allowances under this memorandum including pocket money, approximately £3,300. In all, since this scheme came into operation in August, 1943, allowances have been paid to 375 cases.

APPENDIX

STAFF

(whole-time, part-time, and consultant)
as at 1st July, 1948.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY AS AT 1/7/48

A. MEDICAL OFFICERS.

County Medical Officer—

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

Deputy County Medical Officer—

Mark S. Fraser, M.D., F.R.C.S.E., D.P.H. (retires 23/8/48).
Also Medical Officer of Health Maryport U.D.C.

I. Fraser Mac.Kenzie, M.D., D.P.H., D.T.M. & H. (as from 24/8/48).
Also Divisional Medical Officer—East Cumberland.

Divisional Medical Officer—West Cumberland.

James L. Hunter, M.B., Ch.B., D.P.H.

Assistant County Medical Officers—

A. C. B. Mc.Murtrie, M.C., M.D., F.R.C.S.E., D.P.H. (retires 4/7/48), Venereal Diseases Officer.
William A. Knox, M.B., B.C.L., B.A.O., D.P.H.
Frederick V. Jacques, M.B., Ch. B., D.P.H., D.T.M. & H.
Arthur H. Towers, M.B., Ch.B., D.P.H., B.Hy.
Also Medical Officer of Health Border R.D.C.
Charles A. Mason, M.B., Ch. B., D.P.H.
Also Medical Officer of Health, Keswick U.D.C., Cockermouth U.D.C. and Cockermouth R.D.C.
Isaac Spedding Jones, M.R.C.S., L.R.C.P., D.P.H.
Also Medical Officer of Health Wigton R.D.C.
Frederick W. Gavin, M.D., D.P.H.
Also Medical Officer of Health Penrith U.D.C. and R.D.C.
Kenmure J. Thomson, M.B., Ch.B., D.P.H.
Also Medical Officer of Health Millom R.D.C.
John R. Hassan, M.B., Ch. B., D.R.C.O.G.,
Also Medical Officer of Health, Alston R.D.C.
R. W. Macpherson, M.D., D.P.H. (part-time Tuberculosis Officer.
Also Medical Officer of Health, Workington Borough.

B. DENTAL OFFICERS.

Senior Dental Officer—

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

Assistant Dental Officers—

D. C. Lamond, L.D.S.
G. B. Hopkin, L.D.S., H.D.D.
J. Askew.
J. V. Inglis, L.D.S.
R. B. Neal, L.D.S.
Miss D. D. Stark, L.D.S.
A. Fielding, L.D.S.

C. ADMINISTRATIVE OFFICER.

W. Butcher. Also Vaccination Officer.

D. SUPERINTENDENT NURSING OFFICER.

Miss Ida Mansbridge, S.R.N., S.C.M.

E. ASSISTANT SUPT. NURSING OFFICERS.

Miss C. F. Illingworth, S.R.N., S.C.M.
Miss E. E. Jackson, S.R.N., S.C.M.

F. HEALTH VISITORS AND CHILD PROTECTION VISITORS.

Miss G. P. Brownlie, S.R.N., S.C.M.
Miss E. Johnston, S.R.N., S.C.M.
Miss R. J. V. Hind, S.R.N., S.C.M.
Miss M. E. Prescott, S.R.N., S.C.M.
Miss A. N. Little, S.R.N., S.C.M.
Miss M. Horn, S.R.N., S.C.M.
Miss E. Mercer, S.R.N., S.C.M.
Miss F. Kendall, S.R.N., S.C.M.
Miss A. Booth, S.R.N., S.C.M.
Miss E. M. Garrett, S.R.N., S.C.M.
Miss R. Lodge, S.R.N., S.C.M.
Miss S. Hodgson, S.R.N., S.C.M.
Miss M. E. Gibson, S.R.N., S.C.M.
Miss M. C. Burgess, S.R.N., S.C.M.
Miss A. M. Dickson, S.R.N., S.C.M.
Miss D. J. Gaskarth, S.R.N. (temporary).
Mrs. N. Bell, S.R.N., S.C.M. (temporary).

G. SCHOOL NURSES.

Mrs. E. Knudston, S.R.N.
Mrs. L. Taylor, S.R.N., S.C.M.

H. DENTAL ATTENDANTS.

Miss W. Ferguson, S.C.M.
Miss G. F. Field.
Miss M. Hindson.
Miss A. E. Nichol.
Mrs. E. Parker.
Miss A. Smith.
Miss M. I. Stout.
Miss E. E. Wilson.

I. ORTHOPAEDIC AFTER-CARE SISTER.

Miss F. D. Nelson.

J. ADMINISTRATIVE ASSISTANT (MENTAL HEALTH).

Miss M. I. Greenwood.

K. COUNTY COUNCIL MIDWIVES.

Mrs. C. Benn, S.R.N., S.C.M.
Mrs. B. M. Cowin, S.R.N., S.C.M.
Miss D. D. James, S.R.N., S.C.M.
Miss F. Lonsdale, S.R.N., S.C.M.
Mrs. S. E. Murphy, S.R.N., S.C.M.
Miss M. Satterthwaite, S.R.N., S.C.M.
Miss R. Sheppard, S.R.N., S.C.M.
Mrs. E. S. Cave, S.C.M.
Miss M. P. Richmond, S.C.M.
Mrs. E. Williams, S.C.M.

L. COUNTY ANALYST.

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

M. INSTITUTIONAL STAFF.

Penrith Maternity Home.

Miss I. E. Thompson, S.R.N., S.C.M. (Matron).

Blencathra Sanatorium.

H. L. R. Sargant, M.B., Ch.B. Medical Superintendent.
Miss E. Hankey, S.R.N., S.C.M., T.B. Cert. (Matron).

N. CONSULTANTS.

Physicians.

Duncan Cameron, M.D., F.R.F.P.S.
T. McL. Galloway, M.B., Ch. B., F.R.C.P.E.

Surgeons.

R. M. Hill, M.D., F.R.C.S.E.
J. E. Monro, M.B., Ch.B., F.R.C.S.E.
A. G. C. Neill, M.B., Ch.B., F.R.C.S.E.

Eye Specialists.

R. J. Leslie Fraser, M.D., M.B., Ch.B., D.O.M.S.
Mary Mason, M.D.
Elizabeth Hainsworth, M.B., Ch.B., D.O.M.S.

Ear, Nose and Throat Specialists.

E. Craig Dunlop, M.B., B.S., F.R.C.S.E.
R. S. Venters, M.B., Ch.B., F.R.C.S.E.

Obstetricians and Gynaecologists.

G. P. Milne, M.B., Ch.B., M.R.C.O.G.
Josephine Davidson, M.B., Ch.B., M.R.C.O.G.

Radiologists.

R. Connell, B.A., M.B.B.Ch., B.A.O., .F.F.R., F.B.A.R.
R. Fawcitt, M.D., F.F.R., F.B.A.R.
W. G. Scott-Harden, M.B., Ch.B., D.M.R.E.
M. Connell, M.A., M.B.B.Ch., M.R.C.S., L.R.C.P., D.M.R.

Radio-therapist.

C. J. L. Thurgar, F.R.C.S., M.B., B.S., M.R.C.S., L.R.C.P.

Orthopaedic Surgeons.

Sir Harry Platt, M.S., F.R.C.S.
E. S. Brentnall, M.B., Ch.B., F.R.C.S.
W. Mc.Kechnie, M.B., Ch.B., F.R.C.S.E.

Anaesthetists.

D. A. Knight, M.B., Ch.B., D.A.
H. C. Maclaren, M.A., B.A., M.B., B.Chir., M.R.C.S., L.R.C.P. D.A.

Pathologist.

J. Steven Faulds, M.D., F.R.F.P.S.